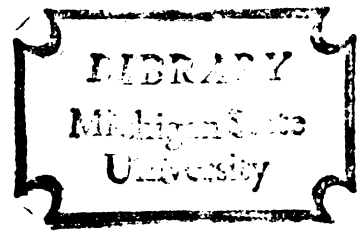


THE INTAKE INTERVIEW IN PSYCHOTHERAPY:
CLIENT-THERAPIST COMPLEMENTARITY AND
ROLE BEHAVIOR

Dissertation for the Degree of Ph. D.
MICHIGAN STATE UNIVERSITY
LANNING STEPHEN SCHILLER
1977



This is to certify that the
thesis entitled

THE INTAKE INTERVIEW IN PSYCHOTHERAPY:
CLIENT-THERAPIST COMPLEMENTARITY AND ROLE
BEHAVIOR. presented by

Lanning S. Schiller

has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Psychology

Major professor

Date June 8, 1977

~~JAN 18 80~~ R

~~JAN 20 80~~
~~FEB 20 80~~
MAR 2 1980
072
~~APR 2 1980~~

ST R 158

5775
~~APR 20 80~~ R
502

~~APR 20 80~~ Z16

7-29
X-22-12-28
6106

~~JAN 18 80~~
I 275

~~July 9, 2000~~
ACGOTMV

ABSTRACT

THE INTAKE INTERVIEW IN PSYCHOTHERAPY: CLIENT-THERAPIST COMPLEMENTARITY AND ROLE BEHAVIOR

By

Lanning Stephen Schiller

This investigation examined the behavior of the therapist and the client and the nature of their interaction during the psychotherapy intake interview. Predictions were made based on the client's membership in one of three outcome groups: the nonreturners, who agreed to come back for therapy after their intakes but did not, the early terminators, who came back for five or fewer therapy sessions, and the continuers, who remained in therapy for six or more sessions. The following hypotheses were tested: that there were normative role behaviors for therapists and clients, that there would be differences between the three outcome groups in the kinds of role behaviors used by both participants, that there would be differences in the levels of complementarity between the groups, and finally, that there would be differences over the course of the interviews in complementarity levels. Subjects (N=53) were college students seeking psychotherapy in a university setting. They were seen by experienced therapists with a range of interpersonal orientations. Ratings were made of the first, middle, and last five minutes of audiotaped intake interviews.

Role behaviors and complementarity were measured using the interpersonal circumplex (Leary, 1957), which has two axes, one for power,

and one for affect. A role behavior fell into one of the quadrants: friendly dominant, friendly submissive, hostile dominant, or hostile submissive. The highest level of complementarity was defined as an interaction which was asymmetric on the power axis (one partner dominant and the other submissive), and symmetric on the affect axis (both partners either friendly or hostile). A 4 X 4 matrix of all possible circumplex quadrant interactions with four different cell weights determined by the symmetry or asymmetry on the power and affect axes was used to calculate the complementarity score. Asymmetric power with symmetric affect was weighted 4, and with asymmetric affect, 3. Symmetric power with symmetric affect was weighted 2, and with asymmetric affect, 1. 72% of the interactions in this investigation occurred in the most highly weighted (#4) cells, and 22% in the #3 cells. This meant that 94% of the interactions were asymmetric on the power axis of the circumplex.

The predictions for the specific kinds of behaviors that therapists and clients would perform were confirmed. Therapists performed in the friendly dominant quadrant 96% of the time, while clients performed in the friendly submissive quadrant 74% of the time. There were no differences between the three outcome groups in their role behaviors. Role behavior in the intake was compared with data from investigations applying the circumplex to ongoing psychotherapy relationships and to family interactions. It was found to be more highly consistent, suggesting that the norms for behavior in the intake tended to be more powerful than individual differences in role enactment.

Complementarity, based on the two role behaviors of a sender and a receiver, was a more sensitive measure of group differences. The early

terminators had lower levels of complementarity than the nonreturners, and it was speculated that this group was more hostile and counter-dependent than the other two groups. The continuers and the nonreturners were not different in their levels of complementarity, and it was speculated that this was due to a qualitative difference in their interactions which could be assessed in future research with a complementarity scoring system sensitive to within quadrant differences in amounts of power and affect, one divided into octants or sixteenths. The nonreturners were thought to have been more passive and compliant, possibly being frustrated by not finding a more directive therapist, while the continuers were seen as being more committed and cooperative.

Leary, T. The interpersonal diagnosis of personality. New York:
Ronald Press, 1957.

**THE INTAKE INTERVIEW IN PSYCHOTHERAPY:
CLIENT-THERAPIST COMPLEMENTARITY AND ROLE BEHAVIOR**

By

Lanning Stephen Schiller

A DISSERTATION

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

DOCTOR OF PHILOSOPHY

Department of Psychology

1977

À ceux qui ont tant touché ma vie.

ACKNOWLEDGMENTS

I offer my deep appreciation to Dr. Norman Abeles. As chairman of my dissertation and guidance committees, he was an unending source of encouragement and support. His tutelage was an important part of my graduate career.

To my professors and members of the committees, Drs. William Mueller, Robert Zucker, and James Phillips, go my deepest thanks. Each man contributed in a very special way to my personal and professional growth.

Eric Olsen and Robert Shaffer both deserve my appreciation for their long hours spent in judging the tapes used in this study.

I thank Dr. Leighton Price, Peter Pirozzo, Bob Dumas, and Merle Peifer of the Computer Institute for Social Science Research for their time and effort devoted to designing computer software which allowed the judges to enter their ratings at remote computer terminals, as well as other technical assistance. I would also like to acknowledge the assistance of Anne Nieberding of CISSR, Bill Brown of the Computer Laboratory, and Art Tabachneck of the Office of Research Consultation in finding appropriate programs for the analysis of the data.

The funds for the computer time and part of the funds for the judges were provided by the Department of Psychology at Michigan State University.

A note of appreciation is due the patients and staff of the

Neuropsychiatric Institute at the University of Michigan Medical Center in Ann Arbor. The seeds of this investigation were planted in that rich soil.

And a final thanks to my wife, Dr. Lee Chambers-Schiller, a very special human being.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vii
LIST OF FIGURES	viii
INTRODUCTION	1
REVIEW OF THE LITERATURE	5
The Interactional Approach	5
The Dimensions of Interpersonal Behavior: The Circumplex	8
Complementarity	11
Cognitive Schema and Complementarity	15
Changes in Complementarity over Time	17
Expectations and Role Behavior	19
Therapist Role Behavior	20
Client Role Behavior	22
Expectations, Complementarity, and Client Continuance in Treatment	25
Experimental Hypotheses	28
Exploratory Questions	29
METHOD	31
Subjects and Setting	31
Selection of Cases	31
Selection of Rating Units and Sampling Periods	32
The Interaction Rating System	33
Training the Judges	35
Reliability	35
RESULTS	38
Role Behavior Hypotheses	38
Complementarity Hypotheses	41
Exploratory Questions	47
DISCUSSION	60
Intake Interview Behavior	60
Experimental Hypotheses	68
First Exploratory Question: Nonreturners, Early Terminators, and Continuers	73
Second Exploratory Question: Sex of Client	77
The Complementarity Scoring Systems	80

	Page
SUMMARY	84
APPENDICES	87
A. Scoring Manual for the Interaction Rating System	87
B. Original Interaction Ratings	92
LIST OF REFERENCES	100

LIST OF TABLES

	Page
Table 1. Complementarity Matrix (Dietzel Scoring System)	14
Table 2. Complementarity Matrix (Schiller Scoring System). . . .	17
Table 3. Sex of Client and Therapist and Therapist Experience Level for the Experimental Groups	32
Table 4. Dittmann's \bar{R} and Percent Agreement.	36
Table 5. Proportions of Role Behavior in Return and Nonreturn Groups.	39
Table 6. Analyses of Variance for the Return and Nonreturn Groups.	45
Table 7. Proportions of Role Behavior for Nonreturners, Early Terminators, and Continuers	48
Table 8. Analyses of Variance for Client Complementarity: Male and Female Clients in the Nonreturner, Early Terminator, and Continuer Groups.	51
Table 9. Analyses of Variance for Therapist Complementarity: Male and Female Clients in the Nonreturner, Early Terminator, and Continuer Groups.	52
Table 10. Role Behavior in Male and Female Client Dyads	55
Table 11. Role Behavior in Intake Interviews, Psychotherapy, and Normal and Clinic Families.	62
Table 12. Complementarity Scoring Cell Proportions in Intake Interviews, Psychotherapy, and Normal and Clinic Families	65
Table 13. Original Interaction Ratings.	92

LIST OF FIGURES

	Page
Figure 1. The interpersonal circumplex	9
Figure 2. Therapist and client complementarity (Dietzel Scoring) for nonreturn and return groups	43
Figure 3. Therapist and client complementarity (Schiller Scoring) for nonreturn and return groups	44
Figure 4. Therapist and client complementarity (Dietzel Scoring) for nonreturners, early terminators, and continuers	49
Figure 5. Therapist and client complementarity (Schiller Scoring) for nonreturners, early terminators, and continuers	50
Figure 6. Client complementarity (Dietzel Scoring) for male and female clients	56
Figure 7. Client complementarity (Schiller Scoring) for male and female clients	57
Figure 8. Therapist complementarity (Dietzel Scoring) for male and female clients	58
Figure 9. Therapist complementarity (Schiller Scoring) for male and female clients	59

INTRODUCTION

The pioneers of psychoanalysis attempted to reduce the impact of their own personalities on the psychotherapeutic process to a minimum, hoping to become mirrors for their patients and thereby heighten the transference. But Freud himself hardly filled the stereotype of the silent, unrevealing analyst, for he was quite active and personal with his patients (Jones, 1961; Roazen, 1974). Early in the 1920's, psychoanalysts such as Sandor Ferenczi and Otto Rank were reemphasizing the importance of the personality of the therapist and the realities in the relationship between therapist and client (Thompson, 1950, 1964).

Harry Stack Sullivan began his training in that period, and in the next decade he was to describe psychiatry as the study of interpersonal phenomena (Sullivan, 1938). As Sullivan further developed his interpersonal theory of psychiatry, he postulated a "theorem of reciprocal emotion," which, put simply, stated that interaction patterns are maintained in which the complementary needs of the participants are met (Sullivan, 1953). Leary (1957) extended this theorem: interpersonal behavior was seen as a communication intended to provoke or pull certain reciprocal behaviors from others with a high degree of probability. An interaction was maintained when the two partners confirmed each other's behavior by reciprocal, or complementary, responses (Carson, 1969; Cashdan, 1973).

From this theoretical vantage point, both the therapist and the client shape the behavior of the other. There is no unidirectional impact of therapist on client which produces therapeutic change. Like

most other relationships, it is an alive and ever-changing process, and in research on psychotherapy, neither the therapist nor the client can be treated as if they were constants in the interaction equation (Kiesler, 1966).

One of the unique features of the psychotherapeutic relationship, of course, is that it is the therapist's intention to act in a non-reciprocal fashion to those behaviors of the client that have been maladaptive. The therapist purposefully sets out to disconfirm some of the client's expectations by not responding to the pull of his or her behavior (Carson, 1969; Dietzel & Abeles, 1975).

Before that occurs, however, the therapist and client must form a working relationship (Greenson, 1967). Such a relationship would have to be realistically based on the respective roles of both individuals, be free of overwhelming interpersonal stress, and be complementary.

The social norms and role expectations of a culture facilitate this formation of a relationship. The two role partners in an interaction do not have to elicit random responses from each other until a complementary relationship is achieved. They increase the probability of getting certain kinds of responses by the use of selected eliciting behaviors, and they further increase the predictability of the kinds of responses they would receive by performing within a normative range of behavior for a particular situation (Rose, 1968).

The therapist typically has had experience in performing his or her role. But what of the client who has never sought psychotherapy before? How does he or she know how to behave? Man's ability to use symbols allows the individual to use fantasy to enact a role and "take the role of the other," playing the counterrole as well (Mead, 1934). This becomes an ongoing process of preparation and evaluation, which, like one's

growing ability to elicit reciprocal behavior, serves the adaptive function of making the social world a more predictable place, thereby minimizing interpersonal stress and personal anxiety. One may have a fair degree of role knowledge without ever having enacted a particular role (Brim, 1960). When the therapist and client first meet, then, they will both be evaluating their own and their role partner's performances against a set of expectations. And they will both, to differing degrees, attempt to modify their own behavior and that of their role partner. The "ecological texture" in which this occurs is highly complex, and enactment and expectations are never more than approximations (Sarbin & Allen, 1968).

The psychotherapeutic relationship's uniqueness lies not only in the fact that at some point the therapist is going purposefully to act in a nonreciprocal fashion in response to the client's elicitations. People come to therapy with personal and social problems, and it has been argued that an important factor in their problems in living is a limitation in their role knowledge and skill (Brim, 1960; Leary, 1957). They are not able to move flexibly and adaptively from role to role and must depend instead on the use of powerful eliciting behavior, forcing those who will interact with them into narrow ranges of reciprocal behaviors. A contrasting viewpoint is that client (or, more strongly put, "mental patients") are simply those who have learned another kind of role behavior and over time have come to excel in what they do (Goffman, 1959, 1961; Szasz, 1961).

The central premise of this investigation is that clients must be able to achieve a sufficient degree of reciprocity in their enactment of the client role so that the therapist-client relationship is marked initially by shared expectations and mutual goals. The needs of both role

partners must be met for the relationship to continue. The intake interview for psychotherapy was chosen as an ideal arena for the examination of these conceptualizations of social norms, the accommodation process of elicitation and response by both therapist and client, and the extent to which there were complementary interactions. It was predicted that there would be differences in role behavior, changes in accommodation, and the degree of reciprocity between those clients who returned from their intakes to begin therapy and those who had an intake and did not return.

REVIEW OF THE LITERATURE

The Interactional Approach

An infant is often seen as a helpless organism who is entirely dependent upon others for the satisfaction of his needs. The infant's cry, however, has a definite impact on those within hearing distance. He has the ability to arouse some level of anxiety in those who are responsible for him, and they will respond with behavior that will effectively reduce that anxiety. The cry and the response are the prototypes of interpersonal behavior. Intentionality might not be ascribed to the helplessness of the newborn, but it is that very helplessness which provokes the other individual into helping behavior. The young child begins to learn that certain behaviors will elicit, with a high degree of probability, specific responses from others in his social environment. He finds he can teach others to respond to him in certain ways. As he acquires increasing control over his behavior, he finds new ways of eliciting new responses, or more efficient ways of eliciting familiar ones that aid in the maintenance of his self-esteem and in the reduction of anxiety. These behaviors tend to become automatic, as, most often, are the response to them. Their interpersonal meaning is communicated by a tone of voice, by body posture, or any one of a number of small cues. Only in small part is the meaning communicated by the verbal content of a statement.

This interpersonal function of behavior was described by Freedman, Leary, Ossorio, and Coffey (1951); the particular behavior was called an

interpersonal mechanism. The individual makes use of a number of interpersonal mechanisms with which he has become comfortable and which provoke or pull reciprocal behaviors from others with a predictable level of efficiency. The relatively automatic reciprocal responses are called interpersonal reflexes (Leary, 1957).

Competence in interpersonal relationships is in large part determined by those who complement the roles each individual chooses to play (Cashdan, 1973). The confirming response to an act gives it meaning, and the individual will begin to define himself or herself on the basis of those responses (Mead, 1934). An individual will not only seek out others who will provide the necessary reciprocal and confirming responses, but they will seek out social situations in which they know they can play a role calling for the use of interpersonal mechanisms with which they are comfortable (Miller, 1963).

Leary (1957) underscored the tendency to think about the individual who uses the interpersonal mechanism of domination as the initiator and controlling party in a relationship. That person acts first, it is assumed, and provokes submissive reflexes in others. He or she will find a social setting, a role, e.g., teaching in a classroom, where mutual expectations of role behaviors reinforce the pull for submissive behaviors. But what of the submissive individuals, the students? If the students act first, what are they provoking in the teacher? Could the teacher act passively if he or she chose to? The point is, the students, like the newborn, are using interpersonal mechanisms that provoke reflexive behavior, just as much as the teacher might be trying to provoke submissiveness with dominating behavior. Both individuals in an interaction play an active part in confirming each other's role behavior, and their

respective roles only exist, by definition, in relation to the counter-role against which they will be played (Schvaneveldt, 1966). Further, these roles are not static, since both individuals in an interaction shape each other's behavior as the interaction progresses (Rose, 1962). When the interpersonal meaning of behavior is examined, it is of paramount importance that the following question be asked: What is this individual attempting to do to the other, and what would achieving those desired effects mean for both the individual and the relationship (Freedman et al., 1951; Leary, 1957)?

When this constant give and take, or shaping, of the two partners' responses is overlooked, misleading assumptions can occur in psychological research. Rottschaffer and Renzaglia (1962), for example, classified their eight counselors prior to the experimental procedure as being either leading or reflective in their style based on two intake interviews the counselors had conducted. Forty-one pseudo-clients were randomly assigned to those counselors after they were given a sheet describing counselor style as being either leading or reflective. While induction of expectations did affect client behavior, there was an unexpected impact on counselor behavior as well. When a post-hoc analysis of counselor style was conducted, it was found that six of the eight counselors were inconsistent in their style, i.e., they were using a combination of leading and reflective styles. The counselors' behavior, then, was quite dependent on the interpersonal mechanisms being used by the pseudo-clients. The only therapist role consistency across interviews was found in a broader range of behaviors than that of the leading-reflective classification.

Moos and Clemes (1967), however, took the point of view that not only

do therapists have an impact on their clients, but that clients have a strong impact on their therapists as well. In order to examine the consistency of therapists and clients across interviews in different dyads, they had four female outpatients interviewed by four male therapists in counterbalanced order for twenty minutes at one week intervals. They found that both the patients and the therapists changed significantly over the course of the interviews, and concluded that their behavior was specific to the particular partner with whom they were in interaction. Patients and therapists, they wrote, must be studied as a system of mutual influence.

The Dimensions of Interpersonal Behavior: The Circumplex

Interpersonal mechanisms may be systematized by ordering them on a continuum in circular form (Freedman et al, 1951). This has been called a circumplex of interpersonal behavior (Figure 1; Leary, 1957). The two axes of this circle are dominance-submission (power) and friendliness-hostility (affect), and each mechanism (except at the nodal points) is a blending of these two mechanisms. Foa (1961) has provided a review of the research that conceptualizes interpersonal behavior along two dimensions.

