THE ROLE OF SUBJECT MATURITY
IN THE DETERMINATION OF
PREFERRED ESSENTIAL THERAPIST CHARACTERISTICS

BY

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The present investigation addressed several problems pertaining to preferences of therapist behavior. A theoretical framework was proposed to facilitate a comprehensive understanding of therapist behaviors. A distinction was made between expectations and preferences of therapists, and between measures of hypothetical and actual therapist qualities. A primary goal was to explore relationships between subject personality factors, such as anxiety and autonomy, and the choice of characteristics for therapist and father figures, as a step toward understanding the process of development of therapist preferences, and predicting those choices for individuals.

Eighty-eight psychology undergraduates completed a personal data sheet, the 16 PF, and the Ideal-Self/Others Rating Scale (ISORS). The first two measures provided information about the subjects' background

and personality, while the third indicated their idealistic preferences for four figures, including a therapist and a father. Subjects then listened to two five-minute audiotaped versions of analogue therapy sessions. The "model" therapist tape was constant across all eight conditions, and thus was heard by every subject. The "provider" therapist tapes varied with each condition, with a total of eight such tapes being utilized. The model therapist was scripted to exhibit high levels of personally-oriented qualities, i.e. self-awareness, self-confidence and independence, but moderate levels of interpersonally-oriented characteristics, i.e. intuition, warmth and advice/guidance. The eight provider therapists were scripted for moderate levels of the personal qualities, but offered varying (high-low) levels of the interpersonal characteristics, resulting in a 2X2X2 configuration. After listening to the provider therapist tape assigned to their condition and that standard model tape, subjects completed the Client Reaction Questionnaire (CRQ), which rated satisfaction with the therapists' performance.

Data analysis offered mixed results with respect to the hypotheses. As a group, the subjects stated a significant preference for a therapist who was guiding, intuitive, self-confident, self-aware and warm ($p < .001$). Paired t-tests indicated that of the three basic qualities of interpersonal behavior--warmth, directiveness and awareness--the latter played the largest role in determining overall subject preferences ($p < .001$). Grouping subjects into a 2X2 matrix according to their high vs. low scores on 16 PF Anxiety and Independence factors did not substantially alter their ideal-therapist

ratings, except that those subjects with high anxiety scores preferred a warm therapist significantly more often than did low anxiety scorers ($p < .001$). Whether high or low in independence, low anxiety subjects expressed greater satisfaction with the model therapist than with the group of provider therapists ($p < .001$). The same was true of high anxiety/low independence subjects, although to a somewhat lesser extent ($p < .01$). However, selected provider therapists tended to be rated at least equally as satisfactory as the model by several subject subgroups. Neither subject anxiety nor independence was found to be significantly related to ideal-father preferences. However, subjects generally exhibited substantial agreement that the ideal father and therapist should be confident and intuitive leaders, and somewhat warm.

The findings suggest several conclusions. First, therapist awareness appears to be essential in determining males' preferences of therapist qualities. Second, there is a discrepancy between preferred therapist qualities to which males admit and those they find most satisfactory, with the individual's anxiety level playing a mediating role in his satisfaction ratings. Third, therapist preferences are related to subjects' attitudes toward father figures, and thus might have their roots in childhood. Further investigation into the relationship between various client personality characteristics and satisfaction measures of therapist behavior could help elucidate this theoretical issue and aid in dealing with the practical problem of premature termination from therapy by male clients.

CHAPTER I INTRODUCTION

As a relatively recent entry into the competition for the clinical investigator's interest, the subject of the kinds of behavior the client seeks in a therapist has only been a contender for two decades. Nevertheless, in that brief period of time, the study of client preferences of therapeutic behavior has attracted substantial empirical attention. No doubt part of this attention is due to the fact that measurement of such preferences can be made comparatively simple and straightforward, a major advantage to any problem in psychotherapy research. However, a more important factor probably has been the rising interest in premature client termination, a phenomenon which appears to be related to the client's pre-existing attitudes toward the anticipated therapist (Heine and Trosman, 1960; Heller and Goldstein, 1961; Kumler, 1968). Nonetheless, little success has been achieved in elucidating some of the more basic variables which contribute to the determination of these pre-therapy attitudes. The present investigation will examine the role that two variables related to maturity, i.e. the subject's levels of anxiety and dependency, play in his adoption of a particular attitudinal posture toward an unknown and unseen therapist.

The bulk of the applicable literature tends to be atheoretical and, therefore, little attention has been given to the mode of development of one's preferences of therapist behavior. Yet,

preliminary consideration of how such attitudes might typically originate is useful in understanding the rationale behind one's adoption of attitudes that are seen in adulthood. Especially intriguing to the present investigator is the question of a possible linkage between a prospective client's initial attitudes toward an unknown therapist and his idealistic perceptions of his parents. That such a connection might exist, at least for selected individuals, is suggested by the relevant literature. Therefore, Section I of the following research review will consist of a cursory exploration of possible mechanisms of development of these therapist preferences, and will emphasize Freud's notion of transference, which has stimulated a significant empirical response. This discussion should supply background information useful in studying the issue of client preferences within some semblance of an historical perspective, as well as facilitate consideration of initial client attitudes toward therapists.

From the discussion of the development of therapist preferences, the review will then proceed to their analysis and evaluation. It will commence on a broad scale by attempting to specify the basic types of behavioral orientations available to the therapist, termed "interpersonal" and "personal." These orientations will be examined in the context of two illustrative therapist roles, which will be termed "provider" and "model." It will be suggested that the "provider" role revolves around the therapist-client interaction, while the role of "model" is more a reflection of the therapist's feelings about himself.

Next, several different modalities of therapist behavior will be explored which seem to be illustrative of the above two general roles. It will be suggested that there exists three such modalities ("cognition," "affect" and "activity") which can account for most, if not all, therapist behaviors, and that these modalities apply to both the interpersonal orientation of the "providing" therapist and the "personal" orientation of the "modeling" therapist as well.

The discussion will then turn to the delineation of the major dimensional characteristics of therapist behavior which exemplify the more general modalities mentioned above. It will be these characteristics which will be measured directly in the present investigation.

Consideration finally will be given to the subject variables of anxiety and dependency, which are implicated by the available research as playing an essential role in the determination of an individual's specific pre-disposing attitudes toward, and post-therapy satisfaction with, a therapist. It is believed that by studying such attitudes on this level and in light of existing data pertinent to these variables, inferences can be made relevant to the basic issue of premature client termination in male clients.

CHAPTER II LITERATURE REVIEW

Background Research: Mechanisms of Preference Development

Theoretical Formulations

Freud (1935) was the first clinician to describe a pattern of patient attitudes which did not seem to correlate to the therapist's behavior. He labeled the phenomenon "transference," and portrayed it as a capricious yet essentially passive entity, often insidious but at times painfully obvious in its manifestations. The term itself derived from Freud's belief that the treatment situation itself could not account for the origin of the powerful emotions often directed at the therapist. Rather, he felt that transference represented a pre-existing tendency to respond to the therapist in patterns originally adopted as a means of resolving conflicts with parents. Freud viewed this behavior disposition as essentially benign, and even helpful, so long as its effect was favorable to the work in which the two persons were cooperating. However, he believed that when it becomes transferred into a resistance, attention must be paid to it (Freud, 1935).

A summary of the psychodynamic theory's conception of the origin and characteristics of transference is offered by Crisp (1964b). The patient's initial attitude toward the therapist is typically a composite of feelings termed "positive transference." This reaction is based upon an attitude of idealization, in which the therapist

is viewed as excessively benign, dependable and concerned for the client's welfare. Often associated with this idealization is a dutiful, submissive, hopeful and dependent attitude on the client's behalf. Idealization is seen as being first developed in relation to earlier authoritarian figures, usually the father and/or mother. This attitude is partially the result of a defensive, socializing adjustment by the young child when the expression of his feelings of hostility toward the restraining parent proves unacceptable, and he is punished. Such punishment and criticism, or its anticipation, leads to anxiety associated with suppression or repression of the capacity to respond aggressively. The emerging conscious attitude is idealization, associated with dependency, submission, and a desire to please, which is viewed as a reaction formation against aggressive impulses.

As Crisp (1964b) indicates, such an individual's attitude toward authority figures, including the therapist, is viewed as neurotic and potentially bipolar. If these figures do not respond to his submissive needs and dependent demands, or fulfill the idealized role in some way, then his basic, subconscious feelings of anger may be evoked, leading to the conscious experience of considerable anxiety. When the subconscious hostility does finally erupt in the therapeutic situation, it is termed "negative transference" and serves as a primary target of the therapist's efforts.

Thus, the psychoanalytic conceptualization of transference involves idealization, hostility and dependency on the part of the client. Another element which often looms as an obstacle to

progress in therapy is the patient's sexual feelings for the therapist. However, such feelings usually remain below consciousness until the therapeutic relationship has existed for some time, and therefore are believed to have little effect on the client's initial attitudes.

The views of contemporary writers toward the transference phenomenon have tended to stray from that of traditional psycho-analytical thought, as evidenced by Rollo May's experiential conceptualization. May (1958) believes that the neurotic individual does not transfer feelings he once felt toward his parents to his spouse or therapist. Rather, because of a lack of development beyond the restricted forms of experiencing of infancy, such an individual later comes to perceive spouse or therapist through the same distorted "spectacles" as he once perceived father or mother. May calls for an understanding of the problem in terms of perception and one's relationship to the world, which he believes obviates the necessity of viewing transference in the sense of a displacement of detachable feelings from one object to another.

Although he retains the term "transference" to apply to strongly-held interpersonal attitudes, Apfelbaum (1958) presents an experiential formulation of the development of initial attitudes toward a therapist that is quite similar to that of May (1958). Apfelbaum reasons that when transference is seen as a unitary phenomenon, ever present yet unfolding as a relationship progresses, it then becomes a small step to identify transference with the interpersonal facet of character. Earlier interpersonal attitudes can persist and influence the perception of others in the present,

not because of a compulsion to repeat, as implied in the analytic interpretation, but because they have become an integrated part of the individual's life pattern.

While the essential nature of transference for Freud was passive, for Apfelbaum (1958) it is a complex of attitudes which exhibit a very active character:

. . . 'transference' here refers to relatively inflexibly-held beliefs regarding human nature, that is, the behavior and motives of other persons. These attitudes mould interpersonal experience, creating misperceptions and inappropriate responses to others. (p. 4)

Apfelbaum believes that transference operates within the patient upon his initial contact with the clinic, and does not develop only as therapy proceeds. In this framework, therefore, the patient's "transference attitudes" mediate his initial experiences with the therapist, causing him to misperceive the therapist's behavior in accordance with the nature and strength of the "transference attitudes."

This association between one's attitudes toward parents and therapist was incorporated into an interpersonal theory of personality development proposed by Schutz (1958). This theory hypothesizes the existence of three fundamental, universal needs, known as "inclusion," "control," and "affection." The second major postulate of theory is of special relevance to this study:

An individual's expressed interpersonal behavior will be similar to the behavior he experienced in his earliest interpersonal relations, usually with his parents, in the following way:
Principle of Constancy: When he perceives his adult position in an interpersonal situation to

be similar to his own position in his parent-child relation, his adult behavior positively covaries with his childhood behavior toward his parents (or significant others). (p. 1967)

Schutz effectively avoids the transference issue completely, choosing instead to explain this perceived similarity between parent and therapist in terms of a general developmental task of dealing with adult authority figures. This avoidance of the transference notion illustrates its lack of utility in describing such an attitudinal and behavioral similarity, should one actually exist.

In the presentation of the above theoretical formulations, complexity and completeness have been forsaken for brevity. It is apparent that all share one similarity, in that they hypothesize a relationship between one's attitudes toward parents and those toward other significant adults, particularly a psychotherapist. In the section to follow, it will be observed that even this basic hypothesis is open to question, and that there is little sound empirical evidence to support any of the above theoretical views.

Empirical Research

The "transference hypothesis"

As one might expect, the experimental investigation of client's attitudes toward parents and therapists has proceeded along several lines of study. One of these has had as its focus the evaluation of the question of the existence of transference in the therapeutic domain, although as indicated above, proof of the phenomenon's existence always requires an inference from the data. Perhaps the earliest study of this question, which is often termed the "trans-

ference hypothesis," was conducted by Chance (1952). She began by securing the attitudes expressed toward her as therapist of eight members of a therapy group during the first twelve sessions. These patients' statements were then rated by graduate students as friendly, hostile or ambivalent. Later, the patients, who allegedly no longer remembered having made the statements, rated each one twice: once as it applied to the relationship with their therapist, and once for that with their "significant parent," who was identified prior to the study by examination of individual case information. Chance found significant correlations between the two ratings for five of the eight patients. These data lead the investigator to conclude that many patients assume similar conscious attitudes toward their significant parent and their therapist, resulting in the inference that the patients "transfer" their attitudes from their parents onto the therapist. Of course, this inference was never directly tested.

There is a host of glaring weaknesses in the methodology of Chance's (1952) investigation, three of which are noted by Meltzoff and Kornreich (1970): (1) the proceedings of the group sessions were recorded from memory, (b) the majority of three judges ruled in the final selection of patient statements from an originally larger pool, and (c) the ratings of the therapist were always made prior to the ratings of the patients, leading to the possibility of an order effect. In addition to these problems, two which are more obvious and possibly more important are the small sample size and a possibility of a lack of patient candor in owning their earlier

statements, which were incorporated into the principal instrument of the investigation.

A somewhat different approach to investigating the "transference hypothesis" was taken by Sechrest (1962), who utilized Kelly's Role Construct Repertory Test (Kelly, 1955) to compare patients' attitudes toward their therapist with their views of 15 other significant persons in their lives. The investigator administered the instrument to 28 hospitalized and 11 clinic patients once around the time of the second interview and again around the eleventh interview. Sechrest found that at both points during treatment the therapist was likely to be described as being most similar to the physician, the minister and the liked teacher, and was far less likely to be described as similar to either parent or to a member of the patient's family. Therefore, the patients' reactions to other professional persons whom the therapist was seen as being most like and their reactions to the therapist were very similar. Sechrest concluded that patients' responses to a psychotherapist are often elicited by his most obvious stimulus characteristics, rather than by the patients' early experiences with parents.

The study by Sechrest (1962) has its difficulties, the most problematic of which is the question of experimental demand characteristics. It is not clear whether the subjects were very aware of the range of characteristics they had with which to compare the various persons on the Repertory. Instead, the qualities rated were left to the subjects' discretion. It seems little wonder that they chose the most obvious ones rather than the potentially more

sensitive personality characteristics which might be more closely related to the transference question.

Crisp (1964a, b) adopted a method similar to that of Sechrest (1962), but eliminated the weakness mentioned above. He added 36 personality constructs to a Kelly grid and administered the instrument to several groups of patients and nonpatients varying in social class. Crisp found a modicum of evidence supporting both the existence of a similarity in attitudes toward parent and therapist, as well as the grid method of maintaining a record of changes in patients' attitudes. However, his claim of support for the transference phenomenon, like those of investigators using similar designs, was unfounded in that it was purely inferential.

The final study pertinent to the issue of a possible relationship between one's attitudes toward parent and therapist was conducted by Berzon (1962), and based upon Schutz's interpersonal theory of personality (Schutz, 1958). Berzon used two therapy groups, one of which was predominately female ($N = 13$), the other mostly male ($N = 12$). Both tended to be college-educated and of upper socioeconomic class. Measures included the Perception-of-Parents Behavior Questionnaire, a Perception-of-Others sort to describe other group members, and a Similarity-to-Parents sort. Berzon found that clients did not initiate interaction with fellow clients on the basis of perceived similarity to their more threatening parent, but rather on the basis of their own initiation into the group. The investigator concluded that the ongoing dynamics of group process provided a source of insight into group interaction not usually equalled by the transference perspective.

In summary, the results of the few studies conducted along this line of endeavor indicate that the possibility of an association between the attitudes of an individual toward parents and an unknown therapist is still open to question. Even in the studies reporting positive findings (Chance, 1952; Crisp, 1964a, b), the modest results do not merit the inferential leap necessary to suggest causality, and to thereby support only the mechanism theorized by the "transference hypothesis." Any of the other positions (May, 1958; Schutz, 1958; Apfelbaum, 1958) could also account for the findings.

