

THERAPIST SELECTION AS A FUNCTION OF THERAPIST
EXPERIENCE, DRESS, AND WHETHER THERAPY IS
TO BE FOR SUBJECT OR SUBJECT'S CHILD

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CHAPTER I

INTRODUCTION

In the therapeutic situation, it is presumably the task of the therapist to influence his client's behavior in such a manner as to replace maladaptive behavior with adaptive behavior. Tedeschi (1972) has applied the concepts of decision theory to the influence processes. The result is a general theory which should predict outcomes in any situation in which one individual attempts to influence another. Decision theory is derived from classical economics. Classical economic theory presumed the individual to be perfectly informed as to the alternatives available to him and the consequences of taking these alternatives. In addition, he was always supposed to make his decision in such a manner as to maximize something. Furthermore, the decision maker was supposed to be able to rank order his preferences so that if he prefers A to B and B to C, then he would rank A before C. This is the assumption of weak ordering. Given these assumptions, the individual's behavior should be consistent and predictable. However, most decisions made by an individual do not lead to certain outcomes, but only probable ones, or outcomes of unknown probabilities. Present decision theory has had to change its assumptions to fit men who are not omniscient. It is from this context that social influence theory has grown. It is

suggested that the psychotherapeutic situation, particularly the selection and evaluation of therapist, be considered in terms of social influence theory.

Social influence requires a source, a target, and a signal system. When the therapist is trying to influence the client, he is the source and the client is the target. If the client is trying to influence the therapist, then he is the source and the therapist is the target. The signal system would primarily be verbal influence communications. These communications would include four basic influence modalities: threats, warnings, promises and mendations. These could be explicit, tacit or both. Threats refer to negative consequences under the control of the source, while warnings are source predictions of negative outcomes not under the source's control. A promise refers to a positive target outcome under the control of the source, while a mendation is a source prediction of a positive outcome for the target which is not under the control of the source. In therapy, threats might consist of therapist statements that if the client did not change his behavior, therapy would be discontinued, or that if his behavior got more extreme, the therapist would hospitalize him. A promise might consist of the statement that if the client's behavior continues to improve then he will be discharged from the hospital. Note that with both threat and promise examples the therapist is referring to outcomes over which he maintains control. A warning might consist of the following statement, "If you continue to think and talk of your late husband you will become ever

more depressed". A mendation might be, "If you will continue to practice asserting yourself according to these homework assignments, you will find your fear of people disappearing". Note that warnings and mendations refer to outcomes not directly controlled by the therapist.

A probability and value are associated with each influence communication. That is, the target assigns a probability that the message is true and also assigns a value to the outcome resulting from compliance to the message. Each message has an expected value (EV) which is a multiplicative function of probability times value. The theory predicts that, all else equal, a target will compare the EV of the message with the EV's of alternative discussions and will act to maximize his gains or minimize his losses. Expected value is a concept of decision theory (Edwards & Tversky, 1967). Its calculation is based upon binary decision alternatives rather than upon all possible outcomes. The probabilities and values (negative and positive) associated with compliance must be compared to the probabilities and values associated with defiance. It is assumed that the target will choose the alternative which will yield him the highest expected value.

Some of the factors that bias the target's objective estimation of probabilities are the characteristics of the source of the message. Tedeschi (1972) defines the four source characteristics of attraction, status, prestige, and esteem as orthogonal factors (based on factor analytic studies) which serve to bias the target's estimations of the probability component of the EV of the message and hence affect the

influenceability of the target. This biased EV is termed subjective expected value (SEV).

It is presumed that a target is apt to believe that someone he likes will benefit him and is unlikely to believe that someone he likes will harm him. Attraction then, should authenticate all types of influence messages except threats. Attraction should deauthenticate threats. Status, prestige, and esteem, on the other hand, should authenticate all types of influence messages and should consequently increase the influenceability of the target. SEV theory may be considered a rational theory of irrational behavior, since the target responds to biased estimates of probabilities rather than veridical estimates (Tedeschi, 1973).

The following is an example of how SEV theory would apply to a potential client seeking psychotherapy. The client hurts. He would probably place a high value on messages specifying the availability of help or relief. A word should be said about values. Not all subjects would assign the same value to the same outcome. However, most patients that are hurting emotionally, would place a positive value on outcome of psychotherapy, such as the reduction of anxiety or stress or becoming more well adjusted. It is assumed that all people will assign a higher value to more rather than less of a positive commodity involved. This assumption should suffice the predictor's purposes of most situations. Most people will prefer more money, points, approval, or mental health than less of these things. Therefore, as far as this paper is concerned

value will be a positive constant. Remember, that in SEV theory value (of the message) x probability (that the message is true) = EV (of the message). The higher the EV, the more likely the target is to comply to the message (be influenced). Now suppose the target-patient receives the following mendation from some source: "You should seek a psycho-therapist. He can help you". If the patient places a high probability to the credibility of this message he will probably comply and seek a therapist. The presumed high probability that the message is correct coupled with a high value placed on the outcome of the message yields a high expected value. Now consider the source who sent the message. If the source is high in attraction, status, prestige, and esteem, the probability that the message is true would be biased upward (authenticated), the resulting SEV of the message would be high, and the target would be very likely to seek a therapist. On the other hand, if the source attraction, status, prestige, or esteem were low, the probability that the message is true would be biased downward (deauthenticated), and the target would be less likely to seek a therapist. Of course, this influence process would be working all of the time. If the predictions of the theory are correct, SEV considerations should be associated with decisions to enter or not to enter therapy, in the selection of an agency and therapist, as well as the behavior changes that would take place during therapy.

Consider the selection of a therapist. The target-patient has decided to enter therapy and now he must select a therapist. It is

assumed that the outcome he desires is better mental health, that this outcome has a positive value, and that this value can, for practical purposes, be considered a constant (1.0 for instance). Assume the target-patient has a choice between two therapists, a psychiatric social worker with an M.S. degree, and a psychiatrist, both of whom have the same objective therapeutic ability (the author realizes this assumption could never be proved). The objective probability that either of these therapists could bring about the outcome that the patient desires might be .5. Since $P \times V = EV$, the expected value associated with desired outcome of psychotherapy with the social worker is $.5 \times 1.0 = .5$. The EV associated with outcome of therapy with the psychiatrist is also $.5 \times 1.0 = .5$; consequently, there would be no objective basis in this for selecting one therapist over the other. However, people do not make objective analyses. Objective probabilities associated with outcomes are never known. They are estimated. These probability estimations may be biased upward or downward by target perceptions of source characteristics. Assume that this target-patient associated the title "social worker" with someone who helps poor people with economic problems rather than emotional ones. The patient's perception of the prestige of this therapist might be low. This would tend to cause the patient to bias his estimation of the probability of obtaining his desired outcome with this therapist downward. Assume that his estimated probability is .3. His EV associated with social worker and outcome is now an SEV and is $.3 \times 1.0 = .3$. If this patient attributed high

prestige with the title "psychiatrist", this would lead to an upward biasing of the probability by the patient. SEV associated with outcome of therapy with psychiatrist might be $.7 \times 1.0 = .7$. Since the decision rule of SEV theory is to maximize SEV decisions, the patient would be expected to select the psychiatrist over the social worker.

The probability that anyone can be helped in therapy may vary from therapist to therapist. Would a therapist be chosen on this basis? This is a problem considered in this study. It is felt that perhaps more prestige, esteem and status would be accorded to a professional therapist (a Ph.D. clinical psychologist or M.D. psychiatrist) than to a nonprofessional therapist (a clinical psychology graduate student). According to SEV theory, this should show up in more professionals being selected for therapy over nonprofessionals. SEV theory support, in the form of more professional selections would also have implications concerning influenceability during therapy. Another consideration of this study is the possibility that therapist dress may give clues to the target about source characteristics. Should a certain type of dress indicate low source esteem to the target, he would be expected to bias downward his expected probability of achieving successful psychotherapy, which in turn should result in fewer selections of therapists dressed in that manner. Finally, a problem considered in this study is whether a client-target would select therapist for their children on the same basis that they would select therapists for themselves.

CHAPTER II

REVIEW OF THE LITERATURE

Empirical Support for Influence Theory

A review of the literature shows that SEV predictions of target behavior have not been directly tested when the influence modes were mendations and warnings; however, Tedeschi, Bonoma, and Schlenker (1972) have amassed an impressive amount of support for SEV theory by reviewing existing literature in the areas of modeling, public conformity and social reinforcement experiments and reinterpreting them in terms of SEV theory. SEV predictions of target behaviors have been directly tested when the influence modes were threats and promises. The majority of the studies deal with social influence theory's prediction that target perceptions of source attractions, esteem, prestige or status will systematically bias the probabilities associated with influence attempts.

