

EFFECTS OF BEHAVIORAL INFORMATION AND ATTITU-
DINAL SIMILARITY AND THEIR INTERACTION WITH
CHOICE OF CLINICAL VERSUS STUDENT
PERSONNEL AND GUIDANCE PROGRAMS
ON PERCEIVED MENTAL HEALTH
OF A STRANGER

By

JEFFREY PRICE FEUQUAY

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University of Oklahoma

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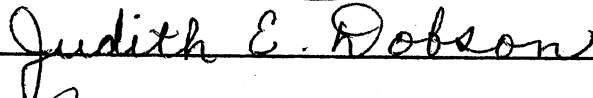
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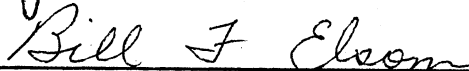
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Thesis Approved:



Thesis Adviser







Dean of the Graduate College

947525

PREFACE

This research is an examination of a few of the factors that are involved in the evaluation of a person's mental health. The factors examined include whether the evaluator is in Student Personnel and Guidance or Clinical Psychology graduate programs, how similar the evaluator is to the person being evaluated, and the behavior and psychiatric history of the person being evaluated.

I wish to express my appreciation to my major adviser, Dr. Tom Parish, for his aid in the experimental design and format. I also wish to express my appreciation to the other committee members; Dr. Billy F. Elsom for his invaluable assistance in pointing out the limitations of my experimental design and statistical treatment, and Dr. Judith Dobson for the counselor's perspective and expertise she added.

In addition, appreciation is extended to those Psychology and Counseling instructors and professors who were generous enough to grant me class time for the collection of data and those graduate students who willingly gave of their time to act as subjects.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION AND REVIEW OF LITERATURE	1
II. HYPOTHESES	4
III. METHOD	5
Subjects	5
Procedure	5
Experimental Conditions	8
Levels of Stranger Mental Health	8
Levels of Attitudinal Similarity	8
Measures	9
IV. ANALYSIS OF THE DATA	11
Health-Sickness Rating Scale Scores	11
Levels of Confidence	14
V. SUMMARY AND CONCLUSIONS	18
SELECTED BIBLIOGRAPHY	24
APPENDIX A. SURVEY OF ATTITUDES	26
APPENDIX B. HEALTH-SICKNESS RATING SCALE	30

LIST OF TABLES

Table	Page
I. Characteristics of Subjects	6
II. Analysis of Variance Table for the Health-Sickness Rating Scale Scores	12
III. Effects of the Behavior Statements and the Level of Similarity on the Health-Sickness Rating Scale Scores	12
IV. Analysis of Variance Table for the Confidence Scores	16
V. Effects of the Degree of Student/Stranger Similarity on the Confidence that Students have in their Ratings	17

LIST OF FIGURES

Figure	Page
1. Similarity x Program x Behavior Effects on the Health-Sickness Rating Scale Scores	15

CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

A considerable body of research has been built upon the relationship between interpersonal attraction and attitudinal similarity. Recent research has found a reinforcement model useful in both explaining and predicting that relationship (Byrne, 1971). The vast majority of these studies have found a highly stable and widely generalizable, positive, linear relationship between attitudinal similarity and interpersonal attraction. The relationship has been examined and found to hold true for the age range from kindergarten through adult. The specificity allowed by the use of a reinforcement model predicting the similarity-attraction phenomena is exemplified by the Byrne-Nelson function (1965) $Y = 5.44 X + 6.62$, where "Y" equals the attraction rating and "X" equals the proportion of attitudinal similarity. Noteworthy in the above equation is the fact that attraction has been found to be affected only by the proportion of similarity; the specific attitudes on which there is agreement or disagreement and the importance or superficiality of those attitudes has been found to have no significant effect (Byrne, 1971).

One out-growth of this research has been the recognition that attitudinal similarity is also related to perceptions of a stranger's adjustment. Both Novak and Lerner (1968) and Byrne and Lamberth (1972) have concluded that the fundamental similarity-attraction relationship is valid when the stranger being evaluated is either normal or disturbed.

The latter authors' results indicate that the inclusion of information that the stranger was disturbed markedly reduced the slope of their obtained similarity-attraction regression line. They were able to conclude that the deviation of the similarity-attraction line from that predicted by the Byrne-Nelson function was quantitative rather than qualitative as had been suggested by Novak and Lerner (1968). Those authors also found that the effects of that information could be synthetically produced by attributing to the stranger being evaluated a set proportion of additional agreeing and disagreeing attitudes. Feuquay and Pirruccello (1975) found that the inclusion of information that the stranger was disturbed had no significant effect on the predicted similarity-attraction regression line.

Luborsky (1971) has completed a comprehensive review of the research on factors influencing the outcome of psychotherapy. Many of the articles reviewed link counselor-client similarity to counseling success (Carson and Heine, 1962; Lesser, 1961; Lichtenstein, 1966; Sapolsky, 1965; and Welkowitz, 1967). Equally important to this research are those studies indicating a relationship between client likeability and counseling success (Stoler, 1963) and between prognosis and success (Strupp, Wallach, Jenkins, & Wogan, 1963). It should be noted that the articles reviewed by Luborsky (1971), apropos to this research, are correlational in nature.