Attitudinal analysis: essential elements of client attitudes

The second major line of study of client attitudes toward parent and therapist consists of attempts to discover the essential components of attitudes held by the client toward the therapist prior to the first therapeutic encounter. One of the most comprehensive studies along this line of thought is that of Apfelbaum (1958), who secured pre-therapy Q-sorts from 100 college clients indicating their expectations of the therapist. Cluster analysis yielded five clusters, designated by the investigator as A (N = 26), B (N = 18), C (N = 14), AB (N = 12), and D (N = 5). Twenty-five subjects' attitudes did not fall into a cluster, and groups AB and D were dropped, resulting in a loss of 42% of the subjects. Thus, little can be said for the generality of the results of this study. Nevertheless, a more detailed look at the findings might provide a backdrop useful for the examination of other studies.

In his item analysis, Apfelbaum labeled the largest three clusters Nurturant (A), Model (B) and Critic (C). Subjects falling into group A expected a guiding, giving and protective therapist. Subjects in cluster B expected a therapist to be tolerant, accepting, nondirective, and in general, a model of personal adjustment. Those subjects whose responses fell into category C tended to expect the prospective therapist's behavior to be primarily guiding, analytical, aloof and critical. Study of a variety of data (e.g., MMPI profiles, case material, measures of stayingness) indicated that the expectation clusters were apparently associated with strongly-held interpersonal expectations, which were in turn related to general personality functioning and consequently to the subsequent character of the client-therapist relationship.

Further analysis of the data yielded two general dimensions underlying these three types of attitudes. The first was that of warmth-nurturance-protectiveness vs. coldness-indifference-detachment. The other dimension was labelled directiveness vs. nondirectiveness. Apfelbaum viewed these dimensions collectively as basic to the therapist attitudes of at least those subjects of his study who fell into his three highest frequency categories.

The data specifically relevant to the development of similar attitudes toward parent and therapist are gleaned from the personality measures of Apfelbaum's subjects. In brief, the results of these measures and other data on the undergraduate clients utilized in this study were as follows: Subjects whose expectations of the therapist fell into clusters A (Nurturant) or C (Critic) tended to

present lists of problems to the counselor, rather passively anticipating such action to stimulate the counselor's nurturance (group A) or critical appraisal (group C). Such action by group A subjects seemed to occur out of a feeling of weakness, those of group C out of a feeling of wrongness. On the MMPI, C-group subjects shared many of the characteristics and a similar overall level of maladjustment as A-group clients, but were not as self derogating. Neither group expected sympathy or understanding from others. However, the A-group would relish such a response, while the C-group would probably reject it outright. Finally, members of the C-group (mostly males), who expected a critical, detached male therapist, gave indications of having had difficulty in relationships with their fathers during formative years.

On the other hand, those clients who expected a model type of therapist (group B) tended to be generally better adjusted than the other two groups. They felt in much less need of the counselor's help, were less dissatisfied with themselves and others, and had higher scores on ego strength than did members of group A. However, relative to both other groups, group B clients (who tended to be mostly female) tended to be more detached from the counseling relationship and less concerned with their problems. Finally, they openly indicated feelings of closeness with their fathers.

In general, then, both A and C groups were quite concerned about their problems, with those in group A seeking a solution through nurturance and those of group C through criticism. Both groups appeared to have a jaundiced view of the world and were

distrustful of the motives of others. The A clients felt that the counselor would, for reasons of his own, wish to reassure and support them, while the C clients expected that he would, for equally egocentric reasons, wish to tell them what was wrong with them. While these group differences in expectations of therapist behavior were, as Apfelbaum suggested, quite possibly related to the client's relationships with early significant others, the only real clue given was the difficulty C clients reported with their fathers.

While Apfelbaum's data serve as a rich source of information regarding the essential elements of clients' attitudes toward therapists, new and intriguing questions seem to rise Phoenix-like from the ashes of those that have found explanations. For example, if the C-group clients (1) tended to react counteractively to the dependent role of the client, (2) had a history of difficulty with their fathers during childhood, and (3) as adults anticipated an unknown male authority figure to behave critically and insensitively toward them, then the temptation is irresistible to speculate that the attitudes of these adults toward male authority figures is in some way associated with the clients' early experiences with the familial counterpart of that figure, the father. Only the nature of the association would appear to be open to genuine controversy. Those theorists with a stake in proving the transference hypothesis, of course, would conclude from Apfelbaum's evidence that this is a clear case of the transference of relatively hostile feelings from the father to the unknown therapist. However, such a conclusion

is clearly not merited for the elementary reason that association does not prove causality.

A somewhat more conservative view would be taken by theorists such as May (1958) and Apfelbaum (1958) himself, who might conclude that the clients with this kind of anticipatory attitude toward an unseen therapist were basing it upon their presumably unsatisfactory experiences with a similar authority figure at an earlier time. That is, they expect as adults only what they have learned to expect in the past: that a male in a position of power is inclined to be critical, aloof and insensitive toward them. These experientially-inclined theorists would assign responsibility for such attitudes to a kind of developmental insufficiency in interpersonal relationships which continues to influence the individual's attitudes and behavior toward authority figures in the client's adulthood. Thus, once again it is clear that no single theoretical framework accounts for similarities between client perceptions of parents and therapists, to the exclusion of all the others.

A second question arising from Apfelbaum's data which is equally as fascinating as the first is as follows: If the members of the C-group are characterized by the above attributes and attitudes toward their fathers, what about the members of the A-group? Those individuals expected a therapist to be warm and nurturant toward them, much like an over-protective mother. Did these clients, who evidently did not run into major conflicts with their fathers as children, instead have a mother who held the position of authority in the family, and a father who tended to be benign (or perhaps

absent) more than anything else? In order to even begin to answer this question, it would be necessary to obtain some measure of the subjects' feelings toward their mothers, which Apfelbaum does not report.

By contrast, Apfelbaum's B-group, which was largely composed of well-adjusted females, expressed no dissatisfaction with their fathers. Neither did they have unrealistic expectations of the therapist, and the indications were that they were much more detached from treatment than the other two groups. Dependency would not seem to be a major issue for such clients, in light of the evidence, thus raising a final question: Is this group of clients the only one of the three which is not in some way searching for a more satisfying relationship with a parent-figure than they had as children? Is the reason that their anticipated therapist is a model, after whom they can pattern their adult lives, rather than someone who will give them something (either warmth or criticism), due to the fact that they have surmounted that milestone of development which requires severing the cord that bonds the young child to his parents? Apfelbaum's data provide the basic groundwork necessary to ask these questions. The present investigation will seek evidence which may help in find their answers.

Patient Preferences

Basic Therapeutic Roles

In general, analysis of available research seems to support the existence of two primary behavioral postures open to a therapist in fulfilling his function as a facilitator of growth for the client.

These postures, or orientations, may be termed most simply (a) interpersonal and (b) personal, and each reflects to a great extent a different facet of the therapeutic process. Each orientation is frequently illustrated by a therapist who plays a characteristic role, designated below as "provider" (interpersonal) and "model" (personal).

The role of "provider" is that which is frequently brought to mind when one considers the task of the therapist, and its examination necessitates focusing upon the interaction between therapist and client. As will be seen below, the bulk of the research to date deals with various aspects of this therapeutic function.

The role of "model" is somewhat different. Although it might be argued the therapist who engages strictly in modeling behavior is providing the client with a worthwhile experience, the link of giving that is involved in such behavior appears substantially more tenuous than in other ways in which he might give something to, or do something for the client. Indeed, to classify modeling as "providing" behavior seems accurate only to the extent that it is therapeutic, and therefore beneficial to the client. It would appear that the client would have to invest a good deal more effort in receiving the benefits from a therapist who merely models appropriate, mature behavior than from one who actively offers him reinforcement, e.g. warmth, guidance, etc. Thus, the focus in studying the role of model is much more upon the therapist himself, rather than upon the client-therapist interaction, although clearly the client is necessarily involved to some extent. The discussion that follows should elucidate this distinction.

Modalities of therapist providing behavior

Utilizing a quasi cross-cultural approach, Berrick (1970) sampled the therapist expectancies of the heterogeneous population in Hawaii. A Q-sort describing a wide range of possible therapist behaviors was given to 77 subjects representing three "ethnic" groups (Caucasian, Japanese and part-Hawaiian), three levels of social functioning (inpatient, outpatient and nonpatient), and both sexes. Factor analysis of the Q-sort data yielded eight factors which described expected therapist types. One of these was very similar to the "nurturant" type found by Apfelbaum (1958), while two others seemed to be like, but not equivalent to, his "model" and "critic" types. Three more factors appeared to be combinations of two or more of the above, while the last two seemed to be original to Berrick's study.

Lorr (1965) utilized Schutz's principle of constancy (Schutz, 1958) as the theoretical impetus for an investigation of the post-therapy attitudes of 523 VA outpatients. The subjects were asked to rate their former therapists' major personality characteristics and also to judge their own progress in treatment. Analysis of the ratings yielded five factors; "understanding," "accepting" (includes "nurturant"), "authoritarian" (includes "advising," "directive"), "independence-encouraging," and "critical-hostile." The patients' improvement ratings were found to be positively correlated with their perception of the therapist as understanding, accepting, and independence-encouraging, but negatively related to his being seen as authoritarian and critical-hostile.

A comparison of Lorr's factors with those of Apfelbaum (1958) at this point is obligatory. It will be recalled that Apfelbaum also derived five factors from his data on the expectations of his patients. Two of these factors were discarded, possibly for lack of subscription by subjects since they proved to be the least popular factors. Nevertheless, one factor (AB) was subscribed to by only two fewer subjects than the next factor, which was retained. It is assumed that factor AB was labelled such because it shared qualities of factor A (Nurturance) and B (Model), and therefore might actually have been discarded for its lack of discriminative ability relative to the other three major factors. If this reasoning is correct, then a case can be made for the existence of a high degree of congruence between Apfelbaum's factors, derived from patients' expectations of therapists, and Lorr's factors, which described post-treatment patient ratings. More specifically, the description of Apfelbaum's factors A, B, and it is presumed AB, seems to relate closely to that of Lorr's factors of understanding, accepting, and independence-encouraging. Conversely, Apfelbaum's factor C (Critic) can be assumed to be very similar to Lorr's factor of "critical-hostile." Thus, it seems reasonable to conclude that even the dissimilar populations of VA patients and prospective undergraduate counseling clients conceive of psychotherapists from similar perspectives.

More compelling than the similarities between the two sets of specific factors is the congruence in the more basic dimensions upon which all the factors appear to be founded; for closer

scrutiny of the factors of Lorr and Apfelbaum compels the conclusion that those of Apfelbaum reflect two different modalities of therapist behavior, and that all but one of Lorr's five factors logically find a home within one or the other dimension. That is, Apfelbaum's warmth-nurturance-protectiveness vs. coldness-indifference-detachment dimension clearly reflects affective behavior on the part of the therapist, while the directiveness vs. nondirectiveness dimension exemplifies the therapist's level of activity. The factors which Lorr terms "accepting" and "critical-hostile" seem to fit nicely at opposite ends of the affective continuum, while his "authoritarian" and "independence-encouraging" factors fall roughly at opposing ends of the activity continuum.

At this point, one can only wonder about the patterns of transference attitudes given by the 42% of Apfelbaum's subjects that were discarded. Nevertheless, a third basic modality of therapist behavior can be hypothesized which would account for Lorr's fifth factor. This dimension encompasses what might be termed the "cognitive" behavior of the therapist, of which, intellectual understanding of the client's dilemma is a primary facet. Of course, communication of such understanding is a very complex task involving a variety of therapist behaviors; but the ability to comprehend a wide range of client problems, particularly in the same perspective as the client himself, seems largely a function of this modality.

Modalities of therapist modeling behavior

It is apparent from the discussion above that those few studies which attempted to analyze the essential elements of client

preferences also reported findings that were consistent with the notion that another important role of the therapist was that of model. Both Apfelbaum (1958) and Berrick (1970) found evidence to suggest that some clients preferred a therapist who did not act as a provider, but instead, who simply stood as an example of certain behaviors, feelings, values, etc., which appealed to them. Even the findings of Lorr (1965) could be interpreted to provide a small amount of support for this view, to the extent that his factor of "independence-encouraging" is not seen as being actively guiding; for it would seem that independence is a behavior which would be instilled more readily in a client's repertoire by a therapist who modeled independence than by one who chose to actively direct the client toward behaving in an independent manner. Certainly the data of Hutcherson (1967) suggest this hypothesis.

Apfelbaum's study, when compared with those of Lorr (1965) and Berrick (1970), offers the most lucid evidence suggesting a client preference for a modeling therapist as completely separate from a providing one, and only Apfelbaum's data offer a glimpse of the qualities constituting such a model. Apfelbaum states that this kind of therapist is preferred by clients who wish him to be tolerant, accepting, nondirective, and in general, a model of personal adjustment (Apfelbaum, 1958). It is almost as if they want little more than a picture of maturity with which to compare themselves. Implied in this conceptualization of the well-adjusted modeling therapist is a non-defensive, self-secure individual who will neither guide nor direct, and who will be emotionally involved

only as an interested fellow human being, rather than having any semblance of an intense emotional investment in the client. If this list of inferred qualities is scrutinized, as it will be below, it becomes evident that the basic topic under discussion is the therapist as person, i.e. his own self-conception, as reflected in his level of maturity. Thus, it is not really his active nor his affective behavior to which these clients are attracted, but the overall image he projects by simply being himself which they view as being most important. Nevertheless, it will be suggested later that even this modeling behavior, despite its relatively passive nature, also can be analyzed in terms of cognitive, affective and active behaviors.

Dimensions of Therapist Providing Behavior

Utilizing the hypothetical triad of activity, affect and cognition* as its operating framework, the discussion now proceeds to a closer consideration of the major dimensions which appear to have the most empirical support, and which seem to be logically described by these three modalities of therapist providing behavior.

Therapist activity: directiveness vs. nondirectiveness

Because most forms of psychotherapy rely heavily upon the therapist's verbal techniques and abilities, a reasonable measure

*It should be acknowledged at this point that this behavioral triad shares terminology with that used by Krech, Crutchfield and Ballachey (1962) to describe the essential components of attitudes. While it seems reasonable that similar elements should apply to attitudes as well as more general forms of behavior, the usage of identical terminology in this study was coincidental.

of his activity would seem to be his level of verbal directiveness. However, a major difficulty in using this dimension is the large variability in definition of the term. Most investigators appear content to assume there is a general consensus as to which kinds of therapist behaviors constitute directiveness and nondirectiveness, and therefore see no need in specifying these behaviors. The writer has found no such consensus that would meet an acceptable level of reliability. Thus, for the purpose of categorization under the label of "activity," directiveness will be generally gauged by the extent to which the therapist attempts to impose his own structure upon the course and direction of the session, such as through the use of an inquisitive, or perhaps a guiding, approach. Similarly, nondirectiveness will refer to the degree to which he is content to follow rather than lead, and listen rather than inquire or enlighten.

Overall and Aronson (1963) investigated the expectations of therapist behavior held by a sample of 40 outpatients lower in socioeconomic status and educational level than the national average. As predicted, patients who failed to return for the second session were found to have significantly greater discrepancies between their pre-therapy expectations and their view of the initial interview. Most of the discrepancy was accounted for by the therapist being less active, medically-oriented and supportive than they anticipated.

The premature termination phenomenon was also the subject of an earlier study by Heine and Trosman (1960), who administered a patient expectation questionnaire to all new outpatients referred to a clinic

over an eight-week period ($N = 46$). Six weeks were arbitrarily defined as the cutoff in separating continuers from terminators. When length of continuance data were combined with that from the questionnaires, it was found that continuers expected to be active collaborators in their treatment, while terminators tended to expect to passively cooperate with the therapist. In addition, continuers anticipated advice or help from the therapist in changing their behavior, while terminators expected medicine or diagnostic information.

Although it is not necessarily standard practice among writers in this area of study, the present investigation will distinguish between expectations of patients and their preferences, in regard to therapist characteristics. There is some evidence to suggest that such a distinction may be helpful (Klepac, 1969). The studies reviewed thus far in this section have been confined to client expectations. Those that follow will deal also with client preferences, which represent the topic under study.

Garfield and Wolpin (1963) utilized a questionnaire to measure the attitudes toward, and expectations of therapy held by 70 applicants for treatment to a psychiatric institute. The findings of these investigators were similar to those of Heine and Trosman (1960), in that, while a majority of these clients believed that an understanding of oneself was important for therapeutic change, they nevertheless preferred the therapist to spend a substantial amount of time providing them with advice.

