THE EFFECTS OF DELAYED ROLE INDUCTION ON COUNSELING PROCESS AND OUTCOME

The Ohio State University

Ph.D.

1980

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THE EFFECTS OF DELAYED ROLE INDUCTION
ON COUNSELING PROCESS AND OUTCOME

DISSERTATION

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

by

Myrna Lois Friedlander, B.A., M.A.

* * * * *

The Ohio State University

1980

Reading Committee:

Don M. Dell, Ph.D.
Theodore J. Kaul, Ph.D.
Harold B. Pepinsky, Ph.D.
Lyle D. Schmidt, Ph.D.

Approved By

Theodore J. Kaul
Adviser
Department of Psychology
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VITA

December 10, 1947........ Born — Washington, D.C.

1969..................... B.A., cum laude
Case Western Reserve University
Cleveland, Ohio

1969-1973.............. French Teacher
Cambridge High and Latin School
Cambridge, Massachusetts

1973-1974.............. Fulbright Exchange Teacher
George Abbot Girls' School
Guildford, England

1977-1978.............. Family Planning Specialist
Planned Parenthood of Metropolitan Washington
Washington, D.C.

1978..................... M.A. in Education
The George Washington University
Washington, D.C.

1978..................... Research Assistant and Program Evaluator
The George Washington University Medical School
Washington, D.C.

1978-1979.............. University Fellow
The Ohio State University
Columbus, Ohio

1979-1980.............. Graduate Teaching Associate
Department of Psychology
The Ohio State University
Columbus, Ohio

1980-1981.............. Psychology Intern
Albany Medical College
Albany, New York
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CHAPTER I

THE PROBLEM

Counseling or psychotherapy has been viewed as a social system, or enterprise, with specific but implicit expectations and rules of behavior (Orne & Wender, 1968). As any system, it is defined by the setting, cast of participants, time limitations, and ascribed roles (Siegman & Pope, 1972). Within the system, therapeutic process refers to the ongoing face-to-face interaction of counselor and client, primarily their dyadic communications during the interview (Kiesler, 1973). Certain theoretical approaches to counseling heavily emphasize the counselor-client relationship (cf. Rogers, 1951) and the social influence process of counseling (cf. Strong & Matross, 1973) in producing positive therapeutic outcomes.

Empirical research on the process and outcome of counseling has been particularly concerned with the importance of the participants' expectations. Early studies took as their conceptual base the arguments of Kelly (1955), who maintained that clients enter the counseling relationship with preconceived notions of the interaction and of the counselor's role, and Frank (1961), who postulated that the
effectiveness of counseling was largely dependent upon the client's and counselor's beliefs, hopes, and expectations for symptom relief. From these conceptualizations and literature from experimental and social psychology, Goldstein (1962) posited two types of expectancies to guide further study: role expectancies and prognostic expectancies. Role expectancies were defined as the client's and counselor's anticipations of behavior within the relationship; prognostic expectancies referred to their subjective assessments regarding the probability of success in treatment.

Role expectancies were said to have meaning for outcomes in counseling as well as therapeutic process. Kelly (1955) argued that the counselor's failure to confirm the client's expectations about their respective roles early on in counseling would lead to confusion or disappointment on the client's part, and ultimately to negative outcomes. Lennard and Bernstein (1960), in a descriptive study of the relationship between verbal communication and expectations in psychotherapy, found that clients' satisfaction was related to the process as well as to the specific content of communication; a strain on the communication system reflected clients' dissatisfaction within the relationship. Role expectations were defined as tacit or explicit rules regarding level and differentiation of activity by counselor and client, selectivity of communications, and duration of counseling with respect to outcome goals. They found that discrepant role and prognostic expectations, if
unreconciled, put a strain on the social system (i.e., psychotherapy) which eventually led to its disintegration.

Despite the prevalent belief that disconfirmed expectancies of necessity entail negative outcomes, Duckro, Beal, and George (1979) in their recent review article maintained that the evidence is far from conclusive. Individually, studies have been flawed by confused definitions of the construct "expectation" and by a lack of consideration of the interrelationships of expectations, verbal behavior, and outcome. Without investigating the three aspects simultaneously, it remains unclear just how expectations affect behavior in the interview, so as subsequently to affect the therapeutic outcome.

The general goal of the present research was to explore relationships among clients' role expectations and process and outcome in counseling. Previous investigations of the effects of role expectations have focused either upon outcome to the exclusion of process, or vice versa. Clients' satisfaction (cf. Martin, Sterne, & Hunter, 1976), premature termination (cf. Overall & Aronson, 1963), and global improvement (cf. Jacobs, Charles, Jacobs, Weinstein, & Mann, 1972) have been the dependent measures commonly used. In general, the process variables have been highly subjective global measures such as depth of self-exploration (cf. Truax, Wargo, & Volksdorf, 1970) or have sampled only the client's behavior, ignoring the dynamic interaction of client and counselor. The few studies which have considered
the client's linguistic behavior within the interview more objectively and comprehensively (cf. Pope, Siegman, Blass, & Cheek, 1972) have for the most part neglected outcome.

Role Induction

Two strategies have been followed in the role expectation research: descriptive and experimental. In the descriptive, or naturalistic, approach clients' and/or counselors' expectations are assessed by questionnaires and correlated with process or outcome variables (cf. Lennard & Bernstein, 1960; Overall & Aronson, 1963). The experimental studies have been of two varieties. First, congruent and incongruent dyads have been assigned based on the participants' role expectations (cf. Goin, Yamamoto, & Silverman, 1965). More positive outcomes have been cited, however, by exposing potential clients to role induction techniques, that is, structured interviews or automated procedures such as tape recordings or films where the intent is to shape clients' expectations toward congruence with the counselors' style (cf. Duckro et al., 1979; LaTorre, 1977; Orlinsky & Howard, 1978).

The rationale behind the role induction studies in individual treatment stemmed primarily from considerations of outcome. The first role induction procedure, an "anticipatory socialization interview," was designed for low-prognosis clients who were assumed to hold expectations and values about psychotherapy which negatively affected their
participation and subsequent outcomes (Orne & Wender, 1968). The early studies sampled outpatients of low socioeconomic status, patients who often did not continue long enough to benefit from treatment (Lorion, 1974).

Within the format of group treatment, considerably more attention has been paid to the effects on process due to role induction. Methods have included vicarious modeling (cf. Whalen, 1969), structured interviews (cf. Strupp & Bloxom, 1973), detailed instructions (cf. Bednar & Battersby, 1976), and behavioral practice (cf. D'Augelli & Chinsky, 1974). The rationale behind structuring the role expectations of group members vicariously and with behavioral practice was proposed in a model by Bednar, Melnick, and Kaul (1974). They postulated that levels of risk and responsibility might be appropriately regulated by early structuring, or role induction. Their model was contrasted with the prevalent notion that ambiguity heightened risk-taking in group counseling (Bednar et al., 1974). Thus, in the group studies role induction was specifically designed to enhance the process, a form of face-to-face interaction which was viewed as qualitatively different from the dyadic interaction of individual counseling (Kaul & Bednar, 1978).

Although role induction has proved to be the most powerful strategy for studying the effects of clients' expectations, several problems need to be stressed. In the first place, the construct "expectation" has been poorly
defined. The research has been consistently flawed by the confounding of role and prognostic expectations, even when placebo control groups have been employed (cf. LaTorre, 1977). In the studies of individual counseling, both the role induction procedure and the dependent measures have focused more upon the client's expectations or perceptions of the counselor's role than of his or her own behavior (cf. Childress & Gillis, 1977).

Since role induction interviews probably constitute treatment in and of themselves, several studies have attempted, by one means or another, to equalize the added attention for the control group. However, the placebo treatments have often lacked face validity (cf. Strupp & Bloxom, 1973) and have not eliminated the confounding of role and prognostic expectations.

The second problem with the role induction research has to do with the presentation of the nature of counseling or psychotherapy. In most studies counseling has been treated as a single phenomenon, psychodynamic in orientation and an essentially similar experience for all clients (cf. Hoehn-Saric, Frank, Imber, Nash, Stone, & Battle, 1964). Such a limited view of counseling goes against current trends in theory, research, and practice which emphasize judicious choice of interventions based upon particular characteristics of clients.

The present study went beyond previous research on role induction by comparing two procedures representing different
approaches to counseling to one another and to controls
"motivated" by exposure to generalized prognostic expectancies. The treatments were presented after the initial interview, so that hypotheses could be tested concerning the effects of role induction beyond those of regular treatment. The emphasis in both role induction procedures was on the client's role and responsibility in the interaction; description of the counselor's behavior was minimized. Finally, perhaps the most important contribution of the present study was its investigation of both the simple and interactive effects of role induction and process variables on outcome as perceived by clients and counselors.

Social Influence in the Counseling Process

Viewing counseling as a social system, several theorists and researchers have maintained that change is effected through processes of social influence (cf. Goldstein, Heller, & Sechrest, 1966; Strong, 1978). Evidence from one line of analogue research has suggested that clients' perceptions of the counselor's credibility and attractiveness are influential in producing compliance with counselors' requests (Corrigan, Dell, Lewis, & Schmidt, 1980).

Although the literature on social influence has made strides in delineating the counselor's sources of influence with regard to the client, an as yet unexplored area is the client's influence over the counselor's behavior. Recent
reviewers of process-outcome research have decried the paucity of investigations into the dynamic interaction of client and counselor (Orlinsky & Howard, 1978; Parloff, Waskow, & Wolfe, 1978). In particular, the determinants of their mutual influence remain to be investigated.

The influence of clients' communications on counselors' behavior is of interest in relation to role expectations. Social expectation theory suggested to Biddle (1958), for example, that when one person conforms to the role expectations of the other, the former will have greater influence over him or her than would someone who does not behave in congruence with those expectations. Following from this theory, if a client is induced to behave in ways conforming to the counselor's expectations of appropriate behavior, perhaps his/her influence over the counselor will be enhanced.

A secondary goal of the present research, then, was to explore the client's influence over the counselor's verbal behavior and perceptions. If, in fact, clients were to speak about their concerns in a manner suggested by the role induction procedure, would counselors respond in kind? That is, would the counselor be influenced to respond in ways congruent with the client's verbalizations? Would the counselor become more passive as the client took a more active role in the interaction, and would the counselor perceive
the client to be motivated to work in counseling? How would the counselor perceive the approach used with that client (i.e., would it be similar to the theoretical perspective presented in the role induction)? Few studies to date had considered the indirect effects of role induction on the counselor's behavior.

Thus, rather than uniquely consider the instructive role the counselor plays in teaching the client to speak (cf. Meara, Shannon, & Pepinsky, 1979), the present investigation explored the ways in which clients instruct counselors how best to work with them. Since practitioners have been concerned with choosing interventions based upon the client's characteristics, it is critical to determine how their behavior reflects a response to the client's communication.

**Discourse in Role Induction**

Within the system of counseling and psychotherapy, discourse is at once the primary mode of interchange and the event itself (Labov & Fanshel, 1977). Likewise, the product, or output, of the system (cf. Miller & Rice, 1967) is the language and is evaluated by the language. To illustrate, some counselors interpret "positive self-talk" (cf. Meichenbaum, 1973) as an outcome, a product, of counseling; similarly, some counselors diagnose disturbance on the basis of the client's communication patterns (cf. Watzlawick, Beavin, & Jackson, 1967). The assumptions have been that
language is both descriptive of cognitive and affective processes (cf. Bandler & Grinder, 1975) and instrumental in producing behavioral change (cf. Perls, Hefferline, & Goodman, 1977).

This dual role of discourse is the principle way in which counseling as a system is differentiated from most other systems. In other systems language may be either the mode (e.g., in legal contexts) or the product (e.g., in educational systems), but no other system comes to mind where language so clearly dominates means as well as end.

Both clients and counselors must learn the rules of the system, the rules of linguistic, paralinguistic, and kinesthetic behavior which are dependent upon the role relationships and demands of the setting. It is deemed necessary, by one means or another, to socialize clients into the appropriate role, the assumption being that the rules governing behavior may be learned by clients as they are by counselors-in-training. Role induction was designed especially for clients of low socioeconomic status since they were seen as a population for whom linguistic codes were restricted and social relationships defined primarily around discourse were least familiar (Bernstein, 1964; Lorion, 1974; Heitler, 1976). Thus, role induction can be viewed as education in the discourse rules peculiar to counseling as a social system, a system which clients are taught to differentiate from other systems.
Much of what is taught in role induction may be located under the headings used to describe the functions of spoken and written text: ideational, interpersonal, and textual (cf. Halliday, 1970). The ideational function is the content, or substance of what is being discussed. The interpersonal function refers to the maintenance of the role relationships of speaker and listener. The textual function includes grammar and is the means of structuring information as discourse-within-context. Thus, the rules taught in role induction may include aspects of all three functions. Under the ideational function, clients are taught to discuss affect-laden issues of a private nature; certain kinds of topics are acceptable, others are not relevant. Under the interpersonal function, clients learn, for example, that counselors may not advise or respond to questions, but rather may reflect and clarify, probe or reassure. Under the textual function, clients may learn that the use of self-references, present tense, and metacommunication is highly valued, while indefinite pronouns and abstract words are to be avoided.

