RESEARCH IN PSYCHOTHERAPY: THE INITIAL INTERVIEW AS A MICROCOSM OF THE TOTAL THERAPY SEQUENCE

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ABSTRACT

RESEARCH IN PSYCHOTHERAPY: THE INITIAL INTERVIEW AS A MICROCOSM OF THE TOTAL THERAPY SEQUENCE

By

J. C. Love

The purpose of this study was to empirically determine whether the numerous published impressions regarding the role of the initial psychotherapy interview as a "template" or model for the therapy sequence had a measure of validity. It was hypothesized that the initial psychotherapy interview is a microcosm of the total therapy sequence, in that the joint verbal behavior of the therapist and client, when examined at three points in the initial interview--early, middle and late--would correlate highly to three corresponding periods in the remainder of the therapy sequence.

The initial, second, mid-point, and next to last taped interviews of eighteen different client-therapist dyads (nine each with a rated outcome of successful and unsuccessful) were obtained from the Michigan State University Counseling Center Tape Library. The verbal behavior, without regard to the identity of the emitter, was scored utilizing a twelve category scoring system based on Rogers' and Maslow's theoretical positions

regarding evidences of psychological health in the individual. These categories were: expressions of negative or positive feelings, guardedness, directness, references to self, others, problems, to the various temporal modes, to therapy, and silence.

Two comparisons were effected. In one method the summed category scores of the early, middle and late portions of the initial interview were correlated to the summed category scores of corresponding interviews (temporally) in the total sequence. In the other comparison, the same initial interview scores were correlated to the summed category scores of corresponding segments (again, temporally) in all of the three remaining interviews. A χ^2 test of the proportion of significant hypothesized correlations to the significant correlations not germane to the study (in both methods) supported the hypothesis at the <.001 level.

It was suggested that the therapist and client adopt a mutually compatible form of interaction in the initial interview and "replay" this format in the subsequent sessions and in the sequence as a whole. The interactional pattern was found to be consistent, irrespective of success or failure. Additionally, the extent to which the client influences the therapist appears to be greater than previously realized although clients tend to adopt the therapist's mode of relating, his guardedness as well as his directness.

Some implications of the findings regarding therapist training and conflict areas, transference and counter-transference, predictive and diagnostic functioning, and future research were noted and discussed.

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By

J. C. Love

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DEDICATION

Within these pages, microcosm means one thing. It also implies the regard one person has for another who represents the world in miniature. This work is dedicated to my own personal little microcosm, my daughter, JENNIFER MICHAELE LOVE.

ACKNOWLEDGMENTS

My committee chairman, Dr. Bill Kell, has been acknowledged in earlier dissertations as being everything from a mentor to a guru. He is that, and more. To me he is the summation, the epitome of that role which he holds in the highest regard, a professor. He is, no less, a psychotherapist, scholar, teacher, and man. In whatever capacity, over the years I have known him, he has been the major influence and, for that, I am most grateful.

Drs. Mary Leichty, Lawrence Messé, and Dozier Thornton as members of my committee each contributed significantly with their invaluable suggestions and guidance. Moreover, I would like to express my appreciation for their varied participation in other aspects of my program, particularly as case supervisor, minor area professor, and stimulating teacher and friend.

To my raters, Lynn Rich and Tom Fiester, I say thanks for doing so much so well so quickly, for so little renumeration. The same holds for Miriam Smith. A special recognition is acknowledged for the unselfish gift of her talents and time in the preliminary typing, the editing, and revisions of this study.

Finally, I must express a full-measure of gratitude to an old and very dear friend with whom I have discussed (along with many other things) this dissertation. He does not think very much of it. But then, you will recognize, that is mostly his way. And then again, perhaps he is right. Anyway, thank you, Mr. Prufrock.

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INTRODUCTION

The initial psychotherapy interview is generally regarded as the most crucial single session in the total therapy sequence. It is the beginning of a particular and special relationship, which, in many cases, exerts a significant influence upon the client's future well being after therapy as well as greatly affecting the course of his therapy. Surprisingly, however, while much of the clinical literature deals with this relationship in one form or another, considerably less attention has been focused exclusively upon the initial interview.

Several sources (e.g., Sullivan, 1954; Will, 1954; Kirtner and Cartwright, 1958; Kell and Mueller, 1966) have, of course, stressed the importance of the initial interview to the success or failure of therapy. Will, for instance, states that:

> Contained in a single psychiatric interview are the essential characteristics and movements of the more prolonged therapy. So it is that much of what is discussed here in terms of the interview has application to the entire course of a psychotherapy endeavor (in Sullivan, 1954, pg. x).

Referring to the nature of the client-therapist interaction, Kell and Mueller (1966) stress the importance

of the first interview because it often determines the content of subsequent client statements and because predictions about the "eventual course of the relationship" may be made from an understanding of the communication process involved.

It would seem, therefore, that the events of the initial interview are vital to the outcome of the therapy sequence. But, more importantly, it can be inferred that the initial interview contains many, if not all, of the elements of the total therapy sequence. Thus it is with this latter aspect that the current study is concerned. Stated simply, the following premise is examined: That the initial therapeutic interview is a microcosm of the total therapy sequence. In effect, the assumption is that certain kinds of verbal behavior will be manifest at various periods in the initial interview and that these behaviors will correlate positively with the verbal behavior at corresponding points in later interviews.

REVIEW OF THE LITERATURE

With respect to the study and publication of "hard" data on the initial interview, the literature is sparse. Several authors have, however, stated rather clearly their impressions of what does, or in some cases, what should transpire in the initial interview. The interpersonal, somewhat didactic approach is perhaps best represented by Sullivan (1954). While admitting that clearly defined stages in the (initial) psychiatric interview are, "hypothetical, fictional, abstract, and artificial," he nevertheless believed they were important enough to delineate. He noted that:

> These stages are: first, the formal inception (reason why the patient came in); second, the reconnaissance (the history or identity of the patient); third, the detailed inquiry (in-depth probes of the patient's problem area); and fourth, the termination (final statement, assessment and leave-taking.)" (pg. 39)

In a departure from the structured-interpersonalism of Sullivan, Howe and Pope (1961) lean more to the client-centered approach in their statement that the initial interview is more properly a departure from "fact gathering," emphasizing instead a relatively passive therapist role which allows the client to "unfold his

story as he himself sees it." In this regard, Kirtner and Cartwright (1958) conclude that the manner in which the client approaches and conceptualizes his problem will have much to do with whether or not a resolution of the problem is achieved. They are, in effect, stipulating that some predictive actions pertaining to success and failure are possible very early in the sequence.[1]

Gill *et al.* (1954) in their book devoted entirely to the initial interview strongly support the importance of this phase of therapy in their statement that

> One of the reasons the initial interview deserves very special emphasis is that it can have such an important effect on the subsequent course of the relationship. (p. 106)

These studies appear to verify that the initial therapy interview is but a special case of the beginning of all relationships, an idea which has support from numerous sources (Kleinmuntz, 1967; Gruen, 1968; Rogers, 1961) and as such, certain lawfulness will apply to all forms of interpersonal relationships.

The question is, however, what transpires in the initial therapy relationship which has far-reaching consequences for the remainder of the interaction? One

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[1]It should be noted that the current study does not include as a major hypothesis that such is possible, although confirmation of the original hypothesis would certainly lend credence to this stipulation. Kell and Mueller (1966), for instance, agree that "we can learn to predict much about the nature of the eventual course of the relationship from the very early interactions."

of Love's (1969) conclusions was that in a client-centered therapy analog situation involving two strangers conversing (one "psychologically healthy" and one "psychologically unhealthy"), the verbal behavior tended to shift more to a "healthy" form as the sessions progressed. Such a shift was not observed in the verbal behavior of two "psychologically unhealthy" strangers.

More specifically, Kell and Mueller (1966) ascribe to the initial or early session the major influence on the determination of the choice of content for the other early sessions as well as following and sequential interviews. Somewhat obversely, the "sequential content... is a reflection of the relationship as it has developed and parallels extra-therapy client relationships." This may be summarized by postulating that what occurs in the initial interview is predicated upon the client's (and occasionally the therapist's) pre-interview behavior; that what transpires after the initial interview behavior is also greatly determined by the early interaction of the therapist and the client.

Howe and Pope (1961) found that typical therapist responses in the initial interview were: 1) Simple Facilitation, 2) Exploration, 3) Clarification, 4) Interpretation, and 5) Supportive Reassurance--which is, in many ways, a template for the total therapy sequence, much as is Sullivan's "stages."

Finally, Wolk (1967) regards each therapy session as a separate and complete entity, comprised of beginning, middle and end processes with its own goals, much the same as the total treatment plan has its own stages and goals.

It would appear, therefore, that it would be possible to quantify the initial interview and selected subsequent interviews, analyze the resultant quantifications and thereby ascertain if the basic premise is true, i.e., that the initial interview is a microcosm of the total sequence.

THE CURRENT PROBLEM

Verbal Behavior in Psychotherapy

With few exceptions, e.g., some forms of aversive therapy, the psychotherapy relationship is essentially dependent upon a constant flow of verbal communication between the participants. That the form of the interaction is significantly determined by language factors has been the positions of Hare and Bales (1963) and Leary (1957). Jaffe (1957) has, however, gone one step beyond focusing exclusively upon the behavior of the client or the therapist. Utilizing several content-analysis systems, he studied the verbal behavior of the therapeutic "dyad" as if it came from one person. His assumption was that the dyadic content or "language" would undergo a perceptible change as therapy progressed, and that an analysis of these changes would correlate with various clinical constructs such as defensive maneuvering and stressful disorganization. Sometime later (1961), this assumption was verified when a dyadic analysis of pre- and post-treatment interviews of a successfully treated psychotic patient revealed shifts in phraseology and word usage toward a succinctness which as adjudged clinically "normal."

In the current study, it was decided to follow Jaffe's lead in that the verbal behavior of the therapeutic dyad would be examined as if it came from one person. In several ways, this is the most comprehensive method of quantifying verbal behavior, since to examine only one of the participant's verbalizations, or to look at them separately, is to arbitrarily impose conjectural limitations and induce an element of uncertainty regarding the specific influence of either the therapist or the client.