The question of the universality of this tendency to expect the prospective therapist to be advice-giving and directive has been the subject of a number of studies other than those discussed above. Hutcherson (1967) had a therapist role-play four therapeutic approaches on audio tape; two represented the high and low conditions of patient responsibility, while the other two represented high and low independence. These conditions reflected the degree to which the therapist encouraged the patient's responsible behavior and whether he assumed a directive or nondirective role. Sixty-four undergraduate male and female students with no therapy experience completed the I-E Scale and the Autonomy Scale of the Omnibus Personality Inventory. They then listened to all four tapes, rating their reactions to the therapist in each. Hutcherson found that the two approaches emphasizing patient responsibility were preferred significantly more than the other two. Therefore, since one of these tapes was directive and the other nondirective, and both were equally preferred, he concluded that responsibility more than independence appeared to be the primary factor determining these subjects' preference; however, it is apparent that therapist directiveness rather than client independence was evaluated.

In an investigation of a similar design, Kumler (1968) obtained the expectations of therapist characteristics from 120 college students and compiled them into an "expectation Q-sort." He then had subjects view eight brief videotapes of role-played therapy in the eight conditions of a 2X2X2 design, in which the therapist's age, directiveness and warmth were manipulated. The results indicated

that the subjects' reactions to the therapist were more favorable if he conformed to their expectations of age and warmth than of directiveness. Like Hutcherson (1967), Kumler found no support for any pervasive effect of the therapist's level of directiveness among a nonclient group of college subjects.

In his investigation of the role of authoritarianism as a patient's personality trait in the therapy situation, Vogel (1961) asked 62 clinic patients to complete the California F Scale and an instrument describing their ideal therapeutic relationship. The investigator found that the patient who possessed authoritarian personality characteristics tended to describe his preferred therapist as directive, paternalistic and nurturant.

Plummer (1966) secured the reactions of 42 male college students waiting to enter into a counseling relationship to films of three different therapists interacting with the same client. Also obtained were measures of the would-be patients' need structures through their responses to the Picture Identification Test. Plummer found that significantly more subjects preferred the therapist who appeared to be independent and controlling, was not nurturant, and who did not attempt to solve the client's problems for him. The investigator concluded that this therapist seemed to fulfill the needs and desires of a majority of the subjects, who were young adult males struggling with the issue of dependency and seeking acceptance as mature individuals. The implication is that the subjects viewed this therapist as a prospective model. Unfortunately, a shadow of doubt is cast upon these findings by a significant order effect of therapist presentation.

Klepac (1969) obtained the Q-sort therapist expectations from 48 college subjects, 24 of whom were expecting a directive therapist, while the other 24 were anticipating a nondirective one. Half of the subjects from each group were interviewed via closed circuit television by a directive therapist, the other half by a nondirective one. All subjects were forced to press a switch at least once per second to continue viewing the therapist on the monitor. This switch-pressing was considered an index of the reinforcing value of the therapist. Subjects also rated their reactions to the therapist by the Barrett-Lennard Relationship Inventory and an original scale consisting of six items.

Klepac found that subjects rated themselves more willing to enter treatment with the therapist who behaved directly than with the nondirective one. Also, the directive therapist induced more switch-pressing behavior in subjects than did his nondirective counterpart. Unfortunately, the sex of the subjects was not specified. Therefore, it is unknown whether or not these results are in accord with those of Reiter (1966), Hagebak and Parker (1969), and Heilbrun (1961b), regarding sex differences in the preferences of subjects for therapist directiveness.

Helweg (1971) presented 77 college students and 77 inpatients a film of the directive techniques of Albert Ellis and the nondirective techniques of Carl Rogers, after which the subjects recorded their preferences. They also completed the Rokeach Dogmatism Scale, Rotter's I-E Scale, the Taylor Manifest Anxiety Scale, and Gordon's Survey of Interpersonal Values. It was found that undergraduates and

patients who stated a preference for the directive approach were more dogmatic and externalized than were those preferring nondirective techniques. Patients choosing the Ellis approach were more anxious and less educated than those preferring the approach of Rogers. Finally, both students and patients preferring the nondirective approach valued independence as a basis for relating to others. This finding is in accord with those of Hutcherson (1967), who implies that patient preferences for independence and for a nondirective therapist are highly correlated.

The issue of the effect of personality differences on clients' preferences of therapist behavior was also the subject of an investigation by Reiter (1966). Two hundred twenty college freshmen were administered the Therapist Behavior Scale, MMPI, Self-Activity Inventory, and the I-E Scale. Analysis of the data indicated that the preference for a directive over a nondirective therapist varied with a host of patient characteristics, including age, sex, ego strength and defensiveness. In general, the less directive therapist was preferred by females who were high in ego strength and in social desirability needs, and low in self/ideal-self discrepancy--in short, by females who would typically be viewed as well-adjusted in this culture. This pattern is reversed for those females preferring the more directive therapist. On the other hand, males as a group tended to prefer the more directive therapist. Those who did not were found to exhibit a higher self/ideal-self discrepancy and less defensiveness than those who expressed a preference for the directive therapist. Reiter concluded that therapist preferences of male

undergraduates were related to the individual's overall level of defensiveness, a conclusion which is supported by Rosen (1967).

Substantial support for Reiter's findings and interpretations for males can be found in the results of a study by Hagebak and Parker (1969). These investigators had 40 male undergraduates who scored high on measures of dominance and 40 scoring low play the role of clients with an assortment of problems, in the process choosing between 32 pairs of high and low resistant client responses following the therapist's statements. The results indicated that nondirective therapist techniques elicited the most "client" resistance and that low dominant subjects offered more resistant responses than high dominant subjects. There was also a significant interaction between type of client problem and the "client's" preference. Nondirective therapist statements were followed by more resistant statements in all client problem areas except academic, the area viewed by subjects as the least severe of all choices.

The results of these last two studies indicate that nonclient undergraduate males appear to prefer the directive over the non-directive approach, especially when their attention is focused upon a problem of any significant severity. Males with such preferences rank higher on measures of defensiveness and lower on measures of self/ideal-self discrepancy than males who prefer less directive techniques. The impression that one receives from these findings is that males preferring the directive approach are perhaps more concerned with appearing adequate and mature, and thereby conforming

to cultural stereotypes, than are those who prefer nondirective techniques. Additional support for this hypothesis comes from Heilbrun (1961b), who found that male and female clients conforming mostly to the cultural model of masculinity or femininity tended to terminate therapy prematurely. For males, such a model included a virtual denial of one's dependency upon others in dealing with personal difficulties, similar to the denial manifested by the male subjects expecting the Critic for a therapist in the study by Apfelbaum (1958).

In summary, several statements appear to be warranted by the literature regarding the role of therapist directiveness in determining a client's preferences and reaction to treatment. It seems fair to conclude that the variable of therapist directiveness has received substantial empirical attention and can be considered the primary general component of the therapist's activity during the treatment session. However, the response this behavior evokes in the client appears to be influenced by several other factors, especially client sex (Reiter, 1966) and variables related to his/her maturity (Vogel, 1961; Hagebak and Parker, 1969). In some cases it is also unclear as to whether the subject's response is due to the therapist's level of directiveness, or to his degree of emotional involvement in his work (Heine and Trosman, 1960; Overall and Aronson, 1963). A confounding of these two variables may be at least partially responsible for the divergent results of Overall and Aronson (1963), Hutcherson (1967) and Hagebak and Parker (1969).

Therapist affect: warmth vs. detachment

In scanning the literature, it quickly becomes apparent that, as intuition would predict, the most popular affective behavior of the anticipated therapist from the client's perspective is that which is often labeled nurturance or warmth. However, like the issue of therapist directiveness, the quality of warmth in a therapist does not seem to be either universally expected or preferred by prospective clients in therapy, although some consistencies do seem to exist.

It is common knowledge that Carl Rogers was one of the first to publicly defend certain types of emotional responsivity on the part of the therapist toward the client. Indeed, his classic paper on the "necessary and sufficient conditions of therapeutic personality change" (Rogers, 1957) posited that significant positive alteration of client behavior in the absence of the predominately affective qualities of genuineness, empathy and unconditional positive regard was quite unlikely to occur. Several of Rogers' colleagues helped contribute two more factors--non-possessive warmth and the willingness to be known--which they believed deserved to be placed on that list (Truax and Carkhuff, 1967). Again, it will be noted that the first of these qualities is affective in nature (warmth), and, in fact, the one to which most clients and nonclient subjects alike seem to allude in their statements of satisfaction with and preferences for therapist behavior.

Rogers and his collaborators are by no means alone in their belief that the effective and desirable therapist is the one who, all other things being equal, adequately communicates his feeling for the client. Grater, Kell and Morse (1961) assume that anyone who is genuinely interested in psychotherapy as a profession will have nurturance as a basic need; otherwise, according to these writers, that individual will be unlikely to attain true satisfaction in his clinical work. This view is echoed by Schofield (1970), who convincingly argues that the warmth and concern which is communicated by the therapist to the client is of paramount importance in enabling that individual to engage in meaningful self-disclosure, and thus to be able to ignore the formalities of customary social roles. The lack of these therapist qualities apparently would be conducive to a more business-like atmosphere, which in Schofield's view, would result in less progress in treatment.

Evidence that clients expect their therapist to be nurturant and/or warm derives principally from two studies. Since they have both been described in more detail in the foregoing discussion, only brief mention need be made of them here. Apfelbaum (1958) found that his sample of 100 male undergraduates who were awaiting assignment to counselors were inclined to expect three kinds of therapists. That type expected by the largest number of clients (26%) was termed the "Nurturant" therapist, because the descriptions given him by the clients corresponded most closely to such a label. In an attempt to replicate this study for a cross-cultural sample of subjects from Hawaii, Berrick (1970) was only able to find

partial support for all of Apfelbaum's three therapist types. However, the one type she discovered which was most clearly related to Apfelbaum's categories was the "Nurturant" type of therapist.

The vast majority of investigations relevant to the subject of therapist nurturance and warmth are based upon patient preferences rather than expectations of therapist behavior. Hiler (1958) conducted one of the earliest of such studies in an attempt to analyze patient-therapist compatibility. The experimental method involved relating the number of responses given by a patient on the Rorschach to the length of his stay in therapy. Hiler's data indicated that those therapists rated as most warm and friendly by three staff psychologists tended to retain in treatment a larger percentage of "unproductive" patients (on the Rorschach) than those therapists who were rated as least warm and friendly.

It is obvious that the study by Hiler (1958) is open to criticism from several quarters. First, it appears that there was a confounding of the variables of therapist sex and warmth, in that female therapists retained more of the patients who were rated "unproductive" on the Rorschach than did males. Second, Hiler chose a rather large, arbitrary number of interviews (20) as the cutoff for distinguishing between continuers and terminators. Finally, the selection of the total number of responses given on the Rorschach, although popular during the time period in which this study was conducted, can certainly be questioned as an adequate measure of the predicted productivity of a client in therapy. Taken together, these difficulties substantially weaken Hiler's findings and inferences.

For all of its weaknesses, however, the early investigation by Hiler is helpful to the purposes of the present study in that it provides a glint of a phenomenon of which Hiler himself seemed to be aware, but one which he did not pursue. The issue in question is a possible relationship between the status of male client and the preference for a warm or nurturant therapist. The existence of such a relationship was suggested by Apfelbaum (1958), although his experimental design was not really adequate to subject it to viable test. Nevertheless, it will be recalled that 26% of Apfelbaum's clients, most of whom were male, reported expectations of being assigned to a nurturant male therapist. In addition, it was concluded from a wealth of clinical evidence that it was this same group of clients which tended to have significant difficulty with feelings of helplessness, which were accompanied by a yearning for a role in which they could be dependent in a relatively passive manner upon the therapist for support, rather than actively become engaged in finding a solution for their own problems. Finally, it was noted that these clients eventually remained in counseling for a protracted length of time, compared to the other two client groups, in the absence of a corresponding increase in positive therapeutic movement.

Support for this hypothesis comes from a variety of studies, several of which have been described more completely in the previous section. Overall and Aronson (1963), in their investigation of the expectations and termination rates of patients belonging to the lower socioeconomic class, found that compared to those patients

who failed to return to the clinic following the initial interview, continuers exhibited less discrepancy between their pre-therapy expectations and their subsequent rating of the first interview. One of the categories in which there was most discrepancy for terminators was that of therapist level of supportiveness. That is, less emotional support was forthcoming from the therapist than the patient had anticipated prior to the session. The obvious implication is that those patients who did not return chose not to do so because they were disenchanted with the relatively "cold" therapist they had encountered.

Feifel and Eells (1963) analyzed the responses to an open-ended questionnaire of 63 ex-patients of a VA clinic at the close of therapy. The investigators found that these ex-patients emphasized the importance to them of having had the opportunity to talk over problems and of the "human" characteristics of the therapist. Conversely, major detrimental effects noted by these ex-patients were the therapist's expression of irritation, anger and boredom--all emotional responses generally not associated with warmth and nurturance. A follow-up study four years later yielded a suggestion by these ex-patients that the therapists try to increase their communications of warmth and interest for the patient.

In a similarly-designed study, Lorr (1965) surveyed the attitudes of VA outpatients toward their therapists. One of the five resultant factors was an attitude of "acceptance," which included expressed feelings of interest and nurturance on the part of the therapist. This accepting attitude was also viewed by the patients as being positively related to their improvement in therapy.

One of the major limitations of studies such as those of Feifel and Eells (1963) and Lorr (1965) is that little is known of the personality characteristics of the patient respondents. Wallach (1962) attempted to circumvent this limitation by correlating the therapist preferences of a large sample ($N = 216$) of predominately (90%) male college students with their scores on the F Scale, a measure of authoritarianism. Wallach presented the subjects with written descriptions of the major personality qualities of the three types of therapists found by Apfelbaum (1958), and found that 82% of the subjects preferred the "Critic," while only 16% chose the "Nurturant" type. Further, those subjects choosing either the "Nurturant" or the "Model" therapist scored higher on authoritarianism than those choosing the "Critic."

The findings of Wallach (1962) support the hypothesis that males with adjustment difficulties tend to prefer nurturant therapists for several reasons. First, the subjects utilized were all nonpatients; Therefore, relatively few would be expected to be experiencing significant personal difficulties, and the majority would not likely be quick to indicate their desires for a nurturant therapist even if they had them. Second, those who did indicate such a preference also tended to score high on authoritarianism, suggesting some problem in dealing with authority figures, and possibly a tendency to assume a passive-dependent posture toward them. This explanation also seems to be quite in line with the findings and conclusions of Apfelbaum (1958). Finally, Wallach's description of the Critic emphasized client autonomy and personal

responsibility, qualities highly valued by healthy college males (Hutcherson, 1967).

In another study very similar to that of Wallach, Vogel (1961) administered the F Scale and an original instrument designed to gauge the individual's preferred therapeutic relationship to two samples of outpatients. One group was composed of college students seeking counseling at a university counseling center, while the other was a heterogeneous group of outpatients from the surrounding community. Both sexes were represented equally in each sample. Like Wallach (1962), Vogel found a significant relationship between patient authoritarianism and preference for a nurturant therapist, but for only the community clinic patients. No such correlation was found for the student group, possibly because of differential responsiveness of the younger women in the student group on the measure of authoritarianism compared to their older counterparts in the other group (Reiter, 1966).

A study which does not seem to support the hypothesis in question is that of Plummer (1966), whose male college clients tended to prefer a counselor high in the qualities of autonomy, exhibition and rejection, and low in nurturance. In general, these students apparently preferred a counselor after whom they could pattern their own behavior, rather than one who would just provide them with warm support. However, several weaknesses in the investigative method tend to undermine the validity of these findings, particularly the observation of an order effect of therapist presentation.

Two final investigations are relevant to this topic. Kumler (1968) found that the reactions of a sample of nonclient college students were more favorable to a therapist if he conformed to their expectations of age and, more importantly, warmth. Similarly, Greenberg (1969) reported that male and female student subjects who were made to believe that a therapist was either warm or experienced, as opposed to cold and inexperienced, were more attracted to him, more receptive to his influence, and evaluated his work more positively. Further, those told that he was warm were more willing to meet with him and were more easily persuaded by his communications. Again, it should be noted that in the study by Kumler (1968), subject sex was unspecified, but presumably males and females were included.

In summary, another major dimension of therapist behavior which appears to be of substantial importance to many clients and non-client subjects alike is that involving therapist affect. For the general client population, a therapist who manifests qualities related to interpersonal warmth or nurturance is usually preferred to one who is lacking in such qualities (Overall and Aronson, 1963; Feifel and Eells, 1963; Lorr, 1965). The warm, nurturant therapist is most often preferred by persons, usually males, either engaged in or preparing to engage in a psychotherapeutic relationship (Apfelbaum 1958; Feifel and Eells, 1963). In addition, nonclient college students of both sexes also tended to express a preference for a warm therapist (Kumler, 1968; Greenberg, 1969). Nevertheless, there is some evidence to suggest that as a group, nonclient college

students--especially males--would rather have a therapist who emphasizes the client's autonomy and responsibility, even if it is in a critical manner, than one who primarily exudes warmth and positive feelings (Wallach, 1962). As the discussion below will suggest, the principal mediating variable appears to be related to the subject's sex and level of maturity, particularly his relative success in coping with the issues of personal adequacy and dependency.