Clearly, then, the ideational, interpersonal, and textual components in the rules of socialization may be related to the theoretical orientation of the counselor or researcher. Indeed, analyses of the language used in counseling most often reflect theoretical notions pertinent to the three functions just described. Role induction studies, in particular, have employed as dependent measures depth of

However, the role induction studies have generally failed to study discourse free from theoretical notions regarding psychological states and therapeutic interventions. If the assumption is that clients are socialized into a new system of role relationships with specialized rules of discourse, the measures used to describe those rules should be applicable to discourse rules within other social systems in order to allow for comparison.

To do this, the present investigation has borrowed heavily from the fields of philosophy of language and sociolinguistics and their applications in several disciplines. In particular, speech act theory as described by Searle (1969) and applied by Corsaro (1979) and Sacks, Schegloff, and Jefferson (1974), among others, served as the conceptual underpinnings for three of the dependent measures used in this investigation.

**Rules of Discourse.** According to Searle (1969), any theory of language cannot stand apart from a theory of action, since speech is a rule-governed form of behavior. In principle, to study the meaning of sentences one must study speech acts, acts "such as making statements, giving commands, asking questions, making promises, and so on, and more abstractly, acts such as referring and predicating... which are in general made possible by and are performed in
accordance with certain rules for the use of linguistic elements" (p. 16). It is the production of words or symbols in performing speech acts which is the unit for study of communication, not the grammatical structure alone. Since one sentence may perform several functions, from suggesting to commanding, for example, the rules of speech must be studied within an episode of interaction, bound by time and space.

In discourse analysis, one principle is of prime importance in distinguishing what is said from what is done: discourse depends upon the concept of shared knowledge (Labov, 1972). There is no simple one-to-one relationship between sentence types (declarative, imperative, interrogative) and actions such as assertions, requests for information, commands; each of these actions may be effected in more than one way (Labov, 1972). Is that your coat on the floor? is, grammatically, interrogative, but when said from father to son, it may be a command to pick up the coat (Sinclair & Coulthard, 1975).

One may also distinguish between what is intended and what effect is produced on the listener. These two kinds of acts are called, respectively, illocutionary and perlocutionary (Searle, 1969).

Discourse rules are thus independent of propositional forms and have more to do with implicit assumptions regarding the social relations of the participants (Labov, 1972). That is, in any system the participants' social identity,
which is based in part on their respective roles, serves to
set limits (i.e., rules) around who says what, when, and
how (Edwards, 1976) and how the communication is interpreted
(Patton, Fuhriman, & Bieber, 1977). For example, the quan-
tity of verbal activity from each of a two-party interchange
reflects the social rule that "one must demand only the
amount of attention that is an appropriate expression of his
relative social worth" (Goffman, 1967, p. 36).

The extent to which discourse rules differ in counsel-
ing from other social systems has not been made explicit.
To illustrate, the rule cited above does not appear to hold
in counseling; here the verbal activity ratio generally fa-
vors the client (cf. Scher, 1975), the party with the lower
social status (Siegman & Pope, 1972). One assumption which
seems to be held by theoretician, clinician, and researcher
alike is that high client-to-counselor activity ratios are
desirable. Yet is it the amount of words spoken, the number
of words each time a turn is taken (cf. Sacks et al., 1974),
or the pertinence of those words to a relevant topic which
is most desirable (i.e., most predictive of positive out-
comes)?

It was one goal of this research to apply some concepts
from speech act theory to the analysis of discourse in coun-
seling. Along with traditional types of content analysis, a
system culled from existing systems (Corsaro, 1979; Keenan
& Schieffelin, 1976; Weiner & Goodenough, 1977) was used to
study the interview from the point of view of conversational
turns, that is, independently of theoretically-based notions of content relevant to counseling. The emphasis on acts of speech independent of content has as its prime advantage the provision of a framework for discussing the intentions and expected effects of utterances used to perform acts not only peculiar to the context of counseling (Pepinsky, personal communication, 1980).

Summary

To summarize, previous literature has been supportive of the efficacy of role induction for many client populations, but important questions remained as to the relative effects of inducing role or prognostic expectancies and to the benefit accruing beyond the socialization process which occurs naturally in early interviews. None of the prior studies had compared theoretical approaches to one another, and few studies had considered the indirect effects of role induction on counselors' perceptions and behavior. Furthermore, although linguistic measures have traditionally provided diverse types of data in process and outcome research, verbal analyses have been, for the most part, pertinent conceptually only to counseling interactions.

The present research used the social influence literature as its conceptual foundation, dealing specifically with the interrelation of expectations and behavior and viewing counseling as a system. The general problem consisted of exploring the process and outcome of counseling when
clients' expectations for their own behavior had been structured by a role induction procedure. The major assumptions were that expectations significantly influence behavior, that behavior in turn modifies expectations, that the behavior of two individuals in a system is dynamic, and that behavior congruent with expectations leads to continued interaction. It was not assumed that the depth of experiencing in counseling was reflected in the linguistic measures employed here.

The major purpose of the present study, then, was to extend the role induction literature conceptually and methodologically. More specific questions raised by this investigation concerned (1) the efficacy of inducing role expectancies beyond simple placebo effects and beyond the effects of a regular initial interview, (2) the contrast of two theoretical approaches in role induction, (3) the sources of clients' influence over counselors' verbal behavior in the interview, and (4) the relationships among self-reported perceptions of the interaction and between perceptions and behavior in counseling.

It was hoped that the present study would help clarify if and how role induction enhances the typical counseling experience where such automated socialization does not customarily occur. In that sense, the study was construed as a field experiment using a method external to the event but a nonetheless legitimate intervention in and of itself. In
a broader sense, however, the research was construed as an analogue to the socialization process in which counselors engage more or less explicitly early on in treatment.
CHAPTER II

REVIEW OF LITERATURE

This review presents first a dynamic model of the counseling interaction upon which assumptions and hypotheses of the present investigation were based. The following two sections of the chapter, role induction and analysis of discourse in counseling, are meant to be representative, but not exhaustive, of the literature in these areas. Finally, methodological implications and predictions are detailed.

Model of the Dynamic Interaction in Counseling

A model of the dynamic interaction of counselor and client is presented in Figure 1. The model served as the conceptual base for the present investigation and is presented here since prior research was evaluated with reference to it.

Although adapted from the model of two-person interaction and changes via natural language sketched by Patton et al. (1977), the present model differs in two respects. First, it presents a more detailed schema of what Patton et al. termed "prior knowledge of social relationships," represented here by perceptions, expectancies, preferences, and
COUNSELOR

- Perceptions of the environment
- Perceptions of self
- Preferences

CLIENT

- Perceptions of self
- Perceptions of the environment
- Preferences
- Expectancies

Intentions

Behavior (observed)

Interpretive activity (assumed)

Concerted actions (or obverse) (observed and assumed)

Outcomes (observed and inferred)

---

Figure 1
Model of the Dynamic Interaction in Counseling

After Patton, Fuhriman, & Sieber (1977)
intentions. The distinction of these terms is critical conceptually and methodologically. Second, the model is more general in its reference to observable behavior (i.e., entailing nonverbal communication as well as informative displays). Similar to Patton et al., extrapolation may be made beyond the counseling process to any two-person interaction (or, multidimensionally, to group interactions).

Perceptions refer to an individual's symbolic representation of past interactions with the environment (including other people) and of the self. These perceptions interact with one another. For example, a client may perceive counseling to be supportive and therefore see him/herself as nondefensive in that environment. On the other hand, the vector may be reversed: if the client perceives him/herself as nondefensive in most environments, counseling will be perceived as nonthreatening.

These sets of perceptions, in turn, produce expectancies (Goldstein, 1962; Rotter, 1954; Sarbin & Jones, 1956) and preferences. Expectancies refer to subjective probabilities of the occurrence of events or behaviors and may be generalized (i.e., schemata) or specific (i.e., referring to the self or to specified events or others). Preferences, on the other hand, are affective states of liking or disliking for objects, events, or people. They interact with expectancies, and, like expectancies, they derive from an individual's perceptions of previous experiences and of the self. From preferences and expectancies follow intentions,
an individual's conscious (or perhaps unconscious) plans to influence events in a desirable manner. Intentions must be assumed if we believe that events occur nonrandomly.

Distinctions between perceptions, preferences, expectations, and intentions are critical to understanding and investigating the interactions of counselor and client. One may prefer oneself or others to behave in a particular manner, but one may only have intentions about one's own behavior. For example, a client may prefer a female counselor (based on perceptions of counseling gleaned from outside sources and on perceptions of his or her own past behavior with women), expect to be assigned to a male counselor (based on perceptions of the agency), yet nonetheless intend to request a female counselor at intake. Other examples may be contrived, but the point is that these concepts are not equivalent. Too often have studies purported to investigate expectancies when in fact they are requesting subjects' perceptions of past events or preferences for particular characteristics of counselors. Several reviewers have noted the confusion between expectancies and preferences (cf. Duckro et al., 1979; Ziemelis, 1974).

Following the model, counselors' and clients' behaviors are assumed to follow from intentions. Although the verbal and nonverbal behaviors themselves are observable, the interpretive activity through which they are recognized as meaningful (cf. Patton et al., 1977) must remain an assumption. Concerted action refers in part to coordinated
speaking practices and continued interaction which may be observed through analyses of discourse (Patton et al., 1977), but concerted action as mutual understanding must also remain an assumption.

Finally, outcomes occur within sessions (i.e., from influence attempts) as well as over treatment. Outcomes may be observed, such as physiological responses to stimuli, or, more often, inferred from self-report. Whether the outcome refers to an interview or to treatment in entirety, the model is re-created, and those outcomes provide the base for perceptions of self and environment for both counselor and client. (Thus, satisfaction with counseling is at once an outcome and a perception.) Perceptions and expectancies, preferences and intentions, are continually modified by experience each time the process is re-created.

Empirical investigations may begin at any point in the model. It is necessary to specify what is being investigated and at what points in the process. Directions to subjects on instruments, for example, should clearly call for expectancies or perceptions, whatever the variable of interest. One must also assume that individuals' self-reports of private experience are valid (cf. Mischel, 1973).

**Expectancies.** As stated earlier, expectancies refer to one's subjective probabilities of the occurrence of events or behaviors. The concept of expectancy may be further broken down to self-efficacy expectancies, expectancies
regarding a setting, and process-outcome expectancies. These types of expectancies refer to any transaction between an individual and the environment. With reference to counseling, however, process-outcome expectancies are assumed to entail both role (i.e., process) and prognostic (i.e., outcome) expectancies (cf. Goldstein, 1962). Figure 2 displays the interrelationships of these types of expectancies in a counseling context.

Self-efficacy expectancies, as described by Bandura (1977), refer to the belief that one can perform behaviors which will lead to desired outcomes. When not in interaction with expectancies about a particular setting, self-efficacy expectancies come from generalized perceptions of the self. In counseling terms, a client may believe him/herself capable of discussing painful personal issues with a stranger; the counselor may believe him/herself capable of confronting resistance effectively.

Self-efficacy expectancies interact with expectancies based on the setting in which an interaction occurs and lead to process-outcome expectancies. The setting refers to perceptions about time, physical and psychological atmosphere, and the other party.

Although role and prognostic expectancies may be investigated independently, they most likely occur in tandem. Researchers might question a client's expectation that a counselor would give advice separately from his/her belief that counseling would help in resolving problems. It is
Figure 2

Types and Interactions of Expectancies in a Counseling Context

a After Bandura (1977)

b After Goldstein (1962)
assumed, however, that expectancies contain elements of both process and outcome (i.e., that certain within-interview behaviors will result in predictable outcomes).

**Summary.** A model of the dynamic interaction in counseling has been presented as well as a description of the types and interactions of expectancies which are pertinent to counseling. Distinctions between perceptions, preferences, expectancies, and intentions were drawn. Perceptions refer to symbolic representations of self and environment based on past experience. Preferences refer to affective states of liking and disliking for objects, events, and people. Expectations — self-efficacy, setting-based, and process-outcome — refer to subjective probabilities regarding future events or behaviors. Finally, intentions refer to plans to behave as to effect desired outcomes. The model further distinguishes between those subprocesses which are inferred to occur through self-report and those which are observable. It is a regenerative model, which is assumed to occur within sessions as well as over the course of treatment, such that perceptions, expectancies, preferences, and intentions are continually modified by experience.

**Role Induction**

Early descriptive studies and experimental manipulations of clients' and counselors' behavior have yielded conflicting results regarding the effects of incongruent
expectancies. The majority of those studies dealt with clients' expectations for counselors' behavior, rather than for their own behavior. Table 1 summarizes several studies representative of the early literature.

The major assumption underlying the later role induction studies is that manipulation of expectancies to produce congruence facilitates concerted action in counseling. However, much of the literature is flawed by the confounding of role and prognostic expectations and by the absence of observations of interactive within-interview behavior. This review will summarize the major role induction studies in individual and group counseling with a view toward these two problem areas.