The Instrument of Analysis

In order to score the emitted verbal behavior, it was decided to utilize an instrument which was comprehensive in scope, yet was not so complex as to "mask" the actual interaction by wholly inducing second-order constructs such as defensiveness, resistance, etc. While these factors are undoubtedly important, it was felt that their worth is more usefully employed in post-data analysis--whereas the real data should be as "hard" and "neutral" as possible.

Thus a scoring system was employed which has been demonstrated to adhere to the above criteria. Love (1969) utilized such a system in an investigation of the effects of "psychological health" on the verbal behavior of stranger dyads meeting in an unstructured, non-task oriented situation. In this study, the system was slightly

modified by a minor change in one category (number VII, previously titled Reference to the experimental situation) and adding one additional category (number XI); thus, it is believed that the modified system is more compatible to a therapy situation. The categories used in this study are as follows:

I. Expression of negative feeling
II. Expression of positive feeling
III. Reference to the past
IV. Reference to the present or future
V. Reference to self
VI. Reference to others
VII. Reference to on-going therapy
VIII. Reference to problems, descriptive
IX. Reference to problems, coping
X. Guardedness and explanations
XI. Candidness and directness
XII. Silence
XIII. Miscellaneous verbal sounds

This scoring system, based on the theoretical positions of Rogers (1961) and Maslow (1951) was successful in discriminating "healthy" dyads from "unhealthy" dyads. Rogers, for instance, views psychological health as partially evidenced by a tendency toward self-actualization, a self-concept congruent with experience, and a need for positive self-regard. He further notes that such a person is fully functioning, open to experience, aware,

symbolically accurate, and maintains a high degree of unconditional self-regard.

Similarly, Maslow stresses adequacy in security feelings, self-evaluation, spontaneity and emotionality, self-knowledge, life goals, group or culture emancipation as well as an integrated personality, ability to learn from experience, and ability to satisfy the requirements of the group.

More important to the current study was Love's (1969) finding that a "mixed" dyad (a "psychologically health" individual and a "psychologically unhealthy" individual) was also distinguishable from either of the other two types, although the level of significance was not determined at that time. The implication here is that the "mixed" dyad is analogous to the beginning therapy situation, containing as it does one "healthy" person (the therapist) and one "unhealthy" person (the client). It can, therefore, be assumed that the scoring instrument is valid for use in a therapy situation with the incorporated minor modifications.

Restatement of the Problem

As previously noted, this study sought to determine whether the initial interview could be regarded as a microcosm of the total therapy sequence. To accomplish this it was felt that portions of the initial interview could be compared with subsequent interviews in the

sequence, and if a significant positive correlation is found between the initial and selected segments of subsequent interviews, the precept would be verified. To score the verbal behavior, an instrument was selected which was based upon the well-known theoretical positions of Rogers and Maslow, and was shown to discriminate effectively in a therapy-analogous situation. Finally, it must also be assumed that success or failure in therapy will have little effect upon the basic premise since by implication, the elements contributing to this post-therapy judgment are contained in some measure in the initial interview.

HYPOTHESIS

The initial psychotherapy interview is a microcosm of the total therapy sequence, in that the verbal behavior of the therapist and the client, when examined at three points in the initial interview--early, middle and late--will correlate highly to three corresponding periods in the remainder of the therapy sequence.

METHOD

Clients and Therapists

All therapy interviews were selected from the Research Tape Library at the Michigan State University Counseling Center. Eighteen such cases were analyzed for this study, all clients being female college students who underwent therapy in the Counseling Center during the period 1963-1969.[2] The criteria for selection was that the tapes of the initial, second, mid-point, and next-to-last interviews must be available and the client must have appeared for a minimum of five interviews. The therapy outcome factor was controlled by including an approximately equal number of clients whose rated outcome was an ordinal scaling of Unsuccessful, Partially Unsuccessful, Partially Successful and Successful. These scale placements were ascertained by approximately nine measures taken before, during and after completion of therapy.

Therapists' experiential levels ranged from those having five or more years of pre- and post-doctoral experience to graduate student interns who had completed

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[2]Only females were chosen since the Library contained only four cases involving male clients which were rated as Unsatisfactory or Partially Unsatisfactory.

a minimum of one year's practicum experience. Additionally, the experiential level and the sex of the therapist was evenly distributed by rated outcome and no therapist was paired with more than one client. Therefore, there were eighteen different therapist-client pairs included in the current study.

Finally, Table 1 depicts the number of dyads, the mean number of sessions, and the range of sessions for each dyad as discriminated by therapy outcome rating.

Materials

Five clients who received "U" and "PU" therapy outcome ratings were so rated based on extensive post-therapy testing. The major measures were the TAT, MPCL, Tennessee Self-Concept Scale, and ICL. Additionally, continual in-therapy Semantic Differential testing was accomplished. These clients were seen at the Counseling Center during the 1963-1964 academic year.

The remaining thirteen clients were part of a research project conducted during 1967-1969, and received even more extensive pre- and post-therapy testing incorporating the above instruments as well as numerous others. Additionally, the client and the therapist were asked to make their own evaluations as to the therapy outcome. At present, the extensive test data available in the research library were not directly employed in

Table 1. Parameters of Therapy Dyads by Outcome

Therapy Outcome Rated:	N =	Mean of Sessions	Range of Sessions
Unsuccessful	4	9.5	5-17
Partially Unsuccessful	5	11.8	6-21
Successful	4	11.0	6-24
Partially Successful	5	13.0	5-16

this study although the outcome ratings were incorporated in client selection.

Coding the Verbal Behavior

The interaction of the therapist and client was scored by coding their joint verbal behavior into one or more of thirteen categories at intervals of 15 seconds. (The categories, including a detailed explanation of the kinds of verbal behavior included in each, are set forth in Appendix A.) In any given 15 second interval, several categories could be scored (which was the rule rather than the exception); however, no single category was scored more than once during the same interval.

The author selected the individual tapes to be scored, masked them to prevent identifying data, and distributed them at random to his two assistants for coding purpose. At no time were the raters aware of whether a client's therapy had been rated as successful or unsuccessful, nor were they aware of which of the subsequent interviews they were scoring. This latter precaution could not apply to the initial interview itself since three times as much total tape time was scored for each as compared to the remainder.

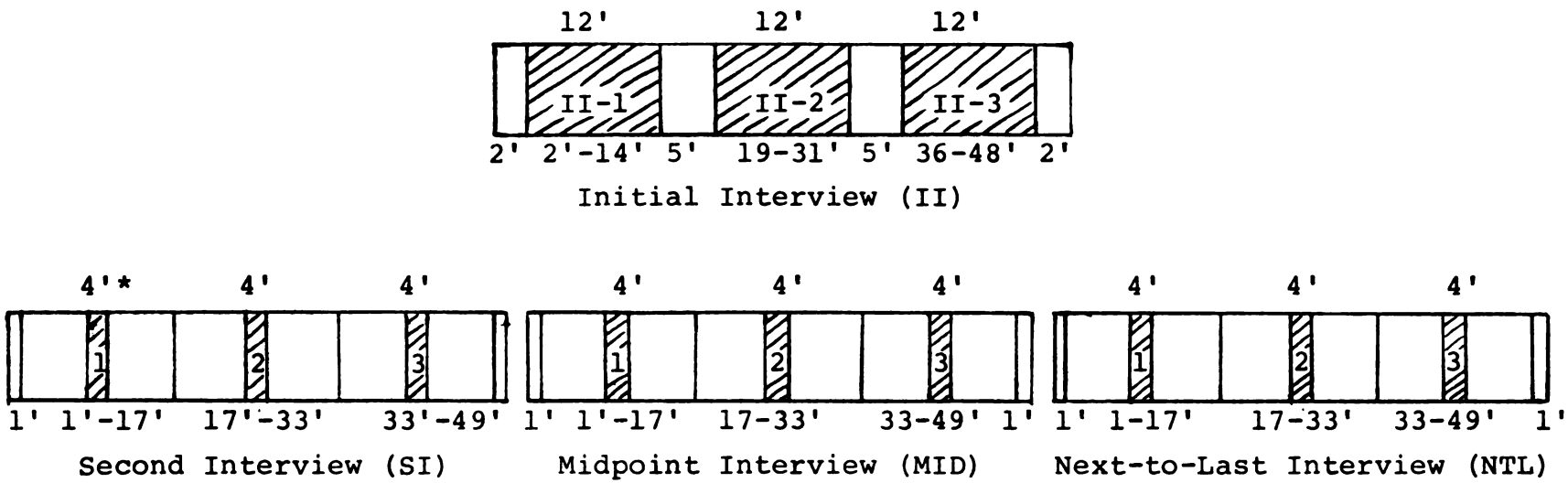
Interrater reliability was considered established after the raters had achieved a .85 reliability factor on all categories during practice sessions and frequent

dual rating of a single tape was conducted throughout the entire rating process to insure a maintenance of that reliability factor.

Following completion of the rating task, the individual rater's scores for each category in each segment were averaged to obtain a final score for purposes of analysis.

Figure 1 depicts the method of selecting the various interview tapes and the sections of each which were scored. The initial assumption was that each tape contained about 50 minutes of interaction; where this was not the case (as in those exceeding or failing to contain this amount), some minor adjustments were made regarding the selected segments if the necessary compromises were not deemed to affect the total design adversely. This was, necessarily, a more crucial factor in scoring the initial interview than in subsequent interviews since a total of 36 minutes were scored in the former and only 12 minutes in each of the latter interviews. It will also be noted that four interviews of each of the 18 cases were examined. These comprised the initial interview (II), the following or second interview (SI), the interview most nearly falling midway between the initial and termination interviews (MID), and the next-to-the-last interview (NLI). The NLI was chosen to offset the so-called "termination effect" associated with the final

Figure 1. Segments Selected From Each Fifty Minute Interview for Analysis



Legend:

= Tape Segment Scored

* = 4 min. segments located at the midpoint of consecutive 16 min. intervals

Total Minutes Scored:

I -	Initial Interview (EA)	= 36'
	A. Each segment	= 12'
II -	Subsequent Interviews	= 12'
	A. Each segment	= 4'
III.	Total hours scored All init. interviews	= 10.8
IV.	Total hours scored All subsequent intervs.	= 10.8

interview, and this was adhered to irrespective of whether the termination interview was a joint decision of the client and the therapist, or whether, as in some instances, the client terminated upon his own accord.