Therapist cognition: awareness vs. non-awareness

Relatively little research has been conducted in the area of client expectations and preferences of the therapist's "cognitive" behavior. A reason for the dearth of such evidence has already been mentioned, namely the fact that investigators have not attempted to separate the major dimensions of therapist behavior into such categories as those used in the present study.

Two notable investigations do not mention evidence of specific client expectations regarding the therapist's cognitive characteristics. Apfelbaum's (1958) data from the expectations of male college clients yielded only two dimensions, involving therapist warmth and directiveness. Vogel (1961) reported that his authoritarian clients preferred a therapist who was directive, paternalistic and nurturant. None of these qualities seem to have their locus in strictly cognitive behavior.

The study of Lorr (1965), however, yielded different results. It will be recalled that he asked clients to complete questionnaires describing their therapists, and to rate their own improvement in treatment. One of the five factors found in the analysis of the

descriptions was "understanding," a quality which can be viewed as illustrative of an experienced therapist's cognitive abilities.

Just one other study was found in the literature supporting the notion that clients have preferences regarding a cognitive modality of therapist behavior. In his investigation of the preferences and expectancies of therapist age and sex, Boulware (1969) reported that the most important single determinant of the preferences of undergraduate students was their expectancy about the therapist's ability to understand their problem. Taken out of the context of the present discussion, this statement would probably merit scant attention by the reader. However, the fact that only two studies in the area even mention the importance to the client of a therapist's cognitive characteristics--specifically the quality of understanding--makes one wonder if perhaps this sphere of therapist behavior is usually taken for granted, and consequently has been treated as a non-issue by investigators of the subject.

Clearly, there is a semantic difficulty with the term "understanding." The verb "understand" denotes intellectual comprehension of a problem or event, and therefore, as an intellectual quality, is void of any affective meaning. However, the adjective and noun forms of the term, i.e. "understanding," have a connotative meaning of tolerance or sympathy with another's situation or condition. Thus, they connote affect. While Lorr (1965) and Boulware (1969) do not attempt to distinguish between these two meanings in their discussion of therapist understanding, it is apparent that such a

distinction must be made in the present investigation so that this therapist characteristic, which is typically ignored despite its heuristic promise, can be meaningfully evaluated. Because this topic is vital to the purpose of the present study, it will receive further elaboration in a later section.

Dimensions of Therapist Modeling Behavior

Competence

In an earlier subsection of this review, it was noted that there was research which suggested that some prospective clients prefer a therapist not to behave in a particularly active manner so much as they just want him to "be." More specifically, they appear to wish him to be a model of positive adjustment, or personal maturity (Apfelbaum, 1958). Because maturity is such an elusive, value-laden construct requiring scrutiny if it is to be useful in an empirical endeavor, attention will now be given to this subject within the context of psychotherapeutic behavior. An exhaustive review of the body of literature devoted to the area of personality adjustment, psychological maturity, self-actualization, etc., will not be attempted, however.

There are those who would say that the premier characteristic of personality maturity is that which is most commonly termed "competence," a quality which has received a fair amount of attention among researchers in this area. Havelick and Vane (1974) studied the imitative behavior of 188 fifth- and sixth-grade children in response to models of two conditions of competency. The investigators found that the high competency model was imitated significantly

more than the less competent one, and that children with below-average achievement records imitated significantly more than their peers with better records. These findings are supported by those of Strichart (1974), who also found a main effect of model competence in a comparison study of retarded and nonretarded adolescents.

In addition, Strichart found that less competent subjects exhibited more imitative behavior than their more competent peers, which also follows from the findings of Havelick and Vane (1974). Similar results attesting to the general importance of competency to the model's repertoire come from studies by Shepherd-Look (1972), who used graduate students and professional psychologists as subjects, and by Schuh (1971), who noted that the effect of model competency applied only to the females among her group of preschool subjects.

Several investigative efforts have been directed at the basic subject variables associated with a preference for a competent model. Utilizing undergraduate subjects, Goldman and Olczak (1975) found a negative relationship between one's overall level of "psychosocial maturity" and one's fear of appearing incompetent. Similarly, Melnick and Pierce (1971) found that undergraduates in counseling relationships who had pervading feelings of weakness and helplessness tended to overestimate their counselor's competence and strength. Both of these studies, coupled with those of Strichart (1974), Schuh (1971) and Shepherd-Look (1972), tend to support White's contention that personality maturity is directly related to one's feelings of competence (White, 1960).

Autonomy

A personality quality of equivalent importance as competence to the concept of maturity is independence, perhaps more aptly termed "autonomy." Indeed, there are those who would measure one's maturity entirely in terms of one's ability to be self-reliant, which is to say, autonomous (Wijngaarden, 1968). Nevertheless, most writers appear to be in agreement with Smitson (1974), who believes that the ability to take charge of one's life and to arrive at a relatively successful resolution of the developmental conflict between dependency and independence is at least a necessary, if not sufficient, condition of maturity. Lending support to this position is a study by Tewari and Tewari (1968). These investigators compared thirteen "highly adjusted" college subjects with thirteen "highly maladjusted" peers on a variety of personality measures, and found that the well-adjusted group exhibited signs of a stronger superego, higher ego strength and more autonomy relative to their poorly adjusted peers.

Not all writers view autonomy in such simplistic terms, however. Rosen (1972) contends that neither dependency nor independence are enviable goals in themselves, but instead represent two poles on a continuum of interdependence, which is the most adaptive condition. Indeed, this seems roughly equivalent to Wijngaarden's position, for his definition of maturity is a state of spiritual self-reliance within the unavoidable dependency in which one lives (Wijngaarden, 1968). A logical developmental sequence could thus be hypothesized that would begin with dependency in childhood, progress with a solid

effort at independence in late adolescence, and eventually settle into an awareness of one's own strengths and a willingness to utilize them when desirable and appropriate for preservation and enhancement of the self.

Self-confidence

A necessary ingredient to the development of autonomy which is at least implicitly suggested by most articles reviewed is a feeling of self-esteem or self-confidence. One such investigation is that of Tippet and Silber (1966), who analyzed the methods used by well-adjusted and poorly-adjusted undergraduates to handle information discordant with their self-concept. The investigators found that the healthier subjects responded much more selectively in their assimilation of information contradictory with their self-image, but yet were more open to such input within this selective range, compared to the less healthy subjects. Despite being given information potentially threatening to their self-concepts, the healthier subjects were nonetheless able to maintain a high sense of self-esteem, relative to their less healthy peers. It will be recalled that Melnick and Pierce (1971) found that clients who perceived themselves as weak and dependent, not surprisingly had a low sense of self-esteem, and tended to idealize their therapist in terms of these qualities they lacked. Similar findings for nonclients were noted by Cox and Thoreson (1977).

The preceding discussion has attempted to delineate the essential features of maturity, noting in the process three related yet distinct characteristics. These have been termed competence, autonomy and

self-confidence. It seems apparent that despite the passive nature of these qualities when compared to those of a "providing" therapist, discussed above, the basic behavioral framework would appear to apply to the personally-oriented "model" therapist as well. Specifically, competence and autonomy rather easily fit under the heading of the model therapist's "active" behavior, reflecting characteristic, though passive, dispositions in his therapeutic, and probably his everyday, behavior. That is, such a therapist, in order to be considered mature by the present definition, would model competence and autonomy in his interaction with the client.

The reader might recall that the second basic modality of an interpersonally-oriented therapist's behavior was "affect." Intuitively, one would expect a personally-oriented therapist also to exhibit some consistency in his affective behavior, although it would not be provided primarily for the client's benefit. In view of the foregoing discussion, the mature model therapist's dominant affect would be self-confidence, self-security or self-esteem. All of these terms seem to share the same essential meaning, which is a positive feeling about oneself. This feeling probably is communicated via a calm, relaxed demeanor as well as in a variety of other subtle ways; however the affect is communicated, the message the client receives is that here is a person who feels about himself the way that he (the client) would like to feel. As a result of being exposed to such a therapist, the client is probably inclined to become hopeful that he might eventually come to feel the same way about himself.

As was the case with the "cognitive" modality of the interpersonal therapist's behavior, there is a paucity of research attesting to the importance of this specific form of behavior in the personal therapist as well. Nevertheless, it is believed that implicit in most formulations of maturity (e.g. Smitson, 1974; Tippet and Silber, 1966) is the self-awareness factor, the knowledge of one's strengths and weaknesses which help form the basis of the capability and self-confidence projected by the mature individual. Likewise, for the personally-oriented therapist this capacity for self-understanding and self-evaluation could be viewed as essential to his being perceived as mature and effective by the client.

Independent Variables: Client Maturity, Dependency and Sex

The discussion thus far has focused upon the basic forms which the client's preferences for a therapist tend to assume, namely in terms of active, affective and cognitive behavior. It is believed that the major share of the evidence to date supports the hypothesizing of several primary client variables which help to determine these preferences, and these will now be discussed.

Maturity and dependency

The components of maturity discussed above for therapists also apply to clients as well as nonclient subjects. The literature already reviewed suggests that clients seem to have more difficulty than most in dealing with their dependency needs, which may help explain why they become clients in the first place (Alexander and Abeles, 1969); and it seems evident that generally, difficulty in dealing with dependency belies a more basic concern with one's own

competence as a person, and implies the existence of feelings of inadequacy and low self-confidence (Tewari and Tewari, 1968; Wijngaarden, 1968; Rosen, 1972; Smitson, 1974; White, 1960; Saccuzzo, 1975; and Cox and Thoreson, 1977).

Helweg (1971) found evidence supporting the notion that a client's desires to feel independent and his preferences for a nondirective therapist are highly correlated. Helweg's results indicated that nonclient college students and psychiatric inpatients preferring the nondirective approach tended to value independence as a basis for relating to others. In accord with these findings are those of Lorr (1965), who reported that his sample of VA patients viewed their improvement in therapy as being positively related to the therapist's behaving in an "independence-encouraging" manner, and negatively related to his behaving authoritatively.

In general, the evidence suggests that clients like to feel they are becoming independent, even if reality indicates otherwise (Heller and Goldstein, 1961), and will react positively to a therapist who promotes this feeling (Lorr, 1965). Nevertheless, they also require a therapist who accepts their dependent behavior, at least during the early phases of treatment. Support for this generalization comes from Winder et al. (1962) who found that clients engaged in therapy were more likely to return if the therapist reinforced their expressions of dependency than if he did not.

It will be recalled that Hutcherson (1967) attempted to assess the importance of feelings of responsibility and independence to undergraduates. He hypothesized that for these subjects, the desire

for personal responsibility seems to be more important than independence in determining therapist preferences. He concluded that a subject prefers a therapist who makes him feel responsible for finding and implementing solutions to his difficulties over one who assumes that responsibility himself. However, Hutcherson's design and findings were such that he is unable to rule out the possibility that dependency needs determine one's therapist preferences.

Sex

Some rather consistent relationships between personality characteristics and early termination from therapy have been noted within sexes. Heilbrun (1961b) concluded from his study of 71 college clients that the individual who conforms most closely to the expected cultural sexual stereotype tends to terminate early. Thus, the male who remains is likely to appear more feminine, and the continuing female more masculine, than their nonstaying peers.

Heilbrun (1961a) also found that males who remained in counseling for six sessions were more deferent and self-abasing, and lower on autonomy and dominance, than were those who terminated. This pattern suggested that staying males were more immature and inadequate, and indicated a problem with dependency. Females who remained in counseling also were more dependent than those who did not, but only if their counselors were average or below average in dominance. With highly dominant counselors, more independent females tended to stay while more dependent ones did not. Heilbrun explained that independent females warm to acting responsible for their treatment, while dependent ones wait for their counselor to give them a "cure."

The manner in which the counselor initially responds to these client expectations and dependency needs determines whether the female client continues or terminates counseling. For males, the counselor's response seems less important than is the strength of the client's dependency needs. He will remain in counseling if these needs make leaving appear intolerable, and quit if they do not.

An explanation for this differential responsivity of males and females to counselor behavior can be found in several other studies. It will be recalled that Apfelbaum (1958) reported that the two predominately male groups of clients in his investigation exhibited more elevated MMPI profiles and generally poorer patterns of personal adjustment than did the predominately female group. In addition, both of the male dominated groups showed evidence of substantial difficulty in handling their dependency needs. Those tending to deal with the problem passively scored higher on measures of stayingness (in treatment) than did those handling it counteractively. Apfelbaum concluded that mildly troubled women may feel freer to seek help than do men of the same level of maladjustment, which accounts for the higher frequency of females in the cluster B group of his study. It may also help explain why women tend to outnumber men as outpatients, while men outnumber women as inpatients.

Alexander and Abeles (1969) supported Apfelbaum's contention with their finding that male clients had more T scores above 70 on the MMPI than their nonclient norm groups, and also scored higher on the Mf scale, as Helibrun (1961b) would predict. Van Atta

(1968) may be correct in assuming that, rather than being less defensive and more open as some have concluded (Reiter, 1966), males who remain in therapy may be less strongly defended than early terminators. Some evidence will be shed on this notion by the present study.

Summary and Implications

Summary

The intent of this review was to begin on a broad scale and progressively narrow down the discussion to consideration of specific variables essential to predicting individual therapist preferences. The first section focused upon background research relevant to the origin of client preferences of therapist behavior. The treatment of this topic included a discussion of several hypothetical frameworks which have implications for the development of these preferences, as well as a review of the empirical evidence which must serve as the foundation for study of the prediction of these attitudes. It was concluded that all four formulations assumed a relationship between one's early experiences with adult authority figures (usually parents) and one's later therapist preferences. However, the scant research available relevant to this issue offered little solid evidence to support the existence of such a relationship. Nevertheless, there were data to suggest that individuals differing on a variety of characteristics still tended to share basic similarities in their perceptions and preferences of therapists.

The discussion then turned to a more thorough consideration of the general perspectives from which clients view therapists. A

basically dyadic framework was proposed that would seem to account for the primary types of behavior clients tend to value in a therapist. These two behavioral roles were categorized generally as "providing" and "modeling," and were seen as reflecting an interpersonal and a personal orientation respectively by the therapist.

These two behavioral roles were further explored, and each was broken down into three hypothetical modes of behavior labeled therapist activity, affect and cognition. It was observed that only the third member of this triad lacked a wealth of empirical evaluation, and that its heuristic promise merited attention in the present investigation.

The next section of the review proceeded to the delineation of the specific dimensions which research seemed to support as being illustrative of the active, affective and cognitive modes of therapist "providing" behavior. These dimensions were respectively, directiveness vs. nondirectiveness, warmth vs. detachment, and high awareness vs. low awareness. It was concluded that (a) the degree of directiveness offered by a therapist typically evokes a response from the client, the type and strength of which often varies with several other factors, including sex and level of maturity of the client; (b) male clients in particular tend to prefer a therapist who exhibits some evidence of affective warmth or positive regard toward them; however, some nonclient groups--notably undergraduate males--would rather have the therapist be fairly detached and even critical of them. a finding which again suggests the importance of client maturity level in determining

such preferences; and (c) the cognitive mode of therapist behavior, i.e. awareness or intellectual understanding, has received little empirical attention.

The succeeding section was addressed to the analysis of maturity as a therapeutic behavior, and it was concluded that the three primary modalities of a therapist's repertoire, i.e. activity, affect and cognition, could be exemplified by four essential qualities: competence and autonomy (activity), self-confidence (affect), and Self-awareness (cognition). It is believed that these characteristics comprise the principal therapist qualities desired by those clients who are inclined to prefer a therapist to act as a model. The present study will attempt to test the applicability of this belief to nonclient college subjects.

Because the literature suggested that client preferences regarding both directiveness and warmth vary with the sex and maturity of the individual, these factors were discussed as essential to the determination of the client's preferences. It was concluded that the sex of the client appears to operate primarily in helping him/her decide whether to seek therapy, and thus be compelled to accept his/her inability to cope with personal difficulties independently. Presumably, the differential cultural expectations of the sexes regarding dependency are responsible for the hesitancy by males to seek such help unless or until their problems seem nearly overwhelming, while females tend to be less reticent to accept the role of client along with its dependent overtones. Thus, the importance of the sex variable is viewed

Figure 3.1. Conceptual chart: Basic behavioral orientations and illustrative roles, modalities and characteristics of therapists.