The simplest way of using the circumplex is to locate behavior in one of the four quadrants: friendly-dominant, hostile-dominant, hostile-submissive, and friendly-submissive. For the sake of achieving greater discriminability, however, both octants and sixteenths have been used. Freedman et al. (1951) selected sixteen categories of mechanisms: A, dominate, B, boast, C, reject, D, punish, E, hate, F, complain, G, distrust, H, condemn self, I, submit, J, admire, K, trust, L, cooperate,

1

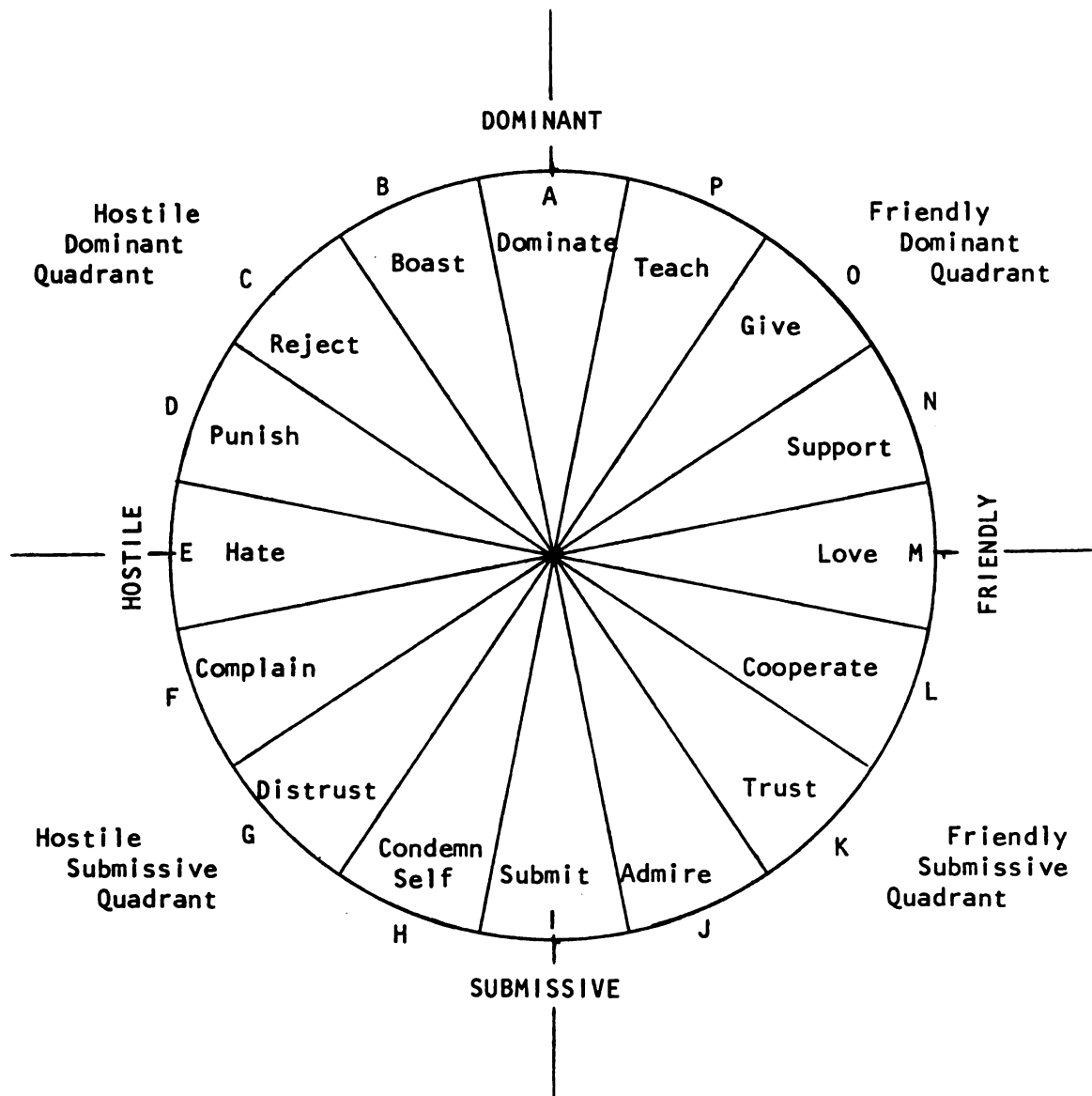


Figure 1. The interpersonal circumplex.

M, love, N, support, O, give, and P, teach. "Reject" is a blending of dominating and hostile behaviors. "Admire" is a blending of submissive and friendly behaviors, with a greater proportion on the power dimension. "Hating" behavior was seen as primarily hostile, without being intended to provoke either a dominating or submissive response.

The circumplex has been used to describe various "levels (Leary, 1957) of behavior, or various methods by which that behavior has been described (LaForge, Note 1). In this study, an individual's behavior was described by means of observers' ratings. Leary described this as the level of public communication. The focus is on what one individual is doing to the second, and the appropriate descriptive form of language is the verb.

There is a long list of verbs that could have been used to describe any one category of interpersonal mechanisms, and those selected by Freedman et al. (1951) were simply illustrative. Raush (1965) argued that in actually scoring a behavior, it was more useful to rate the proportion and direction of control and affect in the behavior, locate it on the circumplex, and then make use of the appropriate descriptive verb.

The distance from the center of the circumplex that a rating of a behavior was placed was a measure of intensity (Freedman et al., 1951) or psychopathology (Leary, 1957). An individual who is helping or giving might be simply responsible, or he might be hypernormal. This moderate (adaptive) versus more extreme intensity of behavior was reflected in the names of Leary's eight circumplex categories: managerial-autocratic (AP), competitive-narcissistic (BC); aggressive-sadistic (DE), rebellious-distrustful (FG), self-effacing-masochistic (HI), docile-dependent (JK), cooperative-overconventional (LM), and responsible-hypernormal (NO) (Leary, 1957, p.65).

Complementarity

An interpersonal mechanism is intended to provoke or pull reciprocal behaviors. To test this hypothesis, Heller, Myers, and Kline (1963) standardized client behaviors along the power and affect dimensions. Thirty-four graduate student therapists interviewed four actors who played a role typifying one of the four circumplex quadrants: dominant-friendly, dominant-hostile, submissive-hostile, and submissive-friendly. In a post-hoc analysis, the investigators found that the actors achieved their assigned role behaviors with the exception of their portrayal of the submissive-hostile client. Using a modified version of Leary's (1956) Interpersonal Check List of circumplex adjectives to rate interviewer behavior, they found that when the pseudo-clients were friendly, the interviewers were likable and agreeable in response. When the pseudo-client were hostile, they elicited a subtle counter-hostility in the interviewers. On the affect dimension, then, reciprocity was achieved when the reaction shows correspondence. The interaction was symmetrical.

When the pseudo-clients were submissive and dependent in the interviews, the therapists showed a high degree of activity and hyper-responsibility. When the clients were dominating, the therapists were significantly more passive than in the other conditions. Reciprocity, then, on the control dimension, was achieved when the counter-behavior was the complement of the eliciting behavior. This complementary interaction was asymmetrical on the power dimension.

A reciprocal elicitation-response sequence of behavior exists when the behaviors show complementarity around the dominance-submission axis (power asymmetry), and correspondence around the affiliation-hostility axis (affect symmetry). This is the definition of the highest level of

a complementary interaction as used in the present investigation.

Heller et al. (1963) concluded that their ability to elicit these reciprocal responses demonstrated that therapy had quite real stimulus qualities, above and beyond such factors as transference and counter-transference. Citing Jones and Thibaut (1958), they stated that psychotherapy must be seen as a reciprocally contingent interaction. Both the therapist and the client exert a pull on each other that is specific to their interaction and that must be accounted for in research in psychotherapy.

Swenson (1967) reported two studies in which he explored the problems of complementarity in psychotherapy. Using Leary's (1957) formula for computing dominance-submission and affiliation-hostility from the MMPI to place graduate student therapists and their student clients in one of the four circumplex quadrants, he found that improvement in therapy was significantly greater when the dyads were complementary in their MMPI-determined dominance-submission rating. The data were inconclusive with regard to the affective dimension.

In the second study he reported, he used a modification of the circumplex to rate transcripts of interviews conducted by Carl Rogers, Albert Ellis, and L.R. Wolberg. He again found that the therapists and the patients occupied complementary positions on the control dimension, but while all the clients and Rogers were rated as being affiliative, Ellis and Wolberg were placed on the hostile side of the affect dimension.

One possible explanation for this finding was that Swenson states that he modified the circumplex form that contains the adjectives of conscious self-description (Leary, 1957, p.135) rather than the descriptive verbs of interpersonal action. This may have resulted in a descriptive

rating of each speaker, rather than a rating of the speaker's behavior and its intended pull on a listener. For example, while Ellis makes statements that seem hostile and pejorative, the underlying communication to the client may be one of caring and support. It will be remembered that the interpersonal meaning of behavior is only partly communicated by the verbal content, and is primarily a metacommunication of tone of voice, inflection, etc. (Carson, 1969). Swenson's use of transcripts might therefore have further affected his ratings.

Carson (1969) described an interaction as having a reward, or payoff value, for each of the participants, and actions and reactions were weighted for this reward value. Carson defined a complementary interaction as one in which behavior on the power dimensions was asymmetrical and behavior on the affect dimension was symmetrical. That is, complementary interactions consisted of sequences of hostile-dominant behavior followed by hostile-submissive behavior, or of friendly-dominant behavior followed by friendly-submissive behavior. When hostile-dominance was followed by friendly-dominance, and hostile-submissiveness was followed by friendly-submissiveness (symmetric on power, and asymmetric on affect), Carson conceived of these interactions as being particularly non-complementary and labeled them as anti-complementary. The other possible quadrant interactions he simply describes as intermediate in complementarity.

Dietzel and Abeles (1975), in their research on changes in levels of complementarity over the course of the psychotherapeutic relationship, constructed a scoring matrix to describe the degree of complementarity of a response. It was called the Dietzel Scoring System in the present investigation and is presented in Table 1. They followed Carson's lead in assigning an intermediate position to those behaviors that are

Table 1

Complementarity Matrix (Dietzel Scoring System)^a

		<u>Respondent Behavior</u>			
		Hostile Dominant	Friendly Dominant	Friendly Submissive	Hostile Submissive
<u>Elicitor Behavior</u>	Hostile Dominant	(2)p ^b	(1)p	(2)p	(3)p
	Friendly Dominant	(1)p	(2)p	(3)p	(2)p
	Friendly Submissive	(2)p	(3)p	(2)p	(1)p
	Hostile Submissive	(3)p	(2)p	(1)p	(2)p

^aComplementarity score = $\sum(\sum \text{columns})$.^b(X) = cell weight.

p = proportion of cell interactions.

asymmetric on both power and affect dimensions, and those that are symmetric on both dimensions. For example, this would mean that there is an equal probability of, and equal amounts of strain in, an interaction in which hostile-dominance was met with hostile-dominance, and one in which hostile-dominance was responded to with friendly-submissiveness.

To this point this discussion relied on interpersonal and interactional theories of personality. There is an area of research within the field of cognitive personality theory that was relevant in the further refinement of the definition of a complementary interaction.

Cognitive Schema and Complementarity

Influenced by Kohler and Koffka, Heider (1958) conceived of perceptual units in which separate entities belong together because of a shared dynamic character. Sensitive to the phenomenology of the individual, he added that these perceptual units were uncomfortable for the person if they were out of balance, i.e., if the constituent entities did not share the same dynamic character. Balanced states were preferred and were considered "normal." Cartwright and Harary (1956), in their quantification and generalization of balance theory, underscored its limitation to symmetric (aRb , bRa) relations, such as Heider's "liking" relation.

DeSoto and Kuethe (1959) sought to discover the kinds of relations that were not symmetric and the expected probability of their occurrence. They found that "influences" and "dominates" were two important asymmetric relations (aRb , but not bRa). DeSoto (1960) sought to demonstrate that people use simplifying rules for these asymmetric relations much as they might use the balance model for symmetric relations. He found that subjects did learn asymmetric social structures more easily when they applied the influence relationship, and they learned symmetric social structures more easily for the liking relationship. He concluded that individuals do apply certain cognitive schema to the way they perceive social relationships. Delia and Crockett (1973) obtained the same results, again using the paired associates learning paradigm, and, most importantly for the present investigation, they found that asymmetric liking relationships were learned more easily than symmetric dominance relationships. This suggested that, for example, an interaction in which hostile-dominance met with friendly-submissiveness would be experienced as less stressful than one in which hostile-dominance met with hostile-

dominance. Violation of the assumption of symmetry in liking relationships is committed more easily than the assumption of symmetry in influence relationships. This finding by Delia et al. was supported by a study by Thompson and Phillips (in press), in which subjects, confronted with an asymmetric liking relationship, ascribed asymmetric power to the two partners in the interactions. DeSoto et al., in their 1959 study, had described their subjects as making, "An unnecessary inference that suggests a great readiness to think in terms of power-based orderings" (p.293).

What has all this to do with the actual behavior of clients and therapists? Complementarity and the reduction of strain by the assumption of complementary roles in a relationship has been discussed. Below the importance of expectations for the assumption of these roles will be reviewed. These cognitive schema have implications for how the social world is perceived and the kind of expectations which are brought to an interaction. Heider's work on balance was based on the phenomenology of the subject; he was concerned with how the perception felt to the individual. The research findings just discussed indicated that it was more difficult to disrupt assumptions about the ordering of power relations than it was to disrupt those concerned with affect, and this had implications for the definition of complementarity. On this basis, an interaction which shows asymmetry on the power dimension, and asymmetry on the affect dimension as well, would be defined as having a higher level of complementarity than one which was symmetric on both dimensions.

A complementarity matrix similar to the one used by Dietzel and Abeles (1975; Table 1 above) was constructed on this more highly differentiated definition of complementarity. This matrix is presented in

Table 2

Complementarity Matrix (Schiller Scoring System)^a

		<u>Respondent Behavior</u>			
		Hostile Dominant	Friendly Dominant	Friendly Submissive	Hostile Submissive
<u>Elicitor Behavior</u>	Hostile Dominant	(2)p ^b	(1)p	(3)p	(4)p
	Friendly Dominant	(1)p	(2)p	(4)p	(3)p
	Friendly Submissive	(3)p	(4)p	(2)p	(1)p
	Hostile Submissive	(4)p	(3)p	(1)p	(2)p

^aComplementarity score = $\sum (\sum \text{columns})$.

^b(X) = cell weight; p = proportion of cell interactions.

Table 2.

This revised complementarity scoring, which will be called the Schiller scoring system, was used on an exploratory basis in this investigation.

Changes in Complementarity over Time

An increased understanding of the psychotherapy interaction can be obtained by looking at the sequences of elicitations and responses between the therapist and client, remembering that each response is itself an elicitation of behavior (Freedman et al., 1951). An overall summation rating of therapist and client behavior would overlook patterns of change

in the use of particular interpersonal mechanisms and the resultant changes in the levels of complementarity in the interaction (Mueller, 1969; Raush, 1965). Karl and Abeles (1969) found that certain phenomena occurred with greater frequency in certain parts of therapy and suggested that random sampling can eliminate real effects.

Lennard and Bernstein (1960; 1969) describe the psychotherapy dyad as a social system, in which there is a tendency towards homeostasis among the properties of the system. Homeostasis, in this context, is a minimal level of interpersonal stress in an ongoing, changing relationship. Strain or disequilibrium is resolved by noncontent communication. They stressed that it was not sufficient to simply describe the behavior of each participant at any one point in time, but it was necessary to specify at what moment in the life of the relationship that behavior had occurred. Consensus is needed between the two partners in the interaction in regard to what kind of behaviors are appropriate, and who is responsible for what in the relationship. Reduction of discrepancies in expectations between the two individuals is a primary goal of the interaction system, and this can most effectively be understood by examining the sequence of interactions over time (Lennard & Bernstein, 1967).

Raush, Dittman, and Taylor (1959) studied six institutionalized hyper-aggressive boys aged six to ten over a period of a year and a half, and found increasing levels of complementarity with each successive interaction with their adult companions.

Cashdan (1973), in describing the psychotherapeutic process, wrote that the therapist must first minimize the client's anxiety and focus on building a relationship with the client. In the middle stages of therapy,

the therapist will change his strategy, actively disconfirming the client's maladaptive interpersonal mechanisms. Dietzel and Abeles (1975) tested this hypothesized shift in complementarity and found that during the initial, relationship-building phase of therapy there were high levels of therapist complementarity for both successful and unsuccessful clients. During the middle stages of therapy, they found the therapist of the successful client had shift to noncomplementary, disconfirming behavior, and concluded that it was this nonreciprocity to the pull of the client that facilitated client change.

These findings made several things clear. A single sample of therapist-client interaction becomes an inadequate measure of what is taking place in the interview. Several samples of therapist and client behavior would be required to map the changes in complementarity over the course of the interview. Finally, high levels of complementarity typified the early psychotherapy relationship, and it would be expected that if levels of complementarity in the intake interviews of those clients who return for psychotherapy do change, that they would increase over the course of their intake interviews.

Expectations and Role Behavior

One major area of investigation in early psychotherapeutic research concerned the impact of expectation of improvement, either that communicated by the therapist, or that the client brought into treatment, upon the course of therapy (Frank, 1959; Goldstein, 1962; Goldstein & Shipman, 1961). So much research was generated that "expectation" became almost synonymous with "expectation of therapeutic gain." This area of research has been critically reviewed by Wilkins (1973), who suggested that expectancy of gain in psychotherapy might be an ambiguous and misleading

concept. Investigations into other kinds of expectancies for therapy have been recently reviewed by Tinsley and Harris (1976). In the present study, the term expectations was used specifically in reference to the expectations that each participant had for his or her own behavior and the expectations held for the partner's behavior in the interaction.

Reduction of strain by a rapid attainment of complementarity in behavior by the two participants in a relationship is made that much simpler by the normative role behaviors that are implicit in any social setting (Brim, 1960). Discrepancies in role expectations produce discomfort (Lennard & Bernstein, 1969). In the context of psychotherapy, both therapist and client might broadly agree that the therapist is an expert helper who will use the interpersonal mechanisms of the friendly-dominant quadrant, and the client is an individual who is seeking help and will use behaviors located in the friendly-submissive quadrant (Cashdan, 1973).

Therapist Role Behaviors

An early study of therapist role behaviors was conducted by Fiedler (1950). He found three primary dimensions of behavior: 1) emotional distance, 2) therapist status, and 3) understanding. Therapist status consisted of authoritarian behaviors, accepting behaviors, and submissive behaviors. These were easily translated into the language of the circumplex, since emotional distance was "equivalent" to the friendly-hostile dimension, status was "equivalent" to the dominant-submissive axis, and understanding was a behavior demonstrating friendly-dominance.

Lorr (1965) found five factors in client perceptions of therapist behavior: independence-encouraging, authoritarian, accepting, critical-hostile, and understanding. Again, these were re-interpreted for the

present investigation in terms of the circumplex. Therapists who were independence-encouraging, accepting, and understanding were demonstrating behaviors in the friendly-dominant quadrant. A critical-hostile therapist behavior demonstrates what the terms imply, hostile-dominant behavior, and the authoritarian therapist is using domineering behavior to provoke respect and conformity.

Apfelbaum (1958) developed three composite therapist types based on client pre-therapy Q-sorts of expectations of therapists' behavior. The A type therapist, which Apfelbaum labeled the nurturant therapist, was described as a "guiding, reassuring, protective person" (p.27). The nurturant therapist encourages, is sympathetic, careful not to hurt others, and is well-adjusted. The B type, or model, therapist, was described as a "tolerant, well-adjusted, and diplomatic person," who is permissive and accepting. He makes friends easily, keeps his irritations to himself, and is calm and capable. The last type, the C or critical therapist, was conscientious, critical, unemotional, logical, and gave advice and guidance.

