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THE EFFECT OF PRESENTING CLIENTS WITH INFORMATION ABOUT APPROPRIATE ROLE BEHAVIOR ON THE IN-COUNSELING BEHAVIOR OF CLIENTS

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

By
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The Ohio State University
1970

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CHAPTER I

Introduction

The purpose of this study is to consider the effect of precounseling experiences on the in-therapy behavior of clients. More specifically it is concerned with the effect of experiences prior to counseling which enable the potential client to better understand appropriate client role behaviors.

It is not surprising that counselors and theorists have shown a tendency for counselor's than in the client's role in counseling process. Theories of counseling and psychotherapy have at length elaborating the appropriate attitudes for counselors and therapists in counseling, while little if anything is said suggesting appropriate client role behavior. Furthermore counselors and psychotherapists spend years being socialized into their roles as helpers while most clients enter counseling or psychotherapy with little or distorted information about their role (Frank, 1963).

Despite these trends there is some indication that the client's role in therapeutic processes may attract
CHAPTER I

Introduction

The purpose of this study is to consider the effect of precounseling experiences on the in-therapy behavior of clients. More specifically it is concerned with the effect of experiences prior to counseling which enable the potential client to better understand appropriate client role behaviors.

It is not surprising that researchers and theorists have shown more interest in the counselor's than in the client's role in the counseling process. Theories of counseling and psychotherapy go to great length elaborating the appropriate behaviors and attitudes for counselors and therapists to display in therapy, while little if anything is said suggestive of appropriate client role behavior. Furthermore counselors and psychotherapists spend years being socialized into their roles as helpers while most clients enter counseling or psychotherapy with little or distorted information about their role (Frank, 1963).

Despite these trends there is some indication that the client's role in therapeutic processes may attract
more attention in the future. Theories of therapy which stress interactional processes between helper and helpee (Grinker, 1961; Haley, 1963) put importance on appropriate helpee role behavior. Therapy researcher's recent interest in hypotheses drawn from social psychology (Goldstein et al., 1966) and especially interest in role complementarity and the reduction of expectational discrepancies as a primary functional requirement of all interactional systems (Homans, 1950; Festinger, 1957; Newcomb, 1953) add further interest to the helpee's role in therapeutic processes. The work of Lennard and Bernstein (1960, 1969) which discusses psychotherapy in sociological role-playing terms has forced researchers to accept the helpee and his role behavior as critical elements in therapy.

The second major area of research this study is concerned with comes from cognitive psychology. This is Ausubel's work (1968) with "advance organizers." Ausubel's hypothesis is that an individual is more likely to learn and retain subject matter when he has been previously provided with information of a more general nature which is relevant to that subject matter. Goldstein et al. has suggested that therapists take advantage of this phenomenon by giving patients information about various aspects of therapy prior to seeing a therapist.
The present research is an attempt to integrate the work done on helper role behavior and the work done on "advance organizers." The central hypothesis of this research is that presenting clients with information (advance organizers) about appropriate client role behavior prior to the actual counseling interview will facilitate the client's performing of appropriate in-therapy behavior.
CHAPTER II

Literature Review

Role Theory and Counseling and Therapy

Recently, Goldstein et. al., (1966) have suggested that researchers in counseling and therapy look to research done in other areas of psychology which may suggest hypotheses testable in therapeutic situations. Simultaneously, there has been a tendency to view counseling and therapy as interactional systems and thus possessing many of the same dimensions as families, work groups, and other interactional systems. In light of these trends it is not surprising that the concept of role is becoming more prominent in discussing counseling and therapy.

Most sociologists would agree that a role comprises a set of expectations, attitudes, and behaviors that are appropriate as a function of being in a certain position in a certain social situation. Generally roles are complementary in social situations. Complementarity means that appropriate role behaviors mesh in such a way as to produce satisfaction between the role players as well as some desired end state. If the doctor and his patient play their respective roles appropriately it is likely that they will
both be satisfied with the encounter and that the desired end state (better state of health for the patient) will more quickly occur than if either or both fails to play the appropriate role. If the doctor decides to play the role of lover instead of healer problems are likely to ensue (unless the patient also decides to play the lover role). The point to be made is that therapeutic encounters and the achieving of their preferred end products should be facilitated by complementarity of client and counselor roles. Lennard and Bernstein (1969) are sociologists who have written extensively on this issue. They suggest that it is the exception rather than the rule when an individual enters therapy with correct perceptions of the patient role.

The two persons involved in a therapeutic encounter occupy different statuses: therapist and patient. It may be generally assumed that psychotherapists share many beliefs in common about their role, although their different training and experience may lead them to enact the therapist-patient role differently. Patients (or better persons seeking to become patients), however, are likely to approach the therapy encounter with more widely differing sets of expectations. They often hold unrealistic notions about what is to take place during therapy. This may be due to a variety of reasons such as lack of experience or knowledge, or misconceptions derived from misinformation. Teaching a person who comes for treatment, how to be a patient and what to expect from a therapist is a necessary part of what must transpire during therapy. (p. 147)

Lennard and Bernstein make the point that dissimilarity or lack of complementarity between patient and therapist expectancies increases the need for what they call "primary
role system communications." These refer to communications in therapy about the nature of patient and therapist roles. They suggest that very disturbed people and people with poor prognoses, if they are difficult to treat, may be so precisely because they do not know how to assume the patient role. Lennard and Bernstein see the process of socialization, that is the patient's gradual understanding and acceptance of these roles in the therapeutic encounter, as a critical aspect of all therapy. Through the influence of the therapist, the patient selectively acquires the values, interests, attitudes, skills and knowledge, in short the culture, of the therapy relationship.

In summary, the information presented by Lennard and Bernstein which is relevant to the present research is:

1. Counseling and therapy are systems of interaction in which both client and counselor play roles.

2. The counselor enters the relationship aware of appropriate role behavior for himself as well as for the client.

3. The client enters the relationship less aware or actually misinformed about his role and the role of the counselor.

4. If counseling is to be successful the client and the counselor must come to some agreement on their own as well as each other's role.
Ausubel (1968) presents a position on learning which may have significance for therapeutic situations. His position is that the learning and retention of material in a particular subject area will be facilitated when the learner has appropriate anchoring ideas of a more general nature than the material to be learned later and under which the later material may be easily subsumed. He calls these anchoring ideas "advance organizers", and states the logic of his position in the following statement:

The use of expository organizers to facilitate the learning and retention of meaningful verbal learning is based on the premise that logically meaningful material becomes incorporated most readily and stably in cognitive structure insofar as it is subsumable under specifically relevant existing ideas. It follows, therefore, that increasing the availability in cognitive structure of specifically relevant subsumers - by implanting suitable organizers should enhance the meaningful learning of such material. (p. 137)

Ausubel quotes extensively from basic learning research and concludes that, "much positive transfer in problem solving and other kinds of learning is attributable to the carry-over of general elements of strategy, orientation, and adaptation to the problem (Judd, 1902; Hendrikson and Schroeder, 1941). Harlow's research with the "learning to learn" phenomenon (Harlow, 1949) is also cited as evidence in favor of the use of advance organizers.

Ausubel's interest in advance organizers is for more than theoretical concerns. The focus of his work is on the way organizers can be used to facilitate learning in our
schools. He presents his rationale for the use of organizers in the following way:

As pointed out earlier, the rationale for using organizers is based primarily on: a) the importance of having relevant and otherwise appropriate established ideas already available in cognitive structure to make logically meaningful new ideas potentially meaningful and to give them stable anchorage; b) the advantages of using the more general and inclusive ideas of a discipline as the anchoring ideas or subsumers (namely, the aptness and specificity of their relevance, their greater inherent stability, their greater explanatory power, and their integrative capacity); and c) the fact that they themselves attempt both to identify already existing relevant content in cognitive structure (and to be explicitly related to it) and to indicate explicitly both the relevance of the latter content and their own relevance for the new learning material. In short, the principal function of the organizer is to bridge the gap between what the learner already knows and what he needs to know before he can successfully learn the task at hand. (p. 148)

While Ausubel originally applied his theorizing to classroom situations, others have suggested other applications. Goldstein, et. al. (1966) in a work which attempts to develop hypotheses based on research in other areas of psychology which are testable in therapy type situations, have extracted from Ausubel's work with advance organizers the following hypothesis:

Giving patients prior information about the nature of psychotherapy, the theories underlying it, and the techniques to be used will facilitate progress in psychotherapy. (p. 245)

Goldstein et. al., feel that past discussions of structuring in psychotherapy (Fromm-Reichmann, 1950; Holland, 1965; Rotter, 1954; Wolberg, 1954) have been rudimentary and even evasive and they see it as strange that the be-
behavioral type therapies (Wolpe, 1958) have therapists who have been most explicit with their patients concerning what therapy is about. They are not sure why patients are kept uninformed but they suggest it may be because:

a) It is not believed that informing them would be of any value.
b) It is believed that desirable results are obtained only when the learning is by self-discovery.
c) It is believed that the value of the technique and the treatment would be impaired by the knowledge of the patient. (p. 246)

Ausuble presents data which tend to refute the idea that really meaningful learning must come through self-discovery and Goldstein et al. feel that this data refutes objection b) above. In response to the third objection they suggest that there are many forms of manipulation and that not all explicit manipulations fail. They cite evidence (Farber, 1963; Spielberger, 1962) that suggests that susceptibility to verbal conditioning is a direct function of awareness and conclude that:

Explicit manipulative attempts are likely to fail when they are viewed as irrational or arbitrary by the subject, when they involve some suggestion of challenge or competition, or when they are apparently asymmetrical in outcome in favor of the manipulator. A critical variable is the rationale or manner of presentation of the manipulative attempt. (p. 247)

Goldstein et al.; do not commit themselves to any particular type of information to be used as an advanced organizer for therapy. They do say that they would like to see material made available which prepares the prospective
patient for therapy by presenting a theory relevant to the disorder, a rationale for the treatment, and a description of the treatment to follow.

Desirable Client Role Behavior

The question of desirable client role behavior has been discussed only briefly in the literature. Ingham and Love (1954), in a discussion of the importance of structuring in psychotherapy suggest that problems are likely to occur when the therapist fails to properly structure therapy for the patient. They state:

The patient may at first feel his task is unorganized and formless and that there are no rules. Then he experiences a strange feeling of helplessness, and dissatisfaction. It is as though the therapist did not care what he talked about or how he spoke of it. (p. 51)

To correct this situation, Ingham and Love suggest that therapists present to their patients certain ideas about how therapy is to occur and how the patient and the therapist are to act in therapy. Of particular importance here are suggestions that Ingham and Love make about inducing an attitudinal set into patients prior to and during therapy. This appropriate set includes the following:

a) The patient should feel that it is appropriate and good to investigate himself.
b) The patient should feel that it is better to investigate than to blame.
c) The patient should regard emotion as a real and important thing.
d) The patient must accept the need for complete freedom of expression.
e) The patient must realize the importance of the past in developing an understanding of the present. (p.79-81)
Ford and Urban (1963) have also considered the question of appropriate client and patient role behavior. They present in their text a section entitled "Patient Behavior that Must Occur in Therapy." While it would be too lengthy to discuss all that is written under this heading in their book it is feasible to list some of the suggestions of a few of the theorists. Adler, for example, speaks to some extent on appropriate patient role behavior. His recommendations include:

a) Presumably, the patient must recognize that his behavior needs change and that he cannot effect such changes alone.
b) Presumably, he must agree to collaborate with the therapist in the resolution of his difficulties and to accept the treatment arrangements.
c) The patient must accept the initiative for the content of the therapy discussions.
d) The patient must accept responsibility for his behavior within and without the therapy session.
e) The patient must come to trust the therapist.
f) The patient must come to like the therapist.
g) The patient must recognize that he cannot succeed in his attempts to conceal and dissemble.
h) The patient must begin to adopt the therapist's conceptualizations about behavior. (p.350-51)

Ford and Urban's discussion of Sullivan also includes recommendations for patient role behavior which are of a general nature and likely to be acceptable to therapists with divergent theoretical and experiential backgrounds. Sullivan's suggestions for appropriate patient role behavior include:

a) The patient commits himself to the therapy series and agrees to follow the pattern of inquiry to be set by the therapist.
b) He then proceeds at the behest of the therapist to report on the ways in which he looks at, thinks
about, feels toward, and acts with people and with himself.
c) He focuses attention along with the therapist on those particular patterns of response to patterns of situations that are agreed to be the areas of difficulty.
d) He joins with the therapist in the task of identifying and piecing together the interrelationships between these events to develop a representation of them in effective symbolic form.
e) He develops a realization and understanding of the ways these patterns have represented handicaps and barriers to the progress of his life.
f) He begins to be ready to make appropriate changes in his behavior patterns outside of therapy. (p. 52-3)

Krause (1967) has recently developed an instrument based on his conceptions of ideal client role behavior in counseling. The instrument measures a client's motivation for treatment and motivation is defined in terms of a client's willingness to perform desirable role behavior during the first few counseling interviews. Krause includes the following four key aspects of client role behavior in his instrument:

a) Prompt unfailing attendance at appointments as well as interest and serious use of those appointments.
b) Presentation of a detailed description of his problem, its precipitating and accompanying circumstances its consequences, the participants and their roles, the gratification and distress it yields, its course of development and his handling of it, and the future possibilities for its resolution.
c) Responsive use of whatever information the counselor offers him.
d) Performing of behaviors between sessions deemed desirable by the counselor. (p. 426)

The Induction of Appropriate Role Behavior

Orne (1962) has recently made some interesting comparisons between the relationship between hypnotist and
subject and the relationship between therapist and patient. And although he does not directly deal with techniques for role induction in therapy he does present a rationale for role induction. Orne feels that hypnosis may be characterized as a "folie a deux" (a set of complementary role expectations about an unreal definition of the situation). He believes that the development of the "folie a deux" in hypnosis is facilitated by the fact that subjects know a good deal about the role that they are expected to play and that the hypnotist is explicit about the behavior that he wishes to elicit. The therapeutic situation, according to Orne, is different because most patients know little about the patient's role in treatment and for some reason therapists are loathe to communicate the behavior both in and between sessions that is expected of them. Despite therapist's reluctance to give the patient information about his role, it is vital that the patient learn enough about it to make therapeutic interaction possible. Orne sees this as critical because the patient's ability to behave appropriately will largely determine whether he is perceived by the therapist as a good or poor patient for treatment and in turn the therapist's perception of the patient will in large part determine the subsequent course of treatment. If Orne's analogizing from hypnosis to therapy is accurate, then there is reason to believe that socializing the patient into the patient role (what Orne calls an "anticipatory
socialization technique") is one of the critical preliminary functions of therapy.

