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An Investigation of the Effects of Personality Similarities and Dissimilarities on the Development of the Quality of the Patient-Therapist Therapeutic Relationship Viewed Within the Context of Social Exchange Theory

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AN INVESTIGATION OF THE EFFECTS OF PERSONALITY SIMILARITIES
AND DISSIMILARITIES ON THE DEVELOPMENT OF THE QUALITY OF THE
PATIENT-THERAPIST THERAPEUTIC RELATIONSHIP VIEWED WITHIN THE
CONTEXT OF SOCIAL EXCHANGE THEORY

by

Robert C. Rinaldi

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of Loyola University of Chicago in Partial Fulfillment
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VITA

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CHAPTER I

INTRODUCTION

Individual psychotherapy is frequently viewed as a relationship between two individuals each with his or her own unique personality (Freud, 1949; Rogers, 1951; Truax and Carkhuff, 1967; Truax and Mitchel, 1971). The relationship reportedly provides a framework within which the main work of this treatment occurs. Although its importance has been debated by some, the therapeutic relationship is a component of all approaches to psychotherapy with the possible exception of fully automated attempts at behavior therapy (Barrett-Lennard, 1981). The relationship between psychotherapist and patient is a special case of dyadic relationships in general and subject to the same laws or theories of any human interactional relationship. It is widely believed that a positive therapeutic relationship between therapist and patient is necessary before patient change can occur (Roger, Gendlin, Kiesler, and Truax, 1967; Truax and Carkhuff, 1967; Barrett-Lennard, 1981).

Since the therapeutic relationship is considered by most to be a crucial component in psychotherapy, it would seem to be particularly important to examine and evaluate those specific factors contributing most significantly to its formation. There has been considerable interest on the part of some behavioral scientists to relate social psychological principals to the process of psychotherapy. Some of

this research has focused on the effect of similarity of attitude and personality on attraction and development of positive relationships. Many researchers have suggested that matching the therapist and patient on the basis of some similarities may be feasible and psychotherapeutically profitable (Dougherty, 1976; Gassner, 1970; Whitehorn and Betz, 1960).

Thibaut and Kelley (1959) advanced a social exchange theory which seems to explain the operation of similarity fairly well. According to exchange theory similarity between therapist and patient should lead to attraction or other positive experiences in the therapeutic relationship if the similarity is experienced as a reward. Since hedonistic determinants are assumed to regulate social interactions, individuals should be most attracted to others who provide the highest ratio of rewards to costs in a relationship. Rewards are defined as gratification of needs while costs are defined as negative aspects of the relationship to each member of the therapeutic dyad. Similarity between people in terms of values, needs, and personality characteristics are said to be important factors in relationship development. It is further postulated that individuals are dependent upon others for information about the environment to confirm impressions of reality and seek out others similar to themselves to validate beliefs. Therefore, individuals (therapist and patient dyads) who share similar characteristics should find interactions rewarding, leading to a positive therapeutic relationship. A connection between patient-therapist similarity and development of therapeutic relationship has been implied by certain individuals

(Hoyt, 1980; Mariali, Marmar, and Krupnick, 1981) and will be investigated directly within this study.

Purpose of the Study

All of the speculations about similarity are based upon the assumption that something inherent in the dyadic relationship is the key to that which is therapeutic and that the therapeutic potential of this relationship is a direct function of the interaction of the two personalities which are partners to it. The present investigation was designed to systematically examine the patient-therapist dyad in terms of specific personality similarities in an effort to determine whether these similarities are conducive to the formation of a positive therapeutic relationship. An attempt was also made to determine whether pre-professionals (pre-doctoral individuals) as therapists or professionals (doctoral level individuals) as therapists have any differential effect on the development of the therapeutic relationship. If the social exchange theory of similarity is stringently adhered to, level of therapist expertise should not be of great importance.

In most agencies offering counseling and psychotherapy, the standard procedure is random assignment of patients to therapists on the basis of caseload availability. A clear demonstration of a differential therapeutic treatment effect attributable to the degree of similarity between the patient and therapist would greatly advance the argument for systematic patient-therapist matching on specific personality characteristics. In the present investigation, therapeutic relationship was carefully and systematically assessed

over a period of several weeks within the therapeutic dyad. It was hypothesized that social exchange theory would be corroborated if patients and therapists who are similar in specific personality characteristics develop a positive therapeutic relationship in fewer sessions than patients and therapists who are dissimilar in the same specific personality characteristics. The potential of improving psychotherapy outcomes through reliable prediction based on patient-therapist matching would significantly benefit the profession and patient population.

Definition of Terms

Therapeutic Relationship - a patient's perception of therapist offered conditions including empathy, level of regard, congruence, unconditionality of regard, and overall warmth.

Therapeutic Dyad - a psychotherapist and a patient meeting on a regular basis for the purpose of patient change.

Patient - an individual adult seeking consultation regarding a problem from a psychotherapist.

Pre-Professional Therapist - a psychotherapist who does not hold the doctorate degree and has three years or less of full-time clinical experience.

Professional Therapist - a psychotherapist who holds the doctorate degree, is a registered psychologist, and has a minimum of five years full-time post-doctoral clinical experience.

Similarity of Personality - a degree of similarity between a patient and a therapist as measured by the Edwards Personal Preference Schedule.

Dissimilarity of Personality - a degree of dissimilarity between a patient and a therapist as measured by the Edwards Personal Preference Schedule.

Limitations

1. The results and recommendations are applicable only to the mental health centers and private practice populations used within this study and other centers and populations having similar patients and therapists.

2. Inasmuch as subject participation was voluntary, a self-selection process may have occurred rendering a less than representative population.

3. This study measures the development of the therapeutic relationship, and not outcome of treatment directly.

4. Patients in private practice were compared to patients receiving services from community agencies.

5. The instruments which purport to measure the therapeutic relationship are confined by their own theoretical definitions.

Organization of the Study

Chapter One has provided an introduction to the study, including purpose, definition of terms, and limitations. Chapter Two will review related literature on the social exchange theory and on the therapeutic relationship as it pertains to personality similarity of patient and therapist. Chapter Three will provide a detailed outline of the design of the study and examine the research measures used. Chapter Four will be a report of statistical analysis of data, and a discussion of those results. Chapter Five will contain a summary of

this report, conclusions, and recommendations for further research.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Several areas pertaining to the therapeutic relationship will be reviewed in this chapter. They include history, conceptions of the ideal therapeutic relationship, psychotherapy outcome, theories underlying similarity, therapist-patient matching, and general observations.

History of the Therapeutic Relationship

References to the therapeutic relationship have been made since the earliest days of psychoanalysis, beginning with Breuer and Freud (1893-1895) suggesting that, "we make of the patient a collaborator." Freud's general concept of transference included his original notion of the treatment alliance (i.e., both the patient's capacity to establish a friendly rapport and the emergence of positive transference feelings).

Many practitioners in the field of psychotherapy have written of the therapeutic relationship using various types of nomenclature. For example, Sterbe (1954) called the therapeutic relationship an "ego alliance," Strachey (1934) the "auxiliary superego," Bibring (1937) the "analytic atmosphere," Freud (1937, 1940) the "analytic pact," and Fenichel (1941) the "rational transference."

Carl Rogers (1951, 1957, 1962) wrote extensively on the

importance of the therapeutic relationship. His work focused mainly upon the effectiveness of levels of accurate empathy, nonpossessive warmth, and genuineness. Many researchers, following up on the work of Rogers, continued to establish the importance of the client-therapist relationship (Gendlin, Jenny, and Shlien, 1960; Parloff, 1961; Sapolsky, 1960; Van der Veen, 1965).

Focusing on the nature of the therapeutic relationship itself, Truax and Carkhuff (1967) and Truax and Mitchell (1971) have indicated quite clearly that if genuineness, nonpossessive warmth, and accurate empathic understanding are exhibited by the therapist a beneficial therapeutic relationship will follow. The underlying assumption is, of course, that the therapeutic relationship is of essential importance.

Goldstein (1971, 1975) took the basic concepts of the therapeutic relationship and explored new areas including therapists' perceived expertise and interpersonal attraction. Meanwhile, Gurman and Razin (1977), Strupp (1980), Hoyt (1980), Marziali, Marmar, and Krupnick (1981), and Barrett-Lennard (1981) have all written on areas related to the therapeutic relationship and implications for psychotherapy.

Conceptions of the Ideal Therapeutic Relationship

An assumption underlying most forms of psychotherapy is that the relationship between the therapist and patient is the vehicle for therapeutic change. Many investigators suggest that the benefits derived from psychotherapy increase in proportion with the quality of the therapeutic relationship (Betz and Whitehorn, 1956; Freud, 1949; Gardner, 1964; Rogers, 1951; Snyder, 1959; Strupp, 1980). Studies

regarding the ideal therapeutic relationship will be considered in this section.

