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OF PSYCHOTHERAPISTS AND OF PSYCHOTHERAPY
CLIENTS DURING THE INITIAL PERIOD OF
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The Ohio State University, Ph.D., 1971
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1971
A COMPARATIVE STUDY OF THE VERBAL COMMUNICATIONS OF PSYCHOTHERAPISTS AND OF PSYCHOTHERAPY CLIENTS DURING THE INITIAL PERIOD OF PSYCHOTHERAPY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

Anastasios Stephen Poutakoglou, M.A.

The Ohio State University
1971

Approved by

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Advisor
Department of Psychology
PLEASE NOTE:

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Major Field: Clinical Child Psychology

Studies in Child Development. Professor John E. Horrocks

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Verbal communication is "the most characteristic attribute of human beings" (Munn, 1965), and thus appropriate for psychological study. The importance of verbal communication is suggested by the extensive use of the primarily verbal interaction situation referred to as interview. Riesman and Benney (1956) write that "in social research, market research, industry, social work, and therapy, interviewing has become in fifty years a major white collar industry". Matarazzo (1965) states that "if one were to add up world wide all the interviews conducted by specialists from all communications professions in one year, it is conceivable that the sum would approach hundreds of millions if not billions".

In the area of psychology the interview is used in virtually all psychotherapy approaches. The psychotherapy interview with its presumed potential therapeutic effects includes as one of its essential components the verbal communications of the therapist. If these verbal communications by the psychotherapist are examined from a perspective which focuses not on the content but rather on the mode of the communication, they are found to be similar to verbal communications used in everyday
social discourse. In the present study mode of verbal communication refers to how accurately and/or efficiently the communication is made. The content of the verbal communication refers to what is communicated. For example from the content perspective the communications "will you finish today?" and "will you know by today?" are different since one refers to finishing something and the other refers to knowing by a certain time. However, from the modal perspective both communications are similar in that both seek information in a manner which is considered efficient in the present study.

It is possible that in psychotherapy therapists use certain modes of verbal communication which contribute to the therapeutic effects of psychotherapy. If so, then presumably psychotherapists use these modes with different relative frequency than clients.

The use of certain modes of verbal communication in psychotherapy by therapists and clients can be investigated through research. If initial research indicates that in psychotherapy therapists use certain modes of verbal communication with different relative frequency than clients then further research can investigate whether the use or avoidance of use of certain modes is "therapeutic" or useful both in psychotherapy and in other types of dyadic and group contexts. Through this type of research knowledge may be ultimately obtained about modes of verbal communication which are useful in psychotherapy as well
as in other types of interpersonal situations. Spiker (1960) sees as desirable series of studies, as suggested in the foregoing, which continue systematically in stages.

**Purpose of study**

The present study examines whether certain modes of verbal communication which are readily identifiable and frequently used in everyday social discourse are used in psychotherapy with differential frequency by therapists and by clients.

The study is guided by the theoretical framework of communication theory (Jackson, V. 1 and 2, 1969, Satir, 1967, Haley, 1963). This framework views human behavior as communicative acts and studies it from that perspective. As Bateson, Jackson, Haley and Weakland have written, the important and unifying part of communication theory is not specific concepts which have become well known and popular such as the "double bind" but rather "a general communicational approach to the study of a wide range of human behavior" (Bateson et al, 1963).

In addition to this general focus on communication this theory views communication as a "process of giving and getting information" (Satir, p. 63). Moreover, this theory indicates that communication be accurate and implies that it also be efficient, that is, respectively that the information communicated be accurate, and that it be communicated efficiently (Satir, 63-73).

This focus on these two aspects of communication seems
appropriate for the following reasons. First, since the aim of communication is to convey information (versus misinformation) it follows that the information conveyed be accurate. Second, since communication is the process whose purpose is to give and receive information it also follows that this process be an efficient one.

In the present study accuracy of communication pertains to the accuracy or validity of the information being communicated. This factor of accuracy will also be referred to later in this chapter in the section on Factor of accuracy.

In the present study efficiency of communication means that the information is communicated in an efficient manner. Specifically, this means first, that the speaker avoids focusing on what he is not, or on what he does not, or can not, or will not, feel, think, or do. Communications which have such a negative focus are considered inefficient if examined from the perspective of a goal oriented approach. A goal oriented approach in general first, defines the goal to be attained (versus avoided), second, selects the most effective technique that can (versus can not) be used to attain the defined goal, and third, employs the selected technique in the attempt to reach the defined goal. Thus such an approach stresses a positive orientation. As a result communications with a negative orientation are viewed from the perspective of a goal oriented approach as unnecessary and thus as inefficient. Such communications
are also viewed in the present study as inefficient.

Second, efficiency of communication means that the speaker presents two sets of information which are related and explicitly indicates by the use of the conjunction if how the two sets of information are related. An example of this is when the speaker says "I'll take you along if you want me to" and thus presents both his suggestion "I'll take you along" as well as the premise "if you want me to" on which his suggestion is based.

Finally, efficiency is defined by the extent to which the speaker obtains information from another person by using the grammatical form of communication designed for eliciting information, namely the question. The factor of efficiency is also dealt with later in this chapter in the section on Factor of efficiency.

In accord with the foregoing assumptions and with the literature cited in the chapter on Literature Review, nine modes of verbal communication have been defined in order to examine verbal communication differences that may exist between psychotherapists and psychotherapy clients. These nine modes are presented next.

**Modes**

**Mode 1** Statements which label a person. For example "you are unfair", "he is bad", "I am worthless". Such statements present as fact what seems to be opinion, and imply that the attributed characteristic defines the entire person in a
rather permanent sense.

**Mode 1-3** Statements which label a person but which are explicitly presented as opinion. For example "I think he is bad", "In my opinion you are unfair". Such statements differentiate opinion from fact but imply that the attributed characteristic defines the entire person and in a rather permanent sense. Henceforth mode 1 (and 1-3) type statements will also be referred to as "labels".

**Mode 2** Statements in which the speaker focuses on negatives, that is, on what he is not, and on what he does not, will not, or can not, feel, think, or do. For example "I don't want to go there". Henceforth such statements will also be referred to as "negatives".

**Mode 3** Statements which present as fact prescription which seems to be opinion. For example "You should ...", "I ought to ...", "He must ...". Henceforth such statements will also be referred to as "prescriptions".

**Mode 4** Statements which can be assumed to be factual only if the speaker is clairvoyant, and are opinions but presented as facts. For example asserting what will happen in the future such as "You'll be
"sorry", "you won't want to do that", or making statements about another person's feelings and thoughts such as "what you really want is ...", "I know that you really feel that ...". Henceforth such statements will also be referred to as "clairvoyant statements".

**Mode 5**

Statements which categorically present opinion as fact. For example "I always fail", "nobody likes me", "everyone is against me". Henceforth such statements will also be referred to as "absolutes".

**Mode 6**

Statements which conditionally and tentatively indicate certain premises which are connected by the conjunction if to related events. For example "if you want me to I'll do it", "if this is acceptable to you, then we can proceed". Henceforth such statements will also be referred to as "if statements".

**Mode 7**

Statements in which the speaker presents his positive feelings explicitly. For example "I like...", "I admire ...", "I want ...". Henceforth such statements will also be referred to as "positives".

**Mode 8**

Statements in which the speaker expresses his opinion explicitly. For example "I think ...", "it seems to me ...", "it seems like ...". Henceforth such statements will also be referred to as "opinions".
**Mode 9** Statements in which the speaker asks for information. The question indicates tentativeness and opportunity for further consideration and seems to effectively obtain information in the context of an interpersonal relationship. For example "how do you feel ...?", "what do you think?". Henceforth such statements will also be referred to as "questions".

As seen, the foregoing modes classify not all, but only certain types of verbal communication. Thus in the present study only some and not all types of verbal communication are considered. This is due to the fact that the present study examines verbal communications with reference to their accuracy and efficiency. As a result a number of verbal communications are not examined since they are not readily classifiable according to the factors of accuracy and efficiency.

**Factor of accuracy**

Table I shows the relationship of the nine modes to the factors of accuracy and efficiency. Modes 1 (and 1-B) i.e. labels, 3 i.e. prescriptions, 4 i.e. clairvoyant statements, and 5 i.e. absolutes, pertain to statements which inaccurately present opinion as fact. Modes 7 i.e. positives, and 8 i.e. opinions, pertain to statements which accurately and explicitly present opinion as such. Opinion and fact (or minority and majority opinion) are seen in this study as information on which there is likely to respectively
### Table 1

**Classification of Modes According to Factors of Accuracy and Efficiency**

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Minority and majority agreement by the people in one's milieu. Next the relationship of modes 1 (and 1-3), 3, 4, 5, 7, and 8 to the factor of accuracy will be specifically indicated.

Statements which are scorable as mode 1 i.e. labels, attribute a fixed characteristic to the person and imply that he has that fixed characteristic in the same manner as for example a brown table has the fixed characteristic of being brown. Moreover, such statements further imply that this is a majority opinion, that is, that the majority of people in his milieu agree that he has such a fixed characteristic just as they agree that the table referred to previously is brown. In both cases the information conveyed about the person represents opinion.
Mode 1-B statements are similar to mode 1 statements in attributing a fixed characteristic to the person, and differ from them by indicating that this attribution represents not a majority but rather a minority opinion.