Wolberg (1954) was probably one of the first to make some specific suggestions regarding role induction in therapy. He makes a number of recommendations about the structuring of the therapy hour and many of these involve informing patients about desirable and undesirable role behaviors. As an ideal way to integrate many of the aspects of the patient role in therapy he suggests that the therapist give the patient, at an early stage in therapy, the case history of a former patient. As Wolberg states:

A case history explaining how another patient developed an understanding of himself in therapy and of how he achieved relief or cure is a dramatic way of persuading the patient to accept the treatment situation where he stubbornly resists it. (p. 353)

Magoon (1969) has also suggested a technique which he feels would not only reduce case loads in counseling settings but would also reduce the length of traditional treatment by producing client interview behavior which would be more problem-solving oriented than that of the typical client. The method is to allow potential clients to listen to tapes of the full interview treatment process of another individual whose constellation of problems includes features with which the individual can identify. The assumption is that potential clients will model the desirable role behaviors of clients who were able to successfully solve their problems.
Research on Role Induction in Psychotherapy

Truax and Carkhuff (1967) have recently stated:

In a sense the converging evidence on the experiential and cognitive structuring fits well what is known about human learning. If psychotherapy and counseling are indeed processes of learning and re-learning, then the therapeutic process should allow for structuring what is to be learned rather than depending on what amounts to "incidental learning" where the client does not have clearly in mind from the outset what it is he is supposed to learn. (p. 363)

While this sounds almost like a truism, only a smattering of studies have been conducted in the past twenty years on the effect of structuring therapy for the patient on the in-therapy behavior of patients and the outcome of therapy.

In an early study Richardson and Borow (1952) manipulated the pre-counseling experiences of clients in vocational counseling. The research was motivated by the belief that:

The particular orientation of the client, his conception of role-playing in the interview and his expectations and suspicions about counseling have not been adequately probed as determiners of success or failure in counseling. (p. 587)

The experimental group was given information relevant to the purposes and common misconceptions about vocational counseling, the use and limitations of psychological tests, and the appropriate roles of the counselor and client. The experimental group was also allowed to ask questions about this material. The control group received none of this information. Richardson and Borow found that the experimental
group scored significantly higher on a number of criterion measures taken after and during the actual vocational counseling. The experimental group had more factual information about counseling, had less complaint about the counseling process, spoke more during the interviews, and were rated as exhibiting more favorable interview behavior than the control group.

Martin and Shewmaker (1962) gave patients in a group therapy context information about the setting and purpose of group psychotherapy, typical functions of group members, and realistic expectations of what to expect in therapy. The information was in the form of a written handout which was given to each of the group members after the third therapy session. Based on their observations of the group over a number of sessions, Martin and Shewmaker conclude that the instructions served the purpose of encouraging some of the members to leave the group. The authors feel that the instructions may well have saved these members considerable time and effort that they might have put out had they remained in the group. The important point here is that for these group members the instructions made it clear that there were aspects of therapy and of their role as patients that they were, at that time, not capable of fulfilling. The authors also conclude that the instructions promoted a needed sense of direction, a reassurance that a therapeutic group is a realizable objective, and assurance from knowing a little more about what to expect.
In a recent article Myrick (1969) attempted to induce desirable client role behavior. His technique was to present a model which exhibited and was reinforced for the desired behavior, in this case self-reference statements. Two types of models were presented. In one experimental group the subjects observed and heard mock client-counselor interactions on an audio-visual recorder and a second experimental group heard the same interactions on an audio recorder only. Myrick found that when these subjects were put into counseling situations they emitted significantly more self references than the control group. Myrick concluded that desirable client role behavior can be induced by the use of models who exhibit that behavior.

Carkhuff and Truax (1965) have developed a technique for socializing patients into the patient role prior to the beginning of actual therapy. They call this technique "vicarious therapy pretraining." The technique is simply a matter of presenting to a group of individuals who are prospective candidates for a therapy group a thirty-minute tape recording of excerpts of "good" patient therapy behavior. The tape illustrates in a very specific way how clients often explore themselves and their feelings and thus allows for a vicarious experiencing of group psychotherapy prior to the patient's introduction into the group. Carkhuff and Truax used groups of ten patients which met for twenty-four sessions with two sessions per week. The experimental group received the vicarious therapy pre-
training tape prior to the beginning of therapy. After twenty-four sessions of group therapy, the authors found moderate improvement on the MMPI in the experimental group and no improvement with the control group. Further studies, (Truax and Wargo, 1966c; Truax, Carkhuff, and Wargo, 1966) also demonstrate that vicarious therapy pre-training results in improved outcome on a number of different measures.

Using what they call a "role induction interview", the research group at Johns Hopkins (Hoehn-Saric, Frank, Imber, Nash, Stone, and Battle, 1964) attempted to give patients appropriate expectations about therapy which they felt would facilitate the therapy process and appropriate outcomes. The role induction interview consists of information about therapy which provides for realistic expectations of improvement, explains the anticipated behavior, and instructs the potential patient on how to overcome superficial manifestations of resistance. The authors predicted that the group which received the role induction interview would demonstrate more appropriate in-therapy behavior and higher scores on various outcome measures than the group which did not receive the interview. The subjects for this study were forty neurotic patients applying to a psychiatric out-patient clinic. The authors found that the experimental group scored significantly higher on a measure of appropriate in-therapy behavior (Therapy Behavior Scale), had a better attendance rate, and were
rated more favorably by their therapists with respect to establishing and maintaining a therapeutic relationship. The experimental group also scored significantly higher on the therapist's rating of improvement, the patient's rating of mean target symptom improvement, and social ineffectiveness ratings. The authors conclude that the role induction interview had a favorable effect on certain aspects of patient's behavior and improvement, and when properly used, could be an effective tool in psychotherapy.

Statement of the Problem

Various strategies for preparing patients for therapy and clients for counseling have been suggested and a few of them have been tested experimentally (see chapter two). The purpose of this study is to test the hypothesis that clients who are given information about appropriate client role behavior prior to a counseling interview will demonstrate more desirable behavior in the interview than clients who are not given such information. Past research in the preparation of clients has been conducted using patients in therapy groups or patients in psychiatric settings as subjects. The present research attempts to simulate the type of counseling session which occurs in a college counseling center or a similar facility. The subjects are students in an introductory psychology course who have stated a desire to see a counselor. The counselors are graduate students who have had practice experiences in a setting sim-
ilar to a college counseling center. A variety of instruments which measure in-counseling behavior such as self exploration, self disclosure, and problem expression were used as measures of the dependent variables. Prior to the counseling clients in the experimental group listen to a tape dealing with client role behavior while clients in the control listen to a tape with irrelevant material. Following the interview, the clients and counselors and completed the questionnaires measuring the dependent variables. All subjects are debriefed following the completion of the questionnaires and all subjects are seen by E to assure that appropriate referrals are made for each subject.
CHAPTER III

Methodology

The Subjects and Subject Selection

Forty-eight students who were enrolled in an introductory psychology course at The Ohio State University were the subjects (Ss) in this experiment. Students from this course are typically recruited for experiments by having them sign their names to a sign-up sheet which gives a brief description of the type of experiment involved and the criteria necessary for a student to be an appropriate subject for the experiment. For the present study the experiment was defined on the sign-up sheet as "A study in counseling" and the personal criterion was that the students should have a personal problem similar to one that a student would discuss with a counselor at the Student Counseling Center. It was stated on the sign-up sheet that the problem could be personal, academic or vocational but that it should be a real, meaningful problem. It was also indicated on the sign-up sheet that subjects would be required to discuss this problem for approximately one hour with a counselor. A final screening of subjects and elimination of subjects who were not
judged appropriate for the experiment was completed during the initial contact Ss had with the experimenter (E). This screening procedure will be discussed in more detail in the Procedure section below.

The Counselors

The counselors were six doctoral students in Counseling Psychology at The Ohio State University. All six were males in their second year of graduate training in counseling psychology and had completed the pre-practicum course and were currently enrolled in the first or second practicum course.

The Preparation of the Counselors

E met with each of the counselors individually for about one-half hour during the week prior to the counseling part of the experiment. The counselors were told that they would see a total of eight clients for approximately fifty minutes each and that at the completion of each counseling interview they would be requested to complete certain questionnaires regarding the client and the counseling interview. The counselors were not told the nature of the independent variable nor the number or type of experimental and control groups to which Ss were assigned. They were instructed to treat the student in the same way that they would respond to an initial interview with a client in a typical practicum situation. The counselors were instructed not to alter their style of counseling in
any way for the purposes of the study. The final instructions to the counselors involved making appropriate referrals for the clients during the last few minutes of each of the counseling interviews. Counselors were advised to base their referral choices on the nature and severity of the problem presented by the clients. Suggestions for possible alternatives included no referral, continuing to see the same counselor in the counseling practicum course, referral, continuing to see the same counselor in the counseling practicum course, referral to the university student counseling center, or to a variety of other agencies on and around campus dealing with specific types of student problems such as medical, legal, and drug-abuse agencies.

Procedure

Ss met with E for approximately one hour prior to the counseling interview. It was arranged on the sign-up sheet that E meet with three Ss at a time during the initial contact. It was also arranged that each of the three-subject groups at the initial contact with E would be either entirely male or entirely female. It was finally arranged that the male and the female groups would be alternately seen by E in the initial contact. It was decided prior to seeing any groups that the first male and the first female groups would be assigned to the experimental condition and the second male and the second female groups to the control condition. Likewise all three-sub-
ject groups would be assigned until all sixteen three-subject groups were assigned. Figure 1 illustrates this manner of assignment of Ss to experimental and control conditions.

Figure 1

ASSIGNMENT OF Ss TO EXPERIMENTAL AND CONTROL CONDITIONS

<table>
<thead>
<tr>
<th>Three-subject group</th>
<th>Sex</th>
<th>Assigned condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>Experimental</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>Experimental</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>Control</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>Control</td>
</tr>
<tr>
<td>5</td>
<td>M</td>
<td>Experimental</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>Experimental</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>Control</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>Control</td>
</tr>
<tr>
<td>9</td>
<td>M</td>
<td>Experimental</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>Experimental</td>
</tr>
<tr>
<td>11</td>
<td>M</td>
<td>Control</td>
</tr>
<tr>
<td>12</td>
<td>F</td>
<td>Control</td>
</tr>
<tr>
<td>13</td>
<td>M</td>
<td>Experimental</td>
</tr>
<tr>
<td>14</td>
<td>F</td>
<td>Experimental</td>
</tr>
<tr>
<td>15</td>
<td>M</td>
<td>Control</td>
</tr>
<tr>
<td>16</td>
<td>F</td>
<td>Control</td>
</tr>
</tbody>
</table>

This assignment resulted in the following four groups of subjects differentiated by sex and treatment condition illustrated in Figure 2.
### THE COMPOSITION OF THE EXPERIMENTAL AND CONTROL GROUPS

<table>
<thead>
<tr>
<th>SEX</th>
<th>Male</th>
<th>Female</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>12</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

Besides serving the purpose of assigning Ss to the treatment conditions the initial contact served as a final screening device for eliminating potential Ss judged to be inappropriate as subjects for the experiment. E re-read the criteria for suitability of Ss for the experiment. E also told the Ss that their part of the experiment would be wasted if they did not have a meaningful problem to discuss with the counselor. At this time two Ss voluntarily withdrew from the experiment. To replace these Ss two of the initial-contact groups contained four rather than three Ss. Following the elimination of these Ss, all Ss were asked to complete a questionnaire devised by E. This questionnaire was entitled the Counseling Information Survey and was designed to measure a cli-
ent's sophistication with the nature of counseling procedures and the appropriate roles played by clients and counselors, (see appendix I). The questionnaire was completed prior to the counseling interview in order to obtain a base line estimate of the Ss understanding of counseling procedures and roles.