The present experiment has its basis in the research reviewed by Luborsky (1971) and in Byrne's (1971) conception that attitudinal statements may come to serve as unconditioned stimuli for eliciting affect. As Byrne (1961, p. 713) has noted,

Disagreement raises the unpleasant possibility that we are to some degree stupid, uniformed, immoral, or insane. An

alternative possibility is that it is the other person who is deficient in one or more of these characteristics.

In most instances, research previously done in this area has used students in Introductory Psychology classes as subjects, and measures of the perceived mental health of the people being evaluated have been a secondary consideration. This research differs in both respects. Subjects' perceptions of the mental health of the strangers they were to evaluate was the key factor being examined. Also, instead of being college Freshmen or Sophomores from all majors, many, if not most, of the subjects in this research will be making judgments similar to those called for in this research upon their graduation.

The purpose of this experiment was to examine the effects of behavioral statements, representative of three levels of mental health, on graduate students' evaluations of the mental health of the stranger to which the statements were purported to refer; and to examine the effects of attitudinal statements, representative of three levels of attitudinal similarity, on those same evaluations. Another aspect of this research was the determination of the interaction effects of the behavioral and attitudinal statements with graduate students' choice of and participation in either Clinical Psychology or Student Personnel and Guidance programs of study. A portion of this research can therefore be viewed as an attempt to clarify and expand upon the recent work by Feuquay and Pirruccello (1975).

CHAPTER II

HYPOTHESES

It was hypothesized that (1) the behavioral and attitudinal statements would have a significant effect on the students' evaluations of the strangers' mental health and that (2) interaction effects with the above variables would be found for the program-of-study variable. Further, that students would differ in the confidence they placed in their evaluations.

CHAPTER III

METHOD

Subjects

Subjects were selected from two student populations. The first group was representative of graduate students in the Clinical Psychology program at Oklahoma State University. The second group was representative of graduate students in the Student Personnel and Guidance program at Oklahoma State University.

Sixty-three students in five graduate courses were pretested. These classes were selected due to their high concentrations of students having appropriate majors. Nine of those students pretested were in majors other than those being considered and were, therefore, dropped from the study. Of the remaining fifty-four, thirty subjects were randomly chosen from those willing to complete all phases of the experiment. The sample included fifteen students from each program of study for a total subject count of thirty. Their characteristics are noted in Table I.

Procedure

I) Each student was pretested on a fifteen-item Survey of Attitudes (see Appendix A). In order to facilitate return of the appropriate experimental packet to the appropriate student, while guaranteeing his anonymity, a special identification system was used. Each student

was randomly assigned to either the low, medium, or high level of "strangers' mental health." Using the Survey of Attitudes pretests, three unique strangers were created for each student to evaluate. The three strangers which a particular student was asked to evaluate shared a common behavioral statement but displayed differing attitudinal statements such that, in relation to that particular student's pretest, one stranger was low in his similarity to the student, one medium, and one high.

TABLE I
CHARACTERISTICS OF SUBJECTS

	Clinical			Student Personnel and Guidance		
	range	median	mean	range	median	mean
Age	23-32	24.75	26.2	21-29	24.5	24.3
Number of graduate semester hours completed	10-99	45.5	42.6	0-90	22.0	31.9
Degree goal	11 Ph.D. 1 MHS 3 MS			7 Ed.D. 8 MS		
Sex	8 Male 7 Female			9 Male 6 Female		

II) One to two weeks after completing the Survey of Attitudes pretest, each student received an experimental packet containing:

a) Instruction Sheet - described this research as an attempt to

determine the accuracy of the Health-Sickness Rating Scale (see Appendix B) when judgments reflected by it are based on a minimal amount of information. Asked students to read all the given information about each "patient" prior to making their evaluations and gave criteria and directions for use of the Health-Sickness Rating Scale.

- b) Behavioral statement and statement of psychiatric treatment status representative of one of three levels of mental health. These statements paraphrase the descriptive phrases at points 0, 50, and 100 on the Health-Sickness Rating Scale.
- c₁) Fictitious stranger's Survey of Attitudes - as described in I above, followed by a Health-Sickness Rating Scale on which to evaluate this stranger.
- c₂) Same as c₁, but with the Survey of Attitudes representative of a different level of attitudinal similarity.
- c₃) Same as c₁ and c₂, but with the Survey of Attitudes representative of the third possible level of attitudinal similarity.

III) Upon completion of the above task, each student was asked to assign a grade, ranging from A through F, to each of the evaluations which he had completed. This grade was to be a reflection of the confidence the student felt in the accuracy of his evaluation. A grade of "A" given to an evaluation would indicate that the student had total confidence in its accuracy. A grade of "F" would indicate that the student felt his evaluation to be a guess and that the student had no confidence in its accuracy.