Since a relationship may be defined in many ways, it is essential that some working definition be employed. As Gardner (1964) indicated, there is considerable agreement on the issue. The characteristics most frequently cited as desirable are the therapist's warmth, acceptance, permissiveness, respect for the patient, understanding, interest in the patient, and liking for the patient. Rogers (1957, 1959, 1967) further added that in successful therapy, the patient must be able to perceive these therapist qualities. Truax, Carkhuff and their associates (Truax and Mitchell, 1971) have done extensive work that is generally supportive of their contention that genuineness, nonpossessive warmth, and accurate empathic understanding are important characteristics that a therapist must show in a beneficial therapeutic relationship. Barrett-Lennard (1981) indicated that the concept of empathy may well be the most important global factor in developing the therapeutic relationship. Goldstein and others (Goldstein, 1971, 1975; Heller and Sechrest, 1966) reported that along with perceived genuineness, level of positive regard, etc., the therapist's perceived expertise and status are essential components of a beneficial therapeutic relationship.

Chase (1946) derived a scale to assess counseling attitudes from statements about counseling procedures which were endorsed by a majority of "expert" counselors. Counseling students' attitudes generally did not agree with those of the experts and did not correlate either with grades in the counseling course or with Army

General Classification Test scores. Chase concluded that acquisition of effective counseling attitudes was not related to scholastic achievement and probably was a function of actual experience in counseling.

Marziali, Marmar, and Krupnick (1981) described the development of patient and therapist alliance scales and their application to the therapies of selected patients. They described therapeutic alliance as the patient's experience of support from the therapist and a joint struggle against what is impeding the patient.

Fielder (1950b), using a Q-sort technique, found that there were no significant differences in conception of the ideal therapeutic relationship between therapists of different theoretical orientations, but that experienced and inexperienced therapists of the same school did differ significantly from each other. He argued that the ability to describe the ideal therapeutic relationship was a function of experience rather than of theoretical allegiance.

Behar and Altrocci (1961), using a scale constructed by Appelbaum, asked nursing students to describe the ideal psychiatric nurse. While it is clear that psychiatric nurses do not perform the same tasks as psychotherapists, the concept of therapeutic relationship remains the same. Participation in psychiatric nursing courses seemed to produce high agreement, whereas actual experience with psychiatric patients did not. The authors concluded that they had refuted Fielder's (1950b) hypothesis concerning experience, and that training instead was the critical variable. Gardner (1964) stated that the training and experience variables were not properly

controlled in either this study or Fielder's (1950b); thus the issue remains unresolved as to which contributes more to agreement on good therapeutic attitudes.

In three studies (Anderson and Anderson, 1954; Fielder, 1950b; Thomas, Polansky and Kovnin, 1955) it has been noted that persons with no professional experience or training could describe the ideal therapeutic relationship about as well as experienced therapists. Fiedler hypothesized that the therapeutic relationship may be only a variation of good interpersonal relationships in general.

Soper and Combs (1962), using a modification of Fielder's (1950b) Q deck, found that teachers described the ideal teacher in much the same way that expert therapists described the ideal therapist. These data cannot be said to confirm Fielder's hypothesis that the therapeutic relationship is only a paradigm of good human relationships generally, but they do support the notion of commonality among helping relationships.

Of course, concepts pertaining to the ideal therapeutic relationship have been considered in disciplines other than psychology. The common theoretical hypothesis across disciplines appears to be that the helping relationship is important and worthy of systematic investigation. Many researchers (Gardner, 1964; Rogers, 1967; Truax and Mitchell, 1971) have suggested that certain conditions must exist which facilitate the development of the ideal therapeutic relationship.

Therapist-Patient Relationship and Outcome of Psychotherapy

The following section will consider selected literature related

to psychotherapy outcome and the therapeutic relationship. Many psychotherapists have suggested that favorable outcome in therapy can be predicted from the quality of the therapeutic relationship. Parloff (1961) conducted an investigation to determine whether improvement varies with the quality of the therapeutic relationship. The findings of that study indicated that the better the patient-therapist relationship, the greater the symptomatic relief experienced by the patient, and the more likely it was that fellow group members would describe the patient as having become more of a "leader." Parloff (1961) specifically stated that those patients in his study who established better relationships with their therapist tended to show greater improvement than those whose relationship with the same therapist was not as good.

Van der Veen (1961) reported greater process-movement scores for clients whose therapists were judged to create better relationships. Truax (1961a) reported similar results. Hiler (1958) reported that therapists rated by staff psychologists as warm were better able to keep unproductive patients in treatment, which was considered a position outcome. Hoyt (1980) found significant positive correlations between "goodness" ratings of psychotherapy outcome and high quality therapeutic relationships. Truax (1961b, 1962) measured therapeutic change using various test scores (including the Minnesota Multiphasic Personality Inventory) and reported that, for two samples of schizophrenic patients, judged therapist empathy was positively related to improvement.

Three studies have been reported in which therapeutic change was

assessed using a combination of ratings and test scores. Aronson (1953) reported no differences in improvement for the clients of four therapists who were judged by their peers to have significantly different degrees of ability for warm interpersonal relationships. The fact that both therapists and judges were graduate students and that the judgments were not limited to therapist-patient relationships may have contributed to the null results. Truax (1961b), in a similarly designed study, obtained positive results for both neurotic and schizophrenic samples. This research differed from Aronson's primarily in that his relationship judgments were based on actual therapy sessions.

In research connected to the Vanderbilt Psychotherapy Project, Strupp (1980) pointed out that therapeutic relationship and outcome of treatment are related. It is indicated that based on systematic outcome and process measures, combined with a detailed study of complete process recordings of subjects utilized in the Vanderbilt project, therapy outcomes are importantly determined by the patient's ability to take advantage of the relationship offered by the therapist.

Gardner (1964) has stated that the evidence that the quality of the therapeutic relationship is a correlate of therapeutic change lies not in the conclusive results of any one study but rather in the repeated findings of a series of studies. In a review of the literature conducted by Gurman and Razin (1977), it was discovered that of 26 studies conducted probing a connection between therapeutic relationship and therapeutic outcome, 23 investigations supported the

hypothesis.

In considering the selected literature related to psychotherapy outcome and the therapeutic relationship a clear trend is established. As Gurman and Razin (1977) have observed, there exists substantial evidence in support of the hypothesized relationship between therapeutic relationship and outcome in individual psychotherapy and counseling.

Theoretical Assumptions Underlying Similarity

The concept of similarity and attraction between individuals is central to this investigation. Social exchange theory (Thibaut and Kelley, 1959) along with other models of attraction (Newcomb, 1961) are reviewed as they apply to the present research.

Social Exchange Theory. According to Thibaut and Kelley (1959), the essence of any interpersonal relationship is interaction. Two individuals may be said to have formed a relationship when on repeated occasions they are observed to interact. By interaction it is meant that they emit behavior in each other's presence, they create products for each other, or they communicate with each other.

According to exchange theory, as espoused by Thibaut and Kelley (1959), hedonistic determinants regulate social interactions. Persons are most attracted to others who provide the highest ratio of rewards to costs in a relationship. Rewards refer to the gratification of each member's needs while costs refer to the negative aspects of the relationship to each member. In evaluating the adequacy of the sampled and anticipated outcomes of a relationship, the members of a dyad will have need for some kind of standard or criterion of the

acceptability of outcomes. Thibaut and Kelley (1959) stated at least two important standards for such an evaluation can be identified. The first standard is referred to as the comparison level (CL), and is the standard against which the member evaluates the "attractiveness" of the relationship or how satisfactory it is. The second, called the comparison level for alternatives (CLalt), is the standard the member uses in deciding whether to remain in or to leave the relationship.

CL is a standard by which the person evaluates the rewards and costs of a given relationship in terms of what he feels he "deserves." Relationships, the outcomes of which fall above CL, would be relatively satisfying and attractive to the member; those entailing outcomes that fall below CL would be relatively "unsatisfying" and unattractive. The location of CL on the person's scale of outcomes will be influenced by all of the outcomes known to the member, either by direct experience or symbolically. It may be taken to be some modal or average value of all known outcomes. Each outcome is weighted by its salience or strength of instigation. This depends upon the recency of experiencing the outcome and the occurrence of stimuli which serve as reminders of the outcome. Because these factors are likely to be absent or weak in the case of relationships and interactions that are unattainable, the latter will ordinarily have little weight in determining the location of CL.

CLalt can be defined as the lowest level of outcomes a member will accept in the light of available alternative opportunities. It follows from this definition that as soon as outcomes drop below CLalt the member will leave the relationship. The height of the CLalt will

depend mainly on the quality of the best of the members' available alternatives, that is, the reward-cost positions experience or believed to exist in the most satisfactory of the other available relationships. According to exchange theory similarity should lead to attraction or other positive experiences in the therapeutic relationship if the similarity is experienced as a reward and/or the outcome of the relationship is above each member's (the client's and therapist's) comparison levels and those for alternatives.

Some contact or acquaintance between a pair of people is, of course, an essential pre-condition for the formation of a relationship between them. Along with contact an important factor in the development of a relationship is similarity of attitude, values, needs and general personality characteristics. A number of studies have shown that friends tend to resemble each other in their attitudes and values (Lazarsfeld and Merton, 1954; Lindzey and Borgatta, 1954).