Again, these behaviors could be ordered along the circumplex. The critical therapist would be more dominating than affiliative, and so would be close to the dominance pole of the circumplex. The nurturant therapist is warmer, and actively guides and protects. That therapist would therefore be a blend of dominating and affiliative behaviors. The "model" therapist, while not overly affiliative, is even less active and controlling than the other two. In each case, however, they would be primarily friendly-dominant.

Rickers-Ovsiankina, Gelder, Gerzins, and Rogers (1971) extended this work of Apfelbaum. They suggested that Apfelbaum, rather than measuring relatively stable facets of a transference dimension, was in fact measuring transient situationally derived expectations of therapist and client

roles. They hypothesized that the client moves in a linear path of development, from the critical and nurturant sets of expectations, to the model therapist set (which they called "self-reliant"), to a fourth set of expectations, that of the "cooperative" therapist. The suggestion of Rickers-Ovsiankina et al. of a shift in client expectations of therapist behavior was intriguing. Such a "linear" shift matches a decrease in therapist dominance along the friendly-dominant edge of the circumplex, which in turn would parallel increasing client independence through the course of psychotherapy.

Of importance for the present study was the fact that in each of these research efforts, the data were re-interpretable in terms of the two dimensions of the circumplex, those of control and affect. Further, therapist role behavior was primarily of friendly-dominant interpersonal mechanisms. With the exception of the Rickers-Ovsiankina et al. hypothesis, the element of time has not been discussed. The point at which the psychotherapeutic process is studied will have an effect on the behavior of the participants, for during the middle part of psychotherapy, the therapist is going to act in a disconfirming, and possibly negative, manner (Dietzel and Abeles, 1975). This might have accounted for the critical-hostile category in the Lorr (1965) study.

Client Role Behavior

A number of early studies cited the importance of initial client dependence for success in psychotherapy. Dollard and Miller (1950) felt that the client's early dependency on the therapist was a powerful element in overcoming anxiety. Libo (1957), in a study using projective techniques, found that one of the most important factors in initial client-therapist attraction was client dependency. Taulbee (1958)

found that the continuers in his study were significantly more dependent than those who terminated. Heller and Goldstein (1961) found that clients who were highly attracted to therapy were both rated by observers and by themselves as being dependent.

Berzins, Herron, and Seidman (1971) factor analyzed the returns of a questionnaire sent to psychologists ($n = 84$), psychiatrists ($n = 29$), and social workers ($n = 20$) working in inpatient and outpatient facilities. They were asked to rate thirty-four client behaviors on a seven point scale twice, once for typical clients, and once for successful clients. The major portion of the common variance was accounted for by two factors, one of which was labeled the "deferent-subordinate patient role," and a second labeled the "expressive-egalitarian patient role." A third factor, which accounted for approximately one-sixth of the variance, was labeled the "self-reliant-dominant patient role." The remainder of the variance (about one-fourth) was accounted for by a "professional factor," with psychiatrists at one pole and psychologists at the other, and an orientation factor, with relationship and insight orientations at the bipolar extremes.

The behaviors that described the deferent-subordinate client role included: "places you upon a pedestal; tries to elicit value judgments; treats you as his teacher; exudes 'niceness,' 'correctness,' shows 'therapy-appropriate' behavior, asks for answers, reasons motives; acts like a 'bug under the microscope'" (Berzins et al., 1971, p.129). In terms of the circumplex, this client role utilizes interpersonal mechanisms of admiration and trust, in the friendly-submissive quadrant. Leary (1957) described these individuals as trying to provoke advice and help from others.

The client behaviors of the second major client role, those of the expressive egalitarian client, included "displays freedom of expressiveness; loose, casual, few airs or pretensions; behaves spontaneously with you; behaves as though you were 'equals'" (Berzins et al., 1971, p.129). There was less submissiveness in this role. It represented cooperative and friendly interpersonal mechanisms.

Both of these client roles described by Berzins et al. fell within the submissive and affiliative quadrant of the circumplex. They were a more specific description of the client dependency discussed above as being an essential ingredient of psychotherapy. The third factor in the Berzins et al. data, that of the self-reliant-dominant client role, was not accounted for so easily. The behaviors of these clients were described as follows: "generally initiates the conversation, leads the way in introducing topics; stresses self-selected topics the most; controls the selection and direction of topics; has a relaxed posture" (Berzins et al., 1971, p.129). In order to locate this role along the circumplex, the interpersonal pull of these behaviors must first be ascertained. The client in this role was self-directed, but did that necessarily mean that he exercised control over the therapist, i.e., that he wanted the therapist to be submissive or passive. If the affective tone of his behavior was cold and aloof, he might have been described as evidencing mechanisms in the hostile-dominant quadrant, those of independence and assertion. But with a warmer affective tone, the client would be described as trying to provoke cooperation in the therapist. Without further data, the circumplex placement of this client role remained unclear.

Berzins et al. (1971) suggested that their client roles were complements of therapist roles, citing the work of Apfelbaum (1958). Their

deferent-subordinate client role, they felt, was the complement of Apfelbaum's nurturant or critical therapist role, and the self-reliant-dominant role was the complement of the "model" therapist role. Further, they cited the "cooperation" therapist role described by Rickers-Ovsiankina et al. (1971) as being the complement of their expressive-egalitarian client role.

Crowder (1972) found that the largest proportion of client behaviors, for both successful and unsuccessful client groups as defined by MMPI change scores, was in the friendly-submissive, "support-seeking," quadrant of the circumplex. There were about equal proportions of hostile-dominant and hostile-submissive behaviors, and the smallest proportion, averaging about eight per cent of behavior, was in the friendly-dominant quadrant. There was significantly more support-seeking, dependent behavior in the early and middle phases of therapy among the successful clients than among the unsuccessful. There was also significantly less hostile-submissive behavior among the successful clients in the early and middle phases of therapy, and significantly more hostile-dominant behavior among those clients in the early phase of therapy than among the unsuccessful clients.

Client role behaviors, then, are primarily of the friendly-submissive quadrant. Clients, however, show more variability in their actual behavior than do therapists.

Expectations, Complementarity, and Client Continuance in Treatment

Heine and Trosman (1960) asked their University of Chicago out-patient clients whether their presenting complaint was emotional or somatic, whether they expected their relationship with their therapist would be one of passive cooperation or active collaboration, whether

their aim for coming into treatment was to receive medication and a diagnosis or to receive advice and assistance with personal change, and, lastly, to rate the degree of their hopefulness that treatment would be of benefit to them. Neither the first nor the last question distinguished continuers from noncontinuers. The majority of both groups stated that they had come in with emotional problems and had moderate to high hopes that treatment would be beneficial. But a significantly greater number of continuers expected to collaborate actively in the treatment in contrast to the majority of the noncontinuers, who thought their role would be one of passive cooperation. Similarly, a significantly larger number of continuers stated that they were there to receive advice and help with personal change, while the majority of the noncontinuers were there to get medication and to be diagnosed.

The therapists in the study were asked what their expectations were of the ideal patient, and they listed the following: the patient should want to engage in an open discussion regarding his discomforts, he should expect to participate in treatment rather than be guided, and the patient should feel that they themselves are finally responsible for the outcome of treatment.

Expectancy of gain in and of itself did not distinguish between those who continued and those who terminated. Mutuality of expectation of role was the differentiating variable. Continuers found that their expectations were congruent with what occurred and were satisfied, while the noncontinuers, with their disconfirmed expectations, failed to return. Heine and Trosman labeled the former situation a complementarity of role definition.

Clemes and D'Andrea (1965) found that those outpatient clients in their sample who came to treatment with "participation" expectations

terminated with the mutual consent of their therapists to a significantly greater extent than those clients who had "guidance" expectations. As in the Heine and Trosman (1960) study, the clients who expected to participate in their own treatment were closer to the therapists' descriptions of ideal clients than those who expected to be guided. In reference to the circumplex of interpersonal mechanisms, the continuers in both studies evidently were expecting to use affiliative and cooperative behaviors, and that their expectations would be congruent with the expectations of their therapists for their behavior. The noncontinuers were those who expected to be more submissive, and reciprocally, have their therapists be more domineering. Their expectations were not met. This suggests that those relationships showed low levels of complementarity, and the clients, frustrated, terminated therapy. It was interesting to note that the clients who entered therapy with participation expectations in the Clemes and D'Andrea (1965) study were young, more educated, and had had more experience in therapy than their guidance counterparts. They were, therefore, a select group, having been socialized into the role of therapy client. It was less likely that they would have had a set of expectations markedly incongruent with the therapy situation.

Overall and Aronson (1963) hypothesized that social class affected role expectations. They cited Hollingshead and Redlich's (1958) discussion of lower socio-economic class expectations of therapy to the effect that these clients demanded an authoritarian attitude from their therapists. Noting that in their own clinic they had a drop out rate of fifty-seven percent after the intake interview, they speculated that this was due to the sharp discrepancy between what their clients expected to find in treatment and what actually took place. Their results indicated

that there was a significantly greater discrepancy between the expectations and interview perceptions of the nonreturners than of the returners. The nonreturners had expected their therapists to be more active and medically oriented than they actually were.

In the Heine and Trosman (1960), Clemes and D'Andrea (1965), and Overall and Aronson (1963) studies, mutuality of expectations affected continuance in therapy. This suggested that there was a lack of complementarity in these interactions. Both participants found themselves interacting with an individual who was performing a range of behaviors that violated their expectations. Neither partner changed his or her role behavior in response to the elicitations of the other, and without such accommodation, the interactions continued to be marked by interpersonal stress. The necessary working relationship was not formed and the client declined to return for further therapy.

Experimental Hypotheses

Therapist and client role behaviors.

Hypothesis 1. There are prescribed role behaviors for psychotherapists. Behavior of therapists will be located in the friendly dominant quadrant of the interpersonal circumplex with a greater frequency than would be expected by chance.

Hypothesis 2. There are prescribed role behaviors for clients coming for psychotherapy. Behavior of clients will occur in the friendly submissive quadrant with a greater frequency than would be expected by chance.

Differences between experimental groups in role behavior.

Hypothesis 3. There will be significant differences in the intake interview behavior between the therapists of those clients who return for therapy and those who do not return. No specific prediction will be made about the directions of those differences.

Hypothesis 4. There will be significant differences in the intake interview behavior between those clients who return for therapy and those who do not. Clients who return for therapy

will show more submissive behavior than those who do not. They will also show more friendly behavior than those clients who do not return for therapy.

Client and therapist complementarity.

Hypothesis 5. The intake interviews of those clients who return for psychotherapy will show significantly higher levels of client complementarity than the intake interviews of those clients who do not return for therapy.

Hypothesis 6. The intake interviews of those clients who return for psychotherapy will show significantly higher levels of therapist complementarity than the intake interviews of those clients who do not return for therapy.

Changes in complementarity over time.

Hypothesis 7. There will be differences between the clients who return for therapy and those who do not in changes in levels of complementarity over time. Those who return would be expected to increase in their levels of complementarity over the course of the interview relative to those who do not return.

Exploratory Questions

First exploratory question. The experimental hypotheses were based on a division of subjects into two groups, those who returned from their intake interviews to start therapy and those who did not. It was quite possible that the return group was in fact composed of at least two subgroups, those who returned from the intake interviews but terminated early, and those who continued in therapy. Previous research applying the circumplex to the psychotherapeutic process to assess complementarity (Dietzel & Abeles, 1975) and that produced role behavior data (Crowder, 1972) required that client subjects had been in therapy for a minimum of nine sessions. Data were therefore acquired on both those clients who did not return from their intake interviews, and on those who terminated their therapy early. The following question was posed:

First exploratory question: nonreturners, early terminators, and continuers. Are there differences between those client-therapist dyads in which the client does not return from the intake for therapy, those in which the client does return but terminates early, and those in which the client returns and continues in therapy, in terms of role behavior and complementarity?

Second exploratory question. A number of investigations have dealt with the issue of sex differences in psychotherapy. Dietzel (1971) found that there were no sex differences in levels of complementarity for clients who had remained in therapy a minimum of nine sessions. Alexander (1967), working with clients who had remained at least five sessions, found a non-significant tendency for women to have higher levels of verbal expressions of dependency than men. Heilbrun (1961), working with both early terminators and continuers and using such measures as need for dominance, autonomy, and deference, found that the continuer men tended to exhibit fewer stereotypical "masculine" characteristics. Since the present investigation examined continuers, early terminators, and nonreturners, it was of interest to ask whether there were in fact differences based on the sex of the client.

Second exploratory question: sex of client. Are there differences between intake interview client-therapist dyad groups for male and female clients in circumplex role behavior and levels of complementarity?

METHOD

Subjects and Setting

The data for this study were obtained from the research tape library of the Counseling Center at Michigan State University. During a one year period, students at the University who had come to the Center for help with personal and/or social problems, and who were being invited to return for therapy, were asked by the intake therapist at the end of that interview if they would be willing to participate in a research project concerning psychotherapy. Those who agreed completed a number of tests before, during, and after therapy, as well as having the tape recordings of their sessions preserved.

The client subjects, all students who had never been in therapy before, were typically late adolescents. The therapists who conducted the intake interviews were senior staff and interns in counseling and clinical psychology at the Counseling Center. The therapists included the full range of theoretical persuasions, from dynamic, to interpersonal, to behavioral. The largest number could have been typified as interpersonal in their approaches to psychotherapy.

Selection of cases

The primary requirements for inclusion in this study were that there had to be a tape record of the intake interview, it had to be audible, and it had to be long enough to provide sufficient therapist and client

interaction for measurement. Two interviews in which multiple therapists were present were excluded. The original tape library pool contained seventy-five subjects. Twenty-two were not included for the reasons just discussed. A chi-square test revealed no significant difference in the non-inclusion rate for the two experimental groups. The client and therapist characteristics for the selected tapes are listed in Table 3.

Table 3

Sex of Client and Therapist and Therapist
Experience Level for the Experimental Groups

Group	<u>n</u>	Client Sex		Therapist Sex		Experience Level	
		Male	Female	Male	Female	Staff	Intern
Return Group							
Early Terminators	12	5	7	8	4	6	6
Continuers	16	6	10	10	6	10	6
Return Group Total	28	11	17	18	10	16	12
Nonreturn Group	25	13	12	20	5	15	10
Total	53	24	29	38	15	31	22

Selection of Rating Units and Sampling Periods

In order to test the hypotheses concerning therapist and client role behaviors, it would have been adequate to take as the basic rating unit an uninterrupted participant speech. Complementarity, however, is a measure of interaction. One participant's speech is both a response to the previous statement and a stimulus to the next statement. A short speech might use only one interpersonal mechanism, but lengthier ones might use several. In order to test the hypotheses that were

conceptually based in interpersonal theory, then, it was necessary to make the basic rating unit the major interpersonal mechanism in use at the beginning and at the end of each participant speech. A speech was defined as a statement by a therapist or client which was continuous, including silences, and which was unaffected by a sound or word by the other partner.

Since changes within the interview in both complementarity and in role behavior might be curvilinear, it was important to have at least three sampling points (Karl & Abeles, 1969). In addition, the length of the sample needed to be enough to provide a representative measure of the point in the interview being sampled. Therefore, three five minutes samples were selected, one at the beginning, one at the midpoint, and one at the end of the session. It was stipulated that there had to be at least five therapist and four client speeches during each five minute sample. If there were fewer, the judges were instructed to continue past the endpoint of the segment until that minimum was reached.

The Interaction Rating System

The system for judging interactions in this investigation was based on the circumplex model of interpersonal behavior described by Freedman et al. (1951), LaForge, Leary, Nabors, Coffey, and Freedman (1954), and LaForge and Suczek (1955). It was later modified by Leary (1957) to be used as a clinical instrument for diagnostic purposes. Its use in psychotherapeutic research includes work by Crowder (1972), Dietzel and Abeles (1975), Mueller (1969), Mueller and Dilling (1969), and Raush et al. (1959). For a recent description of the research use of this system, see LaForge (Note 1).

Power and affect are conceptualized as being located on two orthogonal axes, and any one observed behavior may be placed by a judge on a circle or circumplex centered on these two dimensions. With sufficient training, very fine discriminations are possible around the circumplex, depending on the varying amounts of either friendliness or hostility, in the case of the affective axis, or of dominance or submissiveness, in the case of the power axis. To test the hypotheses regarding role behavior and complementarity, however, it was sufficient to use a quadrant analysis. After evaluation of the affect and power dimensions, a speech behavior would then be located in one of the four quadrants: hostile-submissive, friendly-submissive, hostile-dominant, or friendly-dominant.

It was noted earlier that people "pull" or provoke something from others with their behavior, and the response is at one and the same time a confirmation of what was sent, and the next "provocation." It was not sufficient, within this conceptual frame, to apply the circumplex interaction system as a way of simply describing an aspect of social behavior. It was necessary to assess the intent of the behavior, that is, what it was intended to do. Further, this intent rests only partly in the verbal message itself. If it were completely in the words being used, the system could have been applied to typescripts. It was important, however, to assess the metacommunication, that message contained in both word and tone, and place a behavior in one of the quadrants on that basis. The rating system manual and examples of statements that belonged in each quadrant can be found in Appendix A.

Training the Judges

The two judges were both graduate students in Clinical Psychology at Michigan State University. After reading and discussing the training manual for the interaction rating system, they worked together rating training tapes. These were tapes selected randomly from a different collection of intake tapes in the research tape library of the Counseling Center. At the end of a selected segment of training tape, the judges would compare their ratings and discuss their different understandings of the scoring system.

The central elements contained in the training manual were under-scored. Judging a behavior as belonging in one quadrant or another was in effect a double coding, once on each dimension of the circumplex. Examples were given in the manual of statements that had varying amounts of affect and of power within any single quadrant. Both client and therapist examples were given for each quadrant in order to minimize the establishment of "sets."

Most importantly, the interpersonal impact of a statement, based on the metacommunication in the behavior, was the primary event to be rated. The training period continued until the two judges reached an eighty-five percent item by item level of agreement. During the rating of the experimental tapes, the raters worked independently at all times.

Reliability

Reliability of the tape ratings was assessed using Dittmann's (1958, Note 2) \bar{R} . There was no reliability sample selected. All five minute tape segments for the fifty-three subjects ($n=159$) were rated by both judges working independently. Reliability was defined as the percentage

Table 4

Dittmann's \bar{R} and Percent Agreement

Agreement Discrepancy ^a	Units of Agreement	% of Agreement	Cumulative %	Dittmann's δ	\bar{R}^b, t^c
0 - D	4311	.818	.818	0	$\bar{R} = +.803$ $t = 82.45^*$
1 - D	879	.167	.985	879	
2 - D	79	.015	1.000	158	

^a0-D = Perfect interjudge agreement

1-D = One quadrant discrepancy

2-D = Bipolarity of interjudge agreement

^bFor a four variable circumplex, Dittmann's $R = 1 - \sum_{i=1}^n \delta/n$, where n equals the total number of judgment pairs.^c $t = 1.414 \bar{R} \sqrt{n}$ * $p < .05$

of agreement between the two raters' judgments. Since a major focus of this study was to test hypotheses regarding dyadic interaction, it was necessary to calculate item by item agreement rather than overall agreement levels. There were also special considerations when one is using a rating system derived from a circumplex. Since each rating was in effect a double coding, one for each of the two axes of the circumplex, the amount of disagreement had to be calculated. In a quadrant analysis, if the raters were to disagree by one quadrant, they would in effect be agreeing on one dimension, but not on the second.