Statements which are scorables as mode 3 i.e. prescriptions, define how the addressee needs or must or ought or should feel, think, or act, and imply that such a definition represents a majority opinion. For example stating that one should do such and such implies that there is general agreement that this person must do such and such and presents such a statement as majority opinion. In fact such a statement typically represents minority opinion.

Similarly statements scorables as mode 4 i.e. clairvoyant statements, present as fact opinion about what the addressee will or will not feel, think, or do in the future and about what the addressee thinks or feels in the present.

Statements scorables as mode 5 i.e. absolutes, tend to describe categorically in overinclusive or overexclusive terms and present as majority opinion what seems to be minority opinion.

Statements scorables as mode 7 i.e. positives, pertain to statements in which the speaker expresses his own positive feelings as such.

Statements scorables as mode 8 i.e. opinions, pertain to statements which present minority opinion as such.
Factor of efficiency

Modes 2 i.e. negatives, 6 i.e. if statements, 9 i.e. questions, and 7 i.e. positives, pertain to the factor of efficiency. Next, the specific relationship of these modes to this factor will be indicated.

In statements scorable as mode 2 i.e. negatives, the speaker focuses on what he is not, or on what he is unwilling or unable to be or do. From the perspective of a goal oriented approach, which stresses a positive orientation, this focus by the speaker on negatives is considered unnecessary and thus inefficient.

In statements scorable as mode 6 i.e. if statements, the speaker makes explicit the premises on which his suggestions or conclusions are based. This type of communication is defined in the present study as efficient.

Statements scorable as mode 9 i.e. questions, obtain information from another person by asking that person for the desired information. This type of communication is considered efficient since it uses the question, that is, the grammatical form of communication which is designed for eliciting information.

In accord with the factor of efficiency and specifically with a goal oriented approach mode 7 i.e. positives, pertains only to positive expression of feeling. Mode 7 does not include expression of negative feelings because such negative expression focuses on what is to be avoided rather than on what is to be attained.
Mode 7 includes expression of positive feelings because such expression focuses on what is desired (on what the goal is) and thus is consistent with a goal oriented approach and with efficient communication.

Hypotheses of the study

Next the hypotheses advanced by the current study are presented. They are as follows:

1. In psychotherapy mode 1 i.e. labels, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.
2. In psychotherapy mode 2 i.e. negatives, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.
3. In psychotherapy mode 3 i.e. prescriptions, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.
4. In psychotherapy mode 4 i.e. clairvoyant statements, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.
5. In psychotherapy mode 5 i.e. absolutes, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.
6. In psychotherapy mode 6 i.e. if statements, is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients.
7. In psychotherapy mode 7 i.e. positives, is used with
significantly greater relative frequency by psychotherapists than by psychotherapy clients.

8. In psychotherapy mode 8 i.e. opinions, is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients.

9. In psychotherapy mode 9 i.e. questions, is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients.

Importance of study

The aim of psychology to understand human behavior warrants the study of the unique human behavior of verbal communication. The extensive use of the primarily verbal interaction situation referred to as interview in various professional fields also warrants that the verbal communications which occur during the interview be investigated. Furthermore, the scientific and professional importance of the psychotherapy interview again warrants the study of verbal communications which occur during the psychotherapy interview. The importance of scientific investigations of verbal communications in psychotherapy "becomes clear when it is realized that verbal behavior constitutes the primary phenomenon which psychologists and psychiatrists observe and collect as data. Excepting non-verbal behavior, it is the raw material from which they built working concepts and theories of personality" (Gottschalk, 1955).

In addition to the foregoing, verbal communication
has the advantage of being quite objective. Whitehorn and Zipf emphatically stress this in writing that "considered simply as behavior ... speech productions are impeccably objective. Indeed for the study of behavior, speech has one striking advantage—it can be subdivided into specific and definite acts with great certainty. Words are almost universally recognizable and identifiable as distinct and separate actions. No other type of behavior lends itself so well to unequivocal report and analysis" (1943, p. 831).

This objective nature of verbal communication renders it methodologically approachable and has certain potential advantages for the dissemination and application of findings in this area. First, it seems that such findings can be clearly and succinctly disseminated. Second, it seems that application of such findings may be ultimately possible on a large scale basis. Large scale application might be possible first, in view of the relative objectivity and communicability of the subject matter, and second, since findings regarding effective verbal communication might apply to various interpersonal contexts. Finally, large scale application might be possible since in contrast to many current psychological interventions which require differentiating discriminations, guidelines for communicating effectively could be used with relatively few exceptions and with minor regard for factors such as setting, timing, emotional state, and so on.

The potential for large scale application is an
advantage over many existing psychological interventions. Furthermore, this potential advantage of yielding information which could guide large scale interventions is important in view of the well documented discrepancy between mental health needs and the resources to meet them (Schofield, 1964).

Finally, verbal communication seems to be a potential avenue towards more effective modification of behavior. For example through changes in modes of verbal communication, changes may be more efficiently effected in feelings, attitudes and actions.

The present study represents an exploratory attempt to examine data which have the foregoing potential advantages. As such it may add to the knowledge about this important area of human behavior.
LITERATURE REVIEW

In the history of psychology Freud first extensively used the interview in order to understand human behavior. In empirical research Rogers (1942, 1951, Rogers and Dymond, 1954) more than anyone else has stimulated investigations on the interview. In addition to Rogers the pioneering work of Robinson (1950), Covner (1942), Porter (1943), and Lasswell (1935) has also given impetus to research on the interview and more specifically to research on communication in psychotherapy.

By today communication patterns and skills are of considerable interest to researchers in psychotherapy and hundreds of studies have been published (Auld and Murray, 1955, Marsden, 1964, 1970). Further impetus to the study of communication in psychotherapy has been given recently by the theoretical formulations of communication theory (Jackson, V. 1 and 2, 1969, Watzlawick, 1967, Satir, 1967).

The research which has been published on communication in psychotherapy has focused on the content of the interview. That is, the investigations have focused primarily on what is said. The moderate amount of research which has not focused on content has investigated primarily non-verbal aspects of the psychotherapy interview. For
example Chapple has developed a technique for analyzing time units of the interaction between the interviewer and interviewee (1949). Matarazzo has investigated interviewer produced changes in interviewee interaction behavior, and has studied specifically the effects on the client of varying use of silence, interruptions, and short utterances by the therapist, (1956, 1958). Goldman-Eisler (1951) has also conducted research similar to Matarazzo's and Mahl (1956) has investigated patient silence during the interview.

The present study on modes of verbal communication differs from published research on communication in psychotherapy in that it aims to begin to identify modes of verbal communication which are used frequently in everyday discourse and which are used with differential frequency by therapists and clients. Some research and theoretical formulations have approached verbal communications from a somewhat similar perspective. They are discussed next.

Stephenson (1969) stresses that communications be accurate. Specifically he suggests that in communicating one should differentiate opinion from fact. He writes that one "must distinguish however, statements of fact ... from statements of opinion". Communication "is subjective to the person in the sense that opinion and not facts are at issue". "Opinions are defined as disputable ideas, based (as the dictionary says) on grounds short of proof; they are in this sense subjective and which is invariably
forgotten by the theorists they are primarily self referent". "In my opinion one says 'China is warlike'. A person is speaking his own mind. To maintain instead that 'China is warlike' is to imply a generalized statement of belief without self reference, like repeating that 2 and 2 equals 4".

Stephenson suggests that in order to differentiate opinion from fact one should "maintain the self reference that adheres to every subjective statement a person makes" that is, to attach referents such as "in my opinion, I think, I feel, in my view" and so on.

Thus Stephenson suggests that communicators should differentiate opinion from fact and he provides guidelines they should follow in order to accomplish this. Stephenson does not indicate what relationship or effects such seeming more accurate verbal communications have or might have. Also he does not indicate whether these verbal communications are used differentially by populations of different psychological functioning as for example psychotherapists and psychotherapy clients.

The present study examines whether in psychotherapy therapists communicate more accurately than clients. Hypotheses 1, 3, 4, and 5 assume that modes of verbal communication which do not differentiate opinion from fact, that is, modes 1 i.e. labels, 3 i.e. prescriptions, 4 i.e. clairvoyant statements, and 5 i.e. absolutes, are used with smaller relative frequency by psychotherapists than by
psychotherapy clients. Furthermore, hypotheses 7 and 8 assume that modes 7 i.e. positives, and 8 i.e. opinions, that is, modes of verbal communication which differentiate opinion from fact, will be used more frequently by therapists than by clients.

Maltz (1967) and Ginott (1965) also stress that communications be accurate. More specifically they emphasize that communicators differentiate the person, from the person's behavior at different times, and see specific behaviors not as characterizing the entire person but as aspects of the person's functioning.