Thibaut and Kelley (1959) suggest similarity in values, needs and personality characteristics are important factors in relationship development because these individuals then have the ability to reward each other. If it is assumed that in many value areas an individual is in need of social support for opinions and attitudes, then another person's agreeing with him will constitute a reward. In other words, provision of opinion support may be considered as having learned reinforcement value. Thus two people with similar values should provide rewards for each other simply by expressing their values. This may also be considered a low-cost operation, since it is easy for a person to express the values, etc., he really feels.

Burgess and Wallin (1953) found data supporting the hypothesis that individuals develop a more positive relationship when they share emotional similarities. By analyzing self-ratings made by engaged persons, they found similarity in the degree of day dreaming, loneliness, feelings easily hurt, and touchiness. Similarity between friends in introversion-extroversion and steadiness of emotional response has also been reported.

Models of Attraction. Two models of attraction, the balance model (Heider, 1958; Newcomb, 1961) and the reinforcement model (Byrne, 1969), have proposed explanations of why similarity might be rewarding. Both Heider and Newcomb postulated that every individual is dependent upon others for information about the environment to confirm impressions of reality and so seeks out similar others to validate beliefs. Dissimilarity threatens an individual's view of the world and his ability to confirm his perceptions. Byrne (1969) posited a similar basis for the similarity-attraction relationship in his discussion of the effectance motive. This motive includes the need to be logical, consistent, and accurate (Byrne, Nelson, and Reeves, 1966) and is usually satisfied when one is with a similar other.

A large number of studies have reported a strong positive relationship between similarities of various types and attraction between friends, married couples, and strangers. In a review of this literature Fishbein and Ajzen (1972) concluded that a positive relationship between attraction and similarity of beliefs, values, attitudes, personality characteristics, interests, etc. has been found

consistently. Such results seem to support the notion that various similarities are experienced as a reward.

Therapist-Patient Matching on Personality Similarity

There has been a significant amount written on therapist-patient matching. In this section, special consideration is given to personality similarity between the patient and the psychotherapist.

The concept of matching a patient and a therapist evolved from the investigations of the Whitehorn-Betz A-B scale (Whitehorn and Betz, 1959, 1960, 1975). Dougherty (1976) suggested that matching on the basis of some similarities may be feasible and psychotherapeutically profitable. In an investigation carried out by Dougherty (1976) both patients and therapists were measured on an 11-variable profile. Patients and therapists were each divided into three groups in which the members of each group were relatively homogeneous with respect to their 11-variable profiles. Therapists in this research project were all pre-professionals and the outcome measure after ten sessions in patient-therapist matched dyads was a therapist evaluation of treatment outcome. Results seemed to indicate some usefulness of matching patients and therapists on personality characteristics.

Dougherty (1976) warned against generalizability of his research due to limited number of therapy sessions, use of pre-professional therapists, and a "weak" measure of treatment outcome. Further work in matching of patients to therapist is called for. Dougherty suggested the breadth of reliable prediction must be widened with respect to other patient-therapist "types." It was recommended that

similar research programs of this type be initiated in other psychotherapeutic settings with other populations of patients and therapists before the practice of psychotherapy as a whole will benefit substantially from a technological matching procedure.

Gassner (1970) conducted a study that employed FIRO-B scores to select matched and mismatched counseling dyads for experimental purposes. Twenty-four "therapists" (theological students) were engaged in twice-weekly pastoral counseling with 150 inpatients for a period of 12 weeks. From the pool of patients, 24 compatible, 24 incompatible, and 24 no treatment controls were selected. At three and 11 weeks of therapy, compatibly paired patients evaluated the therapy relationship more favorably than did incompatibly paired patients.

An earlier attempt at testing the hypothesis that patients in dyads in which there was greater similarity would show more progress was conducted by Axelrod (1952). The research was done with 10 staff psychiatrists and 40 psychoneurotic patients of average or better intelligence at the Veterans Administration Regional Office, New York. Each psychiatrist was asked to select his two most and two least improved patients. Three judges rated the subjects on a seven-point scale on 12 traits. Patient-therapist pairs were compared on each trait individually and on all combined. Based upon a global evaluation, patients were categorized into the two of each psychiatrist's four patients who were most like him and the two who were least like him. Results showed only chance agreement between similarity and improvement. When Rorschach test results were

re-classified, however, it was found that psychiatrists who were orderly, controlled, self-critical, and tended to intellectualize achieved success with similar patients. Since therapists made the original judgment of success on their own, the variables may have been contaminated. Success should have been independently assessed.

Gerler (1958) investigated the relation between client-counselor personality similarity and therapeutic improvement in 57 college students with emotional problems at the University of Illinois Counseling Center. The students were in treatment with five clinical and counseling staff psychologists. Personality similarity was assessed by the Ewing Personal Rating Form given to both clients and counselors. Difference scores between client and counselor were classified as high, medium, or low and were compared with judged improvement. Gerler's hypothesis that a medium amount of similarity would be more conducive to favorable outcome than either high or low similarity received partial confirmation. Although no difference was found between the medium and low similarity groups, there was significantly most improvement in the medium than in the high similarity group. A second hypothesis is predicted that low or medium similarity would be more conducive to favorable outcome than high similarity on those traits where a therapist's self-rating is different from the way his colleagues rate him. Differences between self and ideal ratings for clients and between self and pooled colleague ratings for therapists were derived. This hypothesis was also partially supported with the finding that medium similarity was more conducive to favorable outcome than high similarity, but there

was no difference between high and low similarity. The author believed that he had demonstrated a basis for patient assignment, but the establishment of a distribution of conflicts and similarities based on a much broader sample of therapists than the five who were used would be necessary (Meltzoff and Kornreich, 1970).

In a series of studies, Mendelsohn and his associates explored the effect of client-counselor similarity in cognitive and perceptual style on length of stay in counseling, failure to keep appointments, and client attitudes toward the counseling experience. The initial investigation (Mendelsohn and Geller, 1963) involved 72 clients seen by 10 counselors of varied experience at the University of California Counseling Center. Client-counselor similarity, the independent variable, was assessed by the Myers-Briggs Type Indicator (MBTI), which had been administered to all students at the time of college admission, and to the counselors after treatment had terminated. The device purports to measure cognitive-perceptual orientation in Jungian lifestyle terms on four dimension: judgment-perception, thinking-feeling, sensation-intuition, and extraversion-introversion. Measures of similarity were obtained by summing the absolute difference scores between client and counselor on the four scales. Outcome, the dependent variable, was evaluated by length of stay in counseling, which was construed as a limited indicator of success and taken to reveal the willingness of the client to permit himself to become involved in counseling. The total combined difference scores as well as the difference scores on each dimension were correlated with the number of sessions the clients remained. It was found that as the

total difference scores increased (client-counselor dissimilarity) the mean number of sessions decreased ($r = -.308$). This relationship was significant for male clients but not for females. On the extraversion-introversion dimension, the correlation between similarity and length of stay was $r = -.463$ for males, with zero order correlations for females, and males and females combined. The variable sensation-intuition showed no relation between similarity and length of stay for males or for males and females combined, but yielded a significant correlation of $r = -.316$ for females alone. On the thinking-feeling dimension there were no significant correlations of any kind. For judgment-perception, the correlation of similarity and length of stay for all subjects was $r = -.229$ and for males $r = -.378$. The correlation for females separately was not significant.

The authors observed that the greater the client-counselor dissimilarity for each dimension the shorter the duration of stay, but the only correlation that reached significance for the group as a whole is on the judgment-perception dimension. Despite the alleged importance of feeling to therapy, the only dimension that yielded no significant correlations of any kind for either sex was that of thinking-feeling. The significant correlations in this study were of low order. Length of stay, a doubtful criterion of success, cannot really be taken as an indicator of either success or failure without a determination of reasons for termination. Taken as a whole, this research can be viewed as providing minor support for the hypothesis of a relation between counselor-client similarity only if the questionable assumption is made that length of stay is an indicator of

outcome.

This study was followed up and some of its flaws corrected in a subsequent paper by Mendelsohn and Geller (1965). The subjects who had participated in the first study were mailed a rating scale of attitudes toward the counseling process and outcome some three to 12 months after completion of the interviews, and 62 percent responded. After the returns were analyzed into clusters, the questionnaire was revised and sent to 178 additional undergraduate and graduate students three months after their last interview. Seventy-two percent responded, of whom 58 were freshmen and 71 more advanced students. A cluster analysis was done and a cluster correlation matrix derived. As an advance over the prior study, which employed absolute difference scores, Cronbach's D method (square root of the sum of the squared client-counselor differences on each MBTI dimension) was used to assess counselor-client similarity. Subjects were then divided into high, middle, and low similarity groups and analysis of variance was used to examine the effects of similarity on the cluster scores on same and opposite-sex dyads. Three major clusters emerged from both analyses: evaluation, comfort-rapport, and judged competence. The portion of this investigation of interest here is the finding of a significant curvilinear relationship of evaluation to similarity in the nonfreshman group only, with middle similarity producing the highest scores. The authors point to a curvilinear relation (nonsignificant) in the two freshman groups even though the error variance was larger than the source variance in each analysis. The results for comfort-rapport were somewhat ambiguous, with a linear

relationship for one of the groups of freshmen and a curvilinear one for nonfreshmen. The effects of similarity were more pronounced in opposite- than in same-sex matchings of therapist and patient, although this finding was of questionable reliability. In general, Mendelsohn and Geller did a careful, competent, and at times methodologically sophisticated study. The results, however, vary from group to group and variable to variable.