Dittmann's \bar{R} was therefore selected as the most appropriate test for reliability in this investigation. Its calculation takes into account both the item by item agreement question, and the one of partial agreement.

These results are presented in Table 4. There were 5269 ratings by each judge, on which they achieved a reliability level of .80. This cannot be interpreted in the same fashion as the product moment correlation coefficient. Whether or not the null hypothesis could be rejected was determined by the t -test that accompanies the Dittmann \bar{R} . The t value of 82.45 indicates that this level of agreement is not likely a chance event. An acceptable level of reliability was considered to have been achieved.

RESULTS

Role Behavior Hypotheses

Role behavior was measured by judges' ratings of client and therapist interactions using the four quadrants of the Leary (1957) circumplex. Focusing on the interpersonal impact or pull of a speech, behaviors were placed by the raters into one of four categories: hostile-submissive, friendly-submissive, hostile-dominant, and friendly-dominant. The proportions of therapist and client behaviors for each quadrant of the circumplex by group are presented in Table 5.

The quadrant rating is in effect a double coding of a behavior. It is a measure of the affective dimension of the circumplex, and of the power dimension. It was a simple matter, then, to determine the behavior by hemisphere, or for a single dimension, for therapist and client. These results are included in Table 5.

Therapist and client role behaviors.

Hypothesis 1. There are prescribed role behaviors for psychotherapists. Behavior of therapists will be located in the friendly dominant quadrant of the interpersonal circumplex with a greater frequency than would be expected by chance.

If therapists and clients behaved in random fashion, approximately one quarter of their behavior would be located in each quadrant of the circumplex. Using this .25 expected proportion, tests of the significance of the proportion of therapist behavior in each of the quadrants were calculated (Bruning & Kintz, 1968). The z scores are presented in

Table 5
Proportions of Role Behavior in Return^a and Nonreturn Groups^b

Group	Quadrant Circumplex Behavior				Power and Affect Axes	
	Hostile Submissive	Friendly Submissive	Hostile Dominant	Friendly Dominant	Dominant	Friendly
Therapist Role Behavior Return Group	.001	.020	.023	.956	.979	.976
Nonreturn Group	.001	.016	.012	.970	.982	.986
Client Role Behavior Return Group	.227	.725	.036	.012	.048	.737
Nonreturn Group	.214	.754	.018	.013	.031	.766
<u>z</u> Scores for Groups Combined (<u>n</u> = 53)						
Therapist	-4.18 [*]	-3.90 [*]	-3.91 [*]	11.98 [*]	6.99 [*]	7.00 [*]
Client	- .50	8.23 [*]	-3.75 [*]	-3.99 [*]	-6.70 [*]	3.66 [*]

^a $n = 28$

^b $n = 25$

* $p < .05$ (two-tailed test)

Table 5. As hypothesized, therapists performed friendly dominant behaviors to a degree that would not have been expected by chance. Similarly, the therapists used behavior in each of the other three quadrants significantly less than would have been expected by chance.

Since the therapists used an average of 96% friendly dominant behaviors, the hemisphere or two dimension analysis adds little new information. Table 5 presents the z scores for the tests of the significance of a proportion for therapist behavior by hemisphere. On a dichotomous variable, the expected proportion would be .50. As would be expected from the previous analysis, therapists were significantly more friendly and more dominant than would be expected by chance.

Hypothesis 2. There are prescribed role behaviors for clients coming for psychotherapy. Behavior of clients will occur in the friendly submissive quadrant with a greater frequency than would be expected by chance.

The z scores for the tests of the significance of the proportions of client behaviors in each quadrant are given in Table 5. As predicted, clients used significantly more friendly submissive behavior than would have been expected by chance. Further, they used significantly less hostile dominant and friendly dominant behavior than would have been expected if their behavior had been random. Hostile submissive behavior was at the chance level.

The hemisphere data for client role behaviors are presented in Table 5. The test for the significance of a proportion was again used to examine the client's behavior on the power and affect axes separately, and the z scores from these computations can be found in the table. The results show that clients are significantly less dominant and more submissive than would be expected if their behavior were random, and they are significantly more friendly and less hostile than would be expected

by chance.

The experimental groups.

Hypothesis 3. There will be significant differences in the intake interview behavior between the therapists of those clients who return for therapy and those who do not return. No specific prediction will be made about the directions of those differences.

The proportion of therapist behavior in the return group and that in the nonreturn group were compared using a test for significant differences between two proportions (Table 5; Bruning & Kintz, 1968). The data did not support this hypothesis. The behavior of therapists in this study was uniform between these two groups.

Hypothesis 4. There will be significant differences in the intake interview behavior between those clients who return for therapy and those who do not. Clients who return for therapy will show more submissive behavior than those who do not. They will also show more friendly behavior than those clients who do not return for therapy.

The test for the significance between two proportions was again used to test this hypothesis. Clients who return for therapy are not significantly different from clients who do not return in the amount of submissive behavior they evidenced. Nor are they significantly more friendly than those who do not return. The hypothesis was not supported by the data.

Complementarity Hypotheses

Each interaction between a therapist and a client was scored for complementarity based on the symmetry or asymmetry of the interaction along the power and affect dimensions of the Leary (1957) circumplex. An interaction which was asymmetric on power (one role partner dominant, the other submissive) and symmetric on affect (both role partners either

friendly or hostile) was given the highest complementarity weighting. An interaction which was symmetric on power and asymmetric on affect received the lowest complementarity weighting. Interactions which were asymmetric on both, or symmetric on both, received a middle weighting. This is the Dietzel complementarity scoring system (Table 1, above; Dietzel and Abeles, 1975).

A second scoring system was developed for use in the current study which was a modification and extension of the Dietzel system. It was proposed that the interaction in which the role partners were asymmetric on both the power and the affect dimensions was in fact more complementary than the one in which they were symmetric on both dimensions. This second system, called the Schiller scoring system (Table 2), has four possible complementarity weightings that can be assigned to an interaction.

Each complementarity hypothesis was tested using both scoring systems. The primary test of the hypothesis was the Dietzel system, while an exploratory test of a hypothesis was made using the Schiller system. Figure 2 presents the mean therapist and client complementarity scores for each of the three segments sampled using the Dietzel scoring system. Figure 3 presents the Schiller scores for therapist and client complementarity.

Client complementarity.

Hypothesis 5. The intake interviews of those clients who return for psychotherapy will show significantly higher levels of client complementarity than the intake interviews of those clients who do not return for therapy.

Table 6 presents the results of an analysis of variance for groups by repeated measures design using the Dietzel complementarity scoring

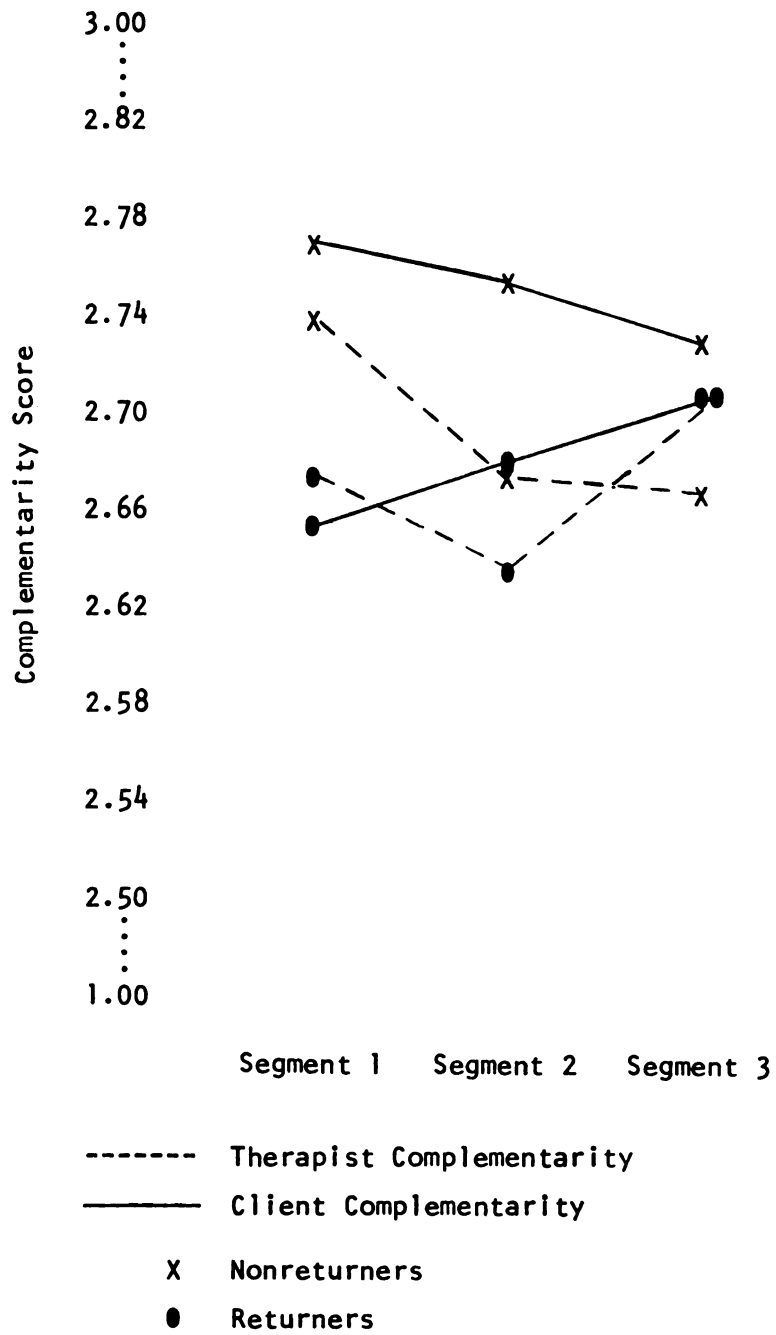


Figure 2. Therapist and client complementarity (Dietzel Scoring) for nonreturn and return groups.

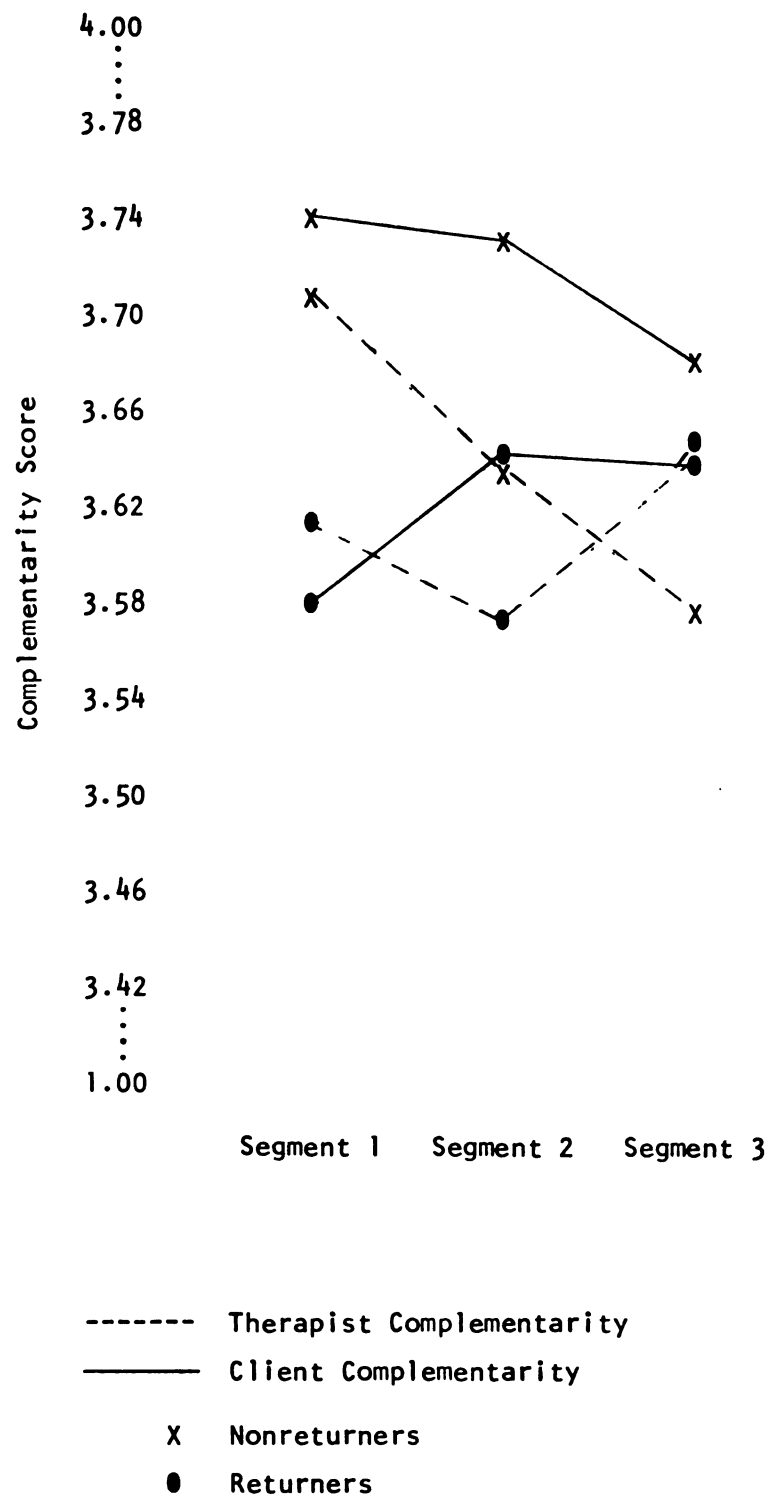


Figure 3. Therapist and client complementarity (Schiller Scoring) for nonreturn and return groups.

Table 6
Analyses of Variance for the Return and Nonreturn Groups

Scoring System	Source of Variation	df	MS	F
Client Complementarity				
Dietzel	A: Groups	1	.2006	3.25*
	Error _b	51	.0617	
	B: Time Segment	2	.0009	.03
	A X B: Groups X Time Segment	2	.0269	
	Error _w	102	.0313	
Schiller	A: Groups	1	.3753	3.99*
	Error _b	51	.0940	
	B: Time Segment	2	.0129	.27
	A X B: Groups X Time Segment	2	.0479	
	Error _w	102	.0482	
Therapist Complementarity				
Dietzel	A: Groups	1	.0149	.17
	Error _b	51	.0878	
	B: Time Segment	2	.0369	1.08
	A X B: Groups X Time Segment	2	.0393	
	Error _w	102	.0342	
Schiller	A: Groups	1	.0266	.18
	Error _b	51	.1439	
	B: Time Segment	2	.0463	.87
	A X B: Groups X Time Segment	2	.0933	
	Error _w	102	.0535	

* $p < .10$

system to measure client complementarity (Kirk, 1968; Wright, Note 3). The between groups main effect was not significant, but there was a trend ($p < .10$) for the two groups to be different. The same table presents the results of an analysis of variance for groups by repeated measures over the three time segments sampled using the Schiller scoring system. In this second analysis of client complementarity, there was again a trend ($p < .10$) for the two groups to be different. Examination of Figures 2 and 3 reveals that this difference was counter to the predicted direction; Hypothesis 5 was not supported. Using either the Dietzel or the Schiller scoring systems, there was a tendency for the returners to have lower levels of client complementarity than the non-returners.

Therapist complementarity.

Hypothesis 6. The intake interviews of those clients who return for psychotherapy will show significantly higher levels of therapist complementarity than the intake interviews of those clients who do not return for therapy.

Differences in levels of therapist complementarity were tested through the use of an analysis of variance for repeated measures over time segments measured. Table 6 presents the results of this analysis using the Dietzel scoring for complementarity, and the results using the Schiller system. In neither case are the data shown to support the hypothesized difference between the return and nonreturn groups on levels of therapist complementarity.

Changes in complementarity over time.

Hypothesis 7. There will be differences between the clients who return for therapy and those who do not in changes in levels of complementarity over time. Those who return would be expected to increase in their levels of complementarity over the course of the interview relative to those who do not return.

The groups by repeated measures over the three time segments sampled interaction term was not significant for either client or therapist complementarity using the Dietzel and Schiller scoring systems (Table 6). There were therefore no differences between the two groups as a function of time. Further, the nonsignificant F for the repeated measures over time term indicated that the levels of complementarity for the two groups did not change over the course of the interview.

Exploratory Questions

First exploratory question: nonreturners, early terminators, and continuers: Are there differences between those client-therapist dyads in which the client does not return from the intake for therapy, those in which the client does return but terminates early, and those in which the client returns and continues in therapy, in terms of role behavior and complementarity?

Role behavior and early termination. Therapist and client role behavior in each of the three groups, the nonreturners, the early terminators, and the continuers, are presented in Table 7. Using the test for significant differences between two proportions, there were no significant differences between the three groups in the kinds of client or therapist circumplex role behaviors they evidenced.