Experimental and Control Conditions

The final one-half hour of the initial contact between E and the three-subject groups was spent administering the experimental and control treatments. Ss assigned to the experimental group listened to a tape recording which had been prepared by E (see appendix A). The tape consisted of an introduction which discussed in a general way the nature of roles in a variety of two-person interactions. Next, the tape discusses the importance of the counselor and the client playing appropriate roles in counseling interactions. Then a variety of appropriate client role behaviors are listed and briefly discussed. Finally a series of client responses which were created by E and meant to simulate responses clients might make during the course of counseling were presented. The responses on the tape were ready by one male and one female student who attempted to act the part of a client while reading the response. During this part of the tape E stopped the tape after each client response and asked the three Ss present to eval-
uate the response on the tape in terms of whether or not the client on the tape was demonstrating appropriate or inappropriate client role behavior. Following this all Ss were scheduled to see a counselor sometime within the next week.

Ss assigned to the control group were also asked to listen to a tape. The material on this tape was taken verbatim from an abnormal psychology testbook written by Kisker (1964). This material involved various definitions of psychological abnormality and the nature and scope of the mental health problem in the United States today. This tape was of comparable length to the tape all Ss in the control group were scheduled to see a counselor sometime within the next week.

**The Counseling**

All Ss participated in one counseling interview. The interviews generally lasted between forty-five and fifty minutes although occasionally the interviews were slightly longer or shorter. The counseling was conducted in one of three offices which are used for counseling interviews for counseling practicum courses. Each room contained a desk and two chairs. A microphone was situated on the desk and all of the interviews were recorded.

The counselors were advised to use their typical style of counseling. Ss were advised during the initial contact with E to respond to the counselor and the coun-
selling interview as they would respond to a counselor in a college counseling center or a similar situation.

The Completion of Questionnaires

Immediately following the counseling, Ss were asked to complete certain questionnaires. The counselors were also asked to complete certain questionnaires immediately following each counseling interview. These questionnaires are discussed in some detail in the section on dependent variables. The clients and counselors took approximately 15 minutes following each interview completing the questionnaires.

Debriefing

Following the completion of the questionnaires all Ss were debriefed by E. Ss were told that the purpose of the study was to see how the tape that they heard affected the way they responded in the counseling interview. Ss were told whether they were members of the experimental or the control group. If an S showed more interest in the specifics of the study E answered any questions raised by S. Ss were told that although this was an experiment, it was also intended to simulate as much as possible a counseling interview. All Ss were asked if they had reached an acceptable agreement with the counselor concerning a referral. If an acceptable arrangement had not been made E discussed possible referral agencies available to S. All Ss were asked not to discuss any of the specifics of the experi-
ment with any of their friends as doing so could invalidate the results of the study.

The Main Independent Variable

The main independent variable in this experiment was the amount of information Ss had concerning the nature of appropriate client and counselor roles in counseling interviews. The experimental group (twenty-four Ss) listened to the tape which dealt with appropriate client and counselor role behavior while the control group (twenty-four Ss) listened to a tape which had nothing to do with client and counselor role behavior.

The Dependent Variables

The choice of criteria for this study was primarily based on the fact that counselors interviewed Ss for only one counseling session. This type of study necessitates using criteria which are viewed as predictive of some type of change in clients rather than as desirable end states in and of themselves.

In a recent discussion of dimensions along which criteria for counseling vary, Gelso (1970) mentions the immediate......ultimate continuum which is of particular importance to this study. He states that the best definition of this continuum is in terms of the degree of finality of the criterion. Ultimate criteria reflect desired end states or final goals of counseling such as
human effectiveness, self-actualization, etc. Immediate criteria are employed when the counselor wishes to examine moment to moment client activities within the counseling interview. Such criteria as number of positive self-references and number of information-seeking responses are examples of immediate criteria.

The type of criteria used in this study could best be placed within this continuum in the range of mediate criteria. Mediate criteria are within-counseling behaviors which are presumed to be related to ultimate criteria. Attitudinal sets and response styles which are likely to affect the course and outcome of counseling are types of behaviors which can act as mediate criteria in counseling. Specific examples include the degree of client self-disclosure, client self-exploration, and the manner of problem expression.

The selection of specific dependent variables for this study was guided by the desire to use a variety of client in-counseling attitudinal sets and response styles which could be meaningfully measured after one counseling interview and which would be predictive of desirable counseling end states. A review of the literature suggested that there were some instruments which measured variables which fit the above criteria. It was also evident that parts of certain other instruments would be most appropriate for measuring other important variables. It
was noted that in order to measure other variables within the constraints of this study's design it would be necessary to devise instruments to measure these variables. The following is a list of dependent variables and the instruments used to measure them.

**Client Self-Disclosure**

The quality and quantity of the information the client reveals about himself is one of the variables recognized by most researchers in counseling as predictive of counseling outcomes. Therapists as diverse in their thinking as Rogers and Wolpe agree that accurate and detailed self-disclosure is an essential in effective therapy. Jourard and Lasakow (1957) have devised an instrument which purports to measure the extent to which people disclose different aspects of themselves to different people. The instrument, The Self Disclosure Questionnaire, asks people to rate how much they disclose themselves to others such as their mother, a male friend, a female friend, etc. The areas of self disclosure are attitudes and opinions, tastes and interests, work or studies, money, personality, and body. The instrument devised the measure client self disclosure and renamed the Client Information Inventory, was made up of thirty-two items taken from the Jourard and Lasakow instrument. The items chosen were those which represent areas of likely concern for clients. These items were taken primarily from such areas as attitudes and
opinions, personality plus selected items from the other areas. The client responds by stating the extent to which he disclosed himself on each of the items which represent areas of personal information. The score on this questionnaire is the sum of the scores on all of the items. The Client Information Inventory is presented in Appendix E.

**Appropriate Client Role Behavior**

The issue of appropriate client role behavior has been discussed in an earlier section. It is evident from that discussion that there is little agreement among counselors on the specifics of appropriate client role behavior which is generalizable to all clients having all kinds of problems and seeing all kinds of counselors. However there are some general statements about client behavior which are likely to be acceptable to most counselors.

Krause (1967) has recently devised an instrument which is based on his conceptions of appropriate client role behavior. The instrument was designed to measure a client's motivation for treatment. Krause theorized that motivation for treatment may be measured by the extent a client actively engages in appropriate client roles. As Krause states:

*Psychotherapy, counseling and casework are therapeutic processes which require the client's active participation. By means of his participation he expresses his motivation for treatment. The more motivated he is, the more he sacrifices in order to participate, the harder he tries to participate adequately, the more adequate his participation, the more ad-
equate his participation, the more sensitive and attentive he is to his cues in his participation and the more opposed he is to disruptions of treatment, other things being equal. (p. 426)

Krause divides appropriate client role behavior into four categories.

1. Attendance at and use of appointments.
2. Presenting a detailed description of the problem.
3. Responsive use of information given by the counselor.
4. Performing desirable behaviors between sessions. (p. 426)

Krause's original instrument, The Client Behavior Inventory, contained forty-five items. Each item dealt with one of the areas of appropriate client role behavior. The instrument devised for this study, renamed the Client Behavior Scale, was made up of eleven items taken from Krause's original forty-five. The eleven items used were those which dealt with the client's ability to give a clear and detailed description of his problem to the counselor and the client's use of information given to him by the counselor. The scale was devised in two forms, one to be completed by the counselor and the other by the client. In either case the client or the counselor responded to the items as they applied to the client's behavior during the interview. The instruments were called the client and counselor forms of the Client Behavior Scale. These scales are presented in appendices C & D.

**Client Satisfaction with Counseling**

A client's satisfaction with the counseling he receives
is an important in-counseling variable predictive of final counseling outcomes, (Goodstein and Grigg, 1959). To measure client satisfaction with counseling in this study the Client Satisfaction Scale developed by Johnson and Fredrickson was used. The Client Satisfaction Scale is composed of three Likert-type items dealing with the client's perception of the counselor's interest in the client, the counselors understanding of the client, and the client's desire to return for further counseling. It also consists of a twenty-two item bi-polar semantic differential scale which rates the counselor in terms of evaluation, activity, potency, and receptivity.

When this scale was factor analyzed eight of the twenty-two items loaded highly on one factor and can be considered to a rating of counselors on a positive-negative continuum. The clients completed this eight-item semantic differential scale immediately following their interview. A total score was derived for this scale by summing the client's responses after determining the positive and negative end of each item. The scale is presented in Appendix K. The other three items used to measure client satisfaction are presented in Appendix B along with the original twenty-two item semantic differential scale.

**Counselor Satisfaction with the Client**

Counselor rating of clients as clients has widely been viewed as an indicator of successful counseling
(Stoler, 1963; Carkhuff, 1969; Wallach, 1962). In order to measure counselor satisfaction and liking of clients three items were devised by E. These items dealt with the counselors liking of the client, the counselor's estimation of the client's likelihood of improving, and the counselor's interest in having the client as a client (assuming that he were in a position to select among a number of potential clients). These items are presented in Appendix F and called the Client Evaluation Inventory.

**Client Depth of Self Exploration**

The instrument used to measure client self exploration was the Depth of Self Exploration Scale developed by Carkhuff and Truax in 1963. The scale was devised from the original Process Scale developed by Rogers, Walker and Rablen (1960). Carkhuff and Truax (1967) present the scale in its entirety as well as examples of client responses indicative of the various levels of self exploration. They also present a number of studies performed prior to the development of the scale which suggest that the client's level of self exploration is a significant in-counseling variable predictive of counseling outcomes. The Depth of Self Exploration Scale is a nine-point scale completed by the counselor attempting to measure the extent to which clients engage in self exploration ranging from no demonstrable intrapersonal exploration to a very high level of self probing and exploration. The scale is
presented in Appendix H.

**Client Problem Expression**

There is some evidence (Rogers and Truax, 1962; Kirtner and Cartwright, 1958) that the way a client initially presents his problem to the counselor is predictive of counseling outcomes. Carkhuff and Truax (1967) report that the Problem Expression Scale developed by Van der Veen and Thomlinson (1963) measures something quite akin to readiness for help. They state that although the data are not conclusive they favor the hypothesis that low levels on this scale describe clients who are rigid and unready for help and high levels describe clients with a readiness to change.

In a similar report Kirtner and Cartwright (1958) developed a scale which purports to measure the in-therapy behavior of patients and in particular the way they present their problems to the therapist in the early therapy interviews. They found that in client-centered therapy initial in-therapy behavior was predictive of judge's ratings of success on completion of therapy.

Since it was felt that these two scales, The Problem Expression Scale and the Kirtner and Cartwright scale measured the same type of in-counseling behavior only the Problem Expression Scale was used in the present study. The Problem Expression Scale is seven-stage scale which purports to measure the quality of the client's expression of
his problem to the counselor. It is completed by the counselor and it is presented in Appendix G.

Summary of the Dependent Variables

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>MEASURE</th>
<th>COMPLETED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Satisfaction</td>
<td>Client Satisfaction Scale (3 separate items and eight-item semantic differential)</td>
<td>client</td>
</tr>
<tr>
<td>Appropriate Client Role Behavior</td>
<td>Client Behavior Scale (Counselor form)</td>
<td>counselor</td>
</tr>
<tr>
<td></td>
<td>Client Behavior Scale (Client form)</td>
<td>client</td>
</tr>
<tr>
<td>Counselor Satisfaction</td>
<td>Client Evaluation Inventory</td>
<td>counselor</td>
</tr>
<tr>
<td>Client Self Exploration</td>
<td>Depth of Self Exploration Scale</td>
<td>counselor</td>
</tr>
<tr>
<td>Client Problem Expression</td>
<td>Problem Expression Scale</td>
<td>counselor</td>
</tr>
<tr>
<td>Client Self Disclosure</td>
<td>Client Information Inventory</td>
<td>client</td>
</tr>
</tbody>
</table>

The Hypotheses

Stated in general terms this study tests the hypothesis that clients who are given information about appropriate client and counselor role behaviors prior to counseling will display attitudinal sets and response styles in counseling which are predictive of desirable counseling end states. The specific hypotheses tested are:
Hypothesis I - Ss who are given information about appropriate client role behavior prior to counseling will disclose themselves more to their counselors than Ss who are not given such information.