Experimental Conditions

Levels of Stranger Mental Health

Each student was randomly assigned to one of three groups. Group one evaluated three strangers described as Severely Disturbed by the Behavioral Statement sheet (b). Group two evaluated three strangers described as being Mildly Disturbed by the Behavioral Statement sheet. Group three evaluated three strangers described as being Normal by the Behavioral Statement sheet.

The specific descriptive phrases received by the students were: Group one (Severely Disturbed) - These people are, at present, inpatients at Central State Griffin Memorial Hospital, the psychiatric treatment facility in Norman, Oklahoma. They are usually unresponsive to attempts to make contact. They, at times, need complete nursing care. The following information was collected on very good days.

Group two (Mildly Disturbed) - These people are currently being seen biweekly by clinicians. They demonstrate severe depression and show a marked decrease in work performance during treatment lapse.

Group three (Normal) - These people saw clinicians for a period of several weeks. They appear comfortable in interaction with others and with their environment. They are capable of inventive problem solving under specific and general stress.

Levels of Attitudinal Similarity

One of three levels of student-stranger attitudinal similarity was given to each fictitious stranger through the marking of the fifteen-item Survey of Attitudes purported to be that of the stranger. These

levels were low, medium, and high similarity and were obtained by altering the number of attitude statements on which the student and stranger agreed (+) and disagreed (-). The proportion of similar attitudes, and number of similar and dissimilar attitudes, were 0.20, 3+, 12- for low; 0.47, 7+, 8- for medium; and 0.80, 12+, 3- for high. Agreement on a particular item was obtained by marking the stranger's Survey of Attitudes one away on the same side of the response set as that indicated on the student's pretest. Disagreement was obtained by marking the question on the stranger's Survey of Attitudes three away on the opposite side of the response set as that indicated on the student's pretest. The specific attitude statements on which the student and stranger agreed and disagreed were chosen randomly and for each student the order of presentation of similarity levels was random.

Measures

A Health-Sickness Rating Scale score with a possible range of 0-100 was recorded for each stranger evaluated. This data was analyzed using an Analysis of Variance for three factor mixed design: repeated measures on one factor (Edwards, 1960 & Bruning, 1968) followed by the calculation of the Sum of Squares ratio (SS_r) for each effect found significant. The Sum of Squares ratios for the significant between-subjects effects were computed by dividing the Sum of Squares for the applicable source variable(s) by the Sum of Squares between subjects. The Sum of Squares ratios for the within-subjects effects were computed in an identical manner, but with the Sum of Squares within subjects replacing the Sum of Squares between subjects as the denominator of these ratios. Duncan's Multiple Range test and F-tests for simple

effects were further used in this analysis.

Also recorded for each stranger evaluated was a "level of confidence" score with a possible range of 0-4. The same statistical treatment was employed in the analysis of this score as was used in the analysis of the Health-Sickness Rating Scale scores.

CHAPTER IV

ANALYSIS OF THE DATA

Health-Sickness Rating Scale Scores

The results of the Analysis of Variance performed on the Health-Sickness Rating Scale scores can be found in Table II. These scores may be viewed as indicative of the perceived mental health of the fictitious strangers. A Sum of Squares ratio for each effect found significant is included in the table. The Sum of Squares ratios referring to the effects of the Behavioral Statements and the Program X Behavioral Statements interaction effects may be interpreted as the proportion of between-subjects variance in the Health-Sickness Rating Scale scores which is accounted for by each of these effects. Similarly, the Sum of Squares ratios referring to the effects of Attitudinal Similarity and the Similarity X Program, Similarity X Behavior, and Similarity X Program X Behavior interaction effects may be interpreted as the proportion of within-subjects variance in the Health-Sickness Rating Scale scores which is accounted for by each of these effects.

A better understanding of the effects of the behavioral statements and the level of student/stranger attitudinal similarity on the perceived mental health of the strangers was obtained through the use of Duncan's Multiple Range test. The results of these analyses can be found in Table III.

TABLE II
ANALYSIS OF VARIANCE TABLE FOR THE HEALTH-
SICKNESS RATING SCALE SCORES
(including SS_r for significant effects)

Source	SS	df	ms	F	p	SS_r
Total	19605	89	--	--	--	
Between Subjects	15056	29	--	--	--	
Program of Study	552	1	552	3.36	n.s.	
Behavior Statement	5524	2	2762	16.82	<.001	.37
Program X Behavior	5039	2	2519.5	15.34	<.001	.33
Error _b	3941	24	164.208	--	--	
Within Subjects	4549	70	--	--	--	
Similarity	1847	2	923.5	37.96	<.001	.41
Similarity X Program	166	2	83	3.41	<.05	.04
Similarity X Behavior	406	4	101.5	4.17	<.01	.09
Similarity X Program X Behavior	719	4	179.75	7.39	<.001	.16
Error _w	1411	58	24.33	--	--	

TABLE III
EFFECTS OF THE BEHAVIOR STATEMENTS AND THE LEVEL
OF SIMILARITY ON THE HEALTH-SICKNESS RATING
SCALE SCORES: DUNCAN'S MULTIPLE
RANGE TEST

Levels Compared	Difference between X's	Critical difference	p
Behavior Statements:			
normal vs. severe	18.866	7.174	<.05
normal vs. mild	6.4	6.830	n.s.
mild vs. severs	12.466	6.830	<.05
Levels of Similarity			
low vs. high	11.034	7.174	<.05
low vs. medium	4.5	6.830	n.s.
medium vs. high	6.534	6.830	n.s.