Mendelsohn (1966) reported a third study, which was an attempt to replicate the 1963 report of a positive linear relation between counselor-client personality similarity and duration of counseling, with control of counselor and client personality and sex introduced. The counselors were six female and five male professional staff psychologists, and the clients 111 male and 90 female clients. The majority of the clients sought assistance with vocational and educational problems while a small minority came for help with personal difficulties. As before, the client and counselor took the MBTI. Similarity was measured by the D method on the same four scales as before, and duration by the number of sessions before the client terminated. The number of sessions attended ranged from one to six, with a mean of 2.36. Data were examined by analysis of variance. There were no significant differences in duration as a function of client or counselor type, sex of client, or dyadic sex-pairing. There was, however, a significant effect due to counselor-client similarity between high and low similarity groups. The scatter plot was mildly curvilinear but not U-shaped (the significance of this curvilinearity was not assessed). The authors concluded similarity to be a necessary

but not sufficient condition for clients remaining in treatment. The study itself was well designed but limited in generality. It must be recognized that most of the clients were not psychotherapeutic patients. The duration of counseling was particularly restricted.

These data were reanalyzed in a subsequent investigation (Mendelsohn and Geller, 1967) of similarity, missed sessions, and early termination. What appear to be contradictory results were obtained. A client was considered to have failed a session if for any reason he did not appear for a scheduled interview. Continuers were those who missed an appointment but continued treatment. Terminators were those who did not return. Chi-square analysis contrasting all failers (those who terminated and those who missed sessions but continued) and non-failers was highly significant. Frequency of missed appointments was greatest in the high similarity group, whereas more of the non-failers were minimally similar to their therapists. Rank-order correlation between the proportion failing and the mean difference score of therapists from clients was $\rho = -.83$. Thus, the less similar the counselor to his clients the lower the proportion of his cases that miss appointments. Examination of individual case loads revealed that in seven out of nine comparisons, failers were more similar to their therapists than non-failers. These data were taken as evidence that it is similarity and not counselor characteristics that determine failure. With counselor personality ruled out, the possibility remained that it was client personality that produced the effect. Client scores on the individual scales, however, were not found to be associated with failure. For further

evidence, combinations of scores on the four scales were examined. A client who had not failed at all (control) was matched on MBTI pattern with each client who had failed (experimental). With personality pattern held constant, investigators could test for the effects of similarity. A t-test for the difference between controls and experimentals was clearly significant for the upper third of the client-counselor similarity distribution but was not significant for the lower two-thirds. The effects of counselor-client similarity summate across the four scales to yield a reliable result, but are significant for only one scale--thinking-feeling. When taken individually, the results are interpreted as possibly meaning that similarity may facilitate communication but may also encourage the premature exploration of personal and conflictual material. This may lead to excessive involvement at the expense of concrete objectives by the therapist and generate ambivalence on the part of the client because counseling is at the same time attractive and anxiety-provoking. Missed sessions may reflect this ambivalence.

Another approach to this question is to study similarity perceived or experienced by the patient rather than actual similarity. Sapolsky (1965) proposed that greater improvement would be found in patients who felt that they were similar to the therapist. This was conceived as a study of compatibility and mutuality of perception and outcome, and bears more on identification and rapport than it does on the effects of similarity. The subjects were 25 female patients hospitalized at Hillside Hospital, New York, in treatment with two first- and one second-year psychiatric residents (one of the three was

female). Similarity scores were derived from semantic differential measures, and improvement measures were based on eight-point ratings by supervisors. Greater improvement was observed in those patients who thought of themselves as more similar to their therapists on two of three semantic differential factors. An important issue is that no correlations were done between therapists' self-ratings and patients' self-ratings. It is interesting that there was only a nonsignificant "trend" toward greater improvement in patients whom the therapist saw as more similar to himself. The author notes that felt similarity might be too difficult for beginning therapists to accept, while more experienced ones might be freer in revealing it. This touches one of the main shortcomings of this research. Only three therapists were used and they were all relatively inexperienced psychiatric residents. Very little can be said about therapist-patient similarity in general from this limited sample.

A study by Cook (1966) at the Testing and Counseling Service, Missouri University, is indirectly related in that it deals with client-counselor similarity in values rather than personality. He was concerned with the influence of value similarity on changes in the client's responses to four concepts: own-self, ideal, education, and future occupation as measured by semantic differential scales. Ninety university students who requested counseling were seen by 42 advanced counseling trainees for two to five interviews (mean 2.48) over an average of 26 days. All clients and counselors completed the Allport, Vernon, and Lindzey Study of Values. Similarity in values was measured by comparing profiles using Cronbach's D Statistic. Change

in meaning for clients was assessed by direct raw change scores on each concept, and differences in change scores were tested by analysis of variance across high, medium, and low similarity groups for each of the four concepts. The results indicated a curvilinear relationship between value similarity and changes of concept. Medium similarity was associated with more positive change than either high or low similarity. A more positive change here means that one of the previously mentioned concepts is now held in more value. Aside from the fact that this study does not cast light on personality similarity and improvement, it has many limitations, most of what are acknowledged by the author. He points out that the index of similarity used may be too global and that the measure seems to be a mixture of interests and values. The appropriateness of the criterion instrument used to measure change has not been established for brief counseling. More critically, he submits that the semantic differential may be contaminated by a social desirability factor since subjects tended to use the positive end of the scales. There was a variable number of clients assigned to counselors, ranging from one to five. Cook wisely suggests that the study be done with noncounseled controls as well. In addition to these observations, it can be pointed out that graduate student trainees represent a poor choice of counselors for these research purposes. The range of client-student values was too narrow and undoubtedly too similar to those of graduate student counselors at the start. The period of counseling was too brief to expect real change to take place anyway.

Results from the research pertaining to therapist-patient

matching on personality similarity is considerable and varied. Many of the investigations have yielded findings which indicate that matching on the basis of some personality variables may be psychotherapeutically profitable.

Observations and Improvements on Patient-Therapist Matching

It would seem from the selective review of the literature reported that no single study was found in which the hypothesis of patient-therapist similarity effecting the therapeutic relationship was tested on dyads in an intensive, individual psychotherapy relationship with an adequate sample of experienced therapists. Further, suitable criteria of outcome and delineation of important areas of similarity either predicted on some rational, theoretical ground or derived empirically were not utilized (Meltzoff and Kornreich, 1970).

Ross (1977) stated that it is important to determine what the implications of specific similarities are for each client and therapist. Unless researchers consider the implication of specific variables they will most likely continue to obtain inconsistent or weak findings since for some clients a similarity on one variable may have positive implications while for others the same measure may have negative implications, and the overall findings from a study with such subjects would yield confused effects.

The social psychological literature reviewed above was focused on the relationship between similarity and interpersonal attraction. Although interpersonal attraction has been repeatedly related to influence (Back, 1951; Burdick and Burnes, 1958; French and Snyder,

1959) and psychotherapy can be viewed as an influencing process (Strong, 1968), the link between attraction and clinical outcome or process variables has not been firmly established. Thus researchers might obtain more consistent results if they examined the effect of similarity in a variable related to attraction, such as rapport or development of therapeutic relationship, than on measures such as improvement by a client which may be affected by many variables unrelated to similarity (Ross, 1977). Parloff (1961) supported this concept by suggesting that "improvement" as a unitary phenomenon is questionable. He proposed that if improvement cannot be discussed in global terms, it would be necessary to specify the various criteria and measures such as patient-therapist relationship.

Summary

The concept of a positive therapeutic relationship being an essential component in the amelioration of psychological problems has reportedly existed since the earliest days of psychoanalysis. Through the years many practitioners have contemplated the patient-therapist relationship and given it different names (Bibring, 1937; Freud, 1940; Rogers, 1961; Truax and Mitchell, 1971).

It has been suggested by researchers and practitioners alike that favorable outcome in treatment can be predicted from the quality of the therapeutic relationship. The general framework of social exchange theory has been advanced to explain the effect of similarity of attitude and personality on attraction. It has been contended that if patients and therapists could be matched on certain personality characteristics the quality of the therapeutic relationship would be

enhanced along with outcome of treatment. To improve psychotherapy outcomes through reliable prediction based on patient-therapist matching would significantly benefit the profession and patient population.

The present study tests the following conceptual hypotheses:

1. Patients and therapists who are similar in specific personality characteristics will develop a therapeutic relationship in fewer sessions than patients and therapists who are dissimilar in the same specific personality characteristics.