Hypothesis II - Ss who are given information about appropriate client role behavior prior to counseling will demonstrate more desirable client role behavior than Ss who are not given such information.

Hypothesis III - Ss who are given information about appropriate client role behavior prior to counseling will be more satisfied with their counseling experience and their counselors than Ss who are not given such information.

Hypothesis IV - Ss who are given information about appropriate client role behavior prior to counseling will be rated by their counselors as better clients than Ss who are not given such information.

Hypothesis V - Ss who are given information about appropriate client role behavior prior to counseling will more adequately present their problems to their counselors than Ss who are not given such information.

Hypothesis VI - Ss who are given information about appropriate client role behavior prior to counseling will explore themselves more deeply than Ss who are not given such information.

Statistical Analyses

The six hypotheses were tested using the Mann-Whitney U Test. Since some of the instruments were not standardized measures all of the raw data underwent a factor analysis. In most cases factors emerged which were comprised of groups of items derived from the larger non-standardized
measures. Therefore support for the various hypotheses comes from two sources: comparisons between scores on the larger non-standardized tests and comparisons between scores on the larger non-standardized tests and comparisons between the factors which emerged from these tests. Comparisons between experimental and control groups on these measures and the derived factors were made using the Mann-Whitney U Test. Comparisons were also made between males and females as well as comparisons between male-controls (N=12), male-experimentals (N=12), female-controls (N=12), and female-experimentals (N=12), using the Mann-Whitney U Test. Thus there were three types of comparisons made:

1. EXPERIMENTAL vs. CONTROL (24 cases per cell)
2. MALE vs. FEMALE (24 cases per cell)
3. MALE-CONTROL vs. FEMALE-CONTROL vs. MALE-EXPERIMENTAL vs. FEMALE-EXPERIMENTAL (12 cases per cell)

As stated above, the entire item pool used (106 items) was factor analyzed using the revised BMDX72 program. The items were intercorrelated and ten factors were rotated. Of the ten rotated factors two were used in this study (see Appendices J and K). The remaining eight factors were not used because of factor contamination, low factor loadings, or because the items which loaded high on the factor did not comprise a clearly meaningful variable.
CHAPTER IV

Results

The six hypotheses stated in the preceding chapter will be restated and the results relevant to each hypothesis will be presented.

Hypothesis I - Ss who are given information about appropriate client role behavior prior to counseling will disclose themselves more to their counselors than Ss who are not given such information.

Hypothesis I was tested using a modification of Jourard's Self Disclosure Questionnaire. The results pertinent to Hypothesis I are presented in Table 1. Table 1 presents three types of comparisons as do all of the tables in this chapter: Experimental and Control or E and C, Male and Female or M and F, and Male-Experimental, Male-Control, Female-Experimental, and Female-Control, or ME, MC, FE, and FC.
Table 1 presents data which indicate that there was a significant difference between the experimental and the control groups on the Client Information Inventory. The data support the hypothesis that Ss in the experimental group would disclose themselves to their counselors more than Ss in the control group. (p. < .03)

They also indicate that there was no significant difference between the male and the female groups on amount of self disclosure. It should be noted that the results approached significance in the direction which favored the hypothesis that males would disclose themselves to their counselors more than females.

The data in Table 1 indicate that the Male-Experimental group disclosed themselves to their counselors significantly more than the Female-Experimental, Female-Control, and the Male-Control groups. These data suggest that the difference observed between the Experimental
and the Control groups might be accounted for by the superior performance of the Male-Experimental group over all of the other groups on amount of self disclosure.

Hypothesis II - Ss who are given information about appropriate client role behavior prior to counseling will demonstrate more desirable client role behavior than Ss who are not given such information.

Hypothesis II was tested with two forms of an 11 item questionnaire modified from Krause's Client Behavior Inventory. Hypothesis II was also tested using a factor which emerged when all of the items used in this study were factor analyzed. The factor contained six items, four from the original counselor form of the Client Behavior Scale (as modified from Krause), an item which was the Depth of Self Exploration Scale, and a final item which dealt with the counselor's estimate of the client's likelihood of improvement. See Appendix L for the specific items comprising this factor. The factor will be referred to from now on as Factor A.

Table 2 presents data based on the client form of the Client Behavior Scale (as modified from Krause).
Table 2 indicates that Ss in the Experimental group scored significantly higher (p. < .03) on the client form of the Client Behavior Scale than Ss in the Control group. There were no significant differences between males and females on this scale. The data also indicates that on all comparisons between the Experimental and the Control groups (when the groups were also divided by sex) the Experimental groups scored significantly or (in one case) nearly significantly higher on this scale than the Control groups. See Appendix D for the specific items on the client form of the Client Behavior Scale.

Hypothesis II, was also tested using another form of the Client Behavior Scale called the counselor form because it is completed by the counselor in reference to the client's behavior. The counselor form of the Client Behavior Scale appears in Appendix C.
Table 3 presents data relevant to the counselor form of the Client Behavior Scale.

**TABLE 3**

Mann-Whitney U Test for the Client Behavior Scale (counselor form)

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>C</td>
<td>197.5</td>
<td>497.5</td>
<td>.0302</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>267</td>
<td>567</td>
<td>.3315</td>
</tr>
<tr>
<td>MC</td>
<td>FC</td>
<td>62.5</td>
<td>140.5</td>
<td>.2904</td>
</tr>
<tr>
<td>ME</td>
<td>MC</td>
<td>54</td>
<td>132</td>
<td>.1481</td>
</tr>
<tr>
<td>FE</td>
<td>MC</td>
<td>54</td>
<td>132</td>
<td>.1455</td>
</tr>
<tr>
<td>ME</td>
<td>FC</td>
<td>45</td>
<td>123</td>
<td>.0581</td>
</tr>
<tr>
<td>FE</td>
<td>FC</td>
<td>44.5</td>
<td>122.5</td>
<td>.0534</td>
</tr>
<tr>
<td>ME</td>
<td>FE</td>
<td>69.5</td>
<td>147.5</td>
<td>.4422</td>
</tr>
</tbody>
</table>

Table 3 indicates that Ss in the Experimental group scored significantly higher ($p < .03$) on the counselor form of the Client Behavior Scale. It also indicates that there were no significant differences between males and females on this scale. There were no significant differences between groups when groups were subdivided by treatment condition and sex simultaneously although in each case the results are in the direction which favors the hypothesis that the Experimental group will demonstrate more appropriate client role behavior regardless of sex.

Hypothesis II was also tested using Factor A, (see Appendix L). The data relevant to Factor A are presented.
in Table 4.

**TABLE 4**

Mann-Whitney U Test for Factor A

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>C</td>
<td>190</td>
<td>490</td>
<td>.0215</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>254.5</td>
<td>554.5</td>
<td>.2444</td>
</tr>
<tr>
<td>MC</td>
<td>FC</td>
<td>49</td>
<td>127</td>
<td>.0914</td>
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<tr>
<td>ME</td>
<td>MC</td>
<td>66</td>
<td>144</td>
<td>.3640</td>
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<tr>
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<td>MC</td>
<td>65.5</td>
<td>143.5</td>
<td>.3534</td>
</tr>
<tr>
<td>ME</td>
<td>FC</td>
<td>39</td>
<td>117</td>
<td>.0277</td>
</tr>
<tr>
<td>FI</td>
<td>FC</td>
<td>19.5</td>
<td>97.5</td>
<td>.0012</td>
</tr>
<tr>
<td>FE</td>
<td>ME</td>
<td>56</td>
<td>134</td>
<td>.1770</td>
</tr>
</tbody>
</table>

The data indicate that the Experimental group scored significantly higher (p < .03) on Factor A than did the Control group, and that there was no significant difference between males and females on Factor A. The data also indicate that both the Female-Experimental and the Male-Experimental groups scored significantly higher on Factor A than did the Female-Control group but not significantly higher than the Male-Control group. This suggests that the main effect observed (E vs. C) may be accounted for by the relatively low performance of the Female-Control group.

**Hypothesis III** - Ss who are given information about appropriate client role behavior prior to counseling will be more satisfied with their counseling experience and their counselors than Ss who are not given such information.
Hypothesis III was tested with three separate items as well as with an eight-item semantic differential scale which was derived by factor analysis from a twenty-two item semantic differential scale. The first item used to test hypothesis III was:

ITEM A I feel that the counselor was interested in me as a person.

STRONGLY AGREE : : : : : STRONGLY DISAGREE

| TABLE 5 |
| Mann-Whitney U Test for Item A |

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>E</td>
<td>230.5</td>
<td>530.5</td>
<td>0.1067</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>252.5</td>
<td>552.5</td>
<td>0.2256</td>
</tr>
<tr>
<td>MC</td>
<td>FC</td>
<td>55.5</td>
<td>133.5</td>
<td>0.1832</td>
</tr>
<tr>
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<td>ME</td>
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<td>60</td>
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<tr>
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<td>66</td>
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<td>0.5000</td>
</tr>
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<td>63.5</td>
<td>141.5</td>
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<td>ME</td>
<td>FE</td>
<td>69</td>
<td>147</td>
<td>0.5000</td>
</tr>
</tbody>
</table>

Table 5 presents data relevant to Item A which indicate that there was no significant difference between the Experimental and the Control groups on that item. The results were in the direction which favored the hypothesis that Ss in the Experimental group would be more satisfied with their counselors than Ss in the Control group. There was no significant differences between males and females on item A. The data also indicate that there were no significant differences between groups on Item A when the groups
were divided by treatment condition and sex simultaneously.

Hypothesis III was also tested by using a second item.

ITEM B  The counselor seemed to understand my problem.

STRONGLY AGREE : _ _ : _ _ : _ _ : STRONGLY DISAGREE

Table 6 presents data relevant to Item B.

<table>
<thead>
<tr>
<th></th>
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<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
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<tbody>
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<td>0.5000</td>
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<tr>
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<td>MC</td>
<td>56</td>
<td>134</td>
<td></td>
<td>0.1620</td>
</tr>
<tr>
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<td>ME</td>
<td>71.5</td>
<td>149.5</td>
<td></td>
<td>0.5000</td>
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<td>MC</td>
<td>FE</td>
<td>57.5</td>
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<td>FE</td>
<td>57.5</td>
<td>135.5</td>
<td></td>
<td>0.2455</td>
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</tbody>
</table>

Table 6 presents data relevant to Item B which indicate that there was no significant difference between the Experimental and the Control groups on that item. The results were in the direction favoring the hypothesis that Ss in the Experimental group would be more satisfied with their counselors than Ss in the Control group. There was no significant difference between males and females on Item B.

The third item used to test hypothesis III was:

ITEM C  I would like to return to the counselor for further counseling.
STRONGLY AGREE: STRONGLY DISAGREE

Table 7 presents data relevant to Item C.

**TABLE 7**

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
</tr>
</thead>
<tbody>
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<tr>
<td>FC</td>
<td>FE</td>
<td>49.5</td>
<td>127.5</td>
<td>.1005</td>
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<tr>
<td>ME</td>
<td>FE</td>
<td>64</td>
<td>142</td>
<td>.3321</td>
</tr>
</tbody>
</table>

Table 7 presents data which indicate that there was no significant difference between the Experimental and the Control groups on Item C. The results are in the direction which favors the hypothesis that Ss in the Experimental group will be more satisfied with their counseling experience than Ss in the Control group. There was no significant difference between the males and females on Item C. The data also indicate that when the groups are subdivided by treatment condition and sex simultaneously there are no significant differences between the groups on Item C.

Taken together, the results presented in Table 5, 6, and 7 do not support the hypothesis that Ss in the Experi-
mental group will be more satisfied with their counseling experience than Ss in the Control group.

Hypothesis III was also tested with an eight-item bipolar semantic differential scale. The scale was completed by the client and it referred to the client's impressions of the counselor's handling of his problem. The eight items used were derived by factor analysis from a twenty-two item scale. This factor appears in Appendix K. It will be referred to as Factor B. Table 8 presents data relevant to Factor B.

Table 8 presents data which indicate that Ss in the Experimental group had scores significantly higher (p.<04) in the direction of more favorable attitudes toward their counselors than the Ss in the Control group. There was no significant difference between males and females on Factor B. There was one significant difference when the
groups were subdivided by treatment condition and sex simultaneously. Ss in the Female-Experimental group scored higher in the positive direction than Ss in the Male-Control group.

Hypothesis IV - Ss who are given information about appropriate client role behavior prior to counseling will be rated by their counselors as better clients than Ss who are not given such information.

Three items were devised to test hypothesis IV, (see Appendix F). The first item used to test hypothesis IV was:

ITEM 1  Based on your past experience with clients rate this client on the likelihood of his achieving desirable personality change or resolving the problem he presented to you.

