EFFECTS OF THERAPIST-CLIENT COMPATIBILITY ON NATURE OF TERMINATION, LENGTH, AND OUTCOME OF PSYCHOTHERAPY

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CHAPTER I

INTRODUCTION

In the past decade, clinical psychology has witnessed an ever-increasing concern over the usefulness and productivity of individual psychotherapy. Most undergraduate psychology students are familiar with the work of Eysenck and others who call into question the benefit individuals derive from undergoing this type of treatment for emotional difficulties. Then, too, although the field has grown significantly over the years since the time of Freud and Breuer, with new techniques and approaches receiving notariety all of the time, empirical studies which lend unequivocal support to the efficacy of psychotherapy have been lacking. It was this specific problem that led to the following investigation. That is, this study was an attempt to tease out meaningful factors at work in psychotherapy so that therapeutic endeavors in the future can be based on a scientific rationale instead of personal beliefs and predilections.

From the extensive literature already amassed, it can be seen that several factors which are thought to influence the process and outcome of psychotherapy have been investigated. For example, attributes of the therapist such as

experience, warmth and genuineness, empathy, and theoretical stance have all been studied as have attributes of the client such as age, I.Q., diagnosis, psychological sophistication, etc. A relatively new area and one that has not received as much attention in previous studies is the interaction of the therapist and client as it influences the therapeutic process and outcome (Kiesler 1966, Paul 1967). It is this particular facet of psychotherapy that has been dealt with in the following study. More specifically, this study investigated the interaction of the therapist and client as it influences the nature of termination, length of therapy, and outcome of therapy.

Review of the Literature

The following literature review does not attempt to cover all of the rather exhaustive research that has been done on the various facets of psychotherapy. Readers who are interested in a more general overview are referred to other excellent sources, e.g., Bergin and Garfield (1971), and Meltzoff and Kornreich (1970). This review is selective in nature and is geared to make certain points mostly with regard to therapist-client interaction as it affects factors in psychotherapy. Consequently, this selective literature review is divided into four sections: (1) nature of termination, (2) length of therapy, (3) outcome of therapy, and (4) a statement of the problem.

Nature of Termination

As Garfield (1971, p. 285) notes:

> . . . the assumption is usually made that a certain (frequently unspecified) amount of contact with a therapist must be made if progress in psychotherapy is to be attained. If a client discontinues therapy before the therapist believes there has been sufficient time to affect change, then such discontinuance directly influences and limits the amount of change to be expected. It is for such a reason that early or premature termination on the part of the client is frequently viewed as a failure in psychotherapy, even though there has been practically no research evaluating the outcome of therapy in such cases.

However, some investigators have addressed the problem of early termination even though they were not evaluating outcome in the case of early terminators. White, Fichtenbaum, and Dollard (1964) developed a measure for predicting dropping out of psychotherapy by evaluating tapes of the client's first interview. They scored the content of the tapes according to what the client said and the length of his periods of silence and predicted future termination in 80% of the cases. Their findings indicated that a client's having positive interaction with the therapist during the first interview led to continuation of therapy at least for three more visits over a two month time interval.

Mendelsohn and Geller (1967), in reviewing the data obtained by Mendelsohn (1966), noted that missed appointments often occur early in therapy and in many cases they occur after the first session. They also found this to hold true on occasion when the counselor and client were judged

similar on a personality scale. These findings led the authors to point to the importance of the initial interactions between the counselor and client in determining whether the client would terminate early or not. They mentioned that counselor-client similarity, while being conducive to continuation for some clients, may scare off other clients because they feel too well understood or aspects of themselves are explored too soon.

Length of Therapy

Several studies have been conducted to evaluate the problem of clients who actively seek therapy and yet discontinue or "drop out" relatively early in the psychotherapeutic process. Garfield and Kurz (1952), evaluated 560 patients seen at a VA mental hygiene clinic and found that the median length of stay in treatment was between six and seven interviews. Two-thirds of the cases were seen for fewer than ten interviews and only about nine percent of this sample were seen for more than 25 interviews. This general pattern was supported by Schaffer and Myers (1954), who found that the median number of interviews for clients at the Yale University Clinic was four, while Garfield and Affleck (1959), found the median number of interviews at the Nebraska Psychiatric Institute was twelve. The annual statistical reports for the Psychiatric Clinics in the states of New York and Maryland showed that most patients are seen for less than five interviews (Gordon, 1965). Also, similar

data from five other states indicated that the majority of clients have discontinued therapy by the eighth interview (Rogers, 1960). It is worthy to note that Garfield (1963), and Riess and Brandt (1965), have shown on the basis of limited evidence that few individuals who terminate therapy go on to seek therapy somewhere else.

The National Center for Health Statistics (1966), in evaluating the length of stay in therapy for 979,000 Americans who contacted a psychiatrist during the 1963-64 fiscal year, found that the average number of visits was between four and five. Thus, this review gave some indication that relatively short periods of therapy are commonplace, both for those contacting clinics and for those consulting psychiatrists. Obviously, herein lies some implication for how broad based short therapy is, since one would expect that those individuals consulting clinics compared with those contacting psychiatrists would be representative of different populations from several social classes.

In most of the studies which indicated that therapy in general was of a short duration, the client's leaving therapy was not a result of deliberately planned brief therapy. What happened was that most clients failed to keep a scheduled appointment, i.e., they terminated without making their intentions known to the terapist.

The above findings had import for the present study in that there were some studies which indicated duration had an

effect on therapeutic outcome. Bailey, Warshaw and Eichler (1959) found a highly significant relationship between improvement in psychotherapy and length of stay in treatment. Lorr, McNair, Michaux and Raskin (1962) found that those patients remaining in therapy for an extended period of time (over a year) regardless of treatment frequency, showed a greater number of symptom reductions and interpersonal changes as compared to their initial few months of treatment.

In another study, Lorr and McNair (1964) investigated 43 Veterans Administration out-patient clinics where they found therapy was more on a long-term basis in that only 28% of the 500 patients studied had dropped out by the eleventh month. Although their findings indicated no significant relationship between reduction in symptom distress, self-reported change and duration in therapy, the authors were of the opinion that a minimum length of treatment is required in order to produce behavioral changes. However, they did not go on to estimate this minimum length.

From their review, Meltzoff and Kornreich (1970) concluded that while results are mixed, it does seem that some optimal time in therapy may exist and that perhaps the number of sessions depends on the type of client and the type of therapy used. They go on to point out that in many cases clients who are going to improve do so early in therapy and, thus, their early termination is obscured by those who terminate shortly after therapy begins without demonstrating improvement.

One dimension which may effect remaining in therapy is the similarity between the therapist and client. Mendelsohn and his colleagues working at the University of California, Berkeley, used the Myers-Briggs Type Indicator (MBTI) to assess counselor-client similarity. The MBTI, based on the Jungian theory of type, consists of four scales labeled Judgement-Perception, Thinking-Feeling, Sensation-Intuition, and Extroversion-Introversion. The MBTI is described as measuring basic psychological preferences underlying all behavior such that counselor-client difference scores are thought to represent global personality similarity or dissimilarity.

In an initial study, Mendelsohn and Geller (1963) administered the MBTI to 72 clients and their ten counselors at the University of California Counseling Center. One of their basic tenets was that similarity on the dimensions of the MBTI entailed a greater ability for communication to flow between the counselor and the client. Their findings indicated that similarity on the MBTI was positively and linearly related to the duration of counseling. These authors explained their results in terms of a greater commitment to counseling on the part of those clients similar to their therapists because of the greater ability to communicate.

Mendelsohn (1966) replicated this study using eleven professional staff psychologists and 201 clients from the same counseling center. In this latter study, controls were

introduced for counselor-client personality and sex. He found essentially the same results as before in that similarity was positively related to the duration of counseling. Generality from these findings was somewhat limited in scope because most of the clients seen were seeking assistance with vocational and educational difficulties and, thus, would not necessarily qualify as psychotherapeutic patients.

Outcome of Therapy

Assessing the effect of client-therapist similarity or complementarity on the outcome of psychotherapy has yielded conflicting results. One of the earliest studies was done in 1958 by Gerler using the Ewing Personal Rating Form. Gerler computed the difference scores between 57 college students with emotional problems at the University of Illinois Counseling Center and five clinical and counseling staff psychologists. The dyads were arranged into high, medium, and low similarity groups and then the clients were compared on the basis of judged improvement. Gerler found that there was significantly more improvement in the medium than in the high similarity group, although he found no difference between the low and the medium similarity groups on judged improvement.

