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THE DEMAND CHARACTERISTICS OF PSYCHOTHERAPY

A DISSERTATION

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degree of

DOCTOR OF PHILOSOPHY

BY

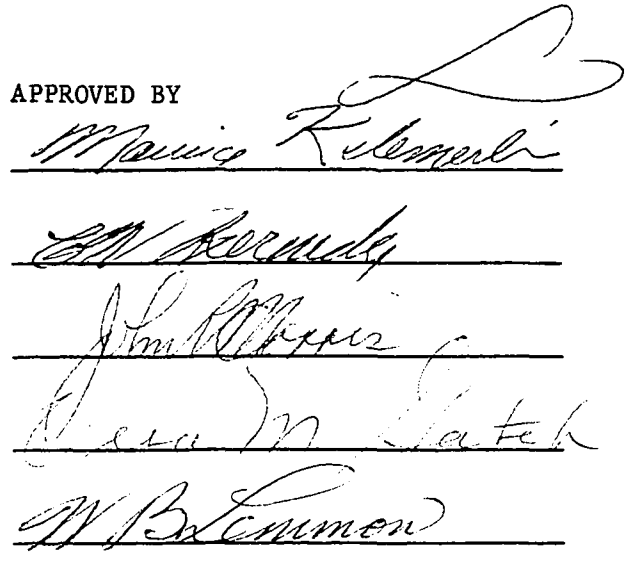
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1969

THE DEMAND CHARACTERISTICS OF PSYCHOTHERAPY

APPROVED BY



DISSERTATION COMMITTEE

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THE DEMAND CHARACTERISTICS OF PSYCHOTHERAPY

CHAPTER I

INTRODUCTION

The experimental paradigm in which variables are manipulated under controlled conditions and results are then observed, has been fruitful in the physical sciences as researchers have dealt with inanimate objects. This paradigm has been borrowed, modified only slightly, and used with similar success with animals and humans in strictly controlled psychophysical experimentation and standardization. Just as efforts to employ this paradigm in modern physics have failed, efforts to make use of this paradigm in the study of more global human behavior have produced such spurious results that researchers have begun to question the appropriateness of their model.

Although the problem of individual differences is not new, these variables have generally been considered to be sources of error requiring increasingly rigid controls. Introducing maximum control in behavioral research has necessarily reduced the units of behavior which could be systematically studied at one time to meaningless minutia. At the other end of the "degree of experimental control" continuum, is simple naturalistic observation, totally free of the unnatural conditions of the laboratory and therefore more valid for

generalization, but also without any real basis for the establishment of causal relationships. Clearly optimal controls are indicated in behavioral research in an effort to examine meaningful behavior in a sophisticated manner.

As researchers have begun to examine the traditional paradigm with skillfully designed studies, some of the major difficulties with this paradigm have become clear. Orne's work (1962) is classic. Orne was the first to examine carefully what the subject, a conscious, thinking human organism, rather than a passive responder, does in the experimental situation. He was essentially asking the question, what factors, apart from the stimulus object itself, are apt to affect the subject's reaction to the well-defined stimuli in the situation?

Orne clearly demonstrated that a peculiar psychological relationship obtains between human subjects and the experimenter which may limit the generalizability, or ecological validity, of the results. Volunteers in a scientific enterprise either have at the outset or shortly develop motives, sets, expectations or hypotheses about the nature of the research and, consciously or unconsciously may behave the way they think the experimenter wants them to act. Thus, when Orne asked a group of acquaintances a favor and on their acquiescence, asked them to do five push-ups, he reports that their responses tended to be amazement, incredulity and the question, "Why?" When another group of similar persons was asked to take part in a brief experiment and agreed, their typical response to being asked to perform five push-ups was, "Where?"

Other subjects added columns of figures repeatedly and then

tore them up because they believed the experimenter wanted them to do so. Similarly, subjects hired by one experimenter to fool another simulated hypnosis well enough to be indetectable from subjects who were actually hypnotized (Orne, 1959). Other subjects administered what they believed to be painful and dangerous electric shocks to fellow subjects on the demand of the experimenter, to study the effect of punishment on learning (Milgram, 1963).

The point is clear: If a person believes he is helping science, and he has agreed to take part in a psychological experiment, he has implicitly agreed to subject himself to discomfort, boredom, pain or even meaningless work for indeterminate lengths of time. Any question the subject might conceivably ask is most generally deferred, conveniently and easily, with, "This is an experiment".

Orne points out, as many researchers have observed, that one of the most frequest questions asked by subjects at the end of an experiment is, "Did I do alright", or, "Did I do as you expected?" Implicit in these questions is the motivation on the part of the subject to make a useful contribution to science or psychology, and that he has some stake in the outcome of the experimenter's research. Rosenthal (1966) has demonstrated that these implicit motivations are indeed active in the experimental situation, as the subject, as far as he is able, will behave in a manner designed to play the role of a "good subject", thereby validating the experimental hypothesis. An hypothesis is an expectancy, and combined with human wishes, it may create a self-fulfilling prophesy (Rosenthal).