Attraction and Influence

Perceptions of low interpersonal attraction have been associated with increased compliance to threats regardless of objective threat credibility (Schlenker, Bonoma, Tedeschi, Lindskold, & Horai, 1971). Positive or negative attraction was induced in targets using Byrne's

(1961) similarity-dissimilarity procedure in an effort to relate target's threat and promise compliance attractiveness of the source in a prisoner's dilemma situation. Two designs were used, employing both threats and promises. The first was a 2x2 design which consisted of high or low attraction for the source and in which the source punished noncompliance to his threats either 10% or 90% of the time (10% or 90% credibility levels for the source's threats). Results confirmed SEV theory in that subjects in the low attraction conditions complied frequently to threats regardless of the differences in threat credibilities. Subjects who liked the source, however, responded rationally and in direct relationship to the probability of punishment more along the lines of EV predictions rather than upwardly biased SEV predictions. Other results, as indicated by ratings on Osgood's Semantic Differential showed that the disliked threatener was perceived as more potent and was evaluated more negatively than the liked threatener. As noted by the authors, these results suggested an interesting type of power strategy. When a source of influence has few resources to maintain high credibility for his threats, his most effective strategy might be to cause the target to dislike him. A consequence could be that the target would exaggerate the probability associated with the source's threats and comply more often than would be expected under the objective circumstances.

The second part of research studied promises in a 2x2 design in which subjects were also induced to either like or dislike a source.

Compliance was then measured when promises were 10% and 90% credible. Neither liking for the source nor credibility of the promises seemed to influence target's compliance. Subjects complied about 54% of the time regardless of the credibility of the promise or degree of liking for the source. It was felt that methodological design factors contributed to the failure to find credibility and attraction main effects. The authors surmised that the reward was inappropriate to the extent that it prevented the independent variables from producing the predicted outcomes. One interesting effect of the study was noted, however. The low attraction condition appeared to create in the subject an immediate set that conflict was irreconcilable and the use of promises did not change that set. It is not known whether this set would occur in the therapeutic situation, since the client's perceptions of the therapist's goals might be very different than the target's perceptions of the source's goals in this experiment.

Status and Influence

Faley and Tedeschi (1971) have shown that individuals in a military hierarchy will comply to the threats of high status others regardless of their own status level, but will not comply to the threat of low status others. Status was defined by service rank. One hundred twenty ROTC cadets of varying ranks (status) served as target-subjects in a modified Prisoner's Dilemma situation. There were four source-target conditions: low-high, high-low, low-low, and high-high. The

source's threats were either 10%, or 90% credible and carried either high or low punishment for noncompliance. There were five major results. Target-subjects complied more often to threats of a low status source, regardless of the target's own status. The degree of target compliance to threats increased as the credibility of source threats increased. Target compliance increased as the magnitude of punishment associated with threats increased. High status subjects exploited the low-status simulated players more often than did subjects in the other three conditions, and finally, the perceived potency of the source using threats was directly related to the credibility of his threats.

Lefkowitz, Blake, and Mouton (1955) have suggested that a person's manner of dress may present cues about his status to an observer. They demonstrated that subjects imitated a well dressed model who violated a clearly marked pedestrian traffic signal more often than they imitated a model who was shabbily dressed. Although SEV theory was not being tested directly, the results are consistent with the SEV hypothesis that high status authenticates the expected value of the model's tacit communication of warnings and mendations and thereby increases the influenceability of the target person. The implications for therapy are clear if it is assumed that patients perceive the therapist in a high status role.

Prestige and Influence

Horai, Haber, Tedeschi, and Smith (1970) tested the effects of source prestige on targets' reactions to threats and promises. Prestige was defined in terms of the accommodative or exploitative intentions of a source of influence plus the source's capabilities of producing rewards after promises or giving punishments following threats. SEV postulates that both accommodativeness and exploitativeness contribute to the prestige of a threatner, while only source accommodativeness contributes to prestige of a promiser. The study manipulated both the accommodativeness and exploitativeness of the source and the source's credibilities of threats and promises. It was found that when the source's threats and promises were credible and he was accommodative, the target-subjects complied often. It was also found that target-subjects complied least often when credible promises were used by an exploitative source. This showed that exploitative source behavior affects target's perceived strength of intentions differently when the source uses threats and promises. This is as predicted by SEV theory. Source prestige is perceived as high when the source uses threats either accommodatively or exploitatively (holding capability constant). Source prestige is perceived as low when a source uses promises and is exploitative. The study supports SEV theory in that accommodative and exploitative sources using threats gained high levels of compliance, while an accommodative source using promises gained more compliance than did an exploitative source using promises.

Schlenker, Bonoma, Tedeschi, and Pivnick (1970) also found that an accommodative source (one of higher prestige) received more compliance from target-subjects. In their design they manipulated source strategy (whether accommodative or exploitative), wording of the threat message (whether compelling or deterrent), and sex of subjects. The experiment took place in a modified Prisoner's Dilemma situation. The results indicated that the subjects complied more often when sending a defiant message in response to the source's threats, and perceived the source of compelling threats as more negative on the evaluative dimension of the Semantic Differential than did subjects who were targets of deterrent threats. Subjects in this condition more often refused to reveal their intended strategy selection in their messages to the source using threats than in any other condition of the experiment. The authors felt that this indicated that a compelling threat, when sent by an exploitative source, was perceived as being intractable, and since there was little chance of dissuading him, the target saved face by refusing to reveal his own intentions. The predictions of SEV theory were thus supported by the major perception and compliance findings of the study.

In another study, Bonoma, Schlenker, Smith, and Tedeschi (1970) employed a 3x2 design in an effort to study the effect of prestige on a target's reaction to threats. Three levels of source resources (prestige) were varied with two levels of punishment magnitude. It was hypothesized that the greater the punishment magnitude the more compliant the target would be. It was also hypothesized that the greater

the source resources, the more likely the target would comply to threats. Threats were assigned a 50% credibility. It was found that punishment magnitude did mediate compliance in a direct relationship, thus confirming SEV theory predictions. Source capability, however, did not produce the hypothesized increasing direct effect on target compliance. It was suggested that this was due to an error in design; that by assigning only 50% credibility to source's threats, the effects of source capability might have been vitiated by consequent weak intentions attributed to source by the target. Since SEV theory postulates a multiplicative relation between intentions and capability, low credibility (intentions) could lower prestige (and thus compliance), just as would low capability.

Schlenker, Helm, and Tedeschi (1973) found that the intention component of prestige, as indicated by promise credibility, produced much stronger effects on subject's compliance to source promises than did the personality variable of trust, which produced marginally significant effects. Forty female subjects were divided into high and low trust groups. They were then placed in a mixed-motive conflict situation and received noncontingent promises of cooperation from a simulated player. Promise (source) credibility was also varied. This is an important situational determinant of trust, or if looked at from the point of view of SEV theory, is a determinant of intentions (which, when multiplied by source capability gives a value of prestige). It was hypothesized that subjects who scored high on Rotter's Interpersonal

Trust Scale would believe the promises of the simulated player and cooperate with her more than those who scored low on the scale. It was also hypothesized that the subjects would rely on the promises and cooperate more, the greater the actual probability of promise fulfillment. The results of the study supported both hypotheses, but the variable of promise credibility produced much stronger effects.

Finally, Lindskold, Bonoma, Schlenker, and Tedeschi (1972) manipulated credibility of promises (10%, 50%, or 90% credibility) and value of reward for complying to promises (high or low value) in a Prisoner's Dilemma game. In addition, the source was either 0%, 50%, or 100% accommodative on promise-relevant trials. It was hypothesized that the target would comply as a direct function of expected value when the source is exploitative. This is because the target must be concerned about the expected value of promises since it sometimes costs the target to comply. When the source was accommodative, it was hypothesized that expected value would not mediate compliance, since the subjects gained by complying regardless of whether or not the source provided the promised rewards. It was also hypothesized that promise credibility would mediate compliance when the source was exploitative. This last hypothesis was not confirmed. The first two were. It was suggested that low reward credibility resulted in low source prestige, as perceived by the target, and this fostered the expectation that they would not be compensated.