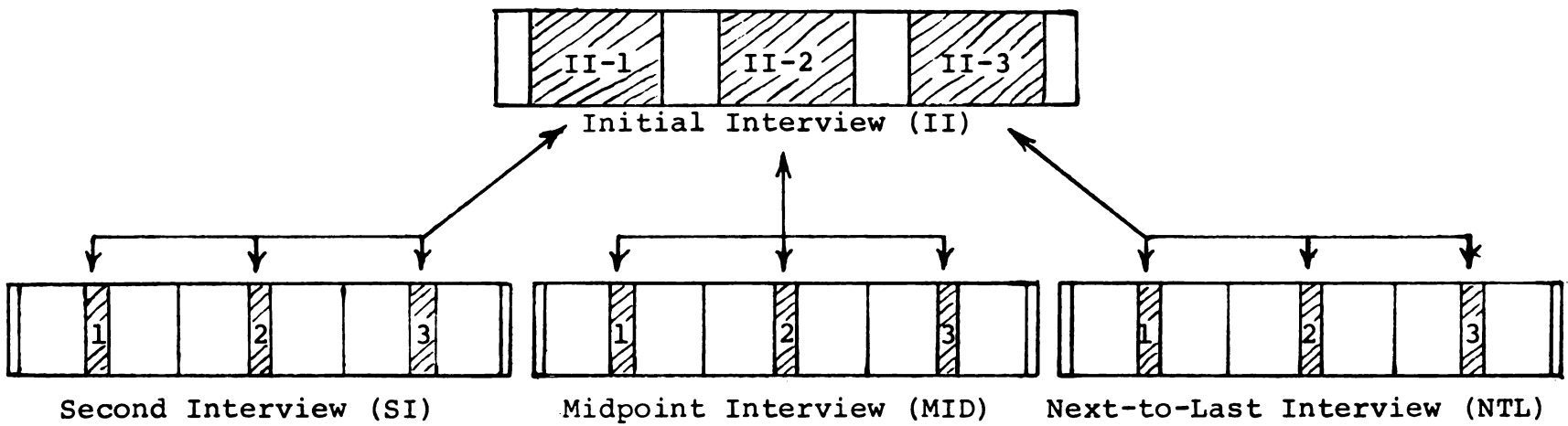
For purposes of brevity, the three segments of any of the interviews will hereafter be identified by the initials of the interview concerned and a number corresponding to the order of appearance, e.g., II-2 refers to the second 12 minute segment of the initial interview, and MID-1 refers to the first 4 minute segment of the midpoint interview.

Methods of Analysis

Sequential Analysis - An individual category score was obtained for each of the segments II-1, II-2, and II-3. A summed score for each category was obtained for SI, MID, and NTL (i.e., $\Sigma SI = \Sigma[SI\text{-}1] + [SI\text{-}2] + [SI\text{-}3]$, $\Sigma MID = \Sigma[MID\text{-}1] + [MID\text{-}2] + [MID\text{-}3]$, etc.). A product-moment correlation coefficient was computed (for each category score) between II-1 and SI, between II-2 and MID, and between II-3 and NTL. The schematic of comparison for this correlational method is depicted in Figure 2 and is hereafter referred to as the sequential analysis method.

Combinational Analysis - Additionally, the individual category scores for each of the segments II-1, II-2, II-3 were correlated with the combined category scores of the

Figure 2. Schematic of Analysis, Sequential Method

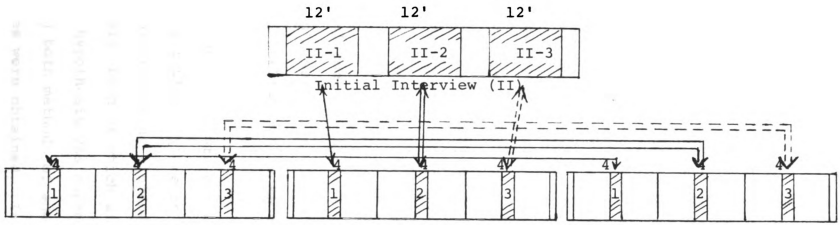


Legend:

= Tape Segment Scored

the four minute segments in the subsequent interviews; here, however, the combined scores correspond temporally to the three II segments and are known hereafter as Combination I, Combination II, and Combination III. For instance, ΣCombination I = Σ[SI-1] + [MID-1] + [NTL-1], and similarly for Combinations II and III. Thus, these correlations were computed (for each category) between II-1 and Combination I, between II-2 and Combination 2, and between II-3 and Combination 3. The schematic of this comparison is shown in Figure 3 and is hereafter referred to as the combinational analysis method.

Figure 3. Schematic of Analysis, Combinational Method



Legend:

= Tape segment scored

→ = Combination 1 segments

⟹ = Combination 2 segments

⇢ = Combination 3 segments

RESULTS

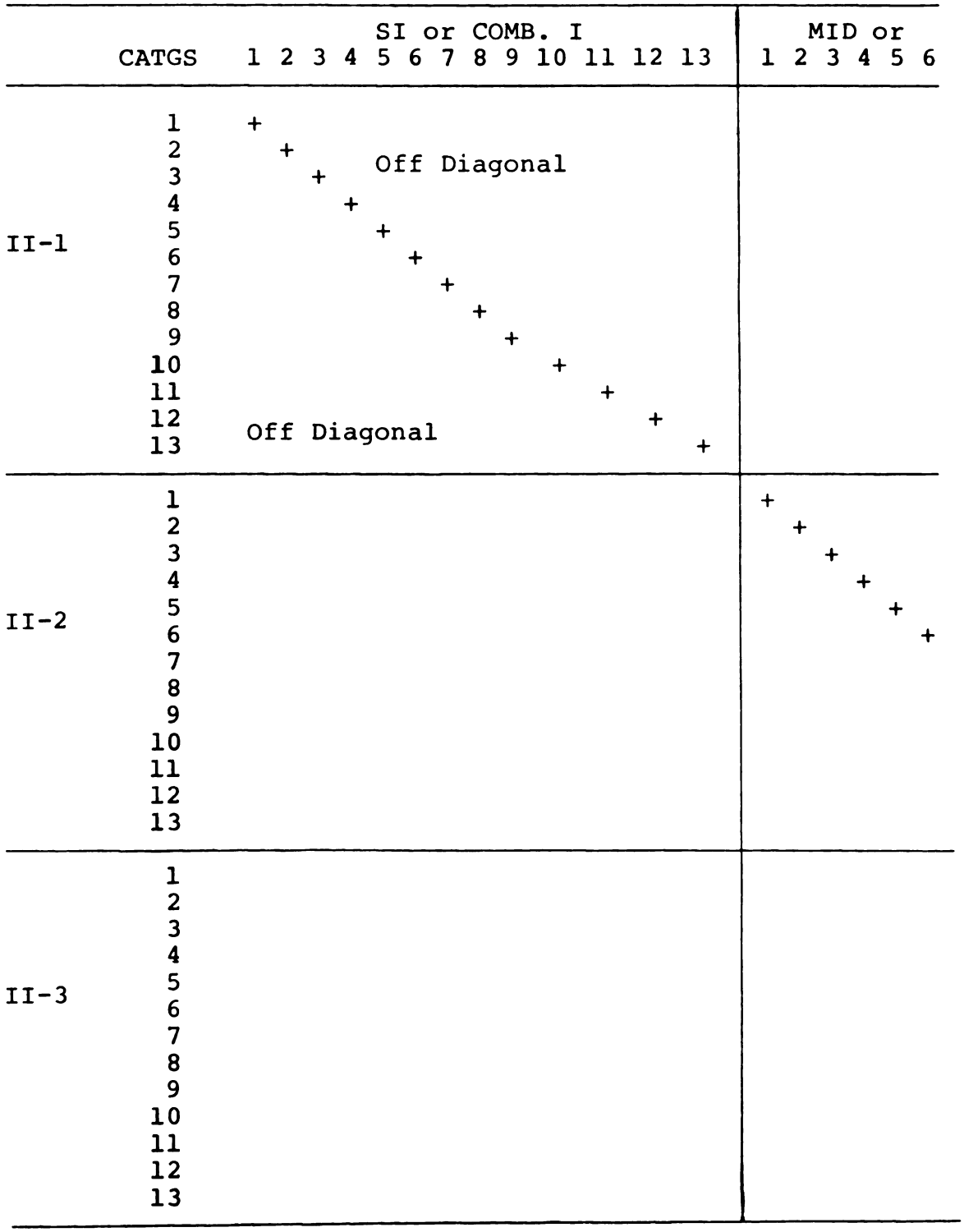
Figure 4 is a schematic of the manner by which the correlation coefficients for both methods of analysis were obtained. Thus, there are a total of 36 on-diagonal coefficients (the hypothesized coefficients) and 396 off-diagonal coefficients (the coefficients with which the hypothesized entries were compared). To test the hypothesis, the number of significant (<.05) on-diagonal coefficients were compared to the number of significant off-diagonal coefficients through χ^2

Table 2 depicts the results of this comparison. Expressed as proportions, this table indicates that $\frac{13}{36}$ on-diagonal coefficients and $\frac{25}{396}$ off-diagonal coefficients were significant in the sequential analysis. Similarly, the ratios are $\frac{15}{36}$ and $\frac{21}{396}$ for the combinational analysis.

This table consists of, essentially, two 2 x 2 contingency tables. χ^2 tests (corrected for continuity) of these distributions yielded values of 32.90 and 54.46, respectively, both of which are significant ($p<.001$). Thus, the hypothesis was supported.