To begin, however, one descriptive study, a landmark investigation which did take account of interacting process variables in relation to expectations, deserves recognition. This was the 1960 study by Lennard and Bernstein of three psychotherapy treatments where expectations were assessed over time and related to multidimensional analyses of discourse. Four components of role expectations were delineated: (1) activeness, or the proportion of verbalization by patient and therapist; (2) differentiation in performance, or the shifts in responsibility over time; (3) selectivity of communications, or the appropriateness of subject matter; and (4) timing, or the duration of the relationship necessary to accomplish the therapeutic goals.
Table 1
Summary Table of Role Expectation Research in Individual Counseling

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Purpose</th>
<th>Sample</th>
<th>Means of Assessing Expectations</th>
<th>Experimental Conditions</th>
<th>Dependent Measures</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lennard &amp; Bernstein, 1960</td>
<td>Explore relationships between communication and expectations</td>
<td>Private patients</td>
<td>Questionnaires</td>
<td>None</td>
<td>Content analysis Satisfaction questionnaire</td>
<td>Therapists &quot;socialize&quot; patients into appropriate role when there exist dissimilar expectations. Dissimilar expectations when unresolved led to disintegration of the &quot;system&quot;</td>
</tr>
<tr>
<td>Overall &amp; Aronson, 1963</td>
<td>Examine patient expectations of therapists' behavior in relation to attrition</td>
<td>Out-patients (low SES)</td>
<td>Questionnaires</td>
<td>None</td>
<td>Therapists' perceptions of own behavior Attrition Patients' observations</td>
<td>Patients whose expectations were most discrepant from therapists' perceptions were less likely to continue in treatment. Patients' observations of what had occurred predicted attrition better than did therapists' perceptions</td>
</tr>
<tr>
<td>Goin, Yamamoto, &amp; Silverman, 1965</td>
<td>Examine the effects of congruence/incongruence of expectations and treatment on outcome</td>
<td>Out-patients (low SES)</td>
<td>Questionnaires</td>
<td>Therapists acted either in congruence or incongruence with patients' expectations</td>
<td>Duration of treatment Patients' and therapists' evaluations</td>
<td>No differences in duration of treatment or in patients' or therapists' evaluations based upon congruence of expectations and behavior</td>
</tr>
<tr>
<td>Martin, Sterne, &amp; Hunter, 1976</td>
<td>Examine the effects of congruent expectations on outcome</td>
<td>Inpatients</td>
<td>Questionnaires</td>
<td>Dyads assigned based on mutuality of expectations for therapists' role</td>
<td>Patients' satisfaction</td>
<td>Greatest satisfaction when both therapist and patient expected high nurturant/low critical therapist behavior. Mutual expectations for only one dimension did not lead to greater satisfaction</td>
</tr>
</tbody>
</table>
The results of this investigation revealed that therapists socialized patients into the appropriate role at the beginning of treatment, in the early phase of each session, and whenever dissimilar expectations were evidenced. When unresolved, dissimilar expectations put a strain on the system which eventually led to its disintegration (i.e., termination of treatment). Similarity of expectations was said to be reflected linguistically in continuity of frame of reference, the responsiveness on such dimensions as affect and topic of one participant's utterance to preceding utterances of the other speaker. Equilibrium in the system was regulated by discussion of the roles and obligations of patient and therapist (Lennard & Bernstein, 1960). A more thorough review of some of the linguistic variables used in this research is presented later.

If, indeed, counselors socialize clients into the reciprocal roles and obligations of counseling, a systematic presentation of information via role induction should facilitate socialization. Role induction has been achieved through structured interviews as well as with automated procedures such as audio- and videotape recordings and written instructions. The majority of investigations have been field studies with low-prognosis clients or semi-analogues in university settings.

**Individual Counseling/Psychotherapy Studies.** Table 2 summarizes the major role induction studies in individual counseling and psychotherapy.
### Table 2
Summary Table of Role Induction Research in Individual Counseling

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Purpose</th>
<th>Sample</th>
<th>Type of Role Induction</th>
<th>Experimental Conditions</th>
<th>Dependent Measures</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Phipps</td>
<td>Examine the effects of role induction</td>
<td>Out-patients</td>
<td>Structured interviews</td>
<td>2x2 factorial: (role induction and patient attractiveness)</td>
<td>Attendance</td>
<td>Role induction associated with &quot;desirable patient behaviors&quot; at third interview but not at the last interview</td>
</tr>
<tr>
<td>Clinic Study: 1) Hoehn-Saric, Frank, attractive patients, Hoehn-Saric, attractive patients, Battle, Stone, &amp; Battle, Stone, 1964</td>
<td>on process and outcome</td>
<td></td>
<td></td>
<td></td>
<td>Ratings of behavior, Patient improvement</td>
<td>Significant differences for some therapist- and patient-rated improvements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Attendance higher among experimental patients</td>
</tr>
<tr>
<td>2) Nash, Hoehn-Saric, Battle, Stone, Imber, &amp; Frank, 1965</td>
<td>-- same as above --</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Attractive patients in experimental group had highest average outcome and ranks in interview behavior; unattractive controls had lowest Unattractive experimental patients ranked above attractive controls</td>
</tr>
<tr>
<td>3) Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, &amp; Stone, 1966</td>
<td>-- same as above --</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Role induction effects were influenced by individual therapist differences but not by levels of facilitative conditions</td>
</tr>
<tr>
<td>Myrick, 1969</td>
<td>Examine the effects of role induction on self-references</td>
<td>Eighth graders</td>
<td>Audiotape Videotape</td>
<td>Audiotape vs. videotape vs. control</td>
<td>Count of first-person pronouns</td>
<td>Highest rate of first-person pronouns among experimental groups Significant counselor effect Interaction of sex by treatment</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Purpose</td>
<td>Sample</td>
<td>Type of Role Induction</td>
<td>Experimental Conditions</td>
<td>Dependent Measures</td>
<td>Results</td>
</tr>
<tr>
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</tr>
<tr>
<td>Sloane, Cristol, Pepernik, &amp; Staples, 1970</td>
<td>Examine the separate effects of role and prognostic expectations</td>
<td>Out-patients</td>
<td>Structured Interviews</td>
<td>2x2 factorial: (role expectations and prognostic expectations)</td>
<td>Patient attractiveness</td>
<td>Induced role expectations had no effect on patient attractiveness so rated by the therapist. Role expectations were more highly associated with outcome measures (but not patient-rated) than were prognostic expectations.</td>
</tr>
<tr>
<td>Jacobs, Charles, Jacobs, &amp; Weinstein, 1972</td>
<td>Examine the effects of preparing patients and therapists on outcome</td>
<td>Out-patients (low SES)</td>
<td>Structured Interviews</td>
<td>Dyads composed of prepared vs. nonprepared therapists and patients</td>
<td>Attrition</td>
<td>Duration of treatment was shorter when neither patient nor therapist was prepared. More &quot;pessimistic&quot; evaluations when neither was prepared.</td>
</tr>
<tr>
<td>Pope, Eisman, Blass, &amp; Check, 1972</td>
<td>Examine the effects of incongruent role expectations and behavior on process</td>
<td>Students</td>
<td>Instructions</td>
<td>Dyads assigned based on congruence of interviewer's role and expectations</td>
<td>Content analysis</td>
<td>Clients in congruent condition manifested increase in verbal productivity in 2nd interview, whereas those in incongruent condition did not. Increased verbalizations indicative of &quot;resistance&quot; by subjects in incongruent dyads.</td>
</tr>
<tr>
<td>Warren &amp; Rice, 1972</td>
<td>Examine the effects of extratherapy intervention on process and outcome with low-prognosis clients</td>
<td>Out-patients</td>
<td>Stabilizing Structuring</td>
<td>Stabilizing only vs. stabilizing and structuring vs. no extra therapy</td>
<td>Voice quality and expressive Client improvement Changes in G-sort Length of treatment</td>
<td>Changes on process measures by stabilizing and structuring group at eleventh interview. Premature termination of one-third of controls. Greater improvement for experimental groups than controls as rated by both clients and therapists.</td>
</tr>
<tr>
<td>Childress &amp; Gillis, 1977</td>
<td>Determine if role induction is effective by providing information or by influencing attitudes</td>
<td>Out-patients</td>
<td>Structured Interviews</td>
<td>High-influence vs. low-influence vs. controls</td>
<td>Patient improvement Patients' knowledge of therapy</td>
<td>Greatest improvement for patients seen in high-influence condition. Low-influence group not different from controls on outcome measures or knowledge of therapy.</td>
</tr>
</tbody>
</table>
The first such investigation, conducted at the Henry Phipps Psychiatric Clinic in Baltimore, Maryland, was reported in four publications, including a five-year follow-up report (Hoehn-Saric et al., 1964; Liberman, Frank, Hoehn-Saric, Stone, Imber, & Pande, 1972; Nash, Hoehn-Saric, Battle, Stone, Imber, & Frank, 1965; Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, & Stone, 1966). The sample comprised 40 outpatients, aged 18 to 55, who had been screened for organic-related conditions and past experience with psychotherapy. Patients had been rated by the psychiatrist prior to role induction as "attractive" or "unattractive" and randomly assigned to experimental or control group. Thus, a 2 x 2 design, role induction by attractiveness, was achieved.

Role induction took the form of a standardized Role Induction Interview modeled after Orne and Wender (1968). This informal interview included a general description of psychoanalytic treatment, expected roles for patient and therapist, preparation for the occurrence of certain phenomena such as transference and resistance, and a "realistic expectation for improvement" within four months (Hoehn-Saric et al., 1964, p. 270). Dependent measures included attendance, improvement (rated by therapist and patient over several dimensions), and two process measures, the Therapy Behavior Scale and the Kirtner-Cartwright In-Therapy Behavior Scale.
Results of these studies indicated that during the third session the experimental group displayed significantly "better" or "more desirable" behavior patterns on the Therapy Behavior Scale; experimentalists and controls were no longer significantly different in samples drawn at the termination interview. The second process measure, also based on ratings of taperecorded sessions, did not differentiate the groups at any time. Outcome measures were significant for some, but not all, therapist- and patient-rated improvements. Whereas the attractive patients who received role induction had the highest average outcome and ranked highest on process variables and the unattractive controls ranked lowest, unattractive experimentalists ranked above the attractive controls. Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, and Stone (.1966) found no interaction of client-centered core conditions and role induction on outcome variables. However, the effects of role induction were significantly influenced by individual differences among therapists.

In Liberman et al.'s (1972) follow-up study, the differences between the experimental and control groups which had been obtained immediately following treatment (i.e., symptom discomfort and social effectiveness) were obscured at the five-year evaluation. Their results suggested that role induction accelerates change which may appear on some outcome measures at termination but which may be
nonsignificant over a longer period of time.

The most serious flaw in this study was the "realistic expectation of improvement" which essentially confounded the role induction procedure with prognostic expectations (La-Torre, 1977). Controls received no treatment, and therefore effects due to the added attention given the experimental group cannot be ruled out. Such a possibility is enhanced by the fact that an informal interview is not a systematic procedure; some therapy might have taken place, at the very least in the form of reassurance. As Hoehn-Saric et al. (1964) noted, an additional confounding due to the absence of an attention-control group was that the therapists of experimental subjects may have seen those patients as more attractive.

Furthermore the process measures were highly subjective global ratings. The only behavioral measure which distinguished the groups was attendance. As the authors pointed out, attendance alone may have been the element influenced by role induction. It was possibly improved attendance which accounted for the outcome effects; patients may have learned the role more from continued treatment than from the preliminary interview. Perhaps most important, the statistical procedure used to relate the process variables to the outcome variables, bivariate correlations across subjects, could not reveal the relationship of role induction to outcome as mediated by the process. In other words, Hoehn-Saric et al. (1964) demonstrated a relationship
between process and outcome, but whether the process, affected by role induction, in turn affected the outcome cannot be determined from their design.

In an early counseling study on role induction (Myrick, 1969), ninety eighth-grade students were assigned to one of three conditions: audiotape, videotape, or no treatment. This study went beyond the early literature since the procedure focused primarily on the client's role rather than on that of the counselor. Subjects' use of the first-person pronoun was highest in groups exposed to the model immediately preceding counseling. There was, however, a significant counselor effect as well as an interaction such that males appeared to be more influenced by the audio model, females by the video model. The audio model appeared to be more effective than the video model perhaps, as Myrick suggested, by allowing subjects to attend to verbalizations without any distracting visual cues.

Myrick's study was essentially an analogue, since the students who participated had not sought counseling, nor were they expected to continue in treatment beyond one 30-minute interview. The main effect for counselors should not be overlooked, especially as the role induction procedure included a description of the desirable counselor's role. Although a more objective measure than the global appropriateness ratings of the Phipps Clinic study was employed, indiscriminant use of the first-person pronoun may yield spurious results, and inferences about self-exploration
should be tentative.

A second major psychotherapy investigation attempted to correct for the confounding in the Phipps Clinic study. Sloane, Cristol, Pepernik, and Staples (1970) employed a factorial design, role expectations by prognostic expectations, with 36 prescreened psychoneurotic outpatients. One group was told to expect to feel and function better in four months. Orne and Wender's (1968) anticipatory socialization interview was presented to another of the four groups without the time prognosis. A third group received both the role induction and explicit prognosis, whereas the fourth group served as controls. Dependent measures were patient attractiveness (rated at termination), attendance, and global improvement ratings by the patient and a research psychiatrist.