VERY LIKELY  1234567 VERY UNLIKELY

Table 9 presents data relevant to Item 1.

**TABLE 9**

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
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<td>F</td>
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<td>145</td>
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<td>MC</td>
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<td>68</td>
<td>146</td>
<td>.4127</td>
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<tr>
<td>FC</td>
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<tr>
<td>FC</td>
<td>-FE</td>
<td>70.5</td>
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<tr>
<td>FE</td>
<td>ME</td>
<td>52.5</td>
<td>130.5</td>
<td>.1319</td>
</tr>
</tbody>
</table>

The data presented in Table 9 indicate that there was no significant difference between the Experimental and Con-
control groups on Item 1. The results were in the direction which favor the hypothesis that Ss in the Experimental group are more likely to have counselors who rate them favorably as clients than Ss in the Control group. There was no significant difference between males and females on this item. The data also indicate that there were no significant differences between groups on Item I when the groups were divided by treatment condition and sex simultaneously.

The second item used to test hypothesis IV was:

ITEM 2 If you were interested in developing a case load of clients and could choose from a large population of potential clients would you choose this client?

VERY LIKELY 1234567 VERY UNLIKELY

Table 10 presents data relevant to Item 2.

<table>
<thead>
<tr>
<th>TABLE 10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mann-Whitney U Test for Item 2</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
</tr>
</thead>
<tbody>
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<td>235.5</td>
<td>535.5</td>
<td>.1366</td>
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<tr>
<td>F</td>
<td>M</td>
<td>245</td>
<td>545</td>
<td>.1852</td>
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<tr>
<td>FC</td>
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<td>FC</td>
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<td>FE</td>
<td>ME</td>
<td>64.5</td>
<td>142.5</td>
<td>.3336</td>
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</tbody>
</table>

The data presented in Table 10 indicate that there was no significant difference between Ss in the Experimental and
the Control groups on Item 2. The results were in the direction which favored the hypothesis that Ss in the Experimental group would be judged more favorably as clients by their counselors than Ss in the Control group. There was no significant difference between males and females on this item and no significant difference when Ss were subdivided by treatment condition and sex simultaneously.

The third item used to test hypothesis IV was:

ITEM 3 Rate the degree to which you like this client.

VERY MUCH 1234567 VERY LITTLE

Table 11 presents data relevant to Item 3.

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
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</thead>
<tbody>
<tr>
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<td>223.5</td>
<td>523.5</td>
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<tr>
<td>M</td>
<td>F</td>
<td>283.5</td>
<td>583.5</td>
<td>.4662</td>
</tr>
<tr>
<td>FC</td>
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<td>FC</td>
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<td>48</td>
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<td>ME</td>
<td>FE</td>
<td>63</td>
<td>141</td>
<td>.3146</td>
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</tbody>
</table>

The data presented in Table 11 indicates that there was no significant difference between the Experimental and the Control groups on Item 3. The results were in the
direction which favored the hypothesis that Ss in the Experimental group would be judged more favorably as clients by their counselors than Ss in the Control group. There was no significant difference between males and females on Item 3. Finally, the data indicate that when Ss are subdivided by treatment condition and sex simultaneously there are no significant differences between the groups.

Taken together, the results presented in Tables 9, 10, and 11 do not support the hypothesis that Ss in the Experimental group will be judged more favorably as clients than Ss in the Control group.

Hypothesis V - Ss who are given information about appropriate client role behavior prior to counseling will more adequately present their problems to their counselors than Ss who are not given such information.

Hypothesis V was tested with Van der Veen's Problem Expression Scale (see Appendix G). Table 12 presents data relevant to the Problem Expression Scale.

| TABLE 12 |
| Mann-Whitney U Test for The Problem Expression Scale |

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
<th>Probability (one-tail)</th>
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<td>ME</td>
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<td>41</td>
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<tr>
<td>FE</td>
<td>FC</td>
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<td>FE</td>
<td>ME</td>
<td>63</td>
<td>141</td>
<td>.3043</td>
</tr>
</tbody>
</table>
Table 12 presents data which indicate that Ss in the Experimental group scored significantly higher ($p < .002$) on the Problem Expression Scale than Ss in the Control group. There was no significant difference between males and females on this scale. The data also indicate that regardless of sex, Ss in the Experimental group score significantly higher on the Problem Expression Scale than Ss in the Control group except in one case (ME-FC).

Taken together, the data presented in Table 12 suggest that Ss who received the Experimental treatment was significantly better at describing their problems to the counselor than Ss in the Control group.

Hypothesis VI - Ss who are given information about appropriate client role behavior prior to counseling will explore themselves more deeply than Ss who are not given such information.

Hypothesis VI was tested with Carkhuff and Truax's Depth of Self Exploration Scale (see Appendix H). Table 13 presents data relevant to the Depth of Self Exploration Scale.
Table 13 presents data which indicate that Ss in the Experimental group scored significantly higher (p. < .03) on the Depth of Self Exploration Scale than Ss in the Control group. There was no significant difference between males and females on this scale. When the Ss were subdivided by treatment condition and sex simultaneously the Male-Experimental and the Female-Experimental groups both scored significantly higher than the Ss in the Female-Control group suggesting the main effect observed (Experimental vs. Control) may be accounted for primarily on the basis of the relatively low performance of the Female-Control group on this scale.

Taken together, the data presented in Table 13 suggest that Ss who received the experimental treatment were significantly better at exploring themselves than Ss in the Control group.
The Recordings of the Interviews

It was originally intended that data come from three separate sources in this study: the clients, the counselors, and from judge's ratings of the interviews. The data presented are limited to the questionnaires completed by the clients and counselors because of technical difficulties in the recording of the tapes. Some of the interviews were mistakenly never recorded while others were recorded only partially or were recorded at too low a volume. Thus the analysis of the typed interviews was not done in this study.

The Analysis of the Matching Data

Prior to the presentation of the experimental and control treatments and the interview all Ss completed a questionnaire devised by the author. This questionnaire was also completed by all Ss following the interview. The questionnaire was devised to measure a client's understanding of the nature of counseling and counseling procedures. (see Appendix I). Ss were asked to respond to each item by checking how strongly they agree or disagree (on a seven-point scale) with each of the items. The positive direction for each item was determined by the author and a total score was derived by summing the scores on the twenty items. The Experimental and Control groups were compared on this instrument (Counseling Information Survey) completed both prior to and following the interview. Table 14 and 15 pre-
sent the relevant data.

### TABLE 14

**Mann-Whitney U Test for the Counseling Information Survey (Pre-interview)**

<table>
<thead>
<tr>
<th>High Group</th>
<th>Low Group</th>
<th>U</th>
<th>Rank Sum</th>
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</tr>
</thead>
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</table>

### TABLE 15

**Mann-Whitney U Test for the Counseling Information Survey (Post-interview)**

<table>
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<td>578.5</td>
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<td>66</td>
<td>144</td>
<td>.3642</td>
</tr>
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<td>MC</td>
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<tr>
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<td>109.5</td>
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<td>ME</td>
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<td>.0059</td>
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<td>FC</td>
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<td>FE</td>
<td>ME</td>
<td>71.5</td>
<td>149.5</td>
<td>.4885</td>
</tr>
</tbody>
</table>
The data in Table 14 indicate that the Experimental group scored significantly higher on the Counseling Information Survey completed prior to the interview than the Control group. Table 15 indicates that the Experimental group scored significantly higher than the control group on the instrument completed after the interview, and at a higher level of significance than the level attained in Table 14. While there is no evidence for the validity of this instrument as a measure of the client's understanding of counseling procedures, these results suggest that the results presented in Tables 1 through 13 should be interpreted cautiously. Table 14 suggests that the Experimental group may have been more knowledgeable about counseling procedures than the Control group prior to the presentation of the experimental treatment. This implies that the better performance of the Experimental group on the various dependent variable may be accounted for by their superior understanding of counseling procedures prior to the experimental treatment. Further research will be needed to determine the validity of the Counseling Information Survey as a measure of a client's understanding of counseling procedures. For the present, the explanation for the superior performance of the Experimental group is open to question.

Summary of the Results

In this section each of the six hypotheses will be re-
stated and the results pertinent to each will be summarized.

Hypothesis I - Ss who are given information about appropriate client role behavior prior to counseling will disclose themselves more to their counselors than Ss who are given such information.

This hypothesis was tested using a modification of Jourard's Self Disclosure Questionnaire. The data (see Table 1) support the hypothesis that Ss who received the Experimental condition would disclose themselves more than Ss who did not receive this treatment, (p.< .03). The data also suggest that males disclose themselves more than females regardless of experimental condition although these results do not quite approach significance.

Hypothesis II - Ss who are given information about appropriate client role behavior prior to counseling will demonstrate more desirable client role behavior than Ss who are not given such information.

This hypothesis was tested using two forms of an eleven-item questionnaire designed to measure desirable client role behavior in the first sessions of counseling and also was tested using a factor which emerged from the one form of the eleven-item questionnaire. The data (see Tables 2, 3, and 4) support the hypothesis that Ss who receive the Experimental condition will demonstrate more desirable client role behavior than Ss who don't receive the Experimental condition (p.< .03).
Hypothesis III - Ss who receive information about appropriate client role behavior prior to counseling will be more satisfied with their counseling experience and their counselors than Ss who are not given such information.

This hypothesis was tested using three separate items dealing with the client's reported satisfaction with counseling. The data reported in Tables 5, 6, and 7 do not support hypothesis III although they are clearly in the direction which favors the hypothesis as stated. Hypothesis III was also tested using a seven item semantic differential scale rating various aspects of the counselor's performance. The data (see Table 8) support the hypothesis that Ss who receive the Experimental treatment will be more satisfied with their counseling experience than Ss who do not receive the Experimental treatment (p. < .04).

Hypothesis IV - Ss who receive information about appropriate client role behavior prior to counseling will be rated by their counselors as better clients than Ss who are not given such information.

This hypothesis was tested using three separate items devised by E which attempted to measure the client's impression of S as a good client. The data (see Tables 9, 10 and 11) does not support this hypothesis although the results are in the direction which favors the hypothesis as stated.

Hypothesis V - Ss who are given information about appropriate client role behavior prior to counseling will more adequately present their problems to their counselors than Ss who are not given such information.
This hypothesis was tested using the Problem Expression Scale. The data (see Table 12) strongly support the hypothesis as stated (p. < .002).

Hypothesis VI - Ss who are given information about appropriate client role behavior prior to counseling will explore themselves more deeply than Ss who are not given such information.

This hypothesis was tested using the Depth of Self Exploration Scale. The data (see Table 13) support the hypothesis as stated (p. < .03).
CHAPTER V

Discussion of the Results

The concept of "readiness" has been discussed in a variety of contexts including those of counseling and psychotherapy (Robinson, 1950; Heilbrun, 1962; Grant and Grant, 1950; Barron, 1953). One definition of readiness that might be acceptable to most theoreticians and practitioners in counseling and psychotherapy is the extent to which the client is intellectually, emotionally, and motivationally prepared to enter into a meaningful therapeutic relationship. Since various measures of readiness have been demonstrated to be predictive of the length of and various outcomes of counseling, it seems logical that a technique which increases client readiness for counseling would be important for counselors to know about and use. This study attempts to evaluate such a technique. In general terms, it asks the question, "Does giving potential clients information about their roles as future clients increase client's readiness for counseling?" In this study readiness was operationalized into a variety of response styles, behavior styles and attitudinal sets. Each of these will be discussed briefly
and the results pertinent to each will be considered.

One response style related to the client's readiness for counseling is the amount of self disclosure. Unlike the depth of self exploration however, self disclosure, is primarily a quantitative variable measuring the number of meaningful topics the client discussed with the counselor or the number of different aspects of a general problem that were discussed. Although this variable has not been used often in research studies it was decided on logical grounds that it represents a meaningful measure of client readiness for counseling. In the present study (see Hypothesis I and Table I) it was found that during the first counseling interview Ss who received the experimental treatment disclosed themselves significantly more often (p.<.03) to their counselors than did Ss in the Control group.

Another variable used as a measure of client readiness was a modification of Krause's Client Behavior Inventory. Eleven items were chosen from the inventory which seemed to represent aspects of desirable client role behavior during the early stages of counseling. The eleven items have face validity as a measure of the client's ability and motivation to become actively involved in the counseling process. Two forms of the eleven-item scale were developed. The forms were identical in all respects except that one was worded in such a way that the counselor responded to the items as they applied to the client and
the other was worded such that the client responded to the items as they applied to his own behavior. In this study (see Hypothesis II and Tables 2, 3, and 4) it was found that Ss in the experimental group were rated by their counselors and rated themselves significantly higher on this scale than Ss in the control group were rated (p.<.03) or rated themselves (p.<.03). These results strongly suggest that Ss who received the experimental condition demonstrated more appropriate client role behavior in one counseling interview than Ss who did not receive the Experimental treatment.