Using the MMPI to assess and compare personality traits of fourth-year medical student therapists and their clients, Carson and Heine (1962) demonstrated a curvilinear relationship between therapist-client similarity and rated

improvement. They found that success in psychotherapy depended upon an optimum balance between the therapist being empathetic and objective with his clients. Too much similarity was thought to reduce objectivity and suitable distance on the part of the therapist whereas too much dissimilarity was thought to reduce the therapist's empathy towards his understanding of the patient's problem. In both extreme cases, there was a significant decrement in therapeutic success.

In an attempt to replicate the Carson and Heine findings, Lichtenstein (1966) used the same instruments and procedures with third-year medical students and their clients. He found no relationship between therapist-client similarity and success in psychotherapy. Consequently, Carson himself attempted to replicate his own findings (Carson and Llewellyn, 1966), but he too found no relation between therapist-client similarity and therapeutic outcome.

Lesser (1961) used the Butler-Haigh Q-Sort with therapists and clients at Michigan State University Counseling Center in investigating the effects of similarity of self-concept on the outcome of counseling. He found that similarity between client and therapist was significantly and negatively related to counseling progress. However, he did find that a therapist's being aware of his similarity to his client did lead to counseling progress. On the other hand, in studying the assignment to counselors of boys at a National Training School, Levinson and Kitchner (1966) used

a Q-sort deck of 60 statements developed from the Edwards Personal Preference Schedule in matching client to counselor on the basis of similarity in personality characteristics. These authors suggested that it is advisable to take into account the degree of therapist-client similarity in assigning patients to therapeutic relationships.

Bare (1967) investigated client-counselor similarity using counselors in a graduate training program and their clients. Similarity was based on results from the Gordon Personal Profile, the Gordon Personal Inventory and the Edwards Personal Preference Schedule. Although the results were of low magnitude, Bare found some indication that on the variables of original thinking, vigor, and responsibility, counselor-client dissimilarity was related to more therapeutic success.

In a study looking at client-counselor complementarity on the dimensions of love-hate and dominance-submission, Swenson (1967) used students in clinical psychology as counselors and their clients at the Purdue University Psychological Service Center. Ratings on the dimensions were made from MMPI test results and improvement was judged from therapist's final summaries. Results indicated that complementarity on the dominance-submission dimension was important for beneficial behavioral changes to take place, but that complementarity on the love-hate dimension was not.

In conclusion to their review of the literature in this area, Meltzoff and Kornreich (1970, p. 325) noted that:

> Looking at all of these studies in the aggregate, we can find no solid evidence that patient-therapist similarity or dissimilarity either aids, abets, or hampers effectiveness. Hopes for matching patients and therapists along personality dimensions dwindle.

Still, later on they stated: "It is not at all unlikely that some similar or dissimilar global personality patterns facilitate success while others are predictive of failure."

Statement of the Problem

The previous studies dealt with matching therapists and clients on the basis of similarity or complementarity. Another possibility that has been explored sparingly is to match clients with therapists on the basis of compatibility. A new test which lends itself to matching therapists and clients in this manner is one developed by Schutz (1966) called the FIRO-B (a full discussion of the FIRO-B is included in Appendix A).

Gassner (1968) used theological students in a pastoral counseling program at a state mental hospital, having the students each meet with a patient selected as a "good match" according to compatibility scores compiled with results on the FIRO-B. She also had a no-treatment control group. She found that good-match patients were more attracted to their therapists than either the "poor match" or the control patients. In turn, therapists tended to be more attracted to their good match patients; however, these results were not significant. Her findings would seem to indicate that the FIRO-B does have some predictive value in determining

effective patient-therapist combinations. With regard to outcome of therapy which was based on the amount of behavioral change as judged by the ward nurse most familiar with the patient, Gassner found patient-therapist attraction was not demonstrated to influence treatment effectiveness. However, as Gassner points out, these findings may be due to methodological flaws in the study; i.e., measure of outcome were made after only three weeks of therapy and not repeated after eleven weeks which represented the full term of the investigation.

In another study, Sapolsky (1965) used the FIRO-B to measure the interpersonal compatibility between voluntarily hospitalized females with functional psychiatric disorders and the psychiatric residents with different levels of training who were in charge of the treatment for each individual patient. The compatibility scores were then correlated with the residents' supervisor's ratings of improvement for each patient. Sapolsky found that patients who were more compatible with their doctor according to their interpersonal compatibility score, showed greater effects of their doctor's influence than did the patients who were less compatible with their doctor.

In a follow-up to Sapolsky's work, Mendelsohn and Rankin (1969) used the FIRO-B in comparing client-counselor compatibility and outcome of counseling with a population similar to that used in the present study. Subjects were 162 clients at the Counseling Center of the University of

California, Berkeley, who had come to the center for assistance with vocational, educational, and personal problems. The counseling was done by eleven counselors with varying degrees of experience; i.e., four had five or more years experience. Counseling was of short duration with the maximum number of sessions being eight. Outcome was based on client evaluations as contrasted with Sapolsky's use of supervisor's ratings. As Mendelsohn and Rankin noted, their results were not in complete agreement with those of Sapolsky's earlier study. These authors found that the global compatibility measure, K, which was useful in predicting outcome in Sapolsky's study, failed to do so in their study. The authors stated that this difference may be due to Sapolsky's use of female subjects only whereas their study involved both males and females.

Mendelsohn and Rankin in general found that while global compatibility on the control dimension of the FIRO-B was related to favorable outcomes in therapy, compatibility on the inclusion and affection dimensions was related to unfavorable outcomes. They go on to hypothesize that the factors in interpersonal relationships which foster strong emotional attachments must be handled carefully in a therapeutic relationship in order to avoid excessive personalization between the therapist and the client. They conclude by stating that FIRO-B scores do generate some good predictions of outcome, at least for females and particularly on the control dimension. Also, they noted that more work needs be

done in different clinics with different populations to assess the full potential of the FIRO-B in generating systematic, empirically based matching of client and therapist.

Although both the previously mentioned studies by Gassner (1968) and Sapolsky (1965) used the FIRO-B to measure therapist-client interpersonal compatibility, there is some limitation in generalizing the findings to the present study. Both studies used therapists in training (theological students and psychiatric residents), however both sets of clients were hospitalized patients who undoubtedly differ from the clients used in this study (clients at the Psychological Services Center on the Oklahoma State University Campus) in at least some respects, e.g., living on a hospital ward as compared to functioning in a college community. Consequently, as implied by Mendelsohn and Rankin (1969), it remains to be seen whether FIRO-B compatibility scores are as effective in predicting therapeutic success with the particular population under study.

CHAPTER II

METHOD

Subjects

Subjects for this study were 70 clients at the Psychological Services Center at Oklahoma State University who came for therapy during the fall semester of 1972, the spring semester of 1973, or the summer session of 1973. They were also clients whose treatment was terminated during this same time period. Since the Psychological Services Center is associated with the university, but is also open to the general public, the client population represented a composite of university students, faculty, and citizens of the surrounding community. The mean age of the clients was 23.3 and their ages ranged from 14 to 47.

Seventeen Clinical Psychology graduate students at Oklahoma State University who were enrolled in practicum training at the Services Center for the periods mentioned above served as therapists. These students varied in their individual levels of training in that six first, four second, and seven third year graduate students were used as therapists for the different clients.

The supervisors for this study were two Ph. D. Clinical

Psychologists in charge of the Psychological Services Center. Throughout the school year mentioned above, the supervisors served as consultants for the practicum students involved in therapy with the 70 clients used in this study.

Procedure

The records of clients who began therapy after August 27, 1972 and who were terminated prior to July 27, 1973 were investigated and a record was made of their FIRO-B scores, the number of sessions the client had with his therapist, the nature of the client's termination, i.e., client initiated or mutual termination, and the therapist who saw the client. For the purposes of studying length of therapy, clients were classified as being seen for one time, brief, or short term therapy. One time constituted those clients seen for one interview, brief represented between 2 and 6 interviews, and short term represented from 7 to 23 interviews.

The FIRO-B was administered to all persons seeking therapy at the Psychological Services Center prior to their being seen by a therapist. From that point on, it was incumbent upon the individual therapist to administer FIRO-B questionnaires, although all therapists were encouraged to administer the test upon termination. However, this was not always done by the therapists, particularly in the cases in which the client terminated on his own without notifying the therapist.

The therapists' FIRO-B scores were obtained by asking each therapist to submit his scores to this author for the purpose of this research. It was made clear to the therapists that this author wanted results of FIRO-B tests which they had taken during the time period from August 27, 1972 to July 27, 1973 while they were seeing clients involved in this study. If they did not have available scores from this time period, they were asked to take the FIRO-B immediately so that their results were obtain in July, 1973--the end of the period under study. A brief explanation of the research was given upon requesting the therapists' scores.

