COMPLETED PSYCHOTHERAPIES: AN INVESTIGATION OF THE COMMUNICATION OF VALUES, THERAPEUTIC OUTCOME, AND SELECTED THERAPIST VARIABLES

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ABSTRACT

COMPLETED PSYCHOTHERAPIES: AN INVESTIGATION OF THE COMMUNICATION OF VALUES, THERAPEUTIC OUTCOME, AND SELECTED THERAPIST VARIABLES

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This investigation examined the communication of two specific values and their relation to therapeutic outcome, therapist experience and the focus of the therapists' statement. The data for this investigation was taken from the research library of the Counseling Center at Michigan State University. The clients represent late adolescent males and females who are self referred for treatment and agreed to participate in a research project.

Twelve five-minute segments were randomly selected from each of thirty-five completed psychotherapies. Each therapist statement was scored on the basis of the values communicated (Responsible and Trustful) and the focus of the therapist statement. Inter-rater reliability was consistently strong. Internalizing-Externalizing was scored at .89; Responsible at .95; and Trustful at .88. The high inter-rater reliability is attributed to two principle factors: (1) intensive pre-training of the raters and

(2) the investigator's identification of each therapist statement in each five-minute segment.

The intent of the investigation was to examine systematic differences between specific values communicated by the therapist and therapeutic outcome as measured by pre- to post-changes in MMPI scores; the experience level of the therapist; and the focus of the therapist's statement (i.e., internalizing-externalizing). The data did not support the first two hypotheses. There was no difference between values communicated, therapy outcome, and therapist experience. There was a trend toward significance between the value Trustful and the externalizing focus of the therapist's statement. This result suggests that values may be communicated in reference to specific objects in the environment rather than in a more generic way.

Conclusions suggested that future investigations of values should be broader in scope rather than limited to two specific values in a more abstract form. Traditional methods of dichotomizing (i.e., outcome and therapist experience) may not be the best criteria for examining the influence of values in psychotherapy. Content analysis was shown to be a highly reliable measure for studying verbal behaviors of the client and/or the therapist.

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TO MARY
who shared doubts;
but remained confident

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The raters of the tape segments deserve special credit for long hours of work and sustaining my anxious pressure: Kathy Scharf, Dave Harley, and John Mullen.

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INTRODUCTION

Dimensions of therapist behavior which contribute to successful psychotherapy have received considerable attention. The literature is a plethora of data regarding therapist behavior and selected aspects of the therapeutic process. Therapist behaviors such as judgment (VanderVeen and Stotler, 1960), rating of process (Gendlin et al., 1960) and therapist reaction to dependency (Winder et al., 1962; and Snyder, 1953), have been examined in view of therapeutic outcome. Therapist characteristics within the therapy hour associated with success are transparency (Truax and Carkhuff, 1965), empathy (Truax et al., 1966), counselor verbal mode (Pallone and Grande, 1965), personality and value similarity (Carson and Heine, 1962; Cook, 1966; Welkowitz, Cohen, and Ortmeyer, 1967).

Historically, the nature of values and their relevance to daily living has received the attention of philosophers. It is given that values are central to daily operations. Awareness of the values per se may be less than clear; but when pressed, the individual is able to state values he espouses which guide his daily behavior.

Psychologists have stated that value judgments should not be made about clients. In many ways, the intent was that value judgments not be made on the basis of behavior. It is naive to assume that values are not operating within therapy, and these values have no impact upon the client. Rosenthal (1955) examined the value structure of the client in relation to the therapist. The significant result of this study was that clients who were described as successful had a value structure more similar to the therapist than did clients described as less successful.

It is the purpose of this investigation to examine the communication of therapist values as a function of specific therapist variables and outcome of therapy. Focus of the therapist's statement (Internalizing-Externalizing), ambiguity of the therapist's statement in relation to the values expressed, and experience of the therapist are the primary foci of the study.

RELEVANT LITERATURE

Definition of Values

General discussions of values and value change in psychotherapy scarcely have mentioned defining characteristics. Katz (1960), Kluckhohn and Strodbeck (1961), and Rokeach (1968) have addressed the problems of defining values or value systems. These writers conclude that values are central to attitude and belief systems. Discussions of value and value systems remain at abstract levels and generally do not attempt to delineate intrinsic qualities.

Woodruff and DiVesta (1948) used as their premise that values are "a generalized condition of living which the individual feels has an important effect on his well being." Lovejoy (1950) suggests "man is a habitually self judging and self-appraising animal." In this context man is always evaluating himself in terms of what he "should" or "ought" to do. Kluckhohn and Strodbeck (1961) define values in the following context:

> Value orientations are complex but definitely patterned (rank ordered) principles resulting from the transactional interplay between three analytically distinguishable elements of the evaluative process--the cognitive, the affective, and the directive elements--which give

> order and direction to the ever flowing stream of human acts and thoughts as these relate to the solution of 'common' human problems.

Wheelis (1958) shares similar views with the above definition. He feels that values are "a product of the life process" and that values "cannot be lumped together, for they exist on different levels. . . . Values are structured in a hierarchy." In a broader sense, he feels that identity and values cannot exist apart.

C. Kluckhohn (1951) feels "A value is a conception explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences behavior selections from available modes of action." Rokeach (1968) states "a person's value system may thus be said to represent a learned organization of rules for making choices and resolving conflicts . . . between two or more modes of behavior or between two or more end states of existence." More precisely he states, "A value is a type of belief, centrally located within one's total belief system about how one might or ought not to behave. . . . Values are thus abstract ideas positive or negative, not tied to any attitude, object, or situation. . . ."