Another variable used is an important attitudinal set frequently used in counseling research. Client satisfaction with his counseling experience and with his counselor have been shown to be predictive of counseling outcomes (Lipkin, 1954). Goodstein and Grigg (1959) argued for the significance of client satisfaction as a mediate counseling research variable in the following way:

Client dissatisfaction can only lead to distorted perceptions of the effectiveness of counseling with a consequent reduction in the social effectiveness of counseling. Clients who are dissatisfied with their counseling experience will not in all probability, regard counseling as a useful procedure regardless of whether or not they have actually been helped by the process. They will not regard counseling as a technique for solving any new problems that develop nor as a procedure to recommend to their friends and relatives. The point of the present discussion is not the client satisfaction per se is the goal of counseling nor that other criterion measures are unimportant but that client satisfaction is one important factor in any multifactor approach to the problem of the effectiveness of counseling. (p. 532).
Client satisfaction was measured in this study with three separate items which dealt with the client's perception of the counselor's understanding him, his understanding of the problem and the client's interest in returning for further counseling. In this study (see Hypothesis III and Tables 5, 6, and 7) it was found that after one counseling interview there were no significant differences between Experimental and Control groups on ratings on these three items. It should be noted that in each case the results were in the direction which favored the hypothesis that Ss who received the Experimental treatment would be more satisfied with counseling than Ss who did not receive this treatment.

Client satisfaction with the counselor was also measured by using an eight-item bi-polar semantic differential scale which rated the counselor on various characteristics. In this study (see Hypothesis III and Table 8) it was found that Ss in the Experimental group rated their counselors significantly more favorably (p. < .04) than Ss in the Control group. These results suggest that giving client's information about client roles may enhance reciprocity in counseling relationships in the sense that a counselor may be more likely to involve himself in desirable counselor roles as a function of the client's ability to involve himself in desirable client roles.

A final measure of client readiness was the counselor's
Past research has indicated the importance of this variable in counseling research. Stoler (1963) found that more successful clients were liked by their counselors to a significantly greater degree than less successful clients. Carkhuff (1969) suggests a possible explanation for these results when he states:

> If for some reason the helper finds himself working with helpees who are not attractive to him he will ordinarily function at lower levels, make poorer prognoses, and terminate the process earlier than he would with helpees who are attractive to him. (p. 49)

It has also been suggested (Wallach, 1962; Garfield and Affleck, 1961) that counselors like and prefer clients who are more aware of their feelings and capable of verbalizing them and in general clients who are more ready for counseling. In this study (see Hypothesis IV and Table 9, 10, and 11) counselor liking and satisfaction with clients were measured with three separate items. These items dealt with the counselor's perception of the client's likelihood of improving, the counselor's interest in continuing to see this client and the counselor's liking of the client. It was found on all of these items that there was no significant difference between Ss in the Experimental and the Control groups on any of these items. It should be noted that on each item the results were in the direction which favored the hypothesis that Ss in the Experimental group would be rated more highly as satisfaction with the client as a client.
clients than Ss in the Control group.

Another response style measured in this study was the level of client problem expression. Research on this in-counseling variable (Rogers and Truax, 1962; Kirtner and Cartwright, 1958) suggests that the way a client or patient describes himself and his problem to the counselor is predictive of counseling outcomes. For example, one end of the scales created by Van der Veen and by Kirtner and Cartwright the client does not discuss his problem or even admit that he has one. On the other end the client is discussing all aspects of the problem as well as possible solutions to the problem. The scale used in this study to measure the manner of client problem expression was the Problem Expression Scale. In the study it was found (see Hypothesis V and Table 12) that Ss in the Experimental group scored significantly higher on the Problem Expression Scale (p.<.002) than Ss in the Control group suggesting that the experimental treatment enhances a client's ability to discuss his problem in the most advantageous way in counseling.

A client's ability to explore himself has been in numerous research studies as an in-counseling behavior predictive of counseling outcomes. Truax and Carkhuff (1963) review results indicating relatively clearcut findings that the greater the degree of patient self-exploration the greater the degree of constructive personality changes in the patient. Wagstaff, Rice and Butler (1960)
and Truax (1961) report similar findings. In the present study (see Hypothesis VI and Table 13) it was found that during the first counseling interview Ss who received the experimental treatment explored themselves significantly more deeply (p. < .03) than Ss in the Control group.

Taken as a whole, these results suggest that clients can be socialized into the client role by the use of information used in this dealt with appropriate client role behavior. Further if a client is instructed on how to act as a client before counseling he will be more likely to act this way during counseling.

In evaluating the significance of these results some issues come to mind. It might well be argued that all of this constrains the client and inhibits spontaniety. It may be argued that it forces movement to occur too quickly for some clients who need to be more comfortable before becoming actively involved. As a response to these possible arguments it might be stated that for a client not to play the client role out of timidity, resistance or some other reason which may be tied to the client's problem is one thing and not play the client role out of ignorance is another thing. Providing information to clients about appropriate client role behavior increases the chances that a client will not remain unsocialized to the client role out of ignorance. For the timid or resisting client, presenting information about client roles may be seen as a way to make the socialization process easier when the client
is ready to be socialized. It might also be argued that structuring a situation by providing information about appropriate roles is an effective way of reducing anxiety in what is likely to be a highly ambiguous situation to most perspective clients.

As a reply to the argument that such a technique may inhibit spontaneity in clients by forcing them to respond only in certain ways it might be stated that if a client is able to be spontaneous about matters which have no significance in dealing with his problem then spontaneity is of no particular consequence. If, however, a client is capable of being spontaneous within a role which requires styles of responding which are advantageous in the resolution of the problem then spontaneity is meaningful. Thus, if a client is unable to explore himself and present his problem to the counselor in an appropriate way his spontaneity will not be particularly helpful.

More research could be performed to explore more fully the possibilities of this technique. Research which asks questions like "What kind of information might be given to what kind of potential client with what kind of a problem receiving what kind of treatment from what kind of therapist?" would be most meaningful in terms of specific recommendations for treatment. Krumboltz (1967) has recently stated in his "Test of Relevance" that research should be able to provide one specific type of information for counselors in practice, namely, "what will I as a counselor do differently
if the results of this study come out one way rather than another?" Perhaps the major significance of the results presented here is that they may begin to suggest procedures that counselors can use to make counseling a more efficient and possibly a more effective process.
CHAPTER VI

Limitations and Suggestions for Further Research

Since most suggestions for further research are implied by the limitations of the earlier research project, these two subjects will be discussed in the same section.

The use of graduate students in Counseling Psychology with limited counseling experience is one limitation of the present study. The generalizability of these results to "professional counseling" situations requires caution because of this. The use of professional counselors (as judged by some criterion such as years of experience or rated degree of competence) would be a significant step in the direction of improving the generalizability of the results of future studies.

In this study counseling was limited to one fifty-minute interview. Because of this limitation, instruments were used which measured in-counseling response styles and attitudinal sets appropriate for the first session of counseling. While in-counseling behavior predictive of counseling outcomes has been accepted as legitimate criteria in counseling research, an obvious improvement would be to design a study which allowed counseling sessions to continue
until termination acceptable to both counselor and client. Such a design would allow for the use of a wide variety of measures of final outcome as well as measures such as the number of interviews needed to reach an acceptable termination, and counselor and client satisfaction with the course of counseling and the final outcomes.

A further limitation of this study was the use of instruments without available data regarding validity and reliability. The need to measure appropriate in-counseling behavior in the first counseling interview was the primary factor in the decision to use these instruments. Further studies of this type will ideally use more than one counseling interview and thus eliminate the need to rely on instruments with uncertain validity and reliability data.

A further questionable aspect of this study was the use of students in an introductory psychology course as client-subjects. Following their counseling sessions counselors were asked whether or not Ss were similar to clients they encountered in counseling practicums. All counselors felt that they would not have been able to distinguish these Ss from students who requested counseling through the counseling practicums. In one case, following the counseling interview, E and the counselor involved agreed that the S did not have a meaningful problem to discuss. In this case the S was eliminated from the results and a new S was seen by that counselor.
In a recent study Gelso (1970) has suggested that this way of procuring subjects for counseling research may have some distinct advantages over other techniques. He states:

It seems to the writer that this may be a very useful new method of doing research on the counseling process. It has the major advantage over the typical counseling analogue in that Ss are individuals with real (vs. role played) problems with which they desire help. In addition, it has the advantages over research in more naturalistic settings in that it allows for the manipulation of experimental variables that are not ordinarily manipulable. (p. 133)

It appears that, rather than a limitation, the use of these Ss as clients may be an effective way to benefit from the advantages of a relatively naturalistic setting with a greater amount of control over experimental variables than in purely naturalistic settings.

Recent discussions of research in counseling and psychotherapy (Sprinthall, 1967; Kiesler, 1965) have strongly urged that future research in the counseling and psychotherapeutic processes focus on differential client characteristics prior to counseling. These authors suggest that such variables as demographic variables, pre-morbid history, various response styles and personality attributes of clients prior to counseling need to considered. Also Paul (1966) has recently suggested that research in counseling and psychotherapy should be geared to answer such questions as "Which client with what kind of problem is likely to benefit from what kind of treatment with what therapist?" These comments have significant implications for further research in the area of preparing clients for
counseling. There are two ways that information presented to clients prior to counseling can vary: the type of information to be presented and the way the information is to be presented. For example, various types of meaningful preparatory information might be appropriate role information, information about the rationale behind various counseling techniques, information about decision making skills, etc. The various ways the information could be presented are on audio tape, on audio and video tape, live, didactically, experientially, through modeling, through role playing, etc. To go back to the recommendation of Paul perhaps the ultimate kinds of questions in this line of research would fit into the following mold, "What kind of information presented in what way is likely to best prepare this kind of client with this kind of problem for counseling?"
CHAPTER VI

Summary

This study tested the general hypothesis that providing clients with information about appropriate client role behaviors will enhance the in-counseling behavior of clients. Forty-eight students in an introductory psychology course were used as subjects. The subjects were equally divided between males and females. Six counselors who were graduate students in Counseling Psychology interviewed the students who served as clients. Each counselor interviewed the students who served as clients. Each counselor interviewed eight clients for one fifty-minute interview. Prior to their interviews the Ss in the experimental group heard a tape prepared by the author which dealt with various aspects of appropriate client role behavior. The control group heard a tape which presented material unrelated to appropriate client role behavior. Following the interviews, the counselors and clients completed questionnaires which measured appropriate client role behavior, client satisfaction with counseling, counselor satisfaction with the client, client self disclosure, client self exploration, and client problem expression.
The results support the hypotheses that Ss who are given information about appropriate client role behavior will disclose themselves more to their counselors, explore themselves more deeply, better express their problems to their counselors, and will demonstrate more appropriate role behavior during the first counseling interview. The results also supported the hypothesis that Ss in the experimental group would be more satisfied with their counselors than Ss in the control group. There was no support for the hypothesis that Ss in the experimental group would be rated more favorably by their counselors.

Among the limitations of the study, it was mentioned that students in Counseling Psychology rather than professional counselors were used as counselors in this study. Counseling was limited to one interview and it was suggested that further research might employ numerous interviews. The use of more than one interview would also allow the use of measures with better validity and reliability data than the measures used in this study.

It was suggested that the primary value of this study was that it provides results which suggest possible alternative courses of action for practicing counselors. The data presented here suggest that counselors may increase their effectiveness by presenting perspective clients with information about appropriate client role behavior.
APPENDICES
APPENDIX A

Client Role-Information Tape
The purpose of this tape is to give you some information before you see the counselor about certain aspects of counseling which may be helpful to you. The tape is especially concerned with the role that you should play as a client, that is the things you can do and say which promote counseling and which lead to a satisfactory completion of counseling. Before we discuss specifically your role as a client it might be helpful to discuss why this type of information is important in counseling.

Generally, when two people interact in society much of their behavior is regulated by social roles, that is, standard ways for people to act when they are performing a certain function. For example, when you sit down at a restaurant and the waitress approaches you both you and the waitress will act in certain ways to promote the end results, that you enjoy the meal. The waitress will be courteous, explain anything if you have any questions, etc. You will tell the waitress what you want and ask them if you have any questions. All of this helps to make things run smoothly. If you ask the waitress to go home with you things are not likely to run so smoothly since this is not typically part of the role interaction between a waitress and a customer in a restaurant. In general, we might say that a role includes the ways other person or group of people, examples which illustrate this are the relationships between father and son, husband and wife, teacher and student, and client and counselor. In each case the relationship is likely to run smoothly if the individuals involved agree on the proper role behavior for each person.

By its very nature the role of the client is a counseling relationship is different from most roles you play in everyday life and this is because of what counseling tries to accomplish. In a general way, all counseling tries to create a new environment for the client. This may mean that in counseling sessions you feel free to talk about yourself in an honest way—something which is not easy to do in everyday life. It means that you will be expected to talk that are many times considered too private or personal to talk about with another person.