Using both methods of analysis, a total of six 36 x 36 matrices were obtained. In addition to the two examined

Figure 4. Schematic of a Typical Matrix With On- And Off-Diagonal Correlation Coefficients



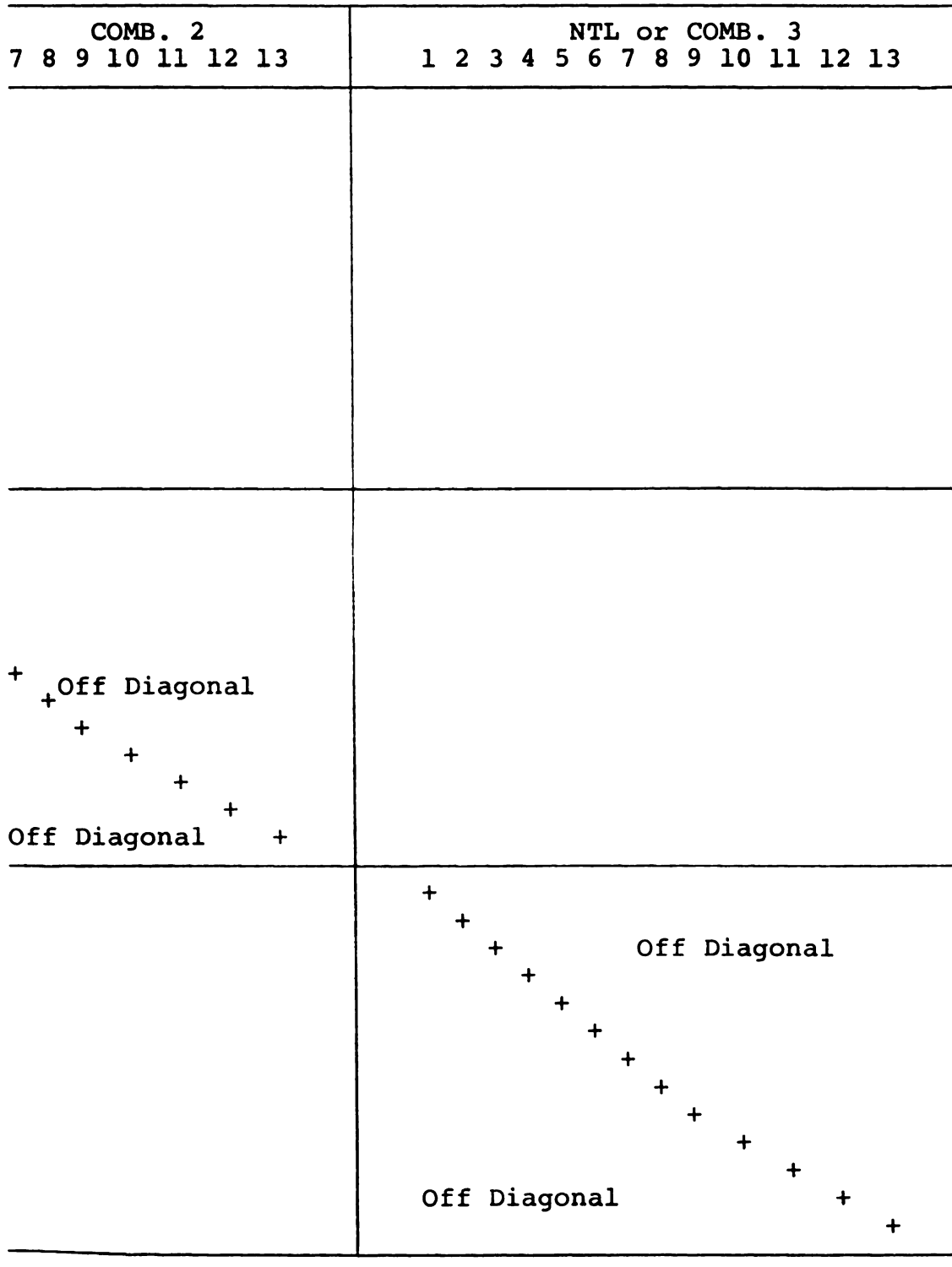

COMB. 2
7 8 9 10 11 12 13
NTL or COMB. 3
1 2 3 4 5 6 7 8 9 10 11 12 13
Off Diagonal
Off Diagonal
Off Diagonal
Off Diagonal

Table 2. Comparison of On/Off Diagonal Correlation Coefficients for all Dyads (N = 18)

	Sequential Analysis		
	On Diagonal	Off Diagonal	Totals
Categories Found Significant	13	25	38
Categories Found Not Significant	23	371	394
Totals	36	396	432

$\chi^2 = 32.90$; $p<.001$

	Combinational Analysis		
	On Diagonal	Off Diagonal	Totals
Categories Found Significant	15	21	36
Categories Found Not Significant	21	375	396
Totals	36	396	432

$\chi^2 = 52.46$; $p<.001$

above incorporating all dyads, four more were computed (two for each method) where the rated outcome was examined (the ordinal scaling was collapsed into two factors--success and failure).

Table 3 reflects the average of the on-diagonal correlation coefficients for all six matrices. It can be noted that in the rated outcome matrices, the grand mean coefficients are very similar, indicating that neither success or failure contributed disproportionately to the findings expressed in Table 2. The specific categories which were found to be significant are noted in Table 4 through Table 9, Appendix B.

Finally, the off-diagonal coefficients for the six matrices of interest, i.e., II-1 and SI, II-1 and Combination I, etc., as well as the coefficients for those matrices which were not germane to the study, i.e., II-1 and MID, II-1 and Combination 2, etc. were examined. The average of these coefficients ranged from -.007 to .03, with a grand mean of .009.

Table 3. Average of On-Diagonal Correlation Coefficients for all Dyads and for Dyads by Rated Outcome

		Sequential Analysis			Combinational Analysis		
		SI	MID	NTL	COMB. 1	COMB. 2	COMB. 3
All Dyads N = 18	II-1	.25			.23		
	II-2		.37			.44	
	II-3			.33			.38
Grand Mean r_{xy}'s		.32			.35		
Unsuccessful Dyads N = 9	II-1	.16			.19		
	II-2		.36			.45	
	II-3			.20			.18
Grand Mean r_{xy}'s		.24			.27		
Successful Dyads N = 9	II-1	.20			.19		
	II-2		.13			.16	
	II-3			.47			.57
Grand Mean r_{xy}'s		.27				.31	

DISCUSSION

The dual confirmation of the hypothesis is certainly, of itself, important; yet, the most striking aspect of the success of both methods of analysis is that it implies a new dimensionality to the process of therapy which has heretofore not been explicitly demonstrated. Not only is the whole of the future course of therapy charted in the initial interview, but perhaps more importantly, this interview serves as a model or template for the therapist-client interaction in each of the subsequent sessions.

This seems to confirm Wolk's (1967) suggestion that each session is a separate and complete entity, comprised of a beginning, middle and end process much the same as the total treatment plan. However, his idea of "separateness" must be examined in closer detail, in light of the current findings. True, one session does not follow another (nor, for that matter, does one segment follow another segment) in a linear continuity model, i.e., session three does not appear to begin where session two ended.

Instead, the subsequent interactions are more of a "replay" of the initial interview, albeit the problems explored, the extra-therapy experiences, and the context

in which, for instance, the self is discussed may change. The interactional pattern remains largely the same irrespective of whether the total sequence or whether specific interviews within the sequence are examined.

Prior to discussing the results, however, two aspects of this study should be recalled. First, the verbal behavior was examined via a statistic (product-moment correlation coefficient) which, in the main, reflects only the categorical scores in terms of their relative magnitudes. Secondly, the research design, focusing as it does on the interaction of the therapist and client without regard to the degree and manner of their respective contributions, lends some difficulty to the interpretation. However, several aspects appear to be related to the findings and some of these merit close examination.

Therapy is an interpersonal process with the goal or end result being to effect change in the client. Whether the process involves overt behavior or psychical processes depends upon the orientation of the therapist; nevertheless, the goal remains a constant. In a therapy dyad, the sequence of behavior emitted by the therapist and the client is similar to the sequence which Newcomb *et al.* (1965) calls interpersonal adaptation.

Briefly, the process begins with each participant being motivated--the client to secure release from anxiety,

the therapist to help him do so. Initially they meet and interact in such a manner as to attain that goal, using the skills and patterns of relating which each has previously acquired. Each observes the consequences of his own behavior as well as the behavior of the other member and although the level of awareness of these consequences vary in each (and over time), ideally the relationship will develop, incorporating such modifications in each member which are necessary to achieve the original goal.

Within this sequence, however, many "confounding variables" influence the process, frequently in such subtle forms as to be unobserved or misunderstood by either dyad member. Most authorities have regarded that the central agent for change (the controlling agent) is the therapist. His skills, competency, security, conflicts, interest in the client's problems, and his ability or willingness to communicate these aspects of himself to the client are crucial to the therapy process (Weitz, 1957; Guerney, 1956; Cutler, 1958; Howard *et al.*, 1963).

However, the interactional process is not determined only by the therapist. Research indicates that the client's influence is considerable, whether it stems from his previous experiential mode of relating or from his reaction to the therapist's behavior. Clients, for

instance, having different personality characteristics also have a preference for the kinds of therapists with whom they will work and achieve greater gains with the preferred therapist (Sonne and Goldman, 1957; Riemann, 1968). Clients who experience defensiveness in their therapists tend to become more guarded (Guerney, 1956). Clients tolerate the therapist's avoidance of their dependency statements in initial interviews but terminate if such avoidance continues (Ahmad, 1961). Clients tend to regard ambiguity in the therapist as indicative of a lack of interest in their problems, evidence of a lack of warmth and react with increased anxiety (Dibner, 1954). While the actual content is mostly determined by the therapist (Houts *et al.*, 1969) the client will frequently persist in discussing this content area if he perceives it to be threatening or conflictual to the therapist (Lerman, 1963). Finally, Houts *et al.* (1969) found that a study of how therapists think patients and themselves should act during psychotherapy showed the greater influence was exerted by the patient upon the therapist rather than the other way around. Similarly, clients are likely to be more consistent in their interaction across situations and across therapists whereas therapists tend to modify their behavior with different clients (Moos and Clemes, 1967).

Thus, we cannot advocate an obvious and simple solution to the findings of this study, i.e., the interactional pattern repeats itself only because the therapists are the "constant" in the therapy dyad. Even when therapists use similar methods from the initial interview onward, similar clients produce differences in performance, e.g., self-learning (Tuma and Gustad, 1957). The conclusion, therefore, is that therapists and clients mutually influence the interactional process in varying degrees, under varying circumstances, and at varying times. Since the existence of a "therapeutic personality" is as remote as that of a "client personality" (Meltzoff and Kornreich, 1970), it must be presumed that the total interaction pattern is the result of numerous complex and subtle sub-patterns which are established in the initial interview.