Maltz writes that in order to differentiate between the person's behavior and the person, the communicator should use verbs rather than nouns or adjectives after he uses personal referents. "One of the biggest mistakes we make is to confuse our behavior with our self ... to conclude that because we did a certain act it characterizes us as a certain sort of person. It clarifies thinking if we can see that mistakes involve something we do, they refer to actions, and to be realistic we should use verbs denoting action rather than nouns describing a state of being. For example to say 'I failed' (verb form) is but to help recognize an error and can lead to future success. But to say 'I am a failure' (noun form) does not describe what you did but what you think the mistake did to you. This does not contribute to learning but tends to fixate the mistake and make it permanent" (1967, p. 150).
Maltz's book is on achievement of positive mental health. He presents the foregoing type of communication as a mistake ("one of the biggest mistakes we make") relative to the achievement of positive mental health.

Ginott (1965) also indicates that in order to differentiate between the person's behavior and the person, the speaker should use verbs rather than nouns or adjectives after he uses personal referents. Thus Ginott suggests to parents in regards to communicating praise to their child that "the single most important rule is that praise deal only with the child's efforts and accomplishments, not with his character and personality" (1965, p. 39). Furthermore, he writes in order to illustrate that "when a boy cleans up the yard, it is only natural to comment on how hard he has worked, and on how good the yard looks. It is highly unrelated and inappropriate to tell him how good he is" (1965, p. 49).

Ginott's book suggests types of verbal communication that should be used, and types which should be avoided, in order to have satisfactory parent-child relationships.

Thus both Maltz and Ginott suggest that certain types of verbal communication be avoided. These types of verbal communication relate to mode 1, i.e., labels. The suggestion by Maltz and by Ginott that the referred to types of verbal communication be avoided is consistent first, with this study's assumption that this mode of verbal communication is an inaccurate one. Second, it is consistent
with the assumption of hypothesis 1 that this mode of verbal communication is used in psychotherapy with smaller relative frequency by therapists than by clients. Next, literature which pertains to modes 5 i.e. absolutes, and 8 i.e. opinions, will be presented.

Historically Johnson (1946) first suggested that researchers investigate the use of certain types of words in verbal communication. In the appendix of his book "People in Quandaries" he presents research ideas and hypothesizes that the use of certain qualifying words may reflect certain personality characteristics. For example statements with words such as "apparently, seems, appears, as if, to me, etc". may be used more by flexible, open minded people. Similarly, he suggests that statements expressed categorically through the use of "all, everyone, nobody, every, never, absolutely, etc.", may be used more by dogmatic, stubborn, inflexible people.

Thus Johnson hypothesizes that certain types of verbalizations reflect certain types of personality functioning. The examples regarding the "consciousness of projection" terms relate to mode 8 i.e. opinions, since such terms seem to present opinion as such. According to hypothesis 8 such terms are expected to be used in psychotherapy with greater relative frequency by psychotherapists than by psychotherapy clients as it is assumed in this study that in psychotherapy therapists use more accurate information than clients.
The examples regarding the "allness" terms relate to mode 5 i.e. absolutes, since such terms seem to categorically present opinion as fact. According to hypothesis 5 such terms are expected to be used in psychotherapy less frequently by psychotherapists than by clients since it is assumed in this study that in psychotherapy therapists use more accurate information than clients.

The present study in addition to examining whether in psychotherapy therapists communicate more accurately than clients, also examines whether in psychotherapy therapists communicate more efficiently than clients. Hypothesis 2 assumes that mode 2 i.e. negatives, which does not communicate information efficiently, is used in therapy with smaller relative frequency by therapists than by clients. Furthermore, hypotheses 6 and 9 assume that modes 6 i.e. if statements, and 9 i.e. questions, that is, modes which communicate information efficiently, are used in psychotherapy with greater relative frequency by therapists than by clients. Finally, hypothesis 7 assumes that mode 7 i.e. positives, which communicates information efficiently (and accurately), will be used with greater relative frequency by psychotherapists than by psychotherapy clients.

In regards to mode 2 i.e. negatives, Grunnon (1950) in studying ten non-psychotic self referred cases and six hospitalized psychotic cases, reported that successful treatment was "accompanied by a significant decrease in the frequency of the grammatical negative in the counseling
protocols, whereas it tended not to decrease in unimproved subjects" (p. 7-8). The category of grammatical negative "included (1) those clauses (finite and infinite) having the negative adverbs 'no', 'not', and 'never' attached to the verb, and (2) clauses which included words with negative prefixes which could easily be transposed, without changing other wording, to the negative adverb-verb combination" (p. 92). Grunnon interpreted the results regarding the grammatical negative "as being related to a tendency on the part of the well-adjusted person to be positively actualizing himself in relation to his environment rather than having avoidance reactions to the environment. The maladjusted person would appear to know what he wants to avoid but fails to know that which will give him positive satisfactions" (pp. 7-8).

Grunnon's findings are consistent in principle with this study's assumption that psychotherapy clients are less likely than psychotherapists to present information in an efficient, goal oriented manner and thus with hypothesis 2 which assumes that in psychotherapy mode 2 is used with smaller relative frequency by psychotherapists than by psychotherapy clients.

The writer did not find any literature which pertained to modes and hypotheses 6 and 9, nor to hypothesis and mode 7 when mode 7 is examined with respect to its efficiency (versus accuracy).

Finally, as can be seen in pages 5-8 where examples
of the nine modes are listed, and in Appendix B where the scoring instructions are listed, the modes pertain primarily to statements about the present and future tense. This is consistent with a goal oriented approach and with a here-and-now approach. Both of these approaches focus on what needs to be done currently and in the future and consider the past only to the extent that it might guide current and future planning and action.
PROCEDURE

The scoring system used in the present study arose from a complex mixture of theory, intuition, and concrete experience. A pilot study was used to help finalize this system.

The pilot study was also used in order to obtain initial estimates of the reliability of scoring of the nine modes, and finally in order to obtain initial estimates of the frequency with which the modes tend to occur during the psychotherapy interview.

Five pairs of volunteer subjects, 2 pairs of pre-adolescent boys, and 3 pairs of first year Social Work graduate students were used.

Each pair was seen individually. The writer blindfolded the subjects in order to minimize their non-verbal communications and told them to discuss and decide which member of the pair was to receive 75% (50% in the case of the pre-adolescent boys). Each pair was further told that the designated amount of money would be given to the member that the pair agreed was to receive the money. The discussion by the subjects was recorded electrically.

The recorded conversations were transcribed by the writer and the five transcripts were used to finalize
the scoring system used in the present study.

Following the finalization of the scoring system, sections of interviews from the main study's sample (see section on Sample) were randomly selected, i.e. sections from interviews 1 and 3. These sections were scored twice with the second scoring occurring approximately one week after the first scoring. Table 2 shows the number of each of the nine modes scored during the first scoring, and the reliability indices when the results of first and second scoring were compared. The method for computing these reliability indices is presented in the section on Method and reliability of scoring.

As Table 2 shows, these data suggested first, that modes 9 i.e. questions, 2 i.e. negatives, and 5 i.e. absolutes, occur with substantial regularity, and are scored in general with high reliability. Second, these results suggested that modes 1 i.e. labels, 7 i.e. positives, and 8 i.e. opinions, occur with only moderate frequency and are scored with moderate reliability. Finally, the results suggested that modes 3 i.e. prescriptions, and 4 i.e. clairvoyant statements, occur with low frequency and are scored with low reliability and that mode 6 i.e. if statements, occurs also with low frequency and is scored with only moderate reliability.

These results on the reliability of scoring of the nine modes were quite consistent with the writer's impressions and with the periodic informal checks on
Table 2

Initial Estimates of Reliability of Scoring and of Frequency of Occurrence of Modes

<table>
<thead>
<tr>
<th>Mode</th>
<th>Frequency of Occurrence</th>
<th>Reliability Indices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Labels</td>
<td>8</td>
<td>.77</td>
</tr>
<tr>
<td>2-Negatives</td>
<td>25</td>
<td>.96</td>
</tr>
<tr>
<td>3-Prescriptions</td>
<td>6</td>
<td>.67</td>
</tr>
<tr>
<td>4-Clairvoyant statements</td>
<td>6</td>
<td>.70</td>
</tr>
<tr>
<td>5-Absolutes</td>
<td>16</td>
<td>.83</td>
</tr>
<tr>
<td>6-If statements</td>
<td>5</td>
<td>.80</td>
</tr>
<tr>
<td>7-Positives</td>
<td>9</td>
<td>.82</td>
</tr>
<tr>
<td>8-Opinions</td>
<td>12</td>
<td>.79</td>
</tr>
<tr>
<td>9-Questions</td>
<td>35</td>
<td>.97</td>
</tr>
</tbody>
</table>

reliability during the finalization of the scoring system in the pilot study. That is, throughout the pilot study, all indications suggested that modes 9 and 2 were scored with high reliability, modes 1, 5, 6, 7, and 8 with moderate reliability, and modes 3, and 4 with mediocre reliability.