2. Professional therapists and patients who are similar in specific personality characteristics will not develop a positive therapeutic relationship in fewer sessions than pre-professional therapists and patients who are similar in specific personality characteristics.

3. Professional therapists and patients who are dissimilar in specific personality characteristics will not develop a positive therapeutic relationship in fewer sessions than pre-professional therapists and patients who are dissimilar in specific personality characteristics.

Many studies (Dougherty, 1976; Gerler, 1958; Mendelsohn and Geller, 1963; Whitehorn and Betz, 1975) have been conducted in an effort to confirm that patient-therapist similarity has a positive effect on outcome of treatment. Unfortunately, most of these investigations have provided weak findings due, it is suggested, to several factors. Specifically, measures of personality similarity have been too global, pre-professional therapists have been used too

often, an insufficient number of therapy sessions have been used, and poor criteria of outcome have been used. It is believed (Ross, 1977; Meltzoff and Kornreich, 1970) that if these areas of weakness were systematically improved upon the conditions under which similarity might have an effect on therapy would be clearly specified.

CHAPTER III

METHOD

Introduction

This study considered whether personality similarity between patient and therapist (either professional or pre-professional) had any effect on the psychotherapeutic relationship. Chapter III describes the methodology employed in the study including a description of the subjects, procedures, instrumentation, statistical analyses, and hypotheses.

Subjects

Twenty-two male and female patients between the ages of 18 and 65 were used in this study. All patients who participated in this project received psychotherapy on an outpatient basis. Patients who were diagnosed as psychotic were not included in this study. Fourteen patients, 10 females and four males, were treated by pre-professional therapists. Eight patients, six females and two males, were treated by professional therapists.

Fourteen psychotherapists participated in this study. Five individuals, (one female and four males), were designated as professional therapists (they held the Ph.D. degree in psychology, were registered psychologists, and had a minimum of five years post-doctoral clinical experience). Nine individuals, (seven females and two males), were designated pre-professional therapists (they did



not hold the doctoral degree and had less than three years of clinical experience).

Outpatients who were involved in individual psychotherapy with pre-professional therapists at the Charles I. Doyle Center, Loyola University, and Proviso Family Services and Community Mental Health Center were randomly selected from the total pool of patients and asked to participate. Outpatients who were involved in individual psychotherapy with professional therapists in private practice in the Chicago area and at Proviso Family Services and Community Mental Health Center were randomly selected and asked to participate in this study. Both the Charles I. Doyle Center and Proviso Family Services are outpatient community mental health centers which offer psychological and counseling services on a sliding fee scale to individuals residing within their respective communities.

Procedure

Administration of Preference Schedule and Patient-Therapist

Matching. All of the participating therapists were asked to complete the Edwards Personal Preference Schedule. Each therapist was given a packet containing all pertinent information and test materials necessary to complete the research. The patients were then briefed on exactly what would be required of them if they chose to participate. The patients were told that a graduate student in psychology was conducting a research project in which the patient and therapist relationship was being considered. The therapist read specific instructions from a "Client Information Sheet" and gave participating patients a consent form to sign. Patients were next asked to complete

the Edwards Personal Preference Schedule and return it to the therapist. Data on the therapeutic relationship was then collected over the next 10 to 12 sessions. The personality tests were scored and a judge ranked the patient and therapist dyad as either similar or dissimilar. Each patient-therapist dyad was rank ordered from most similar to most dissimilar. Percentile rankings on the Edwards Personal Preference Schedule psychogram were utilized in making those determinations.

Administration of Patient-Therapist Relationship Measures.

Therapeutic relationship was measured by the Barrett-Lennard Relationship Inventory and the Truax Accurate Empathy Scale. Both measures of therapeutic relationship were administered three times over a 10 to 12 session period. Level of therapeutic relationship was assessed for the first time in either session three, four, or five. If the relationship scales were first utilized in session three, they were then also utilized in six and ten. If therapeutic relationship was first measured in session four, it was measured again in sessions seven and ten. If therapeutic relationship was measured initially in session five, it was measured again in sessions eight and eleven.

Instrumentation

Edwards Personal Preference Schedule (EPPS). The EPPS measures manifest needs along 15 personality variables. Split-half reliability coefficients for the 15 variables range between .60 and .87 for a college normative group. Test-retest reliability coefficients for the EPPS range between .74 and .88 based upon a group of students at the University of Washington who took the measures twice within a one week

interval separating the two administrations. Validity is shown by the EPPS's ability to correlate with the Guilford-Martin Personnel Inventory and the Taylor Manifest Anxiety Scale. The EPPS is a well known instrument which has been used extensively in the areas of research and experimentation.

Barrett-Lennard Relationship Inventory (BLRI). The BLRI is a 64-item instrument which assesses the patient's perception of the patient-therapist relationship. This inventory is designed to quantitatively measure the patient's perception of therapist offered conditions including empathy, level of regard, congruence, unconditionality of regard, and a total score based on the four previously noted scales. Barrett-Lennard (1962) reported that split-half reliability coefficients range between .82 and .93. Snelbecker (1961; 1967) reported split-half reliability coefficients ranging from .75 to .94 for the BLRI scales. Hollenbeck (1965) obtained split-half reliabilities ranging from .83 to .95 for the BLRI scales. The literature clearly indicates that reliability ratings for the BLRI are high. Validity is shown by the BLRI's ability to correlate with patient and therapist subjective perceptions (Barrett-Lennard, 1962), and other measures of relationship (Gross and DeRidder, 1966; Van der Veen, 1965).

Accurate Empathy (AE) Scale. The AE Scale defines and measures nine degrees of accurate empathy with regard to a therapist's interventions in a psychotherapy relationship. The range of this nine-point scale extends from a low point where the therapist manifests a virtual lack of empathic understanding of the patient to a

high point where a completely accurate and empathic reflection is given. The AE Scale also indicates the patient's global evaluation of the therapeutic relationship and general level of conditions in the relationship. Reliability ratings for the AE Scale are generally reported to be at the .85 level. Truax and Carkhuff (1967) list the reliability ratings for the AE Scale from 28 studies involving a variety of patient and therapist situations. Reliability ratings for patients in individual treatment range from .62 to .89. Truax and Carkhuff (1967) have clearly demonstrated that the AE Scale most often yields a moderate to high degree of reliability. Validity is shown by the AE Scale's ability to correlate significantly with a variety of other instruments which measure therapeutic relationship. The AE Scale has been shown to correlate significantly ($p \leq .01$) with the total score of the BLRI.

The AE Scale allows trained judges to listen to segments of a taped session and rate the interactions between therapist and patient. Four minute segments were randomly selected from the last half of audio-taped sessions. Samples were taken from three separate predetermined sessions for all patients. Each four minute segment was transposed onto a separated audio-tape and rated. The only requirement was that each segment contain a minimum of two patient statements and two therapist responses.

The judges were two graduate students in Counseling Psychology. All training of judges was done by one person in individual and group sessions. Initially, judges were exposed to a didactic presentation and description of the nine degrees of accurate empathy as utilized

within the AE Scale. Each rater was then given a copy of the AE Scale to study and was assigned to rate practice materials. Practice materials assigned were audio recordings of patient-therapist interactions. Blocks of practice ratings (10 per block) for all raters were intercorrelated. When interrater (Personian) correlations reached .60 the raters were assigned to the project data.

Statistical Analysis and Hypotheses

In this investigation multiple regression analysis was utilized. The dependent variable used was similarity/dissimilarity of patient-therapist personality as rank ordered along a continuum from one to 22. Independent variables included level of therapist education (Ph.D. vs. non-Ph.D.), sex of therapist, sex of patient, measures of the therapeutic relationship for each patient-therapist dyad as yielded by the BLRI across sessions, and measures of the therapeutic relationship for each patient-therapist dyad as yielded by the AE Scale across sessions. The objective of this method of analysis was to study the effects and the magnitudes of the effects of the above mentioned independent variables on the dependent variable using principles of correlation and regression. Diagram 1 will help clarify the relationships explored in this study. Definitions for headings used in Diagram 1 are as follows:

Rank - The dependent variables rank ordering the patient-therapist dyads from most similar in personality (1) to most dissimilar in personality (22).

PHD/NON - Independent variable checking the effect of professionalism.

Diagram 1

Research Variables

RANK	PHD/NON	SEXT	SEXC	Relationship Scores Session 1					Relationship Scores Session 2					Relationship Scores Session 3					
				A1	A2	A3	A4	A5	B1	B2	B3	B4	B5	C1	C2	C3	C4	C5	
1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1	Y1
2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2	Y2
3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3	Y3
4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4	Y4
5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5	Y5
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.
.
n22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22	Y22

SEXT - Independent variable checking the effect of sex of the therapist.

SEXC - Independent variable checking the effect of sex of the patient.

A1 through A5 - Scores measuring the therapeutic relationship between patient and therapist in the first session (an independent variable).

B1 through B5 - Scores measuring the therapeutic relationship between patient and therapist in the second session (an independent variable).

C1 through C5 - Scores measuring the therapeutic relationship between patient and therapist in the third session (an independent variable).