Moreover, psychotherapy has two consistent built-in roles which differentiate it from all other interpersonal relationships; in all cases one member is a therapist and the other is a client. This situation has inherent implications for the role behavior of the members. Sheehan (1954), for instance, investigated the extent to which patients become more like their therapists during the course of psychotherapy. By comparing the pre- or early, and late or post-therapy Rorschach results of both, he found a significantly greater number of patients

shifted towards their therapists than those who shifted away (the significance of the difference was <.01). Sheehan suggests that the extent of the shift is primarily a function of the therapist's personality with the patient adopting "some of the adjustment vices as well as virtues" of the therapist. In effect, the patient subsumes some of the therapist's characteristics in a role-model format and his repertoire of responses become more similar to that of the therapist. A similar phenomenon was observed in the current study; clients tended to incorporate the phraseology and mode of speaking exhibited by the therapist, especially in the categories of guardedness and explanations as well as candidness and directness.

It is not suggested that Sheehan's study negates the Houts *et al.* findings discussed above; on the contrary, both contribute substantially toward explaining the results. It would appear that the interactional sequence assumes a predictable pattern because of the mutual influences of the therapist and client and subsequently leads to a greater similarity of form as therapy progresses.

Thus we propose that the initial interview is the point in the therapeutic process where the therapist's and client's dynamics combine to forge a template upon which the subsequent interaction is based, where the

relative influences and control functions are formulated, where subsequent content is determined, and in general, where the personalities and expectancies of both members are of most importance.

Since the central purpose of research in psychotherapy is to increase the knowledge and competency level of the practicing therapist, several implications in the current study are relevant to the areas of therapist training, client diagnosis, predictive functions, to further research in therapy dyads, and to some theoretical considerations.

With respect to therapist training, it appears that an increased emphasis should be placed on the manner by which the therapist is influenced by the client. Traditionally, training has stressed the acquisition of therapy techniques, such techniques to be employed differentially (but somewhat rigidly) according to client diagnosis. Further, the therapist is rightly regarded as the agent of change with his understanding of client dynamics, methods of conceptualizing therapeutic goals, and forms of therapeutic interventions. Yet we would suggest that more consideration be given to the question of just how omnipotent the therapist really is during the various phases of therapy. Certainly, the beginning therapist should be prepared to examine his

feelings about the client after the initial interview. He must become increasingly aware that his therapeutic behavior is frequently a reflection of the client's responses as they affect his security needs, sensitivity, and objectivity (Weitz, 1957). In acquiring an awareness of his conflictual areas and understanding the consequences they have for his client, he becomes more effective, more truly therapeutic, less likely to become "stale" and inflexible. Some specifics of the lack of therapist self-understanding and the consequences thereof, e.g., inopportune client regression, client desexualization, etc., are very well covered in Kell and Mueller (1966). Finally, while it is not advocated that every therapist in training needs to undergo the experience of being a client himself, it can be an important and formative learning experience.

The present study did not incorporate diagnostic information but it is assumed that the clients are representative of those who typically visit college counseling centers with problems in the areas of identity, interpersonal relationships, sexual matters as well as parental and marital problems. Enough diagnostic information should be available to the therapist so that recognizing his own conflict areas, he can decide whether it would be mutually profitable to work with a particular client. Another related

consideration here is that all clients were females which should make no difference to the research outcome (Meltzoff and Kornreich, 1970), yet an increasing volume of literature is becoming available dealing specifically with female psychology and perhaps there are some fundamental sex-linked differences in the female client. Also, Carson (1969) suggests that client assessment is important in that the therapist can "move" the client toward desired behaviors by eliciting a complimentary response to his own behavior, i.e., a client may emit more dominant responses if the therapist initially is passive. This flexibility on the therapist's part is also worthy of consideration in the training functions as discussed above.

The current research demonstrates the predictive value of the initial interview. As previously noted, effecting predictions from correlation coefficients is, at best, difficult; however, it may prove profitable to record the initial interview and compare the relative response category scores for both therapist and client. A comparison may also be effected with the information given in Table 10, Appendix B, although the statistical significance of these scores was not ascertained.

The theoretical orientation of the therapists included in this study may be best described as eclectic client-centeredness, employing an admixture of Rogers

(emphasis on the self-system and self-worth), Sullivan (the self in an interpersonal situation), and, to some extent, Freud (developmental dynamics, surrogate authority figures). The typical therapist related in the initial interview in a supportive, explorative manner. It is suggested that this approach fosters the early development of transference, increasing the attraction of the client for the therapist and leading to his adoption of the therapist's relating style. (Even in those cases judged unsuccessful), the mean number of interviews was approximately the same as those judged successful; thus, even here some form of transference is evident.) Thus, transference may account for some portion of the observed findings.

In conclusion, this study was, in many ways, a beginning. As such it has many faults associated with exploration in new areas but it is believed that the findings are important enough to generate more research on client-therapist interaction in general and the importance of the initial interview in particular. A factor analytic study of the data would prove most informative and perhaps one or more categories might be revised or added, e.g., Optimistic references, References to conflict areas and expressions of control.

Lastly, we believe a quote from Meltzoff and Kornreich (1970) sums up our position:

> Much research...[is] therapist-oriented. Much less research has been done on the relationship itself, half of which comes from the client. There is no talk of client-offered conditions. One would think there truly might be in a client-centered therapy. Future research on the therapeutic relationship will have to take into account the interaction between the conditions brought into therapy by the two principals in order to study the consequences of their various combinations. (p. 336)

In some small way we feel we have contributed to the study of the "consequences of their various combinations."

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APPENDICES

APPENDIX A

APPENDIX A

Scoring Categories

Category I: Expression of negative feeling.

Category II: Expression of positive feeling.

Any reference to having a certain feeling in the present or in the past was scored as an expression of feeling. Feelings were scored in either category according to their place on a good-bad dimension as perceived by the participants and elegance of language was not important for categorization purposes. If "feel" was used as a synonym for "think," the category was not scored. Examples of negative and positive expression of feelings as scored in these categories are:

Example (Cat. I): "That prof really bugged me."

Example (Cat. II): "I sure like to be with him."

Category III: Reference to the past.

Any statement by participants about a past event, feeling, or situation.

Example: "They got married last Christmas."

Category IV: Reference to the present or future.

Any statement by participants about a present or future event, feeling or situation.

Example: "From here on, I know what I have to do."

Appendix A (Cont'd)

Category V: Reference to self.

Any reference that the participants make to themselves directly, or any statement in which they referred to themselves and another jointly was scored as a self reference.

Example: "We aren't going this weekend because I've got something else to do."

Category VI: Reference to others.

Any reference to a person other than the individual who was speaking, whether known or unknown to him, but excluding the therapist or client.

Example: "He's a flower-child but the rest seem like weeds to me."

Category VII: Reference to the on-going therapy.

Any statement made by participants which included any of the following three referents was scored as a direct therapy reference.

a. the therapist
b. the therapy itself, the therapeutic method or outcome
c. the immediate physical surroundings

Example: "I wonder if your recorder picks up my stomach-growls."

Appendix A (Cont'd)

Category VIII: Reference to problems, descriptive.

Any reference to or description of an actual or hypothetical problem was scores as descriptive.

Example: "I'm afraid his mother hates me."

Category IX: Reference to problems, coping.

Any reference made by the participants to an apparently positive means of coping with an actual or hypothetical problem in their personal lives.

Example: "I'm going to see her this weekend and see if we can settle that issue for good."

Category X: Guardedness and explanations.

Any use of qualifiers, retractions, and explanations regarding statements about feelings, situations and events.

Example a. Phrases, words or clauses indicating uncertainty.

"I guess you think he's a beast."

Example b. The use of modifiers that partially or totally retract from the immediately preceding statement.

"That's how it is...more or less."

Example c. Words or phrases which introduce an element of vagueness.

"One might call him my casual boyfriend."

Appendix A (Cont'd)

Example d. Words or phrases which indicate a causal relationship.

"Well, momma said I couldn't so I didn't."

Category XI: Candidness and directness.

Any unequivocal, explicit, frank and unguarded expression of the participant's feelings which impart the element of certainty, thereby avoiding vagueness.

Example a. Certainty.

"I do not love her."

Example b. Unguardedness.

"I want to feel closer to you."

Example c. Avoids vagueness.

"I feel very, very angry at him."

(This category is admittedly difficult to score. To clarify the items scored herein, the following items are similar to those given above, but are not scored in this category because of the impreciseness of the communication.

a. "I don't believe I really love her."

b. "I think I would feel better if, somehow, we were closer."

c. "I feel upset with him.")

Category XII: Silence.

Any interval of 15 seconds during which no words or sounds were uttered by the participants.

Appendix A (Cont'd)

Category XIII: Miscellaneous verbal sounds.

Any expression of sighs, singing, laughter, expletives, etc. (This category is essentially a "catch-all" for unimportant or unscorable references and is not further analyzed.)