The relative infrequency of occurrence of modes 1, 3, 4, 6, and 8, and second, the relatively low reliability of scoring of these modes during the pilot study, suggested that the major study use modes 9, 2, and 5, and perhaps also 1, 7, and 8. However, since the study was an exploratory one, it was decided to use all modes. This was done with the hope that modes 3, 4, and 6 would be used frequently.
enough to provide at least suggestive findings and with the realization that the findings regarding modes 1, 7, and 8, and especially 3, 4, and 6 would have to be considered with special caution.

Sample

The data reported in the present study consist of 24 verbatim transcripts of psychotherapy interviews conducted by 24 different therapists. An attempt was made to obtain interviews which had taken place early during the therapy process. This was sought in order to examine the modes of communication of therapists and of clients as early in the process of therapy as possible and thus minimize any imitation effects which might occur. (The word imitation is used descriptively and is not intended to refer to the type of learning process which may have occurred). Eighteen of the interviews were of initial contact, one from the third, one from the tenth, one from the eleventh hour, and the remaining three were from more advanced hours of treatment.

Since not all the interviews were of the first hour of treatment, some imitation effects may have occurred. Any such effects would have decreased any initial verbal communication differences between therapists and clients. It was felt that the fact that all the interviews were not of the first hour would not bias the results. Rather, it seemed that any significant results found would be quite valid since such results would indicate that verbal
communication differences were found in spite of the possible imitation effects.

In six of the interviews more than one client was being interviewed. In five of these six cases in which families with identified clients were being interviewed the identified client's communications were considered for the client score. In the sixth case in which a couple was being interviewed the husband's and the wife's communications were combined and considered for the client score for that interview.

The six interviews in which more than one client was interviewed were included since the assumption of the present study that in psychotherapy therapists communicate more accurately and efficiently than clients applies not only to individual psychotherapy but to psychotherapy in general.

The sources from which the transcripts were obtained, as well as the number of persons in each interview are indicated in Appendix A.

Scoring

The instructions for scoring the nine modes are presented in Appendix B. As the instructions show no statement was assigned to more than one category. Each transcript was read through nine times, once for the scoring of each of the nine modes. The entire scoring process for each transcript took an average of approximately 16 hours, thus the total scoring process
took almost 400 hours. The time consuming nature of the process of scoring verbal communications has also been noted elsewhere (Mishler and Waxler, 1968). In view of this, all transcripts were scored by the writer and other raters were not used for scoring purposes. Snyder (1945, p. 201) also reported that in his study on classification of interactions in non-directive psychotherapy he performed all classifications since "the task was felt to be too large to request the cooperation of other classifiers". However, in the present study, other raters were used for reliability purposes. This is discussed in the section Method of scoring.

Since all the therapist-client communication differences which were analyzed were obtained from the writer's scoring, the possibility that the writer may have been biased and that his bias may have affected the validity of the results must be considered. This possibility will be dealt with in the Discussion chapter.

Method of scoring

For each of the 48 subjects included in the study the frequency of usage of each of the nine modes was obtained. Thus each subject has a total of nine scores. Next, each of the scores was adjusted with reference to the estimated total number of words the person spoke during the interview. The estimated total number of words was obtained as follows. The sum of counted words of every other of the speaker's transcript full length lines was doubled, and the
sum of counted words of the speaker's transcript less than full length lines was added.

Next, all scores were transformed into scores with baseline of 1000. The use of proportion scores has been extensively used in content analysis studies of psychotherapy (Kurray, 1956, p. 17, Dollard and Auld, 1959, Mahl, 1956, p. 2). These adjusted scores were used in the statistical analysis used in this study.

In order to obtain final indices of the reliability of the writer's scoring, after the scoring of all transcripts had been completed, 8 transcripts i.e. transcripts 7, 8, 10, 12, 13, 17, 20, and 22, were drawn on a lot basis and rescored. The frequency scores obtained for the nine modes from the rescoring were compared to the respective scores obtained from the same transcripts from the initial scoring. This comparison yielded reliability indices of scoring. To derive such reliability indices the total number of instances missed during rescoring was subtracted from the original score and this difference was divided by the sum of the original score plus the number of any statements scored during rescoring which had not been scored in the original scoring. Thus for example if originally the total frequency was 100, and the second time 90 of the same instances were scored identically, 10 (i.e. 100-90) were missed. If additionally five instances which had not been scored originally were scored during re-rating the formula for
computing the reliability index for scoring would be
\[
\frac{100-10}{100-5} = \frac{90}{105} = .86.
\]
The obtained scores are presented in the Results chapter.

Next, inter rater reliability indices of scoring of the modes used in the study were obtained. These inter rater reliability indices were sought for two reasons. First, in order to examine the reliability with which the modes used in the present study are scored by raters other than the writer, and second, in order to check into the possibility that the scoring of the transcripts by the writer may have been performed in a biased manner and thus may have resulted in at least partly invalid results. This latter issue is dealt with in the Discussion chapter.

The raters were three graduate students in psychology who volunteered their time.

Two transcripts i.e. transcripts 2 and 22, of the eight transcripts which were rescored by the writer were drawn on a lot basis. The raters were given these transcripts with the directions for scoring which appear in Appendix B, plus a three to five minute training session per mode whereby examples of scoring from other transcripts were shown.

In order to obtain the inter rater reliability indices the scores derived from the scoring by the raters were analyzed in the same way as used to compute the writer's reliability of scoring. The results are presented in the Results chapter.
RESULTS

Intra-rater reliability

The number of statements scored during initial scoring is shown on Table 3. The total was 1504 statements, breaking down to 100, 306, 44, 61, 182, 54, 68, 105, and 504 respectively for modes 1 through 9. The results of the analysis are also shown on Table 3 and indicate that the intra-rater reliability indices of scoring were .810, .917, .634, .680, .827, .787, .864, .773, .945 respectively for modes 1 through 9.

It is felt that the formula used in this study for deriving the reliability indices is a rigorous one as it takes into consideration both agreement of scoring as well as disagreement of scoring. Other studies seem to have considered only agreement of scoring (Snyder 1945, p. 220, Waxler and Kishler, 1956). That is, they seem to have considered the percentage of agreement of scoring during separate ratings. This formula applied to the example used on page 31 would be 90 divided by 100, with the result being .90. Had such a seemingly less rigorous approach been used in the present study the reliability scores would be markedly higher. On Table 3 such percentages of agreement are listed in parentheses. As can be seen these percentages
Table 3
Intra-rater Reliability

<table>
<thead>
<tr>
<th>Mode</th>
<th>Number of statements scored at initial scoring</th>
<th>Reliability indices</th>
<th>Percentages of agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
<td>0.810</td>
<td>(0.940)</td>
</tr>
<tr>
<td>2</td>
<td>306</td>
<td>0.917</td>
<td>(0.948)</td>
</tr>
<tr>
<td>3</td>
<td>44</td>
<td>0.634</td>
<td>(0.750)</td>
</tr>
<tr>
<td>4</td>
<td>61</td>
<td>0.680</td>
<td>(0.834)</td>
</tr>
<tr>
<td>5</td>
<td>182</td>
<td>0.827</td>
<td>(0.950)</td>
</tr>
<tr>
<td>6</td>
<td>54</td>
<td>0.787</td>
<td>(0.963)</td>
</tr>
<tr>
<td>7</td>
<td>68</td>
<td>0.864</td>
<td>(0.941)</td>
</tr>
<tr>
<td>8</td>
<td>185</td>
<td>0.773</td>
<td>(0.849)</td>
</tr>
<tr>
<td>9</td>
<td>504</td>
<td>0.945</td>
<td>(0.972)</td>
</tr>
</tbody>
</table>

Table 4
Inter Rater Reliability-Volunteer Raters

<table>
<thead>
<tr>
<th>Mode</th>
<th>Number of statements scored</th>
<th>Reliability indices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>74</td>
<td>0.56</td>
</tr>
<tr>
<td>2</td>
<td>218</td>
<td>0.69</td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>0.39</td>
</tr>
<tr>
<td>4</td>
<td>31</td>
<td>0.28</td>
</tr>
<tr>
<td>5</td>
<td>91</td>
<td>0.46</td>
</tr>
<tr>
<td>6</td>
<td>20</td>
<td>0.63</td>
</tr>
<tr>
<td>7</td>
<td>44</td>
<td>0.84</td>
</tr>
<tr>
<td>8</td>
<td>116</td>
<td>0.57</td>
</tr>
<tr>
<td>9</td>
<td>235</td>
<td>0.79</td>
</tr>
</tbody>
</table>
of agreement are markedly higher than the reliability indices.

The question may be raised whether the reported reliability indices are spuriously high, since during rescoring the writer may have remembered in part how he had scored the statements originally. Admittedly this is a possibility. However, the writer although he remembered distinctly the themes of the transcripts he rescored, he did not remember any of the particular scoring. In addition to this subjective evidence, the large number of statements scored i.e. over 1500, suggests that the effect that memory might have played during rescoring, a process which took place approximately two months following the original scoring, was probably minimum.

**Inter rater reliability**

The total number of statements scored by the three raters as shown on Table 4 was 858 breaking down to 74, 218, 29, 31, 91, 20, 44, 116, and 235 respectively for modes 1 through 9. The results of the analysis are also shown on Table 4 and indicate the inter rater reliability indices of scoring for the raters collectively were .56, .69, .39, .28, .45, .63, .84, .57, and .79 respectively for modes 1 through 9.