Rosenthal and his associates have postulated and presented

empirical data to demonstrate a number of interactional effects between subjects and an experimenter. Biosocial effects, or the effects of the sex, age and race differences between subject and experimenter have been examined, for example, in the work of Rosenthal, Persinger, et al. (1964). The psychosocial effects, or the effects of the personality and experience of the experimenter on the subject, for example, experimenter anxiety early in the experiment, has been studied by Rosenthal (1966, 1967). Situational effects, according to Rosenthal, are the sum total of the contextual cues, or the "Demand Characteristics" (Orne, 1962) of psychological experimentation. Demand Characteristics are the various situational characteristics which influence the subject in ways which obscure the effect of the independent variable. Pfungst's work (1911) with Clever Hans is cited by Rosenthal as a demonstration of modeling effects, another interactional effect, which Rosenthal calls the self-fulfilling prophesy. Rosenthal and Jacobson (1966) have demonstrated this phenomenon in a modern setting in their work on teachers' expectancies as determinants of pupils' I.Q. gains. Similarly, psychologists and psychiatrists, expecting to observe another patient, diagnosed as neurotic or psychotic a professional actor portraying a healthy man (Temerlin and Trousdale, 1969). This kind of research demonstrates that the subject's behavior in a psychological experiment is influenced by his attitudes toward the particular experiment and experimenter, and toward science itself.

The problem of the subject's attitude compounded by the possible bias of the experimenter, particularly in psychological research, is most serious in hypothesis testing research. As Kelman (1967) has

pointed out, it is quite easy for an experimenter to convey, consciously or unconsciously, to the subject the hypothesis in question. Further with deception research in which the true hypothesis is concealed, the desire "to penetrate the experimenter's inscrutability and discover the rationale of the experiment" (Rieken, 1962, p. 34) becomes especially strong. In discovery research, these problems are minimized, as the experimenter concentrates on discovering what will happen, rather than on proving or disproving a point or hypothesis. Discovery research is especially pertinent in areas of investigation which have not previously been systematically studied, as a means of exploring and mapping unknown territory.

Unfortunately, except for the work of Orne and Rosenthal, little has been done with demand characteristics and experimenter bias in spite of the enormous consequences of such research. For example, one obvious consequence is that all of the research which has not controlled for demand characteristics is open to question and possible refutation. Characteristically, as pointed out by Bakan (1960), when research results, however arrived at, reach the .05 level of significance and subsequent publication, they take on an aura of Pure Truth which is difficult if not impossible to counteract or refute through subsequent research, however carefully it may have been conducted.

In the area of psychotherapy, the lack of control for demand characteristics is particularly important because the reputation of psychotherapy has been badly damaged by research such as that of Eysenck (1952), which clearly has not controlled either for the expectancies or motivations of the experimenter or those of the subjects.

Eysenck, for example, in finding that psychotherapy had no therapeutic effects, failed to control for the general skepticism of the Principal Investigator toward any applied clinical activity. He also used subjects from lower socio-economic brackets who came to public clinics, clients who have subsequently been demonstrated to be the poorest risks for any kind of psychotherapy (Riessman, Cohen, Pearl, et al, 1964). Nonetheless, in spite of such defects, Eysenck's research has been published, broadly accepted, and even in clinical programs accredited by the American Psychological Association, there is widespread feeling that psychotherapy is not a "scientifically respectable" activity because it is not only a service activity, but more importantly, because "research" has not demonstrated it unequivocally to have beneficial effects.

Like Orne and Rosenthal in experimental psychology, Ehrenwald (1968) is concerned with the phenomenon of self-fulfilling expectations in psychotherapy. He stresses the presence and importance of expectancies in successful psychotherapy, and the therapist's need to take these expectancies into consideration when evaluating his therapeutic procedures and outcomes. Ehrenwald concerns himself primarily with the demand of doctrinal compliance, in which the client responds to the unconsciously communicated doctrine or theoretical framework of the therapist. Ehrenwald further speculates about other demands, and it seems reasonable to assume that there are expectations of both client and therapist which affect the initiation, course and outcome of the psychotherapeutic relationship.

CHAPTER II

PROBLEM

The present study is an investigation of the demand characteristics of psychotherapy.

Ehrenwald (1968) discusses ways in which the behavior of clients in psychotherapy is influenced by the setting and by the labeling of the social relationship, "psychotherapy". Although it has not been demonstrated empirically, it seems reasonable that various expectancies, attributes or characteristics should emerge consistently in any diadic relationship in which the participants are actually carrying out or portraying psychotherapy. Certainly in the actual practice of psychotherapy, clients enter the relationship with very definite expectancies, for example, the expectation that they will be helped. Likewise, actual therapists expect to be of help to their clients.

Psychotherapeutic practitioners are in general agreement that one of the most crucial aspects of the therapeutic relationship is confidientiality. Thus, ethical standards are such that the study of actual psychotherapeutic diads is very difficult. Actually, it would be difficult to study demand characteristics in on-going therapy, for if therapist and client were aware of it, the situation itself might

create prophesies and expectations which would not exist if they were not being studied. That is, in many instances, to observe behavior is to change it.