Complementarity and early termination. Therapist and client complementarity scores for the nonreturners, early terminators, and continuers are presented on Figure 4 (Dietzel scoring) and Figure 5 (Schiller scoring). Analyses of variance for groups by repeated measures on each of

Table 7
Proportions of Role Behavior for Nonreturners^a, Early Terminators^b, and Continuers^c

Group	Quadrant Circumplex Behavior				Power and Affect Axes	
	Hostile Submissive	Friendly Submissive	Hostile Dominant	Friendly Dominant	Dominant	Friendly
Therapist Role Behavior						
Nonreturners	.001	.016	.012	.970	.982	.986
Early Terminators	.001	.023	.037	.939	.976	.962
Continuers	.002	.018	.012	.968	.980	.986
Client Role Behavior						
Nonreturners	.214	.753	.018	.013	.031	.766
Early Terminators	.246	.692	.050	.011	.062	.704
Continuers	.213	.750	.025	.013	.037	.762

^a $\bar{n} = 25$

^b $\bar{n} = 12$

^c $\bar{n} = 16$

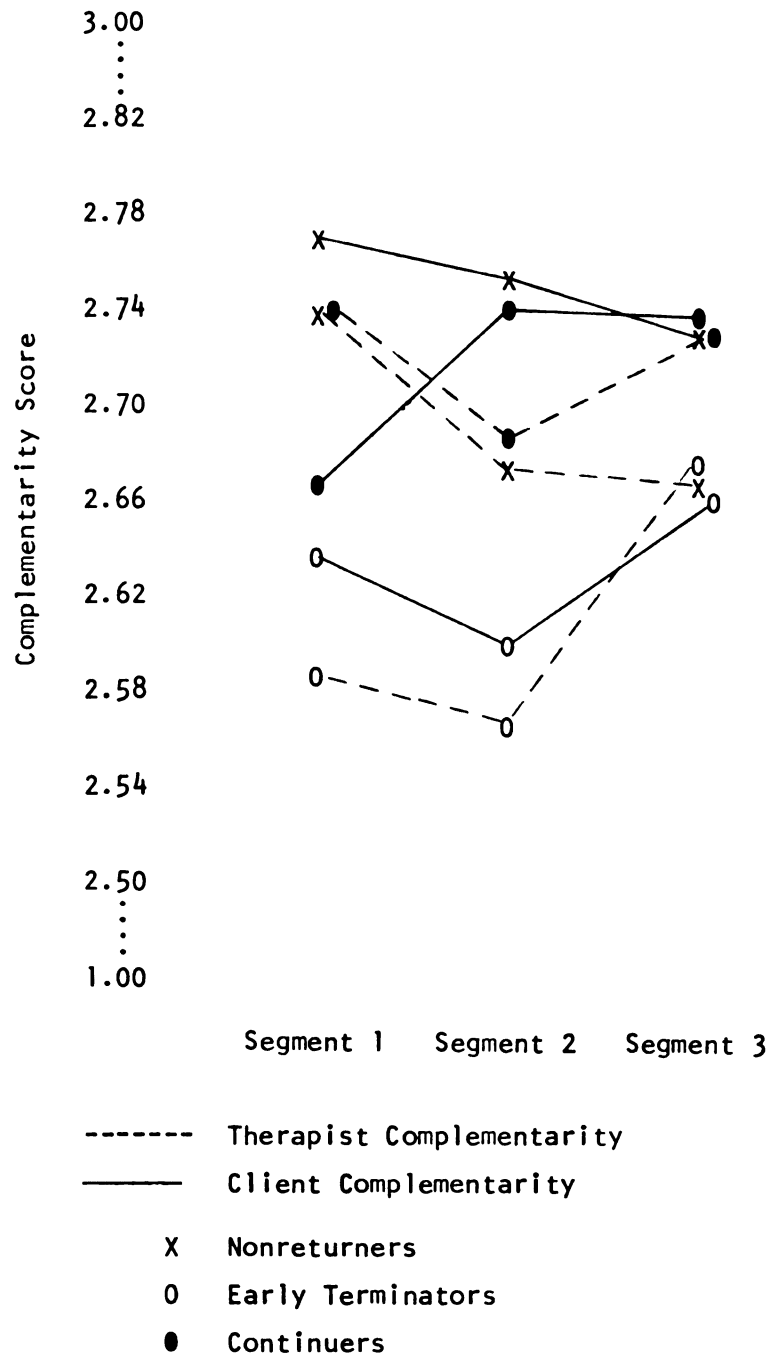


Figure 4. Therapist and client complementarity (Dietzel Scoring) for nonreturners, early terminators, and continuers.

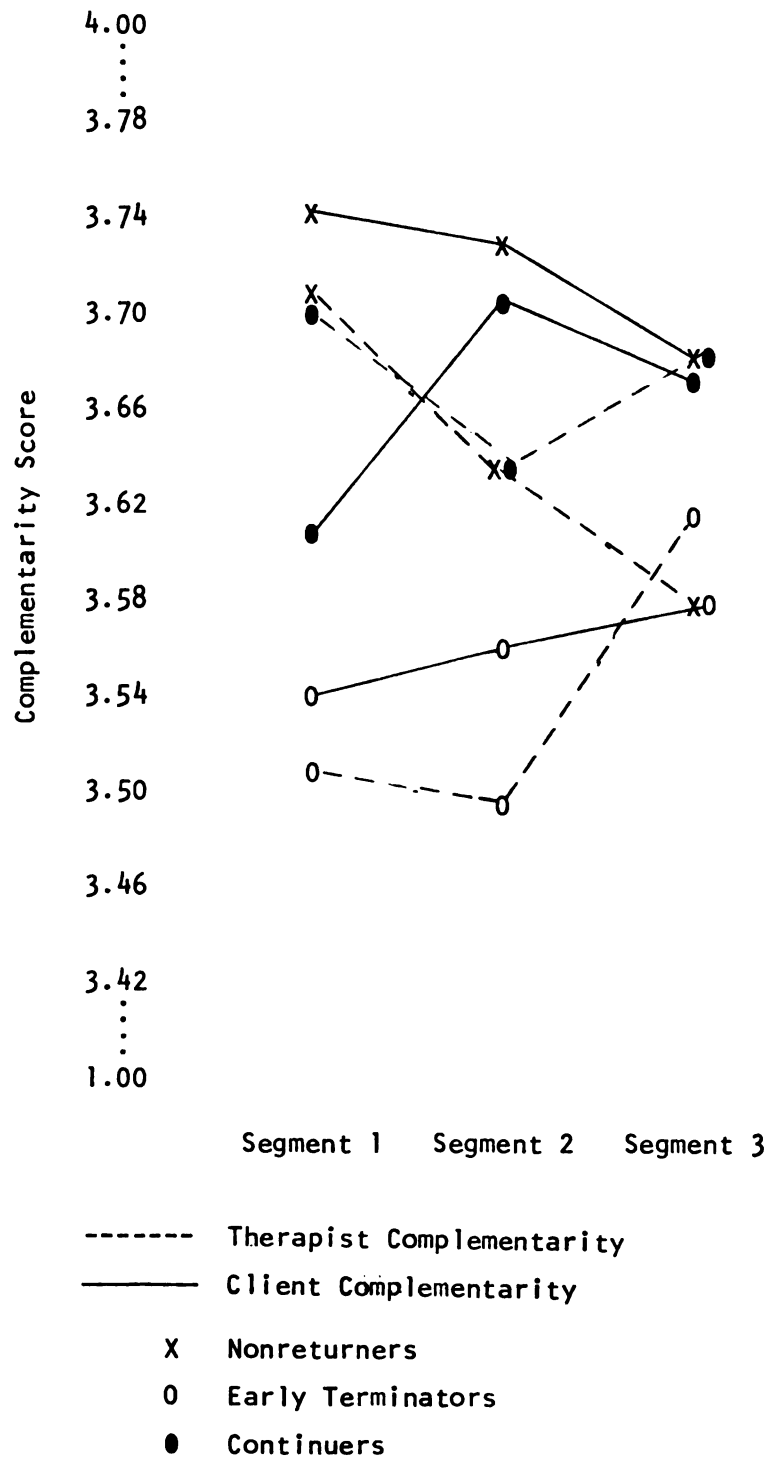


Figure 5. Therapist and client complementarity (Schiller Scoring) for nonreturners, early terminators, and continuers.

Table 8

Analyses of Variance for Client Complementarity:
Male and Female Clients in the
Nonreturner, Early Terminator, and Continuer Groups

Source of Variation	<u>df</u>	<u>MS</u>	<u>F</u>
Dietzel Scoring			
A: Groups	2	.1878	3.00*
B: Sex	1	.0636	1.02
A X B: Groups X Sex	2	.0074	.12
Error _b	47	.0626	
C: Time Segment	2	.0007	.02
A X C: Groups X Time Segment	4	.0212	.67
B X C: Sex X Time Segment	2	.0510	1.61
A X B X C: Groups X Sex X Time Segment	4	.0295	.93
Error _w	94	.0316	
Schiller Scoring			
A: Groups	2	.3194	3.318**
B: Sex	1	.0347	.36
A X B: Groups X Sex	2	.0036	.04
Error _b	47	.0963	
C: Time Segment	2	.0057	.12
A X C: Groups X Time Segment	4	.0206	.42
B X C: Sex X Time Segment	2	.0994	2.05
A X B X C: Groups X Sex X Time Segment	4	.0573	1.18
Error _w	94	.0484	

* $p < .10$

** $\underline{p} < .05$

Table 9

Analyses of Variance for Therapist Complementarity:
Male and Female Clients in the
Nonreturner, Early Terminator, and Continuer Groups

Source of Variation	<u>df</u>	<u>MS</u>	<u>F</u>
Dietzel Scoring			
A: Groups	2	.1456	1.67
B: Sex	1	.0413	.47
A X B: Groups X Sex	2	.0471	.54
Error _b	47	.0872	
C: Time Segment	2	.0294	.82
A X C: Groups X Time Segment	4	.0264	.74
B X C: Sex X Time Segment	2	.0281	.79
A X B X C: Groups X Sex X Time Segment	4	.0106	.30
Error _w	94	.0356	
Schiller Scoring			
A: Groups	2	.2018	1.39
B: Sex	1	.0360	.25
A X B: Groups X Sex	2	.0618	.42
Error _b	47	.1454	
C: Time Segment	2	.0282	.50
A X C: Groups X Time Segment	4	.0545	.98
B X C: Sex X Time Segment	2	.0384	.69
A X B X C: Groups X Sex X Time Segment	4	.0122	.22
Error _w	94	.0557	

the three segments sampled were used to assess the differences between the groups and to look for changes in levels of complementarity over time (Winer, 1971; Herzberg, Note 4). The results of these analyses, using both the Dietzel and Schiller scoring systems for both therapist and client complementarity, are presented in Tables 8 and 9.

The F for the group main effect was significant at the $p < .05$ level for client complementarity using the Schiller scoring, while using the Dietzel scoring it was a "trend" ($p < .10$). Using the Scheffe procedure for the a posteriori test of differences between group means, it was found that nonreturners and continuers constituted one homogeneous subgroup, and the continuers and the early terminators constituted a second such group ($p < .05$; Nie et al., 1975; Winer, 1971). This meant, after a ranking of the group means, that the early terminators were significantly lower in levels of client complementarity than the nonreturners, and that the continuers were not significantly different from either of the two groups.

Examination of Table 9 revealed that there were no differences between the groups in levels of therapist complementarity. For both client and therapist complementarity there were no differences between the groups as a function of time (Tables 8 and 9).

Second exploratory question: sex of client. Are there differences between intake interview client-therapist dyad groups for male and female clients in circumplex role behavior and levels of complementarity?

Role behavior and sex of client. Therapist and client role behavior for male and female clients in each of the three groups, the nonreturners, the early terminators, and the continuers, are presented in Table 10. Again using the test for significant differences between two proportions,

there were no differences found on the basis of sex of client for role behaviors in the three groups.

Complementarity and sex of client. Therapist and client complementarity scores for the male and female clients in the nonreturner, early terminator, and continuer groups are presented in Figures 6-9. Analyses of variance with repeated measures on each of the three segments sampled were used to assess the differences between the groups and to examine changes in levels of complementarity over time. These analyses were presented in Tables 8 and 9. The main effect for sex was not significant for either therapist or client complementarity. There were also no differences based on client sex as a function of time found for the three groups.

Table 10
Role Behavior in Male and Female Client Dyads^a

Group	<u>n</u>	Quadrant Circumplex Behavior				Power and Affect Axes	
		Hostile Submissive	Friendly Submissive	Hostile Dominant	Friendly Dominant	Dominant	Friendly
Therapist Role Behavior							
Male Client							
Nonreturners	13	.001	.014	.022	.964	.986	.978
Early Terminators	5	.000	.013	.051	.937	.987	.949
Continuers	6	.002	.008	.032	.959	.991	.966
Female Client							
Nonreturners	12	.001	.019	.003	.977	.980	.996
Early Terminators	7	.001	.030	.027	.941	.968	.971
Continuers	10	.002	.024	.000	.974	.974	.998
Client Role Behavior							
Male Client							
Nonreturners	13	.215	.753	.021	.011	.032	.764
Early Terminators	5	.289	.648	.060	.003	.063	.651
Continuers	6	.256	.696	.032	.017	.049	.712
Female Client							
Nonreturners	12	.212	.753	.015	.015	.035	.773
Early Terminators	7	.216	.724	.043	.016	.059	.740
Continuers	10	.187	.783	.020	.010	.030	.793

^aProportions of circumplex ratings.

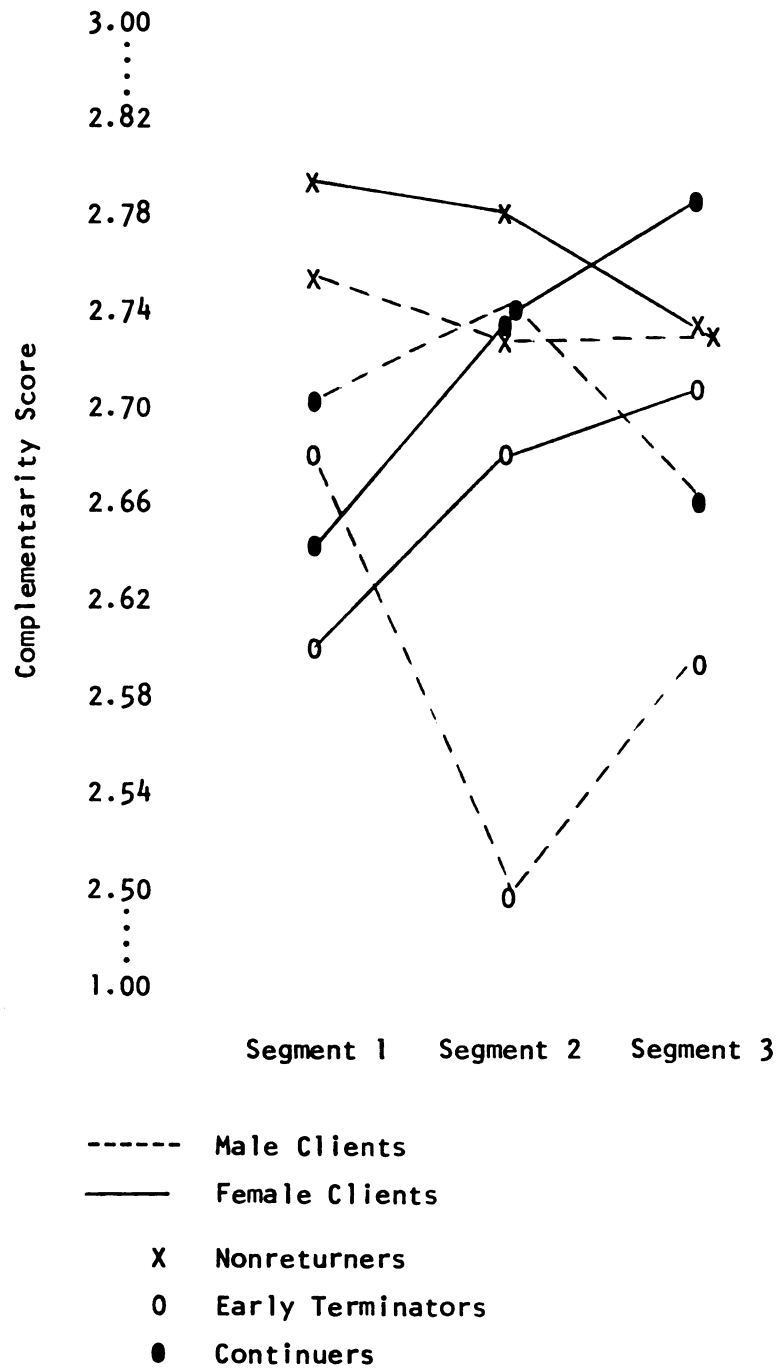


Figure 6. Client complementarity (Dietzel Scoring) for male and female clients.

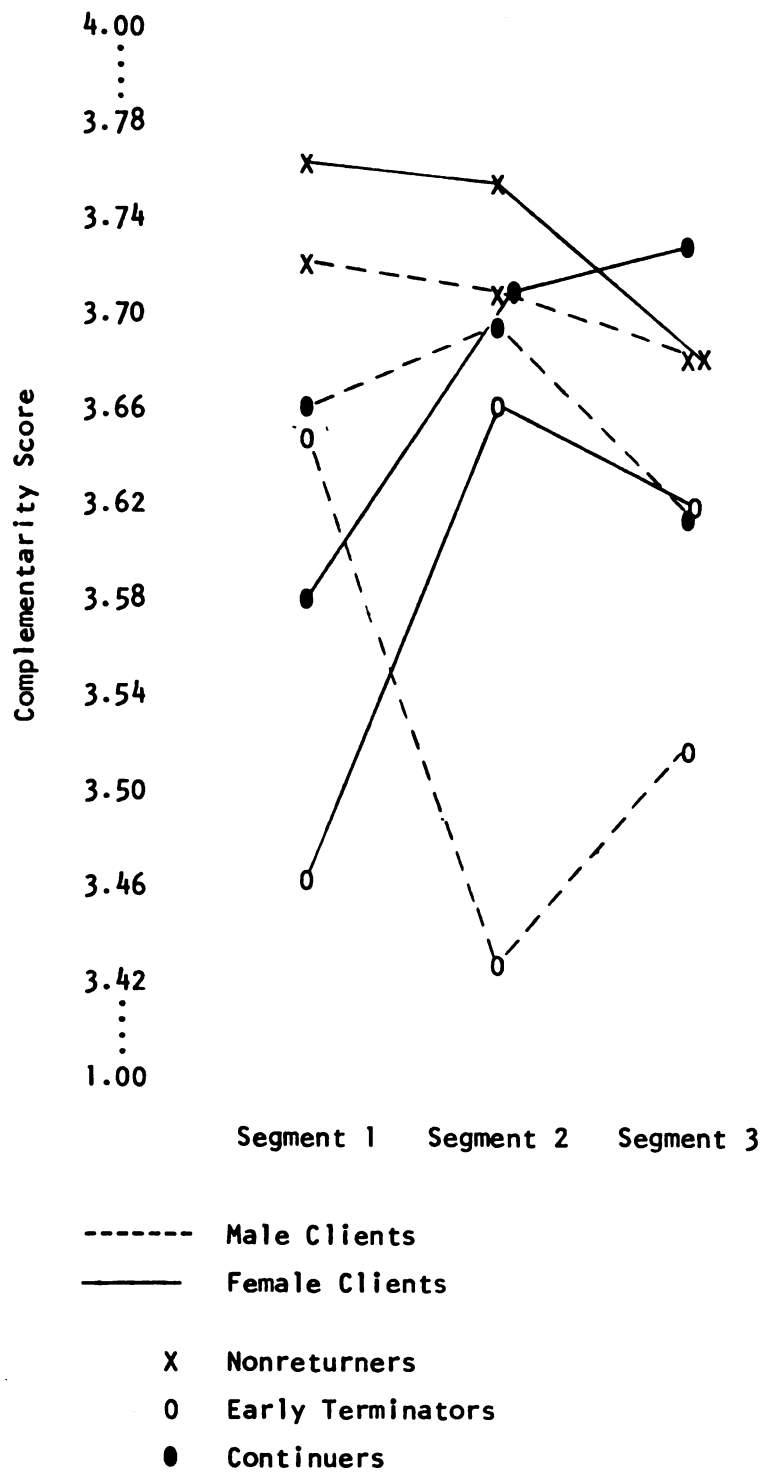


Figure 7. Client complementarity (Schiller Scoring) for male and female clients.