Erlich and Weiner (1961) summarize succinctly the various definitions of values offered by the social sciences:

> By and large, definitions of values, at least those provided by social scientists have involved various degrees of reference to: (a) their affective dimension--positive or negative tone; (b) the fact that they may be either implicit or explicit; (c)

> their desirability either in terms of long range preferences or in terms of preferable alternatives in a given situation; (d) their tendency to determine directionality of behavior, and also to result in a certain consistency of responses to recurrent situations; and (e) their aspect as both means and goals of action.

Values are central to individual beliefs and attitudes. The impact of these elements are felt in interpersonal relationships. More specifically, they are felt in psychotherapy relationships. The effect is not clear, but the influence is denied by few. Decisions made reflect values held. Such choices alter the sequence of events.

The Impact of Values

> The suggestion that the psychiatrist be guided by these ethical goals of treatment is not intended to supercede my initial suggestion that he must safeguard against any interference with his professional attitude by his personal set of ethical values in terms of matters of Weltanschauung (Fromm-Reichman, 1950).

The historically predominant view stated above has become increasingly untenable. Recent research has led to the notion that this view is simplistic. Three years after this statement, the American Psychological Association rather clearly stated its position: "The attitudes, values and ethical concepts of the psychologist are expressed in his clinical relationships and very directly influence the directions taken by his client" (APA, 1953). Subsequent research has supported this position. Much of the work in this area remains theoretical. Empirical data

is lacking; consequently, only tentative notions are brought forth.

London (1964), in one of the few books devoted to the specific consideration of values in psychotherapy, states:

> Therapists have personal value systems, and it is difficult to see how they could possibly form relationships with clients even for the sole purpose of understanding them, never mind helping them, without being cognizant of their own values and making implicit comparisons between themselves and their values and those of their clients.

If the comparisons are implicit, the therapist may not be sensitive to the communication of the values at a specific moment. Even if he were fully aware of and withholding the values, it seems that this might lead to therapeutic difficulty. London continues and states this more precisely: "That the value involved for the therapist is a technical rather than a moral one is beside the point. It is his value, not the client's, and unless he can communicate it, he cannot function therapeutically."

Warters' (1964) position is strong. It is her notion that not only are values communicated, but they are "imposed" on the client. Her description of the communication of values, however, leads one to believe that the statement may be extreme. She concludes: "He (the counselor) communicates his values through his ways of interacting with students and others, through his own techniques of living and life style, and even through his vocation."

Samler (1965) and Williamson (1962) concur with Warters. Both feel that multilevel functioning of values is inherent in the therapy process. The various levels of awareness also affect the relative degree of clarity of the values when they are communicated. Neither suggest the consequences of such communication, but each feels that the influence is unavoidable and undeniable.

Lowe (1962), in discussing the dilemma of values, suggests that values be stated and clear in order to be of maximum benefit to "special" interest groups which might share similar values. Lowe arrives at his decision by logic. He cites no research on the impact and nature of values. The effect of values in psychology is a philosophical given. Though many decisions have been made by this method, it is a rather strong statement in view of the paucity of research and the inconclusive results yielded from the available data.

Patterson's (1959) statement is easily conceptualized in terms of the therapist values operating in the therapeutic contact. "Goals reflect values, and therapeutic goals are no exception. The therapist has goals, either specific or general, and these are influenced by his values." Continuing, he states: "The therapist has no choice in this since all behavior--all goals and methods of therapy--are expressions of the therapist's values."

From a theoretical position, values have an impact on the course of events in therapy. The nature of this impact and the communication of these values is yet to be determined. Kessel and McBrearty (1967), in the most recent and most comprehensive review of the literature on values, suggest how values are communicated:

> What the therapist hears or fails to hear, what he chooses to interpret or not to interpret, his questions, statements, and other reactions both verbal and nonverbal, are all to a large extent determined by the therapist's values. Since so much of the therapist's activity is related to his values, he cannot help but send value communications to the patient.

Word choice may reflect values. The general discussions of values all refer to rather global characteristics, such as "life-style," "vocation," and "goals of therapy." The discussions have implied, but not specifically stated, that verbal content may reflect the values held. Samler (1965) approximates such a statement: "Values are at the heart of the counseling relationship, and are reflected in its content and affect the process."

Bandura and Walters (1963) feel that the communication of values may be a peripheral activity and the client may learn the values of the therapist even though they were not intended to be transmitted. They feel that the value communication may be secondary to the task of assisting the client to resolve conflicts.

Measurement of Values

The most widely used instruments for measuring values have been the Allport-Vernon-Lindzey Study of Values (1960) and Morris' Ways of Life (1956). Both are based on broad categorization and assume a relatively sophisticated audience. Buros (1965) suggests that the Study of Values has many questionable characteristics which interfere with adequate interpretation of specific values for individuals. Erlich and Weiner (1961) make similar criticisms regarding the Ways of Life. Specifically, they state:

> Among other things, the language in which 'Ways' is written appears to be too complex or abstract, and the task of evaluating each 'way' too cumbersome to allow effective administration of the document. . . . Also, the problem of how to rate the responses on the 'Ways' in terms of appropriate factor loading does not appear easily resolvable.

Morris (1956) suggests that there are three basic values: (a) object values--those things which are preferable; (b) operative values--those values which involve goal directed behavior; and (c) conceived values--preferences for symbolically inducted objects. As stated above, the measurements of these values are a problem and are not clear. Wheelis (1958) suggests a dichotomy of values: Instrumental and Institutional values.

Instrumental values are "tool using" as a means of attaining a desired object. The instrumental values are founded on experimentation and observation. Within this context, instrumental values are more secular in orientation and subject to change with increased knowledge

and technology. Institutional values, on the other hand, are more concerned with the myths and mores of a society. The interaction between these values is ipsative.