The results of this section have relevance to the psychotherapeu-

tic situation. If a therapist is perceived by the patient as being capable and having credible intentions (i.e., high prestige), then the therapist should exert more influence over the patient than if he is perceived as being less capable, or as having less credible intentions (i.e., low prestige).

Esteem and Influence

Helm, Brown, and Tedeschi (1972) studied esteem and the effectiveness of a verbal reinforcer. Previously, Bandura (1972) had contended that the typical verbal conditioning paradigm would lead the subject to emit more verbal operants if the experimenter would just tell him what he wanted. This was later confirmed by Levey (1967) in a simple experiment where one group of subjects was preinformed as to the reinforcement contingencies involved in the verbal conditioning experiments, and one group of subjects was not preinformed. The preinformed group of subjects achieved superior performance levels. Helm, et al. (1972) also used preinformed and nonpreinformed subjects in a standard verbal conditioning experiment. In addition, the esteem of the experimenter was manipulated at two levels (high and low). The high esteem experimenter was dressed in jacket and tie and introduced to the subjects as a Ph.D. candidate. In the low esteem condition, the experimenter was dressed casually in jeans and sport shirt and introduced as a student in experimental psychology who was doing this experiment as a semester project. It was hypothesized that higher performance levels would be

obtained by the subjects when they were preinformed than when they were not. Subjects consisted of 40 undergraduate males. Results were surprising in that only unexpected interactions were significant. That is, when the experimenter was of high esteem and subjects were preinformed, fewer reinforced responses were emitted over trials than when the esteem of the experimenter was low and the subjects were preinformed. On the other hand, if the subjects were not preinformed about the reinforcement contingency, they emitted more reinforced responses over trials in the presence of the highly esteemed experimenter than when dealing with a low esteemed experimenter. The authors proposed that the higher the esteem of the experimenter, the more salient norms regarding "cheating" would be to the subject, and the more concerned he would be that he behave just like an "uninformed" subject. In trying to behave like an uninformed subject, his behavior responses might be poorer than a subject who was not preinformed. SEV theory did correctly predict that nonpreinformed subjects should emit more critical responses to the more esteemed than to the less esteemed experimenter. Esteem in this study was defined as nearly synonymous with expertise. To the extent that a therapist is seen by the client as an expert, then SEV theory would lead to useful predictions regarding the outcome of therapist client interactions. That is, the more expertise (higher esteem) that the patient perceives the therapist as having (as perhaps indicated by prior education or experience), the more likely the patient is to be influenced by the therapist.

Therapy and Influence

Rosenthal and Frank (1956) express the opinion that all forms of psychotherapy yield successful results with some patients and that these successes depend to an undetermined extent on factors (also undetermined) common to many types of relationship between patient and therapist. They labeled this the "placebo effect" of psychotherapy. In essence, the patient is influenced by his own expectations of what he can expect from a therapist (or therapy) to the extent that the outcome of therapy is determined by these expectations. Rosenthal, et al., suggest research on psychotherapy should distinguish between behavioral changes due to correctness of psychotherapeutic theory or efficacy of technique and those due to patient's faith in the efficacy of the therapist and his technique (i.e., the placebo effect). They state that in terms of controls this would be very difficult. This reviewer agrees that it would be difficult, but disagrees that it should be a goal of the researcher. Not only are subjective expectations of the patient part of the therapeutic situation and not only do they affect outcomes, but changes in patient expectations (and its consequent effect on influenceability and behavior) may be psychotherapy.

Therapist Characteristics and Outcome of Therapy

It has been shown that the source characteristics of attraction, status, prestige, and esteem all contribute to the influenceability of

a target by a source. It has also been pointed out that a client's influenceability may be similarly affected by therapist characteristics. A number of studies have been published relating therapist's prior experience and therapeutic skill to outcomes of psychotherapy. As defined by Tedeschi (1972), prior experience and skill are components of source esteem.

Therapist Experience

Barrett-Leonard (1959) had 42 outpatients fill out therapist rating measures devised by him. Pre-therapy and post-therapy scores on the Q-Adjustment, Taylor MA, and MMPI scales were also obtained. Therapists were rated as expert versus less expert on the basis of prior experience. It was found that patients treated by more expert therapists gave higher scores to their therapist on level-of-regard of therapist and empathetic understanding. It was also found that the patients under the expert therapist underwent greater change as measured on the pre- and post-therapy tests than did patients under the less expert therapist.

Cartwright and Vogel (1960) tested 22 self referred psychoneurotic patients at four points in time: (1) on first being accepted as therapy cases and placed on a waiting list (pre-wait), (2) after being on waiting list for a time, but before therapy (pre-therapy), (3) after therapy had begun at a point equal to the waiting interval (in-therapy), and (4) immediately after therapy (post-therapy). The instruments

employed were the Butler and Haigh Q-sort, a self descriptive test from which the Q adjustment score was computed, and the TAT, a projective from which a diagnostic rating was made. The hypothesis tested that is of interest to this study is that patients in therapy with experienced therapists underwent more positive change than those in therapy with inexperienced therapists. The in-therapy test confirmed this hypothesis using the TAT ratings, but it was not confirmed using the Q-sort. The post-therapy test showed those in therapy with experienced therapists to have improved significantly as indicated by both TAT and Q-sort. Those in therapy with inexperienced therapists did not improve, according to these indicators; in fact, they bordered on a significant decrease in health as indicated by the TAT. The authors concluded that therapists have special effects depending upon the level of their experience.

Cartwright and Lerner (1963) studied the therapist's experience level, the patient's need to change, the sex of the patient and the therapist, and the amount of psychological distance between them, on psychological improvement. Two success groups were found: same-sex patients of experienced therapists whose distance from him the therapist initially reduced, and opposite-sex patients of inexperienced therapists whose distance from the therapist initially increased.

Grigg (1961) had 249 patients rate their therapists on termination forms developed by him. The therapists represented three levels of professional development: (1) Ph.D. counseling psychologists, (2)

counseling trainees who had completed a year's internship, and (3) inexperienced counseling trainees who had not completed an internship and who lacked a year's part time practicum experience. In general, these were differences in levels of experience. A number of differences attributable to these levels of experience were found. Inexperienced counselors were perceived by their clients as being more active and exhibiting more control over the events of the counseling hour than were the two experienced groups of counselors. Counselors in both experienced groups were reported to advise or to suggest, but inexperienced counselors were reported more often to give advice and to make suggestions. Inexperienced counselors were reported to make interpretations more than to refrain from interpreting, whereas more than twice as many Ph.D. counselors were reported to refrain from interpreting than those who interpret, and the experienced counselor trainees tended to prefer not to use interpretations characteristically. The frequency of questioning by the counselor during the interview did not appear to be related to counseling training or experience. When beginning the counseling interview, experienced counselors were reported to prefer to wait and allow the client to develop the topics, whereas the inexperienced trainees were reported to play a more active role, to set the tone of the hour, to cue the client as to the topics to be discussed. In the study, although counseling behaviors were reported to differ between the experienced and the inexperienced therapists, there were no differences in clients' reports of favorableness of outcome of counseling by experienced or by inexperienced counselors.

In another study, Grigg (1958) had 24 male Ph.D. clinical psychologists, 24 male trainees in clinical psychology (with at least a year's experience in practicum), and 24 "naive" undergraduate students predict how therapy clients responded to three personality tests. Later, although they were instructed to predict the responses of the clients and not the impressions of other psychologists about the clients, the judges' predictions were scored by an "Expert key" made from a consensus of three psychologists as to what the clients' responses "should be" after these psychologists had studied, independently, the complete case folder of each client. It was found that the trainees and the Ph.D. psychologists predicted client responses more accurately than the naive judges. Between the experienced groups, however, there were no significant differences in accuracy of predicting client responses. Finally, the judges, regardless of experience level, were in greater agreement with what a consensus of "experts" predicted about client responses than in predicting the actual responses made by the clients themselves.

Katz, Lorr, and Rubenstein (1958) had therapists diagnose and rate improvements on 232 patients. It was found that therapist's improvement ratings were significantly related to his years of experience as therapist and to his diagnostic classification of the patient following six months of treatment. The findings suggested that patients who are diagnosed as less severely ill were more likely to be rated improved, regardless of the therapist's experience.