Cowen (1961) has recommended using experimental analogues, that is, non-patient samples, in psychotherapy research. This method has been used with efficacy by several investigators in the study of various psychotherapeutic techniques (Levison, et al, 1961; Kanfer and Marston, 1964).

Because research on the demand characteristics of psychotherapy has not been done before, the most obvious approach in this research was exploratory. This method fit well with the rationale of diminishing the demand characteristics of the research per se, in that there was no risk of conveying to subjects the hypothesis or purpose of the research. Because it could not be predicted in advance what might happen in the experiment, a number of factors could be studied with no preconception on the part of the experimenter of what the outcome should be.

With the demand characteristics of the psychological experiment in mind, this question was asked: Does psychotherapy, like the psychological experiment, have demand characteristics of its own? In other words, does the human relationship labeled "psychotherapy" create in the participants a series of motives, sets and expectancies peculiar to the therapeutic relationship which may influence the results of that relationship?

Although expectancies which patients bring to psychotherapy (for example, the anticipation of help) have been studied extensively,

as have therapists' expectations (Bergin, 1967; Bordin, 1966; Gardner, 1964; Strupp, 1962; Holt and Luborsky, 1958; Krasner, 1965; Goldstein, Heller and Secrest, 1966; Rogers, 1961; and Truax and Carkhuff, 1967), other demand characteristics of psychotherapy have not been studied. Ehrenwald (1968) approaches the idea that psychotherapy may have demand characteristics when he speculates that unconscious communication between therapist and client may create a self-fulfilling prophesy. Clients expected to improve may do so as a function of just that expectancy. Ehrenwald, however, presents no empirical data.

Using an experimental analogue of psychotherapy, therapeutically naive subjects were observed portraying psychotherapy to see if certain behaviors consistently emerged as a function of portraying therapy itself.

CHAPTER III

METHOD

Subjects. Subjects were undergraduates enrolled in an introductory psychology course at the University of Oklahoma. One of the course requirements was that each student participate in research in the department, and they received extra credit in their course, depending upon the number of hours of participation. In the pilot studies, subjects were solicited in various ways. For example, in the first pilot study, class members were asked by their instructors to "help out with some work", and their names were not recorded. They were simply told when and where to appear, when they volunteered. Of this group of one hundred persons, the demand to appear was so low that only fifty-five subjects appeared at the appointed time and place, a percentage much below the expected 95% for volunteer subjects.

During the second pilot study, subjects were solicited from this large introductory class by telephone. They were told when and where to appear in order to participate in the experiment, but they were given no further information. In the third pilot study, subjects were solicited in the usual manner, that is, by the experimenter in the classroom, who asked for "volunteers for a psychological experiment". As in the second pilot study, no further information was asked

for by the subjects nor given by the experimenter at the time of this original solicitation. The percentages of subjects, variously solicited, who appeared for the pilot studies, are presented in Table 1.

Because there was no difference in the actual performance of these three groups, that is, under similar experimental conditions all groups followed the directions given them, the last method of soliciting subjects, by the experimenter in the classroom, was employed in the final study, for which all subjects appeared and carried out the instructions.[1] A total of 60 experimental subjects was used in the study.

In the preliminary studies, like-sexed pairs, that is, two men in a diad or two women in a diad were used, as were cross-sexed pairs, i.e., one man and one woman in a diad. Although there seemed to be few differences except in the content of the control pairs, in the final study only males were used as experimental subjects. They were matched for age, educational background and previous lack of experience with psychotherapy, that is, in every case subjects were required to have had no previous contact with nor formal knowledge about psychotherapy at all.

Sixty control subjects were selected in the same manner and matched for age, educational background and previous lack of acquaintance with one another.

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[1]One other problem of interest was noted during the preliminary studies, namely, that the presence of visible recording equipment was the crucial demand necessary to get the subjects to carry out the experimental instructions at all. Thirty experimental subjects were run as part of the preliminary work with concealed recording equipment, and not one pair of subjects carried out the instructions given them before the experimenter left the room. It seems clear from this finding, together with the findings presented in Table 1, that an investigation of minimum experimental demands would be worthwhile.

TABLE 1

Percentages of Subjects
Variously Solicited, Who Appeared
During the Pilot Studies

Method of Solicitation	Subjects
Class instructor asked class members to offer to "help out with some work . . ."	55
Experimenter contacted subjects by telephone, asked them "to participate in an experiment".	70
Experimenter solicited subjects in class, and asked them "to participate in an experiment".	95

Procedure. Subjects were asked to report, two at the same hour, to "Building 31" on the South Campus of the University of Oklahoma, which was the Psychological Clinic. There the experimental pairs (every other pair which appeared was an experimental pair, the others control pairs) were met by the experimenter who greeted them in a friendly fashion in an office ordinarily used for psychotherapy, containing books, over-stuffed chairs and a visible tape recorder. The tape recorder was turned on as these instructions were given: "Please have a seat and make yourselves comfortable. I want you to act out something. I will leave you here for about ten or fifteen minutes and I want you to act out or portray psychotherapy". Questions were not answered. The experimenter simply said "Go ahead", without providing any additional structure and left the room. The word psychotherapy was never defined, even by implication. Words such as relationship, therapist, patient, client, etc., were never used. When the experimenter returned for de-briefing at the end of ten or fifteen minutes, it was ascertained that the subjects had not known one another previously, that they had not heard about the experiment, and that none of them had actually ever been in psychotherapy. They were also asked not to discuss the experiment with classmates.