Results of the Sloane et al. study showed that patient attractiveness was significantly lower for the prognosis groups, and, contrary to predictions, was unrelated to role induction. The role induction groups improved slightly but significantly when rated by the researcher, but there were no significant differences for attendance or changes in patient-rated symptoms.

The major problem with this study concerns the confounding of a time expectation with an expectation regarding the effectiveness of therapy. It is not clear from the authors' account whether the role induction interview contained any generalized prognostic expectations similar to the Phipps
Clinic's realistic hope of improvement. Without process measures, conclusions regarding the effectiveness of role induction should be tentative, especially as patient-rated improvements were not significant. Criticisms of the Sloane et al. study have also been levelled on statistical grounds, since analyses of the data were accomplished by collapsing across factors rather than analyzing the four groups separately (LaTorre, 1977).

Sloane et al. explained the weak results by comparing their clientele to Hoehn-Saric et al. (1964). Younger, more highly educated, and having had some previous psychotherapy, the Sloane et al. patients were said to be less naive than those of the Phipps Clinic. The authors suggested that in further research it would be advisable to sample the "patient's attitude toward therapy" (p. 25) before and after role induction and upon termination. In this way changes directly due to the manipulation could be observed.

Since role induction was seen to be especially pertinent to lower class patients, who were considered to hold more discrepant expectations of therapy than their middle-class counterparts, several studies were designed around the particular problems of these low-prognosis patients. One investigation (Jacobs et al., 1972) was unusual in that it prepared the therapists (didactically) as well as the patients (with structured interviews). Congruent and incongruent dyads were created. Results of the study revealed that duration of treatment was significantly shorter when
neither patient nor therapist was pretrained. In addition, in those cases therapists evaluated patients more pessimistically. No process measures were made available and, as in the earlier studies, role and prognostic expectations were confounded.

In an analogue study with undergraduates, Pope et al. (1972) investigated discrepancies between subjects' expectations of an interviewer's role and the actual role. Accurate information regarding the role of the interviewer was relayed to subjects before an initial interview. The experimental group received inaccurate information preceding the second interview, while controls were accurately informed. The interviewer either solicited background information (incongruent with expectations) or interpreted an interest inventory (congruent with expectations). Process measures taken at both sessions included verbal productivity, two indices of verbal fluency (from Mahl, 1956), four temporal measures (silence quotient, reaction time, speech rate, and articulation rate), and two indices of "resistance."

Results indicated that controls (receiving instructions congruent with actual interviewer behavior at both sessions) increased in verbal productivity in the second interview. The experimental group was less productive in the second interview than the first and less fluent on two of the temporal measures. Partial support was received for the hypotheses concerning resistiveness among the incongruent dyads.
The authors concluded that the induced strain in the relationship accounted for the inhibited productivity and the psychologically avoidant speech of the experimental group. Although the study is to be commended in its use of several dimensions of discourse analysis (extralinguistic and content systems), generalization of its findings to the typical counseling setting must be cautious since the experimental manipulation was a gross one. Such discrepancies between expectations and behavior would be unlikely natural occurrences. Furthermore, the experimental group could not be said to have received a role induction comparable to those reviewed earlier.

An additional study with low-prognosis clients (Warren & Rice, 1972) investigated ongoing "structuring and stabilizing" (i.e., extratherapeutic intervention with the investigator). Rogerian therapists treated fifty-five clients, mostly men with college educations, twice weekly for ten weeks. At the second, third, fifth, and eighth sessions clients in the experimental groups received extra training in relating in therapy in a here-and-now, client-centered fashion. The stabilizing-only group was merely encouraged to discuss problems occurring in therapy with the therapist. The stabilizing-and-structuring group received careful training, via practice and feedback, in behavior appropriate to the Rogerian approach. The control group received no extratherapeutic attention. Ratings on the Rice-Wagstaff-Butler classification of voice quality and
expressive stance were obtained from tape recordings from three interviews. Outcome measures included ratings of change by therapist and client, changes on a Q-sort (pre-/post-), and length of treatment.

Results indicated that by the eleventh interview the structuring-and-stabilizing group engaged less than the other groups in "the nonproductive process of objective description" and more in "differentiated exploration and subjective reaction" than the control group (Warren & Rice, 1972, p. 177). Over one-third of the control group terminated therapy before the eleventh interview. The scores for global improvement among the structuring-and-stabilizing group were higher, as rated both by therapists and clients, than among the other groups.

Warren and Rice went beyond the earlier literature by employing a role induction procedure which was not psychoanalytic in orientation and which was presented periodically throughout treatment. As did Myrick (1969), the role induction concentrated more heavily on the client's behavior than on the counselor's role. There were, nevertheless, some limitations in the design. The additional therapy afforded the treatment groups was considerable compared to the controls, so that those extratherapeutic interventions alone could have accounted for all the observed differences. Demand characteristics (cf. Orne, 1962) created another possible source of invalidity, as the practiced clients knew exactly what would be expected of them in the process
ratings. Again, role and prognostic expectations were confounded, since the controls were not led to believe in the efficacy of psychotherapy in a manner similar to the other groups. As in Hoehn-Saric et al. (1964), the changes in outcome might have been due to improved attendance rather than to the role induction. The results obtained from the process measures, while global and highly subjective, indicated that role induction affected the process, but the mediating effects of process on outcome were not demonstrated statistically.

A recent study (Childress & Gillis, 1977) took into account the conflicting findings from the previous research by attempting to determine whether role induction works merely by providing information or by influencing attitudes and beliefs about treatment. Seventeen outpatients, prescreened and tested for prior knowledge about therapy, were randomly assigned one week after intake to a high-influence or low-influence experimental group or to a control group. The structured interview used in previous research constituted the high-influence condition; a similar interview which "minimized all circumstances which might serve an influence function" (p. 541) served as the low-influence treatment. Controls received no pretherapy preparation. Outcome measures, similar to Sloane et al. (1970), called for patient- and therapist-rated improvements and attractiveness.

The greatest improvements occurred among patients receiving the high-influence treatment on the majority of the
outcome measures. Effects among the low-influence group, however, were not significantly different from the controls. Since none of the groups improved in knowledge of therapy from pre- to post-testing, the authors concluded that role induction is efficacious due to its function as a vehicle of influence rather than due to its informative function.

While role and prognostic expectations were confounded in the two treatment groups, here the confounding did not weaken support for the authors' conclusion. Both role induction groups received the same prognostic information and nonetheless yielded significant differences at termination. However, these clients had a greater knowledge of therapy (M = 82%) at pre-testing than would the low-prognosis clients for whom role induction was designed. Again, without process measures, the ways in which changes were effected remained unanswered by this research.

**Group Counseling/Psychotherapy Studies.** The research on role induction in group counseling and psychotherapy has contributed to the literature by attempting to tease out some of the confounds and by emphasizing the effects of role induction on process dimensions. The literature derives from two strands of investigation, one directly from the interview-based method piloted by the Phipps Clinic and successors, and a more recent one from a structure and responsibility conceptualization of groups (Bednar & Kaul, 1978). A summary of some representative group studies is presented in Table 3.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Purpose</th>
<th>Sample</th>
<th>Type of Role Induction</th>
<th>Experimental Conditions</th>
<th>Dependent Measures</th>
<th>Results</th>
</tr>
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<tbody>
<tr>
<td>Truax, Wargo, Carkhuff, Kodman, &amp; Moles, 1966</td>
<td>Compare the effects of pretraining and alternate sessions on process and outcome in two populations</td>
<td>Inpatients</td>
<td>Audiotape</td>
<td>2x2 factorial: (pretraining and alternate sessions)</td>
<td>Self-/ideal-self Q-sort</td>
<td>Pretraining led to higher ideal-self-concept. Alternate sessions did not facilitate improvement in self-concept. No interactions of populations by treatment.</td>
</tr>
<tr>
<td>Yalom, Houts, Newell, &amp; Rand, 1967</td>
<td>Examine the effects of role induction on process and attrition</td>
<td>Out-patients (university)</td>
<td>Orientation lecture</td>
<td>Pretrained vs. controls</td>
<td>Hill Interaction Matrix Cohesion Satisfaction Attrition</td>
<td>Significantly greater &quot;here and now&quot; interaction among pretrained groups, but they were not more cohesive. No significant differences in attrition.</td>
</tr>
<tr>
<td>Truax &amp; Wargo, 1969</td>
<td>Examine the effects of role induction and alternate sessions on outcome</td>
<td>Out-patients</td>
<td>Videotape</td>
<td>2x2 factorial: (pretraining and alternate sessions)</td>
<td>Depth of Self-exploration</td>
<td>Greatest improvement among pretrained groups. Modest support for more positive outcome in groups with higher levels of self-exploration.</td>
</tr>
<tr>
<td>Whalen, 1969</td>
<td>Examine the effects of pretraining and detailed instructions on process</td>
<td>Students</td>
<td>Film Instructions</td>
<td>2x2 factorial: (pretraining film and two levels of instructions)</td>
<td>Content analysis</td>
<td>Groups exposed to both film and detailed instructions engaged in more &quot;interpersonal openness&quot; than groups in the other conditions.</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Purpose</td>
<td>Sample</td>
<td>Type of Role Induction</td>
<td>Experimental Conditions</td>
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<td>Results</td>
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<tr>
<td>Truax, Wargo, &amp; Volksdorf, 1970</td>
<td>Examine the effects of pretraining and alternate sessions on process and outcome</td>
<td>Delinquents</td>
<td>Audiotape</td>
<td>2x2 factorial: (pretraining and alternate sessions)</td>
<td>Core conditions process scale</td>
<td>No differential effects on outcome by pretraining or depth of self-exploration</td>
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<td></td>
<td>Depth of Self-exploration</td>
<td>Poorer outcome with alternate sessions across groups</td>
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<td>Personality change</td>
<td>High levels of therapist core conditions led to higher outcome</td>
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<tr>
<td>Heltler, 1973</td>
<td>Examine the effects of role induction on process and outcome</td>
<td>Inpatients</td>
<td>Structured Interview</td>
<td>Interview vs. information about hospital life</td>
<td>Self-exploration Therapists' process ratings</td>
<td>Desirable behavior exhibited by experimental group at 3rd session but no differences at 10th session</td>
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<td></td>
<td>Attitudes toward group</td>
<td>Some support for therapists' perceptions influenced by role induction</td>
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<td></td>
<td>No differences in attitudes</td>
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<tr>
<td>Strupp &amp; Bloxon, 1973</td>
<td>Examine the effects of pretraining on process and outcome</td>
<td>Outpatients</td>
<td>Film</td>
<td>Film vs. interview vs. control film about marriage</td>
<td>Process ratings Patient improvement</td>
<td>Pretrained groups had higher process and satisfaction ratings than controls</td>
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<td></td>
<td></td>
<td>(low SES)</td>
<td>Structured Interview</td>
<td></td>
<td>Satisfaction</td>
<td>Therapist-rated improvement did not differ, nor did symptom discomfort</td>
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<td>Experimental patients rated themselves as more improved and satisfied</td>
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<tr>
<td>D'Augelli &amp; Chinsky, 1974</td>
<td>Examine the effects of role induction and levels of interpersonal skill</td>
<td>Students</td>
<td>Audiotape</td>
<td>3x2 factorial: (pretraining with/without practice/control and two levels of &quot;therapeutic talent&quot;)</td>
<td>Content analysis</td>
<td>Groups pretrained without practice engaged in more personal discussion and feedback and less impersonal discussion than those pretrained with practice or controls</td>
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<td>Groups of high-skill members were affected more by pretraining than groups with low-skill members</td>
</tr>
<tr>
<td>Bednar &amp; Batteraby, 1976</td>
<td>Examine the effects of types of pretraining messages on early group development</td>
<td>Students</td>
<td>Written instructions</td>
<td>2x2x2 factorial: (general/specific instructions and three types of message)</td>
<td>Hill Interaction Matrix Cohesion Satisfaction Anxiety scale</td>
<td>Specific behavioral instructions were associated with higher ratings on process measures</td>
</tr>
</tbody>
</table>
A series of group investigations took an approach similar to Myrick (1969) by experimenting with alternate forms of role induction. Audiotapes (D'Augelli & Chinsky, 1974; Truax, Wargo, Carkhuff, Kodman, & Moles, 1966) and videotapes (Truax & Wargo, 1969) have been employed, as well as films (Strupp & Bloxom, 1973; Whalen, 1969) and varying modes of written instructions (Bednar & Battersby, 1976; Whalen, 1969). Beginning with Truax, Wargo, Carkhuff, Kodman, and Moles (1966), several group studies examined the effects of vicarious pretraining by presenting taped models of group interactions. Later studies, taking as their impetus a conceptualization of group "structure, risk, and responsibility" (Bednar et al., 1974), varied procedures further by incorporating practice and feedback into the group role induction (cf. D'Augelli & Chinsky, 1974).