Legend: Aff = Affect; Act = Activity; Cog = Cognition; Warm = Warmth; Direct = Directiveness; Aware = Awareness; Self-Con = Self-Confidence; Self-Aware = Self-Awareness; Comp = Competence; Auto = Autonomy; Indepen = Independence.

as relative to the basic issue of maturity, especially the dependency component.

Implications

It will be recalled that in their study of the male undergraduate's resistance to directive and nondirective therapist techniques, Hagebak and Parker (1969) found that the nondirective approach elicited more resistance, particularly from low dominance subjects, than did the directive approach. If it is assumed that at least some males high in dominance will defend against their dependency needs in accordance with the cultural sexual mandate, and that therefore they will not remain clients very long or even become clients in the first place, then it is a simple matter to fit these findings in with those of Helibrun (1961a, b) and Reiter (1966). The resulting implication is that male client and non-client subjects alike probably can be grouped into three categories, determined by their level of maturity and the general way in which they handle the dependent role. The first group includes those rather inadequate-appearing individuals who respond passively to such a role. These males would likely be low in both maturity and autonomy, would remain in a counseling relationship for some time once engaged, and would be expected to prefer a "providing" type of therapist, who would act at least moderately nurturant (Apfelbaum, 1958; Feifel and Eells, 1963). Finally, it is this group of individuals who would be expected to hold similar attitudes toward ideal parent and therapist.

The second cluster of males appears to cope with dependency differently, in a manner to which Apfelbaum refers as "counter-actively." In a sense, such males seem to rebel at being placed in a dependent role, and will travel some lengths to avoid it entirely. This group is likely to seem defensive and high in autonomy, although the maturity level of these subjects would be expected to be rather low. It is anticipated that these individuals would prefer a "providing" therapist whose approach may be directive and who conducts therapy in a business-like manner (Apfelbaum, 1958); or they may wish him to be relatively non-directive, and to emphasize their responsibility and autonomy (Plummer, 1966). However, they probably would not desire him to exude warmth, acceptance and nurturance, and may well prefer him to be critical of them when it is at all appropriate (Apfelbaum, 1958; Plummer, 1966). If there is evidence of a similarity in these individuals' attitudes toward ideal parent and therapist, the qualities shared are likely to be largely negative.

The third group of males is likely to be fairly high in both their level of maturity and autonomy. Probably few such individuals would likely be found in therapy for any great length of time because they already possess the basic skills to successfully handle most problems of living. It is presumed that these persons would prefer a "modeling" therapist with whom to compare themselves, as described earlier. It is also hypothesized that there would only be a moderate similarity in their attitudes toward the ideal parent and therapist.

In general, nonclient undergraduates are assumed to be moderately well-adjusted and not to be extremely concerned with the therapist characteristic of activity, that is, his level of directiveness. More important to them would seem to be the issues of therapist affect and cognition. The therapist's dominant affect must be warmth, in that he must communicate that he at least cares what happens to them. However, the evidence does not suggest that his expression of warmth needs to be exorbitant for these subjects.

Although the data are sparse, the indications are that for most individuals the therapist must communicate that he understands the problems and feelings they bring to him, and that he has an idea of how to handle them. Thus, he must exhibit an air of competence, which for subjects high in maturity and autonomy at least, may be sufficient to facilitate growth. As noted earlier, understanding is a complex variable, and to denote true competence in a provider therapist, it probably should be manifested in an intuitive awareness of the client's verbal and nonverbal communications. Such awareness would be expected to be possessed by the model therapist, although his focus would largely be turned inward, as self-awareness. It is the present investigator's belief that this cognitive quality of "knowing," more than any variable related to activity or affect, defines the therapist's competence in the eyes of the client, and therefore will heavily influence the therapist's effectiveness within the therapeutic domain.

Logically, this notion makes sense in terms of the stage of development in which these individuals tend to fall. Becoming

heavily involved for the first time in roles requiring self-sufficiency and independent efforts, it is not surprising that for them, dependency is an issue; for they are struggling to various degrees to feel competent in a number of roles as a means of feeling more adequate in general. Thus, the basic issue can be inferred as that of adequacy, or maturity, which entails the confident feeling of being able to cope well. Thus, a therapist should be respected and accepted as a positive model to the extent that he exhibits this maturity (Lorr, 1965; Hutcherson, 1967; Strichart, 1974).

Hypotheses

Therapist Preferences

The logical first question about which predictions should be made concerns the stated preferences of the subjects, and simply asks, what are the important qualities that undergraduate males admit to seeking in a therapist? It was noted that the literature supports the thesis that client and nonclient subjects in general tend to consider important at least two, and perhaps three basic modalities of therapist behavior, which were termed activity, affect and cognition. Thus, the three hypotheses related to the question of the essential qualities valued by subjects will be framed in this perspective, although in reverse order, and data testing these hypotheses will derive from the ISORS ratings.

Hypothesis Ia (1) - cognition

In general, the "ideal therapist" will be described as being high in the skills of both an interpersonal and a personal nature, and thus, he will be seen as "intuitive" and "self-aware."

The issue implicit in this hypothesis is the believed importance to the prospective client of the therapist's ability to thoroughly understand the client's problems, which may obtain through a solid awareness of himself. Although these adjectives reflect the therapist's understanding of the situation, and despite the fact that the quality of understanding has some empirical support (Boulware, 1969; Lorr, 1965), the term itself will not be offered to the subjects, nor will it be used by the raters of the taped therapy segments because of the semantic difficulties noted earlier. In its place will be used the terms "intuitive" and "self-aware" on the ISORS for the subjects and "awareness" in the instructions for the raters of the tapes.

Hypothesis Ia (2) - affect

In general, the "ideal therapist" will be described as being moderate in interpersonal affect ("warm") and high in personal affect ("self-confidence").

It is assumed that these nonclient subjects will neither require the high degree of nurturance some clients prefer nor will they completely reject any semblance of warmth on the part of a therapist as do some client groups (Kumler, 1968; Greenberg, 1969; Plummer, 1966; Apfelbaum, 1958). It is anticipated that nonclient subjects on the whole will be more concerned with a positive feeling derived from an internal rather than an external source.

Hypothesis Ia (3) - activity

In general, the "ideal therapist" will be described as moderate in interpersonal activity and high in personal activity, thus

being seen as only somewhat "advising/guiding" but fairly "independent."

The data on this topic are neither plentiful nor consistent for nonclient undergraduates. Nevertheless, some evidence in its favor can be obtained from the findings of Hagebak and Parker (1969) and Helweg (1971). The assumption underlying this hypothesis is that this population of subjects is relatively well-adjusted compared to that of clients in therapy, and therefore, will value independence (Helweg, 1971) and responsibility (Hutcherson, 1967), thus tending to make the nondirective therapist most appealing to them.

The second question about which predictions will be made is the companion of the first, and concerns the subjects' satisfaction ratings of the taped therapists, asking, What are the important general qualities that nonclient undergraduates actually prefer in a therapist? Because of a possibility of a discrepancy between the qualities which subjects say they prefer and those to which they respond positively on a more unobtrusive measure, it is necessary to assess the subjects' preferences in more of an indirect manner. Although it was not possible in the present design to guarantee in the tapes equally high levels of the specific characteristics listed on the ISORS, it is believed that the subjects' ratings of the general dimensions of awareness, warmth and directiveness can be inferred from those characteristics on the ISORS and compared with the satisfaction ratings of the general dimensions on the CRQ. The hypotheses to be evaluated are as follows:

Hypothesis Ib (1)

The "interpersonally-oriented" therapists rated by judges as offering high awareness will receive higher satisfaction ratings by the subjects as a group than will those therapists offering high warmth or high directiveness.

This reasoning derives primarily from the findings of Lorr (1965) and Boulware (1969), which suggested the importance of therapist understanding to clients. However, in both studies "understanding" was ill-defined, and no attempt was made to distinguish between the term's denoted intellectual and connoted affective meanings, as explained earlier. Thus, in the present study "awareness" refers to the therapist's capacity for intellectual and non-intellectual understanding of the subject's communications and feelings. Defined in this manner, it is anticipated that therapist awareness will be the most important of the three qualities evaluated in this hypothesis, as far as the subjects are concerned.

Hypothesis Ib (2)

The "interpersonally-oriented" therapists offering high warmth will receive higher satisfaction ratings by the subjects as a group than will the therapists offering high directiveness.

A high level of therapist warmth, while anticipated to be less universally important to subjects than therapist awareness, is nonetheless expected to find more general acceptance among the subjects than therapist directiveness.

Mediating Variables: Subject Anxiety and Dependency

The next step is to proceed from prediction of group preferences to prediction of those of the individual. The literature suggests that among males, prediction of an individual's preferences of therapist characteristics is related to the subject's general level of adjustment and his level of dependency. Again, the preferences will be examined differentially, according to whether they are made directly, i.e. stated specifically on the ISORS, or indirectly, via the satisfaction ratings of the taped therapist from the CRQ. The relevant hypotheses to the state preferences are:

Hypothesis IIa (1)

There will be a positive relationship between subject maturity (approximated by low anxiety and high independence) and the preference for a personally-oriented "model" type of therapist, i.e. one high on self-awareness, self-confidence and independence.

As previously indicated, the underlying assumption in this hypothesis is that the more mature subjects will be apt to want little more from the therapist than cognitive and intuitive understanding along with a behavioral example of maturity. Thus, this group of subjects would be expected to prefer a therapist who is high on the "personally-oriented" qualities: self-confident, self-aware and independent.

Hypothesis IIa (2)

There will be a positive relationship between low subject maturity (approximated by high anxiety and low independence) and

the preference for an interpersonally-oriented "provider" therapist, i.e. one high in the qualities of intuitive, warmth and advising/guiding.

The assumption underlying this hypothesis is that those individuals functioning at a diminished level of personal adjustment prefer a therapist who is warm and assertive.

Hypothesis IIa (3)

Subjects who score high on anxiety and on independence will state a preference for a therapist whose dominant style is "providing," but who is not nurturant, i.e. one who is high on intuition and advising/guiding, but low on warmth.

This hypothesis is somewhat suggested by the data of Apfelbaum (1958), Plummer (1966) and Heilbrun (1961b).

The following three hypotheses are companion to those above, but are based upon the somewhat less obtrusive measure of therapist preferences, the Client's Reaction Questionnaire (CRQ), where responses gauge the subject's satisfaction with the taped therapists.

Hypothesis IIb (1)

Subjects who exhibit a high level of maturity (i.e. score low on anxiety and high on independence) will give the highest satisfaction ratings to the "model" therapist, who is high in self-awareness, self-confidence, and independence.

Studies by Apfelbaum (1958), Plummer (1966) and Heilbrun (1961b) suggest this and the next hypothesis, with the exception of the statements regarding the awareness variable.

Hypothesis IIb (2)

Subjects who exhibit a low level of maturity (i.e. score high on anxiety and low on autonomy) will give the highest satisfaction ratings to the "provider" therapist, who is high in awareness, warmth and directiveness.

The similarity between the above two hypotheses and the three previous ones which were based upon the ISORS data is apparent. Thus, it is expected that for this nonclient sample of subjects, there will be relatively little difference between the subjects' therapist preferences which are directly solicited and those obtained in an indirect manner.

Early Development of Therapist Preferences

As noted earlier, the post hoc exploration of the origin of basic preferences of therapist behavior must always be viewed with some suspicion, especially when its primary purpose is the garnishment of evidence in support of a particular theory of personality development. Such is not the goal here. The purpose of offering the following hypotheses is to evaluate the role of subject maturity in the determination of one's preferences of parental behavior, and to facilitate assessment of the validity of the basic assumption made by Freud (1935), Apfelbaum (1958), May (1958) and Schutz (1958), concerning a relationship between one's perceptions of parent and therapist. It is acknowledged that there is little research to warrant these hypotheses, and that in general, they represent an extension of related data regarding preferences of therapist behavior.

Hypothesis IIIa

Subjects who exhibit a high level of maturity (i.e. score low on anxiety and high on autonomy) will state a preference for a father who most nearly fits the type of configuration of the "model" therapist, i.e. one who is high on qualities of "self-aware," "self-confident" and "independent."

Hypothesis IIIb

Subjects who score relatively low on measures of maturity (i.e. score high on anxiety and low on autonomy) will state a preference for a father who most nearly fits the type of configuration of a "provider" therapist, i.e. one who is high on qualities of "intuitive," "warm" and "advising/guiding."

Just as one would expect the dependent subject to seek more from a therapist than the independent one (Apfelbaum, 1958), the same differential in preferences is expected to apply attitudes of these individuals toward the same-sexed parent. The preferences for an ideal mother are expected to fall in the same directions as those for the ideal father, but not to fit into any particular configuration.

Operational Definitions

Therapist Activity - the therapist's basic, observable behavior during the treatment session.

Therapist Affect - the therapist's basic, predominant feeling toward the client and/or toward himself.

Therapist Cognition - the therapist's intellectual experiencing during the therapeutic session.

Therapist Directiveness - the extent to which the therapist attempts to impose his own structure upon the course and direction of the session.

Therapist Warmth - the therapist's emotional attitude toward the client, which is based upon genuine concern, respect and positive regard.

Therapist Awareness - the degree to which the therapist communicates a genuine comprehension of the client's total condition and of his thoughts and feelings regarding that condition.

Dependency - the experience of habitually seeking resources outside of the self for satisfaction of certain basic psychological needs and/or desires.

Maturity - that stage of personal development characterized by a feeling of self-confidence, a facility for self-awareness, as well as for competent and flexibly autonomous behavior.

Self-Confidence - the feeling which reflects self-esteem and one's basic ability to cope well.

Competence - behavior which is appropriate and largely successful in its function.

Flexible Autonomy - the ability to behave dependently or independently, according to the reality of the situation.

Self-Awareness - the ability to examine and evaluate one's own thoughts, feelings, and other behavior in a reasonably objective manner.

Provider Therapist - a therapist with an "interpersonal" style, who generally seeks or feels obliged to give the client something

in therapy, and to assume the large share of responsibility for the therapeutic process and progress.

Model Therapist - a therapist with a "personal" style, who is largely concerned with behaving in a genuine manner with the client, whom he allows to assume much of the responsibility for the process and progress of therapy.

Interpersonal Orientation - a therapeutic style which emphasizes the mutuality and social interchange aspects of therapy, and which for the therapist, entails focusing upon the client's thoughts, feelings and actions.

Personal Orientation - a therapeutic style which emphasizes contact with the therapist's own experiencing of the therapeutic process, and the reflection of this experiencing back to the client.

CHAPTER III METHOD

Subjects

A total of 103 male undergraduates from the subject pool of the Psychology Department of the University of Florida participated in the experimental procedure. However, the data from seven of those were deleted immediately from computation due either to an obvious misunderstanding of, or an inattention to, the experimental instructions. The data of eight additional subjects were deleted in order to facilitate analysis by leaving an equal number of subjects in each cell. These eight were chosen randomly within the remaining conditions having more than eleven subjects. Therefore, data from 15 subjects were discarded prior to computation, leaving a total of 88, or eleven per condition.

Instruments

The intention was to compare the therapist preferences of individuals rated both within and between subjects. Two brief questionnaires original to the present study were used. The first was the Ideal-Self/Others Rating Scale (ISORS, Appendix B). This scale assessed the subject's ratings of ideal parents, therapist and self, in terms of six behavior characteristics related to the active, affective and cognitive modes of behavior, of both the personal and interpersonal styles. The importance of this instrument is that it taps the stated preferences of therapist

qualities via the subject's description of the "ideal therapist." It also allows for comparison of descriptions of ideal parents and ideal therapist. Secondly, the ratings for ideal self might have proved useful as a comparison with the 16 PF data, but was not used as a primary measure of maturity.

The second original instrument was the Client's Reaction Questionnaire (CRQ, Appendix C), which represents a comparatively unobtrusive measure of the subject's preferences of therapist behavior. It was designed to be administered after a subject listened to a taped segment of role-played therapy, and simply recorded his reactions to the therapist's behavior in the segment.

The principal measure of the subject's level of maturity that was utilized in this investigation was the Sixteen Personality Factor Questionnaire (16 PF). It was used primarily to estimate the subject's personality resources that were related to the complex issue of maturity, particularly as it involved dependency. The 16 PF is a self-administered inventory which is based upon sixteen basic personality dimensions derived from factor analytic studies by Cattell and his colleague (Cattell and Stice, 1950). This instrument was selected for use in the present investigation for numerous reasons, including the empirical manner in which it was developed, its utility as a measure of autonomy and maturity, the existence of relevant normative data, and its relative brevity in administration.

Although the full 16 PF was administered (Forms A and B), only certain scales were used in testing the hypotheses of this study.