The analyses summarized in Tables II and III, and additional F-tests for simple effects noted below, indicate that:

1.1) The behavioral statements (part b of the experimental packets) had a significant effect on students' ratings of the strangers' mental health. Those behavioral statements accounted for 37% of the between-subjects variance in the ratings.

1.2) The behavioral statements affected both the ratings given by Student Personnel and Guidance students ($F = 5.58$; $df = 2,24$; $p < .025$) and Clinical Psychology students ($F = 30.82$; $df = 2,24$; $p < .001$). While the relationship between the program of study and the ratings was not significant, there were significant effects due to the interaction of the program of study with the behavioral statements. These interaction effects accounted for an additional 33% of the between-subjects variance in the mental health ratings, leaving only 30% of the between-subjects variance unaccounted for.

1.3) There was no significant difference in the mental health ratings given to strangers which the behavioral statement described as normal or mildly disturbed. However, both the strangers described as normal and those described as mildly disturbed were perceived as being significantly better adjusted than those described as severely disturbed. This finding best reflects the effects of the behavioral statements on the ratings made by Clinical Psychology students.

2.1) The level of student/stranger attitudinal similarity (created by parts c_1 , c_2 , and c_3 of the experimental packets) had a significant effect on how well adjusted the strangers were perceived to be. The level of attitudinal similarity accounted for 41% of the within-subjects variance in the ratings.

2.2) The attitudinal similarity level affected both the ratings given by Student Personnel and Guidance students ($F = 10.56$; $df = 2,58$; $p < .001$) and Clinical Psychology students ($F = 30.81$; $df = 2,58$; $p < .001$). Again, while the relationship between the program of study and the ratings was not found to be significant, significant effects were found due to both the interaction of attitudinal similarity level and program of study and the interaction of attitudinal similarity level and the behavioral statements received by the students. The above two interaction effects accounted for 4% and 9% respectively of the within-subjects variance in the ratings.

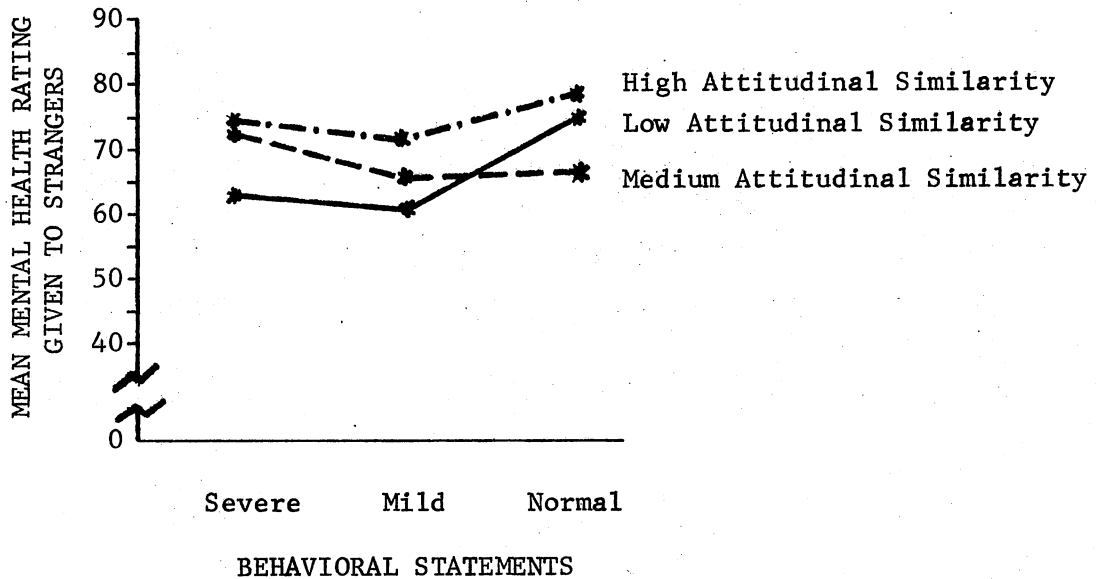
2.3) Strangers who displayed attitudes highly dissimilar to those of the students were perceived as more disturbed than strangers who displayed highly similar attitudes.

2.4) Significant effects were also found due to the interaction of the three independent variables, similarity x program of study x behavioral statements. This interaction effect accounted for an additional 16% of the within-subjects variance in the ratings, leaving only 30% of the within-subjects variance unaccounted for.