The overall reliability index of scoring for each of the three raters was .65, .64, and .56, and the overall reliability index of scoring for all three raters was .63.

The relatively low reliability obtained seemed due to
three factors. First, the training sessions seemed insufficiently intense. Second, it seemed that the raters had found the task tedious and third, it seemed that in general the raters were not invested in the task. After the completion of the scoring they all related spontaneously that it had been a tiresome chore. Finally, they took on the average two thirds of the time it had taken the writer to complete the scoring of the same interviews, that is, 20 versus about 32 hours, suggesting that in general they dealt with this task as something to be gotten out of the way and with little emphasis on quality.

In view of the foregoing two new raters were used to obtain inter rater reliability indices under more favorable conditions. One of these raters was a beginning graduate student in psychology and the other a Ph.D. psychologist. Both were paid for their time.

These paid raters were used to obtain inter rater reliability indices of modes 1 i.e. labels, 2 i.e. negatives, and 5 i.e. absolutes, since these three modes had been scored by the first set of raters with low reliability and since as will be shown in the section on Results, they have statistical differentiating power in the direction predicted by the respective hypotheses of the study. The remaining six modes were not examined again for the following reasons. First, estimates were not sought again for modes 3 i.e. prescriptions, 6 i.e. if statements, and 8 i.e. opinions, since these modes did not statistically
differentiate therapists and clients. Second, estimates were not sought again for modes 7 i.e. positives, and 9 i.e. questions, since the already obtained inter rater reliability for these modes i.e. respectively .84 and .79, seemed relatively satisfactory. Third, the intra-rater reliability results had shown that even under virtually optimal training and motivation the reliability of scoring of mode 4 i.e. clairvoyant statements, was low. That is, the writer even after his training in scoring during the pilot study and his diligent attempts to score reliably, obtained a reliability index of scoring of only .68 for mode 4. Thus inter rater reliability estimates for mode 4 were not sought again.

Each of the paid raters was given the directions for scoring listed in Appendix B plus training as given to the first three raters, until the writer felt that each rater thoroughly understood the instructions for scoring. On the average the training sessions for each mode lasted about 15 minutes.

As Table 5 shows the reliability indices for modes 1, 2, and 5 for the paid raters are respectively .72, .86, and .73.

Table 5

<table>
<thead>
<tr>
<th>Mode</th>
<th>Reliability Indices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Labels</td>
<td>.72</td>
</tr>
<tr>
<td>2-Negatives</td>
<td>.86</td>
</tr>
<tr>
<td>5-Absolutes</td>
<td>.73</td>
</tr>
</tbody>
</table>
These results indicate that with reasonably motivated raters the scoring of mode 2 and to a lesser extent the scoring of modes 1 i.e. labels, and 5 i.e. absolutes, can be performed with relatively adequately reliability. Moreover, these results suggest that the training of the paid raters was still not thorough enough, and that the scoring instructions were not elaborate enough, to enable them to obtain reliability indices which are as high as the ones obtained by the writer.

Results

In order to examine statistically the extent to which the nine modes were used with differential frequency by psychotherapists and by psychotherapy clients a two-tailed t test analysis was applied to the therapist and client scores. Such an analysis was employed since the significance of the difference between the means of two correlated samples was examined (Smith, 1962, McNemar, 1969).

Table 6 shows the mean adjusted scores of the nine modes for therapists and for clients. These scores indicate the relative frequency with which the different modes were used by therapists and by clients.

Table 7 shows the results of the analysis of the data. These results indicate the following.

Mode 1 i.e. labels, is used with smaller relative frequency by psychotherapists than by psychotherapy clients at the .02 level of significance. This supports
Table 6
Mean Scores

<table>
<thead>
<tr>
<th>Mode</th>
<th>Psychotherapists</th>
<th>Psychotherapy Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12.2</td>
<td>28.8</td>
</tr>
<tr>
<td>2</td>
<td>29.8</td>
<td>130.2</td>
</tr>
<tr>
<td>3</td>
<td>8.1</td>
<td>11.8</td>
</tr>
<tr>
<td>4</td>
<td>30.7</td>
<td>9.4</td>
</tr>
<tr>
<td>5</td>
<td>11.7</td>
<td>63.1</td>
</tr>
<tr>
<td>6</td>
<td>15.8</td>
<td>14.1</td>
</tr>
<tr>
<td>7</td>
<td>13.5</td>
<td>25.6</td>
</tr>
<tr>
<td>8</td>
<td>75.1</td>
<td>57.5</td>
</tr>
<tr>
<td>9</td>
<td>377.8</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 7
Results of Analysis

<table>
<thead>
<tr>
<th>Mode</th>
<th>t values</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Labels</td>
<td>2.529 **</td>
</tr>
<tr>
<td>2-Negatives</td>
<td>8.019 ****</td>
</tr>
<tr>
<td>3-Prescriptions</td>
<td>1.030</td>
</tr>
<tr>
<td>4-Clairvoyant Statements</td>
<td>- 2.257 *</td>
</tr>
<tr>
<td>5-Absolutes</td>
<td>7.385 ****</td>
</tr>
<tr>
<td>6-If statements</td>
<td>.376</td>
</tr>
<tr>
<td>7-Positives</td>
<td>- 3.002 ***</td>
</tr>
<tr>
<td>8-Opinions</td>
<td>1.477</td>
</tr>
<tr>
<td>9-questions</td>
<td>6.030 ****</td>
</tr>
</tbody>
</table>

* Significant at .05 level.
** Significant at .02 level.
*** Significant at .01 level.
**** Significant at .001 level.
— In direction opposite to that predicted.
hypothesis 1 which states that mode is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.

Mode 2 i.e. negatives, is used with smaller relative frequency by psychotherapists than by psychotherapy clients at the .001 level of significance. This supports hypothesis 2 which states that mode 2 is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.

Mode 3 i.e. prescriptions, is not used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients. Thus the results do not provide support for hypothesis 3, that is, for the hypothesis that mode 3 is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.

Mode 4 i.e. clairvoyant statements, is used with greater relative frequency by psychotherapists than clients at the .05 level of significance. These results provide opposition to hypothesis 4 which states that mode 4 is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients.

Mode 5 i.e. absolutes, is used with smaller relative frequency by psychotherapists than by psychotherapy clients at the .001 level of significance. This provides support for hypothesis 5 which states that mode 5 is used with significantly smaller relative frequency by psychotherapists
than by psychotherapy clients.

Mode 6 i.e. if statements, is not used with significantly greater relative frequency by psychotherapists than by psychotherapy clients. Thus the results do not provide support for hypothesis 6 which states that mode 6 is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients.

Mode 7 i.e. positives, is used with greater relative frequency by clients than by psychotherapists at the .01 level of significance. These results provide opposition to hypothesis 7 which states that mode 7 is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients.

Mode 8 i.e. opinions, is not used with significantly greater relative frequency by psychotherapists than by psychotherapy clients. Thus the results do not provide support for hypothesis 8 which states that mode 8 is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients.

Finally, mode 9 i.e. questions, is used with greater relative frequency by psychotherapists than by psychotherapy clients at the .01 level of significance. This supports hypothesis 9 which states that mode 9 is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients.
DISCUSSION

Prior to the interpretation and discussion of the results an issue which may have a bearing on their validity will be discussed. This issue is the possibility that rater bias may have spuriously influenced the results of the study.

As mentioned previously all scores analyzed statistically in order to test the study's nine hypotheses were derived from the writer's scoring of the 24 transcripts. During the scoring the writer knew whether the verbalizations were made by therapists or by clients. This was unavoidable since the content had to be read to be scored and virtually always indicated who the speaker was. Thus it seems that it would be difficult for the writer who was very much aware of the hypotheses of the study and presumably invested in them, and who knew whose verbalizations he was scoring, to allocate the verbalizations to the categories with complete objectivity. Thus it further seems that the writer's presumed bias could have taken the form of first, a generalized vigilance when looking for use of modes 1-5 on the part of the clients and modes 6-9 on the part of the therapists and second, of a generalized inattention when scoring for use of modes 6-9 on the part of the clients and
modes 1-5 on the part of the therapists. The overall effect could be to err towards giving the psychotherapists relatively high scores on use of modes 6-9, spuriously low scores on use of modes 1-5, and towards giving the clients relatively high scores on use of modes 1-5 and spuriously low scores on use of modes 6-9. In this manner the scoring could have spuriously magnified the differences in verbal communication between psychotherapists and psychotherapy clients and thus could have spuriously supported the hypotheses advanced by the present study.

In essence the possibility of rater bias leads to the following question: To what extent might the results which are in accord with the hypotheses of the study, i.e. the results regarding modes 1, 2, 5, and 9 (as shown on Table 7) be due to rater bias?

Experimenter bias effects which lead to partly invalid results have been reported in the literature (Rosenthal and Fode, 1963), although attempts to replicate have failed (Barber et al. 1969, Barber, 1969).