Rokeach (1968) has proposed a value instrument which has specific values, both instrumental and terminal, which are rank ordered by the individual. It is possible by means of this instrument to assess the end state desired by the individual values as a means to the end state in the terminal value system.

Explaining further the notion of instrumental and terminal values he states:

> An instrumental value is therefore defined as a single belief which always takes the following form: 'I believe that such-and-such a mode of conduct (e.g. honesty, courage) is personally and socially preferable in all situations with respect to all objects.' A terminal value takes a comparable focus: 'I believe that such-and-such an end-state of existence (e.g. salvation, a world at peace) is personally and socially worth striving for.' Only those words and phrases that can be meaningfully inserted into the first sentence are instrumental values, and only those words and phrases that can be meaningfully inserted into the second sentence are terminal values.

The Rokeach instrument is relatively new and has not had sufficient use to make general conclusions. However, Bondy (1968), in a preliminary study, compared counselors and clients on the Rokeach value survey. It was found that, as far as terminal values were concerned, there was a significant positive correlation between the values of clients seen and the values of the counselors. With

respect to the instrumental value, there was a lower, but significant correlation between counselors and students who continued therapy for three or more hours. Students who discontinued contact prior to the third interview had the only non-significant correlation. These data suggest that students going to a university counseling center ranked the terminal values essentially the same as the counselors. With respect to instrumental values, those who discontinued contact prior to the third interview had ranked instrumental values which were different from those of the counselors. It may be that values are communicated relatively early in the therapeutic encounter.

Paivio and Steeves (1963) examined "personality variables in selective perception and recall of speech in a situation where more than one person was speaking simultaneously." The authors used the Study of Values as the instrument for assessing values of the subjects. Two voices were recorded simultaneously containing words from the theoretical and religious scales.

The subjects were instructed to listen to the tape recordings and to write all they could remember. The results suggested that a greater number of words of religious or theoretical value were retained in direct relationship to the person's score on each of these variables. Selective attention in such circumstances

may have some relevancy in the communication and retention of values in the therapeutic setting.

The selective attention suggested by these results would seem to imply, when interpolated to the therapy session, that the client hears what is most familiar or close to him. Perhaps the value similarity between the therapist and the client is a relationship maintaining variable. Welkowitz et al. (1967) states, ". . . if values are too divergent between two people, there may be so much disequilibrium that they do not want to maintain the dyad."

Interpolating again from aligned research, Carson and Heine (1962) suggest that similarities in personality between therapist and client may be of a curvelinear form. A great deal of similarity or considerable dissimilarity may contribute to the dysfunction of therapy because of the lack of communality of the participants. Lichtenstein (1966) failed to replicate the Carson and Heine study.

Cook (1966) states rather clearly some of the anxieties in the examination of values in psychotherapy. "Some counselors suspect, others fear, that their values influence the client regardless of any intent on their part to remain neutral; but little evidence exists to indicate that this is actually the case." Comparisons of client and counselor on the Semantic Differential and the Allport-Vernon-Lindzey Study of Values resulted in a

medium degree of similarity between client and counselor. The similiarity of a moderate degree appeared to bring about a more positive evaluation. In general, there is a measurable impact of counselor values even in a brief counseling contact.

Welkowitz, Cohen, and Ortmeyer (1967) found values to be more alike between therapist and his patient than randomly paired therapist-patient pairs. Concommitantly, patients rated as most improved had values more similar to their therapists than did patients rated as less improved. These results are consistent with the findings of Rosenthal (1955). What is not clear from these investigations is the manner in which the therapist communicated these values.

Kessel and McBrearty (1967) conclude, from a rather lengthy discussion of allied research, that "despite the non-comparability of studies, it may be concluded that the variable of similarity of therapist and patient, affects therapeutic outcome." More specifically they state: "it can be concluded that the therapist communicates his values to the patient . . . certain therapists are likely to be more successful with certain patients because of the interaction of the therapist-patient value orientations. . . ."

Dukes (1955), in the earliest review of the literature, concluded that research had been confined to three broad areas. The research conducted subsequent to his

article has not deviated from these areas. Value research has been conducted primarily to discern: (a) the values of groups of individuals and relating the data to other groups of individuals; (b) the origin and development of values within the individual; and (c) the influence of an individual's values on his cognitive life. This investigation is a departure from traditional research. The communication of values from one individual to another and the effect of the interaction of values is the focus.

Content Analysis

Lennard and Bernstein (1960) suggest, "At any given time (we) can focus on . . . characteristics of communication, overt . . . characteristics or covert expectancies and purposes accompanying its presentation." It is possible to focus on communications in such a way as to glean from the counselors' statements values held. It may be possible to determine values espoused and examine the values in relation to specific therapist variables.

Dependency has been one of the more frequently studied variables. Snyder (1962) intensively studied therapy of two graduate students in clinical psychology. He studied the therapists' approach to dependency and the clients' responses to those behaviors. Bandura, Lipsher, and Miller (1960) and Winder et al. (1962) studied client statements scored for content and the therapists' reactions

to the statements and the clients' responses to the therapists. The interaction sequence has been the cornerstone of subsequent research.

Kopplin (1965), elaborating on the basic system, added content categories. Of interest to this investigation is the variable of internalizing-externalizing, referring to the therapists' responses and whether or not they focused on the clients' feelings. Alexander (1967), using the same basic system, also investigated this dimension.

Criticisms of the content analysis method are polar. Christie and Jahoda (1954) criticized the content analysis of The Authoritarian Personality (Adorno, 1950) on the basis that the coders knew the content prior to establishing the categories. It was their recommendation that content analysis categories should be established a priori. Harway and Iker (1964) are critical of a priori categories. They seem to feel that a better method would be to examine verbatim transcripts by intercorrelational and factor analytic methods.