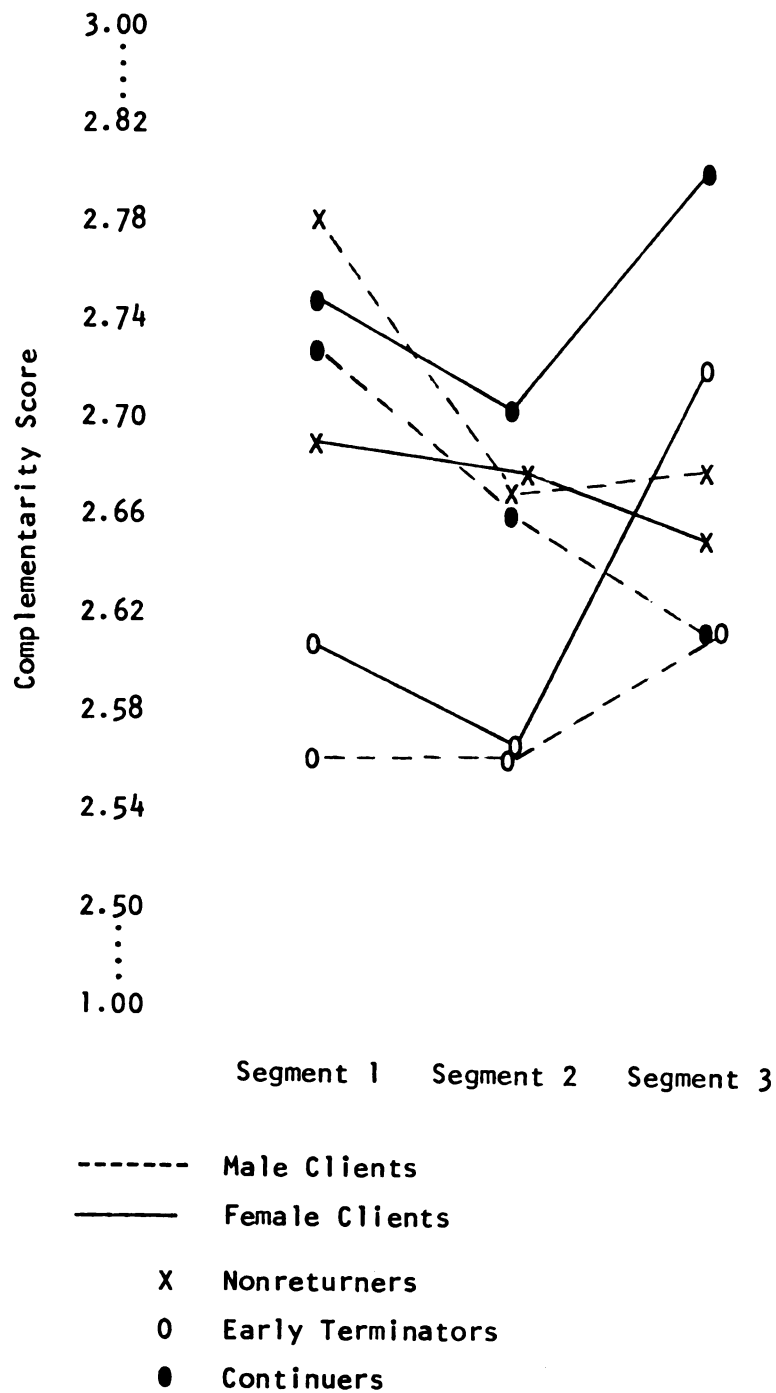


Figure 8. Therapist complementarity (Dietzel Scoring) for male and female clients.

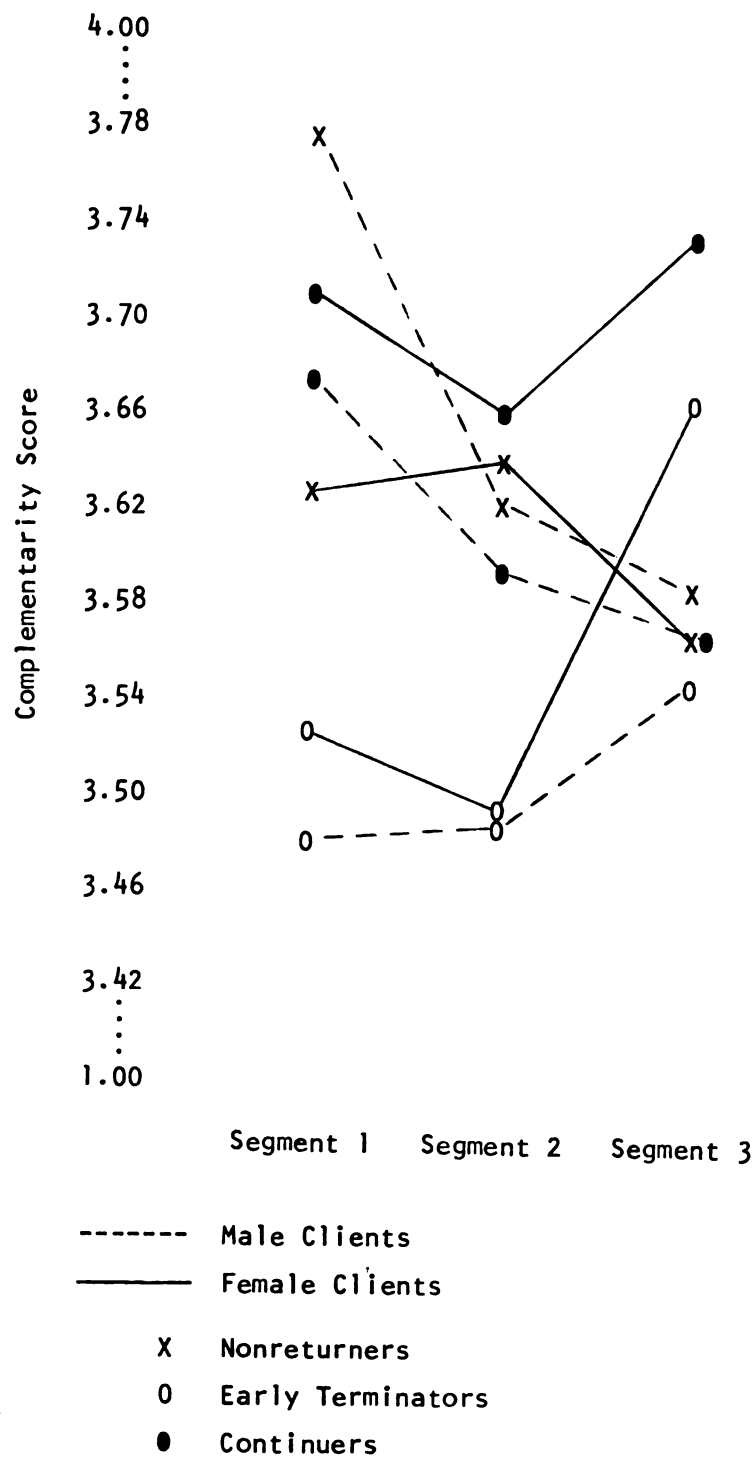


Figure 9. Therapist complementarity (Schiller Scoring) for male and female clients.

DISCUSSION

Intake Interview Behavior

This investigation focused upon two aspects of the intake interview behavior of therapists and clients, complementarity and role behavior, and the relationship of those aspects of behavior to client return for psychotherapy. Before proceeding with a discussion of the experimental hypotheses relating to return for psychotherapy, overall client and therapist behavior will be examined and placed into a comparative frame of reference.

Hypothesis 1 and Hypothesis 2 were predictions about the kinds of prescribed role behaviors that would be expected for therapists and clients. Therapists were predicted to be primarily friendly-dominant and clients were predicted to be primarily friendly-submissive in their respective role behaviors.

Therapists and clients were practically polarized on the power dimension of the Leary circumplex, with an average of ninety-eight percent of therapist behavior being rated as dominant, and ninety-five percent of client behavior rated as submissive. On the affective dimension, over ninety-eight percent of therapist behavior was rated as friendly, as was seventy-five percent of client behavior. Since complementarity was defined in the most heavily weighted cells of both the Dietzel and Schiller scoring systems (Tables 1 and 2) as asymmetry on the power axis and symmetry on the affective axis, this meant that

complementarity scores were also going to be quite high.

How did this behavior of two strangers, meeting for the first time, compare with the behavior of other dyadic relationships? To answer this question it was necessary to find data from studies which had used the Leary circumplex to assess two person groups. One important comparison would have been to the psychotherapy process itself, where the client and the therapist have been interacting over a longer period of time than in the intake interview. A second useful comparison would have been to dyads where the role partners had known each other for some time and were involved in a personal rather than a professional relationship.

Role behavior in intakes, psychotherapy, and in normal and clinic families. Crowder (1972) reported the proportion of quadrant circumplex behavior used by therapists and clients in psychotherapy relationships. His subjects were counseling center clients who had remained in therapy for at least nine sessions. He sampled from the first three, the middle three, and the last three sessions of the therapy.

MacKenzie (1968) used the Leary circumplex to rate the interactions of ten normal families who had been solicited from an elementary school, and ten clinic families who had a son being seen in an outpatient psychology clinic. The families, consisting of a father, a mother, and one son aged 7-11, were given a problem solving issue to work on. For three fifteen minute periods, the three different dyad combinations of this family triad worked on the issue, and then all three discussed it. The total proportions for therapist and client behavior in each quadrant of the circumplex for the intake interviews in this study, the Crowder psychotherapy dyads, and the MacKenzie normal and clinic parent-son dyads, are presented in Table 11.

Table 11

Role Behavior in Intake Interviews^a, Psychotherapy^b, and Normal and Clinic Families^c

Group	<u>n</u>	Quadrant Circumplex Behavior ^d				Power and Affect Axes	
		Hostile Submissive	Friendly Submissive	Hostile Dominant	Friendly Dominant	Dominant	Friendly
Therapist (Parent) Role Behavior							
Intake	53	.00	.02	.02	.96	.98	.98
Psychotherapy	25	.06	.00	.04	.90	.94	.90
Normal Family	10	.06	.20	.10	.66	.76	.86
Clinic Family	10	.11	.04	.29	.55	.84	.59
Client (Son) Role Behavior							
Intake	53	.22	.74	.02	.01	.04	.75
Psychotherapy	25	.26	.42	.24	.09	.33	.51
Normal Family	10	.24	.38	.12	.26	.38	.64
Clinic Family	10	.49	.10	.25	.16	.41	.26

^aData from this study.^bData from Crowder (1972).^cData from MacKenzie (1968).^dProportions of ratings.

Examination of this table revealed that intake interview therapists were slightly less variable in their behavior than therapists engaged in longer term psychotherapy relationships, and both were at or above the ninetieth percentile on the dominant and friendly poles of the power and affect axes. Both types of therapists were less variable in their behavior than the parents in either the normal or the clinic families. It was interesting to note that for both therapists and parents, the majority of role behavior took place in the friendly dominant quadrant of the circumplex. The normal family parents used the least amount of dominant behavior (76%) and the clinic family parents were the least friendly (59% of their behavior). This is in comparison to the intake therapists who were dominant 98% of the time, and friendly 98% of the time.

There was more variability among those who were in the submissive position the majority of the time, the clients and sons. The most extreme range was in the friendly submissive quadrant, where the intake interview clients performed 74% of the time and the clinic sons only 10% of the time. Clinic sons were either hostile submissive or hostile dominant 75% of the time! The clients in psychotherapy did not seem directly comparable to any of the other three groups, although they were perhaps most similar to the sons in the normal families. The fact that they were, overall, more submissive than a latency age normal or clinic child was an interesting comment about the nature of psychotherapy. But those who remained markedly submissive and friendly in comparison to these other groups were the intake interview clients.

Complementarity in intakes, psychotherapy, and in normal and clinic families. Dietzel and Abeles (1975) applied the Dietzel scoring system for complementarity to therapist-client dyads. Their subjects, like the

Crowder (1972) subjects, were counseling center clients who had remained in therapy for at least nine sessions, and they used a similar sampling procedure. Since MacKenzie (1968) reported the proportion of each circumplex quadrant sent and received for each family dyad, it was possible to calculate complementarity scores for each of those parent-son interactions. The total proportions for each set of weighted cells are presented in Table 12 for the intake interviews in this study, the Dietzel and Abeles (1975) psychotherapy dyads, and the MacKenzie family dyads.

Examination of this table revealed that almost three-quarters of the intake interview interactions took place in the most highly weighted complementarity cells. Only five percent of those interactions were in the cells that were symmetric on the power axis of the circumplex. This was in sharp contrast with the other three groups.

Complementarity, as reciprocity in interaction, had been equated with the amount of stress in an interaction, and there was a degree of validation of this conceptualization provided by the different levels of complementarity between the normal and the clinic parent-son dyads. The sons in the clinic families had been referred for underachievement in school and for behavioral difficulties, and it might have been expected that interactions in these families would be more fraught with conflict than in the normal families.

The clinic families, as might have been predicted, had the lowest levels of complementarity. Psychotherapy dyads, as also would have been predicted, had lower levels of complementarity overall than the intake dyads, but were still higher than the normal family groups. This seemed to indicate that even though there was greater stress and variability in psychotherapy than in intake interviews, role behavior in the professional

Table 12
Complementarity Scoring Cell Proportions
in Intake Interviews^a, Psychotherapy^a, and Normal and Clinic Families^c

Group	n	Schiller (Dietzel)		Matrix Weight		Complementarity Score	
		$\frac{4(3)}{3(2)}$	$\frac{3(2)}{2(2)}$	$\frac{2(2)}{1(1)}$	$\frac{1(1)}{1(1)}$	Schiller	Dietzel
Intake Interviews	53	.725	.220	.024	.030	3.638	2.693
Psychotherapy	20	.550	.290 ^d		.160	3.085 ^e	2.390
Normal Families	10	.406	.206	.263	.126	2.894	2.282
Clinic Families	10	.308	.302	.200	.174	2.712	2.102

^aData from this investigation.

^bData from Dietzel & Abeles (1975).

^cParent-son data from Mackenzie (1968).

^dOnly #2 Dietzel weight available.

^eCalculated by dividing #2 Dietzel proportion in half.

relationship operated under more tightly circumscribed parameters than in the personal family relationships.

Discussion. This comparison of intake interview behavior with behavior in therapy and in families placed in bold relief what had occurred in the interactions under investigation. Levels of complementarity were in fact quite high, as were the proportions of role behavior of both therapist and client along each dimension of the circumplex. These comparative data supported the theoretical underpinnings of this investigation concerning roles. An individual who has never physically been in a specific social setting, and who has never had an opportunity to enact the specific role behavior prescribed for that setting, still has some sense of what is expected of him or her. Interpersonal stress is kept to a minimum by following internally held and externally validated social prescriptions for behavior. As discussed in the introduction, generalizations from other roles, preenactment in fantasy, and sensitivity to the interpersonal cues of confirmation and disconfirmation of one's performance, among other factors, presumably allowed the clients to enact this new role within fairly narrow limits. Only later, in the context of an established relationship, was there increased variability of role and correspondingly lower levels of complementarity.

What were some of the factors that contributed to the uniqueness of the intake interaction? The fact that the client was a newcomer to the mental health setting was just discussed. It was the therapist's "home turf," a place where he or she was comfortable and had implicit if not explicit control over the rules. Other factors which may have affect the nature of the intake interviews were specific to this population. These were college students, and as such they tended to be young

and better educated than their average age mate. This might have contributed to the degree of submissiveness, as well as their familiarity with roles they might have felt were appropriate to the mental health situation (Clemes & D'Andrea, 1965).

Hypothesis 1 and Hypothesis 2, then, were quite clearly supported. Therapists were primarily friendly-dominant and clients were primarily friendly-submissive. What was discovered was that the intake interview behaviors were in the predicted direction for therapists and clients, but differed in degree along each dimension of the circumplex from the behavior of those involved in longer term psychotherapy relationships. Correspondingly, levels of complementarity were higher than in the latter relationships.

Central to this investigation was not only the concept of role behavior, but that of reciprocity and mutuality of impact in social interactions. It could have been argued that with roles that are very explicit and narrow in their construction, there would be very little room for individual differences in their enactment (Miller, 1963). If rules played such a large part in these interactions, if they were much less variable than other kinds of dyadic interactions, then they provide a very stringent test of the experimental hypotheses concerned with the impact the role partners have on one another, i.e., as a system of mutual influence.

In summary, these intake interviews were marked by high proportions of friendly dominant therapist behavior and high proportions of client friendly submissive behavior. Levels of complementarity, for both therapists and clients, were concomitantly quite high.

Experimental Hypotheses

Hypothesis 3 and Hypothesis 4 predicted that there would be differences in therapist and client role behavior for those clients who returned for psychotherapy when compared with those clients who did not return from the intake interview. Returners were predicted to be more friendly and submissive than nonreturners, while there was no specific directional hypothesis for the predicted difference between therapist behavior in the two groups.

The fact that there was no support for either hypothesis could have been accounted for in large part by the general nature of intake interviews for therapists and clients, as discussed at length above. Role expectations seem to have constricted the range of possible behavior, making it more difficult to test for differences in behavior between the two groups. Secondly, the limited range of behavior meant that a good deal of it took place towards one end or another of the circumplex axes, and as any subject moves towards the end of a scale, the amount of variability is going to sharply decrease. Finally, a certain amount of homogeneity may have been created by the particular setting for, and population of, this investigation. These last two factors would have tended to hold social class, education, age, range of diagnosis, theoretical approach of therapist, and other such factors within certain constraints.

Hypothesis 5 and Hypothesis 6 predicted that levels of both therapist and client complementarity, as measures of the degree of reciprocity in an interaction, would be higher for the return group than for the nonreturn group. The conceptual basis for these hypotheses was that complementarity would not only be a measure of appropriate role playing,

but that it would indicate something about the levels of interpersonal stress and comfort in the relationship. Before the purposeful disconfirmation of the client's behavior by the therapist during the middle and more interpersonally stressful part of therapy, a working relationship had to be established (Carson, 1969; Cashden, 1973). Such a cooperative, working relationship, it was hypothesized, would be typified by high levels of complementarity.

Complementarity is a description of an interaction, and as such it is composed of both the role behavior of the sender and the receiver. Levels of, and changes in, complementarity, could not be adequately discussed without reference to the role behaviors underlying the measure, and therefore the two will be discussed concurrently.

It was found that the return group of clients did not have higher levels of either therapist or client complementarity than the nonreturn group. In fact, there was a trend, contrary to prediction, for the returners to be lower in their levels of client complementarity than the nonreturners.

There are several possible explanations for this finding. Leary (1957) and Dietzel and Abeles (1975) argued that pathology was accompanied by a constriction in roles available to the individual, and that therefore the nonreturners could be construed as being healthier, more flexible, and having a wider range of behaviors available to them. That the returners had lower levels of client complementarity suggested that they did in fact have greater stress in their interpersonal relationships in general. The difficulty with these explanations is that they presupposed that the returners were more disturbed than the nonreturners, and there was no data available for both these groups to

support such a conclusion. Further, they leave unexplained the fact that it would be the returners, with their narrower range of role behaviors and their higher levels of interpersonal stress, that came back to therapy rather than the nonreturners.