Myers and Auld (1955) investigated the relationship between the manner in which therapy is terminated and (1) length of treatment

(measured by number of interviews), and (2) training and experience of therapist. The authors examined the records of all patients seen in a year by the senior staff and resident psychiatrists to determine the manner in which therapy was terminated. It was found that the fewer the number of interviews, the greater the chances of failure. It was also found that the more experienced and better trained senior staff therapists tended to have more successful terminations and fewer failures than the residents when cases seen ten or more times were considered. When clients were seen fewer than ten times, length of therapist training and experience were not related to outcome. It was apparent that the training and experience of the therapist as well as duration of therapy were related to the manner in which therapy was terminated. Brief therapies (under ten interviews) tended to end unsuccessfully regardless of the training and experience of the therapist. More lengthy treatment tended, in general, to be more successful, especially if more highly trained practitioners were involved.

Rice (1965) studied 20 taped interviews of client-therapist pairs and factor analyzed sequences of qualitative data. Loadings suggested three interviewer types. Type I was characterized by therapist responses expressed in language that was commonplace, rather than fresh and connotative. Voice quality tended to be uninflected, seldom expressive and never distorted. The functional level of responses was primarily that of reflecting client self observation. Type II interviews differed from type I interviews chiefly with respect to the therapists' voice quality. In more than half of the responses there was a distorted

voice quality. Type III interviews differed from type I interviews on all three aspects. The therapist used more connotative language, expressive voice quality, and most responses were on the level of inner exploration. It was found that the last two of the three types of interviews distinguished between therapists of different levels of experience. It was suggested that the interview styles may be vehicles whereby more experienced therapists are able to provide a more satisfactory experience for their clients.

Sullivan, Miller and Smelser (1958) reviewed the therapy records of 268 V.A. patients to try and determine if patient social status and data on therapists was related to patients' length of stay in the hospital and progress of therapy. Therapist data considered was sex of therapist, professional discipline of therapist (psychologist, psychiatrist, social worker), and experience of therapist. One year or less of staff work was designated "inexperienced". Progress in therapy was determined by a five point rating scale filled out by the individual therapist at time of termination. It was found that higher status patients stayed in therapy longer than lower status patients. Neither length of stay nor progress in therapy were related to therapist characteristics. This was in spite of the fact that patients with a more favorable prognosis were often (but inconsistently) assigned to the more experienced therapists.

Miles, Barrabee, and Finesinger (1951) interviewed 62 patients as a follow up to therapy. The patients were evaluated as to improvement

in a number of areas of possible adjustment, including occupational, sexual, interpersonal, social and marital adjustment. State of recovery "was done by clinical appraisal or 'intuition' rather than by specifically defined criteria". Patient's self evaluations of improvement were also recorded. It was found that 23% of the group were markedly improved, 35% were somewhat improved, and 42% were considered essentially unchanged. The authors stated that almost the whole group had been treated by relatively inexperienced therapists, but a slightly higher percentage of patients in the improved categories had been treated by the more experienced psychiatrists.

Research in this section supports the contention that therapist experience is positively associated with favorable outcomes of therapy. SEV theory would predict this on the basis of source esteem. The higher the source esteem (as indicated by prior experience) the more influenceable the target. Would a potential patient choose a therapist on the basis of therapist experience? This has not been tested. SEV theory would predict that a patient would make a decision so as to maximize his gains and minimize his losses as he perceives gains and losses. Presumably, he would then select a therapist who might seem more capable of producing altered behavior patterns over one who would appear subjectively less capable of producing positive results. SEV theory would predict that all else equal, he would select a therapist of greater experience (i.e., esteem), since this characteristic would be associated with a maximization of the chances of his behavior being adaptively modified.

Therapist Skill

A few studies have considered therapist skill in relation to outcome of therapy. Skill, in terms of the postulates of SEV theory, serve as an indicator of source prestige or capability.

Nichols and Beck (1960) using 75 therapy cases as subjects, factor analyzed a number of measures of change with psychotherapy including scores on 18 California Psychological Inventory scales, therapist ratings, and client ratings. Six factors that contributed to change were found, including skill of therapist as rated by his supervisor.

Muench (1965) found that the methodological effectiveness of therapists did not account for changes during therapy. One hundred and five clients were seen by 12 experienced psychotherapists at San Jose State College Counseling Center. Each client-subject took Rotter's Sentence Completion Test and Maslow's Security-Insecurity Inventory at the beginning and end of therapy. An analysis was made of the cases treated by each therapist, based on changes in scores on the two testing instruments. Each therapist's case load was tabulated in terms of the improvement or decrement for each of the two testing instruments and a percentage of improvements was obtained for each therapist by dividing the total improvement scores by the total scores. The 12 therapists were found to vary in improvement between 43 and 92 percent.

From these improvement data, the six most successful therapists were grouped and compared with the six least successful in order to determine if the most successful therapists had a preponderance of

short-term or time interrupted cases. If so, according to Muench, the changes found during therapy could be the result of the methodological effect of the therapist rather than being related to the experimental variable of length of time in therapy. However, no significant changes were apparent between the most successful and least successful therapists related to length of case. That is, the most successful therapists had approximately the same distribution of short-term, long-term, and time limited cases as did the least successful therapists. The author felt that such a finding seemed to eliminate differences in therapist skill as a variable accounting for therapeutic results.

This reviewer disagrees. The study stated that there were improvement differences between therapists. Among these same therapists there were no differences in distributions of lengths of cases. What besides therapist efficacy would account for some therapists being "most successful" and other therapists being "least successful"? The question is, of course, rhetorical. This reviewer feels that the stated results support the hypothesis that methodological effectiveness of therapists accounts for changes during therapy, as do the results of the Nichols and Beck (1960) study.

SEV theory predicts that, if the patient should pick up positive cues as to the skill of a therapist (i.e., his prestige), then the patient influenceability should be increased. It seems likely that source characteristics such as degree held, or type of prior training could give patients cues as to therapist skill or prestige as well as esteem.

Summary and Purpose

A summary of the introduction and literature review precedes the statement of purpose in this section. Primarily, the literature was reviewed in such a manner as to make the following points:

1. The SEV theory of social influence predicts and explains the behavior of individuals in a dyadic situation. Behavioral predictions are stated in terms of influence attempts.
2. Major considerations affecting SEV predictions are characteristics of the source and target, influence modes, and situational factors.
3. The source characteristics of attraction, status, prestige, and esteem are postulated as having a biasing effect on all types of influence messages and consequently affect the influenceability of the target.
4. There is empirical support for SEV theory, in that it has been demonstrated that source characteristics affect influenceability (Tedeschi, 1973).
5. A source's manner of dress may present cues to an observer about his status (Lefkowitz, Blake, & Mouton, 1955) and his level of esteem (Helm, Brown, & Tedeschi, 1972).
6. There is some evidence that therapist characteristics affect outcome of therapy, but this has usually been documented in retrospect from case records.

The purpose of this study was to determine if subjects selected a therapist on the basis of level of training or dress cues. In addition, it was to be determined if attraction, prestige, and esteem ratings of these therapists supported the selections. Finally, it was to be determined if subjects rated perceptions and selected therapists with the same characteristics to work with their children that they chose to work with themselves. In addition, it was to be determined if subjects applied different esteem and attraction ratings to therapists differing in training or dress.

Hypotheses

1. Subjects will select more often therapists presented as having the Ph.D. or M.D. degree as opposed to a therapist presented as graduate student.
2. Subjects will select therapists in the formal dress condition more often than therapists in the casual dress condition.
3. Higher questionnaire ratings will be associated with therapists presented as having the Ph.D. or M.D. degree as opposed to therapists presented as graduate student.
4. Higher questionnaire ratings will be associated with therapists presented in the formal dress condition as opposed to those presented in the casual dress condition.

CHAPTER III

METHOD

Subjects

Subjects consisted of 24 female undergraduate students who were enrolled in psychology courses at Oklahoma State University. All subjects were volunteers for inclusion in the study, and were naive with respect to the experimental task. Subjects were alternately assigned to one of two between-cell conditions, and therapist dress and training were balanced with order of presentation.

Apparatus and Materials

Apparatus consisted of an overhead projector, a projector screen, 12 colored slides, written scenarios and questionnaires. Six models appeared on the 12 slides. There were two slides of each model. In one slide, the model was wearing a suit and tie, in the other slide, he was wearing a white t-shirt.