Despite the various criticisms leveled against content analysis, it is a viable method of research. Murray (1956) devised a system that has been used in modified forms for numerous studies. Meaningful results have been attained which would suggest this as a suitable method for studying tape recorded, intra-interview behavior of the therapist and the client.

Therapist Dimensions

Therapy Experience.--Kell and Mueller (1966) discuss therapist experience and the therapeutic encounter. It is their belief that the more experienced therapists tend to "hold back" in the initial encounter to allow the client to maximally express himself. This "holding back" may allow the patterns of client response to develop as he learned early in his life to react with others.

Abeles (1962) and Mills and Abeles (1965) suggest that therapist behaviors are differentiated on a continuum of experience and training. The more experienced therapists "set aside" some of their needs and did not rely on the therapeutic encounter for the satisfaction of these needs. Inexperienced therapists tended to use the client for the satisfaction of some of their personal needs. Strupp (1958), in reviewing the literature of experienced and inexperienced therapists, found that experienced therapists tended to be more alike regardless of theoretical orientation. Inexperienced therapists tended to be less alike even when compared to therapists of a similar orientation.

Mullen (1968), in reviewing the literature of experience of the therapist and the variable of liking for a client, suggests that "the experienced therapist tends to make 'wiser' use of communication of his emotional reactions to the client. . . ." If this be the case, then the communication of the therapist's values will also be a function of experience and training.

Focus of Statement.--The internalizing-externalizing dimension of the therapist statement was originated by Kopplin (1965) and subsequently elaborated by Alexander (1967). Both writers found this to be an important dimension in the therapeutic process. Since this has been demonstrated to be a reliable and viable construct, it is included, with respect to the communication of values, in the therapeutic process.

Client Dimension

Change vs. No-change.--Barron (1956), studying behavior versus measured differences in patients in an outpatient setting, found no difference in an "improved" group of clients. However, the "unimproved" group tended to have elevated scores on the MMPI. Those patients who were unimproved behaviorally also had deviant profiles on the MMPI. Schofield (1956), in discussing test-retest reliability, suggests that the reliability coefficient could be viewed as an index of therapeutic success.

The relevance to this investigation is that rather than a comparison between a therapy group (experimental) and a non-therapy group (control), the investigation will focus on possible differential qualities between two groups each having therapy. In this sense, it is an examination of process variables between groups (one being defined as change and the other as no change).

EXPERIMENTAL HYPOTHESES

Hypothesis I: Rosenthal (1955) and Cook (1966) found that there was a measurable impact of the therapist's values and the outcome of psychotherapy. Barron's (1956) suggestion of change in MMPI scores as an index of success is incorporated in this hypothesis. It is the intent of this hypothesis to examine systematic differences between clients who change and those who do not change on MMPI scores. It is specifically hypothesized:

Ia) Values will be communicated less frequently in the change group than in the no-change group.

Ib) The change group will have less ambiguity in the values communicated than will the no-change group.

Hypothesis II is concerned with therapist experience and the communication of values. Strupp (1960), Mullen (1968), and Kell and Mueller (1966), feel that there are differential behaviors between experienced and inexperienced therapists. Kell and Mueller (1966) suggest that experienced therapists tend to "hold back" in therapy in order to allow maximal expression of the client's dynamics. With respect to values, this "holding back" may be reflected. It is specifically hypothesized:

IIa) Experienced therapists will express their values less often than will inexperienced therapists.

IIb) Experienced therapists will state their values more clearly than will the inexperienced therapists.

Hypothesis III is concerned with the focus of the therapist's statements (Kopplin, 1965; Alexander, 1967) and the specific values of Responsibility and Trustful as defined by Rokeach (1968) and Bondy (1968). Responsibility, by definition, is intrapersonal in character. Trustful, on the other hand, is interpersonal (see Appendix A). Internalizing-Externalizing statements are directed at the client's own feelings (internalizing) or feelings of others (externalizing). It is, therefore, specifically hypothesized:

IIIa) Responsibility will occur more frequently than Trustful in statements scored as internalizing.

IIIb) Trustful will occur more frequently than Responsibility in statements scored as externalizing.

METHODOLOGY

Source of Data

Forty counselors at the Counseling Center at Michigan State University constitute the subjects for this investigation. Experienced therapists include twelve psychologists with Ph.D.s in clinical or counseling psychology, with a range of post doctoral experience from one to twenty years. Five second-year interns, with course work requirements completed for the Ph.D., are also included in the experienced group. The second-year interns have a minimum of two years intensive individual therapy supervision including practicum. Twelve first-year interns and seven practicum students constitute the inexperienced counselors.

Four of the subjects in this investigation worked with two clients. One client was randomly selected from each of these counselors for an N of 36. One client was later deleted due to poor quality of the recording for an N of 35. While sex differences are not a factor in this investigation, twenty-four were male counselors and eleven were female counselors.

Selection of Cases

Clients present themselves at the Counseling Center on a self-referral basis. The client has an initial interview to determine the appropriateness of the presenting problem and the availability of facilities at the Center. If it is decided that the student is to be seen, then the client is asked if he would be willing to participate in the research project. If the client accepts, he is included. The client is then assigned to a therapist on the basis of availability of free hours and special competencies of the therapist. The therapist has access to the initial interview notes and can opt to see the client.

Additional selective factors in this study are (1) no less than four therapy sessions, (2) a pre and post MMPI, and (3) therapy conducted by only one therapist. (One case was excluded on the basis that the client had seen more than one therapist.)