A variation of this argument is that the returners did not in fact have a narrower range of behavior available to them, but that they were experiencing a certain amount of internal distress. This distress would have manifested itself in the relationship with hesitance and wariness on the client's part. The nonreturners, then, would have been seen as feeling stronger, more cooperative, less defensive, and therefore able to achieve smoother relationships with higher levels of client complementarity. Both of these arguments, of course, are in direct opposition to the original premise of this investigation, that a modicum of a working relationship was an important ingredient in return for therapy.

These arguments find indirect support in MacKenzie's (1968) data, where it was the clinic families who had the lower levels of complementarity. These families were typified by higher levels of hostility and dominant behavior by the sons, and if such a parallel were justified, it would mean that the returners were in fact, at least behaviorally, the more disturbed group. Unfortunately, to explore this hypothesis properly, definitive statements about the differences in role behaviors between the groups would be essential, and there were no such circumplex quadrant role behavior differences found for either therapists or clients.

Another possibility was that the lower levels of client complementarity in the return group represented a testing process. The increased levels of stress in these dyads could have been an attempt

by the client to assess how much interpersonal discomfort could be experienced in the therapy setting and still have the relationship be a viable one.

A final possibility that takes into account the arguments presented above and yet also supports the original view in this investigation is that even though the levels of client complementarity tended to be lower in the return group, in comparison to the nonreturners, this was without comparison to any pre-interview level of interpersonal functioning. Therefore it might have been true that the returners were typified by a narrow range of role behaviors that in some frameworks would be construed as pathology. For them, however, their intake interview performance would then have represented a very high level of complementarity, of an attempt to achieve a reciprocal and comfortable interaction. This in turn would have meant that they did have a high degree of role knowledge and enactment skill for the kinds of roles that would be considered normative in the mental health setting. Once again, since there was no pre-interview data available, such a conclusion must rest on unsupported inference. Reference to the comparative data discussed above was useful as a reminder that even if the return group's level of client complementarity tended to be lower than the nonreturn group's level, they both were exceedingly high in the first place.

Hypothesis 7 predicted that there would be differences across the course of the interview in levels of complementarity for the returners and the nonreturners, and that the returners' levels would be expected to increase relative to the nonreturners. This would have indicated decreasing levels of stress in the relationships in this group, and increasing amounts of accommodation between the therapist and the client.

This was conceptualized as being essential to the establishment of the kind of working relationship that would facilitate the therapy to follow. The intake interview variously served, in this view, as a place to practice the client role, as a process of role induction, and even as a microcosm of therapy. The fact that this prediction was not supported was due, in large part, to the extremes of consistency of role behavior that has been discussed at length in the initial section of the discussion. In addition, the "pushing of the scale ceiling" of the exceedingly high complementarity levels for both therapists and clients may not have allowed for much variation across time.

Exploration of the return group and nonreturn group data. Although the differences across time segments sampled were not significant, it was constructive at this point to examine, on a speculative basis, the therapist and client complementarity scores (Figures 2 and 3).

The plots of the client complementarity of the nonreturners in these two figures suggested that the nonreturners seemed to have become progressively disenchanted with what they found in the intake interview, as measured by a "falling off" of their levels of client complementarity. They did start at higher levels of client complementarity, perhaps for some of the reasons discussed above, perhaps because of high expectations they were willing to be cooperative and play the expected role of client, but they became progressively less accommodating. Their expectations may not have been fulfilled, and they found themselves less willing to confirm the behavior of the therapist by reciprocal behavior. This was also an indication of increasing stress in this group.

The returners, on the other hand, began at lower levels of client complementarity, and gradually increased these levels, until their third

and final five minute measure was relatively close to that of the nonreturners (Figures 2 and 3). This group, in contrast, may have found that the intake interview either met or exceeded their expectations, and were able to increasingly reciprocate the therapist behavior and achieve lower levels of interpersonal stress in the interviews.

Turning to the therapist levels of complementarity, it was observed in these figures that the drop in nonreturner client complementarity was paralleled by a drop in nonreturner therapist complementarity, and that similarly, the increase in returner therapist complementarity was paralleled by an overall increase in returner therapist complementarity. Further, the figures suggest that the levels of therapist complementarity for the two groups were different at the start of the interview. This offers support for the view of the interview as a system of mutual influence. Something had taken place that was unique to the interaction between these two individuals, something that was not intrinsic to either one in isolation.

First Exploratory Question: Nonreturners, Early Terminators, and Continuers

The possibility was entertained that clients who began therapy and dropped out early might well have been a different group from those who began and remained in therapy. It was therefore decided, on an exploratory basis, to divide the return group into early terminators, defined as those who remained in therapy five or fewer sessions, and continuers, defined as those who remained in therapy for more than five interviews. The same predictions were then made that had been made in regard to the returners and the nonreturners.

The objective findings. Although the one subgroup of the returners, the early terminators, had lower levels of client complementarity than the nonreturners, the other subgroup, the continuers, were not significantly different from the other two groups. It was the scores of this early terminator group, then, which had contributed to the earlier finding of lower levels of client complementarity in the return group of clients. As in the earlier test of the nonreturner and returner hypotheses, there were no differences between groups in level of therapist complementarity, and there were no differences across the three time segments sampled.

Possible explanations for this finding of lower early terminator client complementarity are much the same as those extended for the finding of lower complementarity for the return group compared with the nonreturn group. It is possible that they were wary and defensive and this expressed itself in less friendly submissive behavior. It is also possible that they had less role knowledge and skill than those clients in the nonreturner group. If they had also been significantly lower in client complementarity than the continuers, that would have given a clearer understanding of why they were the ones who terminated early. But they were not, and the fact that there were also no overall differences between the continuers and nonreturners leaves the implications of these findings unclear. Once again, a speculative exploration of the data for the early terminators, continuers, and nonreturners proved fruitful.

Exploration of the early terminator, continuer, and nonreturner data. The most interesting and suggestive possibilities for understanding the data of this investigation came from a speculative

exploration of the three group findings. Examining the plots of the client complementarity scores (Figures 4 & 5), it can be observed that the continuers began their interviews with low client complementarity, only slightly higher than the early terminators, but ended with high complementarity, at the same level as the nonreturners. This may explain why they were not found to be significantly different in overall complementarity mean score from either group.

This was a different process than that which seemingly took place in the other two groups. The nonreturners, with their initially high complementarity levels, fell off slightly across the course of the interview. And the early terminators, with their initially low complementarity levels, increased slightly at the end of the interview.

These observations suggested the following: the continuers may have come into the interview with the same kind of defensiveness, or lack of role knowledge and skill as the early terminators. However, they either became more comfortable, were more willing to respond to the eliciting pull of the therapist for friendly submissive behaviors, or were more capable of learning the role than the early terminators. And it may have been these differences between these two groups which contributed to the difference in outcome.

In regard to the therapist levels of complementarity, the plots of the complementarity scores once again suggested that therapist and client complementarity move in a parallel fashion, with therapist complementarity declining for the nonreturners, increasing for the continuers, and increasing for the early terminators. It was important to note, at this speculative level of discussion, that therapist complementarity was lower for both the nonreturn group and the early terminators

than for the continuers. Only for the continuers did it start at a higher level than the client complementarity score.

This suggested that the therapist's confirmation of the client's role behavior plays an important part in having the client return for therapy. The increase in continuer group client complementarity may have indicated the willingness of the client to increasingly assume the client role, but it went hand in hand with the highest levels of therapist complementarity for the three groups. Similarly, the early terminators, with their overall low levels of client complementarity, found their behavior confirmed by equally low levels of therapist reciprocity. It is possible that these clients were most successful in eliciting deviant therapist behavior, but it was their relationships that were marked by the most interpersonal stress.

The client was able to elicit some change in the therapist, and the therapist was also eliciting change from the client. This was supportive of the main theme of this investigation, that these dyadic interactions were actually a system of mutual influence, that something takes place in client behavior that determines differences in therapist behavior, and that there were differences in the therapists' responses to each of the clients in these three groups that in turn affected the clients' behavior.

In summary, a speculative exploration of these data provided some clues into what had taken place in these interviews. There did seem to be some change across time in the client complementarity levels of the continuers, as they moved from the more interpersonally stressful levels of the early terminators to the more comfortable levels of the nonreturners. This in turn suggested that it was the continuers who were

most willing to assume the client role, accommodate the pull of the therapist, and change their behavior. Finally, it was noted that this group also had the overall highest level of therapist complementarity, and that this may have accounted in part for the noted changes. These speculative findings offered a possible explanation for the view of the intake interview as a role induction process, and for the view of the therapist-client dyad as a system of mutual influence.

Second Exploratory Question: Sex of Client

The objective findings. There were no differences based on client sex for role behavior of client or therapist, client complementarity, or therapist complementarity. This offers support for the previous findings of no sex differences in therapy in levels of complementarity (Dietzel, 1971) and verbal expressions of dependency (Alexander, 1967). Differences that might have been expected in circumplex role behavior based on sex role differences seem to have been outweighed by the more powerful norms of the intake interview for client role behavior.

Exploration of the client sex differences data. Heilbrun (1961) noted that male early terminators tended to have higher levels of need for dominance and need for autonomy. As would have been predicted by the findings of that study, the male early terminators in this investigation appeared to have lower levels of both client and therapist complementarity. These male clients had slightly higher levels of hostile submissive and hostile dominant quadrant role behavior. Of the men and women in each of the three groups (continuers, early terminators, and nonreturners), these males tend towards being like MacKenzie's (1968) clinic family sons, i.e., wary, perhaps rebellious, and counterdependent.

While perhaps more committed to the process than the nonreturners, they may have been unwilling to become dependent and help-seeking (the client role) and dropped out of therapy.

In contrast, the early terminator group females started in their first time segment with very low levels of complementarity, but were increasingly accommodating over the course of the interview. This is in accord with Heilbrun's data, which had shown early terminating women to be more deferent and abasing than the men. These women were very similar in their client complementarity profile to the women in the continuer group, with a low average score in the first time segment, but increasing rapidly to finish at higher levels of complementarity (Figures 6 & 7). What distinguishes them were the differences in levels of therapist complementarity (Figures 8 & 9). The early terminator women have the lowest female level for therapist complementarity, while the continuer women have the highest. This suggested that positive therapist responses to the client do play an important role in client continuance in treatment.

What is of most interest, however, is that there were none of these kinds of differences among the nonreturner males and females. The profiles of the complementarity scores of this group were quite similar (Figures 6 & 7). Heilbrun discussed the continuer male as being less stereotypical, or more "feminine," in his sex role behavior. If the nonreturner males are even more accommodating than the continuers, along with the nonreturner females, what can be concluded about the nature of their behavior?

It is possible that the continuer group males, like the continuer females and the terminator females, became increasingly reciprocating

in order to form a cooperative, working relationship, while the high complementary levels of the nonreturners were more a measure of a very bland and rote interaction with a good deal of passivity. The former may have been compliance, while the latter was complacency, possibly revealing a lower investment in the interaction. And while both were friendly-submissive in a way that may have been typified as "less stereotyped male behavior," the qualitative differences would seem to lead to very different conclusions. Too much counterdependent behavior and the relationship cannot be maintained. Too high a level of reciprocity and the relationship may become overly formalized and without life. A middle range of complementarity, with some variation in role behavior, may ultimately prove to be the best foundation for a good working relationship.

The differences noted above between the three groups are suggestive of why Dietzel (1971) was unable to find sex differences in therapist and client complementarity levels, and Alexander (1967) was only able to find trends for higher female expressions of verbal dependency. Both researchers studied clients who would have been "continuers," and possibly more "feminine" in their role behavior. Heilbrun (1961) also found that continuer females were more "masculine" in their role behavior, suggesting a situation in which there is a regression towards a sex role mean. In addition, if there is not only a self-selection process at work, but a role induction process, Dietzel's and Alexander's choice of clients who had remained in therapy longer may reflect in some way a growing power of the client role over sex roles, at least on the dimension under examination.

In summary, the data on client sex differences in therapist and

client role behavior and complementarity suggested that the early terminator males were a singularly counterdependent group, and that women tended to be more accommodating than men. They also provided a possible explanation of the difference between the nonreturners and the continuers. While both groups were quite similar in their levels of complementarity, it was suggested that the friendly-submissiveness of the continuers may have been the mark of cooperativeness and compliance needed for the therapeutic working relationship, while the same behavior in the nonreturner group may have indicated a passivity and lack of investment in the therapy process.

The Complementarity Scoring Systems

A revised complementarity scoring system was devised for this investigation which was used as an exploratory extension and refinement of the Dietzel scoring system (Tables 1 & 2). The revised or Schiller scoring was based on the premise that relationships which were asymmetric on power and affect (the Schiller #3 weight cells) were more complementary than those which were symmetrical on both power and affect (the #2 weight in both systems). In the Dietzel system, these two kinds of interactions were given equal weight. In practical terms, this meant that 50% more weight was given to an interaction that was asymmetric on power and affect in the Schiller system, and 33% more weight was given to interactions that were asymmetric on power and symmetric on affect (the #4 weight cells).

In the discussion of the complementarity scoring cell proportions (Table 12), it was noted that 74% of the interactions in this investigation took place in those most highly weighted cells (the #4 weight), and

that an additional 22% took place in the next most highly weighted (the #3 weight cells, those that were asymmetrical on both dimensions). This meant that 94% of all interactions in this investigation occurred in cells that were given additional weight by the Schiller scoring, those which were asymmetrical on the power dimension.

This explained in part the increased sensitivity of the Schiller system over the Dietzel system in detecting differences in client complementarity in data which contained no significant role behavior differences between groups. And this would not have been true if the majority of the interactions had taken place in the cells which were symmetric on power, the #1 and #2 (Schiller) weight cells. While both systems seemed to have validity, especially the face validity provided by comparison with the MacKenzie (1968) data in Table 12, the conclusion seemed to be that the Schiller system was in fact able to better differentiate between groups in certain kinds of interactions. These included interactions between strangers and situations where the role constraints were high.

It will be recalled from the review of the literature that in the original development of the circumplex, the circle was divided into sixteenths (Figure 1; Freedman et al., 1951). The segments within any one quadrant differed in amounts of power and affect. What was missing in both the Dietzel and Schiller scoring of complementarity was a sensitivity to within quadrant shifts in behavior.

An example will make this point clearer. In the investigations by Clemes and D'Andrea (1965) and Overall and Aronson (1963), clients who expected to be passive recipients of treatment also expected their therapists to be directive and advice giving. In terms of the circumplex,

the client would be in the "submit-admire" octant, while the therapist would be in the "dominate-teach" octant, indicating that the power dimension is more important than the affect dimension. These were the expectations of lower socio-economic status clients. Other clients came to therapy expecting to actively participate in treatment with relatively non-directive therapists. These clients would be in the "trust-cooperate" octant, and their therapists in the "give-support" octant. These tended to be middle socio-economic status clients, and such relationships would be marked by greater affect and less power than the previously described dyads. Both dyads would be friendly dominant-friendly submissive, and both would be equally high in complementarity, but, qualitatively, it can be seen that they are not the same.

What Clemes and D'Andrea and Overall and Aronson found, however, was that if a "trust-admire" client was put with a "give-support" therapist, they would not return for therapy. And it might be suspected that if you matched a "trust-cooperate" client with a "dominate-teach" therapist, there might be a similar consequence. In the context of the current investigation, it was possible that the nonreturners were "admire-submit" (passive) in their behavior, and were frustrated to find therapists who were relatively non-directive. The continuers, on the other hand, may have been quite satisfied with therapists who used more affect than power.

In summary, there may be varying degrees of stress and complementarity depending on the degree of power and affect even within the high complementarity quadrant pairings, and future development of the complementarity scoring system would have to account for such differences.

One possible way in which this could be done would be to define the

very highest levels of complementarity as being those interactions which are not only asymmetric on power and symmetric on affect, but have equal amounts of both. Deviations from this perfect matching, even within a quadrant, would diminish the complementarity score accordingly.

A final suggestion with regard to scoring system would be to differentiate between hostile and friendly complementarity. Using both the Dietzel and Schiller scoring systems, Santa Claus and the Marquis de Sade would have gotten equally high complementarity scores in interaction with their traditional role partners. The former's interactions would be primarily friendly dominant-friendly submissive, while the latter's would be primarily hostile dominant-hostile submissive. Although both are equally reciprocal or complementary, they are qualitatively different.

SUMMARY

This investigation examined the behavior of the therapist and the client and the nature of their interaction during the psychotherapy intake interview. Predictions were made based on the client's membership in one of three outcome groups: the nonreturners, who agreed to come back for therapy after their intakes but did not, the early terminators, who came back for five or fewer therapy sessions, and the continuers, who remained in therapy for six or more sessions. The following hypotheses were tested: that there were normative role behaviors for therapists and clients, that there would be differences between the three outcome groups in the kinds of role behaviors used by both participants, that there would be differences in the levels of complementarity between the groups, and finally, that there would be differences over the course of the interviews in complementarity levels. Subjects ($N=53$) were college students seeking psychotherapy in a university setting. They were seen by experienced therapists with a range of interpersonal orientations. Ratings were made of the first, middle, and last five minutes of audiotaped intake interviews.

Role behaviors and complementarity were measured using the interpersonal circumplex (Leary, 1957), which has two axes, one for power, and one for affect. A role behavior fell into one of the quadrants: friendly dominant, friendly submissive, hostile dominant, or hostile submissive. The highest level of complementarity was defined as an

interaction which was asymmetric on the power axis (one partner dominant and the other submissive), and symmetric on the affect axis (both partners either friendly or hostile). A 4 X 4 matrix of all possible circumplex quadrant interactions with four different cell weights determined by the symmetry or asymmetry on the power and affect axes was used to calculate the complementarity score. Asymmetric power with symmetric affect was weighted 4, and with symmetric affect, 3. Symmetric power with symmetric affect was weighted 2, and with asymmetric affect, 1. 72% of the interactions in this investigation occurred in the most highly weighted (#4) cells, and 22% in the #3 cells. This meant that 94% of the interactions were asymmetric on the power axis of the circumplex.

The predictions for the specific kinds of behaviors that therapists and clients would perform were confirmed. Therapists performed in the friendly dominant quadrant 96% of the time, while clients performed in the friendly submissive quadrant 74% of the time. There were no differences between the three outcome groups in their role behaviors. Role behavior in the intake was compared with data from investigations applying the circumplex to ongoing psychotherapy relationships and to family interactions. It was found to be more highly consistent, suggesting that the norms for behavior in the intake tended to be more powerful than individual differences in role enactment.

Complementarity, based on the two role behaviors of a sender and a receiver, was a more sensitive measure of group differences. The early terminators had lower levels of complementarity than the nonreturners, and it was speculated that this group was more hostile and counter-dependent than the other two groups. The continuers and the nonreturners were not different in their levels of complementarity, and it was

speculated that this was due to a qualitative difference in their interactions which could be assessed in future research with a complementarity scoring system sensitive to within quadrant differences in amounts of power and affect, one divided into octants and sixteenths. The nonreturners were thought to have been more passive and compliant, possibly being frustrated by not finding a more directive therapist, while the continuers were seen as being more committed and cooperative.