The following null hypotheses were tested: 1. There is no significant relationship between the development of a positive therapeutic relationship (assessed by the BLRI and the AE Scale) and similarity of personality (assessed by the EPPS) between patient and therapist. 2. There is no significant relationship between level of professionalism (Ph.D. vs. non-Ph.D.) in therapists and development of a positive therapeutic relationship (assessed by the BLRI and the AE Scale) in patients and therapists who have similar personalities (assessed by the EPPS). 3. There is no significant relationship between level of professionalism (Ph.D. vs. non-Ph.D.) in therapists and development of a positive therapeutic relationship (assessed by the BLRI and the AE Scale) in patients and therapists who have dissimilar personalities (assessed by the EPPS).

Chapter III has outlined the methodology followed for this study.
Chapter IV will present the results of the statistical analyses.
Chapter V will provide a summary and discussion of those results.

CHAPTER IV

RESULTS

Introduction

Chapter IV presents the results of the statistical analyses related to patient-therapist personality similarity and its effect on the development of a therapeutic relationship. In addition, an attempt is made to relate other variables (level of therapist education and clinical experience, sex of therapist, and sex of patient) to the quality of a therapeutic relationship. Since scores measuring the quality of the therapeutic relationship were collected three times over 10 to 12 therapy sessions for each patient it was possible to conceptualize the data in more than one manner. Three separate models (straight scores, difference scores, and average scores) were used for treating the data, all within the framework of multiple regression analysis and all using the same dependent and independent variables. Mean Barrett-Lennard Relationship Inventory (BLRI) scores and Mean Accurate Empathy (AE) Scale scores were computed for all patients along with t-tests analyzing similarity and dissimilarity of dyads.

Data and results in this chapter follow the null hypotheses stated in Chapter III. The results are presented in the following manner: 1. Multiple regression analysis one; 2. Multiple regression analysis two; 3. Multiple regression analysis three; 4. Personality

assessment data; 5. Relationship inventory data; 6. Summary.

Multiple Regression Analysis One

In the first analytic model, patient-therapist dyads were formed according to a rank order system from most similar in personality to most dissimilar in personality using the Edwards Personal Preference Schedule (EPPS) as a basis of classification. Following each dyad, information regarding the academic degree of the therapist and related therapeutic experience, sex of the therapist, and sex of the patient was also included. Scores measuring the quality of the therapeutic relationship were then entered for each subject in a linearly progressive, systematic fashion. All scores from session one (A1 to A5) were followed by scores from session two (B1 to B5) which in turn were followed by scores from session three (C1 to C5). The multiple regression analysis (see Table 1 for details) was not supportive of a linear relationship and no statistically significant relationships were found ($p = .33$) for regression equation number one. Given the above, the three null hypotheses tested in the present investigation could not be rejected (1. There is no significant relationship between the development of a positive therapeutic relationship and similarity of personality between patient and therapist. 2. There is no significant relationship between level of professionalism in therapists and development of a positive therapeutic relationship in patients and therapists who have similar personalities. 3. There is no significant relationship between level of professionalism in therapists and development of a positive therapeutic relationship in patients and therapists who have dissimilar personalities.).

Table 1

Regression Analysis 1

Variable	Coefficient	SE	t	p
Intercep	7.2	13.2	0.5	.62
PHD	9.2	6.0	1.5	.22
Sext	-9.8	4.3	-2.3	.10
Sexc	22.5	10.5	2.1	.12
A1	0.3	0.6	0.4	.67
A2	-1.9	1.0	-1.7	.17
A3	-0.5	0.3	-1.4	.25
A4	1.9	1.0	1.9	.14
A5	-1.3	1.3	-0.9	.39
B1	-1.2	0.7	-1.7	.18
B2	2.6	1.1	2.3	.09
B3	-1.4	0.8	-1.8	.16
B4	0.4	0.5	0.7	.51
B5	0.2	2.1	0.1	.92
C1	1.0	0.6	1.4	.23
C2	-1.0	0.5	-2.0	.13
C3	1.5	0.4	3.0	.05
C4	-1.7	0.8	-2.1	.12
C5	1.1	2.2	0.4	.65

n=22

RootMSE = 4.89

R2 = .92

AdjR2 = .43

F(18,3) = 1.89)

p = .33

Multiple Regression Analysis Two

As was the case for the first analytic model, the second analytic model consisted of patient-therapist dyads formed according to a rank order system from most similar in personality to most dissimilar in personality using the EPPS scores as a basis of classification. Following each dyad, information regarding degree of the therapist and related therapeutic experience, sex of the therapist, and sex of the patient was included. However, in this analysis relationship scores were not entered in a linearly progressive manner across sessions. In this model differences between relationship scores in session two and session one were entered, as well as differences between scores in session three and session two (e.g. B1-A1; B2-A2; B3-A3; etc., and C1-B1; C2-B2; C3-B3; etc., differences were entered).

Once again, the multiple regression analysis (see Table 2 for details) using differences between sessions was not supportive of a linear model and no statistically significant relationships were found ($p = .33$). Therefore, the results related to multiple regression analysis number two offer no support for rejecting the null hypotheses of this investigation.

Multiple Regression Analysis Three

In the third model patient-therapist dyads were entered according to a rank order system from most similar in personality to most dissimilar in personality to most dissimilar in personality using the EPPS scores as a basis of classification. Following each dyad, information regarding degree and related therapeutic experience of the therapist, sex of the therapist, and sex of the patient was included.

Table 2

Regression Analysis 2

Variable	Coefficient	SE	t	p
Intercep	7.2	13.2	0.5	.62
PHD	9.2	6.0	1.5	.22
Sext	-9.8	4.3	-2.2	.10
Sexc	22.5	10.5	2.1	.12
A1	0.03	0.3	0.1	.92
A2	-0.3	0.3	-1.2	.30
A3	-0.4	0.3	-1.5	.21
A4	0.6	0.6	1.0	.37
A5	0.01	1.2	0.01	.99
B1-A1	-0.25	0.6	-0.3	.73
B2-A2	1.5	0.9	1.6	.19
B3-A3	0.06	0.4	0.1	.89
B4-A4	-1.3	0.5	-2.5	.08
B5-A5	1.3	1.0	1.2	.28
C1-B1	1.0	0.6	1.4	.23
C2-B2	-1.0	0.5	-2.0	.13
C3-B3	1.5	0.4	3.0	.05
C4-B4	-1.7	0.8	-2.1	.12
C5-B5	1.1	2.2	0.4	.65

n=22
RootMSE = 4.89

R2 = .92
AdjR2 = .43

F(18,3) = 1.89
p = .33

In this analysis averages from the relationship scores in session one, two, and three were utilized (e.g. the quotient from A1 plus B1 plus C1 divided by three was entered). The same procedure was followed for each dyad. The multiple regression analysis (see Table 3 for details) using averages of relationship scores was not supportive of a linear model and no statistically significant relationships were found ($p = .31$). Hence, the three null hypotheses could not be rejected.

Analysis of the Personality Assessment Data

Mean scores for each of the 15 personality variables assessed by the EPPS are reported in Table 4 for the professional therapists, for the pre-professional therapists, and for the patients. Each of the EPPS 15 personality variables represents a manifest need.

A t-test was used to analyze the patient-therapist personality rankings. The EPPS scores for similar dyads were ranked from one through 11. Results showed that differences between EPPS scores for patients and therapists rated as similar were very small. Therefore, no statistical significance ($p < .05$) between similarly ranked dyads was found (see Table 5 for details).

In addition, t-tests were conducted using EPPS scores for the most dissimilar dyads (rankings 12 through 22). Results showed that differences between EPPS scores for patient and therapist dyads ranked as dissimilar were relatively greater than those dyads ranked as similar and statistical significant ($p < .01$) was found for three of the variables (order, affiliation, and dominance). Thus, we find that the results of the t-tests appear to support the dissimilar rankings used in this study (see Table 6 for details). Therefore, use of the

Table 3

Regression Analysis 3

Variable	Coefficient	SE	t	p
Intercep	34.6	9.0	3.8	.002
PHD	-1.2	4.1	-0.3	.76
Sext	-6.5	3.8	-1.6	.11
Sexc	-1.4	3.3	-0.4	.67
Ave1	-0.4	0.3	-1.2	.23
Ave2	0.05	0.1	0.2	.76
Ave3	0.1	0.1	0.7	.48
Ave4	-0.1	0.2	-0.8	.41
Ave5	-1.0	0.8	-1.2	.22

n=22
RootMSE = 6.13

R2 = .44
AdjR2 = .10

F(8,13) = 1.30
p = .31

Table 4

Mean EPPS Scores for Professional Therapists, Pre-Professional
Therapists, and Patients