Tape Segment Sampled

Across therapy interviews, Karl (1967) found that there is a general increase of certain behaviors of the therapist. Therefore, for this study an attempt was made to control for these factors on the basis of sampling procedures. An equal number of tape samples were drawn from early, middle, and late stages of therapy. More specifically, twelve five-minute randomly selected tape segments were included from each client. Four of these

segments were from the early phase, four from the middle phase, and four from the late phase of therapy.

Within a therapy hour, Karl (1967) found that the initial and terminal segments yielded little data. Therefore, the intra-hour data sampled was from the central portion of interview material deleting the initial and terminal ten minutes. This sampling procedure obviates some problems often found in therapy research: it controls for systematic differences that may occur across therapy and within the therapy hour. Hopefully, most systematic differences that may occur were controlled in this design.

Scoring Manual

The scoring procedure used in this investigation is similar to those used in other studies. (See Bandura et al., 1960; Winder et al., 1962; Kopplin, 1965; Alexander, 1967.) Unique to this study is the addition of the content variables of Responsibility and Trustful. These values are taken from the instrumental values on the Rokeach (1968) value survey. Each of these values, though not operationally defined by Rokeach, has operational characteristics.

Also, the "level" or degree of clarity in the expression of the value is a consideration in this content system. Four levels were established ranging from no expression of value in the therapist's statement to the

value being clearly present in the sense that the word "responsibility" or "trustful" is contained in the statement. The precise scoring procedures are contained in the manual (see Appendix A).

Scoring Reliability

Three advanced graduate students in clinical or counseling psychology were used as raters in the study. The raters were given extensive training in rating tapes. For two weeks considerable time was spent in the discussion of the variables included in the manual. The raters were then asked to rate tape segments that were not included in the data of the investigation. The investigator identified each interaction sequence for the raters in order to clarify material to be rated.

The raters were asked to make three decisions about each statement identified by the investigator. (1) Was the focus of the therapist's statement internalizing or externalizing? (2) Is the value responsible present and, if so, at which level is it present? (3) Is the value trustful present and, if so, at which level is it present? For each statement identified, a rating form was prepared for each rater. The raters simply circled the internal or external focus of the statement and the level for each of the values.

Few problems were encountered in rating with respect to the focus of the therapist's statement. This construct

apparently was easy for the raters to assimilate and use as they listened to the tape segments. Reliability on this dimension was attained quickly. Responsibility as a construct apparently was less clear and some difficulty was encountered by the raters in making decisions about this value. Similar difficulties were encountered with the construct trustful.

Responsibility as defined for this investigation involves the accountability for one's own conduct. However, when this is expressed by the therapist to the client, there is a certain expectancy that the client will "do" something with respect to the topic under consideration. Problems were encountered by the raters when the therapist asked a question and there was an expectancy for a response. Initially, there was a tendency to rate any question by the therapist at a low level on the value responsible. This was clarified by further discussion and the concensus of the raters and investigator that the expectation of a response was not necessarily an expression of the value responsible. If it had been viewed in this way, all statements the therapist made would have been scored with the value responsible being present.

Similar difficulties were encountered with the value trustful. This construct, defined in terms of interpersonal interaction, was viewed by the raters as being the more difficult construct to conceptualize.

There was a tendency to rate this value at a low level when interpersonal interaction was the topic under consideration. As stated above, simply the discussion of such topics does not necessarily mean that the value is being communicated. Any expression by the therapist involving confidence in, or reliance on, another person was to be scored as trustful.

After minimal reliability was established, the ratings were completed over a two-month period. The raters worked independently on the data. The investigator periodically checked the inter-rater reliability. The ratings maintained the minimal reliability over the time period.

RESULTS

Reliability

The estimation of reliability was determined by analysis of variance as suggested by several authors (i.e., Ebel, 1967; Hoyt, 1967; and Guilford, 1956). The consistently strong reliability is attributed to two principle factors: one, the extensive training of the raters, and two, the identification by the investigator of the statements to be scored. The latter reduced the number of decisions each rater needed to make, and it insured that each rater was scoring the same material.

All reliabilities were high, which suggests that the variables were concise and the raters experienced little confusion with respect to the decisions made. All content categories were established *a priori*, and no changes were made with respect to difficulties encountered during the training phase.

Reliability estimates were based on the scores of each variable within each five-minute segment from each rater. The reliability was then determined on the basis of twelve scores from each subject from each rater. Table 1 summarizes the reliability coefficients for the raters.

TABLE 1.--Inter-rater reliability of scoring categories.

Scoring Category	Average Reliability	Range of Reliability	
		Upper	Lower
Focus of therapist statement	.8902	.9356	.7689
Value dimensions			
Responsible	.9539	.9758	.9122
Trustful	.8896	.9298	.7887

Hypotheses

In Tables 2, 3, 4, 5, and 6 are summarized the results of tested hypotheses. Hypotheses I and II focus on the variables of outcome, therapist experience, and values expressed. The tables presented overlap hypotheses, but do not alter the nature of the hypotheses; only the order is altered slightly. Hypothesis III examines the focus of the therapist statement and its relationship with values expressed.

> Hypothesis Ia: Values will be communicated less frequently in the change group than in the no-change group.
>
> Hypothesis IIa: Experienced therapists will express their values less often than will inexperienced therapists.

Neither of the hypotheses receive support from the data. There are no differences between the frequency of values expressed and the outcome of psychotherapy. Neither are there any differences between the frequency of values expressed and therapist experience. There was no

TABLE 2.--Analysis of variance of rater's frequencies for the value: responsibility.

Source	Sum of Squares	Df	Mean Square	F	p
Total	198838.5	34			
Error	194250.6	31	6266.1		
Client Change	1542.9	1	1542.9	.25	.62
Therapist Experience	602.4	1	602.4	.10	.76
Interaction	2515.5	1	2515.5	.40	.53

TABLE 3.--Analysis of variance of the rater's frequencies for the value: trustful.