Treatment Conditions

The three treatments consisted of the content of the scenario presented to the subject (factor A), therapist training (factor B), and therapist dress (factor C). Variable A was the non-repeated treatment

and consisted of two levels: (1) the subject was asked to assume that the therapist would be working with the subject, (2) the subject was asked to assume that the therapist would be working with a child of the subject. Variable B consisted of three levels: (1) therapist was presented as a graduate student in clinical psychology, (2) therapist was presented as an M.D., psychiatrist, (3) therapist was presented as a Ph.D., clinical psychologist. Variable C consisted of two levels: (1) therapist was presented in coat and tie (formal dress), (2) therapist was presented in a t-shirt (casual). Thus, the experimental design is a 2(A)x3(B)x2(C) split plot design with 12 subjects in each of two A blocks and repeated measures across the B and C variables.

Procedure

Subjects were brought into the experimental room four at a time and seated. Two of the subjects were assigned to one level of factor A, the other two subjects were assigned to the remaining level. Each subject was given the scenario and questionnaire appropriate to the treatment condition to which she was assigned. Scenarios for the two treatment conditions of factor A are provided in Appendix A. Component scales of the questionnaires are presented in Appendixes B through E.

Experimenter asked the subjects to read the scenario that they were given. When it was apparent that the subjects had read the scenario, the experimenter presented the following instructions: "I am going to present slides of six therapists to whom you might have been

introduced. Immediately after you view a therapist on the screen, I want you to fill out a short questionnaire concerning him. I want you to keep in mind the assumptions on your scenario. You have in front of you a questionnaire for each therapist. Are there any questions?" After reading the instructions, the experimenter showed a slide of the first therapist and had the subjects fill out a questionnaire concerning the therapist. Experimenter then showed the second slide and had the subjects fill out a questionnaire on the second therapist. This procedure was repeated until six slides were shown and subjects had completed questionnaires on six therapists. The experimenter then read the following instructions: "Now I'm going to present the therapists two at a time. Each time a pair is presented, I want you to choose one over the other. Do this by placing an 'X' under 'left' or 'right' as indicated by your questionnaire instructions". After the experimenter read the instructions, he presented sequentially, each possible pair of the six therapists. Order of presentation, as well as therapist position in pairs (whether on left or right) was randomized for each set of four subjects.

Experimental Measures

The experimental measures were contained in the form of a questionnaire. The questionnaire consisted of four main instruments:

1. The potency, evaluation, and activity dimensions of Osgood's Semantic Differential, used to rate each of the

- six therapists presented to each subject (Semantic Differential presented in Appendix B);
2. A questionnaire constructed by the author to measure the subject's Confidence in the therapist, used to rate each of the six therapists presented to each subject (Confidence Scale presented in Appendix C);
 3. Byrne's Interpersonal Judgment Scale. Questions one and three were scored together to give an estimate of attraction, and questions two and four were scored together to give an estimate of esteem. Byrne's scale was given to each of the six therapists presented to each subject (Interpersonal Judgment Scale presented in Appendix D);
 4. A selection sheet to record forced choice of therapists when presented in each possible paired combination (presented in Appendix E).

Statistical Analysis

Scores from the potency, evaluation and activity dimensions of the Semantic Differential, a confidence rating of the therapists, the attraction and esteem component of Byrne's Interpersonal Judgment scale and the number of times each therapist was selected were subjected to a $2 \times 3 \times 2$ analysis of variance. In all, seven ANOV's were run. In addition, orthogonal comparisons using F tests were used to determine significance of therapists selected and rated on the basis of being presented as graduate students versus M.D.s and Ph.D.s.

CHAPTER V

RESULTS

The number of times a therapist was selected from each pair of therapists presented was recorded and subjected to an analysis of variance. Six other factors were also subjected to analysis of variance: scores from the potency, evaluation, and activity dimensions of the Semantic Differential, a therapist confidence scale, and two dimensions of Byrne's Interpersonal Judgment Scale on each scenario, and level of education and dress condition. In all, seven analyses of variance were computed. Summary tables of these analyses of variance and tables of mean subject selections and ratings are presented in Tables I through XIV in Appendix F.

An inspection of each of these analyses indicates that subjects in the two scenario conditions (whether considering therapist for themselves or for their offspring) did not significantly differ in rating therapists. (The number of times therapists were selected per subject in these treatment conditions was of course a constant, 15.) Further inspection reveals that therapist selection and therapist ratings do not significantly differ when therapist is presented as graduate student, clinical psychologist, or psychiatrist. When orthogonal comparisons were performed evaluating therapist selection on the basis of

graduate student therapist against therapist with either M.D. or Ph.D., there was a marginally significant tendency ($p < .10$) to select therapist with the doctorate. When similar orthogonal comparisons pitted therapist ratings of perceived source characteristics on the six scales of graduate student therapist versus therapist with either M.D. or Ph.D., only on the esteem dimension of the Interpersonal Judgment Scale was there a significant difference. Therapists with the doctorate were accorded more esteem than graduate student therapists ($p < .05$). Formal dress yielded significantly greater ratings of perceived evaluation ($\bar{X} = 21.36$, $F = 12.83$, $df = 1/22$, $p < .01$) and esteem ($\bar{X} = 11.75$, $F = 9.60$, $df = 1/22$, $p < .01$) than did casual dress with its respective means of $\bar{X} = 19.36$ and $\bar{X} = 10.89$. Support, although failing to meet the .05 level of significance was obtained from subject ratings on a confidence scale, the attraction dimension of the Interpersonal Judgment Scale, and the activity dimension of the Semantic Differential. Formal dress with means of $\bar{X} = 16.82$, $\bar{X} = 11.74$, and $\bar{X} = 17.28$, produced greater ratings of perceived confidence, attraction and activity ($F = 3.62$, $df = 1/22$, $p < .10$, $F = 3.15$, $df = 1/22$, $p < .10$, $F = 4.19$, $df = 1/22$, $p < .10$) than did casual dress with respective means of $\bar{X} = 15.25$, $\bar{X} = 9.99$, $\bar{X} = 15.99$.

Obtained scores on the potency dimension of the Semantic Differential were in the opposite direction of that predicted. That is, significantly greater ratings of perceived potency ($F = 6.895$, $df = 1/22$, $p < .05$) were associated with casual dress ($\bar{X} = 15.43$) than formal dress

($\bar{X} = 14.17$). Scores from the potency dimension were the only scores to be greater for the casual dress condition than the formal dress condition.

To summarize, there were no main effects of scenario, therapist education or therapist dress on therapist selection. There was a tendency for graduate students to be rated lower on a scale of esteem, and a marginal tendency for therapists presented as graduate students to be selected less often than therapists presented as clinical psychologists or psychiatrists. There were dress differences in rating therapists.

CHAPTER VI

DISCUSSION

It was hypothesized that therapists presented as having the Ph.D. or M.D. degree would be selected more often than those presented as graduate students. This prediction follows from SEV theory where level of education is an indication of esteem. Level and type of education also should give an indication of one's resources, a critical component of prestige. Finally, titles such as student, psychologist and psychiatrist also probably have connotations of status. While source characteristics of esteem, prestige and status may be orthogonal as suggested by Tedeschi (1972), cues about one characteristic also may be cues about other characteristics as well. In any case, all of the characteristics, esteem, prestige and status should have an authentication effect on all types of influence messages; and a facilitative effect on influenceability of the target. This should become apparent as an increased tendency to select a therapist high in these characteristics. Would a psychiatrist possess more of those characteristics than a clinical psychologist, or vice versa? Possibly psychiatrists would be rated higher in status than psychologists, but so much more than title, education or experience goes into status that it would probably be weighted less than esteem or prestige in influencing a

target. Is there a difference in perceived prestige and esteem in considering psychiatrists and psychologists as therapists? It might depend on the target's knowledge of what type of training is involved in obtaining the two degrees; selections might be based upon consideration of the psychiatrist being able to supplement psychotherapy with drugs, while the psychologist cannot, or his ability to treat possible physical determinants or correlates of emotional disorder. On the other hand, the subject may weight the fact that the clinical psychologist is intensely subjected to personality theory and behavior modification techniques all during his graduate training, while the M.D. is concentrating on general medicine, or the fact that the psychologist has four years of part time supervised psychotherapy experience before internship, while the M.D. probably begins his experience in psychotherapy during internship or residency. For these reasons, it would have been difficult to decide upon an expected ranking of therapists presented as student, psychologist or psychiatrist, either with respect to therapist selection or to perceived ratings of source characteristics. In both cases, however, it seemed reasonable to assume that both the psychologist with a minimum of a year's internship experience and the M.D. with three years of residency training would be selected more often and rated higher on certain source characteristics than the student. This was the rationale behind two of the hypotheses.