These scales were those relating to autonomy (scales E, M, Q₁ and Q₂) and to maturity (scales, C, O and Q₄).^{*} The direct validities of these scales with the underlying second stratum traits are as follows:

<u>Autonomy</u>		<u>Anxiety</u>	
E (Dominance)	.71	C (Ego Strength)	.77
M (Autia)	.71	O (Adequacy)	.86
Q ₁ (Conservatism)	.68	Q ₄ (Ergic Tension)	.63
Q ₂ (Self-sufficiency)	.80		

The final questionnaire used was simply the Personal Data Sheet (Appendix A), which secured demographic and historical information of relevance to the topic under study. The historical information dealt specifically with the subject's relationship with his parents.

Design

The basic experimental design was of the repeated measures type. Each subject completed the Personal Data Sheet, the ISORS, and the 16 PF (Form A) respectively. Then, following a brief period, each was assigned to one of the "interpersonal" (I) conditions listed below, and listened to one of eight audio-taped segments of role-played therapy sessions. Each student listened to a standard "personal" (P) style tape as well. To eliminate a possible order effect, the order of the two tapes was counterbalanced. The specific conditions used were as follows:

^{*}Cattell et al. termed these scales "independence" and "anxiety."

<u>Condition</u>	<u># Subjects</u>	<u>Therapist Qualities</u>		
I ₁	11	High A	High W	High D
I ₂	11	Low A	High W	High D
I ₃	11	High A	Low W	High D
I ₄	11	Low A	Low W	High D
I ₅	11	High A	High W	Low D
I ₆	11	Low A	High W	Low D
I ₇	11	High A	Low W	Low D
I ₈	11	Low A	Low W	Low D
P	88	High Aut	High S.C.	High S.A.

(Legend: A = Awareness, W = Warmth, D = Directiveness, Aut = Autonomy, S.C. = Self-Confidence, S.A. = Self-Awareness.)

The simulated therapy tapes are the product of lengthy development and frequent revision by the investigator, who also plays the role of therapist on the tapes. Prior to their use in this study, the tapes underwent a series of ratings by three colleagues of the investigator, each of whom held at least a master's degree in one of the helping professions, and who were carefully instructed as to the criteria being rated. The tapes were considered reliable when the mean of the judges' ratings fell within the following limits of acceptability for each characteristic being rated: low = 1-3.3, moderate = 3.4-7.3, and high = 7.4-10. In several instances (13%), where numerous revisions and ratings failed to produce such an acceptable mean, the tape was considered reliable when two of the three judges produced ratings falling

within the limits of acceptability. In addition, the final question on the CRQ was intended to tap the subjects' ratings of the validity of the tapes. The purpose behind these various ratings, of course, was to help ensure that all of the combinations did indeed reflect the levels of therapist characteristics that were intended.

After listening to that "I" tape randomly assigned to them as well as the standard "P" tape, the subjects were asked to briefly rate their level of satisfaction with the therapist on the tapes by completing the CRQ.

Procedures

The subjects were run through the experimental procedure in small groups, and contributed approximately two hours of their time. Upon each group's arrival, the experimenter introduced himself and stated the purpose of the investigation as being to learn something about the way college students view themselves and other significant people in their lives. They were informed that the procedure was a benign one, but that no further details about the nature of the study could be given until the end of the session.

The subjects were then seated and asked to complete the Personal Data Sheet, the ISORS and Form A of the 16 PF. A brief rest period was then allowed, lasting five minutes, after which the subjects completed Form B of the 16 PF. They then listened to the two tapes assigned to them, and evaluated the therapist's performance after each one by completing the CRQ. In making their preferences via these evaluations, they were instructed to listen carefully to the tapes, since afterwards they would be asked to rate the therapist. The rationale given to the

subjects was that different people prefer different kinds of therapists, and thus that no judgements are correct or incorrect. A debriefing session was then allowed, when desired by the subjects.

CHAPTER IV RESULTS

The data analysis began by focusing upon the subject's stated preferences on basic therapist characteristics, vis a vis the variables of cognition, affect and activity. In order to check the accuracy of Hypotheses Ia (1)-(3), chi-square tests were conducted on all of the subjects' ratings of their ideal therapists, which were derived from responses to the Ideal-Self/Others Rating Scale (ISORS). The purpose of using the chi-square was to compare expected scores with obtained scores (Smith, 1962). The results of this analysis as they apply to Hypothesis Ia (1) are summarized in Table 4.1, and indicate that subjects subscribe to five of the six therapist characteristics at a statistically significant level. Only independence failed to find strong support as a personal quality of the ideal therapist.

Hypothesis Ib (1)-(2) focused upon the three characteristics of the interpersonal therapist orientation, namely, awareness, warmth and directiveness. The hypotheses dealt with a comparison of these qualities with each other, as gauged by satisfaction ratings of the interpersonally-oriented therapists. The ratings were obtained from the subjects' responses on the Client Reaction Questionnaire (CRQ), after their exposure to the eight simulated therapy tapes. The results of t-tests used in making these comparisons indicated that the awareness variable played a significantly greater role in the

Table 4.1. Summary of preferences for ideal therapist traits,
as rated by ISORS responses for all subjects (N = 88).

Ideal therapist characteristics	Behavioral modality	Chi-square value	Significance (3df)
Advising/guiding	Activity	355.86	.001
Intuitive	Cognition	348.20	.001
Self-confident	Affect	176.32	.001
Self-aware	Cognition	94.10	.001
Warm	Affect	48.65	.001
Independent	Activity	5.54	n.s.

determination of subjects' satisfaction ratings of the interpersonally-oriented taped therapists than did warmth or directiveness (Table 4.2).

After these data had been collected, it became apparent that hypotheses were lacking which would offer predictions regarding the satisfaction of subjects with the behavior of the standard personally-oriented therapist compared with that of the eight interpersonally-oriented therapists. Therefore, such a comparison was made on a post hoc basis.

The first step in this procedure was to conduct an analysis of variance on the CRQ ratings of all 88 subjects for the standard personal therapist tape. It will be recalled that this tape was presented to each subject, along with whichever interpersonal therapist tape was assigned to him in his particular experimental condition. Despite the fact that independent judges had rated the personal therapist as meeting the necessary criteria specified earlier, it was deemed important to determine the level of variability in the satisfaction ratings of this tape across the eight different conditions as a reliability check. The results of the ANOVA were reassuringly nonsignificant ($F = 1.97$). Therefore, the model therapist tape appears to have been viewed similarly by all eight groups of subjects, and can be considered reliable as a standard example of personally-oriented therapist behavior.

The next step in the post hoc analysis involved conducting an ANOVA on the CRQ ratings of all subjects for the eight interpersonally-oriented therapist tapes. This procedure was viewed as necessary to provide certainty that subjects did in fact perceive

Table 4.2. Comparison of interpersonally-oriented therapist qualities, as gauged by CRQ satisfaction ratings of all subjects (N = 88).

Interpersonal therapist qualities	t-value	Significance
Awareness vs. warmth	8.13	.001
Awareness vs. directiveness	10.00	.001
Warmth vs. directiveness	-0.56	n.s.

and react differently to each of these tapes. Again, the ANOVA provided reassurance ($F = 6.00, p < .01$). A graphical representation of the CRQ ratings for both the standard model and the eight interpersonal therapist tapes found in Figure 4.1.

The final step in the post hoc procedure was to conduct individual comparisons of the CRQ ratings for the two tapes (one personal, one interpersonal) heard by subjects in each condition. These data would then provide a clearer idea of the relative importance of both the general roles as well as the specific behaviors of a therapist to the subjects as a group. This analysis utilized individual t-tests, and the results are summarized in Table 4.3.

Inspection of Figure 4.1 and Table 4.3 yields several pertinent observations. First, it is apparent that the personally-oriented therapist produced broader and more consistent satisfaction among subjects than did the various interpersonally-oriented therapists. Indeed, only one tape in the latter category (tape 5) was rated higher than the personal therapist tape, although the difference was not significant. Second, and of more potential importance, is the pattern that emerges when the individual configuration of therapist traits is examined across conditions. Of the three conditions for which there were significant differences in subject satisfaction scores (numbers 4, 6 and 8), all of the interpersonal therapists involved were characterized by a low level of awareness. In the fourth condition also characterized by low therapist awareness (number 2), there was a nonsignificant trend in the same direction.

Figure 4.1. Comparison of subject CRQ satisfaction ratings of personally-oriented and interpersonally-oriented therapist tapes for all eight experimental conditions (N = 88).

Table 4.3. Comparison of subject satisfaction (CRQ) ratings for the personally-oriented therapist tape paired with each of the interpersonally-oriented therapist tapes.

Condition	*Personal (P)	Comparison tape qualities **Interpersonal (I)	CRQ scores (P/I)	t-value	p-value [#]
1	High SA, SC, Ind	High A, W, D	102/94	0.76	n.s.
2	same	Low A, High W, D	85/69	1.52	n.s.
3	same	High A, D, Low W	94/85	1.00	n.s.
4	same	Low A, W, High D	98/55	3.64	.01
5	same	High A, W, Low D	77/87	-0.81	n.s.
6	same	Low A, D, High W	104/51	6.08	.002
7	same	High A, Low W, D	85/65	1.77	n.s.
8	same	Low A, W, D	105/42	11.67	.002

*Personal tape is moderate in the interpersonal qualities (awareness, warmth, directiveness).

**Interpersonal tapes are moderate in personal qualities (self-awareness, self-confidence, independence).

[#]All tests are two-tailed, d.f. = 10.

Unlike conditions 4, 6 and 8, however, condition 2 involved high levels of the other independent variables (warmth and directiveness). In the remaining four conditions, which were all characterized by high levels of therapist awareness (numbers 1, 3, 5 and 7), there were no significant differences in subject satisfaction ratings of the personal and interpersonal therapist tapes.

The second level of data analysis attempted to match preferences of therapist characteristics with subjects' personality traits. The findings are based upon subjects' self-ratings on the 16 PF and their therapist preferences, as assessed by their responses on the ISORS. The 88 subjects were first categorized according to their respective scores on the 16 PF second-order scales of Anxiety and Independence. Their relative scores above or below the group means resulted in a 2X2 matrix, formed by high vs. low scores on the two variables. Then, chi-square tests were employed to evaluate the null hypothesis that the therapist preferences of various sub-groups of the sample were normally distributed. The results of these analyses (Tables 4.4 through 4.7) indicate little variability in preferences between subject groups, and a strong preference for a therapist high in certain personal qualities (self-confidence and self-awareness) and interpersonal skills (guidance and intuition).

In an attempt to evaluate the possibility of a main effect of subject anxiety and independence upon therapist preferences via ISORS ratings, a multivariate analysis of variance was conducted. The results indicated no significant main or interaction effect

Table 4.4. Preferences of therapist characteristics, as rated by ISORS responses of subjects scoring high on 16 PF second-order factor of Independence and low on Anxiety (N = 28).

Ideal therapist characteristics	Therapist orientation	Chi-square value	Significance(df=3)
Advising/guiding	Interpersonal	100.75	.001
Intuitive	Interpersonal	91.35	.001
Self-confident	Personal	52.64	.001
Self-aware	Personal	31.05	.001
Warm	Interpersonal	5.36	n.s.
Independent	Personal	4.35	n.s.

Table 4.5. Preferences of therapist characteristics, as rated by ISORS responses of subjects scoring high on 16 PF second-order factor of Anxiety and low on Independence (N = 30).

Ideal therapist characteristics	Therapist orientation	Chi-square value	Significance(df=3)
Intuitive	Interpersonal	133.52	.001
Advising/guiding	Interpersonal	122.37	.001
Self-confident	Personal	66.00	.001
Self-aware	Personal	34.35	.001
Warm	Interpersonal	23.03	.001
Independent	Personal	3.54	n.s.

Table 4.6. Preferences of therapist characteristics, as rated by ISORS responses of subjects scoring high on 16 PF second-order factors of Anxiety and Independence (N = 18).

Ideal therapist characteristics	Therapist orientation	Chi-square value	Significance(df=3)
Intuitive	Interpersonal	93.72	.001
Advising/guiding	Interpersonal	70.79	.001
Self-confident	Personal	51.22	.001
Warm	Interpersonal	27.89	.001
Self-aware	Personal	20.82	.001
Independent	Personal	4.89	n.s.

Table 4.7. Preferences of therapist characteristics, as rated by ISORS responses of subjects scoring low on 16 PF second-order traits of Anxiety and Independence (N = 12).

Ideal therapist characteristics	Therapist orientation	Chi-square value	Significance(df=3)
Advising/guiding	Interpersonal	63.80	.001
Intuitive	Interpersonal	32.02	.001
Self-confident	Personal	17.21	.001
Warm	Interpersonal	7.27	n.s.
Independent	Personal	5.46	n.s.
Self-aware	Personal	5.16	n.s.

of these two personality variables, a finding consistent with the above data in indicating that these variables play no significant role in the "public" selection of therapist characteristics.

As a means of evaluating the possible role played by subject anxiety and independence in the determination of satisfaction ratings for the various taped therapists, several procedures were conducted. First, it was necessary to determine whether or not a "global" satisfaction score could be derived from the CRQ to facilitate analysis. This was accomplished by obtaining product-moment correlations for all 88 subjects' responses on the three CRQ items gauging therapist satisfaction, as they pertained to both the personally- and interpersonally-oriented therapists. As indicated in Table 4.8, the resulting six correlations were relatively high, and significant at well beyond the .001 level. Thus, it seems fairly safe to conclude that there is significant overlap among the three items for each set of data to justify collapsing the two sets of three individual satisfaction item scores into one global satisfaction score each.

The second step in this phase of the analysis involved the categorization of the 88 subjects, according to their respective scores on the 16 PF second-order scales of Anxiety and Independence. Having located the subjects in their respective quadrants in the manner described earlier, the global satisfaction scores for each of the four subject groups were calculated (Table 4.10).

Table 4.8. Product-moment correlations of items 1 through 3 of Client Reaction Questionnaire (CRQ) (N = 88).

Comparison tapes	Comparison items (CRQ)	r-value	t-value	p-value
Interpersonal (tapes 1-8)	1-2	.85	14.87	.001
	1-3	.74	10.24	.001
	2-3	.82	13.33	.001
Personal (tape 9)	1-2	.77	11.16	.001
	1-3	.71	9.27	.001
	2-3	.75	10.53	.001

Table 4.9. Comparison of subjects CRQ satisfaction ratings of personally-oriented vs. interpersonally-oriented therapists, with subjects grouped according to their scores on 16 PF second-order factors of Anxiety and Independence (N = 88).

Subject group	Mean satisfaction scores (CRQ)			
	Personal therapist	Interpersonal therapist	N	t-value
A. Low Anxiety/ low Independence	9.92	6.08	12	4.69
B. Low Anxiety/ high Independence	8.68	5.75	28	4.58
C. High Anxiety/ low Independence	8.27	5.97	30	3.49
D. High Anxiety/ high Independence	8.06	7.39	18	0.68
				n.s.

Several observations are apparent from Table 4.9. First, the personally-oriented (model) therapist is consistently rated higher by all four subject groups than is the collective set of eight interpersonally-oriented therapists. Three of the four differences between the groups reach statistical significance. Second, the highest satisfaction ratings of a therapist by any group were given to the personally-oriented therapist by the subjects low in both anxiety and independence. The lowest satisfaction ratings given this therapist derived from the subjects with the opposite personality configuration (high in anxiety and independence). However, an analysis of variance revealed that the difference between these two sets of ratings was nonsignificant.

It is noteworthy that the highest satisfaction ratings of the interpersonally-oriented therapists also came from the subjects high in anxiety and independence. This finding prompted closer scrutiny of the CRQ data, which revealed that twelve (67%) of the subjects in this group happened to fall into experimental conditions that included exposure to interpersonally-oriented therapists who were high in at least two of the three qualities of awareness, warmth and directiveness. Conversely, nine (75%) of the subjects in the former group (low in anxiety and independence) were exposed to interpersonal therapists who were low in at least two of those three basic qualities.

Finally, a multivariate analysis was conducted on the CRQ satisfaction ratings of both the personally- and interpersonally-oriented therapists, in order to evaluate the relative roles played

by the subjects' levels of anxiety and independence in the determination of these scores. The results indicated an absence of a main effect for either anxiety or independence for the interpersonal therapist ratings, but the presence of an interaction between the two variables ($r = .31, p < .05$). There were no significant effects for the personal therapist data.