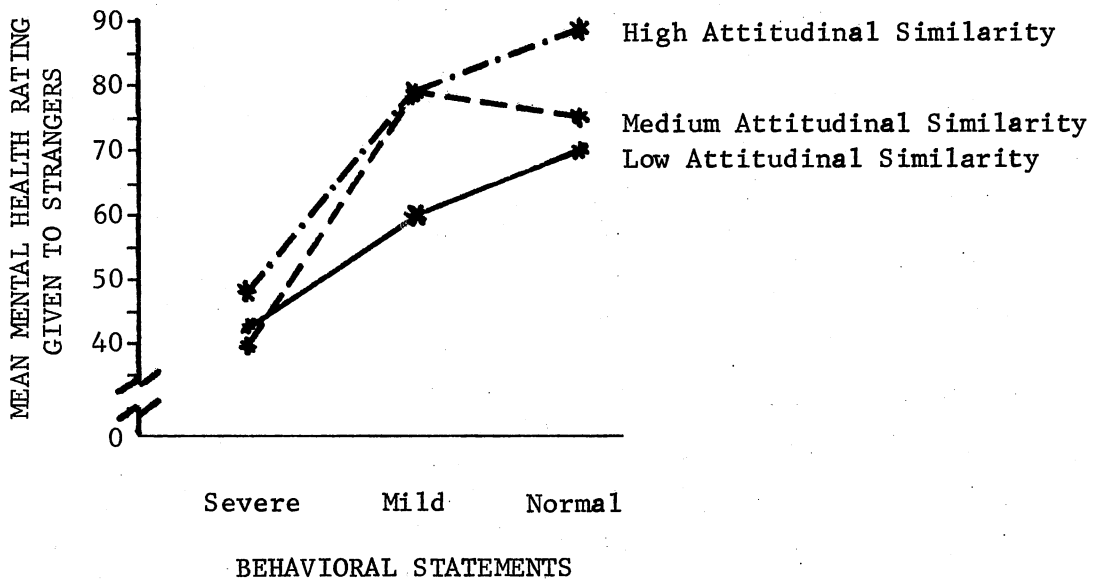
This interaction is presented in Figure I.

Level of Confidence

The same statistical procedures were used in the analysis of the confidence each student felt in the accuracy of his ratings. In the present research the level of confidence which students had in their evaluations of the strangers' mental health was affected only by the level of attitudinal similarity between the student and the stranger being evaluated. The level of student/stranger attitudinal similarity



a.) Student Personnel and Guidance Students



b.) Clinical Students

Figure 1. Similarity X Program X Behavior Effects on the Health-Sickness Rating Scale Scores

was able to account for 9% of the within-subjects variance in the confidence scores. This analysis is summarized in Table IV.

TABLE IV
ANALYSIS OF VARIANCE TABLE FOR THE
CONFIDENCE SCORES
(including SS_r for significant effects)

Source	SS	df	ms	F	p	SS_r
Total	83.96	89	--	--	--	
Between Subjects	62.63	29	--	--	--	
Program of Study	4.45	1	4.45	2.08	n.s.	
Behavior Statement	.56	2	.56	<1	n.s.	
Program X Behavior	6.29	2	3.145	1.47	n.s.	
Error _b	51.33	24	2.139	--	--	
Within Subjects	21.33	70	--	--	--	
Similarity	2.026	2	1.013	3.90	<.05	.09
Similarity X Program	.419	2	.21	<1	n.s.	
Similarity X Behavior	1.574	4	.394	1.52	n.s.	
Similarity X Program X Behavior	2.241	4	.56	2.15	n.s.	
Error _w	15.07	58	.26	--	--	

Table V indicates that students had greater confidence in their evaluations of strangers very high in attitudinal similarity to themselves than they had in their evaluations of strangers moderate or very low in attitudinal similarity to themselves.

TABLE V

EFFECTS OF THE DEGREE OF STUDENT/STRANGER
SIMILARITY ON THE CONFIDENCE THAT
STUDENTS HAVE IN THEIR RATINGS:
DUNCAN'S MULTIPLE RANGE TEST

Levels Compared	Differences between X's	Critical Difference	p
low vs. high	0.3	0.277	<.05
low vs. medium	0.033	0.263	n.s.
medium vs. high	0.333	0.263	<.05

CHAPTER V

SUMMARY AND CONCLUSIONS

This research was an attempt to examine, on a causal level, some of the factors which have previously been found to be related to one person's perceptions of the mental health of another. Three basic factors were examined: 1) the relationship between students' choice of and participation in either Student Personnel and Guidance or Clinical Psychology graduate programs and those students' perceptions of the mental health of strangers, 2) the effects of the level of attitudinal similarity between the students and the strangers being evaluated, and 3) the effects of information received by the student and purported to refer to the behavior and psychiatric history of the strangers being evaluated.