Still more important improvements came in the form of placebo control groups designed to eliminate the confounding of role and prognostic expectations (D'Augelli & Chinsky, 1974; Heitler, 1973; Strupp & Bloxom, 1973; Yalom, Houts, Newell, & Rand, 1967). However, in D'Augelli and Chinsky (1974) no outcome measures were taken, allowing for no conclusions about the ultimate effects of improved process. In Strupp and Bloxom (1973) the placebo groups watched a film about early marriage, which was intended to equalize the interest and attention shown to the
experimental groups. However, the control film lacked face validity and did not eliminate the confounding of role and prognostic expectations. Yalom et al. (1967) extended the structured interview procedure to a therapy group of university outpatients. An orientation lecture geared toward dynamic and interactional group therapy was presented to the three experimental groups. Controls were given added attention in the form of a (nonorientation) interview. However, since one goal of the socialization lecture was enhancement of the patients' faith in the treatment, prognostic expectations were induced with the role expectations. Finally, in Heitler (1973) inpatient controls were given attention equivalent to the experimental group in terms of warmth, concern, and information about hospital life. No outcome measures were used in the study, but significant differences with respect to degree and style of participation were observed in the third interview. No differences were found in later sessions in process ratings by trained observers or by the patients themselves.

The process measures employed in these group studies were more objective and comprehensive than those used in the research on individual counseling. Ratings on the Hill Interaction Matrix indicated significantly more desirable in-group behavior for pretrained groups in Yalom et al. (1967) and Bednar and Battersby (1976), although they were not more cohesive than controls. Content analyses of group
discussions (cf. D'Augelli & Chinsky, 1974; Whalen, 1969) indicated more personal and interpersonal openness among pretrained groups. Perhaps the emphasis on inducing clients' expectations for their own behavior rather than for the counselor's behavior called for a more extensive accounting of process variables. Whereas in individual counseling role induction was expected to socialize low-prognosis clients in the hope of improving outcomes, in the group context pretraining was designed to facilitate the process itself (cf. Bednar et al., 1974).

In too few of the group studies, however, were process and outcome measures obtained simultaneously. In Yalom et al. (1967), Whalen (1969), Heitler (1973), D'Augelli and Chinsky (1974), and Bednar and Battersby (1976), outcome was ignored. Truax, Wargo, Carkhuff, Kodman, and Moles (1966) ignored process. Although Truax and Wargo (1969), Truax et al. (1970), and Strupp and Bloxom (1973) investigated both process and outcome, the interactive effects of role induction and process on outcome were not tested. The results of these studies were mixed, Truax et al. (1970) finding no outcome differences between experimentals and controls, whereas moderate support was found by Truax and Wargo (1969) and Strupp and Bloxom (1973).

Synthesis. Recent reviewers of role induction studies have generally concurred that counseling process and outcome are enhanced by role induction (Duckro et al., 1979,
Heitler, 1976; LaTorre, 1977; Orlinsky & Howard, 1978). However, from the literature and the model of counseling presented here, criticisms of the inadequate methodologies may be levelled based upon the confusion of constructs and the subjective and limited measures of the counseling interaction.

One critical confounding, that of role and prognostic expectations, has flawed the majority of studies to date. In the few studies where a placebo control was designed to equalize the added attention received by the experimental group, either no outcome measures were obtained (cf. D'Augelli & Chinsky, 1974; Heitler, 1973) or the placebo manipulation lacked face validity (cf. Strupp & Bloxom, 1973). This confounding is critical, since the powerful effects of prognostic expectancies alone have been demonstrated repeatedly (cf. Kazdin & Wilcoxon, 1976; Shapiro & Morris, 1978; Wilkins, 1973).

The socialization interview developed by Orne and Wender (1968) and used in most of the literature induces detailed expectancies related to the counselor's role. Indeed, this interview concentrates more heavily on explanation of the counselor's behavior than that of the client. Since individual counselors have been shown to produce effects which interact with role induction (cf. Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, & Stone, 1966), the so-called socialization may not in fact be producing
effects by inducing clients to behave differently. Rather, role induction may serve merely to add to the expertness and, ultimately, to the influence of the counselor (cf. Strong & Matross, 1973) by providing a baseline model (cf. Barak & Dell, 1977). For this reason, a crucial question arises: What effect, if any, does role induction produce on the client's behavior above and beyond the influence of the counselor? Stated differently, is role induction any more effective than an initial interview?

One way to answer this question would be to sample the client's behavior in counseling before and after role induction. Viewed in another light, if in fact role induction reduces discrepant expectancies and relieves strain in the communication system (cf. Lennard & Bernstein, 1960), should not the counselor's behavior be affected by changes in the client's behavior? Indeed, are the interacting differences of counselors preexisting (i.e., attesting to the counselor's influence over clients) or are they the result of the counselor's responsiveness to the client? Needless to say, methodologies must study the process interactively in order to test such hypotheses.

Although the group counseling studies have focused considerably on process, the interactive behaviors of clients and counselors have been largely ignored. In only three cases have the indirect effects of role induction on counselors' behavior been tested (Heitler, 1973; Truax,
Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, & Stone, 1966; Truax et al., 1970), and the measures employed were highly subjective. The analogue research which has considered verbal behavior more objectively (cf. Myrick, 1969; Pope et al., 1972) accounted only for effects on clients' behavior, not for the dynamic interaction of client and counselor.

No methodologies have demonstrated that effects on process variables due to role induction lead to enhanced outcomes. Those studies which have considered both process and outcome have shown either that role induction affects process and/or outcome (cf. Hoehn-Saric et al., 1964; Truax & Wargo, 1969) or that process variables affect outcome (cf. Hoehn-Saric et al., 1964; Truax et al., 1970). Both main effects and interactions are called for in order to attest conclusively to the effectiveness of role induction.

A final criticism of the prior literature deals with the confusion of constructs (with reference to the model of dynamic interaction in counseling presented earlier). For example, the "patient attractiveness" variable which figured in Nash et al. (1965) and Sloane et al. (1970), among others, is a confusion of the constructs of preferences (i.e., liking a patient) and self-efficacy expectations (i.e., believing that "I can help" him/her). As these are therapist variables, it is not surprising that attractiveness would be too far removed from the role induction
manipulation to produce any effects. Another confusing example is the pretesting of knowledge (i.e., perceptions) rather than expectations about counseling (cf. Childress & Gillis, 1977). It is expectations, not perceptions, which role induction is intended to affect; perceptions would better serve as dependent variables. Perhaps therapists' perceptions of clients' behavior or attitudes (e.g., motivation for treatment) would be more closely tied to the assumptions underlying socialization via role induction. And with the renewed interest in self-report (cf. Mischel, 1973), future research might simply proceed by asking clients directly how they perceive counseling after role induction (cf. Sloane et al., 1970).

In summary, many of the variables -- independent and dependent -- have been poorly conceived and executed in the research to date. Taken together, however, the literature suggests that role induction may be efficacious for some clients; how and why remains unknown.

**Discourse Analysis in Counseling and Psychotherapy**

Heller (1972) maintained that counseling outcomes are jointly determined by role relationships, structural features of the language, and the content of the communications. Analysis of the natural language in counseling interviews has been used to describe relationships between participants (cf. Lennard & Bernstein, 1960), to chart their
mutual influence over time (cf. Meara et al., 1979), and to predict therapeutic outcomes (cf. Scher, 1975). Most research has focused almost uniquely on the content or substance of the participants' discourse, although more recent investigations have considered extralinguistic variables such as speech and silence durations (e.g., Matarazzo, Wiens, Matarazzo, & Saslow, 1968) or stylistic complexity (e.g., Meara et al., 1979). Reviewers of content analysis systems have criticized the idiosyncratic nature of most of the literature due to lack of replication; the field of process research has been termed "chaotic" (Kiesler, 1973).

Russell and Stiles (1979) have attempted to bring order from chaos by suggesting that researchers develop multidimensional systems for analysis, that is, macrosystems which contain more than one set of descriptive features. They proposed a 3 x 2 typology (category types by coding strategies) to classify methods of language analysis. According to Russell and Stiles, each subsystem should be derivable from a single principle of classification. Their recommendations further propose that all categories within each subsystem be of only one type (i.e., content, intersubjective, or extralinguistic), coded classically or pragmatically.

The two distinct coding strategies, classical and pragmatic, which were first described by Berelson (1952) and Marsden (1971), contain categories which either
describe the text (i.e., classical) or which describe characteristics of the speaker, such as intentions or internal states (i.e., pragmatic). Although both strategies require the coder to make inferences about the speaker's characteristics, in the classical strategy the inferential process is explicit while in the pragmatic strategy the inferences involve implicit and complex judgments based on the social context (Russell & Stiles, 1979).

On the other side of the typology are three distinct types of categories: content, intersubjective, and extralinguistic. The content channel is said to carry denotative or connotative (classical) or referential (pragmatic) semantic content. The intersubjective channel concerns syntactically- (classical) or otherwise-implied (pragmatic) relationships between speakers. Classical extralinguistic categories refer to vocal noises, tonal and temporal qualities of speech independent of semantic or syntactic structure. Pragmatic extralinguistic categories require inferences about motivational and emotional states.

In the succeeding sections only those studies which pertain to the measures employed in the present investigation are reviewed. The typology has been presented since the research summarized here is classified and evaluated according to recommendations by Russell and Stiles (1979).

**Classical Content Subsystems.** The categories which comprise content subsystems describe either the manifest or
latent content of a text. Two analytic systems of manifest content were used in the present study, both coded classically (i.e., using the denotative or connotative meanings of words or phrases). These two measures were counts of affective and cognitive words and Role System Analysis.

Word counts (or type/token ratios, after Jaffe, 1958) have been employed in diverse investigations of psychodynamic processes and characterological traits (Russell & Stiles, 1979). Studies employing frequency counts or ratios have been of two varieties, those where the data are fitted to loosely defined categories (cf. Barnabei, Cormier, & Nye, 1974; Lennard & Bernstein, 1960) and those where words listed in dictionaries serve as "tags" for the data (cf. Levy, 1967; Zimmer & Cowles, 1972). Dictionaries such as the Harvard IV-3 Psychosocial, which accompanies the GENERAL INQUIRER computer approach to the study of natural language (Stone, Dunphy, Smith, & Ogilvie, 1966), require some a priori judgment and continual updating in construction of their lists of words. However, the scoring of text is more objective and reliabilities are higher than when judgments are made on the basis of definitions alone (Milburn, personal communication, 1980).

One early investigation was pertinent to the present study in demonstrating the importance of affective language in clinicians' perceptions of effective psychotherapy. In Levy (1967), eight therapists selected statements from
transcripts at those points where they believed "psychotherapy was actually taking place" (p. 103). Then independent counts were made of the affective words appearing in patients' and therapists' statements judged "therapeutic" and "nontherapeutic." It was found that in therapeutic portions of an interview both patient and therapist used significantly more affective words (1) overall, and (2) successively from the same a priori-defined category (e.g., anxiety, anger, depression). Levy (1967) found support in his study for the "frequently held assumption that communication of affect is a factor in what is commonly held to be psychotherapy" (p. 105). Not counts of words alone, but also responsiveness of patient and therapist to one another, characterized the therapeutic exchange. Also of interest is the fact that therapists were able to make reliable judgments about what was and was not therapy based only on implicit, subjective, and idiosyncratic notions.

One computer-assisted investigation (Zimmer & Cowles, 1972) used prepared dictionaries to analyze three interviews representing different theoretical orientations. Tagged were affective words (defined as "positive" and "negative"), indefinites, self-references (defined as first-person singular pronouns), and "ambivalent" words (listed as cognitive words in the dictionary prepared for the present research). Results indicated that, for all of the dependent measures including total word productivity, the manifest
content of a single client's speech differed significantly in interaction with three counselors (Ellis, Rogers, and Perls, in Shostrum, 1966). Only three variables descriptive of the counselors' language differed, however: total words, ambivalent words, and negative emotional words.

The Zimmer and Cowles (1972) investigation had relevance to the present study by demonstrating that counselors prototypic of affective and cognitive orientations varied in their use of some affective and cognitive words and had differential influences on a single client's use of those words and overall productivity.

There were, however, some limitations to the design. Although the authors warned that the use of frequency counts rather than ratios is misleading, their analyses were nonetheless reported with reference to frequencies. The problem with frequency data is that with verbal productivity so highly variable across and even within interviews, frequencies are not comparable. Second, "sentences" were employed as units but were never defined. In studies of natural language, sentences need to be defined on the basis of syntactical rules rather than used as transcribed (cf. Auld & White, 1956).

In Lennard and Bernstein's (1960) investigation of the relationship between expectations and communication, each proposition was scored for the presence of affect, either as (1) expressing or referring to feelings; (2) clear
absence of affect, or (3) undeterminable affect. Results indicated an increase in affective propositions by patients and therapists after the first fifteen minutes of each session; affective levels peaked approximately midway through a 45-minute interview. Throughout treatment (more than 50 sessions) both therapists and patients increased their affective communications. Therapists' affective levels were higher than their patients' except in the first ten sessions, which were roughly equivalent. Responsiveness to affect, therapist to patient and vice versa, increased only slightly over the course of treatment. Finally, patients reported greater satisfaction following sessions where therapists' levels of affect were higher.