There were only marginally significant differences between selection for professional versus nonprofessional therapists. Therapists

presented as psychologists and psychiatrists were selected more often than therapists presented as graduate students ($p < .10$). SEV theory leads to this prediction. But why was the level of significance not more reliable: and if college students do attribute different perceptions of prestige and status to people differing in levels and kinds of educational experience, why was there not a significant difference between all three levels of education on selection of therapists? True, the author did not have enough information to specify the ranking of selection of therapists by level of education, other than to specify that subjects perceived as graduate students should be selected least often. But it would have come as no surprise if a specific ordering had occurred. One possibility is that, due to differences in the subject's backgrounds, some simply attribute more therapeutic resources and competency to psychologists and others to psychiatrists. As mentioned previously, each of the types of training have therapeutic advantages that the subjects could have selectively considered, in selecting as well as rating therapists.

There is another possibility that was suggested as a result of debriefing the subjects. During debriefing, subjects were asked to give their opinion as to the purpose of the experiment, what variables they thought were being manipulated, and what cues influenced their selections and ratings. Surprisingly (these were undergraduates from psychology courses and there was no deception involved), few of the subjects could verbalize a close approximation of the purpose of the

study. Most were able to verbalize that either dress or education varied (some mentioned both), and a few things were mentioned that were not varied at all. One such example is smiles on therapist's faces. There were none. Of possible importance to this study, however, were the cues the subjects say influenced their decisions to the greatest degree. Typical responses to this were "looks", and "looks and appearance", "faces", and "whether they looked kind or not". Only two subjects out of 24 verbalized that they primarily based their decisions on therapist education or dress, even though most had indicated that they were aware that either dress, education, or both were being manipulated. Most subjects stated that they were most influenced by facial appearance, a variable that was randomized across treatments. In addition, therapist models were selected by the experimenter on the basis of similarities in appearance rather than dissimilarities. Thus, there was no possibility of detecting selection differences as a function of the appearance variable. The "looks" the subjects claim they based their decisions on could be a form of attraction. Attraction, of course, is a source characteristic that is hypothesized to bias influenceability upward, and was also not systematically varied in the study.

The hypothesis that therapists would be selected on the basis of therapist dress was not supported. This could be interpreted that dress is not important in selection of therapist. It could also be a fault of the experimental design in that visual cues exhibited by the models as perceived by the subject are stronger than dress, or education

cues, and since therapist models were randomized across the study, the visual cues tended to mask experimental variables that were not as strong.

The hypothesis that subjects would rate therapist characteristics high on the basis of therapist having an M.D. or Ph.D. versus therapist being a graduate student was only supported by one scale, esteem. Therapists presented as graduate student were attributed with significantly less perceived esteem than were therapists presented as M.D.s and Ph.D.s considered jointly ($p < .05$). It was expected that most, if not all of the scales would have yielded differences such as this. And as in considering therapist selection, it would have come as no surprise had the mean scores consistently ranked in ascending magnitude according to graduate student, psychologist, psychiatrist, or graduate student, psychiatrist, psychologist. The fact that subjects did not rate the therapists differently on most of the scales could be interpreted as meaning that level of education does not affect subject perceptions of esteem, prestige, and attraction. On the other hand, once again based on information gained during subject debriefing, there is the possibility that level of education was noted by the subjects and would have influenced their decisions, had not a stronger source characteristic, models' "looks", been evident. A subject's strong ratings in response to models' characteristics would not show up in any systematic fashion since models were randomized across treatments, but would divert ratings in response from less strong source characteristics

associated with level of education.

Data indicates that formal dress leads to significantly higher ratings of perceived esteem and evaluation ($p < .01$), and marginally higher ratings of perceived confidence, attraction and activity ($p < .10$). This is in support of SEV theory. However, on the potency scale, casual dress yielded significantly greater ratings than did formal dress ($p < .05$). These last reported results are opposite those hypothesized, but are not necessarily lack of support for SEV theory. Helm, Brown, and Tedeschi (1972) suggested that a source's manner of dress may present cues to an observer about source esteem. This is supported at least to some extent on five of the six scales in this study. Scores on the potency scale may also be seen as supporting this suggestion. When considering potency, casual dress might be interpreted by an observer as covertly saying, "I am powerful. I do not have to prove myself by dressing up", and formal dress may suggest to the observer that the source does feel that he must prove himself by dressing up. Overall, a source's manner of dress may present cues to an observer about characteristics of the source, but data suggest that a particular type of dress may selectively enhance ratings of perceived attraction, for instance, while diminishing ratings of perceived potency. Of a practical nature, all that can presently be said about therapist dress based on data from this study is that therapist dress does not significantly affect therapist selection, and dress may serve to indicate clues to an observer as to components of source characteristics.

It was reported that subjects, when considering therapists for themselves or for their children did not significantly differ in selecting or rating therapists. This raises some interesting possibilities. The most obvious is that perhaps who the therapy is intended for is not a significant consideration. Another possibility concerns the design of the study. Due to the population available, scenarios were used to randomly place subjects in each group. The subjects may or may not have been real parents and those without children may have found it difficult to respond meaningfully as if they were. The design and type of analysis could have contributed to the results in another manner. In observing mean scores in the treatment condition directing subjects to consider therapist for self (scenario I) versus mean scores obtained from directing subjects to consider therapist for child (scenario II) for therapist ratings, it can be seen (even Tables IV through XIV, Appendix F) that means of scenario conditions II are higher than means for scenario condition I with the single exception of means from the activity dimension of the Semantic Differential (Table VIII, Appendix C). None of these differences in therapist ratings approach significance. However, variable A (scenario condition) was the between groups factor. Differences in between groups conditions are measured with considerably less efficiency than are the within groups factors (Kirk, 1968). It is possible that this could have contributed to the lack of statistical significance in these between-groups mean scores.

Discussion of results and possible interpretation suggests further

study. For instance, as previously stated, most subjects said while being debriefed that they felt the cues which most influenced their selections and ratings were looks and appearance (other than dress) of the models. Since model presentation was randomized across treatments, it is not possible to analyze responses to those cues in this design. An experiment involving therapist selection (and ratings) while systematically varying models of therapists is suggested. A necessary preliminary procedure to aid in specifying hypotheses would be to have a panel rate the models on attraction. Since attraction is a source characteristic, differences in therapist selection on this basis would be supported for SEV theory. Significant effects would also suggest the probability that in the present study, therapist ratings and selection were somewhat influenced by the source characteristics of esteem and prestige, but were also to some degree masked by the stronger characteristic of attraction.

A refinement of the present study would then be in order to determine the effects of prestige and esteem with model attractiveness totally eliminated. Simply selecting models on the basis of facial similarity is apparently not sufficient. Not presenting models at all, or totally obscuring or blocking out faces would probably be more effective. Finally, one would want to consider sex of subject and sex of therapist in therapist selection and ratings. This study used female subjects and male therapists. Would "looks and appearance" have the same importance as stated by subjects, if sex of therapist

and subject had been reversed, or if therapists of the same sex had been considered? Questions such as these can only be resolved through further experimentation.

CHAPTER VII

SUMMARY

This study investigated the effects of therapist's educational experience (3 levels) and dress (2 levels), as well as whether therapy was for the subject or subject's child, on selection of therapists, and rated perceptions of therapist characteristics. Predictions, based on SEV theory, were that therapists presented as clinical psychologists and psychiatrists would be selected more often than therapists presented as graduate students and would be rated higher on six questionnaires concerned with subject's perceptions of the therapist. In addition, therapists were expected to be selected more often and rated higher on the questionnaires when dressed formally than when dressed casually. Also investigated were therapist selection and rating differences when subject therapist selection was for self versus selection of therapist for child of subject.

Whether subjects were considering therapists for themselves or their child seemed not to affect either their selection or ratings of therapists. There were no main effect differences on therapist selection or therapist ratings when therapists were presented as graduate students, psychiatrists, or clinical psychologists. When orthogonal comparisons were performed evaluating therapist selection on the basis

of graduate student therapists against therapists with either M.D. or Ph.D. degrees, there was a marginally significant tendency ($p < .10$) for subjects to select therapists with the doctorate. When similar orthogonal comparisons pitted therapist ratings of perceived source characteristics of graduate student therapist versus therapist with either M.D. or Ph.D. on the six scales, only on the esteem dimension of the Interpersonal Judgment Scale was there a significant difference. Therapists with the doctorate were accorded more esteem than graduate student therapists ($p < .05$).