Under the same experimental conditions the control subjects were told, "Please make yourselves comfortable. I am going to leave you here for about ten or fifteen minutes, and while I am gone you might just chat with one another".

Judges. Audio tapes of experimental and control subjects were studied independently by various judges. Three judges in the pilot

studies were practicing psychotherapists whose experience ranged from three to twenty years with a mean of ten years. In the final study, each judge again was a practicing psychotherapist, none of whom had been used previously, whose experience ranged from four to fifteen years with a mean of eleven years.

In the first pilot study, judges were asked ten specific questions about the behavior of the subjects which could be answered with a "yes" or "no", and four open-ended questions to be answered in brief sentences. In the remaining studies, a revised data sheet, based on the preliminary one was employed, on which each question could be answered with a "yes" or "no". The initial data sheet and the revised data sheet appear in Appendix A.

CHAPTER IV

RESULTS

Judges agreed unanimously that the following behaviors occurred in the experimental diads and were absent from the control diads, except where specifically indicated. That is, all percentages expressed in the text and in the tables represent 100% inter-judge agreement.

Structure. The experimental subjects immediately attempted, in one form or another, to increase the structure and reduce the ambiguity of the experimental situation. For example, they either asked the experimenter to give them further information, or define psychotherapy, or they asked one another, "Do you know what psychotherapy is?", or, "What do they want us to do?" Controls did not try to obtain more structure about the experimental situation, although several attempted to obtain information about his fellow subject. Characteristically, the control subjects talked about life in the dormitory, sorority or fraternity, courses, academic majors, and other essentially "safe" and public topics.

Role Divisions. After the initial ambiguity, every pair of experimental subjects developed a role division. The role division occurred within 30 seconds and always involved one person who was trying

to provide help to another person, although the roles were labeled differently--doctor-patient, psychiatrist-patient, therapist-client, and analyst-patient. No subject referred to their roles as clinical psychologist-client. These role divisions are indicated in Table 2.

Nature of Help. The nature of the help to be given and to be received was that of helping one person change his own personality and behavior through attempted empathic understanding, explanation, suggestion and advice. Figures indicating the type of help given are shown in Table 3. The judges indicated no difficulty in checking the means by which the "therapist" was trying to help, regardless of the labels applied to their roles or the language with which they acted out their understanding of psychotherapy. The "therapists'" professional language was frequently naive, and their manner unsophisticated; nonetheless, their intent was always clear.

In no case did the "therapist" recommend drugs, shock treatment, hospitalization, surgery or any form of physical intervention, although they frequently made such recommendations as: Taking a battery of tests, getting married or divorced, relaxing, changing jobs, taking a vacation, joining Alcoholics Anonymous or understanding oneself. The types of advice given are indicated in Table 4.

No comparable role divisions occurred among control subjects and no control subjects attempted to help the other through understanding, explanation, suggestion, advice or questioning, although one control subject said "I understand" when his partner explained something to him. Although explanation occurred, it involved explanation of one subject's topic by himself, rather than an attempt on the

TABLE 2

Role Divisions Assumed*

Roles	Experimental Diads
Doctor-Patient	40
Psychiatrist-Patient	35
Psychotherapist-Client	23
Analyst-Patient	2

*Figures are percentages of the total number of experimental diads.

TABLE 3

Nature of Help*

Type of Help	Experimental Diads
Empathic Understanding	90
Explanation	84
Suggestion	75
Advice	73

*Figures are percentages of the total number of experimental diads in which the type of help indicated was given.

TABLE 4

Major Types of Advice Given*

Type of Advice	Experimental Diads
Making behavioral changes in life	60
Advice based on "therapist's" experience	47
Release therapy	35
Joining Alcoholics Anonymous	30
Use of psychological tests	10

*Figures are percentages of the total number of experimental diads in which the type of advice was given.

part of one subject to explain the behavior of the other.

Content. The content of the experimental and control sessions differed significantly, as indicated in Table 5. Controls talked about the weather, academic or draft classification, grades, football or other sports, or some aspect of the University. In the first pilot study in which two women were used in some of the control diads, they discussed their marital status, home making, children and mutual friends, predominantly. In cases where cross-sexed pairs were used, the emphasis tended to be on mutual friends, college residence and extra-curricular activities. In the early experimental diads in which women or cross-sexed pairs were used, no such sex differences emerged.