Lennard and Bernstein (1960) also related the content of therapists' and patients' propositions to expectations, and one of their systems was used in the present analysis (Role System Analysis). Although many investigators have considered high proportions of self-references to be indicative of appropriate content in counseling (cf. Barnabei et al., 1974), Role System Analysis allows for the categorization of propositional content rather than the mere count of personal pronouns (cf. Myrick, 1969). Frequency counts of the first-person pronoun might yield misleading results. For example, phrases such as I guess or I think would inflate the frequencies, while the substantive content of a proposition might not be related to the self at
Categorization of propositional content allows for comparison of self-references to references to specified social systems.

Lennard and Bernstein (1960) were more concerned with primary system (i.e., treatment) references than with self-references, so that their "self" category was used for any propositions not pertaining to the therapy system or to systems otherwise specified. Results indicated that primary system references occurred most frequently at the beginning of interviews and then decreased by one-eighth at the third phase of the session. The authors concluded that therapists socialize patients by direct reference to the treatment at the beginning of interviews and whenever discrepant expectations threaten the equilibrium of the system.

Pragmatic Intersubjective Subsystems. Diverse investigations have attempted to characterize fully the communications made by counselors (cf. Murray, 1956; Snyder, 1945; Stiles, 1978). Typically the categories are numerous and confuse classical and pragmatic coding strategies (Russell & Stiles, 1979). System has replaced system in the literature, and replications are the rare exception (Kiesler, 1973).

Two subsystems used in the present investigation were assumed to be represented by intersubjective categories and pragmatic coding. The categories were intersubjective in
that they were descriptive of relationships between speakers; the systems were pragmatically coded since inferences were required beyond the level of syntax. The two subsystems falling into this cell of Russell and Stiles' (1979) typology were the Counselor Response System and the Discourse Topic Analysis. The former system was designed to be descriptive of a counselor's communication, whereas the latter system was assumed to characterize communications by speakers in any context.

A modification of the Hill Counselor Verbal Response Category System (Hill, Thames, & Rardin, 1979) was chosen for the present investigation as a system representative of content analyses in counseling since in prior research (Hill et al., 1979) frequencies of categories were differentially related to three counselors prototypic of affective (Rogers and Perls) and cognitive (Ellis, all in Shostrum, 1966) orientations. The original system contained seventeen categories and was developed by having suggested elements judged by experts. Subsequent revision based on their comments resulted in fourteen categories: Minimal Encourager, Approval-Reassurance, Information, Direct Guidance, Open Question, Closed Question, Restatement, Reflection, Nonverbal Referent, Interpretation, Confrontation, Self-disclosure, Silence, and Other (Hill et al., 1979). Hill et al. concluded from their analysis that the communications of the three counselors were consistent with their different
theoretical orientations. Rogers' most frequently used categories were Minimal Encourager, Restatement, and Reflection; Perls used the widest repertoire, especially Direct Guidance, Information, and Interpretation. Ellis, on the other hand, employed Information, Direct Guidance, Minimal Encourager, and Interpretation.

The problem with Hill's system as it stands is the mixture of classical and pragmatic coding and categories typical of content, intersubjective, and extralinguistic systems. For example, Nonverbal Referent is a content category, while Open Question and Closed Question are intersubjective and Silence is extralinguistic. Whereas all of those categories would be coded classically, Confrontation or Direct Guidance would require the pragmatic strategy.

The subsystem devised to characterize communications regardless of context, Discourse Topic Analysis, concerned the intent behind the conversational "turns." In this subsystem turns were categorized in relation to the topics at hand and to management of the interaction.

Turn-taking in face-to-face interactions has been cited as the basic and universal rule of discourse: "one party at a time" (Schegloff, 1968, p. 1076). Speakers are said to signal their intentions to yield to or suppress interruptions by the other party in a rule-governed fashion, and turn-taking signals involve all channels of communication: content, syntax, intonation, paralanguage, and
kinesics (Duncan, 1972).

The importance of turn-taking in describing a social system lies in the assumption that "the activity is... adapted to, or constrained by, the particular form of turn-taking system which operates on it" (Sacks et al., 1974, p. 696). The implications of investigating turn-taking in counseling research have been alluded to by the work of Jaffe and Feldstein (1970) on temporal patterns of speech and silence in dyadic interactions and by Duncan (1972), who found strong regularities with respect to turn-taking mechanisms in two counseling interviews. However, the turn as a unit for content analysis, when used in counseling research, has either been poorly defined (cf. Lennard & Bernstein, 1960) or not employed with reference to rules of discourse in the performance of speech acts.

The topic has often been considered a critical variable in counseling research (cf. Scher, 1975), but the topic, like the turn, has been poorly defined and only studied with respect to content. Investigations have ignored research in the field of sociolinguistics, where the topic has been introduced as an important variable in the study of rules of discourse (cf. Hurtig, 1977). In particular, researchers such as Corsaro (1979), Kaenan and Schieffelin (1976), Prutting, Bagshaw, Goldstein, Jusko-witz, and Umen (1978) have created systems to analyze communications of children and adults by the ways in which
topics are initiated, sustained, and faded in naturally-occurring discourse. The topic has been defined by Keenan and Schieffelin (1976) as the question of immediate concern in the interact.

The Discourse Topic Analysis was culled from two major systems. Corsaro (1979) developed a system similar to Keenan and Schieffelin (1976) in which categories were designed to represent substantive moves in relation to topics: Topic Shift Initiation, Topic Shift Response, Topic Relevant Act, Topic Relevant Response, Off-Topic Act, Off-Topic Response, Initiatory Act, Initiatory Response, Termination Act, Termination Response, Clarification Request, Clarification-Request Response, No Response. The latter seven categories, however, describe housekeeping or management acts, that is, moves which would be better distinguished from substantive moves since they appear to add nothing new to a conversation but rather function to connect semantic content at discourse boundaries (Weiner & Goodenough, 1977).

Thus, the Discourse Topic Analysis system used in the present study distinguished between substantive and management turns, having incorporated concepts from Weiner and Goodenough (1977) and Hasan (Note 1) in specifying management turns. Furthermore, based in part upon the theory and assumptions of these authors, active and passive turns were distinguished by reference to their illocutionary force.
One important assumption was the "principle of unequivocal recognizability of communicative intention" (Dore, 1977, p. 230), that is, that listeners are assumed to recognize speakers' communicative intentions automatically. When intentions are misunderstood, clarification or repair (Hasan, Note 1) is requested and confirmed by the participants. Such an assumption is warranted by the observation that without recognition of intent, concerted action would be rendered difficult or even impossible (Dore, 1977).

Summary. A typology for content analysis suggested by Russell and Stiles (1979) has been presented to classify and evaluate four subsystems relevant to the hypotheses under investigation. The literature pertinent to two classical content-based systems was reviewed. One system uses words (affective and cognitive) as the unit of analysis; the second (Role System Analysis) uses the proposition to categorize references to social systems and to the self. Two intersubjective systems, pragmatically coded, were also reviewed. The Hill Counselor Verbal Response Category System has been shown to discriminate among counselors' communications with respect to theoretical orientation (Hill et al., 1979). The Discourse Topic Analysis (cf. Corsaro, 1979; Kaenan & Schieffelin, 1976; Weiner & Goodenough, 1977) was devised to characterize communicational intent for speakers in any context in terms of substantive and management turns, active and passive. Modifications of these
subsystems made for the present investigation are detailed in Chapter III.

**Implications and Predictions**

Three strands of literature served as the conceptual underpinnings for design of the present investigation. Predictions based upon theory and prior research follow synopses of the literature.

First, a model of the dynamic interaction in counseling was presented, a model adapted from Patton et al. (1977) and the literature on expectations and perceptions (cf. Goldstein, 1962; Rotter, 1954). The model distinguishes the constructs perceptions, expectancies, preferences, and intentions. Expectancies are further described as self-efficacy (Bandura, 1977), setting-based, and process-outcome. The model is assumed to account for changes over time by predicting that perceptions are continually modified by experience in counseling, within interviews and throughout treatment. A fundamental assumption for empirical study based on the model is that individuals' self-reports of private experiences are valid (cf. Mischel, 1973).

A second strand of literature pertained to the purposes and effects of role induction. Several researchers have (for different reasons, however) devoted attention to enhancing concerted action in individual and group counseling and, ultimately, outcomes by manipulating clients'
expectations through role induction. The model suggested that a change in the client's expectations due to role induction would (by way of intentions) affect his or her verbal behavior. Since clients and counselors are assumed to influence one another mutually, changes in the client's behavior would produce changes in the counselor's behavior. Ultimately both the client's and the counselor's perceptions of the interaction would also be affected.

Although several reviewers (cf. LaTorre, 1977) have concluded that role induction is efficacious, the research has been consistently flawed by the confounding of role and prognostic expectations. The studies of individual counseling have most often employed a structured interview which is psychodynamic in orientation, concentrates heavily on the counselor's role, and probably constitutes treatment in and of itself. An additional weakness in the literature stems from the limited, subjective, and noninteractive types of process measures employed. Few studies have considered the effects on counselors' behavior due to role induction. This influence is of importance since individual differences among counselors have been demonstrated to interact with the effects of role induction. Furthermore, although several studies cited evidence that role induction affects process and/or outcome, no research to date has demonstrated that the process, enhanced by role induction, subsequently enhances outcome.
The present study incorporated suggestions from this literature by (1) delaying role induction until after the first interview in order to assess pre-/post- differences, self-reported and linguistic, (2) comparing two role induction procedures representing different theoretical orientations (affective and cognitive) which modeled desirable within-interview behaviors, (3) concentrating on the client's role and minimizing description of the counselor's role, (4) equalizing attention to the motivated control group and inducing prognostic expectations without role expectations in the control manipulation, and (5) testing for the interactive effects of role induction and process variables on outcome, rated by clients and counselors.

The third strand of literature was related to systems of content analysis in language from the field of counseling/psychotherapy and to speech act theory from sociolinguistics. Analysis of discourse has traditionally been considered a necessary and viable way to describe the process of counseling (e.g., Jaffe, 1958; Lennard & Bernstein, 1960; Meara et al., 1979) and to predict therapeutic outcome (cf. Orlinsky & Howard, 1978; Scher, 1975). The present study incorporated suggestions from sociolinguistic and counseling research by (1) employing a multidimensional system containing both classical and pragmatic coding strategies and three units of analysis, (2) including variables representing the interaction of client and counselor,
and (3) using existing subsystems which were only modified to adhere to principles of classification which had been violated or to relate more closely to the hypotheses under study.

**Hypotheses.** The first set of hypotheses referred to relationships among the experimental manipulations (two role induction procedures vs. a motivated control procedure) and self-reported changes and observed changes in verbal behavior from initial (pre-) to second (post-) interview.

First, clients exposed to the affective induction were to be influenced to perceive the role of affect in the interview to be significantly higher than their expectations; for the cognitive group, the perceived role of cognition would be affected. Since the induction procedures would emphasize the importance of the client's activity, the experimental clients were expected to rate the counselor's activity significantly lower post-role induction.

Second, in terms of the indirect effects of role induction on counselors, their perceptions of the approach used in counseling were expected to coincide with the type of role induction presented to the client. In addition, counselors assigned to one of the experimental groups were expected to rate those clients' motivation higher (post-role induction) than controls'. 
With respect to verbal behavior, clients from the two experimental groups were expected to differ only in their increased use of affective or cognitive words. Their counselors' responsiveness to affect and to cognition was expected to increase differentially over time. In terms of verbal productivity, experimental clients were expected to speak more (proportionately to counselors) and to use more words per turn. Their turns were expected to be increasingly active (i.e., substantively and in management of the interaction), while their counselors' turns would contain fewer words and would become increasingly passive. With respect to propositional content, the frequency of clients' self-references proportionate to other-systems references was expected to increase. Finally, the types of counselors' statements would become less structuring over time and would differ respective to the approach taken in role induction (no specific predictions).

For each of the above variables, any pre-/post- changes in self-report or behavior of clients and counselors in the motivated control group were not expected to be significant.

The second set of hypotheses referred to the relationships among role induction, process, and outcome. The predicted effects of role induction on process (self-reported changes and changes in verbal behavior) have been described above. In terms of outcome, the condition under which counseling terminated was expected to be related to the
experimental manipulation. Specifically, clients from the role induction groups were expected to terminate based upon mutual agreement with the counselor, whereas motivated controls would be more likely to terminate prematurely.

Perhaps most important, the interactive effects of role induction and process on outcome were predicted. To begin, all clients and counselors would receive "process scores" symbolizing the number of changes in the predicted direction on designated variables (five linguistic and one self-reported). The simple and interactive effects of experimental condition (two levels) and Process Score were expected to account for significant proportions of variance in predicting two indices of outcome (clients' reported perceptions and counselors' ratings of global improvement).

The final set of hypotheses referred to relationships between reported perceptions and expectations (irrespective of manipulation) and perceptions and behavior. These hypotheses were derived from the model described earlier.