The therapists' FIRO-B scores were then matched with their clients' scores so that compatibility scores in the three need areas of inclusion, control, and affection could be computed. In the case where a client came in for an initial interview only (an intake interview) and did not return for further therapy, compatibility was computed with the therapist who conducted the intake interview. Regarding clients who continued in therapy, their compatibility scores were computed with their therapist, who was not always the intake therapist.

The present study included two different measures of client improvement, i.e., improvement based on change in pre- and post-therapy FIRO-B scores (a nineteen point scale based on a modification of the scale mentioned below and discussed more fully in the design section of this paper), and supervisors' ratings of improvement. The two

supervisors in this investigation rated client improvement on a rating scale for each of three need areas: inclusion, control, and affection. Support for the use of rating scales in judging client improvement comes from an article by Seeman (1954). In reviewing research on Rogerian therapy, Seeman notes the use of a ten item scale in which the choice of each item was based on implicit hypotheses about the different variables pertinent to therapeutic change. Of relevance here is that each item was rated on a nine point scale with the lower numbers signifying little of the attribute being present. Counselors' ratings of therapy were obtained both immediately after therapy and after a five month interval. The mean correlation between the two judgments was .81 signifying an acceptable degree of reliability for the nine point scale.

In checking the reliability of this nine point therapy outcome rating scale, with success being between seven and nine inclusive and failure being between one and four, inclusive, Cartwright (1955) had eight counselors rerate fifteen clients whom they had previously rated. The average length of time between the two ratings was 14.2 months during which time a good deal of foregetting would have been expected. Cartwright found the rate-rerate reliability was $r = +.86$ implying that the nine point rating scale is a reliable instrument in measuring therapeutic outcome.

Design

For this study, the statistical analyses were divided into four areas described as (1) the relationship between the nature of termination and therapist-client compatibility, (2) the relationship between length of therapy and therapist-client compatibility, (3) the relationship between client improvement based on FIRO-B change scores and supervisors' ratings of improvement, and (4) the relationship between therapist-client compatibility and client improvement. Throughout the analysis, therapist-client (reciprocal) compatibility was computed from the appropriate formula mentioned by Schutz (1966) and discussed in Appendix A. Overall compatibility was obtained by adding the three reciprocal compatibility scores derived from each of the three areas, i.e., inclusion, control, and affection (Schutz, 1966, p. 113).

Regarding area one, four t-tests were computed comparing the therapist-client compatibility scores of those clients who initiated termination on their own with the compatibility scores of those clients whose termination resulted from a mutual agreement with the therapist. One t-test was computed for each of the three need areas of inclusion, control, and affection, and one t-test was computed comparing the overall compatibility scores with the nature of termination. Because of the particular predictions made (see Chapter III, Hypotheses), one-tailed t-tests were used in the analyses.

In area (2), therapist-client compatibility scores among clients seen one time, clients seen for brief therapy, and clients seen for short term therapy, were used. The design was a one-way analysis of variance comparing one time, brief, and short term clients on the basis of compatibility scores. Three separate analyses were carried out on the compatibility scores for each of the three need areas of inclusion, control, and affection, and one analysis involved the overall compatibility scores. Because of specific predictions made, planned comparisons were performed on the data.

Area three was concerned with the degree of the relationship between (a) the criterion measure of improvement based on supervisors' ratings and (b) predictors of improvement based on FIRO-B change scores. Because not all clients studied had a pre- and post-therapy FIRO-B, only the scores from the 20 clients with both FIRO-B's were used for this analysis. Supervisors' ratings, the criterion measure of improvement, were based on a 19 point scale for the three need areas with -9 indicating maximal deterioration, 0 indicating no improvement, and +9 indicating maximal improvement. Consequently, the composite score ranged from -27 indicating maximal deterioration, 0 indicating no improvement, and +27 indicating maximal improvement.

The two improvement indices (b) based on FIRO-B scores were investigated in terms of their utility as predictors of supervisors' ratings. One FIRO-B measure, the discrepancy

measure, was operationally defined as expressed and wanted scores getting closer in numerical value in the three need areas of inclusion, control, and affection. Consequently, the wanted score in inclusion was subtracted from the expressed score in the same area on the post-therapy FIRO-B and that absolute value was subtracted from the same absolute value derived from the pre-therapy FIRO-B test results. The same procedure was followed for the control and affection areas. In this manner, three numerical indices of improvement were obtained, one for each need area, and the range in values was from -9 implying a deteriorated condition, through 0 implying no improvement, to +9 implying maximum improvement. Also, composite FIRO-B discrepancy improvement indices were computed by summing the discrepancy scores derived in each area. The range of the composite was from -27 (maximum deterioration), through 0 (no improvement), to +27 (maximum improvement).

The second FIRO-B predictor measure was operationally defined as the absolute amount of change in each of three need areas. In computing this absolute score index, the expressed and wanted scores in any one area were summed on the post-therapy FIRO-B, and that total was subtracted from the sum of expressed and wanted scores on the pre-therapy FIRO-B in the same area. Consequently, the range for each area was from 0 (no improvement) to 18 (maximum improvement) and a resulting composite score ranged from 0 (no improvement) to 54 (maximum improvement overall).

Using the Pearson Product Moment Correlation Coefficient, both FIRO-B indices of improvement were compared to supervisors' ratings of improvement in the three need areas. Also, the two resulting composite scores were each compared to the composite score derived from supervisors' ratings. This yielded for the FIRO-B discrepancy index four separate correlation coefficients between the discrepancy scores and supervisors' ratings on the three need areas and on the composite scores. For the FIRO-B absolute score index, the result was again four separate coefficients between absolute FIRO-B change scores and supervisors' ratings on the three need areas and the composite score.

For area four, again a reduced number of clients (20) were used. The relationship between therapist-client compatibility and client improvement as defined by the two previously mentioned criterion measures was analayzed using a 2 x 2 split-plot factorial analysis of variance (Kirk, 1968). The factors under study were pre- and post-therapy FIRO-B need indices and the 20 clients were divided into two groups according to their compatibility scores with their respective therapist. The 10 clients with the lowest scores (signifying high compatibility) were placed in the high compatibility group and the clients with the highest compatibility scores (low compatibility) were placed in the less compatible group. Since it was expected that placement based upon client's compatibility scores would not yield equal size groups (equal n's were needed for this analysis), clients in

the middle range were randomly assigned to either group. A total of eight separate analyses were carried out; one for each of the three need areas and one for the composite score for both the criterion measures. Because of specific prediction, planned comparisons were performed on the data.

Regarding supervisors' ratings of improvement, t-tests were computed comparing the ratings for the high compatibility group versus the ratings for the less compatible group. Three t-tests were carried out on the three need areas, and one t-test was performed using the composite compatibility score. Because of specific predictions, one-tailed t-tests were used for this analysis.

CHAPTER III

HYPOTHESES

The first hypothesis had to do with the nature of termination for clients seen at the Psychological Services Center. Since the present study involved looking at therapist-client compatibility as measured on the FIRO-B versus the nature of termination, i.e., client initiated or mutual, it was hypothesized that clients who were more compatible with their therapist would tend to terminate therapy in more of a mutually satisfying manner than clients not as compatible.

The second hypothesis had to do with the length of therapy. This aspect of the research evolved from the author's prediction that at least a moderate amount of patient-therapist contact was necessary for beneficial effects of therapy to take place. It is worthy to note that clients seen in therapy at the Psychological Services Center seemed to follow the general trend represented by the clients seen at other mental health clinics; i.e., they tended to stay in therapy for relatively short periods and termination usually stemmed from failure to keep a scheduled appointment. Termination after a few sessions was infrequently the result of discussion of termination by the

therapist and the client. Consequently, this author hypothesized that clients who were more compatible with their therapist would tend to remain in therapy for more sessions than clients not as compatible.

The third hypothesis dealt with criteria of improvement and was founded in Sapolsky's (1965) work. This author hypothesized that the two criteria of improvement based on FIRO-B change scores would be significantly and positively related to the supervisors' ratings of improvement.

The fourth hypothesis dealt with therapist-client compatibility versus the outcome of therapy. This author predicted that this study would support some of the positive findings of both Sapolsky (1965) and Mendelsohn and Rankin (1969), thus giving credence to the novel approach of matching therapist and client on the basis of FIRO-B compatibility. The study incorporated modifications of Sapolsky's work in using male and female clients and computing compatibility in each of three need areas. It differed from Mendelsohn and Rankin's work mainly in that the number of sessions varied over a broader range and ratings of outcome were based on FIRO-B improvement indices and supervisors' ratings. This author hypothesized that those clients who were more compatible with their therapist would show significantly more improvement on all three criteria than those clients who were not as compatible.