The third level of analysis dealt with the issue of possible relationships between the maturity of the subjects and their stated preferences of therapists and fathers. Hypothesis IIIa predicted that subjects scoring high on the 16 PF Independence scale and low on Anxiety would express a preference for an ideal father figure most nearly like the personally-oriented ("model") therapist, i.e. one highly "self-aware," "self-confident" and "independent." A chi-square analysis conducted on the ISORS data of the 28 subjects falling into this subgroup found that, indeed, those three ISORS qualities were attributed to the ideal father at a significant level (Table 4.10). However, the qualities "advising/guiding" and "intuitive" were also attributed to the ideal father at a significant level, a pattern very similar to that noted earlier for the ideal therapist.

Hypothesis IIIB was based upon data from those subjects presumed to be lower in maturity, with low scores on Independence and high scores on Anxiety. This hypothesis predicted that such subjects would state a preference for an ideal father who most nearly conformed to the configuration of the interpersonally-oriented "provider" therapist who exhibited a highly "advising/

Table 4.10. Preferences for ideal father characteristics, as rated by ISORS responses of subjects scoring low on 16 PF second-order factor of Anxiety and high on Independence (N = 28).

Ideal father characteristics	Behavioral modality	Chi-square value	Significance(df=3)
Self-confident	Affect	92.30	.001
Advising/guiding	Activity	90.93	.001
Self-aware	Cognition	44.05	.001
Intuitive	Cognition	43.74	.001
Warm	Affect	33.48	.001
Independent	Activity	6.55	.10(n.s.)

guiding," "intuitive" and "warm" behavioral style. As before, a chi-square analysis was conducted, with the results being similar to those for the subjects presumed to be of a higher maturity level (Table 4.11). Once again, five of the six ISORS characteristics were attributed to the ideal father, instead of only three as was hypothesized.

After noting this similarity in choice of characteristics for an ideal father figure, chi-square analyses were also conducted on the preferences of the remaining two subject groups, i.e. those characterized either by low or high levels of both anxiety and independence. As seen in Tables 4.12 and 4.13, very similar patterns emerged for these groups compared to the previous two, indicating the lack of influence apparently held by subject anxiety and independence in the selection of ideal father figures.

Table 4.11. Preferences for ideal father characteristics, as rated by ISORS responses of subjects scoring high on 16 PF second-order factor of Anxiety and low on Independence (N = 30).

Ideal father characteristics	Behavioral modality	Chi-square value	Significance(df=3)
Advising/guiding	Activity	83.84	.001
Self-confident	Affect	74.67	.001
Self-aware	Cognition	61.37	.001
Warm	Affect	46.32	.001
Intuitive	Cognition	42.46	.001
Independent	Activity	6.89	.10(n.s.)

Table 4.12. Preferences for ideal father characteristics, as rated by ISORS responses of subjects scoring low on 16 PF second-order factors of Anxiety and Independence (N = 12).

Ideal father characteristics	Behavioral modality	Chi-square value	Significance
Advising/guiding	Activity	25.70	.001
Self-confident	Affect	25.70	.001
Self-aware	Cognition	19.89	.001
Intuitive	Cognition	17.93	.001
Warm	Affect	13.29	.01
Independent	Activity	6.57	.10(n.s.)

Table 4.13. Preferences for ideal father characteristics, as rated by ISORS responses of subjects scoring high on 16 PF second-order factors of Anxiety and Independence (N = 18).

Ideal father characteristics	Behavioral modality	Chi-square value	Significance
Advising/guiding	Activity	81.82	.001
Self-confident	Affect	44.38	.001
Self-aware	Cognition	27.83	.001
Intuitive	Cognition	23.04	.001
Warm	Affect	21.99	.001
Independent	Activity	7.52	.10(n.s.)

CHAPTER V DISCUSSION

General Therapist Preferences

The first level of data analysis involved a determination of those therapist qualities generally preferred by the present sample of subjects as a group. A distinction was made between those preferences which were made directly regarding specific therapist characteristics (ISORS) and those made via satisfaction ratings of therapist behavior on audiotape. Hypotheses Ia (1)-(3) were posited pertaining to the former type of preferences, while Hypotheses Ib (1)-(2) covered the latter. The various results will be discussed in relationship to the specific hypotheses to which they refer.

Hypothesis Ia (1) predicted that as a group, the subjects would express a preference for a therapist who was high in both interpersonal and personal cognitive skills, represented on the ISORS by the qualities, "intuitive" and "self-aware," respectively. The data in Table 4.1 support this hypothesis at the .001 level.

Hypothesis Ia (2) concerned itself with the affect modality of therapist behavior, and predicted that subjects as a group would choose their ideal therapist to be moderate in warmth, but high in self-confidence. Inspection of Table 4.1 lends basic support to this hypothesis. The ideal therapist is clearly preferred to be highly "self-confident" ($p < .001$). However, he is also expected to be somewhat more than moderately "warm" in this therapeutic behavior ($p < .001$).

The activity modality of therapist behavior was the object of interest of Hypothesis Ia (3), and was exemplified on the ISORS by the interpersonal "advising/guiding" quality and the personal characteristic, "independent." The hypothesis predicted the subjects as a group would have their ideal therapist be moderately "advising/guiding," but highly "independent." However, Table 4.1 suggests the opposite pattern: "advising/guiding" is the most preferred therapist behavior of the six rated ($p .001$), while "independent" is the least preferred, and the only one failing to reach statistical significance.

It is apparent from these data that five of the six characteristics were viewed positively by the subjects, with two of the qualities--"advising/guiding" and "intuitive"--finding near-unanimous acceptance. The mandate of the subjects as a group seems clear: a therapist should be someone who is very much aware of their dilemma and its possible solutions, as well as someone who will be quick to offer suggestions and guidance. In addition, he is expected to exhibit substantial self-confidence and self-awareness, perhaps as enabling characteristics in the accomplishment of his mission. Finally, the subjects would prefer the therapist to display at least a modicum of warmth in his relationship with them. Whether or not he is an independent individual in his own right appears to be optional as far as the subjects are concerned.

Hypotheses Ib (1)-(2) were predicated on the more unobtrusive measure of preferences of therapist qualities, the satisfaction scores derived from the Client Reaction Questionnaire. Since the

first of these two hypotheses predicted that the subjects as a group would be more satisfied with a therapist whose most salient characteristic was a high level of awareness, rather than warmth or directiveness, the results of Table 4.2. are most gratifying. Awareness was easily the most influential quality of the three measured in the determination of therapist satisfaction ratings, as confirmed by the subjects' ratings of the therapists high in awareness at a significantly higher level than those strong in warmth ($p < .001$) or directiveness ($p < .001$).

On the other hand, Hypothesis Ib (2), which predicted more subject satisfaction with warm therapists than with directive ones, was not supported by the data. Table 4.2 illustrates the fact that there was no significant difference between the subjects' satisfaction ratings of therapists high in warmth and those high in directiveness.

Since one of the primary goals of the present study was to focus attention upon, and evaluate the significance to subjects of the cognitive component of therapist behavior, the results noted above with respect to the importance of the awareness variable are welcome indeed. Logic and the findings of a few other investigators (Boulware, 1969; Lorr, 1965) suggested that an intellectual understanding of the client's difficulties might be essential to the development of a positive attitude toward a therapist. The findings noted above are further substantiated by the results of the a posteriori analysis of the CRQ data found in Figure 4.1. In that graphical illustration of the relative satisfaction ratings for

therapists in the eight different conditions, the interpersonally-oriented therapists offering a high level of awareness are easily distinguishable from the others, for their ratings are represented by the peaks noted for conditions 1, 3, 5 and 7. In light of this wealth of data, there can be little doubt as to the essential role which feeling understood holds in the minds of these subjects.

It may be recalled that although much empirical attention has been focused upon the affective components of therapist behavior, little of the applicable research has focused upon preferences of a nonclient male population. The work of Wallach (1962) suggests that this type of subject group would not necessarily prefer a therapist to be high in interpersonal warmth due to the emphasis such subjects would likely place upon their own autonomy and need for feeling responsible. The data from Table 4.1, and especially from Figure 4.1, suggest there may be validity to Wallach's hypothesis. The implication of these findings is that while nonclient males may indicate a preference for some warmth on the part of the therapist, this preference is hardly universal and is not as strong as is the preference for high therapist awareness. It is also a preference which probably is dependent upon personality variables, as will be discussed later.

As noted earlier, the available research presents an ambiguous picture of the importance to the subject of the role played by the activity modality of therapist behavior. Nonetheless, the work of Reiter (1966) and Heilbrun (1961b), and Hagebak and Parker (1969) suggests that nonclient males prefer a therapist who takes an

active interpersonal approach over one who is passive and non-directive. The ISORS data are clearly in agreement with those found by the above investigators, as the "advising/guiding" quality is the most preferred to the six characteristics rated. These findings indicate that young males are likely to want a therapist who will take charge of the treatment session, pointing them in the direction he believes they need to travel. This wish does not necessarily suggest that these subjects will passively accept all of the recommendations offered by the therapist, of course; but it does imply they desire a leader, someone who will fill the therapeutic role more as an expert than a "fellow traveler," despite a preference by many contemporary clinicians to play the latter role (e.g. Kopp, 1972).

Subject Variables Related to Maturity: Anxiety and Autonomy

Although the study of therapist preferences and satisfaction ratings of subjects unselected for specific personality characteristics is valuable from an impressionistic perspective, it is of limited utility in understanding and predicting such choices on an individual level. Hypotheses IIa (1)-(3) and IIb (1)-(2) were included in the design as a means of exploring the mediating roles which subject anxiety and autonomy were believed to play in those therapist choices. As measures of the subjects' relative standing with respect to these two variables, the 16 PF second-order factors of Anxiety and Independence were used, respectively.

Hypothesis IIa (1) predicted that a high level of subject maturity (as gauged by low Anxiety and high Independence scores)

would be positively related to a preference for a model therapist, who was characterized by the personally-oriented qualities of self-awareness, self-confidence and independence. Table 4.4 makes it apparent that there is relatively little support for this hypothesis. While subjects exhibit fairly consistent preferences for an ideal therapist who is both self-confident ($p < .001$) and self-aware ($p < .001$), the third personally-oriented quality of independence is not deemed essential by these subjects. In addition, an assumption underlying this hypothesis is that the interpersonal modality of therapist behavior would not be preferred by these subjects. Table 4.4 makes it evident that this is clearly not the case.

The prediction of Hypothesis IIa(2) was the converse of that of IIa (1), i.e. that males functioning on a relatively low level of maturity (approximated by high Anxiety and low Independence scores) would state preferences for an interpersonally-oriented therapist, rather than the personally-oriented model counterpart. Like its predecessor, however, Hypothesis IIa (2) receives only partial support from the data (Table 4.5), in that qualities of both the interpersonal and the personal therapist are preferred by subjects in this group.

Hypothesis IIa (3) also was based upon ISORS ratings, and predicted that subjects of a questionable maturity level (high scores on both Anxiety and Independence) would most prefer a therapist high on "intuitive" and "advising/guiding" behaviors, but low on warmth. Table 4.6 yields basic support for this

hypothesis, in that the most subject agreement was found in the preference ratings for the "intuitive" and "advising/guiding" characteristics. However, despite the fact that "warm" is fourth in the preference rankings, it still was selected more often than chance would predict ($p < .001$). In fact, the subjects in this subgroup and that of the high Anxiety/low Independence subgroup chose five of the six therapist characteristics at a statistically significant level ($p < .001$), thus giving the appearance of being rather demanding in their desires of an ideal therapist.

While the order of importance of therapist characteristics does not seem to vary a great deal with a subject's general level of maturity, there is one important source of variability in these data. Further inspection of Tables 4.4 through 4.7 reveals a difference in the rating of warmth by the four subject groups. The two groups characterized by low levels of anxiety (Tables 4.4 and 4.7) exhibit the least preference for therapist warmth, while the other two groups display a significant desire for that quality ($p < .001$). Similarly, correlative analysis of the ISORS data indicate that subject anxiety is positively related to the preference of intuition as a trait of the ideal therapist ($r = .29$, $p < .006$). These findings suggest that a relatively high level of anxiety may serve to increase one's desire for an emotionally supportive and accepting therapist, as well as one who the subject believes will be understanding of his thoughts, feelings and actions.

Another implication of the data summarized in Tables 4.4 through 4.7 concerns the theoretical substructure of the therapist

characteristics concept, which is the therapist's orientation to his work. The ISORS findings are not especially supportive of the theorized distinction between therapist behavioral orientations. Qualities of both the personal and interpersonal therapist orientations were preferred at statistically significant levels, and the orientations as heretofore defined appear to bear no particular relationship to the subjects' scores on the Anxiety and Independence scales. Rather, the primary determinant in the selection of therapist characteristics via the ISORS seems to be the nature of the individual characteristics themselves, instead of the underlying behavioral orientation they reflect.

Hypothesis IIb (1) and (2) also attempted to predict linkages between subjects' basic personality traits and their therapist preferences, although those preferences were inferred from subjects' satisfaction ratings of therapist behavior during the taped analogue therapy sessions. The data in Table 4.9 support the contention of Hypothesis IIb (1), which stated that subjects high in basic maturity (group B) would be more satisfied with a personally-oriented than an interpersonally-oriented therapist. However, the data also indicate that the personal (model) therapist elicits more satisfactory responses from two of the three groups of subjects scoring lower in maturity as well, when that therapist's ratings are compared with the combined ratings for the eight interpersonal therapists.

Closer scrutiny of these data suggests that the anxiety level of the subject may play a role in determining his preference of one

therapist over another. It can be seen from Table 4.9 that those subjects giving the highest marks to the personally-oriented therapist are those scoring lowest in anxiety (groups A and B). The subjects higher in anxiety (group C) tend to be less satisfied with the personally-oriented therapist and more pleased with the group of interpersonally-oriented therapists, although these between-group differences in satisfaction scores are not statistically significant.

The validity of Hypotheses IIb (1) and (2), therefore, appears to be questionable. While there is support for IIb (1), in that subjects of a relatively high maturity level exhibit the most satisfaction with the personally-oriented (model) therapist, it also is apparent that this therapist holds some appeal for certain subjects of a lower maturity level as well. However, it should be remembered that Hypothesis IIb (2) predicted that low maturity subjects would be most satisfied with one specific type of interpersonally-oriented therapist, i.e. the provider therapist high in awareness, warmth and directiveness (condition 1). Since only four subjects falling into the low independence/high anxiety group were exposed to that particular taped therapist, a complete analysis of their CRQ responses would be meaningless. Nevertheless, a comparison of those four subjects' mean CRQ ratings for this particular provider therapist with their ratings of the standard model therapist yielded identical mean scores (9.25 on a scale from 3 to 12).

Results of a post hoc analysis of the fourth subject group (D) listed in Table 4.9 (subjects high in independence and anxiety) are relevant at this point. Although no hypotheses were formulated related to this group of males--which Apfelbaum (1958) probably would term "counteractive"--the expected pattern of their preferences was discussed earlier. While the ANOVA conducted on the CRQ ratings of this group yielded no significant differences between the satisfaction scores for the personally-oriented vs. the interpersonally-oriented therapists, closer inspection of the data produced results supportive of Hypothesis IIb (2). The subjects of this personality configuration that were in condition 2 tended to be more satisfied with the behavior of the interpersonal (provider) therapist than with that of the personal (model) therapist. The provider therapist in condition 2 was characterized by high levels of both awareness and warmth, and a low level of directiveness. Again, however, the small size ($N = 6$) of this high independence/high anxiety subsample exposed to condition 2 precludes any definitive conclusions from the data.

Therefore, while he is inclined to state his strongest preferences for a guiding and intuitive therapist, the typical subject in the present investigation is apt to award the most consistently satisfactory ratings to the model therapist, who neither actively guides the subject nor expressly offers more than a moderate amount of awareness of the individual's problem. Instead, this therapist exhibits a great deal of self-awareness and self-direction, and leaves the subject to decide whether to take advantage of the

experience. Those males who tend to be at least equally satisfied with an interpersonally aware, warm and directive therapist as with a model of mature behavior are those who exhibit higher anxiety levels than most, and who perhaps feel the need for a therapist more actively involved in their experience than in his own.

The impression received from the data taken as a whole is that the young male tends to be predisposed toward seeking certain basic qualities in a therapist, and that this predisposition is at least in part a function of his own need structure and other personality factors. The present investigation chose to study two characteristics of subjects which were believed important in their selection of desired therapist figures. These characteristics were anxiety and independence, which were believed to approximate combinatively the more general factor of maturity. For purposes of investigation, the subjects were classified either as high or low on each of the two maturity factors, based upon their respective scores on the 16 PF subscales measuring these factors. The resulting categories might best be described as follows:

- a. Independent - individuals of a relatively high level of maturity as characterized by the experiencing of little chronic anxiety and a high degree of autonomous behavior.
- b. Passive-dependent - individuals of a questionable level of maturity, as characterized by the experiencing of little chronic anxiety and a low degree of autonomous behavior.