Some predictions concerned changes in clients' perceptions of the counseling interaction over time and the congruence of clients' and counselors' perceptions at the end of treatment. First, neither the literature nor the model suggested predictions about changes in the variability of clients' perceptions over time: Would they discriminate more sharply, or would their perceptions become unidimensional? A two-tailed hypothesis would test for
changes in the variability in self-reported experiences from \( \text{Time}_1 \) (expectations prior to counseling) to \( \text{Time}_2 \) (perceptions after the second interview) to \( \text{Time}_3 \) (perceptions upon termination). Second, as a result of concerted action (or the obverse), counselors' and clients' perceptions were expected to be significantly correlated at the time of termination.

Other predictions concerned the relationships among the length of treatment and clients' and counselors' perceptions. These predictions were based on the assumption that concerted action leads to continued interaction (cf. Patton et al., 1977) and perceptions of positive outcome. The number of interviews was expected to correlate positively with global improvement (rated by counselors) and with counselors' and clients' perceptions of their own and the other party's participation in the process and of the skills achieved as a result of counseling.

Finally, since the model suggested that perceptions of experiences follow from those experiences, it was expected that clients' self-reported perceptions of an interview (\( \text{Time}_2 \)) could be significantly predicted from a multidimensional set of variables descriptive of their verbal behavior in that interview.

Summary. Two major tasks were proposed by this research. The first was an extension of the literature on role induction based upon analysis of prior research and
the literature on discourse analysis. Especially critical was the observation of simple and interactive effects of role induction and process variables on perceived therapeutic outcome. The second task was a description of relationships among self-reported perceptions of the interaction and perceptions and actual behavior.
CHAPTER III

METHOD

There were two major goals of this research. The principal goal was to extend the literature on role induction by presenting it after the initial interview and by comparing two approaches to one another and to a motivated control group in their effects on the natural discourse in the interview and on clients' and counselors' perceptions of the process and therapeutic outcome. Second, the research proposed to describe, across clients and counselors, relationships among self-reported perceptions of the interaction and perceptions and actual behavior.

Context

Master's-level graduate students in The Ohio State University Department of Psychology, Counseling Area, participate in two or more quarter-long practicum training experiences through the Student Consultation Service. This training and service agency is administered by the Counseling Area faculty and is coordinated by a faculty member who is a licensed psychologist. Graduate student counselors, student supervisors (who are Graduate Teaching Associates), and faculty supervisors comprise the agency.
Each counselor sees two or more clients throughout the quarter and is supervised directly via video-monitoring and audiotaping by student and faculty supervisors.

Clients are drawn primarily from among the undergraduate enrollment of Psychology 120, a course entitled "The Psychology of Personal Effectiveness." During the first week of the academic quarter, instructors announce the availability of the counseling service, briefly explain the nature of counseling, and offer application forms to interested students (see Appendix A for copies of these forms). The applications are then relayed to counselors, who schedule appointments with prospective clients by telephone.

When clients arrive for their first interview, they complete a Biographical Data Sheet (BDS) and sign a release form (see Appendix A) allowing the counseling sessions to be monitored and recorded by a supervisor. The supervision is explained to them as a routine procedure within this counseling service which functions primarily as a training agency. Any questions or concerns about the supervisory process are discussed between counselor and client prior to beginning the first interview. If a client were to refuse permission to tape-record the sessions, he or she would be referred either to the University Counseling and Consultation Service or to the Mental Health Clinic of the Student Health Service.
Typically, clients are seen weekly for 50-minute interviews throughout the quarter, or for less time if they are referred or discontinue treatment. Occasionally counselors see continuing clients for two or more academic quarters.

Design

Counselor-client dyads were randomly assigned to one of three conditions (affective condition, cognitive condition, or motivated control condition) with five or six dyads per cell. Within cells, repeated measures were taken, such that each dyad served as its own control. Since role induction treatments have been shown to interact with individual counselor differences (Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, & Stone, 1966), counselors were assumed to represent a random factor, thereby ensuring representative design (cf. Maher, 1978). Where feasible, counselors who worked with more than one subject were assigned to two different cells, a role induction treatment and the control condition, in order to minimize individual counselor effects within conditions.

Repeated Measures. Each client was to complete a Client Expectancy Questionnaire (CEQ) prior to counseling in his or her psychology class and a Client Perception Questionnaire (CPQ₁) after the second interview and upon termination (Client Satisfaction Questionnaire; CSQ). The three questionnaires were identical except in their reference to an expected counseling relationship (CEQ), to
perceptions of (CPQ) or to overall satisfaction with counseling (CSQ). In this way an individual's change from initial expectations to perceptions of actual behavior could be observed. Secondly, subjects' expectations/perceptions across conditions were compared prior to and after role induction as well as upon termination. (A more detailed description of the instruments follows.)

In addition, samples were drawn from the tape recordings of the first interview (prior to the role induction procedure) and of the second interview (following the procedure). The counselor's and client's natural discourse exhibited during the first interview constituted the own-control sample for each dyad.

Procedure

Upon announcement of the opportunities for counseling in Psychology 120 classes, instructors requested all students to fill out an application form and the Client Expectancy Questionnaire. (Typically, instructors ask every student to complete the counseling application and to indicate "yes" or "no" on the front page; in this way, the applicant's choice is not public knowledge.) Attached to the pre-numbered counseling application form was an identically numbered copy of the CEQ. Students were requested to complete the questionnaire whether or not they desired counseling; they were told that an assessment was being made of students' attitudes toward counseling. Instructors
detached the CEQ from each application before presenting it to the Student Consultation Service. Thus, only the client's code number served as identification for further data collection, and counselors did not have access to their prospective clients' CEQ upon receipt of the applications.

Interested students who applied for counseling were contacted by counselors to schedule an initial interview in the usual manner. Before the first interview, as customary, clients completed the Biographical Data Sheet and signed the release form for taperecording. The first interview proceeded as usual.

The second week, just prior to the interview, the participating counselor informed the client that a research study was underway in the agency and that the client's participation would be requested by an experimenter. The counselor made it clear to the client that participation in the study was completely voluntary, that all information would be anonymous and held in confidence, and that refusal or acceptance by the client would in no way influence continuation in counseling. At that point, the counselor again left the room so as not to influence the client's decision to participate in the research. (In all but four instances the experimenter was the investigator in this study. Although a naive experimenter would have been desirable, it was not feasible.)
The experimenter solicited the client's participation, making clear that it was voluntary, anonymous, and confidential, and outlining what was required of the client's time; a written consent form was signed. (A statement detailing the rationale presented to clients is presented in Appendix B, along with a copy of the consent form.) If the client agreed to participate, the experimenter escorted him or her to an adjoining room to listen to a tape recording (role induction or placebo).

After hearing the tape in privacy, the client was led back to the interview room by the experimenter. At that time the experimenter handed the client a questionnaire \((CPQ_1)\) in an envelope and instructed him/her to complete it, seal it in the envelope, and leave it in a box marked "questionnaires" in the interview room at the close of the session.

At the end of the second interview, then, the counselor reminded the client of the questionnaire and requested him/her to complete it and leave it in the designated box. After instructing the client in this way, the counselor left the room in order to allow for privacy.

Once the client had completed the questionnaire, the experimenter returned to the interview room for debriefing. Clients were debriefed at this time so that any remaining questions or doubts could be settled immediately and thus not hamper succeeding interviews. (Counselors, however,
were debriefed at termination, since the outcome data required their naiveté to the experimental hypotheses.) Clients were told that the study concerned the language used in counseling (i.e., their taped interviews) in relation to their perceptions of what had occurred and as a result of the tape recording. All questions were answered. The experimenter reminded clients that one additional questionnaire (CSQ) would be requested of them at termination.

At the termination interview the counselor reminded the client of the research and handed him/her the CSQ in an envelope. In a fashion similar to what had occurred after the second interview, the client completed the questionnaire in privacy and left it in the designated box at the close of the session.

In the seven cases where counseling had terminated prematurely (and in one case where a counselor forgot to present the questionnaire), clients were contacted by telephone by the investigator, to request their help in completing the research. If they agreed, they received the questionnaire through the mail with a stamped, self-addressed envelope. In this manner all but one satisfaction questionnaire were received.

To ensure confidentiality but yet allow matching of questionnaires with tape recordings, the Client Perception Questionnaire and Client Satisfaction Questionnaire had been pre-coded with the number from the client's counseling
application. Counselors labelled tape recordings with this same number before giving them to the investigator; in addition, any demographic or outcome data required from the counselor was coded using the identical number.

Description of the Sample

Clients. The client subjects for this study were drawn from the student population of the Student Consultation Service. Clients who were nonstudents were not asked to participate in the study. Client subjects were undergraduates, all white, who sought counseling for personal/social or educational/vocational concerns. Only those clients who began counseling in the Spring quarter, 1980, and who agreed in writing to serve as subjects participated in the study. Four clients refused to participate, and in three cases counselors and supervisors decided not to request participation of particular clients.

The client sample numbered 17, six each in the affective and control conditions, five in the cognitive condition. Clients ranged in age from 18 to 26, and although they were all undergraduates, a few were older, returning students. A determination of the major concern made by their counselors after the second interview revealed that 6 clients had primarily educational/vocational concerns whereas 11 had personal social problems, although the distinction was not assumed to be rigid. Random assignment of clients to experimental conditions produced the sex
Counselors. The counselor subjects were 11 graduate students in counseling psychology enrolled in practicum during the Spring quarter, 1980. Counselors' participation in the research was solicited during initial group practicum meetings. (The statement prepared to solicit counselors' participation is presented in Appendix B, along with a copy of the consent form signed by counselors and clients upon agreeing to participate.) Counselors and their supervisors retained the right to refuse their own or any client's participation in the study. (All counselors in the Student Consultation Service agreed in principle to participate, but due to faulty tape recordings of the first interview, two clients were not able to be solicited.)

Counselors ranged in age from 20 to 43 and were first- and second-year Master's candidates. For all but two of these counselors this was their first practicum experience; the more experienced, second-year counselors had completed two prior practica. The sample included six female counselors, two of whom were black, and five white male counselors. Six of the counselors, four males and two females, each saw two client subjects, whereas the remaining five counselors saw only one client participant. Inspection of Table 4 reveals that random assignment of dyads to conditions produced fairly evenly distributed same-sex and mixed-sex dyads across treatments, and all four of the distribution presented in Table 4.
Table 4

Sex Distribution of Client-Counselor Dyads

<table>
<thead>
<tr>
<th>Affective condition</th>
<th>Cognitive condition</th>
<th>Motivated controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor Client</td>
<td>Counselor Client</td>
<td>Counselor Client</td>
</tr>
<tr>
<td>M F</td>
<td>M F</td>
<td>M F</td>
</tr>
<tr>
<td>1 1</td>
<td>2 2</td>
<td>1 1</td>
</tr>
<tr>
<td>1 1</td>
<td>2 2</td>
<td>2 2</td>
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<tr>
<td>2 2</td>
<td>1 1</td>
<td>2 2</td>
</tr>
<tr>
<td>2 2</td>
<td>0 0</td>
<td>1 1</td>
</tr>
<tr>
<td>N: 3 3 3 3</td>
<td>3 2 2 3</td>
<td>3 3 2 4</td>
</tr>
</tbody>
</table>
possible gender pairings were achieved. In every case but one, counselors matched with two client subjects saw both a male and a female, one assigned to a role induction condition and one to the control condition.

The number of interviews ranged from 2 to 8 ($M = 5.00, SD = 1.84$). Since the Student Consultation Service is an agency bound by the academic calendar, no standardization of treatment could be achieved. That is, some dyads had time to continue for the entire quarter but others, beginning later, were limited to shorter treatment. Post-hoc analysis revealed no systematic differences by experimental condition, however.

In one case counseling was continued beyond the academic quarter. In order to keep the sampling of perceptions at Time$_3$ as standard as possible, that client and counselor completed the questionnaires based on their perceptions at the end of the academic quarter.

Although it was not possible for counselors to remain ignorant of the client's choice to participate in the research, they were nonetheless blind to the particular treatment condition assigned and naive to the experimental hypotheses. Supervisors were apprised of the hypotheses but remained blind to the experimental condition.

**Description of the Experimental Manipulations**

**Role Induction.** Two 7- to 8-minute audiotapes were made for purposes of this research. The same actors were
used in each: narrator (male), counselor (female), and client (male). None of the actors was a Student Consultation Service counselor, supervisor, or Psychology 120 instructor. The tapes consisted of two parts, an "introduction to counseling and the Student Consultation Service" and a short role-played segment of a counseling interaction. (In order that clients not focus on the false quality of the role-play, they were informed in advance that it was not a true interview.) The complete scripts are presented in Appendix C.