One partial answer to the question regarding the possibility of rater bias can be given by examining the highest obtained inter rater reliability indices for modes 1, 2, 5, and 9. These indices (respectively .72, .86, .73, and .79) suggest that the effect of the presumed rater bias, if any, was minimal and that the writer scored these modes objectively. That is, these indices show that the writer scored these modes in a manner similar to that of the
raters. Since the scoring by the raters can be considered objective, as they were unaware of the hypotheses, the scoring by the writer since it is similar to that of the other raters can also be considered relatively objective. Thus in summary examination of the inter rater reliability indices suggests that the effect of rater bias, if any, was minimal and that the writer scored modes 1, 2, 5, and 9 in a relatively objective manner.

Furthermore, a second partial answer can be given by examining and comparing the scoring of modes 1, 2, 5, and 9 by the writer with the scoring of these modes by the other raters. Such an examination would show if indeed the writer's scoring in comparison to the scoring by the other raters favors hypotheses 1, 2, 5, and 9, that is, the hypotheses which were supported by the results of the present study. As mentioned since the raters were unaware of the hypotheses of the study, their scoring can be considered objective. Thus the extent to which the scores by the writer differ from the scores by the raters in the direction of supporting hypotheses 1, 2, 5, and 9 would be consistent with the possibility of rater bias.

The results of this comparison are shown on Table 8. The only comparison which is consistent with the possibility of the second form of writer bias is the one regarding mode 5 when it is scored for clients. That is, in the two interviews scored by both writer and raters the clients were given an overall frequency score of 49 for mode 5 by
Table 8
Comparison of Scores by Writer
and by Raters on Modes 1, 2, 5, and 9

<table>
<thead>
<tr>
<th>Mode</th>
<th>Scores by writer</th>
<th>Mean scores by raters*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>1/2</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>6 1/2</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>63</td>
<td>65</td>
</tr>
</tbody>
</table>

| Scoring of | 1 | 18 | 21 |
| clients    | 2 | 74 | 79 1/2 |
| 5          | 49 | 44 1/2 |
| 9          | 17 | 13  |

* The scores regarding modes 1, 2, and 5 are those obtained by the paid raters and the scores regarding mode 9 are those obtained by the initial raters. Thus all scores included are from the most reliable of available ratings of modes by raters.

The writer and an average frequency score of 44 1/2 by the other raters. Thus the writer's scoring in comparison to the scoring by the raters yielded a score 4 1/2 frequencies higher in favor of hypothesis 5. This difference in scoring is consistent with the possibility of the second form of rater bias. However, it also seems quite possible that this difference is in part or entirely due to chance. For example examination of the scoring of mode 2 and mode 9 for clients shows a difference respectively of 5 1/2 and 4 frequencies but in opposition to the possibility of rater bias since in this case the scoring of mode 2 and
mode 9 for clients by the raters supports hypotheses 2 and 9 more than does the scoring by the writer. If the difference regarding mode 5 is attributed to rater bias, then it seems that the difference regarding modes 2 and 9 should be attributed to a bias against the hypotheses of the study. However, as pointed out before, the other raters were not aware of the hypotheses and thus their scoring can be considered objective. Thus the differences in scoring by the raters and writer are best explained as a chance result.

Finally, it should be pointed out that in view of the partial answers given even if some rater bias effects occurred they would account for only a minimum of the verbal communication differences found. Thus in regards to mode 1 and to modes 2, 5, and 9, which differentiate respectively at the .02 and .001 level of significance it seems that even if bias had been operating, the differentiating power of these modes can be attributed only in small part to such a bias. Thus mode 1 and modes 2, 5, and 9 are assumed to have significant differentiating power (as the statistical analysis indicated) although possibly at a level of statistical significance respectively somewhat less than .02 and .001.

In conclusion in regards to the possibility of rater bias the foregoing discussion suggests that modes 1, 2, 5, and 9 were scored with relative objectivity and thus the results regarding hypotheses 1, 2, 5, and 9 can be
considered relatively valid.

At this point the results as they apply to the study's hypotheses will be discussed. First, the results regarding modes 1, 5, 9, and 2, that is, modes which have statistical differentiating power will be discussed.

The results regarding mode 1 provide moderate support for hypothesis 1, and the results regarding modes 5, 9, and 2 provide substantial support for the respective hypotheses.

**Hypothesis 1**

Hypothesis 1 stated that mode 1 i.e. labels, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients. The obtained results provide moderate support for this hypothesis and thus also support the assumption of the present study that in psychotherapy therapists communicate more accurately than clients in the sense that they label persons less frequently. Moreover, these results show that therapists in comparison to clients communicate more in accord with Maltz's (1967) and Ginott's (1965) suggestion that labeling of persons be avoided.

**Hypothesis 5**

Hypothesis 5 stated that in therapy mode 5 i.e. absolutes, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients. The results provide substantial support for this hypothesis. Thus the results support this study's assumption that in psychotherapy therapists communicate more accurately than
clients in the sense that therapists categorically present opinion as fact with less relative frequency than clients. If as Johnson (1946) suggests the use of absolute statements (mode 5) reflects stubborn, dogmatic, and inflexible attitudes, then the more frequent use of mode 5 by clients suggests that clients in comparison to therapists have more stubborn, dogmatic, and inflexible attitudes.

The results regarding hypotheses 1 and 5 also suggest that in psychotherapy clients use less accurate information than psychotherapists. These results may be potentially important for psychotherapy systems to the extent that such systems aim to increase the accuracy of the client's cognitive representations of his world. It has been suggested in the literature that this aim is shared by a wide variety of psychotherapy systems (Harper, 1959). In therapies with such an approach the psychotherapist might be alerted to the probability that the client may be communicating inaccurately and when advisable, the therapist could intervene in order to increase the accuracy of the information being communicated and probably used by the client.

**Hypothesis 9**

Hypothesis 9 stated that in psychotherapy mode 9 i.e. questions, is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients. The results provide substantial support for this hypothesis. Thus the results provide
substantial support for the assumption of the present study that in psychotherapy therapists communicate more efficiently in the sense that they ask more questions than clients. Asking questions is seen in this study as an efficient way for obtaining information within an interpersonal context. Furthermore, it is assumed in this study that asking questions reflects the attitude on the part of the speaker that his information and assumptions may not necessarily be accurate or complete and that additional information (which can be obtained through questioning and through other means) can render his information repertory more accurate and more complete. It seems that such an attitude better enables one to be sufficiently and accurately informed regarding his milieu.

Hypothesis 2

Hypothesis 2 stated that in psychotherapy mode 2 i.e. negatives, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients. The results provide substantial support for this hypothesis. Thus the results provide substantial support for the assumption of the present study that therapists in comparison to clients communicate more efficiently in the sense that they focus less on what they are not, on what they do not, can not, or will not think, feel, or do.

Next, the results regarding modes 3, 6, and 8, that is, modes which do not have statistical differentiating power will be discussed.
Hypothesis 3

Hypothesis 3 stated that in psychotherapy mode 3 i.e. prescriptions, is used with significantly smaller relative frequency by psychotherapists than by psychotherapy clients. The results do not support this hypothesis. Thus the results do not support the assumption of the present study that psychotherapists present as fact prescriptions which seem to be opinion less frequently than clients and in that sense communicate more accurately than clients.

Hypothesis 6

Hypothesis 6 stated that in psychotherapy mode 6 i.e. if statements, is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients. The results do not support this hypothesis. Thus the results do not support the assumption made in the present study that therapists present two sets of information which are related, and explicitly indicate by the use of the conjunction if how the two sets are related and in that sense communicate more efficiently than clients.

Hypothesis 8

Hypothesis 8 stated that in psychotherapy mode 8 i.e. opinions, is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients. The results do not support this hypothesis. Thus the results do not support the assumption of the present study that in psychotherapy therapists present their opinion explicitly more frequently than clients and in that sense communicate
more accurately than clients.

Next, the results regarding modes 7 and 4 will be discussed. These results provide moderate opposition to their respective hypotheses.

**Hypothesis 7**

Hypothesis 7 stated that in psychotherapy mode 7 i.e. positives, is used with significantly greater relative frequency by psychotherapists than by psychotherapy clients. The results provide moderate opposition to this hypothesis since it is in fact psychotherapy clients who use mode 7 with greater relative frequency than therapists. This finding is explained as follows. First, the results obtained may be due to the nature of the scoring specifications. That is, the scoring specifications consider only expression of positive feelings, where in retrospect it seems they might consider expression of both positive and negative feelings with the score being the number by which positive expressions outnumber negative ones. The rationale for such scoring is that such scoring would consider both positive and negative expressions of feeling, thus in a sense would consider both goal oriented and non-goal oriented expressions and would yield a score indicative of the extent to which goal oriented expressions predominate.

Second, instead or in addition to the foregoing explanation a situational effects explanation seems plausible. It may be that clients perceive psychotherapy
as the setting where they will be assisted to attain what they want, thus they readily express their wishes and likes. Moreover, therapists may be less likely to do so since the therapist's role in psychotherapy prescribes not that he express his wishes and likes but rather that he "help" or "work" with the client.