	Professionals	Pre-Professionals	Patients
Need for Achievement	74.6	65.5	68.8
Need for Deference	19.0	28.3	30.3
Need for Order	15.2	19.6	31.7
Need for Exhibition	69.8	85.6	75.6
Need for Autonomy	65.0	57.0	52.9
Need for Affiliation	46.8	42.7	41.9
Need for Intraception	87.0	83.5	50.6
Need for Succorance	66.2	48.8	60.5
Need for Dominance	68.2	57.6	63.0
Need for Abasement	8.8	27.0	39.5
Need for Nurturance	37.4	44.2	53.4
Need for Change	68.0	55.2	52.9
Need for Endurance	10.6	15.6	31.9
Need for Heterosexuality	89.8	88.2	74.9
Need for Aggression	78.4	55.8	62.5

Table 5

t-Test for Similar Dyads (EPPS)

Variable	Mean	Standard Deviation	t	p > t
1	-2.20	42.69	-0.16	0.9
2	-5.30	15.92	-1.05	0.3
3	0.80	20.34	0.12	0.9
4	0.30	31.01	0.03	0.9
5	13.90	30.15	1.46	0.2
6	-1.50	15.94	-0.30	0.8
7	-16.30	30.56	-1.69	0.1
8	-1.80	28.38	-0.20	0.8
9	8.20	26.79	0.97	0.4
10	-3.00	25.62	-0.37	0.7
11	3.50	24.13	0.46	0.7
12	3.20	41.10	0.25	0.8
13	3.80	16.59	0.72	0.5
14	-12.80	23.06	-1.66	0.1
15	2.60	24.99	0.33	0.7

Table 6

t-Test for Dissimilar Dyads (EPPS)

Variable	Mean	Standard Deviation	t	p > t
1	8.89	58.84	0.45	0.6
2	23.44	35.06	2.01	0.07
3	27.00	27.77	2.92	0.01
4	-13.11	34.32	-1.15	0.2
5	-22.22	46.12	-1.45	0.1
6	-9.33	46.24	-0.61	0.5
7	-51.89	32.76	-4.75	0.001
8	6.11	48.06	0.38	0.7
9	12.44	54.59	0.68	0.5
10	41.56	30.83	4.04	0.003
11	11.44	48.88	0.70	0.5
12	-23.78	45.30	-1.57	0.1
13	27.00	38.49	2.10	0.06
14	-24.44	34.90	-2.10	0.06
15	-1.44	48.29	-0.09	0.9

EPPS as a useful classification variable appears to be generally supported.

Relationship Inventory Data (BLRI and AE Scale)

Mean BLRI scores were computed for patients ranked as similar (one through 11) in personality to their therapists. Mean BLRI scores were also computed for patients ranked as dissimilar (12 through 22) in personality from their therapist. Scores appear in Tables 7 and 8, respectively.

Accurate Empathy Scale mean scores for patients ranked as similar in personality (one through 11) and dissimilar in personality (12 through 22) were computed. Scores appear in Tables 9 and 10, respectively.

Summary

Results and statistical analyses considering whether patient-therapist personality similarity or dissimilarity is related to the development of the therapeutic relationship was presented in this chapter. Level of therapist education, sex of therapist, and sex of patient were also analyzed regarding their effect on patient-therapist personality similarity/dissimilarity and development of the therapeutic relationship.

Three separate multiple regression analyses showed no significant results. The hypotheses of this research were not supported.

Table 7

Mean BLRI Scores for Similar Patients (ranked 1-11)

	Session 1	Session 2	Session 3
Regard	32.1	31.1	33.9
Empathy	26.2	25.4	28.5
Unconditionality	19.4	18.1	23.9
Congruence	13.7	27.1	32.2

Table 8

Mean BLRI Scores for Dissimilar Patients (ranked 12-22)

	Session 1	Session 2	Session 3
Regard	25.9	27.7	29.1
Empathy	21.6	25.1	25.5
Unconditionality	9.5	14.3	15.5
Congruence	21.1	37.6	23.3

Table 9

Mean AE Scale Scores for Similar Patients (ranked 1-11)

Session 1	Session 2	Session 3
5.6	6.1	6.4

Table 10

Mean AE Scale Scores for Dissimilar Patients (ranked 12-22)

Session 1	Session 2	Session 3
5.9	6.1	5.8

CHAPTER V

SUMMARY

The Problem

The therapeutic relationship is often thought to be of crucial importance in psychotherapy. This relationship is said to provide the framework within which the main work of treatment occurs (Freud, 1949; Rogers, 1951). Social psychologists (Thibaut and Kelley, 1959; Heider, 1958; Newcomb, 1961; Bryne, 1969) have advanced theories focusing on the effects of personality similarity and the development of positive relationships between individuals. Behavioral scientists have speculated that matching therapists and patients on the basis of personality similarity might be psychotherapeutically profitable (Whitehorn and Betz, 1960; Parloff, 1961; Dougherty, 1976; Hoyt, 1980). The present study was designed to examine the effect of personality similarity and dissimilarity on the development of the therapeutic relationship between psychotherapists and their patients.

The Purpose

Specific personality similarities (i.e. patient-therapist dyads) were formulated in an effort to determine whether these similarities are conducive to the formation of a positive therapeutic relationship. This research project was also directed at the determination of whether pre-professionals (pre-doctoral individuals) as therapists or professionals (doctoral level individuals) as therapists have any

differential effect on the development of the therapeutic relationship.

Sample

Ten female and four male outpatients between the ages of 18 and 65 were used in this study. Five professional therapists (one female and four males) and nine pre-professional therapists (seven females and two males) participated.

Instruments

Three instruments were utilized in this study. The Edwards Personal Preference Schedule was used to assess and construct similar and dissimilar patient and therapist personality dyads. The Barrett-Lennard Relationship Inventory and Truax's Accurate Empathy Scale were used to assess the quality of the therapeutic relationship.

Procedure

All therapists were asked to complete the Edwards Personal Preference Schedule. Patients were also asked to complete the Edwards Personal Preference Schedule, along with completing the Barrett-Lennard Relationship Inventory three times over a 10 to 12 session period of time. Tape recordings were made of these three sessions which were later scored according to Truax's Accurate Empathy Scale.

Null Hypotheses

Three null hypotheses were tested. 1. There is no significant relationship between the development of a positive therapeutic relationship and similarity of personality between patient and therapist. 2. There is no significant relationship between level of

professionalism in therapists (Ph.D. vs. non-Ph.D.) and development of a positive therapeutic relationship in patients and therapists who have similar personalities. 3. There is no significant relationship between level of professionalism in therapists (Ph.D. vs. non-Ph.D.) and development of a positive therapeutic relationship in patients and therapists who have dissimilar personalities.

Results

Multiple regression analysis was used to test the hypotheses in this study. Three separate analytic models were used for treating the data. In the first model, scores measuring the therapeutic relationship were entered for each subject in a linearly progressive, systematic fashion. In the second model, differences between relationship scores were entered and in the third model, averages from the relationship scores were entered. Multiple regression analysis number one was not supportive of a linear model and no significance was found ($p = .33$). Multiple regression number two was also found to be non-significant ($p = .33$) as was multiple regression number three ($p = .31$). Therefore, the null hypotheses of this study were not rejected. In an attempt to clarify the negative findings of this study, an analysis of the patient-therapist personality rankings was conducted to determine whether the order of dyad rankings showed any validity. A t-test for dyads ranked as similar (one through 11) showed no statistical significance ($p < 0.05$). A t-test for dyads ranked as disssimilar (12 through 22) showed statistical significance ($p < 0.01$) on three variables and a trend toward significance in other variables. Therefore, the validity of the similar/dissimilar rankings

was generally supported.

Discussion and Implications

Although the three null hypotheses of this study could not be rejected, the information yielded appears to be pertinent to the practice of psychotherapy. It appears from this research that the matching of personalities between therapist and patient would not add significantly to the development of the therapeutic relationship at least in the initial stages of psychotherapy. Specifically, research results indicated that across the first 12 sessions of therapy patients and therapists who had similar personalities developed a therapeutic relationship at about the same rate as patients and therapists who had dissimilar personalities. Results from this study also showed that Ph.D. level psychologists (with a minimum of five years post-doctoral clinical experience) and non-Ph.D. level therapists (with a maximum of three years of clinical experience) developed a therapeutic relationship across the first 12 sessions of therapy with their patients at approximately the same rate. Furthermore, sex of the therapist and sex of the patient were shown not to have any differential effect on patient-therapist personality similarity/dissimilarity or on the development of the therapeutic relationship.

Extrapolating from the results of this study it would seem that psychotherapists do not have to be restricted to treating a narrow population of patients who are similar in personality to them. This finding is especially significant when considering psychotherapists working in community mental health clinics which service a wide range

of patients from various ethnic backgrounds, socio-economic classes, and levels of psychological functioning.

Findings suggest that the ability to develop an initial therapeutic relationship with a patient is not a function of graduate education or clinical experience. The implication is that graduate programs may concentrate on teaching clinical skills other than therapeutic relationship building. Overall, the findings reported here that a patient is just as likely to develop a positive therapeutic relationship in the beginning stages of treatment with a first year psychology graduate student who has no previous clinical experience and a dissimilar personality, as he or she is to developing that relationship with an experienced Ph.D. who has a similar personality. It is important to keep in mind, however, that the results presented here do not relate to final outcomes of treatment or to the therapeutic relationship beyond an initial 12 session period.