Previous research (Feuquay & Pirruccello, 1975) indicated that students in Introductory Psychology classes ignored statements about a stranger's psychiatric history and based their judgments of that person's adjustment solely on how similar the person was to themselves. In the present research, Student Personnel and Guidance and Clinical Psychology graduate students were still significantly affected by the level of attitudinal similarity which the stranger displayed. They rated strangers displaying attitudes highly dissimilar from their own as significantly lower in adjustment, as significantly more disturbed than strangers displaying attitudes highly similar to their own.

However, the ratings of these graduate students were also significantly affected by the behavioral statements which they received in reference to the strangers. Given the tremendous variability in the amount of coursework the students had completed in their graduate majors, it is not feasible to say that the specific training which they had received effected this change. Too many factors have not been examined. While determining the cause for the apparent increased attention paid by these students to the behavioral statements is beyond the scope of this study, this finding is, nevertheless, heartening. For, unlike the attitudinal similarity information, the behavioral statements represent valid input to the mental-health-rating process. Two possible causes for this apparent change should be considered. It is possible that this may be due to certain personality characteristics intrinsic to individuals who choose to pursue graduate degrees in the areas examined in this research. It is also possible that maturation may account for this change; the average age of the graduate students used in this research was four years higher than the average age of subjects in the previous Feuquay-Pirruccello (1975) research.

As a group, these graduate students rated strangers described as severely disturbed significantly lower in adjustment than strangers described as either mildly disturbed or normal. However, in their ratings of the mental health of strangers described as mildly disturbed and normal, they made no significant distinction. Clinical Psychology students' ratings of strangers described as severely disturbed were so much lower than the ratings which they gave to strangers described as normal or mildly disturbed that the mean rating for all subjects shifted dramatically, obscuring a significant pattern which is visible in

Figure 1. It can be seen that statistics performed on all subjects' ratings are descriptive of only those students in the Clinical Psychology program. Examination of the ratings given by students in the Student Personnel and Guidance program yields a far different pattern. These students make a distinction between strangers described as being normal versus those described as being either mildly or severely disturbed, perceiving "normal" strangers as significantly better adjusted than strangers in either of the other groups. One possible explanation for this anomaly may be the types of populations which the two student groups are grooming themselves to deal with upon graduation. The Clinical Psychology student is expected to develop the capability to deal with severely disturbed individuals. Those students' differentiation between "severely disturbed" strangers versus the other two groups of strangers may be a reflection of training toward that end. Conversely, Student Personnel and Guidance students are expected to develop competence in dealing with essentially "normal" individuals. Their differentiation between "normal" strangers versus the other two groups may be a reflection of their training toward this decidedly different end. The apparently greater penchant of students in the Clinical Psychology program to diagnose and classify their clients may be responsible for the far more dramatic effects that the behavioral statements had on those students' ratings of the strangers' mental health. The effects due to the level of attitudinal similarity, the behavioral statements, and the interactions of these variables with each other and with the students' program of study accounted for over two-thirds of the total variance in mental health ratings given to the fictitious strangers.

The information given these students about the strangers they were

to evaluate was minimal. They were therefore expected to feel somewhat uncomfortable with the evaluations they were asked to make. This discomfort was reflected in ratings which the students made of their level of confidence in their evaluations. These level of confidence evaluations were found to be affected only by the degree of attitudinal similarity between the student and the stranger they were evaluating. Students expressed significantly greater confidence in their evaluations when the stranger they were evaluating was very high in attitudinal similarity to themselves than they did when the stranger was either moderate or very low in similarity to themselves.

In actual practice, these students will have considerably more information available to them about a particular person prior to their being asked for an evaluation of that person's mental health. The possibility cannot be dismissed that attitudinal similarity may have little or no effect on evaluations made with sufficient, appropriate information. The possibility also exists that the dependence of the students' ratings on the present experimental design has increased the effects of the level of attitudinal similarity. However, it is most certainly cause for concern that, in the present research, attitudinal similarity affects perceived mental health as much as does the behavioral information.

If this finding represents an accurate reflection of diagnostic situations in the field, the question must then be asked and answered by those involved in the training of counselors and clinicians as to whether or not this is acceptable. While a recent trend in the area of counseling is the use of the counselor's attitudes and beliefs as tools for enhancing the possibility of positive change in the client, the implications of this research are that discrepancies in the

counselor's and client's attitudes may be providing a markedly different result than that intended; the evaluation of the client as more or less disturbed than is warranted by the behavior which he exhibits. This is, in short, misdiagnosis.

Historically, a major goal in the training of psychiatrists has been their gaining of insight into their own biases and foibles. This was done to enhance those professionals' objectivity in their dealings with clients; to allow those professionals to view their clients as individuals rather than as imperfect mirror-images of themselves. This research provides support for that practice. Only two of the thirty subjects examined were unaffected by the attitudes displayed by the stranger. When one considers the tremendous variability in the attitudes expressed by the subjects themselves, this finding can only be considered unacceptable. This is especially true given the homogeneity of this group of individuals in relation to the population with which they will be expected to deal effectively.