APPENDICES

APPENDIX A

SCORING MANUAL FOR THE INTERACTION RATING SYSTEM

General Considerations

The Interpersonal circumplex, as it will be used in the present study, consists of four categories or quadrants into which all interpersonal behaviors may be placed by observer ratings. The four quadrants of this circumplex are defined by two axes, a vertical axis of dominance and submission, and a horizontal axis, with love and hostility at its poles. The four quadrants are thus called: hostile-submissive, friendly-submissive, hostile-dominant, and friendly-dominant.

In rating a behavior, the observer should primarily be concerned about the interpersonal meaning of the behavior. What kind of response is he or she trying to provoke? What kind of relationship is he or she trying to establish with their behavior? The underlying assumption of this rating system is that human behavior is purposeful, and the rating given any one behavior should be a reflection of its interpersonal function. The focus is on the speaker's behavior as a metacommunication; the meaning is often not in the content of the communication itself, but in the tone, emphasis, inflection, phrasing, type and length of word chosen, etc.

Take, for example, the case of two individuals engaged in a discussion and one of them is exclaiming loudly and angrily about a third person. On the surface, it might seem as if the speaker was engaging in hostile-dominant behavior. What, however, is the here-and-now interpersonal meaning of the behavior? The speaker might be covertly communicating his distrust of the listener, in which case the behavior should be rated hostile-submissive. Or, he may be covertly asking the opinion of

the listener, in which case the behavior should be rated friendly-submissive. Or, in fact, the speaker might be directly rejecting the listener (as well as the supposed object of his anger), and the behavior would be hostile-dominant both in content and in interpersonal meaning.

A second brief example is that of the speaker who talks at great length about forming warm and close relationships with others. If we focused on the content, it might seem to be a friendly communication. Upon closer examination of the actual effect on the listener of such a vast wall of words, the interpersonal function of the behavior would be rated as hostile or disaffiliative. The rater should actually put him or herself in the position of the listener, and ask, "What is the speaker doing to me? How do they want me to respond to their behavior?"

The following rating rules were established: 1) context is more important in making judgments than affect, 2) affect is more important than content, and 3) judgments should not go beyond the immediate context.

Another initial step in making judgments about a behavior is to make a decision about its meaning along each of the two axes. Deciding whether the behavior is dominant or submissive, and is friendly or hostile, will assist the rater in its placement into one of the four quadrants. Further, a number of descriptive terms are listed below for each of the four quadrants, and the behavior may be matched with those descriptive terms for appropriateness of fit within any one quadrant. The terms range in intensity. For example, "acts unimpressed," and, "is suspicious," are two different degrees of distrustful behavior. Regardless of its intensity, it remains hostile-submissive behavior.

A unit of speech is defined as an uninterrupted statement by one

or the other participants in an interaction. A sound or word by one person that does not change the flow of what is being said does not begin a new speech unit. Within any one uninterrupted speech there may be one or more shifts across categories of interpersonal meanings. Therefore, the rater is requested to rate each unit twice, once for the beginning of the speech unit, and once for the end. In a very long speech, where there may be multiple meanings, only the first and the last should be rated. In a very short speech, the beginning and ending ratings may be for the same set of words and the same interpersonal meaning.

The Quadrants

1. Hostile-submissive behavior

Submissive behavior: the individual defers to the other, obeys, submits, acts passively.

Self-condemnatory behavior: the individual acts withdrawn, depressed, criticizes themselves, apologizes, shows a lack of self-confidence, is self-punishing.

Examples:

Therapist: "You wouldn't feel that way if I were a good therapist."

Client: "I feel worthless."

Distrustful behavior: the individual is suspicious, skeptical, is doubting, acts stubbornly, acts unimpressed.

Complaining behavior: the individual is gloomy, sulks, passively resists, disobeys, rebels, complains, acts resentful.

Examples:

Client: "I don't know" (sullenly).

Therapist: "What do you mean?" (resentful).

2. Friendly-submissive behavior

Loving behavior: the individual is affiliative, friendly, affectionate, warm, identifies with the other.

Examples:

Therapist: "I really like you."

Client: "I feel close to you."

Cooperative behavior: the individual is agreeable, confiding, accepting, answers questions, works hard, conciliatory.

Trusting behavior: the individual depends on the other, asks for help, trusts the other, is appreciative, eager to please, overly believing.

Admiring behavior: the individual asks for an opinion, is respectful, is inquiring, praises, shows gratitude.

Examples:

Client: "What shall I do?"

Therapist: "I really appreciated this chance to talk with you."

3. Hostile-dominant behavior

Hating behavior: the individual disaffiliates, condemns, criticizes, disapproves, attacks.

Examples:

"Go to hell."

"I couldn't work with a person like you."

Punishing behavior: the individual is sarcastic, threatening, mocks, challenges, acts impatiently, is cruel.

Rejecting behavior: the individual is accusing, competitive, withholding, refusing, acts indifferent.

Boastful behavior: the individual is narcissistic, intellectualizing, self-aggrandizing, actively resistant, self-reliant.

Examples:

Therapist: "Looks like I really helped you."

Client: "I handle those kinds of things well without any help."

4. Friendly-dominant behavior

Dominating behavior: the individual directs, commands, leads, is forceful, manages the conversations, gives orders.

Teaching behavior: the individual informs, clarifies, gives an opinion, summarizes, advises, instructs, acts as an authority on a subject.

Examples:

Therapist: "I think therapy would be good for you."

Client: "In my experience, people in that situation often behave like that."

Giving behavior: the individual is helpful, offers suggestions, is protective, is overly generous.

Supportive behavior: the individual is considerate, reassuring, shows approval, comforts, encourages, is overly sympathetic.

Examples:

Client: "Looks like you're very tired today."

Therapist: "Sounds like you're very lonely."

APPENDIX B

Table 13
Original Interaction Ratings

Column	Range	Variable and Code
1-6		Six digit subject identification number
1	1-3	Segment number 1 first five minute segment 2 middle five minute segment 3 ending five minute segment
2-3	1-2	Rater identification 01 first rater 02 second rater
4	1-7	Number of therapy sessions (<u>only</u> when column 5 = 0-4) ^a 1-2 more than seven therapy sessions 3 seven therapy sessions 4 six therapy sessions 5 five therapy sessions 6 three or four therapy sessions 7 one or two therapy sessions
5	0-9	Experimental group membership 0-4 return group 5-9 nonreturn group
6	0-7	Client and therapist sex, and therapist experience level (intake interview therapist) 0 male client, female senior staff 1 male client, male senior staff 2 female client, female senior staff 3 female client, male senior staff 4 male client, female intern 5 male client, male intern 6 female client, female intern 7 female client, male intern
7-9	181-195	Julian Date ^b
10-13		Time (2400 clock) ^b

Table 13 (Cont'd)

14-63	1-9	Circumplex ratings of the intake interviews
		1 Hostile-submissive behavior
		2 Friendly-submissive behavior
		3 Hostile-dominant behavior
		4 Friendly-dominant behavior
		5 Inaudible
		9 No rating given
$14 + 4(X)^c$		Rating of the beginning of a therapist speech
$15 + 4(X)^c$		Rating of the ending of a therapist speech
$16 + 4(Y)^d$		Rating of the beginning of a client speech
$17 + 4(Y)^d$		Rating of the ending of a client speech

^aWhen column 5 = 5-9 (nonreturn group), this is a dummy number.

^bThe raters worked at remote site computer terminals. As they began the rating of each segment, the rating program entered the date and time automatically. This table is a computer printout of those rating files.

^cWhere $X = 0$ to 12. This is the formula for the calculation of the appropriate columns for this data.

^dWhere $Y = 0$ to 11.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

LIST OF REFERENCES

REFERENCE NOTES

1. LaForge, R. Using the Interpersonal Check List. Unpublished manuscript, 1973. (Available from R. LaForge, 83 Homestead Boulevard, Mill Valley, Calif. 94941 for \$5.00).
2. Dittman, A.T. Problems of reliability in observing and coding social interactions. Unpublished manuscript, 1958. (Available from the American Documentation Institute, document No. 5740).
3. Wright, D.J. Profile. A Fortran IV program for the analysis of split plot factorial or groups by repeated measures designs (Occasional Paper No. 12). Unpublished manuscript, Office of Research Consultation, School for Advanced Studies, College of Education, Michigan State University, July, 1970.
4. Herzberg, P.A. Balanova 5. A computer program for analysis of variance (Institute for Behavioural Research, Research Report). Unpublished manuscript, York University, Toronto, Canada, July, 1970.

LIST OF REFERENCES

- Alexander, J.F. Perspectives of psychotherapy process: dependency, interpersonal relationships, and sex differences (Doctoral dissertation, Michigan State University, 1967). Dissertation Abstracts, 1968, 28, 5197B (University Microfilms No. 68-7863).
- Apfelbaum, B. Dimensions of transference in psychotherapy. Berkeley: University of California Press, 1958.
- Berzins, J.I., Herron, E.W., & Seidman, E. Patient role behaviors as seen by therapists: A factor-analytic study. Psychotherapy: Theory, Research, & Practice, 1971, 8, 127-130.
- Brim, O.G., Jr. Personality development as role-learning. In I. Iscoe & H.W. Stevenson (Eds.), Personality development in children. Austin: University of Texas Press, 1960.
- Bruning, J.L. & Kintz, B.L. Computational handbook of statistics. Glenview, Ill.: Scott, Foresman, & Co., 1968.
- Carson, R.C. Interaction concepts of personality. Chicago: Aldine, 1969.
- Cartwright, D., & Harary, F. Structural balance: a generalization of Heider's theory. Psychological Review, 1956, 63, 277-293.
- Cashdan, S. Interactional psychotherapy. New York: Grune & Stratton, 1973.
- Clemes, S.R., & D'Andrea, V.J. Patients' anxiety as a function of expectation and degree of initial interview ambiguity. Journal of Consulting Psychology, 1965, 29, 397-404.
- Crowder, J.E. Relationship between therapist and client interpersonal behaviors and psychotherapy outcome. Journal of Counseling Psychology, 1972, 19, 68-75.
- Delia, J.G., & Crockett, W.H. Social schemas, cognitive complexity and the learning of social attitudes. Journal of Personality, 1973, 41, 413-429.
- DeSoto, C.B. Learning a social structure. Journal of Abnormal and Social Psychology, 1960, 60, 417-421.
- DeSoto, C.B., & Kueth, J.L. Subjective probabilities of interpersonal

- relationships. Journal of Abnormal and Social Psychology, 1959, 59, 290-294.
- Dietzel, C.S. Client-therapist complementarity and therapeutic outcome (Doctoral dissertation, Michigan State University, 1971). Dissertation Abstracts International, 1972, 32, 7305B-7306B (University Microfilms No. 72-16,416).
- Dietzel, C.S., & Abeles, N. Client-therapist complementarity and therapeutic outcome. Journal of Counseling Psychology, 1975, 22, 264-272.
- Dittmann, A.T. Problems of reliability in observing and coding social interactions. Journal of Consulting Psychology, 1958, 22, 430.
- Dollard, J., & Miller, N.E. Personality and psychotherapy. New York: McGraw-Hill, 1950.
- Fiedler, F.E. The concept of an ideal therapeutic relationship. Journal of Consulting Psychology, 1950, 14, 239-245.
- Foa, U.G. Convergences in the analysis of the structure of interpersonal behavior. Psychology Review, 1961, 68, 341-353.
- Frank, J.D. The dynamics of the psychotherapeutic relationship. Psychiatry, 1959, 22, 17-39.
- Freedman, M.B., Leary, T.F., Ossorio, A.G., & Coffey, H.S. The interpersonal dimension of personality. Journal of Personality, 1951, 20, 143-161.
- Goffman, E. The presentation of self in everyday life. Garden City, N.Y.: Doubleday, 1959.
- Goffman, E. Asylums. Garden City, N.Y.: Anchor, 1961.
- Goldstein, A.P. Therapist-patient expectancies in psychotherapy. New York: Macmillan, 1962.
- Goldstein, A.P., & Shipman, W.G. Patient's expectancies, symptom reduction, and aspects of the initial psychotherapeutic interview. Journal of Clinical Psychology, 1961, 17, 129-133.
- Greenson, R.R. The technique and practice of psychoanalysis. New York: International University Press, 1967.
- Heider, F. The psychology of interpersonal relations. New York: Wiley, 1958.
- Heilbrun, A.B. Male and female personality correlates of early termination in counseling. Journal of Counseling Psychology, 1961, 8, 31-36.
- Heine, R.W., & Trosman, H. Initial expectations of the doctor-patient interaction as a factor in continuance in psychotherapy. Psychiatry, 1960, 23, 275-278.

- Heller, K., Myers, R., & Kline, L. Interviewer behaviors as a function of standardized client role. Journal of Consulting Psychology, 1963, 27, 117-122.
- Heller, K., & Goldstein, A.P. Client dependency and therapist expectancy as relationship maintaining variables in psychotherapy. Journal of Consulting Psychology, 1961, 25, 371-375.
- Hollingshead, A.B., & Redlich, F.C. Social class and mental illness: A community study. New York: Wiley, 1958.
- Jones, E. The life and work of Sigmund Freud. Garden City, N.Y.: Anchor, 1963.
- Jones, E.E., & Thibaut, J.W. Interactions goals as bases of inference in interpersonal perception. In R. Tagiuri & L. Petrullo (Eds.), Person perception and interpersonal behavior. Stanford: Stanford University Press, 1958.
- Karl, N.J., & Abeles, N. Psychotherapy process as a function of the time segment sampled. Journal of Consulting and Clinical Psychology, 1969, 33, 207-212.
- Kiesler, D.J. Some myths of psychotherapy research and the search for a paradigm. Psychological Bulletin, 1966, 65, 110-136.
- Kirk, R. Experimental design: procedures for the behavioral sciences. Belmont, Calif.: Brooks/Cole, 1968.
- LaForge, R., Leary, T.F., Naboisek, H., & Coffey, H.S., & Freedman, M.B. The interpersonal dimension of personality: II. An objective study of repression. Journal of Personality, 1954, 23, 129-153.
- LaForge, R., & Suczek, R. The interpersonal dimension of personality: III: An interpersonal check list. Journal of Personality, 1955, 24, 94-112.
- Leary, T. Multi-level measurement of interpersonal behavior. Berkeley, Calif.: Psychological Consultation Service, 1956.
- Leary, T. Interpersonal diagnosis of personality. New York: Ronald Press, 1957.
- Lennard, H.L., & Bernstein, A. The anatomy of psychotherapy: Systems of communication and expectation. New York: Columbia University Press, 1960.
- Lennard, H.L., & Bernstein, A. Role learning in psychotherapy. Psychotherapy: Theory, Research, & Practice, 1967, 4, 1-6.
- Lennard, H.L., & Bernstein, A. Patterns in human interaction. San Francisco: Jossey-Bass, 1969.
- Libo, L. The projective expression of patient-therapist attraction.

Journal of Clinical Psychology, 1957, 13, 33-36.

- Lorr, M. Client perceptions of therapists: a study of the therapeutic relation. Journal of Consulting Psychology, 1965, 29, 146-149.
- MacKenzie, M.H. The interpersonal behavior of normal and clinic family members (Doctoral dissertation, Michigan State University, 1968). Dissertation Abstracts, 1968, 29, 772B-773B (University Microfilms No. 68-11,072).
- Mead, G.H. Mind, self, and society. Chicago: University of Chicago Press, 1934.
- Miller, D.R. The study of social relationships: situation, identity, and social interaction. In S. Koch (Ed.), Psychology, the study of a science (Vol. 5). New York: McGraw-Hill, 1963.
- Moos, R.H., & Clemen, S.R. Multivariate study of the patient-therapist system. Journal of Consulting Psychology, 1967, 31, 119-130.
- Mueller, W.J. Patterns of behavior and their reciprocal impact in the family and in psychotherapy. Journal of Counseling Psychology, 1969, 16(2, Pt. 2).
- Mueller, W.J., & Dilling, C.A. Studying interpersonal themes in psychotherapy research. Journal of Counseling Psychology, 1969, 16, 50-58.
- Nie, N.H., Hull, C.H., Jenkins, H.G., Steinbrenner, K., & Bent, D.H. Statistical package for the social sciences (2nd ed.). New York: McGraw-Hill, 1975.
- Overall, B., & Aronson, H. Expectations of psychotherapy in patients of lower socio-economic class. American Journal of Orthopsychiatry, 1963, 33, 421-430.
- Raush, H.L. Interaction sequences. Journal of Personality and Social Psychology, 1965, 2, 487-499.
- Raush, H.L., Dittmann, A.T., & Taylor, T.J. The interpersonal behavior of children in residential treatment. Journal of Abnormal and Social Psychology, 1959, 58, 9-26.
- Rickers-Ovsiankina, M.A., Berzins, J.I., Geller, J.D., & Rogers, G.W. III. Patients' role-expectancies in psychotherapy: A theoretical and measurement approach. Psychotherapy: Theory, Research, and practice, 1971, 8, 124-126.
- Roazen, P. Freud and his followers. New York: Knopf, 1974.
- Rose, A.M. A systematic summary of symbolic interaction theory. In A.M. Rose (Ed.), Human behavior and social processes. Boston: Houghton-Mifflin, 1962.

- Rottschaefer, R.N., & Renzaglia, G.A. The relationship of dependent-like verbal behavior to counselor style and induced set. Journal of Consulting Psychology, 1962, 26, 172-177.
- Sarbin, T.R., & Allen, V.L. Role theory. In G. Lindzey & E. Aronson (Eds.), Handbook of social psychology (2nd ed., Vol. 1). Reading, Mass.: Addison-Wesley, 1968.
- Schvaneveldt, J.D. The interactional framework in the study of the family. In F.I. Nye & F.M. Berardo, Emerging conceptual frameworks in family analysis. New York: Macmillan, 1966.
- Sullivan, H.S. Psychiatry: Introduction to the study of interpersonal relations. Psychiatry, 1938, 1, 121-134.
- Sullivan, H.S. The interpersonal theory of psychiatry. New York: Norton, 1953.
- Swenson, C.H. Psychotherapy as a special case of dyadic interaction: some suggestions for theory and research. Psychotherapy: Theory, Research, and Practice, 1967, 4, 7-13.
- Szasz, T.S. The myth of mental illness: foundations of a theory of personal conduct. New York: Hoeber-Harper, 1961.
- Taulbee, E.S. Relationship between certain personality variables and continuation in psychotherapy. Journal of Consulting Psychology, 1958, 22, 83-89.
- Thompson, C. Psychoanalysis: evolution and development. New York: Hermitage House, 1950.
- Thompson, C. Interpersonal psychoanalysis. New York: Basic Books, 1964.
- Thompson, E.G., & Phillips, J.L. The effects of asymmetric liking on the attribution of dominance in dyads. Bulletin of the Psychonomic Society, in press.
- Tinsley, H.E.A., & Harris, D.J. Client expectations for counseling. Journal of Counseling Psychology, 1976, 23, 173-177.
- Wilkins, W. Expectancy of therapeutic gain: an empirical and conceptual critique. Journal of Consulting and Clinical Psychology, 1973, 40, 69-77.
- Winer, B.J. Statistical principles in experimental design (2nd ed.). New York: McGraw-Hill, 1971.

MICHIGAN STATE UNIV. LIBRARIES



31293101193013