CHAPTER IV

RESULTS

For area one, comparing the therapist-client compatibility score means of those clients who initiated termination with those clients whose termination was by mutual agreement, one t-test was significant ($t_{(68)} = 2.949$, $p < .05$) in the area of inclusion. The mean for client termination was 6.278, the mean for mutual termination was 4.438. This showed that mutual termination clients were more compatible with their therapists in inclusion. All other comparisons were non-significant (see Appendix C, Table III).

In area two, all F-tests were non-significant (see Appendix C, Table IV). These F-tests were derived from the four one-way ANOVAs comparing one time, brief and short term clients on the basis of compatibility. Planned comparisons comparing the therapist-client compatibility score means of one time, brief, or short term clients in the areas of inclusion, control, affection, and also the composite FIRO-B scores were all non-significant (See Appendix C, Table IV). From Table I, included below, it can be seen that these means showed very little variability.

TABLE I

THERAPIST-CLIENT COMPATIBILITY SCORE
MEANS FOR THE FOUR AREAS

	Inclusion	Control	Affection	Composite Scores
One Time	5.85	4.57	6.14	16.57
Brief	5.74	4.30	5.41	15.45
Short Term	6.00	4.68	5.64	16.32

For area three, supervisor's ratings of improvement based on the twenty clients with pre- post-therapy FIRO-B scores were compared with the FIRO-B discrepancy measure. In the area of inclusion, $r = -.47$ was significant, however, in the opposite direction of that predicted. The remaining Pearson r's; control = .16, affection $r = -.35$, and composite $r = -.44$, were all non-significant. Then, supervisor's ratings of improvement were compared with the FIRO-B absolute score index. The resulting Pearson r's were: inclusion $r = -.13$, control $r = .09$, affection $r = -.28$, and composite $r = -.25$. None of these coefficients were significant at the .05 level with 18 degrees of freedom. Table II included on page 28 depicts the mean ratings and ranges for each of the three criterion measures for three need areas and the composite scores. As can be seen from the table, Ss in general were not evaluated as showing significant improvement on any of the criterion measures.

TABLE II

MEAN RATINGS AND RANGES FOR THE IMPROVEMENT MEASURES

	I		C		A		Comp		Maximum Possible Range	
	$\bar{X}$	Range	$\bar{X}$	Range	$\bar{X}$	Range	$\bar{X}$	Range	Area	Comp.
Supervisor's Ratings	.7	-3 to +3	2.25	-2 to +7	.9	-2 to +4	3.85	-3 to +10	-9 to +9	-27 to +27
Discrepancy Measure	.55	-2 to +8	.5	-4 to +6	-.05	-5 to +6	.9	-7 to +15	-9 to +9	-27 to +27
Absolute Score Index	2.95(1.48)*	0 to 11	4(2)*	0 to 8	3.55(1.78)*	0 to 12	105(5.25)*	3 to 23	0 to 18	0 to 54

*For the absolute score index, the range has been corrected since no measurement of deterioration was possible.

In area four, with regard to the four 2 x 2 split-plot ANOVA's examining therapist-client compatibility on pre- post-FIRO-B discrepancy measures, a significant between plots main effect was computed in the area of inclusion ($F_{(1,18)} = 5.66$, $p < .05$). The mean discrepancy score in the high compatibility group was 5.3; the mean discrepancy score in the low compatibility group was 3.0. This indicates that clients high in compatibility with their therapists had significantly different pre- post-therapy discrepancy scores than clients low in compatibility with their therapist. No other main nor interaction effects in the areas of inclusion, control, affection, and composite indices were significant at the .05 level (see Appendix C, Tables V (A), VI (A), VII (A), VIII (A)). Another identical set of ANOVAs was computed using pre- post-FIRO-B absolute score indices. In the area of inclusion, the main effect of therapy on the absolute score index was found significant ($F_{(1,18)} = 5.71$, $p < .05$). The mean pre-therapy score was 6.5; the mean post-therapy score was 8.7. No other main nor interaction effects in the areas of inclusion, control, affection, and composite indices were significant at the .05 level (see Appendix C, Tables IX (A), X (A), XI (A), XII (A)).

Planned comparisons were performed comparing the means on the pre- versus post-FIRO-B discrepancy measure for Ss in the high compatibility group and then for Ss in the low compatibility group. On the composite index, the low compatibility Ss were significantly lower on composite

discrepancy scores at the end of therapy than at the beginning of therapy ($t_{(18)} = 1.970$, $p < .05$. The pre-therapy mean was 9.0, and the post-therapy mean was 6.2. This shows net improvement for low compatibility Ss on this discrepancy measure. No other significant t-values were obtained in any of the areas, i.e., inclusion, control, affection, and composite scores (see Appendix C, Tables V (B), VI (B), VII (B), VIII (B)). The same procedure was followed using the absolute score index. In the inclusion area, the high compatibility Ss had significantly greater scores on the absolute score index at the end of therapy than at the beginning ($t_{(18)} = 2.327$, $p < .05$). The pre-therapy mean was 4.7, and the post-therapy mean was 7.8. Also, for the composite scores, the high compatibility Ss had significantly greater scores on the absolute score index at the end of therapy ($t_{(18)} = 1.922$, $p < .05$). The pre-therapy mean was 19.9, and the post-therapy mean was 25.5. These two significant findings demonstrate improvement for high compatibility Ss with this absolute score index. The remaining comparisons were non-significant (see Appendix C, Tables IX (B), X (B), XI (BB), XII (B)).

Finally, t-tests were computed comparing supervisor's ratings of improvement for the high compatibility group versus the low compatibility group in the areas of inclusion, control, affection, and for the composite FIRO-B scores. No significant differences were found (see Appendix C, Table XIII).

CHAPTER V

DISCUSSION

This study represents an attempt to investigate several aspects of psychotherapy as influenced by therapist-client compatibility measured with Schutz' FIRO-B scale. Length of therapy, nature of termination, and outcome of therapy based on supervisors' ratings of improvement and FIRO-B change scores were investigated for clients seen at the Psychological Services Center located on the Oklahoma State University campus. The findings with the concomitant implications appear in the following pages and then suggestions follow for future research in the area.

An analysis of the results for area one investigating the nature of termination for clients seen at the Psychological Services Center indicated that the stated hypothesis that clients who were more compatible with their therapists would tend to terminate in a mutually satisfying manner, was only partially supported. In the FIRO-B areas of control, affection, and overall composite score, there was no significant difference in therapist-client compatibility score means between clients who initiated termination of therapy on their own and clients whose termination was by mutual agreement with their therapist. However, in the inclusion

area, the hypothesis was supported, i.e., clients more compatible with their therapist tended to terminate therapy by mutual agreement whereas clients less compatible tended to initiate termination on their own.

For the second hypothesis having to do with length of therapy, it was predicted that clients who were more compatible with their therapist would tend to remain in therapy for more sessions than clients less compatible. The hypothesis was not supported by an analysis of the data. The means of the therapist-client compatibility scores in the areas of inclusion, control, affection, and overall composite scores were not significantly different for those clients seen for one time, brief, or short term therapy. As was reported in Table I, in the Results section, the actual means demonstrated little variability given the possible range of 0 to 18 for each area, and 0 to 54 for the composite scores. At least for this particular study, there is no basis at all for predicting the length of therapy based on therapist-client reciprocal compatibility scores.

The third hypothesis dealt with criteria of improvement. It was predicted that the FIRO-B discrepancy measure and the FIRO-B absolute score index would be significantly and positively related to supervisor's ratings of improvement. This hypothesis was not supported in the areas of control, affection, and the composite scores for the discrepancy measure and in all of the four areas for the absolute score index. Generally, there was not a significant relationship

between supervisor's ratings of improvement and improvement based on FIRO-B change scores (either with the absolute or the discrepancy measure). However, there was one significant negative relationship between supervisor's ratings and the discrepancy measure in the area of inclusion. Therefore, the greater the improvement in inclusion rated by the supervisor, the less the improvement detected by the discrepancy measure. Table II, in the Results section, showed the general lack of improvement for the clients overall. A fuller discussion of these findings appears later in this chapter.

For the fourth hypothesis having to do with outcome of therapy, the prediction was made that clients who were more compatible with their therapist would show significantly more improvement on all three criteria than those clients who were less compatible. Using the FIRO-B discrepancy measure, in the areas of control, affection, and composite scores, there were no significant differences between pre-therapy discrepancy measures and post-therapy discrepancy measures. In other words, therapy did not result in client improvement as measured by this index. The one significant finding in the area of inclusion indicated that clients in the high compatibility group had significantly different average discrepancy scores than clients in the low compatibility group. This finding conveyed little information concerning the hypothesis in question because this difference was based on the pre-therapy post-therapy measures averaged

together. Thus, this finding was not judged to be of particular relevance to this study.