Source	Sum of Squares	Df	Mean Square	F	p
Total	102752.7	34			
Error	100774.1	31	3250.8		
Client Change	14.7	1	14.7	.00	.94
Therapist Experience	335.7	1	335.7	.10	.75
Interaction	1719.4	1	1719.4	.53	.47

TABLE 4.--Analysis of variance of ratings of ambiguity for the value: responsibility.

Source	Sum of Squares	Df	Mean Square	F	p
Total	308716.4	34			
Error	294301.8	31	9493.6		
Client Change	6623.4	1	6623.4	.69	.41
Therapist Experience	1036.6	1	1036.6	.11	.74
Interaction	7074.9	1	7074.9	.75	.39

TABLE 5.--Analysis of variance of the ratings of ambiguity for the value: trustful.

Source	Sum of Squares	Df	Mean Square	F	p
Total	146891.6	34			
Error	142462.6	31	4595.6		
Client Change	185.5	1	185.5	.04	.84
Therapist Experience	339.1	1	339.1	.07	.79
Interaction	4016.2	1	4016.2	.87	.36

TABLE 6.--Correlation between responsibility and trustful and the focus of the therapist's statement and p value associated with the difference between the correlations.

Measure (Focus of therapist statement)	I*a	II*b	Zd	p
Internalizing-Externalizing	.47	.58	.610	.27

Ia is the correlation between Internalizing-Externalizing and the value responsibility.

IIa is the correlation between Internalizing-Externalizing and the value trustful.

*both correlations are significant at the .01 level.

significant interaction between the frequency of values expressed, outcome, and therapist experience.

Hypothesis Ib: The change group will have less ambiguity in the values communicated than will the no-change group.

Hypothesis IIb: Experienced therapists will state their values more clearly than will the inexperienced therapists.

The data does not support the hypothesis of the ambiguity of the value trustful or responsibility and outcome of therapy, nor does the data support the ambiguity of values expressed and therapist experience. There was no significant interaction between the ambiguity of values expressed, outcome, and experience level of the therapist. The ambiguity of values expressed is not differential between the outcome or experience variables.

Hypothesis IIIa: Responsibility will occur more frequently than trustful in statements scored as internalizing.

Hypothesis IIIb: Trustful will occur more frequently than responsibility in statements scored as externalizing.

Hypotheses IIIa and IIIb are not supported by the data. The positive correlation suggests that values are more highly associated with externalizing statements. There are no significant differences between the correlations.

DISCUSSION

Inter-rater Reliability

Each dimension examined in this investigation was consistently strong. This can, in part, be attributed to the rather intensive training of the raters and the identification by the investigator of all the therapists' statements. The addition of relatively new and untested variables (i.e., Responsible and Trustful) suggests that the content analysis method can be profitably used in the examination of yet other new undefined areas of therapy research.

Other more traditional methods of research examine the possible effects of the therapy process. These leave the investigator with little knowledge of what transpires in the therapeutic setting. Little is gained concerning the verbal interaction which contributes to change.

The psychotherapeutic process is able to be examined effectively by means of content analysis methods. The high reliability calculated suggests this is a viable method to examine substantive content within the therapy hour. In fact, it is probably one of the best methods for examining *in situ* verbal behaviors that may be relevant to therapeutic process.

Outcome

Outcome criteria for this investigation were based on changes in MMPI scores. No extra-interview behaviors or therapist evaluations of the outcome of therapy were used. The examination of process variables in view of therapy outcome is necessary for advancement of theory and research. However, when an outcome reasure which has previously been associated with extra-interview behavior (Barron, 1956; Schofield, 1956) is applied to process variables and therapeutic outcome, there might be a logical flaw.

Problems which seem intuitively present in such criteria are encountered in the use of a self report. The elevated scores in the no-change group could be an index of the client's openness. The conscious suppression of impulses which might govern the answering of questions could be lessened; the individual might be less apt to give socially appropriate answers. The reverse might also be true of those whose scores changed in the direction of less pathology.

Another assumption implicit in the choice of this outcome criterion is that the changes in scores are due in part to the therapeutic encounter. This assumption in such a design as that used in this investigation may not be warranted. Since pre-existing data were used, and there was no control group in the more formalized sense,

it is not known whether some of the changes were a result of environmental factors. It is impossible to include all such considerations in a design of this nature, but it is necessary to keep such factors in mind when evaluating the results of an investigation of this nature.

What constitutes outcome, particularly successful outcome, is a problem. The subjective nature of the therapeutic encounter is such that adequate means of evaluation have yet to be refined to such an extent as to be embraced by the profession as portraying what each therapist feels has transpired with his particular client.

Therapist Experience

An implicit assumption of the experience factor is that there are differential behaviors between experienced and inexperienced therapists. The definition of experience is arbitrary. Experience may contribute to a greater and more thorough knowledge of the theoretical aspects of client dynamics. However, in the process of examining behaviors such as those in this investigation, there may be problems in differentiating the particular behaviors of experienced and inexperienced therapists. There may be no differences in the verbal behaviors that can be consistently monitored, at least in respect to specific values communicated.

Separating subjects on the basis of experience implicitly suggests greater skill among those with more experience. This is a difficult question to evaluate. Dichotomizing on the basis of skill leads to greater confounding factors since the subjective judgment of the investigator has more influence than a relatively more concrete criterion such as the number of years of experience. Problems of definition often have such confounding characteristics. Such problems do not aid in the teasing out of important dimensions in complex interacting variables.