Most of the literature addressing similarity or attraction between patient and therapist has attempted to draw a link to improved clinical outcome (Whitehorn and Betz, 1957; Gerler, 1958; Mendelson, 1963; Dougherty, 1976; Hoyt, 1980; Strupp, 1980). There has been some support in the direction of that hypothesis, enough to spark interest, but not enough to conclusively determine that similarity between patient and therapist is the most important factor that leads to patient improvement. It has been speculated that researchers might obtain more consistent results if they examined the effect of similarity in a variable related to attraction, such as development of the therapeutic relationship, than on measures such as improvement by

a patient which may be affected by many variables unrelated to similarity (Dougherty, 1976; Ross, 1977). Further, most of the literature showed that no single study tested the similarity hypothesis using dyads in an intensive, individual psychotherapy relationship with an adequate sample of experienced therapists (Axelrod, 1952; Mendelson and Geller, 1963; Sapolsky, 1965; Cook, 1966; Gassner, 1970). Also, clear cut criteria of outcome and delineation of specific areas of similarity were not utilized.

In the current investigation an attempt was made to systematically improve upon the above mentioned weaknesses of other studies so that the conditions under which similarity might have an effect on therapy would be clearly specified. In this research measures of therapeutic relationship were used as opposed to outcome measures, a sample of professional therapists as well as pre-professional therapists were used, patients in intensive individual psychotherapy were used, an established personality test was used to assess similarity/dissimilarity, and repeated measures of the relationship were taken over a course of 12 sessions.

The findings of this investigation appear not to be in concert with social exchange theory. One possible explanation might be that the rules and regulations pertaining to the development of a therapeutic relationship are in fact different from the rules governing the development of other types of relationships. Perhaps patients are more invested in trying to develop a therapeutic relationship than other forms of relationships, and therefore are more willing to pay more costs and accept fewer rewards for a longer

period of time. Finally, it is possible that social exchange theory is faulty and simply is not comprehensive enough in describing what is necessary for two individuals to form a relationship. The possibility that social exchange theory is faulty, combined with the small number of subjects utilized in this investigation, may contribute interactionally to the negative findings.

Recommendations for Further Research

The primary recommendation for further research is to increase the number of patients and therapists studied. With a larger number of subjects a more representative population would be studied and significant findings, if they existed, would be more likely to appear. A minimum number of 50 patients would most likely lend to the external validity of this type of study, and still be a manageable number for a research project.

Future investigations of the patient-therapist relationship could perhaps best be conducted at one large clinic or hospital. In this way data from all therapists and all patients would come from the same sample population. Collecting data from one institution would also be a great deal easier than gathering data from several institutions in that less travel time is involved and fewer individuals and systems would need to be dealt with. Observation of the therapeutic relationship process over more than a 12 session period might also yield different results in that any "honeymoon period" effect might have dissipated. Future investigations examining one or two very specific personality similarities (e.g. dominance, nurturance, etc.) between patient and therapist might be more successful in finding

correlations between similarity and relationship development in that less overlap would then exist between the similar and dissimilar personalities.

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APPENDIX A

Appendix A

(BARRETT-LENNARD) RELATIONSHIP INVENTORY -- FORM OS-M-64

Below are listed a variety of ways that one person may feel or behave toward others.

Please consider each statement with reference to your present relationship with your _____.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- | | |
|---|--|
| +3: Yes, I strongly feel that it is true. | -1: No, I feel that it is probably untrue, or more untrue than true. |
| +2: Yes, I feel it is true. | -2: No, I feel it is not true. |
| +1: Yes, I feel that it is probably true, or more true than untrue. | -3: No, I strongly feel that it is not true. |

- ___ 1. He respect me as a person.
- ___ 2. He wants to understand how I see things.
- ___ 3. His interest in me depends on the things I say or do.
- ___ 4. He is comfortable and at ease in our relationship.
- ___ 5. He feels a true liking for me.
- ___ 6. He may understand my words but he does not see the way I feel.
- ___ 7. Whether I am feeling happy or unhappy with myself makes me no real difference to the way he feels about me.
- ___ 8. I feel that he puts on a role or front with me.
- ___ 9. He is impatient with me.
- ___ 10. He nearly always knows exactly what I mean.
- ___ 11. Depending on my behavior, he has a better opinion of me sometimes than he has at other times.

- ___ 12. I feel that he is real and genuine with me.
- ___ 13. I feel appreciated by him.
- ___ 14. He looks at what I do from his own point of view.
- ___ 15. His feeling toward me doesn't depend on how I feel toward him.
- ___ 16. It makes him uneasy when I ask or talk about certain things.
- ___ 17. He is indifferent to me.
- ___ 18. He usually senses or realizes what I am feeling.
- ___ 19. He wants me to be a particular kind of person.
- ___ 20. I nearly always feel that what he says expresses exactly what he is feeling and thinking as he says it.
- ___ 21. He finds me rather dull and uninterested.
- ___ 22. His own attitudes toward some of the things I do or say prevent him from understanding me.
- ___ 23. I can (or could) be openly.
- ___ 24. He wants me to think that he likes me or understands me more than he really does.
- ___ 25. He cares for me.
- ___ 26. Sometimes he thinks that I feel a certain way, because that's the way he feels.
- ___ 27. He likes certain things about me, and there are other things he does not like.
- ___ 28. He does not avoid anything that is important for our relationship.
- ___ 29. I feel that he disapproves of me.
- ___ 30. He realizes what I mean even when I have difficulty in saying it.
- ___ 31. His attitude toward me stays the same: he is not pleased with me sometimes and critical or disappointed at other times.

- ___ 32. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.
- ___ 33. He just tolerates me.
- ___ 34. He usually understands the whole of what I am.
- ___ 35. If I show that I am angry with him he becomes hurt or angry with me, too.
- ___ 36. He expresses his true impressions and feelings with me.
- ___ 37. He is friendly and warm with me.
- ___ 38. He just takes no notice of some things that I think or feel.
- ___ 39. How much he likes or dislikes me is not altered by anything that I tell him about myself.
- ___ 40. At times I sense that he is not aware of what he is really feeling with me.
- ___ 41. I feel that he really values me.
- ___ 42. He appreciates exactly how the things I experience feel to me.
- ___ 43. He approves of some things I do, and plainly disapproves of others.
- ___ 44. He is willing to express whatever is actually in his mind with me, including any feelings about himself or about me.
- ___ 45. He doesn't like me for myself.
- ___ 46. At times he thinks that I feel a lot more strongly about a particular thing than I really do.
- ___ 47. Whether I am in good spirits or feeling upset does not make him feel any more or less appreciative of me.
- ___ 48. He is openly himself in our relationship.
- ___ 49. I seem to irritate and bother him.
- ___ 50. He does not realize how sensitive I am about some of the things we discuss.
- ___ 51. Whether the ideas and feelings I express are "good" or "bad" seems to make no difference to his feeling toward me.

- ___ 52. There are times when I feel that his outward response to me is quite different from the way he feels underneath.
- ___ 53. At times he feels contempt for me.
- ___ 54. He understands me.
- ___ 55. Sometimes I am more worthwhile in his eyes than I am at other times.
- ___ 56. I have not felt that he tries to hide anything from himself that he feels with me.
- ___ 57. He is truly interested in me.
- ___ 58. His response to me is usually so fixed and automatic that I don't really get through to him.
- ___ 59. I don't think that anything I say or do really changes the way he feels toward me.
- ___ 60. What he says to me often gives a wrong impression of his whole thought or feeling at the time.
- ___ 61. He feels deep affection for me.
- ___ 62. When I am hurt or upset he can recognize my feelings exactly, without becoming upset himself.
- ___ 63. What other people think of me does (or would, if he knew) affect the way he feels toward me.
- ___ 64. I believe that he has feelings he does not tell me about that are causing difficulty in our relationship.

Please provide the following information about yourself and the other person.

YOURSELF

Age: _____ years

Sex: _____ (M or F)

Occupation: _____

OTHER PERSON

Years (known or estimated) _____

Male or female _____

Occupation _____

Education: _____

(highest year in school or
degree)

Total Annual Income

0-10,000 _____

10,000-20,000 _____

20,000-30,000 _____

30,000 and over _____

How many individuals are supported
on this income? _____

Are you the main provider in your
family?

yes _____ no _____

APPROVAL SHEET

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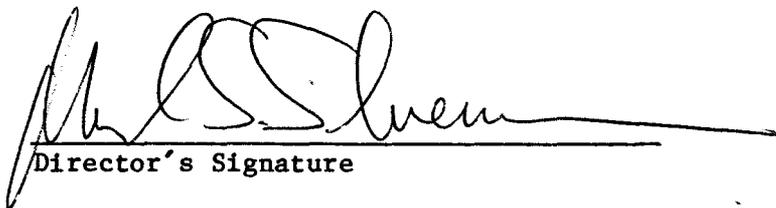
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

11-16-83
Date


Director's Signature