Therapists were not selected on the basis of dress; however, significantly higher evaluation and esteem ratings were accorded to therapists in the formal dress condition over the casual dress condition ($p < .01$). Higher therapist ratings of marginal significance ($p < .10$) were found on the Confidence scale, attraction dimension of Interpersonal Judgment Scale, and activity dimension of the Semantic Differential in favor of formal dress condition over casual dress condition. Finally, an unexpected higher evaluation rating of perceived potency was significantly accorded therapists in the casual dress condition over the formal dress condition on the potency dimension of the Semantic Differential ($p < .05$).

Experimental debriefing uncovered the possibility that the strong source characteristic of attraction (of the models used in the experiment) may have been a major influence in therapist selections and ratings. In light of this information, further research was suggested.

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APPENDIXES

APPENDIX A

SCENARIOS

Assume that you are a college student. Not long ago you broke up with your boyfriend and lately you have been having problems keeping up with your school work. Your ability to concentrate seems to be decreasing and you have been suffering from periods of depression.

A friend has suggested that perhaps you should go to the University Guidance Center for help. You go and are introduced to the following therapists who might be working with you.

Assume that you are a married college student. During the past year, the behavior of your child has been very strange. Lately the child has become extremely withdrawn and less communicative than ever before. A friend had suggested that you take the child to the University Guidance Center for professional help. You go, and are introduced to the following therapists who might be working with your child.

APPENDIX B

SEMANTIC DIFFERENTIAL

THERAPIST _____

Give your frank overall impression concerning the therapist on the scales below. Please do not be careless; your true impressions are most important to this study.

Hard	<u>P</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Soft
Cautious	<u>P</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Rash
Bad	<u>E</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Good
Active	<u>A</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Passive
Dishonest	<u>E</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Honest
Progressive	<u>A</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Regressive
Stable	<u>A</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Changeable
Weak	<u>P</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Strong
Calm	<u>A</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Excitable
Harmful	<u>E</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Beneficial
Kind	<u>E</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Cruel
Severe	<u>P</u>	:	___	:	___	:	___	:	___	:	___	:	___	:	___	Lenient

P = Potency items

A = Activity items

E = Evaluation items

APPENDIX C

THERAPIST CONFIDENCE SCALE

THERAPIST _____

Now, please indicate with an "X" the extent to which you agree or disagree with the following statements.

1. This therapist could effect a significant change in me.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

2. Therapy under this therapist might proceed faster than under many other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

3. This therapist might tend to make fewer therapeutic errors than many other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

4. Positive changes in me brought about by this therapist might be more permanent than changes brought about by other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

5. Fewer undesirable side effects might be produced by this therapist than by other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

THERAPIST _____

Now, please indicate with an "X" the extent to which you agree or disagree with the following statements.

1. This therapist could effect a significant change in my child.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

2. Therapy under this therapist might proceed faster than under many other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

3. This therapist might tend to make fewer therapeutic errors than many other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

4. Positive changes in my child brought about by this therapist might be more permanent than changes brought about by other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

5. Fewer undesirable side effects might be produced by this therapist than by other therapists.

_____ Strongly Agree	_____ Agree	_____ Don't Know	_____ Disagree	_____ Strongly Disagree
----------------------------	----------------	------------------------	-------------------	-------------------------------

APPENDIX D

INTERPERSONAL JUDGMENT SCALE

THERAPIST _____

On this scale, please rate yourself in this experiment as accurately as possible.

1. Personal Feelings (check one)

- I feel that I would probably like this person very much.
 I feel that I would probably like this person.
 I feel that I would probably like this person to a slight degree.
 I feel that I would probably neither particularly like nor particularly dislike this person.
 I feel that I would probably dislike this person to a slight degree.
 I feel that I would probably dislike this person.
 I feel that I would probably dislike this person very much.

2. Intelligence (check one)

- I believe that this person is very much above average in intelligence.
 I believe that this person is above average in intelligence.
 I believe that this person is slightly above average in intelligence.
 I believe that this person is average in intelligence.
 I believe that this person is slightly below average in intelligence.
 I believe that this person is below average in intelligence.
 I believe that this person is very much below average in intelligence.

3. Respect (check one)

- I believe that this person is, to a general extent, respected by those who know him.
 I believe that this person is respected by those who know him.
 I believe that this person is, to a slight degree, respected by those who know him.
 I believe that this person is neither particularly respected nor not respected by those who know him.
 I believe that this person is, to a slight degree, not respected by those who know him.
 I believe that this person is not respected by those who know him.
 I believe that this person is, to a general extent, not respected by those who know him.

4. Working together in therapy (check one)

- I believe that I would very much enjoy working with this person in therapy.
- I believe that I would enjoy working with this person in therapy.
- I believe that I would enjoy working with this person in therapy to a slight degree.
- I believe that I would neither particularly dislike nor particularly like working with this person in therapy.
- I believe that I would dislike working with this person in therapy to a slight degree.
- I believe that I would dislike working with this person in therapy.
- I believe that I would very much dislike working with this person in therapy.

THERAPIST _____

On this scale, please rate yourself in this experiment as accurately as possible.

1. Personal Feelings (check one)

- I feel that I would probably like this person very much.
- I feel that I would probably like this person.
- I feel that I would probably like this person to a slight degree.
- I feel that I would probably neither particularly like nor particularly dislike this person.
- I feel that I would probably dislike this person to a slight degree.
- I feel that I would probably dislike this person.
- I feel that I would probably dislike this person very much.

2. Intelligence (check one)

- I believe that this person is very much above average in intelligence.
- I believe that this person is above average in intelligence.
- I believe that this person is slightly above average in intelligence.
- I believe that this person is average in intelligence.
- I believe that this person is slightly below average in intelligence.
- I believe that this person is below average in intelligence.
- I believe that this person is very much below average in intelligence.

3. Respect (check one)

- I believe that this person is, to a general extent, respected by those who know him.
- I believe that this person is respected by those who know him.
- I believe that this person is, to a slight degree, respected by those who know him.
- I believe that this person is neither particularly respected nor not respected by those who know him.
- I believe that this person is, to a slight degree, not respected by those who know him.
- I believe that this person is not respected by those who know him.
- I believe that this person is, to a general extent, not respected by those who know him.

4. Working together in therapy (check one)

I believe that my child would very much enjoy working with this person in therapy.

I believe that my child would enjoy working with this person in therapy.

I believe that my child would enjoy working with this person in therapy to a slight degree.

I believe that my child would neither particularly dislike nor particularly like working with this person in therapy.

I believe that my child would dislike working with this person in therapy to a slight degree.

I believe that my child would dislike working with this person in therapy.

I believe that my child would very much dislike working with this person in therapy.

APPENDIX E

THERAPIST SELECTION RECORD

If you prefer the therapist on the left to work with you please place an "X" under the column marked left:

Left	Right
<u> X </u>	<u> </u>

If you prefer the therapist on the right to work with you please place an "X" under the column marked right:

Left	Right
<u> </u>	<u> X </u>

Left	Right
------	-------

Pair 1.	<u> </u>	<u> </u>
2.	<u> </u>	<u> </u>
3.	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>
5.	<u> </u>	<u> </u>
6.	<u> </u>	<u> </u>
7.	<u> </u>	<u> </u>
8.	<u> </u>	<u> </u>
9.	<u> </u>	<u> </u>
10.	<u> </u>	<u> </u>
11.	<u> </u>	<u> </u>
12.	<u> </u>	<u> </u>
13.	<u> </u>	<u> </u>
14.	<u> </u>	<u> </u>
15.	<u> </u>	<u> </u>

If you prefer the therapist on the left to work with your child please place an "X" under the column marked left:

Left	Right
<u> X </u>	<u> </u>

If you prefer the therapist on the right to work with your child please place an "X" under the column marked right:

Left	Right
<u> </u>	<u> X </u>

Left	Right
------	-------

Pair 1.	<u> </u>	<u> </u>
2.	<u> </u>	<u> </u>
3.	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>
5.	<u> </u>	<u> </u>
6.	<u> </u>	<u> </u>
7.	<u> </u>	<u> </u>
8.	<u> </u>	<u> </u>
9.	<u> </u>	<u> </u>
10.	<u> </u>	<u> </u>
11.	<u> </u>	<u> </u>
12.	<u> </u>	<u> </u>
13.	<u> </u>	<u> </u>
14.	<u> </u>	<u> </u>
15.	<u> </u>	<u> </u>

APPENDIX F

SUMMARY TABLES FOR ANALYSES OF VARIANCE
AND CELL MEANS

TABLE I
SUMMARY OF ANALYSIS OF VARIANCE OF NUMBER
OF TIMES THERAPISTS ARE SELECTED BY
TREATMENT CONDITIONS

Source	df	SS	MS	F
Between Subjects	23	.0291	.	.
A (scenario)	1	0.0	.	.
Subj w.groups	22	.0291	.	.
Within Subjects	120	379.9862	.	.
B (level of education)	2	12.7917	6.3958	1.875
AB	2	3.1249	1.5625	.458
B x sub w.groups	44	150.0821	3.4109	.
C (dress)	1	2.7778	2.7778	.855
AC	1	.4444	.4444	.137
C x subj w.groups	22	71.4443	3.2475	.
BC	2	.1805	.0927	.029
ABC	2	.8472	.4236	.135
BC x subj w.groups	44	138.2933	3.143	.