APPENDIX B

Table 4. Sequential Analysis Correlation Coefficients for all Dyads (N=18)

		SI												MID					
	CATGS	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
II-1	1	.28																	
	2		.33																
	3			.18															
	4				.14														
	5					-.05													
	6						.31												
	7							.15											
	8								.64										
	9									-.22									
	10										.52								
	11											.68							
	12												-.10						
II-2	1													.32					
	2														.00				
	3															.41			
	4																.08		
	5																	.50	
	6																		.50
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
II-3	1																		
	2																		
	3																		
	4																		
	5																		
	6																		
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
Sign.		.27	.18	.48	.57	.83	.20	.55	*<.01	.40	*<.05	*<.01	.69	*<.05	.99	.09	.75	*<.05	*<.05
$\overline{r_{xy}}$ Block						.25											.37		
$\overline{r_{xy}}$ Total																	.32		

* = Significance level is <.05

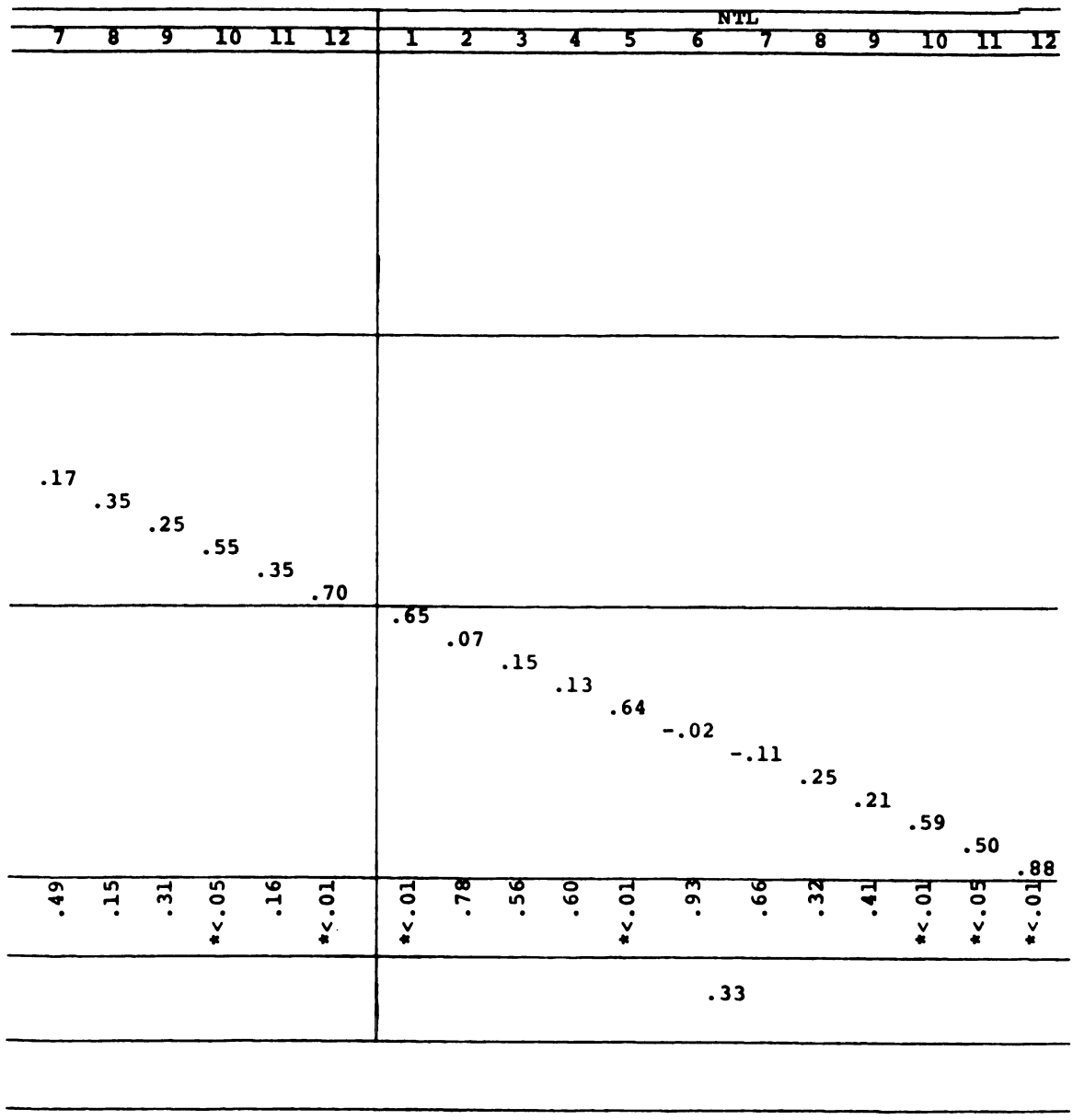
NTL
7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12
.17 .35 .25 .55 .35 .70
.65 .07 .15 .13 .64 -.02 -.11 .25 .21 .59 .50 .88
.49 .15 .31 *<.05 .16 *<.01 *<.01 .78 .56 .60 *<.01 .93 .66 .32 .41 *<.01 *<.05 *<.01
.33

Table 5. Combinational Analysis Correlation Coefficients for all Dyads (N=18)

		SI-1 + MID-1 + NTL-1																	
	CATGS	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
II-1	1	.51																	
	2		-.07																
	3			.32															
	4				.32														
	5					.07													
	6						.09												
	7							.16											
	8								.30										
	9									.11									
	10										.52								
	11											.72							
	12												-.14						
II-2	1													.42					
	2														.00				
	3															.59			
	4																.53		
	5																	.64	
	6																		.64
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
II-3	1																		
	2																		
	3																		
	4																		
	5																		
	6																		
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
Sign.		*<.05	.79	.19	.19	.79	.73	.54	.23	.61	*<.01	*<.05	.58	.08	.97	*<.05	*<.05	*<.01	*<.01
$\overline{r_{xy}}$ Block							.23											.44	
$\overline{r_{xy}}$ Total																		.35	

*Significance level = <.05

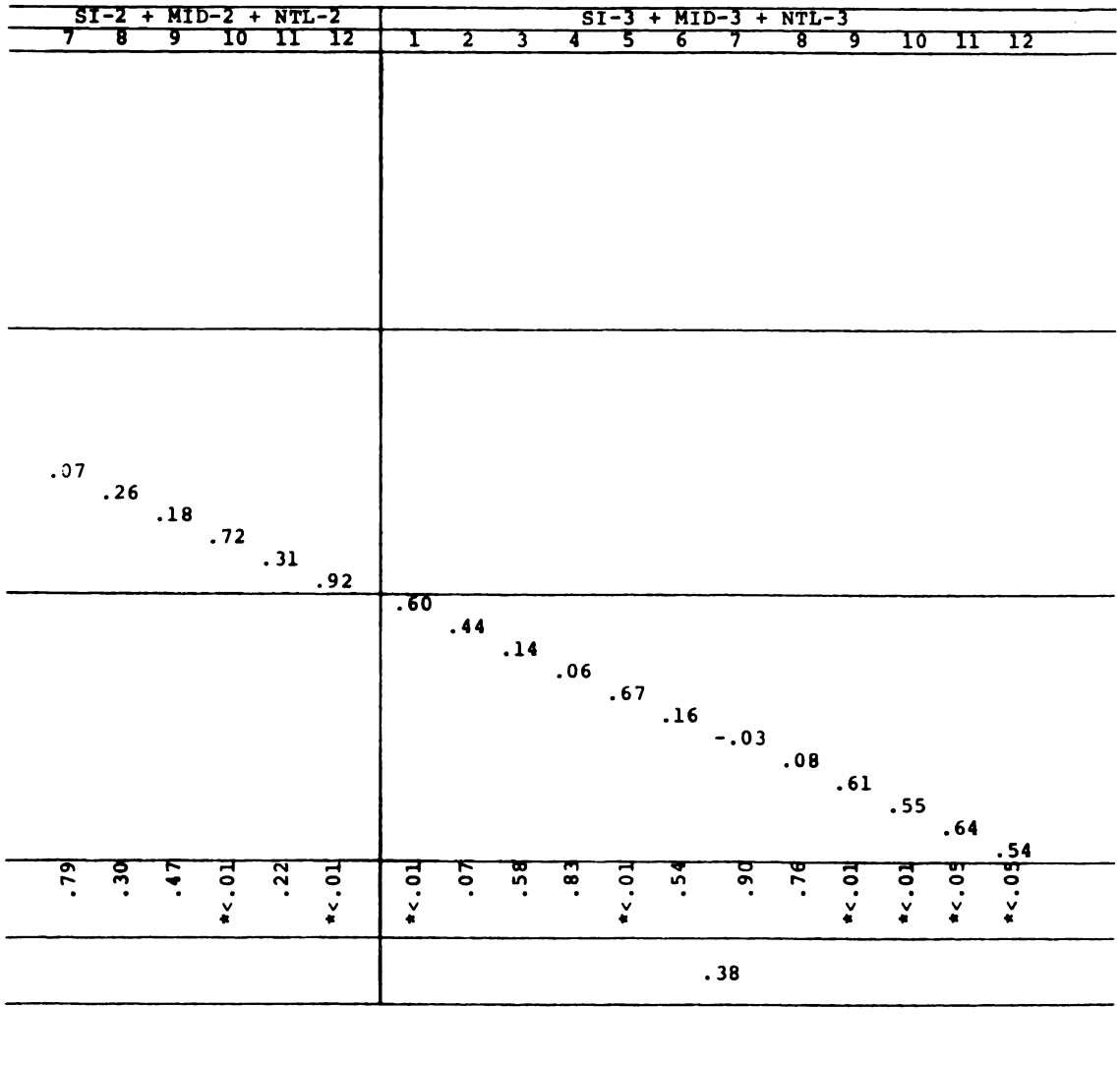
SI-2 + MID-2 + NTL-2
7 8 9 10 11 12
SI-3 + MID-3 + NTL-3
1 2 3 4 5 6 7 8 9 10 11 12
.07
.26
.18
.72
.31
.92
.60
.44
.14
.06
.67
.16
-.03
.08
.61
.55
.64
.54
.79
.30
.47
*<.01
.22
*<.01
*<.01
.07
.58
.83
*<.01
.54
.90
.76
*<.01
*<.01
*<.05
*<.05
.38

Table 6. Sequential Analysis Correlation Coefficients for Unsuccessful Dyads (N=9)

		SI												MID					
	CATGS	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
II-1	1	-.19																	
	2		-.08																
	3			.49															
	4				.17														
	5					.06													
	6						.43												
	7							-.33											
	8								.84										
	9									-.18									
	10										.51								
	11											.44							
	12												-.22						
II-2	1													.79					
	2														.04				
	3															.67			
	4																.06		
	5																	.61	
	6																		.71
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
II-3	1																		
	2																		
	3																		
	4																		
	5																		
	6																		
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
Sign.		.63	.84	.18	.67	.89	.25	.38	*<.01	.65	.15	.23	.55	*<.01	.91	*<.05	.87	.08	*<.05
$\overline{r_{xy}}$ Block							.16											.36	
$\overline{r_{xy}}$ Total																		.24	