When control subjects did share something about themselves, it was factual material such as where they lived or what city they came from. Control subjects did not share personal feelings or even strongly held feelings about objective matters such as racial problems. In essence, they did not act as if they were becoming psychologically intimate with one another, as did the experimental subjects. The experimental subjects discussed topics with much greater personal significance, readily crossing what might be called an "intimacy barrier" in their interaction.

"Client" Behavior. Experimental subjects discussed the use of alcohol and drugs, family difficulties, sexual problems, religious beliefs, philosophy, dreams and fantasies. There was less emphasis on early childhood experience than might have been expected, although nearly all of the "therapists" asked at least one question about the

TABLE 5

Topics Discussed*

Personal Topics	E Diads	C Diads
Drinking	30	0
Dreams and fantasies	30	0
Dating and sexual problems	60	0
Relations with parents and siblings	100	0
Religion and philosophy	20	0
Use of drugs	30	0
Contemplated suicide	10	0
Fears, nervousness, insomnia	50	0
Impersonal Topics		
Class, major, year in college	50	100
Weather and surroundings	0	30
Home town, parents' occupation	30	70
Sports, extra curricular activities	10	40
Grades, draft status	30	70
University policies	10	30
Mutual friends, marital status	10	50
College residence	10	60

*Figures are percentages of the total number of diads in which the topic was mentioned or discussed.

"client's" early life or relationship with his parents, and all of the "clients" mentioned their childhood at least once. Table 6 indicates the subjects most frequently brought up for discussion by the "clients".

"Therapist" Behavior. Most "therapists" seemed to make an implicit connection between historical antecedents and present symptoms; almost all explanations were phrased in causal terms, however unsophisticated the content. One "therapist", for example, facetiously interpreted his "client's" nervousness as being caused by his mother's cutting his fingernails too short when he was a child, and another suggested insomnia stemmed from guilt over having used narcotics. The most frequent categories of "therapist" behavior are indicated in Table 7.

Dominance. In all but one diad, one subject clearly emerged as dominant, at least in the interview. In 80% of the cases the dominant subject also was the one who became the "therapist". It is difficult to define dominance in trans-situational terms, but judges independently and consistently reported that it was striking the way one subject would stand out as dominant.[2]

The dominant subject assumed the primary responsibility for the role division, often within the first ten or fifteen seconds of the session; he also assumed the primary responsibility for the subsequent

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[2]In the first pilot study, an effort to define dominance in trans-situational terms was made. At the end of the experimental session but before the de-briefing, subjects were asked to fill out the revised Dominance Scale of the MMPI (Gough, McClosky and Meehl, 1956). Although 50 subjects were administered this 16-point scale, there were no differences in C and E subjects, nor across sex: All subjects scored within 2 points of the arithmetic mean of 8 items in the dominant direction, although the items making up the score differed somewhat. The Do scale appears in Appendix B.

TABLE 6

"Client" Behavior*

Behavior Manifested	Experimental Diads
Talked about himself	100
Discussed problems or symptoms	95
Discussed relations with parents	67
Talked about his earlier life	45
Described his inner experience	42
Discussed childhood experience	40
Described social status	10

*Figures are percentages of the total number of experimental diads in which the behavior occurred.

TABLE 7

"Therapist" Behavior*

Behavior Manifested	Experimental Diads
Asked more questions than client	74
Made interpretive comments	55
Made supportive statements	62
Gave advice	74

*Figures are percentages of the total number of experimental diads in which the behavior occurred.

conduct of the interview. The dominant subject usually talked first, louder and more. He gave interpretations and advice, and he suggested topics to be discussed. He tried to help the less dominant one through his expertise when he was the "therapist". Conversly, the sub-dominant subject nearly always was more passive than the other. Behavioral passivity does not necessarily mean submissiveness, although in 90% of the cases it seemed to mean submissiveness or something closely related to it. Those behaviors which operationally define dominance in these therapeutic analogues, are summarized in Table 8. The emergence of dominance in this fashion was not observed in the controls.

In the case in which one member of an experiment diad did not seem dominant, both "therapist" and "client" appeared to be aggressive people. The judges commented that a "power struggle" was taking place, or that one subject was trying to take over or trying to "one-upsman" the other. The "therapist" in this case defended his role while the "client" sought to reverse the roles, for example, by asking the "therapist" personal questions. This situation was unique among the subjects in this study, and it seems quite likely that had the sessions continued for a longer period of time, that dominance of one or the other member would have been established.

In judging dominance, the judges rated the subjects <u>in role</u> because 30% of the pairs shifted roles, "therapists" becoming "clients" and visa versa, which changed the dominance. That is, when this shift occurred, the dominant person who was first in the role of the "therapist" became passive when the roles were reversed. It should be emphasized that dominance emerged even though the subjects were portraying

TABLE 8

Behaviors Which Operationally Define Dominance*

Behavior	Experimental Diads
Dominant subject structure session	90
Dominant subject talked first	70
Dominant subject talked louder	52
Dominant subject talked more	50
Dominant subject made an effort to help	65

*Figures are percentages based on the total number of experimental diads in which the behavior occurred.

psychotherapy, not behavior therapy, in which the "client" is, almost by definition, more passive, as he would be in hypnosis.