Almost all of the planned comparisons computed on the discrepancy data were not significant. However, on the FIRO-B composite index, a significant difference (indicating improvement) was found between pre- and post-therapy discrepancy measures for subjects in the low compatibility group. This finding directly counters the hypothesis that high compatibility subjects would show more change.

Regarding the absolute score index, in the areas of control, affection, and composite scores, there were no significant differences between pre-therapy absolute score indices and post-therapy absolute score indices. However, in the area of inclusion, there was a significant difference between pre- and post-therapy measurements indicating that clients demonstrated improvement due to therapy with regard to this particular criterion. Planned comparisons indicated that it was the high compatibility group which showed a significant change in the absolute index over therapy and, thus, the hypothesis was supported in the area of inclusion. Then, too, on the composite scores, the high compatibility group demonstrated a significant change on the absolute score index again supporting the hypothesis that high compatibility subjects would show more improvement due to therapy based on this criterion measure.

Finally, supervisor's ratings of improvement were compared between the high compatibility group and the low

compatibility group in the four areas of inclusion, control, affection, and composite scores. No significant differences were found indicating that, with regard to this criterion of improvement, therapist-client compatibility has no effect in differentiating clients who improve in therapy and those who do not improve.

Before discussing these findings, it is important to make mention of several limitations of this study which undoubtedly have affected the results. First of all, this was a naturalistic study based on a limited number of subjects. Consequently, therapist-client dyads were not arranged according to specific predictions regarding the implications of compatibility. The dyads were analyzed as they occurred naturally at the Psychological Services Center.

Secondly, other characteristics of either the therapist or the client which undoubtedly had some effect on either termination, length of therapy, or outcome of therapy were uncontrolled. For example, characteristics of the client such as age, sex, I.Q., diagnosis, motivation for therapy, and psychological sophistication had to be ignored. Also, characteristics of the therapists, e.g., experience, views of therapy, feelings about the client, anxiety level, warmth, and genuineness, self-insight and emotional maturity were not controlled. Thus, the benefit derived from random assignment of subjects to appropriate groups was not available.

Finally, for the entire experiment, thirty-six t-tests were computed of which only four were significant; twenty-eight F-tests were computed of which only two were significant. It is not unreasonable to assume that the few significant findings observed were chance findings; i.e., they simply stemmed from the number of analyses performed on the data. Therefore, this observation plus the other two limitations condition the following discussion.

In area one, the hypothesis that therapist-client compatibility would lead to mutual termination was only supported in the inclusion area. The theorizing for this area was based on the premise that mutual termination was more indicative of therapeutic success than client initiated termination because it implied that the therapist and the client had been able to discuss and to come to some type of agreement with regard to a very important aspect of therapy. One reason for the lack of more significant findings may stem from the fact that only 16 clients out of the 70 investigated (23%) terminated therapy by mutual agreement. It would appear most often to hold true for this study that if the client's needs to be associated with people are met by the therapist and if his expressions of wanting or not wanting to be included with people are satisfactory to the therapist (therapist-client compatibility in the area of inclusion), then mutual termination is more likely to occur.

The second hypothesis regarding therapist-client compatibility and length of therapy was based on the premise

that at least a minimal length of therapy is required to produce behavioral changes and that those clients who are more compatible with their therapist will tend to remain in therapy longer, thus maximizing the possibility that behavioral changes will have a chance to take place. This contention was supported by the theorizing of Lorr and McNair (1964) and Meltzoff and Kornreich (1970), who indicated that some unspecified length of time was necessary for therapy to be effective. Then, too, Mendelsohn and Geller (1963), and Mendelsohn (1966), have reported findings indicating that therapist-client similarity was positively related to the duration of counseling. However, the present findings dealing with therapist-client compatibility as measured by the FIRO-B do not support the previous theorizing and experimental results.

One explanation for the discrepancy in findings is that similarity and compatibility measure two distinct facets of the therapist-client relationship. Also, the work by Mendelsohn was done with clients seeking vocational and educational counseling and not individual psychotherapy as was the case with clients at the Psychological Services Center. Finally, as Meltzoff and Kornreich pointed out, the number of therapy sessions may depend on the type of client and the type of therapy used by the therapist, and this aspect of therapy was not taken into consideration for the present study. Consequently, it seems reasonable to conclude that with regard to the particular population under

study, there is no support for predicting the length of time a client will remain in therapy based on therapist-client compatibility.

Regarding the criterion of improvement used in this study, little correlation was found between either the FIRO-B discrepancy measure or the FIRO-B absolute score index and supervisor's ratings of improvement (the one significant finding stemmed from a negative correlation). Some discussion of the rationale behind each scale would seem appropriate at this point.

Supervisor's ratings were used because there was some support for this method of client evaluation in the literature (Sapolsky, 1965; Dietze, 1966; Luborsky, 1962; Carson and Heine, 1962), and because it was an available and a realistic means of evaluating client improvement. The two supervisors knew of the respective clients they evaluated through the supervision they provided to the practicum students serving as therapists. Their supervision included frequent discussions of the client with the therapist, listening to tape recordings of therapy sessions, and in some cases, actually observing therapist-client interaction through one-way mirrors. It was expected that the supervisors would be able to accurately rate each client's improvement on the 19 point scale in each area of inclusion, control, and affection.

The discrepancy measure was based on the hypothesis that as scores in any area of the FIRO-B move closer

together irregardless of the direction, this signifies client improvement because it reduces intrapersonal conflicts, i.e., conflicts between expressed and wanted behavior. The absolute score index was based on the hypothesis that any change in scores represents improvement, the more change, the more improvement. Although perhaps a questionable assumption, it does seem to make sense that if a person is having difficulty with his present interpersonal stance, then at least some change in that stance may be necessary in order for him to feel more comfortable.

This being the rationale behind the three criterion measures, possible explanations for the lack of correlation between the two FIRO-B indices and supervisors ratings is presented. First, as can be seen from Table II in the Results section, the actual range of improvement ratings for any of the criterion measures was very narrow and the mean ratings were low. Consequently, it would be difficult to extract a significant correlation, given the lack of power for this statistic, unless a striking one existed. Second, the two FIRO-B improvement indices were based on self-reports; whereas, supervisor's ratings represented evaluation by another person. The reliability between self-evaluations and the evaluations of others is questionable. Herein, may lie the explanation for the one significant negative correlation between the discrepancy measure and supervisors ratings in the area of inclusion, i.e., the measurements were from two different sources.

Finally, both supervisors admitted that it was difficult to rate client improvement in the three areas of inclusion, control, and affection, particularly for the clients who were only seen for brief therapy. Then, too, their ratings were made several months after the period under study had ended and in some cases the supervisors had not discussed a particular client for over a year. It is understandable that the supervisor's memory for some clients was vague and, thus, their ratings may not have been as accurate as if the clients had been evaluated upon termination. In fact, one of the supervisors expressed grave concern in the confidence of his ratings. The implication is that supervisor's ratings may not, in this study, represent a reliable criterion of client improvement.

The fourth hypothesis regarding outcome of therapy was based on the premise that those clients who were more compatible with their therapist would have more positive feelings about their therapist and the therapeutic relationship and would show more improvement then those clients less compatible with their therapist. Then, too, it was held that therapists who were more compatible with their clients would be more effective in their therapeutic endeavors and, thus, their clients would receive more benefit from the therapeutic experience.

This theorizing was based on the work of Sapolsky (1965), who found that patients more compatible with their therapist showed more improvement than patients less

compatible with their therapist as judged from supervisor's ratings of improvement. The present findings, in general, do not support the previous theorizing or the work of Sapolsky. At least with the supervisor's ratings and with the FIRO-B discrepancy measure, improvement was not related to high therapist-client compatibility. Of course there were some blatant differences between the two studies; i.e., Sapolsky used hospitalized females as patients and psychiatric residents as therapists. Still, it appears that generalizability from Sapolsky's work to other therapy settings has limited utility. One word of caution is in order regarding interpretation of these findings; out of the 70 clients investigated, only 20 had post-therapy FIRO-B scores. Consequently, the following discussion is based on the results of a limited portion of the entire sample used in this study.

It appears that the present findings are more in line with the results reported by other authors working in the area (Gassner, 1968; Mendelsohn and Rankin, 1969). In her investigation of therapist-client compatibility based on the FIRO-B, Gassner (1968) found that therapist-client compatibility did not appear to influence treatment effectiveness (however keeping in mind that improvement measures were taken after only three weeks instead of at the end of the 11-week investigation). Mendelsohn and Rankin (1969), in working with a college population, found that counselor-client global compatibility (compatibility based on a

composite of all possible compatibility scores and not just reciprocal compatibility) failed to produce positive outcomes based on their criterion measure: client's evaluations of the counseling experience. Mendelsohn and Rankin also found that compatibility on the control dimension was related to favorable outcomes; however, compatibility on the inclusion and affection dimensions was related to unfavorable outcomes. These findings were not supported in the present research.