*Significance level = <.05

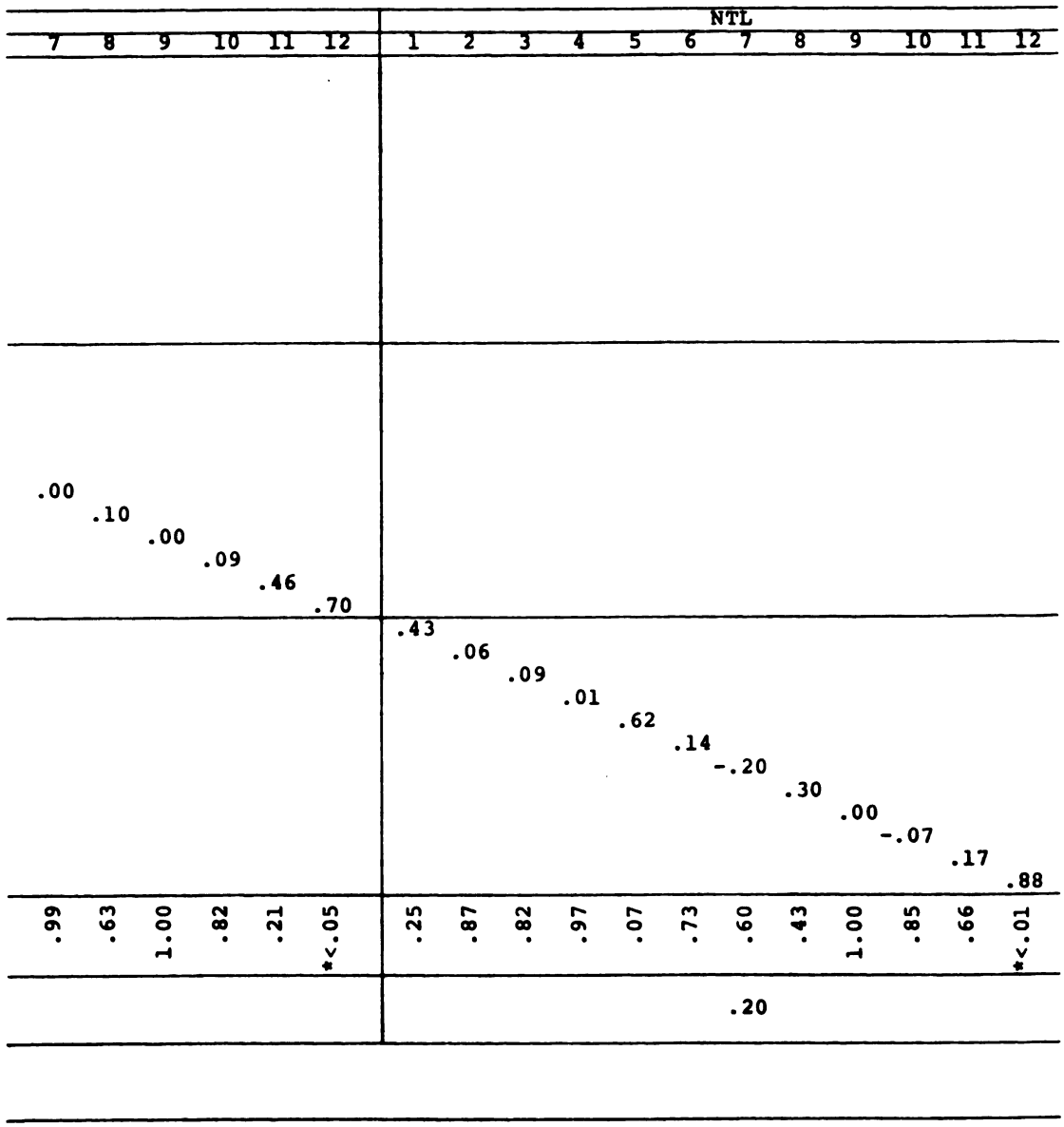
NTL
7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12
.00 .10 .00 .09 .46 .70
.43 .06 .09 .01 .62 .14 -.20 .30 .00 -.07 .17 .88
.99 .63 1.00 .82 .21 *<.05 .25 .87 .82 .97 .07 .73 .60 .43 1.00 .85 .66 *<.01
.20

Table 7. Combinational Analysis Correlation Coefficient for Unsuccessful Dyads (N=9)

		SI-1 + MID-1 + NTL-1																	
CATGS		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
II-1	1	.40																	
	2		-.22																
	3			.40															
	4				.36														
	5					.16													
	6						-.20												
	7							.05											
	8								.28										
	9									.27									
	10										.38								
	11											.65							
	12												-.24						
II-2	1													.23					
	2														.12				
	3															.67			
	4																.47		
	5																	.69	
	6																		.80
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
II-3	1																		
	2																		
	3																		
	4																		
	5																		
	6																		
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
Sign.		.28	.57	.28	.34	.68	.61	.89	.47	.48	.16	.06	.54	.56	.77	*<.05	.20	*<.05	*<.01
$\overline{r_{xy}}$ Block							.19											.45	
$\overline{r_{xy}}$ Total																		.27	

*Significance level = <.05

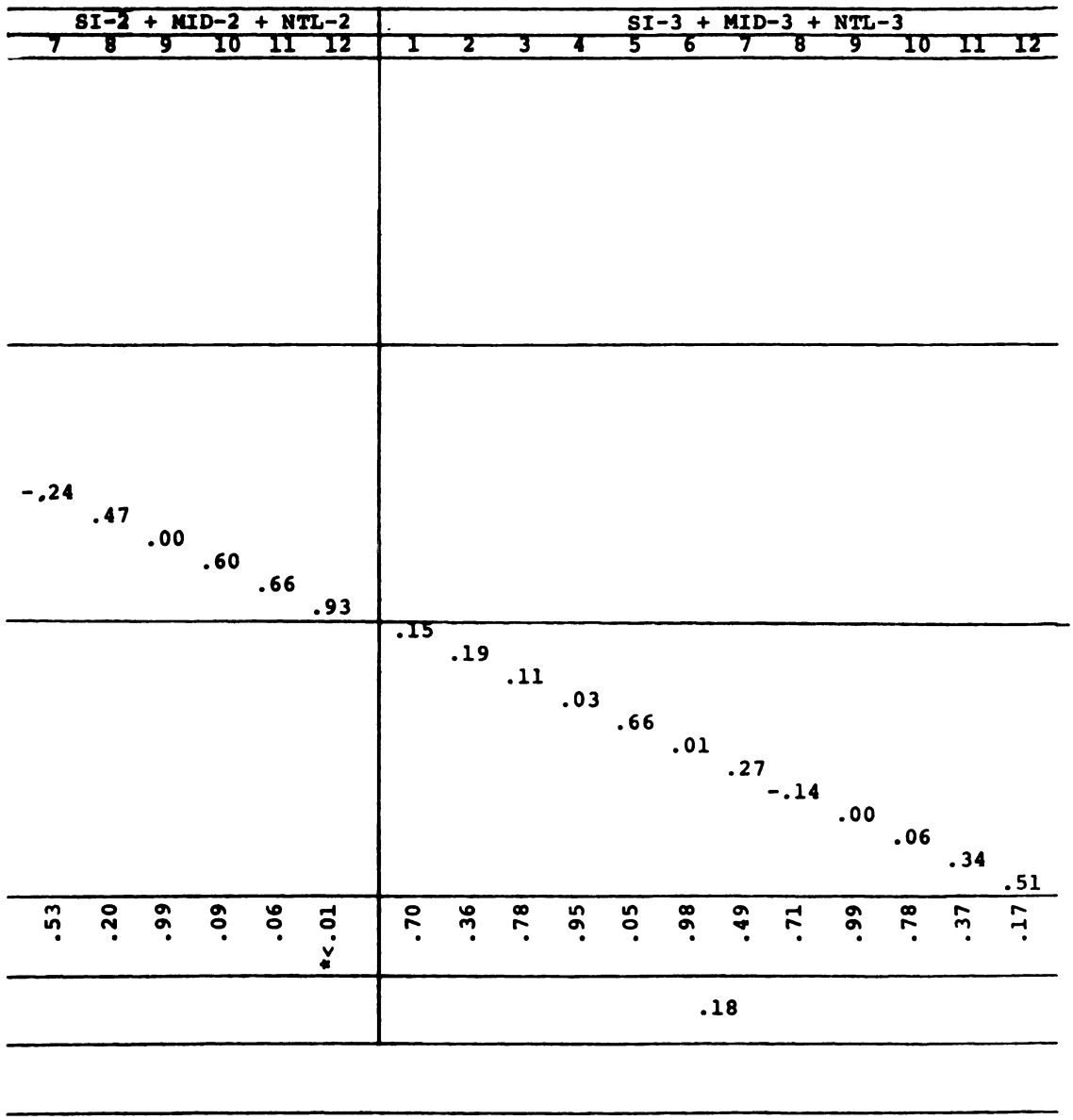
SI-2 + MID-2 + NTL-2
7 8 9 10 11 12
SI-3 + MID-3 + NTL-3
1 2 3 4 5 6 7 8 9 10 11 12
-.24
.47
.00
.60
.66
.93
.15
.19
.11
.03
.66
.01
.27
-.14
.00
.06
.34
.51
.53
.20
.99
.09
.06
*<.01
.70
.36
.78
.95
.05
.98
.49
.71
.99
.78
.37
.17
.18

Table 8. Sequential Analysis Correlation Coefficients for Successful Dyads (N=9)

		SI												MID					
	CATGS	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
II-1	1	.61																	
	2		.08																
	3			-.03															
	4				.02														
	5					-.16													
	6						.20												
	7							.43											
	8								.45										
	9									-.30									
	10										.36								
	11											.73							
	12												.00						
II-2	1													.08					
	2														-.05				
	3															.14			
	4																.11		
	5																	-.37	
	6																		.15
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
II-3	1																		
	2																		
	3																		
	4																		
	5																		
	6																		
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
Sign.		.08	.85	.94	.97	.69	.59	.25	.22	.43	.35	*<.05	.99	.84	.89	.71	.79	.33	.71
$\overline{r_{xy}}$ Block							.20											.13	
$\overline{r_{xy}}$ Total																		.27	