**Hypothesis 4**

Hypothesis 4 stated that in psychotherapy mode 4 i.e. clairvoyant statements, is used with significantly less relative frequency by psychotherapists than by psychotherapy clients. Mode 4 pertains to statements which present as fact opinion about what will happen in the future or about another person's feelings. The obtained results provide moderate opposition to this hypothesis. Thus the obtained results also provide moderate opposition to the assumption of the present study that in psychotherapy therapists communicate more accurately than clients in the sense that they use mode 4 type statements less frequently than clients. Finally, the results indicate that in psychotherapy clients communicate more accurately than therapists in the sense that they use mode 4 with significantly smaller relative frequency than therapists.

One reason for this unexpected finding may be that the emotional state of the client is considered by the therapist the latter's province. This possibly overconfident attitude may result in the therapist's presenting as fact his opinion regarding the client's emotions.
A different reason may be that in the course of the interview and of therapy it may become tacitly understood by both therapist and client that such expressions by the therapist are opinion and therefore do not need to be repeatedly qualified as such.

The results as shown in the foregoing supported four of the hypotheses of the study, opposed two of the hypotheses and did not support three of the hypotheses. All of the hypotheses were based on two broad propositions, namely, that in psychotherapy therapists communicate first, more accurately and second, more efficiently than clients. Specifically, hypotheses 1, 3, 4, 5, and 8 were based on the proposition regarding accuracy and hypotheses 2, 6, and 9 on the proposition regarding efficiency. Hypothesis 7 was based both on the proposition regarding accuracy and regarding efficiency.

The fact that five of the advanced hypotheses were not borne out suggests that either the hypotheses were not valid instances of the broad propositions and/or that the broad propositions are not sound. Since the hypotheses are considered valid instances of the broad propositions, it seems that the broad propositions are not tenable as stated presently and in need of modification.

In general the results suggest that in psychotherapy therapists communicate more accurately than clients only in the sense that they label persons (i.e. use mode 1) and categorically present opinion as fact (i.e. use mode 5)
with smaller relative frequency than clients. The results further show that in psychotherapy therapists and clients do not differ on the basis of accuracy of communication in their use of verbal communications which present opinion as prescription (i.e. mode 3) and which present opinion as such (i.e. mode 8). Moreover, the results show that in psychotherapy clients communicate more accurately than therapists in the sense that they communicate in a "clairvoyant" manner (i.e. use mode 4) with less relative frequency than therapists, and in the sense that they express their positive feelings as such (i.e. mode 7) with greater relative frequency.

Thus the results show that the general proposition that in psychotherapy therapists use more accurate verbal communication than clients is not a sound one. Furthermore, the results suggest that statements regarding use of accurate verbal communication in psychotherapy by therapists and clients need to specify the type of verbal communication referred to.

Next, although the results provided support for hypotheses 2 and 9, since they did not support hypothesis 6 and opposed hypothesis 7, it seems that the broad proposition that therapists use more efficient verbal communication can not be maintained. The results suggest that in psychotherapy therapists communicate more efficiently in the sense that they use negative statements (i.e. mode 2) with smaller relative frequency than clients.
and use questions (i.e. mode 9) with greater relative frequency than clients, and that therapists and clients do not differ on the basis of efficiency of communication in their use of verbal communications which present two sets of information which are related and explicitly show by the use of the conjunction if how they are related (i.e. mode 6). Furthermore the results suggest that in psychotherapy clients communicate more efficiently in the sense that they express their positive feelings as such (i.e. use mode 7) with greater relative frequency than therapists. Thus these results suggest that statements regarding use of efficient verbal communications in psychotherapy by therapists and by clients need to specify the type of verbal communication referred to.

In addition to the foregoing the current study shows that during interviews psychotherapists and psychotherapy clients differ in their actual usage of certain types of verbal communication. It further suggests that some of the study's scoring specifications do break down verbal communication from an indiscriminate aggregate into forms which are used in everyday discourse. The present categories can begin to form a classification system which might facilitate the study of the psychotherapy interview and of the interview as it is employed in the various professional fields.

Furthermore, in regards to the ultimate purpose which guided the current study, it seems important that indeed
certain forms of verbal communication which are frequently used in everyday social discourse and which are relatively objective are used with differential frequency by psychotherapists and by psychotherapy clients. Future studies can replicate and extend the current findings. Once findings of this nature have been sufficiently established further research could examine to what extent differential usage of such various types of verbal communication may have not simply correlational status, but rather may be causally related to certain types and levels of psychological functioning. If indeed further research demonstrates a causative relationship between the use of certain types of verbal communication and certain types and levels of psychological functioning and since these types of verbal communication are relatively objective and already part of one's repertory, large scale interventions might be feasible. Thus training programs might be established in order to train use of effective modes of verbal communication. For example with reference to the findings of the present study, if further research demonstrates a negative and positive causal relationship between respectively use of negative expressions (i.e. mode 2) and use of questions (i.e. mode 9) with "adaptive" psychological functioning, training programs might train individuals to avoid negative expressions and to ask more questions in their interpersonal communications.

Such and similar training might potentially be of
assistance first, in guiding parents to manage and relate more effectively to their children, second, in further potentiating the treatment of institutionalized populations and third, perhaps in assisting adequately functioning populations to function more effectively. Finally, such training could even be offered as an elective in public schools as part of the education children may seek and receive. The importance and significance of such large scale types of intervention has already been noted in the section on Importance of study.

Suggestions for further research

At this point the overall importance of the nine modes for further research will be indicated as suggested by first, differentiating power, second, reliability of scoring, and third, frequency of occurrence.

In general it seems that the results regarding modes 2 i.e. negatives, 9 i.e. questions, and 5 i.e. absolutes, suggest that these modes are important and worthy of further investigation.

Mode 2 i.e. negatives, was scored reliably by the writer and by the paid raters. Moreover, it occurred with high frequency. Finally, it has high differentiating power.

Mode 9 i.e. questions, has high differentiating power, it occurred with high frequency and was scored reliably by the writer and with moderate reliability by the volunteer raters.
Mode 5 i.e. absolutes, has high differentiating power, it occurred with high frequency and was scored with moderate reliability by the writer and by the paid raters.

Next, the results regarding mode 1 i.e. labels, suggest that this mode is a moderately important one and worthy of further investigation. That is, mode 1 was scored with moderate reliability by the writer and by the paid raters, it occurred with moderate frequency and it has moderate differentiating power.

The results regarding modes 7 i.e. positives, and 4 i.e. clairvoyant statements, suggest that these two modes are moderately important ones and also probably worthy of further investigations.

Mode 7 i.e. positives, has moderate differentiating power (in a direction opposite to that predicted), was scored reliably by the writer and by the volunteer raters, and occurred with moderate frequency. It seems advisable that future research which examines this mode also examine a somewhat different version of this mode whereby both positive and negative expressions of feeling are considered with the score being the extent to which the positive expressions outnumber negative ones.

Mode 4 i.e. clairvoyant statements, has moderate differentiating power (in a direction opposite to that predicted), occurred with relatively low frequency and was scored by the writer and volunteer raters with mediocre reliability.
Finally, the results regarding modes 3 i.e. prescriptions, 6 i.e. if statements, and 8 i.e. opinions, suggest that these modes are not sufficiently important to warrant further investigation.

Mode 3 i.e. prescriptions, was scored with low reliability by the writer and by the volunteer raters, occurred with low frequency and does not have statistically significant differentiating power.

Mode 6 i.e. if statements, was scored with moderate reliability by the writer and with low reliability by the volunteer raters, it occurred with low frequency, and it does not have statistically significant differentiating power.

Mode 8 i.e. opinions, was scored with moderate reliability by the writer and with mediocre reliability by the volunteer raters, it occurred with moderate frequency, and it does not have statistically significant differentiating power.

In summary, it seems that the results of the present study suggest that modes 2 i.e. negatives, 9 i.e. questions, and 5 i.e. absolutes, are important and worthy of further investigation, that modes 1 i.e. labels, 7 i.e. positives, and 4 i.e. clairvoyant statements, are moderately important and probably worthy of further investigation, and that modes 6 i.e. if statements, 3 i.e. prescriptions, and 8 i.e. opinions, are not sufficiently important to be worthy of further investigation.
Furthermore, the results of the study have implications for other further research. One type of study might aim to replicate and extend the present findings. The writer is starting such a study by examining the verbal communications of "normal" families and of families with a schizophrenic member. The data to be used are those reported by Schuman (1970). A related series of studies of interest could aim to replicate and extend the present findings across different cultures and especially across non-English speaking cultures.

A second type of study for which the writer is currently attempting to collect data, would aim to examine the verbal communications of psychotherapists and of psychotherapy clients, with specific attention to the relationship of type and of frequency of verbal communication used during the therapy hours with the client's behavior in therapy as well as outside of therapy over time. Next, if certain types of relationships are validly and reliably established between certain modes of verbal communication and certain types of psychological functioning, a third type of study would aim to examine and compare the costs and gains of traditional therapeutic interventions with training sessions whose purpose would be to establish and maintain the use of effective modes of verbal communication. If the results are favorable, a fourth type of study would then examine large scale training procedures.
The present study examined whether certain types of verbal communication which are readily identifiable and frequently used in everyday social discourse are used in psychotherapy with differential frequency by therapists and clients.