The differential use of values between experienced and inexperienced therapists received no support in this investigation. This may be due in part to the selection of specific values which did not occur with such regularity to support the suggested theory. It also may be due to the use of values by either group with sufficient regularity that there are, in fact, no differences between experienced and inexperienced therapists in respect to specific value dimensions.

Focus of Therapist Statement

In a conceptual framework, the internal or external focus of the therapist's statement is the vehicle by which the value is carried. This dimension was the only result which had a trend toward significance in the predicted direction. The hypothesized direction of the values with

respect to this dimension suggests that values may be communicated with respect to definite objects in the environment.

Trustful, as defined and predicted, was in relation to others in the environment. Responsible was defined in terms of the self. While not significantly different from Responsible, Trustful was more highly associated with an externalizing focus of the therapist's statement. This suggests that when this specific value was communicated, it tended to be more frequent in relation to others in the client's environment.

The relevance of this suggestion is that values, per se, when communicated may need to be defined in terms of the object choice rather than in terms of the theoretical construct of that value. This may, in part, explain some of the differences between the results of this investigation and the results of some of the other investigations of values and psychotherapy. Rosenthal (1955) ranked various activities and attitudes which were specifically relevant to the client's environment and not to theoretical abstractions. Cook's (1966) investigation was also in reference to specific objects in the client's environment. The investigation of more theoretical constructs may need to be in reference to specific objects in the environment.

The therapist's reaction to those objects, within the framework of the particular client, may be of greater import in value communication than was the examination of the value content of each specific therapist statement. Value investigation in view of traditional criteria (i.e., outcome and experience), may be premature in view of the paucity of existing data on values. Values may be communicated independently of these more traditional criteria. The effects of value communication may effect the client in ways yet to be defined and measured. It may be that values do not effect the course of therapy and therapeutic outcome.

Implications for Future Research

The results of this investigation lead to the conclusion that one must examine and differentiate values more clearly in future investigations. It does seem warranted to replicate this investigation using the same sampling procedures, but with different subjects.

Outcome criteria used in this investigation may not have been as definitive as other methods might be. In future investigations outcome criteria for value studies might be based on the change in values from pre to post therapy. Other methods of outcome criteria might be based on the therapist's and/or the client's evaluations of the success of the encounter. This may not be of any

greater validity than the MMPI, but the subjective criteria of change or no-change may lead to more precise research with values. A given therapist's judgment regarding outcome may reflect a value system which can be gleaned from interview material.

Separating data on this basis may clarify the value structure and its communication more adequately than does the material in this investigation. A more detailed examination of the value structure of both the client and the therapist should not be abandoned on the basis of research delving into an uncharted and still ambiguous construct. In conclusion, an analysis of two specific values applied to all subjects may not be the most appropriate means of examining the impact and influence of values in a more generic sense.

SUMMARY

This investigation examined the communication of two specific values and their relation to therapeutic outcome, therapist experience and the focus of the therapists' statement. The data for this investigation was taken from the research library of the Counseling Center at Michigan State University. The clients represent late adolescent males and females who are self referred for treatment and agreed to participate in a research project.

Twelve five-minute segments were randomly selected from each of thirty-five completed psychotherapies. Each therapist statement was scored on the basis of the values communicated (Responsible and Trustful) and the focus of the therapist statement. Inter-rater reliability was consistently strong. Internalizing-Externalizing was scored at .89; Responsible at .95; and Trustful at .88. The high inter-rater reliability is attributed to two principle factors: (1) intensive pre-training of the raters and (2) the investigator's identification of each therapist statement in each five-minute segment.

The intent of the investigation was to examine systematic differences between specific values

communicated by the therapist and therapeutic outcome as measured by pre- to post-changes in MMPI scores; the experience level of the therapist; and the focus of the therapist's statement (i.e., internalizing-externalizing). The data did not support the first two hypotheses. There was no difference between values communicated, therapy outcome, and therapist experience. There was a trend toward significance between the value Trustful and the externalizing focus of the therapist's statement. This result suggests that values may be communicated in reference to specific objects in the environment rather than in a more generic way.

Conclusions suggested that future investigations of values should be broader in scope rather than limited to two specific values in a more abstract form. Traditional methods of dichotomizing (i.e., outcome and therapist experience) may not be the best criteria for examining the influence of values in psychotherapy. Content analysis was shown to be a highly reliable measure for studying verbal behaviors of the client and/or the therapist.

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APPENDIX

A SCORING MANUAL

Scoring Unit and Interaction Sequence:

A. Definition: A unit is the total verbalization of one speaker bounded by the preceding and succeeding speeches of the other speakers with the exception of interruptions.

There are three types of scoring units: The "client statement" (C. St.), the "therapist response" (T. R.), and the "client response" (C. R.). A sequence of these three units composes an "interaction sequence." The client response not only completes the first interaction sequence, but also initiates the next sequence and thereby becomes a new client statement.

Examples:

C. "I can't understand how you can stand me."

(C. St.)

T. "You seem to be very aware of my feelings."

(T. R.)

C. "I am always sensitive to your feelings."

(C. R.)

B. Pause: If a speaker pauses between statements, his verbalizations are not scored as separate units. The verbalization before and after the pause is considered one unit.

C. Interruptions: Statements of either therapist or client which interrupt the other speaker will be scored only if the content and/or temporal continuity of the other speaker is altered by the interruption. Then the interrupting verbalization becomes another unit and is scored. A non-scored interruption is never taken into account in the continuation of the other speaker.

Interruption scored as one unit:

C. "I asked him to help me and . . ."

T. "Why was that?"

C. "He refused to even try."

Non-interruption scored as three units, one interaction sequence:

C. "I asked him to help me and . . ."

T. "Why was that?"

C. "I don't know."

Verbalizations such as "Um-Hum," "Yes," "I see" are ignored in scoring unless they are so strongly stated as to convey more than a listening or receptive attitude.