- c. Counter-dependent - individuals of a questionable level of maturity, as characterized by the experiencing of high chronic anxiety and a high degree of autonomous behavior.
- d. Anxious-dependent - individuals of a low level of maturity, as characterized by the experiencing of high chronic anxiety and a low degree of autonomous behavior.

A summary of the findings for these groups is in order. The data suggest that males falling within the "independent" category are most likely to be satisfied with a therapist who models a mature, self-confirming behavioral style. These relatively stable, autonomous individuals seem likely to desire little more from a therapist than a composite personification of their own goals for personal development. The maturity to which they respond in a therapist is illustrated by the cognitive quality of self-awareness, the affective characteristic of self-confidence, and a behavioral style indicative of independence and competence. These subjects appear to neither require nor desire more than a moderate amount of active involvement and emotional investment in their lives by the therapist. By maintaining such an attitude, it is assumed that these males are better able to maintain their own sense of competence, autonomy and self-esteem.

For individuals operating on a relatively low level of maturity, the picture is somewhat different. Like their more stable and independent peers, the individuals falling into the "anxious-

dependent" group also find the model therapist appealing, but perhaps no more so than the intuitive, nurturant and guiding type of provider therapist, whom they also rate quite highly. All other types of therapists pale by comparison to these two, although any provider therapist offering a high level of awareness is preferred to those high either in warmth or directiveness. It seems apparent that this group of individuals holds the highest expectations of the therapist. He must either exhibit a strong, interpersonally-oriented style, and therefore offer substantial awareness, warmth and direction to the subject, or else he must be quite personally-oriented, and thus model high levels of self-awareness, self-confidence and competence/independence. No less will suffice in the eyes of these individuals, giving them the appearance of being a very demanding group, compared to their less anxious, more autonomous peers.

Because of the small sample size of the "counter-dependent" group ($N = 13$), little can be concluded from the data with respect to differential preferences for various therapists. However, an interesting trend was found which deserves comment. It happened that six of the subjects in this category (33%) were exposed to that provider therapist who was high in awareness and warmth, but low in directiveness, along with the model therapist. Their mean satisfaction score for this provider therapist was 3.1, on a scale of 1 to 4, while their rating of the model was only 2.5. It would appear that, despite the tendency of these "counter-dependent"

subjects as a group to be as equally disposed toward the model therapist as toward the group of eight provider therapists, one specific provider therapist elicited substantial satisfaction from these males: the nondirective, but warm and intuitive therapist.

While it is acknowledged that this sample of "counter-dependent" subjects is too small to permit definitive conclusions from the data, a speculative comment seems permissible. If it is assumed that some individuals in essence deal with their need for dependency by a compensatory defense mechanism, as intimated by Apfelbaum (1958), then these findings are quite reasonable. Such individuals typically would be expected to assume an autonomous attitude, perhaps as a means of experiencing a sense of control or mastery, rather than the helplessness of dependence. Because of the presumed fear associated with this feeling of helplessness for these males, their choice of therapist logically would be one who is nondirective, thereby not threatening their tenuous sense of self-control. Nevertheless, this therapist would be neither aloof nor uninvolved in his attitude, but instead would be both intellectually aware of, and emotionally responsive to, the individual's needs.

The remaining subgroup of individuals is characterized as "passive dependent," due to their low level of independence and the acceptance of that dependent condition as implied by their corresponding low anxiety level. Because of the very small size of this subsample ($N = 12$), no inferences can be justified from the data.

Comment should be made as to the relevance of these findings to the client status of males. Because of the nonclient status of the subjects in this investigation, they were assumed to be fairly typical examples of their peer group, in terms of general maturity. Therefore, it is not too surprising to find that as a group, these subjects find the most satisfaction in the unobtrusive behavior of the personally-oriented model therapist. However, it is interesting to note that when this relatively mature group of males is categorized by dependency and anxiety, a full third ($N = 30$) fall into the least mature anxious-dependent subgroup, while not quite another third ($N = 28$) fall into the most mature independent category. The remaining third of the subjects place in the two questionable categories of maturity. This pattern hardly seems illustrative of an exceptionally high level of overall maturity of these subjects when compared to the configuration one might expect to be exhibited by a sample of same-age males in outpatient psychotherapy.

Even more noteworthy, however, are the patterns of the CRQ responses of the subjects when grouped by anxiety and independence scores. Taken as a whole, the data suggest that even in this presumably healthy nonclient sample, there are variabilities in levels of personal functioning substantial enough to influence therapist preferences. Highly anxious males appear to find more satisfaction in a therapist oriented toward them than in one focused more upon his own process. Males of low levels of anxiety find maximum satisfaction with the less intruding model therapist. If it is assumed that most young adult males who present themselves at the therapist's

office are fairly anxious and perhaps have some difficulties with the issue of dependency, then it would seem reasonable to expect that they, like the less mature 68% of the present sample of nonclients, might find the most satisfaction with a provider therapist who is quite intuitive, fairly warm, and either directive or nondirective, depending perhaps upon the client's level of involvement in the dependency conflict. This assumption, while based partly upon extrapolation of the present data, certainly seems to deserve more empirical attention.

Developmental Origins of Therapist Preferences

It was hoped that by examining certain ISORS ratings of the subjects with their relative scores on the basic maturity subscales (Anxiety and Independence), some light might be shed upon the means by which therapist preferences develop. Hypotheses IIIa and IIIb predicted a basic difference between the types of ideal father figures chosen by subjects scoring high on maturity measures and those scoring low. Tables 4.11 through 4.14 dispel any thought of such a major discrepancy in the ratings of the ideal father by these groups, as the comparisons speak for themselves: the general level of subject maturity bears no relationship to the stated preferences of basic personality characteristics of the ideal father. Males of all four groups report a preference for a father who is a very confident leader, and who is also high in his understanding and acceptance of self and others.

In an effort to better understand these results, it may be helpful to revisit the ISORS data with respect to the preferences of the ideal therapist. As noted earlier, the ideal therapist preferences of subjects of varying maturity levels are almost identical. All four groups express a desire for a therapist who is very intuitive regarding the thoughts and feelings of others, and who is quick to offer advice and guidance to the subject. Secondly, the ideal therapist is expected to portray self-confidence and self-awareness. In addition, less mature males appreciate their therapist being warm in his attitude toward them, while this is not as

important to their more mature colleagues. Therefore, the ideal therapist for the sample of subjects as a whole would be oriented largely toward them, and toward the fulfillment of their needs for understanding, direction and, in the case of lesser mature males, warmth.

At this point, a comparison of the ISORS ratings of both ideal father and therapist is obligatory. In their preferences for these two ideal figures, subjects falling into both the higher and lower maturity groups exhibit remarkable similarity. For an ideal father, both groups of males would choose a man whose most salient features would be self-confidence and directiveness, i.e. a leader. For an ideal therapist, they would like someone who primarily is directive and intuitive; self-confidence, while important, is less essential in the therapist than in the father. Warmth is viewed as somewhat important in both father and therapist for the "anxious-dependent" subjects, while for independent subjects it is only of significance as a trait of the father. The overall impression given by the pattern of the ISORS responses is that the ideal father represents a model who would be able to express strength yet concern. The ideal therapist might have less an aura of strength about him, but would excel in his ability and willingness to understand the subjects.

Curiously enough, both of these subject groups consistently rate independence as the least important quality both for the ideal father and therapist. At first glance, this seems a strange finding, in view of the fact that the struggle for a sense of autonomy is

the primary developmental milestone for males in the subjects' age range. In addition, the findings clearly indicate a preference for both a father and a therapist of fairly strong leadership potential, of which independence would appear to be an integral component. Prior to accepting this consistently low rating of independence at full face value, it might be wise to note several other findings.

Various analyses yielded results which lend support to the key role played by the issue of independence in the self-perceptions of these young males. As a group, the subjects' ideal-self ratings as independent are negatively related to the quality of the relationship they experienced with their own fathers ($r = -.28, p < .009$). Also, the level of anxiety experienced by the subjects is negatively related to the quality of the relationships they had with their fathers ($r = -.30, p < .005$). In addition, self-sufficiency as a trait of the subjects is negatively related to the quality of the father-son relationship ($r = -.28, p < .008$). On the other hand, the ideal-self ratings of the subjects as independent are positively related to their ratings of independence for the ideal father ($r = .32, p < .002$), and to a lesser extent, the ideal mother ($r = .26, p < .015$). Finally, a chi-square analysis of the subjects' ideal-self ratings indicates that the scores are highly skewed toward independence ($p < .001$), regardless of the subjects' relative level of maturity.

These findings are consistent and fairly lucid. A sense of autonomy clearly is an essential element in the self-conceptualization of the "normal" young male in our culture, a finding of no

surprise in view of basic personality theory (Rotter, 1964) and other research (Heilbrun, 1961a; Heller and Goldstein, 1961; Wallach, 1962). Perhaps more important, however, is the support given by these data for the apparent role played by the father-son relationship in the development of this sense of independence in males, as well as a sense of self-esteem and self-acceptance.

In view of these findings, the fact that the subjects are so consistent in their low ratings of independence as a trait of both the ideal father and therapist does not seem to be due to their placing a low value on the quality. A more likely explanation would lie in the definition of the ISORS term, "independent." It could well have had a connotation of aloofness, which for some subjects would have mitigated against its being rated highly, in view of the consensus of the entire sample of subjects that both the ideal father and therapist show at least some warmth and involvement with them.

The implications of these data for the various hypotheses discussed earlier concerning the transference of attitudes from early authority figures to a psychotherapist are probably apparent. This sample of nonclient, young males exhibits remarkable consistency in its stated ratings of ideal father and therapist figures, which support similar findings by Chance (1952) and Crisp (1964a, b). Further, this consistency has little to do with the general maturity level of the individuals involved, which is somewhat in contrast to the data of Apfelbaum (1958). Of course, the possibility does

exist that subject maturity level might play a mediating role in subject satisfaction with actual father figures, just as it does with therapist figures on the CRQ ratings. However, evaluation of that question is beyond the scope of the present study. The most that can be concluded about this issue is that young undergraduate males of varying levels of maturity seem to share very similar ideas about the type of men they would choose their therapist and father to be. The reasons underlying the development of this similarity in preferences remain in question.

The findings of the present study are relevant to the issue of premature termination by young males from a therapeutic relationship. While the ISORS data portrayed fairly consistent preferences among males for a therapist who would communicate high levels of awareness and acceptance of the client and himself, and who would assume an active guiding role in the treatment session, the CRQ data suggested some differences in these preferences due to the maturity-related factors, subject anxiety and independence. It would seem important that the service-provider be aware of this differential in the potential client's attitudes, so that key initial decisions might be made which could easily affect both the quality and the duration of therapy for that individual. Illustrative of such decisions would be the assignment of the most appropriate therapist; or, if only one clinician were available, he might choose to emphasize a certain therapeutic style, in order to be more compatible with the client's likely preferences. Knowledge of the type and frequency with which

males appear to hold such preferences at least would offer the service provider an opportunity to avoid making blunders which might otherwise lead to the client's premature termination.

Comment should be made regarding weaknesses in the present investigation. Perhaps the most crucial one was the lack of a sufficient number of subjects to permit assignment by scores on the 16 PF Anxiety and Independence scales to the various conditions. Although approximately four times as many subjects would have been required for such a design, more definitive results could have been obtained regarding the relationship between those two personality factors and therapist preferences.

Criticism probably can also be leveled at the "therapy" tapes used in this study. Although they were developed over a period of approximately four years and were subjected to numerous ratings and revisions, it might be possible that they still are imperfect representations of the various types of therapists explored.

The use of the 16 PF subscales of Anxiety and Independence as representative of subject maturity might well be criticized. They were utilized because they each were composites of several related primary factors from the 16 PF, which had been demonstrated through factor analytic study to be relevant to the issues of anxiety and dependency. The idea to use them in the present investigation as illustrative of maturity was the investigator's, not the result of any claims made by Cattell or his colleagues.

It is recommended that further investigation be conducted along several lines followed in this study. The modality of therapist cognition, particularly as reflected in the interpersonal realm by "intuition," or awareness of the client, clearly is deserving of further empirical attention. It is believed also that if a large enough sample of subjects were available, the present design could be altered somewhat to permit closer scrutiny of the relationships between basic maturity factors and actual therapist preferences, such as via the CRQ. Further such exploration appears to hold the promise not only of substantially enhancing the general fund of knowledge regarding the client-therapist relationship, but also would significantly increase the possibilities for improvement of the quality of care received in psychotherapy by adult males, who clearly represent an underserved population.

APPENDIX A
PERSONAL DATA SHEET

ID number _____ Age _____ Marital Status _____

Year in school 1 2 3 4 5 _____ College Major _____

Father's occupation _____

Mother's occupation _____

Parents' Marital Status _____ Duration of this status _____

If you were not raised by both of your natural parents, please take a moment to explain who raised you and for how long.

How would you describe your relationship with your mother (or her substitute) during your formative years (age 1 to 15)?

very good fairly good not very good poor none

How would you describe your relationship with your father (or his substitute) during your formative years?

very good fairly good not very good poor none

In your estimation, what are the chances that you might seek help from a counselor or psychotherapist sometime within the next five years?

- a) little chance (0 - 25%)
- b) some chance (26 - 50%)
- c) good chance (51 - 75%)
- d) probably will (76 - 100%)

APPENDIX B

IDEAL-SELF/OTHER RATING SCALE

Instructions: Please use the following system to describe the qualities which you would prefer in the individuals listed below, especially in their relationship with you. (For the Ideal-Self, merely rate yourself as you would like to be.) Place in the box under the person named, one of the following numbers:

- 1 - if the characteristic would not really apply to the person.
- 2 - if the characteristic would only slightly apply to the person.
- 3 - if the characteristic would substantially apply to the person.
- 4 - if the characteristic would very much apply to the person.

Please rate one person on all characteristics before proceeding to rating the next person.

	Ideal Mother	Ideal Self	Ideal Therapist	Ideal Father
Independent				
Warm				
Intuitive (of others thoughts, feelings)				
Advising/guiding				
Self-confident				
Self-aware				

APPENDIX C

CLIENT'S REACTION QUESTIONNAIRE

Instructions: Please circle the letter in front of the answer which most nearly matches your feelings about the therapist you just heard on the tape.

- 1) How satisfied were you with the therapist's behavior in general?
 - a) quite dissatisfied
 - b) fairly dissatisfied
 - c) fairly satisfied
 - d) quite satisfied
- 2) How much would your ideal therapist be like this one?
 - a) very much like him
 - b) somewhat like him
 - c) not very much like him
 - d) very different from him
- 3) If you were seeing this therapist for the first time for aid with a personal problem, how likely would you be to return to him?
 - a) I probably would not return (0 - 25% likelihood)
 - b) I might return (26 - 50% likelihood)
 - c) I would be somewhat likely to return (51-75% likelihood)
 - d) I most probably would return (76 - 100% likelihood)
- 4) In your opinion, did the therapist
 - a) Seem very aware of the client's problems and feelings? (yes, no)
 - b) Seem to act very warm toward the client? (yes, no)
 - c) Seem to try to control the course of the session, or give the client very much advice and direction? (yes, no)
 - d) Seem to be very aware of his own thoughts and feelings? (yes, no)
 - e) Seem to feel very confident in himself and his ability? (yes, no)
 - f) Seem to be more independent or dependent as a person?
 - 1) independent
 - 2) dependent

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BIOGRAPHICAL SKETCH

David Reed Stone was born in Sabetha, Kansas, on March 5, 1947. Two years after the death of his mother in 1949, he and his brother joined their father, who was preparing to remarry in Hialeah, Florida. David attended public schools in Hialeah until 1965, when he was admitted to Florida Presbyterian College (now Eckerd College) in St. Petersburg. He played on the school's basketball team for four years, and worked part-time to help support his wife and infant son. After receiving a B.A. in psychology in 1969, he was admitted to the Department of Psychology of the University of Florida, in Gainesville. He received an M.A. in psychology in 1971, completed a pre-doctoral internship in 1973, and began working with the local community mental health center in 1974, as the coordinator of a rural alcoholism treatment program. He was promoted to Area Director of the same rural mental health center in 1977, which is the position he now holds.

David's professional interests center around mental health program development and administration, as well as community consultation and education activities. He also enjoys various types of athletic and other recreational activities, and being a father.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Audrey Schumacher, Chairman
Professor of Clinical Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Larry Severy
Associate Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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