Psychotherapeutic Technique. The techniques used by the "therapists" were maladroit by comparison with any professional model. In many diads, the giving of advice and interpretation was frequent. More than half of the interpretations were phrased in causal terms which "explained" the behavior of the "client" in terms of past experience or psychodynamic processes. For example, "You behave this way because you feel inferior", or, "You can't sleep because you are so anxious", were typical interpretive statements. In general, "therapists" seemed to follow the medical model of psychotherapy in the sense that, in role, they acted as if they--the "therapists"--had the basic responsibility for "solving the patient's problem". The "clients" either explicitly or implicitly agreed with this framework.

When the judges were asked which kind of psychotherapy most closely resembled that portrayed, they always indicated some form of "directive" psychotherapy. This may have been a result of the lack of professional training rather than a conception that interpersonal problems are ideally solved by consulting an expert who tells one what to do. In either case, "directiveness" and "dominance" may be related.

Other Therapy Attributes. No transference or counter-transference phenomena were observed insofar as could be ascertained by the judges. It does, however, seem quite possible that had the sessions continued for a longer period of time, some of these phenomena might have been in evidence. Nothing in the "clients'" verbalizations suggested the emergence of unconscious material.

CHAPTER V

DISCUSSION

Throughout this study, when there was a visible tape recorder present, experimental subjects became involved in the procedure, and their verbalizations were realistic. All of the therapists who served as judges and who listened to the tapes, with or without knowing that an experiment was being conducted, had no difficulty identifying the diadic interaction as psychotherapy, although they uniformly considered it "bad" psychotherapy. Usually it was considered bad because the "therapist" talked too much and too directively. Further, the judges noted that the sessions more clearly represented an early therapy hour, frequently the first. Nonetheless, since psychotherapy was being portrayed rather than being observed in vivo, the results are suggestive rather than demonstrative. Yet, the uniformity of the agreement among all of the judges is striking when it is noted that all percentages cited are based on 100% interjudge agreement. Although some of the findings may seem trivial or unimportant, the clarity with which they repeatedly emerge when therapy was portrayed is remarkable. The results suggest that the human relationship labeled "psychotherapy" has inherent demand characteristics, analogous to the demand characteristics of the psychological experiment. They are these:

1. An initial ambiguity and searching for interpersonal structure on the part of both participants. This search for structure occurred, however briefly, in all of the experimental diads, before the subjects assumed their roles. It never occurred in a control diad. It appears logical that the search for structure in actual psychotherapy would occur on the part of the client, and not on the part of experienced psychotherapists.

2. A role division into helper and person to be helped. In every experimental diad the roles were explicitly named prior to the subjects assuming roles, such as doctor-patient, etc. There were no role divisions of any type assumed in the control diads.

3. An expectancy of helping and being helped to change one's personality and behavior through some form of interpersonal experience such as the communication of meaning, advice, suggestion or interpretation. Both subjects in every experimental diad expected help from the "therapist" through the "therapists" knowing of the "client" rather than through the "client's" knowing of himself. That is, both subjects in each diad gave the "therapist" the basic responsibility for solving the "client's" problems.

4. Discussion of intimate and personal topics and, by inference, the development of interpersonal intimacy. Clearly the control group subjects used public language and discussed "safe" topics. In no instance did they cross what might be

called an "intimacy barrier" to more personal, intimate topics. The experimental subjects, however, tended to "wade right in", as if they had been given license to discuss much more personal material than they would under most other social conditions.

5. Probably the emergence of dominance, usually on the part of the therapist, but not exclusively so. Dominance is herein operationally defined as structuring the sessions, talking first, louder and more, and in the sessions in which the therapist was dominant, attempting to help the other. Although these data are only suggestive, effective psychotherapy may involve the acceptance by the client of the dominant but non-exploitive status of the therapist. There is some indication from these diads of a relationship between dominance and directiveness.

All of these behavioral characteristics appeared in the experimental diads in marked contrast to the control diads, in which none of these behaviors occurred. For example, in the control diads, there was never any ambiguity about the instructions nor attempt to gain structure; there was never a role division nor an effort on the part of one subject to help the other. There appeared to be about equal give and take verbally, among control subjects, and they normally reported at the end of their sessions that they had, in fact, "just visited".

Subjects were college students. Although they knew they were being studied, they did not know the nature of the experiment and they had had no contact with actual psychotherapy. It is likely that their actions in role indicated what psychotherapy meant to them, more so

than if they had been asked to conceptualize or define psychotherapy. Had subjects been from lower socio-economic classes, it is likely that they would have portrayed psychotherapy differently, if at all, since people from the lower socio-economic classes are notoriously poor risks for psychotherapy, being less articulate, more outer-directed, and unlikely to think of improving their lives by changing their own behavior (Reissman, Cohen and Pearls, 1964). Whether such subjects would be better able to portray, or be amendable to help by, behavior therapy is not known.

CHAPTER VI

SUMMARY

This study was designed to identify the demand characteristics of psychotherapy by using experimental analogues. Judges independently listened to experimental tape recordings of subjects instructed to portray psychotherapy and control tapes of subjects instructed to visit or "chat" with one another.