The finding that less compatible clients showed more improvement on the FIRO-B discrepancy measure than clients judged more compatible with regard to the composite scores would initially appear difficult to interpret. However, Gerler (1958), Lesser (1961), and Bare (1967), have all found that either medium to low similarity, or even dissimilarity, between therapist and client on a number of different scales was related to positive therapeutic outcome. Although it has already been mentioned that therapist-client similarity undoubtedly measures different facets of the therapeutic relationship than therapist-client compatibility, perhaps both of these constructs get at a quality in therapy that might be termed "a good therapist-client match-up." It would appear that too much of this "good match-up" may lead to lack of client improvement; whereas, in cases where "a good match-up" is kept at a minimum or is non-existent, then the client has a better chance of making more improvement in therapy. This explanation is simply a theroetical

possibility and would require further investigation, particularly with FIRO-B reciprocal compatibility, to be entirely acceptable.

The only other significant findings regarding the area of compatibility and outcome occurred in using the absolute score index, where, in the area of inclusion and with composite scores, the high compatibility clients demonstrated improvement and the less compatible clients did not. Although these findings supported the proposed hypothesis, discussion needs to be tempered by two relevant considerations. First, the absolute score index, as a criterion of improvement, represents the weakest of the three criterion measures. To say that change in FIRO-B scores regardless of direction or regardless of the theoretical implication of the resulting scores represents client improvement is indeed a questionable assertion. Second, the assumption might have been reasonable had the absolute score index correlated with supervisor's ratings of client improvement. However, since it did not, it is not tenable to assume that improvement based on the absolute score index alone represents actual client improvement--the overall findings simply do not seem strong enough to make that assumption.

Finally, some mention needs to be made regarding the lack of improvement of high compatibility clients in comparison to less compatible clients as measured by supervisor's ratings. Mention has already been made about the difficulties the supervisors had in rating the respective clients.

However, since there is support for the reliaibility of rating scales (Seeman, 1954; Cartwright, 1955) and for using of supervisors to rate client improvement (Sapolsky, 1965; Dietz, 1966; Luborsky, 1962; Carson and Heine, 1962), then perhaps the lack of significant findings has some other basis. One obvious alternative is that for the 20 clients investigated in this area, improvement, if there was any at all, was not related to therapist-client compatibility as measured by the FIRO-B. Then, too, the fact that so few clients were in each group (10 in the high compatibility group, 10 in the less compatible group) may explain the lack of significant findings. At any rate, it seems much more realistic to base ratings of improvement on the evaluation of sophisticated judges in the area rather than on criterion measures which stem from the same scales that were used to derive therapist-client compatibility in the first place, and that do not, by and large, have reliability with the criterion measure of sophisticated judges.

An overview of the present findings indicates that therapist-client reciprocal compatibility on the FIRO-B scale has no value in the prediction of the length of therapy for clients at the Psychological Services Center. Regarding the nature of termination, only therapist-client compatibility in the area of inclusion seems to provide any prediction for mutual termination of clients. Regarding outcome of therapy, from the limited number of clients studied in this investigation, it seems safe to say that

high compatibility between therapist and client does not insure a favorable outcome. If anything, perhaps low therapist-client compatibility is the best predictor of improvement unless the intent is to predict the amount of change that will take place in FIRO-B scores from pre-therapy to post-therapy measurements. In this event, high compatibility in the area of inclusion and on composite scores is the best predictor for change in FIRO-B scores. In general, it appears from this study that therapist-client compatibility in the area of inclusion may be the most useful predictor of nature of termination or outcome of therapy.

Some explanation of the overall lack of significant findings is appropriate at this point. As mentioned previously, all aspects of the therapeutic situation were not taken into consideration, e.g., characteristics of the therapist and characteristics of the client. Consequently, while therapist-client compatibility may represent an important aspect of the therapeutic relationship, other factors may have a more important influence on length of therapy, nature of termination, and outcome of therapy. For example, a campus community often reflects a transient population and, therefore, some clients may have been forced to abbreviate therapy due to circumstances beyond their control without having an opportunity to discuss their termination with their therapist. Also, the period of time under study involved three different semesters and many clients

terminated therapy at the end of a semester whether therapy was completed or not. Finally, some clients undoubtedly viewed therapy differently from their therapist and what may have constituted completion of therapy for them may not have constituted completion of therapy for their therapist.

Regarding the lack of consistent significant findings between compatibility and favorable outcome on the three criterion measures, Bergin (1971), in his expansive evaluation of therapeutic outcomes, has noted that there is a low inter-correlation among outcome criteria. He purported that therapeutic change was multifactorial, so it is not too surprising that clients in this study did not evidence consistent significant improvement on any of the criterion measures.

Also, the contention can realistically be made that therapy takes time. If, as Schutz indicates, the FIRO-B measures fairly stable personality characteristics, then it is doubtful that <u>significant</u> major changes on FIRO-B scores would have time to occur in the brief period most clients are seen for therapy at the Psychological Services Center (the mean number of sessions was 5.5, the mean number of sessions for the 20 clients whose pre-/post-therapy FIRO-B's were available was 10.7).

Two other explanations for the lack of significant findings of client improvement are posited at this point. The first has to do with the psychometric characteristics of the FIRO-B; i.e., the scoring does not always permit the

movement of one point along the continuum of possible answers to be reflected in the final score for any one area. In other words, shifts in answers from "usually" to "sometimes" may not represent a change in the way that response is counted. Consequently, it is feasible that clients may have shifted their interpersonal stance without a concomitant change in their overall scores.

Second, it is tenable that the basic characteralogical components of any individual's personality simply do not change in the course of psychotherapy. While changes may take place in the amount of stress an individual perceives or in the way he views himself, long established patterns of adjustment to the world may not be amenable to therapeutic manipulation or adjustment. Consequently, if the FIRO-B does measure stable personality characteristics, then individual FIRO-B scores would not be expected to change over time even with the intervening variable of psychotherapy. The implication for this study is that the lack of significant client improvement noted from the analysis of the data may coincide with the reality that clients' basic interpersonal stances did not change as the result of therapy. This theorizing is presented as one possibility and needs to be borne out through future research.

Then, too, the viability of using paper and pencil tests to measure either personality characteristics or therapeutic improvement is still questionable at best in the field of psychology. It seems more reasonable at this

point in time, given the sophistication of our measurement techniques, to look at actual behavioral indices where personality characteristics can be classified on a frequency basis. At any rate, it appears from this study that while the FIRO-B has value in describing the interpersonal stance of individuals, it may not be as useful in making predictions about the nature of termination, length, or outcome of therapy based on therapist-client reciprocal compatibility.

Sone criticisms relevant to this study as well as implications for future research should now receive some consideration. The study's main attribute was its attempt to look at a measurable interactive dimension between the therapist and client so that a better understanding of the therapeutic relationship, at least with regard to predicting nature of termination, length and outcome of therapy, could be gained. Attempts in this area have been rare in the massive research on psychotherapy and its numerous variables. However, the study was naturalistic, and consequently it dealt with the data that was available. The research was conducted in this manner because it was not feasible to create therapist-client dyads on the basis of compatibility scores due to the nature of the Psychological Services Center as a training center for psychology gradute students. Setting-up particular dyads would not have been feasible because all therapists were required to have a certain number of clients according to their level of training.

Then, too, there simply were not sufficient therapist-client dyads available to group the clients according to predictions about the effects of the compatibility with their particular therapist. Consequently, therapist-client dyads were not created according to predictions of their viability, but they were formed by more practical considerations.

The study did not use homogeneous groups of clients; i.e., the clients presenting problems varied as did the severity of their pathology. Also, therapists' approaches to therapy varied to include almost all of the techniques currently receiving favor in the field. Therefore, it was impossible to investigate which therapist using what type of approach worked best with what particular type of client presenting what type of problem.

Sorely lacking in this study was a control group which received no therapy. It was repeatedly mentioned in the literature (e.g., Bergin and Garfield, 1971; Meltzoff and Kornreich, 197) that for investigations of the many facets of psychotherapy, some type of control group is of paramount importance. Again, a control group was unavailable for this study due to the nature of the investigation. Finally, with regard to supervisors' ratings, anchor points were not established so that the supervisors would have some criteria on which to base their ratings of improvement in the three areas of inclusion, control, and affection. Perhaps several clients should have been rated and then these ratings discussed with both supervisors so that

anchor points could have been established.