Let's consider for a minute some of the attitudes that are advantageous for a client to have prior to counseling.

1. One critical point is that you as a client should consider it good and appropriate to investigate yourself at a very basic level. This may include your thoughts, emotions and desires. The opposite of this is the attitude that it is either wrong or a waste of time for a person to try to understand himself as much as possible.
2. Another important attitude to have is that your thoughts and emotions are important causes in the way that you act and that it is by analyzing and changing yourself at these levels that you effect your future life. The opposite of this is the belief that fate or other people or some other agent is responsible for the kind of person you are.

3. Another attitude of importance is that complete freedom of expression and honesty are essential in your discussing yourself to the counselor.

4. Another critical attitude concerns the client's feelings about his past. A client wisely uses the past when he evaluates it and helps himself understand the way he is today on the basis of what he has done and what has happened to him in the past. To react to the past in terms of guilt and shame is not likely to be productive in understanding oneself in the present or changing oneself in the future.

5. A final attitude of importance in counseling is the client's attitude toward the problem he presents to the counselor. It is not very likely that a person will change by force. The best chances for change occur when the client admits that a problem does exist, that the problem is at least to some extent his responsibility and that the problem will be handled only when the client really wants his life to be different.

These are some of the attitudes that might be helpful for the client to have prior to and during counseling. Let's turn now to some of the specific things you can do as a client to promote a satisfactory counseling experience.

1. Anything that you do which helps the counselor understand you better is a good thing to do in counseling. One of the most important functions of the client is to describe himself and his problem situation and any other relevant information about himself in a detailed and clear-cut way.

2. A second thing a client can do is pay close attention to what the counselor says so that he can use that information for his own benefit. This may include asking the counselor to clarify if the client doesn't understand what the counselor is saying. In this way counseling gives the client a chance to view himself from a different vantage point.
3. Another thing a client can do in counseling is to become accustomed to the onesidedness of the relationship. More than likely the client will be expected to do most of the talking and most of the talking will be about the client and the personal aspects of his life. This may be a burden at first but most clients will become more and more comfortable with this onesidedness as counseling continues.

4. Another thing a client can do in counseling is practice problem-solving. In many ways counseling is like learning since the client should constantly be considering all of the aspects of his problem: what specifically is the problem, what are the possible solutions to the problem, and what decisions are required if the client is to solve the problem.

5. A final thing that a client can do is really more of an attitude but it effects everything the client does in counseling. This is that the client realize that the sole purpose of counseling is to understand the client as well as possible and to change the client or make the client more capable of change in the future.

We have discussed some of the attitudes and specific behaviors which are appropriate for the role of the client in a counseling relationship. We are not saying that counseling will not be successful if the client does not do all of these things but that counseling will more likely be successful as the client becomes more comfortable in feeling and behaving in the ways described here.

The following are excerpts from typical counseling interviews. They are meant to give you some idea of what is desirable and undesirable behavior for the client in counseling. The excerpts will be presented in pairs. In each case the pair of excerpts will demonstrate a desirable and an undesirable way to act or feel in counseling. In each case the desirable response will be begun with the word "positive" and the undesirable response with the word "negative." In some cases only the positive response will occur.

EXCERPT PAIR #1

POSITIVE - Well, I think my problem began when I decided to stop seeing my girl. I wanted to stay with her but my parents convinced me that I could not do well in school and have a steady girl too. Since then, I have done worse in school and I really resent my parents too. What I need to do is prove to myself that I can have a steady
girl and do well in school too.

NEGATIVE - Well, I have been feeling this way for a long time now. I guess it has to do with school and with my parents. I wish they would let me decide things for myself. I know things would be better if I could be my own boss.

STOP TAPE FOR DISCUSSION OF EXCERPT PAIR #1

EXCERPT PAIR #2

POSITIVE - I think I see what you mean. All along I had felt that my way of looking at things was the only way. Now I see that a counselor can offer some suggestions about my personality that I hadn't thought of before. Although I don't agree with everything you've said about me what you have said has helped me understand myself better.

NEGATIVE - I really don't think you can understand me. I'm the only one that can ever understand me. How can I profit from what you have to say when you can't understand me like I can understand myself.

STOP TAPE FOR DISCUSSION OF EXCERPT PAIR #2

EXCERPT #3

POSITIVE - I feel like I'm getting a better grasp of my problem now. What it boils down to is whether or not I'm going to keep at the job that I'm at now or switch to another one. What I have to decide is what are the advantages of each of the choices. Then what I have to do is choose the one which I think is best for me in the long run.

STOP TAPE FOR DISCUSSION OF EXCERPT #3

EXCERPT PAIR #4

POSITIVE - You know at first I didn't like being expected to tell you all about myself while you just sat there and nodded your head. Even know it bothers me a little. A person just isn't used to telling someone else about his personal life but somehow I feel comfortable because you even seem shocked and you never criticize me no matter how bad it seems I have been.
NEGATIVE - I've really had it. I've told you every detail of my life and you just sit there and nod your head. I don't even know whether or not you're married. Why should I pour my feelings out to you when you just sit there and make little comments on everything I say.

STOP TAPE FOR DISCUSSION OF EXCERPT PAIR #4

EXCERPT #5

POSITIVE - When I started counseling I was really unsure of what it was all about. Now I think I'm getting the idea. I think I could divide what I've done here in two phases: at first we talked about aspects of my personality and my particular problem until we felt we understood them as well as possible. Then we looked at possible alternatives for the future. For example we pinned down the problem to trying to please my parents and myself at the same time. Now I have to decide to please my parents and stay in premed or please myself and switch to something else.

STOP TAPE FOR DISCUSSION OF EXCERPT #5

EXCERPT PAIR #6

POSITIVE - When I first started seeing you I was a bit skeptical about the advantages of talking with another person. I mean I thought that "I am what I am and that's it." I think I've realized that there's a great deal about myself that I never realized. I had always seen myself as a victim of circumstances but now I see that I've had something to do with the way I am.

NEGATIVE - This is all for girls and sissies. What do I care what makes me tick anyway? I'm not going to be changing anyway. My personality will always be the same. And besides that what do I care about all the "psychological reasons" for why I do things?

STOP TAPE FOR DISCUSSION OF EXCERPT PAIR #6

EXCERPT #7

POSITIVE - I think what I realize now is that I always saw the problem as coming from somebody else. I always thought that people were just plain mean to me. It took a long time to realize
that I was making people act mean to me by always ignoring them. And I ignored them because I was afraid that they wouldn't like me.

STOP TAPE FOR DISCUSSION OF EXCERPT #7

EXCERPT #8

POSITIVE - You know you're one of the first persons I've been able to be completely honest with. For over five years I've lived with the knowledge that while I played the role of a Don Juan I was really deathly afraid to get close to any girl. I think if I could have discussed this openly and honestly years ago with someone I wouldn't be in the emotional mess I'm in now. Now I hope it's not too late to do something about it.

STOP TAPE FOR DISCUSSION OF EXCERPT #8

EXCERPT PAIR #9

POSITIVE - Well now I think I know myself better now that we've looked into some of my past. My father was an alcoholic and liquor was always available in our house. I had no trouble getting it and my father didn't seem to care. When I started hanging around with a bunch of guys we would drink like fish. But one thing I've known all along is that I never drank when I was alone. It is always when I'm with people that I drink. I think maybe if we could find out why I like to drink only when I'm with people maybe we could get at the root of this and stop it. It may be that I don't need alcohol as bad as I thought I did.

NEGATIVE - My past is enough to make anyone commit suicide. Just look what I've done to myself. My drinking has caused me to lose a good wife and child. I don't deserve to be alive. With a past like that how could anyone hope for a better life? Forget it. You're just wasting your time with a good-for-nothing like me.

STOP FOR DISCUSSION OF EXCERPT PAIR #9

EXCERPT PAIR #10
POSITIVE - Well, I know that I've got a problem because my wife and I very rarely get along. Most of the time we ignore each other or argue. I guess you can't argue that that's a problem. I think maybe what's wrong is that my wife and I have forgotten how to satisfy each other. I mean I throw my clothes all over the place when I get home even though I know she's been working all day. And she never asks me how my work is going even though I'd like to tell her about it. I mean I think we could really do something about this and I'm willing to try.

NEGATIVE - Well, I really don't think that there's any problem. I mean we get along as well as most couples. We have our share of fights but how many people don't fight two or three times a week anyway. If anything's wrong it's with my wife's personality. She really doesn't understand me. Heck, I like to do a lot of things I did before we got married and she just doesn't understand. I really don't think anything needs to be done except maybe to help her understand me better.

STOP TAPE FOR DISCUSSION OF EXCERPT PAIR #10
APPENDIX B

Client Satisfaction Scale
1. I feel that the counselor was interested in me as a person.

   ( ) Strongly agree
   ( ) Agree
   ( ) Uncertain
   ( ) Disagree
   ( ) Strongly disagree

2. The counselor seemed to understand my problem.

   ( ) Strongly agree
   ( ) Agree
   ( ) Uncertain
   ( ) Disagree
   ( ) Strongly disagree

3. I would like to return to the counselor for additional counseling.

   ( ) Strongly agree
   ( ) Agree
   ( ) Uncertain
   ( ) Disagree
   ( ) Strongly disagree
4. Please record below your overall reactions to the counselor's treatment of your problem:

closed: __: __: __: __: __: __: open
skillful: __: __: __: __: __: __: bungling
disapproving: __: __: __: __: __: __: approving
important: __: __: __: __: __: __: unimportant
indifferent: __: __: __: __: __: __: eager
leading: __: __: __: __: __: __: following
sufficient: __: __: __: __: __: __: insufficient
bad: __: __: __: __: __: __: good
active: __: __: __: __: __: __: passive
foolish: __: __: __: __: __: __: wise
emotional: __: __: __: __: __: __: unemotional
meaningless: __: __: __: __: __: __: meaningful
uncomfortable: __: __: __: __: __: __: comfortable
rational: __: __: __: __: __: __: intuitive
insensitive: __: __: __: __: __: __: sensitive
motivated: __: __: __: __: __: __: aimless
helpful: __: __: __: __: __: __: obstructive
shallow: __: __: __: __: __: __: deep
dishonest: __: __: __: __: __: __: honest
strong: __: __: __: __: __: __: weak
lax: __: __: __: __: __: __: domineering
friendly: __: __: __: __: __: __: unfriendly
APPENDIX C

Client Behavior Scale
(counselor form)
CLIENT BEHAVIOR SCALE

1. Did the client pay attention to what you were saying?
   ( ) always ( ) sometimes ( ) never

2. How interested was this client in what you had to say?
   ( ) very ( ) somewhat ( ) not at all

3. When the client was confused by something you said did he ask you to clarify?
   ( ) always or often ( ) sometimes or occasionally ( ) never

4. How would you describe the way the client presented his problem-situation?
   ( ) clearly and with detail ( ) so-so
   ( ) not clearly and not in detail

5. Did the client allow you to see or know his feelings?
   ( ) quite a bit ( ) somewhat ( ) hardly at all

6. How much tension or strain did the client show?
   ( ) he was very nervous ( ) he was on edge ( ) he was relaxed

7. Did the client try to discuss the points and questions you raised?
   ( ) all the time ( ) on occasion ( ) no, he was evasive

8. How easily was the client distracted or diverted by irrelevancies from the topic being discussed?
   ( ) not at all ( ) on occasion ( ) often

9. How quickly did the client seriously begin his interview?
   ( ) immediately ( ) after social amenities ( ) he never got serious
10. Did the client respond spontaneously to your remarks without being prodded or having them repeated?
   ( ) all the time ( ) on occasion ( ) never

11. Did you feel that the client may have withheld from you pertinent aspects of his problem situation?
   ( ) definitely no ( ) possibly ( ) definitely yes
APPENDIX D

Client Behavior Scale
(client form)
CLIENT BEHAVIOR SCALE

1. Did you pay attention to what the counselor was saying?
   ( ) always  ( ) sometimes  ( ) never

2. How interested were you in what the counselor had to say?
   ( ) very  ( ) somewhat  ( ) not at all

3. When you were confused by something the counselor said did you ask him clarify?
   ( ) always or often  ( ) sometimes or occasionally  ( ) never

4. How would you describe the way you presented your problem-situation to the counselor?
   ( ) clearly and with polish  ( ) so-so
   ( ) not clearly and with polish

5. Did you allow the counselor to know how your feelings?
   ( ) quite a bit  ( ) not at all

6. How much tension was there?
   ( ) I was very tense and on edge
   ( ) I was relaxed

7. Did you try to discuss your problem and questions the counselor raised?
   ( ) all the time  ( ) on occasion
   ( ) no, I was evasive

8. How easily were you distracted or diverted by irrelevancies from the topic being discussed?
   ( ) not at all  ( ) on occasion  ( ) often