*Significance level = <.05

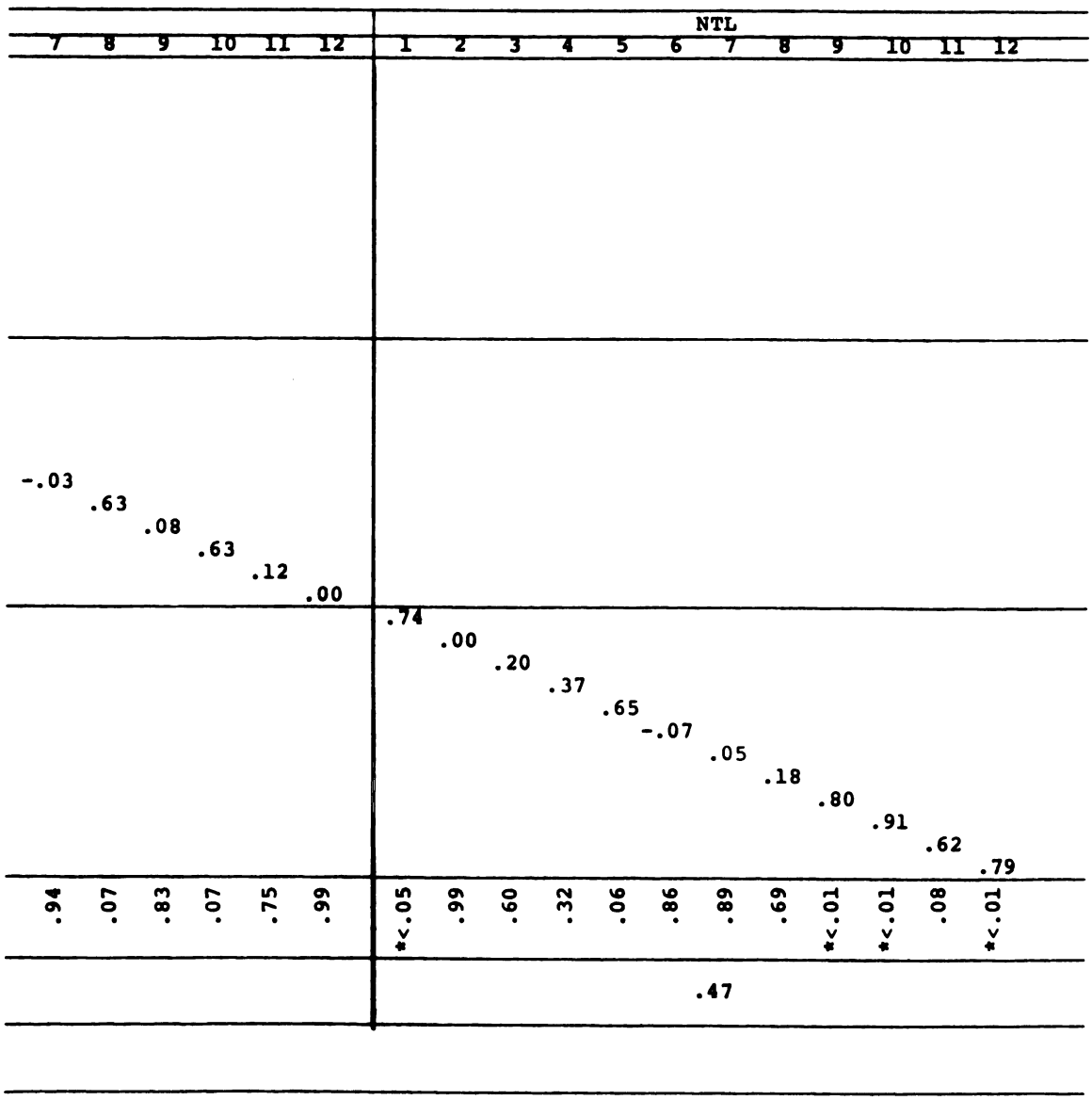
NTL
7 8 9 10 11 12
1 2 3 4 5 6 7 8 9 10 11 12
-.03
.63
.08
.63
.12
.00
.74
.00
.20
.37
.65
-.07
.05
.18
.80
.91
.62
.79
.94
.07
.83
.07
.75
.99
*<.05
.99
.60
.32
.06
.86
.89
.69
*<.01
*<.01
.08
*<.01
.47

Table 9. Combinational Analysis Correlation Coefficients for Successful Dyads (N=9)

		SI-1 + MID-1 + NTL-1																	
CATGS		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
II-1	1	.64																	
	2		-.15																
	3			.25															
	4				.31														
	5					.05													
	6						-.10												
	7							.16											
	8								.39										
	9									-.30									
	10										.40								
	11											.66							
	12												.00						
II-2	1													-.05					
	2														-.36				
	3															.51			
	4																.62		
	5																	-.48	
	6																		.36
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
II-3	1																		
	2																		
	3																		
	4																		
	5																		
	6																		
	7																		
	8																		
	9																		
	10																		
	11																		
	12																		
Sign.		.06	.71	.52	.42	.91	.80	.68	.31	.43	.28	.05	.99	.89	.34	.16	.08	.19	.34
$\overline{r_{xy}}$ Block							.19											.16	
$\overline{r_{xy}}$ Total																		.31	

*Significance level = <.05

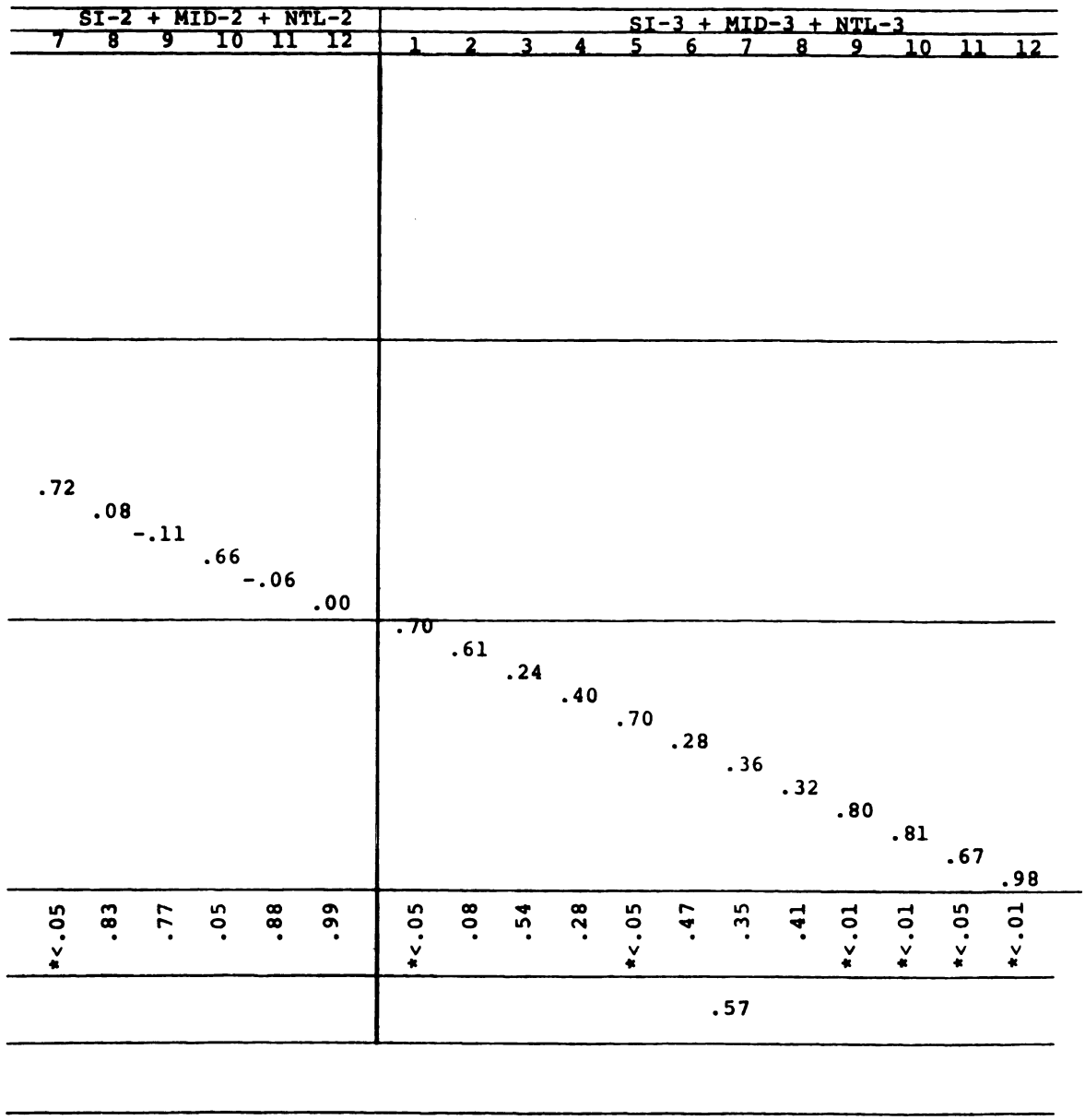
SI-2 + MID-2 + NTL-2
7 8 9 10 11 12
SI-3 + MID-3 + NTL-3
1 2 3 4 5 6 7 8 9 10 11 12
.72
.08
-.11
.66
-.06
.00
.70
.61
.24
.40
.70
.28
.36
.32
.80
.81
.67
.98
*<.05
.83
.77
.05
.88
.99
*<.05
.08
.54
.28
*<.05
.47
.35
.41
*<.01
*<.01
*<.05
*<.01
.57

Table 10. Mean and S.D. of Category Scores by Rated Outcome

	Unsuccessful		Successful	
Category	Mean	S.D.	Mean	S.D.
I Negative Feeling	4.1	3.3	7.0	3.2
II Positive Feeling	1.3	1.7	2.3	1.6
III Past	17.0	8.7	17.0	7.4
IV Present and Future	33.0	6.8	33.0	5.7
V Self	34.6	7.4	36.8	4.0
VI Others	36.3	5.8	34.3	5.6
VII Therapy	4.5	3.8	3.5	3.5
VIII Problems, Descriptive	21.0	5.5	23.3	4.4
IX Problems, Coping	.2	.5	.4	.6
X Guardedness & Explanation	16.1	5.2	22.6	7.1
XI Candidness & Directness	5.8	3.6	9.9	4.7
XII Silence	1.8	3.2	.2	.7