Suggestions for future research in the area of therapist-client compatibility as measured on the FIRO-B include the use of similar clients who are matched with their individual therapist (selected from a homogeneous group) according to some predictions as to what represents meaningful compatibility for positive therapeutic outcome. A specific recommendation would be to match clients with therapists so that the result was a moderate amount of reciprocal compatibility, i.e., compatibility scores ranging from four to six. A control group needs to be incorporated in future research. One suggestion would be using clients on a waiting list who would eventually be seen for therapy, but in the interim time period they would be given FIRO-B's and their scores checked for change without the intervening variable of therapy. Also, their improvement could be rated over the waiting period.

Finally, it is suggested that other criterion measures of outcome be used besides FIRO-B change scores and supervisors' ratings. The use of naturalistic observations such as the counting of particular behaviors, e.g., counting the number of cigarettes smoked or how many times he mentions other persons, would serve to quantify outcome in a more objective way rather than basing it on the values and predilections of those doing the ratings.

The area of therapist-client compatibility is just beginning to be explored. However, in order for labors to

be productive, future investigators need to be mindful of the suggestions stemming from this study so that unnecessary replications of particular flaws do not consume valuable investigative time and energy.

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APPENDIX A

FIRO-B

The FIRO-B questionnaire (Fundamental Interpersonal Relations Orientation-Behavior) is a paper and pencil test developed by William Schutz (1958, 1966) with the intent of measuring three interpersonal need areas: inclusion, control, affection. From his review of the literature, Schutz (1966) contends that these need areas provide a sufficient set of dimensions to predict most all of interpersonal behavior. Basically, the test is designed to measure how an individual behaves in interpersonal situations and to predict how two or more people will interact with each other. This second characteristic is important when computing the degree of compatibility between two or more persons--an important aspect of the present study.

By way of explaining the three need areas, inclusion refers to the need to be associated with others and to be involved in interactions with them. Examples of items from the inclusion are: "I try to have people around me. I like people to invite me to join in their activities." Control refers to the need to assume responsibility, to make decisions and to have power over others. Examples from the control area are: "I try to influence strongly other

people's actions. I let other people decide what to do." Affection has to do with the need to be emotionally involved with others. Examples from the affection area are: "I try to have close relationships with people. I like people to act close and personal with me."

Each of the three need areas of inclusion, control, affection is represented by two scores symbolized by the letters "e" and "w". The "e" score represents expressed behavior; i.e., that behavior which is observable for any individual in the areas of inclusion, control, and affection. The "w" score, on the other hand, represents an individual's wanted behavior, i.e., the behavior he wants from other people in the same areas of inclusion, control, and affection. In the examples cited above, the first sentence represents a measure of the expressed variable and the second sentence represents a measure of the wanted variable.

The FIRO-B consists of 54 multiple choice items which form six (inclusion expressed and wanted, control expressed and wanted, affection expressed and wanted) nine-item Guttman scales. For 24 of the items, responses range on a six step continuum from "nobody" to "most people" and the remaining questions are answered by referring to a sex step continuum from "never" to "usually".

In discussing his choice of the Guttman scale as the model for the FIRO-B, Schutz (1966, p. 59) notes:

> . . .of the several techniques available for composing psychological scales the one that appeared most appropriate was the Guttman technique for cumulative scale analysis. . . .

He goes on to state (pp. 59-60):

> . . . In general terms, scales, comprised of items regularly decreasing in popularity are constructed; hence any individual will accept items sequentially to a given point and then reject the remainder. If a series of items approximates this model to the degree that 90 per cent of all responses to all items can be correctly predicted from a knowledge only of how many items each person accepted, then the items are said to be reproducible and therefore to form a unidimensional scale. 'Unidimensionality' means that all items are measuring the same dimension.

Schutz (1966) points out that the FIRO-B evolved over a period of time from several similar scales which did not prove totally satisfactory. In its present form, the FIRO-B was developed on about 150 college subjects from schools in the Boston area (Harvard, Massachusetts Institute of Technology, Massachusetts State Teachers College, Boston University) and a contingent from an Air Force Reserve Unit. Cross-validation performed to insure the maintenance of characteristics required of acceptable Guttman scales was carried out on a population of about 1500 subjects. This figure consisted of about 1000 Harvard Freshmen, 230 Radcliffe freshmen, and the remaining 270 subjects from the Harvard Business School and other Boston area colleges. It is readily apparent that the majority of subjects used were from an academic setting.

With regard to reliability of the FIRO-B, Schutz (1966) discusses the coefficient of internal consistency in terms of the FIRO-B scales all being Guttman scales and that reproducibility is the appropriate measure of internal consistency. Schutz goes on to note (p. 77) that the scales

were developed on 150 students and the reproducibility computed for the remainder of the sample. The reproducibility of all the scales averaged .94 and was consistent over all samples. Since there is no other form of the FIRO-B, it was impossible for Schutz to compute a coefficient of equivalence.

Because Schutz hypothesizes that interpersonal orientations are stable traits, the coefficient of stability is an important reliability measure for the FIRO-B. To demonstrate the test's stability, samples from the stability population were tested and divided into three approximately equal groups which were labeled "high," "medium," and "low." The samples were then retested and the same lables were assigned again to three approximately equal groups. Schutz points out that:

> Seventy per cent of the highs and lows remain in that category on the retest, whereas half of the middles retain that status. The probability of an individual's jumping from a high to a low, or a low to a high, is extremely slight--about 10 per cent (Schutz, 1966, p. 79).

Thus, the scale seems to have an adequate degree of stability at least over a one-month time interval.

While the FIRO-B represents the basis of measurement for Schutz's rather broad theory of interpersonal behavior now receiving some acclaim, it is surprising that there is such a dearth of experimentation on the test's validity aside from the work supervised by Schutz. One positive study in the area of test validation was done by Kramer (1967). In investigating the FIRO-B's construct validity,

Kramer administered the test to 25 students enrolled in a psychology course at night school. Judging from questions asked of the subjects after test administration, the subjects were evidently unaware of exactly what was being measured except that it seemed to pertain to how they were with people. Then a short lecture was given on the FIRO-B explaining what Schutz reports the test measures. Following the lecture, the subjects were asked to rate themselves on expressed and wanted inclusion, control, and affection. Using rank order correlations, Kramer found significant relationships for five of the six correlations between a subject's self-ratings of his behavior in the three dimensions and score on the FIRO-B. Thus, his results lend credence to the construct validity of the FIRO-B.

Another study which is applicable to this review of validity research on the FIRO-B is an investigation by Gard (1964). Using Schutz's theory of interpersonal behavior plus his FIRO-B test, Gard investigated differences among 140 male patients being treated in Veteran's Administration facilities who had been classified in one of seven clinical groups. The basis of his study was Schutz's theorizing that: (1) schizophrenics have difficulty in the inclusion area of behavior and, consequently, will be lowest on that scale, (2) obsessive-compulsives have difficulty in the control area and, consequently, will be highest on the expressed control scale, and (3) neurotics, exclusive of obsessive-compulsives, show more dispersion on the scales of

affection. Results supported Schutz's theorizing about schizophrenics and neurotics thus giving credence to the FIRO-B's capabilities of measurement at least in the inclusion and affection areas. While predictions concerning obsessive-compulsives and their control scores were not supported, this may simply indicate the test's inherent measurement of behavior in interpersonal relationships rather than measurement of feelings about behavior that is thought to be the real problem obsessive-compuslives have in interpersonal relationships.

In one final study examining the construct validity of the FIRO-B, Ryan, Maguire and Ryan (1970) used non-college adults to represent three criterion groups, i.e., salesmen, policemen, and service volunteers, in investigating the three interpersonal need areas of inclusion, control, and affection. Schutz had previously theorized that subjects from different occupations can provide adequate criteria for judging the validity of the FIRO-B and he even did some work in the area himself using college students, teachers, and nurses. For this study, Ryan, Maguire and Ryan predicted that salesmen would be high on the inclusion scales, policemen would be high on the expressed control scale and service workers would be high on the affection scales. Their findings indicated that salesmen were highest in their inclusion needs; however, the other predictions were not supported. These results, plus other concomitant findings led the experimenters to call into question the adequacy of

the FIRO-B's construct validity. They went on to criticize the different scales as being too homogeneous in content (consisting of minor rewordings of a few basic ideas) and, thus, measuring only a narrow spectrum of any need area.

These criticisms of the FIRO-B would appear valid, however, it still seems that the test is a valuable asset in gaining information about an individual's interpersonal orientation even though it does not meet Schutz's own construct validity expectations for non-college samples. It can be hypothesized that so much goes into a person's occupation besides his interpersonal orientation, e.g., social class, intelligence, race, etc., that it is easily understandable why the FIRO-B failed to differentiate among occupations. Obviously, there is room for further research in the area of the construct validity of the FIRO-B.