It is recommended that future research in this area be conducted with practitioners in the field. While the ethical considerations involved in this pursuit may pose definite problems, the results could be invaluable. It is suggested a researcher assign incoming psychiatric hospital patients to clinicians on the basis of patient/clinician interpersonal similarity. While appropriate dependent measures in this research would be the specific diagnosis made and the length of the patients' stay in the hospital, an equally important measure would be the time out of the hospital before next admission. This research would allow determination of the amount of variance in the above measures accounted for by patient/clinician similarity in a naturalistic

setting; another step towards improving our capacity to deal with a persistent problem in our society.

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APPENDIX A

SURVEY OF ATTITUDES

Middle initial and last four digits of phone number = I.D. code: _____

Major _____ Degree Sought _____ Age _____ Sex _____

Approx. number of semester hours completed in degree program _____

Approx. number of semester hours to completion of program _____

1. Fraternities and Sororities (check one)

_____ I am very much against fraternities and sororities as they usually function.

_____ I am against fraternities and sororities as they usually function.

_____ To a slight degree, I am against fraternities and sororities as they usually function.

_____ To a slight degree, I am in favor of fraternities and sororities as they usually function.

_____ I am in favor of fraternities and sororities as they usually function.

_____ I am very much in favor of fraternities and sororities as they usually function.

2. Undergraduates Getting Married (check one)

_____ In general, I am very much in favor of undergraduates getting married.

_____ In general, I am in favor of undergraduates getting married.

_____ In general, I am mildly in favor of undergraduates getting married.

_____ In general, I am mildly against undergraduates getting married.

_____ In general, I am against undergraduates getting married.

_____ In general, I am very much against undergraduates getting married.

3. Belief in God (check one)

_____ I strongly believe that there is a God.

_____ I believe that there is a God.

_____ I feel that perhaps there is a God.

_____ I feel that perhaps there is no God.

_____ I believe that there is no God.

_____ I strongly believe that there is no God.

4. Professors and Student Needs (check one)

- I feel that university professors are completely indifferent to student needs.
- I feel that university professors are indifferent to student needs.
- I feel that university professors are slightly indifferent to student needs.
- I feel that university professors are slightly concerned about student needs.
- I feel that university professors are concerned about student needs.
- I feel that university professors are very much concerned about student needs.

5. Sexual Activity (check one)

- I am very much against sexual activity among couples in college.
- I am against sexual activity among couples in college.
- I am mildly against sexual activity among couples in college.
- I am mildly in favor of sexual activity among couples in college.
- I am in favor of sexual activity among couples in college.
- I am very much in favor of sexual activity among couples in college.

6. Integration in Public Schools (check one)

- Racial integration in public schools is a mistake, and I am very much against it.
- Racial integration in public schools is a mistake, and I am against it.
- Racial integration in public schools is a mistake, and I am mildly against it.
- Racial integration in public schools is a good plan, and I am mildly in favor of it.
- Racial integration in public schools is a good plan, and I am in favor of it.
- Racial integration in public schools is a good plan, and I am very much in favor of it.

7. Acting on Impulse vs. Careful Consideration of Alternatives (check one)

- I feel that it is better if people always act on impulse.
- I feel that it is better if people usually act on impulse.
- I feel that it is better if people often act on impulse.
- I feel that it is better if people often engage in a careful consideration of alternatives.
- I feel that it is better if people usually engage in a careful consideration of alternatives.
- I feel that it is better if people always engage in a careful consideration of alternatives.

8. Social Aspects of College Life (check one)

- I am very much against an emphasis on the social aspects of college life.
- I am against an emphasis on the social aspects of college life.
- I am mildly against an emphasis on the social aspects of college life.
- I am mildly in favor of an emphasis on the social aspects of college life.
- I am in favor of an emphasis on the social aspects of college life.
- I am very much in favor of an emphasis on the social aspects of college life.

9. Birth control (check one)

- I am very much in favor of most birth control techniques.
- I am in favor of most birth control techniques.
- I am mildly in favor of most birth control techniques.
- I am mildly opposed to most birth control techniques.
- I am opposed to most birth control techniques.
- I am very much opposed to most birth control techniques.

10. Drinking (check one)

- I am very much in favor of college students drinking alcoholic beverages.
- I am in favor of college students drinking alcoholic beverages.
- I am mildly in favor of college students drinking alcoholic beverages.
- I am mildly opposed to college students drinking alcoholic beverages.
- I am opposed to college students drinking alcoholic beverages.
- I am very much opposed to college students drinking alcoholic beverages.

11. American Way of Life (check one)

- I strongly believe that the American way of life is not the best.
- I believe that the American way of life is not the best.
- I feel that perhaps the American way of life is not the best.
- I feel that perhaps the American way of life is the best.
- I believe that the American way of life is the best.
- I strongly believe that the American way of life is the best.

12. Money (check one)

- I strongly believe that money is not one of the most important goals in life.
- I believe that money is not one of the most important goals in life.
- I feel that perhaps money is not one of the most important goals in life.
- I feel that perhaps money is one of the most important goals in life.