Client requests for the therapist to repeat his responses are considered interruptions and are not scored. Therapist requests of this sort are scored as units except for single requests to the clients to repeat a few words.

Internalizing or Externalizing Responses:

Therapist responses are scored in one of two mutually exclusive classes: internalizing or externalizing responses. When both types are present, score the portion of the response which is designed to elicit a response from the client.

(a) Internalizing (I): In this category the focus is on the client's concept of himself, his feelings and reactions to the stimuli impinging on him. The therapist is encouraging the client to express his feelings. The therapist may label the client's feelings; he may verbally act them out with feeling or sensory words; he may explore the feelings by eliciting the client to discuss the idiosyncratic edges of his feelings and the impulse edge of his feelings.

T. "What would you like to talk about today?"

T. "You keep a pretty close check on those you let yourself love because it's pretty dangerous."

T. "You want to be a boy, but if you were, you couldn't have children."

(b) Externalizing (E): The distinction is between a focus outside or inside the client. Here the therapist joins with the client on focusing on something that is "outside" the client or responds in such a way as to encourage the client to focus on something outside himself. Response may refer to the client and still be placed here if it is a behavioral description of the client as an external object. There is a clear absence in this category of any focus on how the client "feels."

T. "In a sense you are being compared to people who are not doing things."

T. "How old is your sister?"

T. "What did your mother feel when you said that?"

Note: In the case of certain avoidance responses, it may be impossible to score a response as internalizing or externalizing.

-- Silence responses cannot be scored, but are listed as E.

-- Topic transition responses are scored in respect to the discussion they intended to elicit, e.g., if a discussion is introduced, score it also on the basis of whether it attempts to internalize or externalize the client's response, and not in regard to the preceding client discussion.

C. "And so we went shopping."

T. "Let's go on to something else; how did you feel about last week's hour?" (I)

-- Disapproval can be scored either internalizing or externalizing.

-- Ignoring can be scored either internalizing or externalizing on the basis of what the therapist said which was ignored.

-- Mislabel can be scored either internalizing or externalizing.

Scoring of Trustful:

Any response which implies belief or confidence in another individual or group is scored as trustful. The emphasis is on the ability to recognize and utilize one's notion of others in his activity with other persons. The phrasing of the value in positive or negative terms is not a consideration. For example, "You don't trust other people," is scored the same as "You seem to trust other people." The negative aspect of a value is assumed to be as clear a statement of the value as is the positive direction.

Examples:

"You're very close to her. Do you seem to understand each other quite well?"

"Uh Huh, but now he's quite threatening to you."

"So how does this feel to share with someone your feelings?"

"But I think once you find out you're able to trust me you'll find out talking about it with someone, feeling that you don't have to think about it alone."

Scoring of Responsibility:

Responsibility statements include any response which the therapist makes which involves the implication that the client "should" or "ought" to do something; clearly making statements which place the client in a position of initiating some activity. The following examples may aid in the identification of such statements:

T. "Is that something you would like to talk about?"

T. "Mary, we have to deal with that somehow."

T. "What do you think are the possibilities? You seem to have raised a number of logical possibilities in our discussion."

T. "You seem to feel more responsible for what happens to you."

Note: The positive or negative direction of the value is not a consideration. If the concept is present in negative terminology the scoring is exactly the same. For example:

T. "You don't want to do that, do you?"

T. "That seems kind of irresponsible to me."

Clarity or Strength of the Value:

Each therapist statement is to be scored on the basis of the two values of trust or responsibility. The

rating of a value is to be on a four point system on which the judge must rate the strength of that value.

Level I: Values scored at this level have essentially no presence of the value in the judgment of the rater. Examples of such statements are statements of fact or data unrelated to the therapy contact.

Examples:

"I see that it is 3:00."

"Where is your home town?"

"How many sisters do you have?"

Essentially, the responses scored at this level have little or no apparent impact on the immediate relevance to the topic under consideration.

Level II: Responses at this level are, to some extent, suggesting the value, but the clarity is lacking. Inference about the value is possible, but is weak.

Examples for Responsibility:

"You can find that in the occupational library."

"Your academic adviser may be able to assist you with that."

Examples for Trustful:

"You seem to wonder about your roommate's intentions."

"It doesn't seem as though you can be close to other people."

Level III: At this level the expressions of the therapist are such that there seems to be a relatively clear statement of the therapist's expectation of the client.

Examples for Responsibility:

"Why don't you tell them to quit bothering you."

"I wish you would stop listening to what your mother keeps telling you."

The intention of the therapist's response is that the client will act upon the therapist's wishes.

Examples for Trust:

"You really aren't too sure about other people, are you?"

"Have you ever allowed yourself to depend on anyone?"

The therapist's questioning leads the rater to believe that there appears to be trust lacking on the part of the client.

Level IV: The therapist's verbalization is such that the value is unmistakably clear. The use of the term per se will automatically include it at this level. Responsible, Responsibility, Irresponsibility, Irresponsible, Trust, Distrust, Mistrust, Untrustworthy--all are at this level.

It is possible that both values could be included in the therapist's verbalization. When this occurs, the statement should be scored as though it were two separate statements as far as level of value expressed is concerned.

Examples:

"As long as you don't feel responsible for your behavior, it is easy for you not to trust other people."

In this case, both values are scored at Level IV.

"You must have had some questions in mind that you thought I might ask which were in some ways kind of threatening for you. And I guess if you and I are to work together to help you,

we really should take a look at the questions which are hard for you."

Trust is implied in the statement at Level III. Responsibility is at Level III in that the therapist is fairly clear with his expectations.