The previous studies have been cited in order to familiarize the reader with the validity research that has been done on the FIRO-B. It does not seem that results are conclusive in either supporting or refuting the validity of the test. Schutz's work at least supports the use of the FIRO-B with a college population; a classification which includes a majority of the subjects used in the present study.

A second characteristic of the FIRO-B which is of paramount importance for the present study is the derivation of compatibility scores between two people using their

individual test scores. For the present study, Schutz's Reciprocal Compatibility will be used. He explains this concept as follows (Schutz, 1966, p. 107):

> The theory thus far presented describes each individual as desiring a certain optimal relation between himself and others in each need area. For the dyad this theory means that a person wants to act a certain way toward the other, and wants to be acted toward in a certain way. If the responses of people to picture of their behavior, then the measure of how well two people will satisfy each other's needs follows directly. By comparing A's description of how he likes to be acted toward with B's description of how he likes to act toward people, and vice versa, a measure of mutual need satisfaction emerges. . . .

The formula for computing Reciprocal Compatibility between persons i and j is given by Schutz as follows:

$rK_{ij} = |e_i - w_j| + |e_j - w_i|$ where rK_{ij} represents Reciprocal Compatibility.

Schutz points out that high compatibility is indicated by low scores and low compatibility is represented by relatively high scores.

APPENDIX B

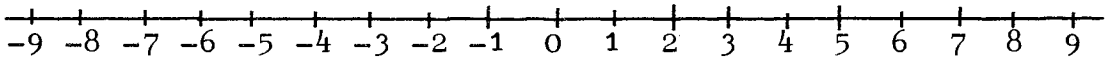
SUPERVISOR RATING FORM

The following rating scales are to be used in the evaluation of the improvement of clients listed who were seen by members of your practicum team. If possible, I would like for you to rate improvement on the basis of the FIRO-B need areas, i.e., inclusion, control, and affection. Consequently, each client will have three scores; one for each of the three areas. In addition, I would appreciate a brief explanation regarding the criterion of improvement you will be using in doing these ratings. I thank you for your time and cooperation.

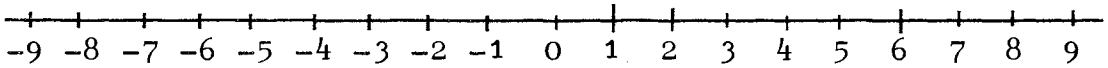
Name _____ Case # _____

Therapist _____ Supervisor _____

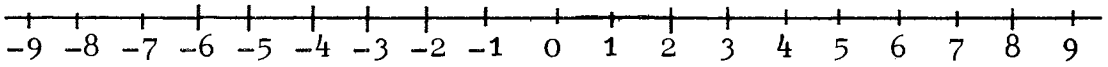
Maximal Deterioration — No Improvement — Maximal Improvement



Inclusion



Control



Affection

APPENDIX C

PRESENTATION OF THE DATA

TABLE III

A COMPARISON OF THERAPIST-CLIENT COMPATIBILITY SCORE MEANS FOR CLIENT TERMINATION VS. MUTUAL TERMINATION

	Client Termination Means	Mutual Termination Means	t-Values
Inclusion	6.278	4.438	2.949*
Control	4.574	4.250	.491
Affection	5.630	5.938	-.336
Composite	16.481	14.625	1.176

*$p < .05$

TABLE IV

ANALYSIS OF VARIANCE AND PLANNED COMPARISONS FOR COMPATIBILITY EFFECTS ON THERAPY DURATION

	Source	df	MS	F
Inclusion	Length	2	.393	<1
	Error	67	5.578	
Control	Length	2	.912	<1
	Error	67	5.456	
Affection	Length	2	3.277	<1
	Error	67	10.480	
Composite	Length	2	8.077	<1
	Error	67	31.591	

PLANNED COMPARISON t-VALUE

	Brief vs. One Time	Short Term vs. Brief	Short Term vs. One Time
Inclusion	-.173	.371	.193
Control	-.399	.631	.145
Affection	-.735	.262	-.517
Composite	-.675	.551	-.148

TABLE V

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B DISCREPANCY SCORES FOR INCLUSION

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	13.225	5.66*
Subjects w. groups	18	2.336	
Within Subjects	20		
B (Discrepancy Scores)	1	3.025	<1
A x B	1	.025	<1
B x Subjects w. groups	18	3.247	

*$p < .05$

PLANNED COMPARISON

(B)

	Pre-therapy Mean	Post-therapy Mean	t-Values
High Compatibility	2.9	2.4	.620
Low Compatibility	1.8	1.2	.744

TABLE VI

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B DISCREPANCY SCORES FOR CONTROL

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	.1	<1
Subjects w. groups	18	6.722	
Within Subjects	20		
B (Discrepancy Scores)	1		<1
A x B	1	2.5	<1
B x Subjects w. groups	18	3.811	

PLANNED COMPARISON

(B)

	Pre-therapy Mean	Post-therapy Mean	t-Values
High Compatibility	3.4	3.2	.229
Low Compatibility	3.8	3.0	.916

TABLE VII

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B DISCREPANCY SCORE FOR AFFECTION

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	2.025	<1
Subjects w. groups	18	4.236	
Within Subjects	20		
B (Discrepancy Scores)	1	.225	<1
A x B	1	2.025	<1
B x Subjects w. groups	18	3.625	

PLANNED COMPARISON

(B)

	Pre-therapy Mean	Post-therapy Mean	t-Values
High Compatibility	1.5	1.2	.353
Low Compatibility	1.5	2.1	-.705

TABLE VIII

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B DISCREPANCY SCORES FOR COMPOSITE

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	14.4	<1
Subjects w. groups	18	16.089	
Within Subjects	20		
B (Discrepancy)	1	8.1	<1
A x B	1	36.1	3.57
B x Subjects w. groups	18	10.1	

PLANNED COMPARISON

(B)

	Pre-therapy Mean	Post-therapy Mean	t-Values
High Compatibility	5.9	6.9	-.704
Low Compatibility	9.0	6.2	1.970*

*$p < .05$

TABLE IX

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B ABSOLUTE SCORES FOR INCLUSION

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	70.225	1.25
Subjects w. groups	18	56.114	
Within Subjects	20		
B (Absolute Score)	1	50.625	5.71*
A x B	1	7.225	<1
B x Subjects w. groups	18	8.869	

*p < .05

PLANNED COMPARISON

(B)

	Post-therapy Mean	Pre-therapy Mean	t-Values
High Compatibility	7.8	4.7	2.327*
Low Compatibility	9.6	8.2	1.051

*p < .05

TABLE X

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B ABSOLUTE SCORES FOR CONTROL

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	1.6	<1
Subjects w. groups	18	9.02	
Within Subjects	20		
B (Absolute Score)	1	1.6	<1
A x B	1	.4	<1
B x Subjects w. groups	18	12.11	

PLANNED COMPARISON

(B)

	Post-therapy Mean	Pre-therapy Mean	t-Values
High Compatibility	7.2	7.4	-.129
Low Compatibility	7.4	8.0	-.386

TABLE XI

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B ABSOLUTE SCORES FOR AFFECTION

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	2.025	<1
Subjects w. groups	18	51.236	
Within Subjects	20		
B (Absolute Score)	1	24.025	2.62
A x B	1	4.225	<1
B x Subjects w. groups	18	9.181	

PLANNED COMPARISON

(B)

	Post-therapy Mean	Pre-therapy Mean	t-Values
High Compatibility	7.4	6.5	.664
Low Compatibility	8.5	6.3	1.624

TABLE XII

ANALYSIS OF VARIANCE AND PLANNED COMPARISON TABLE FOR COMPATIBILITY EFFECTS ON PRE- POST FIRO-B ABSOLUTE SCORES FOR COMPOSITE

(A)

Source	df	MS	F
Between Subjects	19		
A (Compatibility)	1	8.1	<1
Subjects w. groups	18	230.633	
Within Subjects	20		
B (Absolute Score)	1	115.6	2.72
A x B	1	48.4	1.14
B x Subjects w. groups	18	42.444	

PLANNED COMPARISON

(B)

	Post-therapy Mean	Pre-therapy Mean	t-Values
High Compatibility	25.5	19.9	1.922*
Low Compatibility	22.4	21.2	.412

*$p < .05$

TABLE XIII

COMPARISON OF THE MEAN SUPERVISORS' RATINGS OF IMPROVEMENT FOR THE COMPATIBILITY GROUPS

	High Compatibility Group Mean	Low Compatibility Group Mean	t-Values
Inclusion	.5	.9	-.699
Control	2.4	2.1	.261
Affection	1	.8	.294
Composite	4.8	2.9	1.139

VITA

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