- I believe that money is one of the most important goals in life.
 I strongly believe that money is one of the most important goals in life.

13. Preparedness for War (check one)

- I strongly believe that preparedness for war will not tend to precipitate war.
 I believe that preparedness for war will not tend to precipitate war.
 I feel that perhaps preparedness for war will not tend to precipitate war.
 I feel that perhaps preparedness for war will tend to precipitate war.
 I believe that preparedness for war will tend to precipitate war.
 I strongly believe that preparedness for war will tend to precipitate war.

14. Welfare Legislation (check one)

- I am very much opposed to increased welfare legislation.
 I am opposed to increased welfare legislation.
 I am mildly in favor of increased welfare legislation.
 I am mildly in favor of increased welfare legislation.
 I am very much in favor of increased welfare legislation.

15. Exhibitions of Modern Art (check one)

- I dislike looking at exhibitions of modern art very much.
 I dislike looking at exhibitions of modern art.
 I dislike looking at exhibitions of modern art to a slight degree.
 I enjoy looking at exhibitions of modern art to a slight degree.
 I enjoy looking at exhibitions of modern art.
 I enjoy looking at exhibitions of modern art very much.

APPENDIX B

<u>HEALTH-SICKNESS RATING SCALE</u>	
<u>Definition of Scale Points</u>	<u>Examples of Scale Points</u> (See also the 34 ranked sample cases)
<p>At 100: An ideal state of complete functioning integration, of resiliency in the face of stress, of happiness and social effectiveness.</p> <p>(From 99 to 76: Degrees of "everyday" adjustment. Few individuals in this range seek treatment.)</p>	100
<p>At 75: Inhibition, symptoms, character problems become severe enough to cause more than "everyday" discomfort. These individuals may occasionally seek treatment.</p>	75
<p>At 65: Generally functioning pretty well but have <u>focalized</u> problem or more generalized lack of effectiveness without specific symptoms.</p>	65
<p>At 50: Definitely needs treatment to continue work satisfactorily and has increasing difficulty in maintaining himself autonomously (even without expressed or recognized need for formal treatment). Patient may either be in a stable unsatisfactory adjustment (where most energy is bound in the conflicts) or an unstable adjustment from which he will likely regress.</p>	50
<p>At 35: Obviously unable to function autonomously. Needs hospital protection, or would need it if it were not for the support of the therapist. The fact that the patient is in the hospital does not mean he <u>must</u> be rated at this point—he may have changed since admission or be hospitalized for any of a variety of reasons.</p>	35
<p>(From 24 to 1: Increased loss of contact with reality; need for protection of patient or others from the patient; high degree of regression.)</p>	25
<p>At 10: Extremely difficult to make any contact with patient. Needs closed ward care. Not much chance of continued existence without care.</p>	10
<p>At 0: Any condition which, if unattended, would quickly result in the patient's death, but not necessarily by his own hand.</p>	0
	<p>Some patients who complete treatment, and some who come for and need only "situational" counseling.</p> <p>Patients with very mild neuroses or mild addictions and behavior disorders begin here and go on down, depending on severity.</p> <p>Clearly neurotic conditions (most phobias, anxiety neuroses, neurotic characters).</p> <p>Severe neuroses such as severe obsessive-compulsive, may be rated at 50 or lower, rarely below 35. Some <u>compensated</u> psychoses. Many character disorders, neurotic depressions.</p> <p><u>Most</u> borderline schizophrenias; severe character problems. Psychotic depressions may be this high, or go all the way to 0.</p> <p>Most clear-cut, overt psychoses, psychotic characters, severe addictions (which require hospital care).</p> <p>"Closed ward" patients, such as chronic schizophrenics, excited manics, profound suicidal depressions.</p> <p>Completely regressed schizophrenics (incontinent, out-of-contact) who require complete nursing care, tube feedings.</p>

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VITA

Jeffrey Price Feuquay

Candidate for the Degree of

Master of Science

Thesis: EFFECTS OF BEHAVIORAL INFORMATION AND ATTITUDINAL SIMILARITY AND THEIR INTERACTION WITH CHOICE OF CLINICAL VERSUS STUDENT PERSONNEL AND GUIDANCE PROGRAMS ON PERCEIVED MENTAL HEALTH OF A STRANGER

Major Field: Educational Psychology

Biographical:

Personal Data: Born in Enid, Oklahoma, July 6, 1949, the son of Mr. and Mrs. Neil P. Feuquay

Education: Graduated from Casady High School, Oklahoma City, Oklahoma, in May, 1967; attended Trinity University, San Antonio, Texas, 1967-1968; Oklahoma State University, Stillwater, Oklahoma, 1968-1970; received Bachelor of Arts degree in Psychology from University of Oklahoma in 1973; completed requirements for Master of Science in Educational Psychology in May, 1976.

Professional Experience: Graduate teaching assistant, Oklahoma State University, Department of Applied Behavioral Studies in Education, 1975-1976.