The operation of demand characteristics has never been studied in relation to psychotherapy. For this reason, this research was designed as exploratory rather than as hypothesis testing research. This type of design has the advantage of ruling out one of the most frequent demand characteristics of psychological research, namely, the experimenter's unwittingly conveying the hypothesis to the experimental subjects. Another control over the demand characteristics of psychological research was used in this study: The experimenter left the two naive subjects alone to carry out the instructions in the presence of the tape recorder, having given them no structure or suggestions beyond the original directions.

It was found that college students who had had no previous experience with psychotherapy behaved so consistently in these diads that it was possible to identify clearly a number of attributes or

demand characteristics which emerged in each brief "psychotherapy" session.

Clearly, the results suggest that psychotherapy has its own demand characteristics. A practicing psychotherapist who had had no knowledge of this research read the manuscript and commented, "Of course there are demand characteristics in psychotherapy. Any good therapist recognizes them and uses them to manage the relationship. For example, I can't imagine myself acting as if I were not trying to help the other person, as if he should not talk intimately about himself, and as if he had no chance to change his personality and behavior by observing and understanding it, at least within limits. And since he is seeking my help, and I don't need his, I'm more self-confident and secure, and thus more dominant--at least in the situation itself".

It is the task of relevant and optimally controlled experimentation to seek the generalizability of such clinical wisdom.

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APPENDIX A

JUDGES' DATA SHEETS

Preliminary Data Sheet

Please check Yes or No to the following questions:

1. Do the subjects appear to understand the direction to act our psychotherapy? Yes___ No___

2. Do the subjects assume roles? Yes___ No___

3. Can you identify one subject as more dominant? (If yes, specify evidence below.) Yes___ No___

4. Does one try to help the other? Yes___ No___

5. Do the subjects use therapy as a process for symbolic understanding? (As opposed to the medical model) Yes___ No___

6. Is ther evidence of transference? (If yes, specify evidence below.) Yes___ No___

7. Does the "client" talk more about himself? Yes___ No___

8. Does the "therapist" ask more questions? Yes___ No___

9. Does the "therapist" make supportive statements? Yes___ No___

10. Does the "therapist" make interpretive statements? Yes___ No___

Answer the following questions briefly:

A. Evidence for "Yes" answers to questions 3 and 6 above:

B. How do the subjects react to the lack of structure? In what ways do they attempt to gain some type of structure?

C. In what ways did this interaction seem like "The Real Thing"? In what ways did it not?

D. Please note any other clinical observations that might be helpful or of interest.

PLEASE USE THE BACK OF THE PAGE WHEN NECESSARY

Data Sheet

Instructions to Judges. Let us thank you in advance for your cooperation and help. What we want you to do is to listen to tape recorded interviews of subjects portraying different kinds of interpersonal interactions, and then to answer certain questions about the behavior of the subjects.

Each of the following questions may be answered with a simple Yes or No. However, the questions are often complex because we are asking you to make sophisticated clinical judgements, so read each of the questions first and if there is any misunderstanding let us discuss it with you before you listen to the tape.

1. When the experimenter first gave the instructions, did the subjects attempt to increase the structure of the situation before doing anything else? For example, did they ask, "What did she (you) mean?", or in some other way attempt to get more information before proceeding? Yes___ No___

2. Did the subjects assume some role division such as old friends, strangers meeting for the first time, doctor-patient, therapist-client, lawyer-client, etc? Yes___ No___
   If so, what roles did they assume?
   Roles: _____

3. Once these role divisions were established, if they were, were they maintained? Yes___ No___

4. Did one subject try to help the other with:
   a. Understanding Yes___ No___
   b. Explanation Yes___ No___
   c. Suggestion Yes___ No___
   d. Drugs Yes___ No___
   e. Recommending a specific therapy Yes___ No___
   f. Advice Yes___ No___
   g. Money Yes___ No___
   h. Other: _____

5. What did the subjects talk about? Check each topic:

a.	Class in college, major, year	Yes___ No___
b.	Drinking	Yes___ No___
c.	The weather	Yes___ No___
d.	Dreams of fantasies	Yes___ No___
e.	Home town, parents' occupation	Yes___ No___
f.	Sex	Yes___ No___
g.	Sports, extra-curricular activities	Yes___ No___
h.	Relationships with parents	Yes___ No___
i.	Speculation about what they are supposed to be doing	Yes___ No___
j.	Relationships with siblings	Yes___ No___
k.	Grades, draft status, Viet Nam	Yes___ No___
l.	Religion or philosophy	Yes___ No___
m.	Cheating	Yes___ No___
n.	Use of drugs	Yes___ No___
o.	University policies	Yes___ No___
p.	Contemplated suicide	Yes___ No___
q.	Mutual friends, marital status	Yes___ No___
r.	Other: _____	

The following items are for subjects who assumed the role divisions of psychotherapy, such as those indicated by the roles, psychiatrist-patient, therapist-client, helper-helped, etc.