The study was guided by the theoretical framework of communication theory. The study assumed that in psychotherapy therapists in comparison to clients communicate first, more accurately and second, more efficiently. In accord with these two broad assumptions nine types of verbal communication were defined in order to examine verbal communication differences that may exist between psychotherapists and clients and nine hypotheses were advanced.

The nine hypotheses were tested by examining the verbal communications of therapists and clients in 24 verbatim transcripts of psychotherapy interviews conducted by 24 different therapists.

The results supported four of the hypotheses of the study, opposed two of the hypotheses, and did not support three of the hypotheses. Since all of the hypotheses were based on the two broad assumptions that in psychotherapy
therapists communicate first, more accurately and second, more efficiently than clients, and since not all the hypotheses were borne out, the two broad assumptions were rejected.

The specific suggestions from the results are presented next.

In psychotherapy therapists label persons, and categorically present opinion as fact with smaller relative frequency than clients.

In psychotherapy therapists use negative statements with smaller relative frequency than clients, and use questions with greater relative frequency than clients.

In psychotherapy clients communicate in a "clairvoyant" manner with smaller relative frequency than therapists, and express their positive feelings as such with greater relative frequency than therapists.

In psychotherapy therapists and clients do not differ in their relative use of verbal communications which present opinion as prescription and which present opinion as such.

In psychotherapy therapists and clients do not differ in their relative use of verbal communications which present two sets of information which are related and which explicitly show by the use of the conjunction if how the two sets of information are related.

Following the presentation and discussion of the results, suggestions for future research were presented.
APPENDIX A

The sources from which the transcripts used in the present study were obtained, as well as the persons in each interview are indicated below.

The source for transcripts 1-5 was Haley and Hoffman (1967). In each of the five transcripts the respective client and his family were interviewed by the respective therapist.

Transcripts 6-17 were obtained from the American Academy of Psychotherapists Tape Library. According to this Library's coding system these transcripts are identified respectively as interviews 44, 36, 33, 29, 28 (Joy), 23, 19, 18, 17, 14, 8, and 1.

In transcript 11 a married couple was interviewed by the respective therapist. In each one of transcripts 6-10 and 12-17 one client was interviewed by the respective therapist.

Transcripts 18-24 were obtained respectively from Rogers (1942, p. 265), Deutsch and Murphy (1955, p. 36), Deutsch (1949), Dollard, Auld, and White (1953, p. 128), Dollard and Auld (1959, p. 392), Gill (1954, p. 134), Gill (1954, p. 298). In each one of transcripts 18-24 one client was interviewed by the respective therapist.
APPENDIX B

Directions for scoring:

In order to score a statement as mode 9 the speaker must be asking his own questions. Thus do not score if the speaker is stating another person's questions. For example do not score "He said 'would you like to?' when he found that out".

Do not score statements which refer strictly to the past, beyond beginning of therapy hour, i.e. where the number of past tense verbs is greater than the number of present tense verbs, and the communication refers to events prior to beginning of therapy hour. For example do not score "What did you do yesterday?".

Score statements using "could" or "would" if these verbs refer to future. For example score "could you ...?", and "would ...?", if these communications refer to the future.

Do not score "negative" questions, that is, where the sequency is verb, negation, subject. For example do not score "aren't you ...?", "won't you ...?", shouldn't he ..., "mustn't we ...?", and so on.

Score statements which include "how about". For example score "How about if I tell ...?".

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Score statements where verb precedes subject. For example score "Am I doing that", "can we go there".

Do not score questions which ask for repetition of something just stated. For example do not score "Him?", "Pardon?", "What?", "what did you say?" and so on.

Score statements which ask for elaboration. For example score "can you tell me more?", "how is that?", and so on.

NEXT IN THE SCORING OF MODES 1-8 DO NOT CONSIDER STATEMENTS WHICH HAVE ALREADY BEEN SCORED AS #9.

#2

In order to score a statement as mode 2 the speaker must be speaking for himself.

The statement must include one or more of the following: I am not, I can not (I can't), I do not (I don't), I will not (I won't), or the hypothetical "I could not (I couldn't), or I would not (I wouldn't) if the latter two refer to future. For example score statements such as "I don't want to do that", "I can't go there", "I would not act that way", and so on.

Do not score statements which are responses to questions. For example do not score "I don't know what to do", if it is in response to a question such as "what will you do now?".

#7

Speaker must be speaking for himself.

Speaker must be expressing his own positive feelings.
For example score "I want ...", "I admire ...", "I hope ...", "I would rather ...", "I like ...", and so on.

Do not score statements if they refer to the past, that is, to feelings which were experienced prior to the therapy hour. For example do not score statements such as "Yesterday I wanted ...", "At that point I hoped that ...", and so on.

Speaker must be speaking for himself.

Score statements which include words such as the following: Never, everyone, invariably, nobody, none, everywhere, nowhere, all the time, everything, no way, only, nothing, every, always, everytime, anybody.

Do not score statements including any of the above words if the statement seems to be factual. For example do not score "They will always be your parents", "I sleep every night".

The above words must be used in such a way in the statement as to make the statement communicate information in a categorical manner. Thus score "Everyone is against me", but do not score "Not everybody dislikes me".

Speaker must be speaking for himself.

The communication must be about person(s) present in the therapy hour.

Score clairvoyant statements about future events. For example score "You'll regret it", "You are going to be
sorry", "You'll try to blame ...", and so on.

Statements must include YOU, HE, SHE, or THEY, or noun referring to such.

Communication must be stated positively, that is, about what the speaker thinks will or will not happen, not about what he does not think will or will not happen. For example score "You'll regret it", and do not score "I don't think you will regret it".

Also score if the communication refers to the present (not to past or future) and the verb is either about thinking, imagining, considering, believing, expecting, knowing, forgetting, remembering, feeling, being affected, or needing. For example score "You feel that ...", "I know that affects you", "You need to ...", and so on.

Do not score reflective statements of the Rogerian type.

Speaker must be speaking for himself.

Score all if ... then statements such as "if you want to know then I'll tell you", "I'll be impolite if I feel it's necessary", "If you really want to, I think there is an awful lot to gain". As can be seen from the foregoing examples the if must be stated, but the then can be either stated or implied.

Do not score statements which refer to past tense. For example do not score "If you know that, then you should have told him".
Do not score when *if* is used as *whether* or as *as if*. For example do not score "I care if he goes", "He comes in as if he is king".

Do not score when a negation follows both *if* and *then*. For example do not score "if you not interested then it's of no use".

Speaker must be speaking for himself.

Score evaluative statements regarding person or person's behavior which label such behavior or person as "BAD, WRONG, RIGHT, GOOD". For example score "That is wrong ...", "The right thing for you to do is ...", "It is very bad to ...", and so on.

Also score statements where the subject is I, YOU, HE, SHE, THEY, or noun referring to such, and the statement includes either SHOULD, OUGHT, HAVE TO, or MUST, and the communication refers to person(s) present in the interview.

Score only statements which refer to present of future tense.

Score only if the statement is made positively. For example score "you should go there" and do not score "if you should go there ...", "you must not", "you should not", and so on.

Speaker must be speaking for himself.

Score statements which are either opinion or probability statements. Thus score statements with
opinion and probability referents such as the following: I sense, I take it, kind of, like, that is, so, I suppose, I consider, I assume, I guess, I think, I feel, I believe, I see it as, it seems, to me, it looks like, it sounds like, my side of it, maybe, may ..., might, as I hear you, perhaps, probably, possibly, conceivably.

Communication must be stated affirmatively. For example score "I think he will go", and do not score "I do not think he will go", or "I think he will not go".

Do not score communications referring to past beyond beginning of the therapy hour. For example do not score "I think yesterday you were trying to get the best of me".

Do not score communications which represent agreement to a recently articulated statement. For example do not score "I think so", "You are probably right".

Speaker must be speaking for himself.

Score all statements whose subject is actual person, followed by AM, ARE, or IS, and then followed by adjective or by noun. For example score statements such as "He is insensitive", "You are inconsiderate", and so on.

Do not score statements referring to age. For example do not score "They are young", "He is thirty", "She is old", and so on.

Do not score statements if they have the following adjectives or nouns: Brother, sister, mother, father, grandfather, male, female, wife, husband, baby, child,
teenager, adult.

Do not score if statement is preceded by IF or by AS IF. For example do not score statements such as "He acts as if he is crazy", "If he is disturbed ...".

Score only statements which are affirmative, that is, statements which indicate what a person is, not what he is not. For example score statements such as "You are stupid", but do not score statements such as "You are not perceptive".

Do not score comparative statements. For example do not score "I am poorer ....", "He is happier ....", and so on.

Score as 1-3 any type #8 statement which includes a type #1 statement. For example score as 1-3 "I think he is stupid", "It seems to me he is very opinionated", "Looks like he is narrow-minded", and so on.
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