9. How quickly did you seriously begin to discuss your problem?
   ( ) immediately  ( ) after social amenities
   ( ) I never got serious
CLIENT BEHAVIOR SCALE

1. Did you pay attention to what the counselor was saying?
   ( ) always ( ) sometimes ( ) never

2. How interested were you in what the counselor had to say?
   ( ) very ( ) somewhat ( ) not at all

3. When you were confused by something the counselor said did you ask him clarify?
   ( ) always or often ( ) sometimes or occasionally ( ) never

4. How would you describe the way you presented your problem-situation to the counselor?
   ( ) clearly and with detail ( ) so-so ( ) not clearly and not with detail

5. Did you allow the counselor to see or know your feelings?
   ( ) quite a bit ( ) somewhat ( ) hardly at all

6. How much tension or strain did you show?
   ( ) I was very nervous ( ) I was on edge ( ) I was relaxed

7. Did you try to discuss the points and questions the counselor raised?
   ( ) all the time ( ) on occasion ( ) no, I was evasive

8. How easily were you distracted or diverted by irrelevancies from the topic being discussed?
   ( ) not at all ( ) on occasion ( ) often

9. How quickly did you seriously begin to discuss your problem?
   ( ) immediately ( ) after social amenities ( ) I never got serious
10. Did you respond spontaneously to the counselor's remarks without being prodded or having them repeated?
   ( ) all the time ( ) on occasion ( ) never

11. Do you feel that you withheld from the counselor pertinent aspects of your problem situation?
   ( ) definitely no ( ) possibly ( ) definitely yes
APPENDIX E

Client Information Inventory
PLEASE RESPOND TO THE FOLLOWING ITEMS ABOUT YOUR COUNSELING INTERVIEW BY PLACING THE APPROPRIATE SYMBOL (1, 2, X, or 0) IN THE SPACE BEFORE EACH ITEM. THE MEANINGS OF THE SYMBOLS IS AS FOLLOWS:

1.... Have talked in general terms about this item. The counselor has only a general idea about this aspect of me.

2.... Have talked in full and complete detail about this item to the counselor. He knows me fully in this respect, and could describe me accurately.

X.... Have lied or misrepresented myself to the counselor so that he has a false picture of me.

0.... Have told the counselor nothing about this aspect of me.

1. ( ) What I think and feel about religion; my personal religious views.
2. ( ) My personal views on drinking.
3. ( ) My personal views on sexual morality - how I feel I and others ought to behave in sexual matters.
4. ( ) The things that I regard as desirable for a man to be - what I look for in a man.
5. ( ) My feelings about how parents ought to deal with children.
6. ( ) My likes and dislikes in music.
7. ( ) The kind of party or social gathering that I like best, and the kind that would bore me, or that I wouldn't enjoy.
8. ( ) My favorite ways of spending spare time, eg., hunting, reading, cards, sports events, parties, dancing, etc.
9. ( ) What I would appreciate most for the present.
10. ( ) What I find to be the worst pressures and strains at school.
11. ( ) What I enjoy most and get the most satisfaction from at school.
12. ( ) What I feel are my shortcomings and handicaps that prevent me from doing as well at school work as I like.
13. ( ) How I really feel about the people that I go to school with.
14. ( ) My ambitions and goals here at school.
15. ( ) How much money I make at my work, or get as an allowance.
16. ( ) Whether or not I owe money; if so, how much.
17. ( ) My most pressing need for money right now, eg., outstanding bills, some major purchase that is desired or needed.
18. ( ) The aspects of my personality that I dislike, worry about, that I regard as a handicap to me.
19. ( ) What feelings, if any, that I have trouble expressing or controlling.
20. ( ) The facts of my present sex life - including knowledge of how I get sexual gratification; any problems that I might have; with whom I have relations if any.
21. ( ) Whether or not I feel that I am attractive to the opposite sex; my problems, if any, about getting favorable attention from the opposite sex.
22. ( ) Things in the past or present that I feel ashamed or guilty about.
23. ( ) The kinds of things that just make me furious.
24. ( ) What it takes to get me feeling real depressed and blue.
25. ( ) What it takes to get me worried, anxious, and afraid.
26. ( ) What it takes to hurt my feelings deeply.
27. ( ) The kinds of things that make me especially proud of myself elated, full of self-esteem or self-respect.
28. ( ) My feelings about the appearance of my face - things I don't like, and things that I might like about my face and head - nose, eyes, hair, teeth, etc.
29. ( ) How I wish I looked: my ideals for overall appearance.
30. ( ) Any problems and worries that I had with my appearance in the past.
31. ( ) Whether or not I know of any present health problems, eg., trouble with sleep, digestion, heart condition, allergies, etc.
32. ( ) My feelings about my adequacy in sexual behavior - whether or not I feel able to perform adequately in sex-relationships.
APPENDIX F

Client Evaluation Inventory
1. Based on your past experience with clients, rate this client on the likelihood of his/her achieving desirable personality change or resolving he/she presented to you.

very likely 1234567 very unlikely

2. If you were interested in developing a caseload of clients and could choose from a large population of potential clients would you choose this client?

very likely 1234567 very unlikely

3. Rate the degree to which you like this client.

very much 1234567 very little
APPENDIX G

Problem Expression Scale
Stage 1  The individual does not talk about his problems, i.e., wrongs, difficulties, confusions, conflicts, complaints.

Stage 2  The individual talks about problems or problem situations but he does not talk about his direct involvement in a problem situation or event.

Stage 3  The individual talks about his direct involvement in a problem situation or event, but he does not talk about his own reactions in or to the problem situation.

Stage 4  The individual talks about his own reaction in or to the problem situation, but he does not talk about the contribution of his own reactions to the problem.

Stage 5  The individual talks about the contribution of his own reactions to the problem, but he does not talk about his own understanding of his feelings, experiences, or attitudes.

Stage 6  The individual talks about his own understanding of his feelings, experiences or attitudes, but he does not talk about an actual resolution of the problem in terms of changes in his feelings, experiences, or attitudes.

Stage 7  The individual talks about an actual resolution of the problem situation in terms of changes in his feelings, experiences, or attitudes.
APPENDIX H

Depth of Self Exploration Scale
DEPTH OF SELF EXPLORATION SCALE

Stage 0  No personally relevant material and no opportunity for it to be discussed. Personally relevant material refers to emotionally tinged experiences or feelings, or to feelings or experiences of significance to the self. This would include self-descriptions that are intended to reveal the self to the therapist, and communications of personal values, perceptions of one's relationships to others, one's personal role and self-worth in life, as well as communications indicating upsetness, emotional turmoil, or expressions of more specific feelings of anger, affection, etc.

Stage 1  The patient actively evades personally relevant material (by changing the subject, for instance, refusing to respond to all, etc.). Thus, personally relevant material is not discussed. The patient does not respond to personally relevant material even when the therapist speaks of it.

Stage 2  The patient does not volunteer personally relevant material but he does not actually evade responding to it when the therapist introduces it to the interpersonal situation.

Stage 3  The patient does not himself volunteer to share personally relevant material with the therapist, but he responds to personally relevant material introduced by the therapist. He may agree or disagree with the therapist's remarks and may freely make brief remarks, but he does not add significant new material.

Stage 4  Personally relevant material is discussed (volunteered in part or in whole). Such volunteer discussion is done 1.) in a mechanical manner (noticeably lacking in spontaneity or as a reporter or observer); and 2.) without demonstration of emotional feelings. In addition, there is simply discussed without movement by the patient toward further exploring the significance of meaning of the material or feeling in an effort to uncover related feelings or material. Both the emotional remoteness and the mechanical manner of the patient make his discussion often sound rehearsed.
Stage 5 This stage is similar to Stage 4 except that the material is discussed either with feeling indicating emotional proximity or with spontaneity, but not both. (Voice quality is the main cue.)

Stage 6 In stage six the level of stage four is achieved again with the additional fact that the personally relevant material is discussed with both spontaneity and feeling. There is clear indication that the patient is speaking with feeling and his communication is laden with emotion.

Stage 7 Tentative probing toward interpersonal exploration. There is an inward probing to discover feelings or experiences anew. The patient is searching for discovery of new feelings which he struggles to reach and hold on to. The individual may speak with many private distinctions or with "personal" meanings to common words. He may recognize the value of his self-exploration but it must be clear that he is trying to explore himself and his world actively even though at the moment he does so perhaps fearfully and tentatively.

Stage 8 Active interpersonal exploration. The patient is following a "connected" chain of thoughts in focusing upon himself and actively exploring himself. He may be discovering new feelings, new aspects of himself. He is actively exploring his feelings, his values, his perception of others, his relationships, his fears, his turmoil, and his life choices.

Stage 9 Stage nine is an extension of the scale to be used in those rare moments when the patient is deeply exploring and being himself, or in those rare moments when he achieves a significant new perceptual base for his views of himself or the world. A rating at this stage is to be used at the judge's discretion.
APPENDIX I

Counseling Information Survey
COUNSELING INFORMATION SURVEY

PLEASE RESPOND TO THE FOLLOWING STATEMENTS BY CIRCLING THE APPROPRIATE NUMBER FROM 1 TO 7. AS THE NUMBERS GO FROM 1 TO 7 YOUR OPINION OF THE STATEMENT GOES FROM STRONGLY AGREE TO STRONGLY DISAGREE. THE NUMBER 4 MEANS YOU ARE UNSURE OR NEUTRAL IN YOUR FEELINGS ABOUT THE STATEMENT.

1. People with psychological problems are essentially different from people without psychological problems.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE

2. Most problems can be solved by counseling in 2 or 3 interviews.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE

3. A knowledge of the past history of the client is of critical importance in dealing with psychological problems.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE

4. It is a must in counseling that the client state that he is to some extent responsible for his problem.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE

5. Counseling is more concerned with changing the ways people think and act than in identifying psychological illnesses.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE

6. Counseling is like Medicine in that the client describes himself to the counselor and he tells the client what is wrong with him.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE

7. To be helped in counseling a client must give the counselor a detailed description of himself and his condition in life.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE

8. A client must tell the counselor even the most intimate and personal information.

   STRONGLY AGREE  1234567  STRONGLY DISAGREE
9. Psychological and physical problems are similar in that both are caused by some form of biological disturbance.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

10. A client can be helped by counseling even if he doesn't want to be helped.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

11. Counseling is like learning in that in counseling a client learns new ways to act.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

12. Counseling will not succeed without an honest and trustworthy relationship between the client and the counselor.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

13. Counseling is helpful because it cures people from psychological illnesses.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

14. One responsibility of the counselor is to tell his client when he is doing something wrong and convince him not to do it anymore.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

15. The counselor's ability to give good advice is one of the key aspects of counseling.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

16. A good friend or a minister can help a person in the same way that a counselor can.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE

17. A client who expects to improve is just as likely to benefit from counseling as a client who does not expect to improve.

    STRONGLY AGREE  1234567   STRONGLY DISAGREE
18. It is helpful for clients to have a reasonable background in the principles of psychological problems to benefit from counseling.

STRONGLY AGREE 1234567 STRONGLY DISAGREE

19. In a typical counseling interview the counselor is likely to talk more than the client since he knows how counseling should take place.

STRONGLY AGREE 1234567 STRONGLY DISAGREE

20. The counselor is likely to decide what to talk about in counseling since he is more familiar with psychological problems than the client.

STRONGLY AGREE 1234567 STRONGLY DISAGREE
APPENDIX J

Factor A
(derived from the Client Behavior Scale, counselor form)
with Factor Loadings
FACTOR A

1. How would you describe the way the client presented his problem situation to you?
   ( ) clearly and with detail
   ( ) so-so
   ( ) not clearly and not in detail

2. Did you feel that the client may have withheld pertinent information from you?
   ( ) definitely no
   ( ) possibly
   ( ) definitely yes

3. Did the client respond spontaneously to your remarks without being prodded or having them repeated?
   ( ) all the time
   ( ) on occasion
   ( ) never

4. How easily was the client distracted or diverted by irrelevancies from the topic being discussed?
   ( ) not at all
   ( ) on occasion
   ( ) often

5. Based on your past experiences with clients, rate this client on the likelihood of his achieving desirable personality change or resolving the problem he presented to you.
   very likely 1234567 very unlikely

6. The depth of Self Exploration Scale

LOADINGS ON FACTOR A

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APPENDIX K

Factor B
(derived from the Client Satisfaction Scale)
with Factor Loadings
Factor B

Please record below your overall reactions to the counselor's treatment of your problem.

1. meaningful___meaningless
2. strong___weak
3. wise___foolish
4. helpful___obstructive
5. sensitive___insensitive
6. deep___shallow
7. comfortable___uncomfortable

Factor Loadings

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APPENDIX L

The One Hundred and Six Items
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APPENDIX M

The Rotated Factor Matrix
for the One-hundred and Six Items
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