TABLE II
AVERAGE NUMBER OF THERAPIST SELECTIONS PER
SUBJECT PER TREATMENT

A (Scenario)	"For Self" 15	"For Child" 15	
B (Educational Experience)	Graduate Student 4.250	Psychologist 5.708	Psychiatrist 5.042
C (Dress)	Casual Dress 7.083	Formal Dress 7.917	

TABLE III
SUMMARY OF ANALYSIS OF VARIANCE OF PERCEIVED
ESTEEM BY TREATMENT CONDITIONS

Source	df	SS	MS	F
Between Subjects	23	140.971	.	.
A (scenario)	1	1.778	1.778	.281
Subj w.groups	22	139.193	6.327	.
Within Subjects	120	422.314	.	.
B (level of education)	2	19.764	9.882	2.316
AB	2	.847	.423	.099
B x subj w.groups	44	187.717	4.266	.
C	1	26.694	26.694	9.597**
AC	1	7.111	7.111	2.557
C x subj w.groups	22	61.194	2.781	.
BC	2	.930	.465	.182
ABC	2	5.514	2.757	1.078
BC x subj w.groups	44	112.543	2.558	.

** p < .01

TABLE IV
MEAN ESTEEM SCORES BY TREATMENT CONDITIONS

A (Scenario)		"For Self"	"For Child"
		11.208	11.430
B (Level of Education)	Graduate Student	Ph.D.	M.D.
	10.812	11.687	11.458
C (Dress)	Casual Dress	Formal Dress	
	10.889	11.750	

TABLE V
 SUMMARY OF ANALYSIS OF VARIANCE OF PERCEIVED
 ATTRACTION SCORES BY TREATMENT CONDITIONS

Source	df	SS	MS	F
Between Subjects	23	1245.882	.	.
A (scenario)	1	78.028	78.028	1.470
Subj w.groups	22	1167.854	53.084	.
Within Subjects	120	4731.123	.	.
B (level of education)	2	39.180	19.591	.502
AB	2	51.514	25.757	.661
B x subj w.groups	44	1715.591	38.991	.
C (dress)	1	110.250	110.250	3.148
AC	1	53.778	53.778	1.535
C x subj w.groups	22	770.6331	35.029	.
BC	2	59.042	29.521	.688
ABC	2	44.597	22.299	.520
BC x subj w.groups	44	1886.538	42.876	.

TABLE VI
 MEAN ATTRACTION SCORES BY TREATMENT CONDITIONS

A (Scenarios)		"For Self" 10.125	"For Child" 11.598
B (Level of Education)	Graduate Student 10.312	Ph.D. 10.708	M.D. 11.562
C (Dress)		Casual Dress 9.986	Formal Dress 11.736

TABLE VII
SUMMARY OF ANALYSIS OF VARIANCE OF PERCEIVED
CONFIDENCE SCORES BY TREATMENT CONDITIONS

Source	df	SS	MS	F
Between Subjects	23	942.319	.	.
A (scenario)	1	60.062	60.062	1.498
Subj w.groups	22	882.257	40.106	.
Within Subjects	120	3770.635	.	.
B (level of education)	2	95.430	47.715	1.430
AB	2	39.042	19.521	.585
B x subj w.groups	44	1468.487	33.375	.
C (dress)	1	88.674	88.674	3.621
AC	1	37.007	37.007	1.511
C x subj w.groups	22	538.807	24.491	.
BC	2	95.014	47.507	1.578
ABC	2	82.347	41.173	1.367
BC x subj w.groups	44	1325.508	30.125	.

TABLE VIII
MEAN CONFIDENCE SCORES BY TREATMENT CONDITIONS

A (Scenario)		"For Self" 15.389	"For Child" 16.680
B (Level of Education)	Graduate Student 14.896	Ph.D. 16.458	M.D. 16.750
C (Dress)		Casual Dress 15.250	Formal Dress 16.819

TABLE IX
 SUMMARY OF ANALYSIS OF VARIANCE OF ACTIVITY
 SCORES BY TREATMENT CONDITIONS

Source	df	SS	MS	F
Between Subjects	23	432.991	.	.
A (scenario)	1	2.507	2.507	.128
Subj w.groups	22	430.484	19.567	.
Within Subjects	120	.	.	.
B (level of education)	2	33.389	16.694	1.341
AB	2	42.056	21.028	1.690
B x subj w.groups	44	547.550	12.444	.
C (dress)	1	60.062	60.062	4.189
AC	1	.340	.340	.024
C x subj w.groups	22	315.430	14.338	.
BC	2	14.000	7.000	.613
ABC	2	11.055	5.528	.484
BC x subj w.groups	44	502.588	11.422	.

TABLE X
 MEAN ACTIVITY SCORES BY TREATMENT CONDITIONS

A (Scenario)	"For Self"	"For Child"
	16.764	16.500
B (Level of Education)	Graduate Student	Ph.D.
	16.312	17.312
		M.D.
		16.271
C (Dress)	Casual Dress	Formal Dress
	15.986	17.278

TABLE XI
SUMMARY OF ANALYSIS OF VARIANCE OF EVALUATION
SCORES BY TREATMENT CONDITIONS

Source	df	SS	MS	F
Between Subjects	23	74.432	.	.
A (scenario)	1	101.674	101.674	2.085
Subj w.groups	22	1072.758	48.761	.
Within Subjects	120	1950.475	.	.
B (level of education)	2	40.500	20.250	1.440
AB	2	1.722	.861	.061
B x subj w.groups	44	619.775	14.086	.
C (dress)	1	146.007	146.007	12.832**
AC	1	.174	.174	.015
C x subj w.groups	22	250.317	11.378	.
BC	2	28.222	14.111	.736
ABC	2	20.222	10.111	.527
BC x subj w.groups	44	843.536	19.171	.

** p < .01

TABLE XII
MEAN EVALUATION SCORES BY TREATMENT CONDITIONS

A (Scenario)	"For Self"	"For Child"
	19.514	21.194
B (Level of education)	Graduate Student	Ph.D.
	20.730	20.730
		M.D.
		19.604
C (Dress)	Casual Dress	Formal Dress
	19.347	21.361

TABLE XIII
SUMMARY OF ANALYSIS OF VARIANCE OF POTENCY
SCORES BY TREATMENT CONDITIONS

Source	df	SS	MS	F
Between Subjects	23	171.398	.	.
A (scenario)	1	8.507	8.507	1.149
Subj w.groups	22	162.891	7.401	.
Within Subjects	120	1147.799	.	.
B (level of education)	2	5.389	2.694	.349
AB	2	54.222	27.111	3.511*
B x subj w.groups	44	339.715	7.720	.
C (dress)	1	57.507	57.507	6.895*
AC	1	.840	.840	.101
C x subj w.groups	22	183.484	8.340	.
BC	2	42.722	21.361	1.249
ABC	2	11.722	5.861	.343
BC x subj w.groups	44	752.198	17.095	.

* p .05

TABLE XIV
MEAN POTENCY SCORES BY TREATMENT CONDITIONS

A (Scenario)	"For Self"	"For Child"	
	14.555	15.042	
B (Level of Education)	Graduate Student	Ph.D.	M.D.
	14.604	14.730	15.062
C (Dress)	Casual Dress	Formal Dress	
	15.430	14.167	

VITA

Clay Perry Drummond

Candidate for the Degree of

Doctor of Philosophy

Thesis: THERAPIST SELECTION AS A FUNCTION OF THERAPIST EXPERIENCE,
DRESS, AND WHETHER THERAPY IS TO BE FOR SUBJECT OR SUBJECT'S
CHILD

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