6. This question refers to the behavior of the subject who portrayed the role of therapist, psychiatrist, doctor, etc. Did he:

a.	Ask more questions than the client?	Yes___ No___
b.	Make interpretive comments to the client?	Yes___ No___
c.	Make supportive statements to the client?	Yes___ No___
d.	Attempt to remove logical inconsistencies in the verbalizations of the client?	Yes___ No___
e.	Correct the client on factual points?	Yes___ No___
f.	Give advice to the client?	Yes___ No___
g.	Display other behavior not covered above? If so, what other behavior? _____	Yes___ No___

7. Did you have the impression that one of the subjects was more dominant than the other? Yes___ No___
If so, which subject (doctor or patient, therapist or client, etc.) was the more dominant? _____

8. If your clinical impression was that one of the subjects was more dominant, what did he do that made you think he was dominant?
   a. He defined the structure of the situation. Yes___ No___
   b. He talked first. Yes___ No___
   c. He talked louder Yes___ No___
   d. He talked more. Yes___ No___
   e. He made interpretive comments. Yes___ No___
   f. He "one-upsmanned" the other. Yes___ No___
   g. He tried to help the less dominant one. Yes___ No___
   h. Other: _____

9. This question refers to the subject who portrayed the role of client, patient, helped, etc. Did he:
   a. Talk about himself? Yes___ No___
   b. Discuss his relationship with his parents? Yes___ No___
   c. Discuss childhood experiences? Yes___ No___
   d. Describe problems or symptoms? Yes___ No___
   e. Talk about his early life? Yes___ No___
   f. Describe his inner experience? Yes___ No___
   g. Describe his social or occupational status? Yes___ No___
   h. Other: _____

10. Did the subjects switch roles during the interview? That is, did the original therapist later play client, and visa versa? Yes___ No___

11. Could you classify whether the therapist acted in one of the following ways, however amateurishly?
   a. Non-directive Yes___ No___
   b. Interpretive Yes___ No___
   c. Psychoanalytic Yes___ No___
   d. Other: _____

12. What else did the subjects do, if anything, that is not covered in this data sheet?

APPENDIX B

REVISED DOMINANCE SCALE

Please answer Yes or No to the following question as they apply to you:

Yes___ No___ 1. No one seems to understand me.

Yes___ No___ 2. I find it hard to keep my mind on a task or job.

Yes___ No___ 3. I have not lived the right kind of life.

Yes___ No___ 4. I am certainly lacking in self-confidence.

Yes___ No___ 5. I do many things which I regret afterwards.

Yes___ No___ 6. I should like to belong to several clubs or lodges.

Yes___ No___ 7. I don't blame anyone for trying to grab everything he can get in this world.

Yes___ No___ 8. Sometimes at elections I vote for men about whom I know very little.

Yes___ No___ 9. When in a group of people I have trouble thinking of the right things to talk about.

Yes___ No___ 10. In school I found it very hard to talk before the class.

Yes___ No___ 11. I usually have to stop and think before I act even in trifling matters.

Yes___ No___ 12. I have more trouble concentrating than others seem to have.

Yes___ No___ 13. I have sometimes stayed away from another person because I feared doing or saying something I might regret afterwards.

Yes___ No___ 14. If given the chance I would make a good leader of people.

Yes___ No___ 15. I have strong political opinions.

Yes___ No___ 16. The one to whom I was most attached and whom I most admired as a child was a woman (mother, sister, aunt, or other woman).

APPENDIX C

RAW DATA

Role Divisions Assumed	Experimental Diads
Doctor-Patient	12
Psychiatrist-Patient	10
Psychotherapist-Client	7
Analyst-Patient	1

Nature of Help	Experimental Diads
Empathic Understanding	27
Explanation	25
Suggestion	23
Advice	22

Types of Advice Given	Experimental Diads
Making behavioral changes	18
Based on "therapist's" experience	14
Release therapy	10
Joining Alcoholics Anonymous	9
Use of psychological tests	3

Topics Discussed	E Diads	C Diads
Drinking	9	0
Dreams and fantasies	9	0
Dating and sexual problems	18	0
Parents and siblings	30	0
Religion and philosophy	6	0
Use of drugs	9	0
Contemplated suicide	3	0
Fears, nervousness, insomnia	15	0
Class, major, year in college	15	30
Weather and surroundings	0	9
Home town, parents' occupation	9	21
Sports, extra-curricular activities	3	12
Grades, draft status	9	21
University policies	3	9
Mutual friends, marital status	3	15
College residence	3	18

"Client" Behavior	Experimental Diads
Talked about himself	30
Discussed problems or symptoms	25
Discussed relations with parents	20
Talked about his earlier life	14
Described his inner experience	13
Discussed childhood experience	12
Described social status	3

"Therapist" Behavior	Experimental Diads
Asked more questions than client	22
Made interpretive comments	16
Made supportive comments	19
Gave Advice	22

Dominance Behavior	Experimental Diads
Structured session	27
Talked first	21
Talked louder	16
Talked more	18
Made an effort to help	19