The narrator welcomed the client to the agency, introduced the purpose of the tape — to acquaint students with the nature and methods of counseling — and informed the listener that his or her own counseling might in fact be different from what was described in the tape recording. Clients were told to feel free to pose any questions raised by the tape with their counselors. Then the narrator described the counseling relationship, the kinds of concerns often brought to counseling, and (minimally) the role of the counselor. At this point, Tapes A and C differed (see below) in their explanation of the client's role in counseling. The final portion of the introduction was similar in both cases in its presentation of generalized outcome expectancies. No prognostic expectations specific to that individual were presented, however, as they would have constituted a confounding variable (cf. Sloane et al., 1970).
Tape A was the "affect" tape. In the introduction to this portion, the narrator stressed first that counseling requires active participation on the client's part. Second, counseling was said to concern feelings, and although these feelings may sometimes appear negative or unjustifiable, they nevertheless heavily influence one's thoughts and actions. Finally, the way to understand one's problems and work through them, to find alternatives or change behaviors, is to begin by exploring one's emotions related to the concern, that cognitive understanding would follow.

The counseling segment was brief and began toward the end of an early interview. The client's problems were designed to be typical for the Student Consultation Service -- that is, involving a variety of concerns related to alienation (e.g., poor grades, difficulty concentrating, no chosen major or occupation, lack of intimate social relationships). In the role-play the client was more active verbally than the counselor, and he introduced new topics and expressed his feelings without hesitation. The counselor's statements were primarily reflective, geared toward encouraging the expression of affect. The counselor made a summarizing statement at the end, strongly reinforcing the client's open expression of affect, saying that they were still trying and desiring to understand how he feels, and indicating that she was certain that a better understanding and resolution of his problems would result once they had
mutually explored his feelings.

Tape C was the "cognitive" tape. The introduction and counseling segment paralleled Tape A in urging the client to take responsibility for what happens in counseling and in portraying a counseling interaction where the client was in fact highly active. In Tape C, as in A, the discovery process in self-awareness was accentuated. The explanation for how counseling proceeds differed, however. Here, counseling was said to concern primarily thoughts and beliefs, rational and irrational, which heavily influence one's feelings and behaviors. The way to understand one's problems and subsequently to feel better is to explore openly with the counselor all thoughts related to the concerns, that emotional release would follow such exploration of rational and irrational ideas. Thus, Tape C differed from Tape A in its emphasis on cognitions influencing affect, rather than affect influencing cognitions. Both tapes made the point, however, that self-exploration of thoughts and feelings was appropriate for all types of concerns, career issues as well as personal ones.

During the counseling segment of Tape C, the client discussed his concerns in much the same way as in Tape A but from a more cognitive frame of reference. Counselor remarks likewise paralleled Tape A but rather reinforced the client's open expression of cognitions as a means of restoring emotional balance.
Motivated Control (MC). This tape was designed to serve as an attention control, as the literature indicated that the effects of role induction may be attributable in large part to social influence (Childress & Gillis, 1977) or to added personal attention (Liberman et al., 1972). The MC Tape included generalized outcome expectancies (cf. LaTorre, 1977), since they were explicit within the role induction procedures, but the expectancies, as in Tapes A and C, did not constitute a prognosis specific to the client.

Thus, the clients in this attention-control condition heard a 5-minute audiotape detailing the nature of counseling and its history in the United States (after Shertzer & Stone, 1974) and in the Student Consultation Service. Explicit within this narrative was the notion that counseling is an effective means for individuals to deal with personal and vocational problems, to make decisions, and to overcome emotional difficulties. No suggestions were made regarding the behavior of counselor or client, and no counseling interaction was presented. (The complete script is presented in Appendix C.)

Instruments

Questionnaires. The four questionnaires (in Appendix D) were identical except for directions, syntax, and the random ordering of items within the different versions. The Client Expectancy Questionnaire (CEQ) was administered
to all Psychology 120 students for three reasons: (1) in
order to factor analyze the instrument on a large sample
of students; (2) to allow comparison of subjects' initial
expectations regarding counseling with those of the non-
subject clients; and (3) so that clients would be less
likely to answer in a desirable fashion than were they to
complete the instrument immediately prior to the first in-
terview. The Client Perception Questionnaire (CPQ₁) was
administered at the end of the second interview, after the
experimental treatment; the Client Satisfaction Question-
naire (CSQ) was completed upon termination. Finally, the
Counselor Perception Questionnaire (CPQ₂) was completed by
counselors once their clients had terminated counseling.

These modified versions of Howard, Orlinsky, and
Hill's (1970) satisfaction questionnaire were used since
the original instrument had been factor analyzed and had
found factors relating to the hypotheses under study in
this investigation. In addition, it was short (13 items)
and simple and contained items pertaining both to clients'
and counselors' roles as well as to skills which could be
achieved in counseling. Howard et al.'s questionnaire was
a satisfaction measure, part of the Therapy Session Report
(Orlinsky & Howard, 1966), where outpatients indicated what
they believed they "got" from each interview. The instru-
ment was used to correlate patients' satisfaction with
each session with patient-therapist matching on sex, age,
and marital status (Howard et al., 1970).

In their development of the satisfaction section of the Therapy Session Report, Howard et al. found four factors identified as Catharsis, Mastery-Insight, Encouragement, and Nothing. No reliability or validity coefficients were cited for this section of the Report. Neither were the factor loadings published, nor the decision rules used in factor extraction and rotation. Thus, it was desirable for purposes of the present study to attempt to replicate the factor analysis of the instrument on a student population rather than assume that the factors found by Howard et al. would be identical here.

Modifications of the instrument for the present investigation included changing the word therapist to counselor, using a 6-point scale (rather than 3-), and changing the directions to pertain either to what would happen if you had counseling (CEQ), what you think happened in the counseling session you just completed (CPQ), what you think you got out of counseling overall (CSQ), and what you think happened in counseling with client # (CPQ). Additionally, some items were substantially changed. One, which originally read Nothing in particular, I feel the same as I did before the session became Nothing in particular would happen; I would have the same problems as I did before counseling. Second, some of the references to affective behavior were eliminated from items referring to cognition,
and one item was divided into two, referring to cognition and to affect separately. These last modifications were made so that the items would clearly distinguish between cognition and affect. The modified instruments each contained 14 items.

Nine experts, four licensed psychologists and five third- and fourth-year graduate students, judged that the new items pertained to either a Catharsis, Mastery-Insight, or Encouragement dimension. Only one item did not yield at least 90% agreement among the judges. Partly in response to their suggestions, the wording of some items was further changed to clarify the counselor's or client's participation (singly or jointly) in the process of counseling. For example, I feel that I got help in talking about what was really troubling me was modified to read I would talk about what was really troubling me. Similarly, I feel that I got hope, a feeling that things would work out for me became The counselor would give me hope....

Reliability coefficients were computed for each version of the instrument using the Kuder Richardson formula (KR20). The coefficients were as follows: $\rho_{CEQ} = .91; \rho_{CPQ_1} = .69; \rho_{CSQ} = .93; \rho_{CPQ_2} = .91$.

Factor Analysis of the CEQ. From a large sample of students (N = 253), frequency counts for each item of the Client Expectancy Questionnaire were generated along with a correlation matrix of each item with every other item
A Maximum Likelihood factor matrix was extracted first for four factors (in an attempt to replicate Howard et al., 1970) and subsequently for three factors, as the fourth factor created complex variables and lacked interpretability. Since the chi-square test for the number of factors which is associated with the Maximum Likelihood extraction procedure proved to be too powerful a statistical test in this case, reliability coefficients (cf. Tucker & Lewis, 1973) were computed from the chi-square values. These reliability coefficients (presented in Table 19, Appendix F) indicated that the three-factor solution ($\rho \approx 1.00$) was substantially superior to the two-factor solution ($\rho \approx .80$) and that retention of a fourth factor would have been unjustified (where also $\rho \approx 1.00$). The final solution, using Bi-normamin rotation, is presented in Table 5. An oblique rotation was chosen since the factors were not assumed to be independent. Intercorrelations among the three factors were all approximately .66.

Examination of the factor matrix (Table 5) indicated that replication of Howard et al. (1970) had been achieved in several respects, although no accurate comparison could be made since their decision rules and factor loadings were unpublished. (Determination of items to include in each factor in the present analysis was made by observation of the overall pattern within the matrix and by use of .30 as
Table 5
Three-Factor Solution of the CEQ

<table>
<thead>
<tr>
<th>Item</th>
<th>Affective Process</th>
<th>Mastery/Outcome</th>
<th>Counselor Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would take the chance to let go and get things off my chest.</td>
<td>.91</td>
<td>.04</td>
<td>-.11</td>
</tr>
<tr>
<td>2. The counselor would give me hope, a feeling that things will work out for me.</td>
<td>.40</td>
<td>-.01</td>
<td>.39</td>
</tr>
<tr>
<td>3. I would talk about what was really troubling me.</td>
<td>.87</td>
<td>-.14</td>
<td>.02</td>
</tr>
<tr>
<td>4. I would feel relief from tension or unpleasant feelings.</td>
<td>.50</td>
<td>.24</td>
<td>.09</td>
</tr>
<tr>
<td>5. I would understand the reasons behind my behavior.</td>
<td>.47</td>
<td>.12</td>
<td>.11</td>
</tr>
<tr>
<td>6. I would have a person-to-person relationship with my counselor</td>
<td>.41</td>
<td>.24</td>
<td>.02</td>
</tr>
<tr>
<td>7. I would be more able to realistically evaluate my thoughts.</td>
<td>.04</td>
<td>.87</td>
<td>-.16</td>
</tr>
<tr>
<td>8. I would have more ability to feel my feelings.</td>
<td>.12</td>
<td>.64</td>
<td>.01</td>
</tr>
<tr>
<td>9. I would discover ideas for better ways of dealing with people and problems.</td>
<td>.20</td>
<td>.56</td>
<td>-.01</td>
</tr>
<tr>
<td>10. I would get better self-control over my actions.</td>
<td>-.02</td>
<td>.79</td>
<td>-.07</td>
</tr>
<tr>
<td>11. Nothing in particular would happen. I would have the same problems as I did before counseling.</td>
<td>.12</td>
<td>-.47</td>
<td>-.13</td>
</tr>
<tr>
<td>Item</td>
<td>Affective Process</td>
<td>Mastery/Outcome</td>
<td>Counselor Activity</td>
</tr>
<tr>
<td>------</td>
<td>------------------</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>12. I would discover what I really want.</td>
<td>.09</td>
<td>.49</td>
<td>.22</td>
</tr>
<tr>
<td>13. The counselor would reassure and encourage me about how I'm doing.</td>
<td>.03</td>
<td>-.11</td>
<td>.75</td>
</tr>
<tr>
<td>14. The counselor would give me the confidence to do things differently.</td>
<td>-.10</td>
<td>.15</td>
<td>.77</td>
</tr>
</tbody>
</table>

a In subsequent analysis, scores on this item were reversed.
the conventional decision rule.)

Two factors clearly contained items pertaining to affect and to cognition similar to Howard et al.'s Catharsis and Mastery-Insight. There were some anomalies, however. To begin with, the first factor, although closely resembling Catharsis, contained one item (number 5) which might intuitively be seen to pertain to cognition rather than to affect (i.e., "I would understand the reasons behind my behavior"). However, in noting that two additional items descriptive of clients' interaction with the counselor (i.e., counselor giving hope and having a personal relationship with the client) loaded highly on this factor, both of which referred to emotional involvement, it was decided to name the factor Affective Process (AP) in order to describe more completely the content of all six items (numbers 1 to 6).

Second, "ability to feel feelings" (item 8) loaded more highly on the cognitive factor (.64) than on Affective Process (.12). The item Nothing in particular; I would have the same problems as before counseling also loaded highly (-.47) on the cognitive factor, whereas it had formed a separate -- the fourth -- factor in Howard et al. This second factor, then, was interpreted as Mastery/Outcome (M/OC), since it was seen to represent skills (including a greater ability to feel) which might be gained as a result of counseling and since the Nothing item seemed indicative
of overall outcome. Six items formed the Mastery/Outcome factor (numbers 7 to 12).

The third factor, Counselor Activity (CA), was similar to Encouragement in Howard et al. It contained three items (numbers 2, 13, 14) but did not include item 6 (i.e., personal relationship with the counselor; .02) which in the previous investigation figured in Encouragement. In the present analysis item 6 loaded highly only on Affective Process (.41), whereas item 2 (i.e., hope) was a complex variable, loading highly on Affective Process (.40) as well as Counselor Activity (.39). It is unclear why the two remaining counselor items (13 and 14) did not load highly on AP as well, instead forming a third factor (.75 and .77, respectively).

In subsequent analyses using the CEQ and its modified versions, composite scores were used for the items specified above. Thus, scores on the Affective Process and Mastery/Outcome dimensions -- each containing six items -- could range from 6 to 36; scores on Counselor Activity (3 items) could range from 3 to 18. Since composite scores are not equivalent to factor scores, the factors are termed "dimensions" when discussed in reference to composite scores.

Additional Data. After the second interview counselors were asked to complete a short data sheet containing information regarding their client's sex, major concern (educational/vocational or personal/social), and a subjective
assessment of the client's motivation for counseling. At termination counselors completed a second data sheet including total number of interviews, a global assessment of therapeutic outcome, and the conditions under which counseling was terminated (i.e., mutual decision or premature termination). In addition, counselors were asked to complete the Counselor Perception Questionnaire (CPQ) and to indicate the predominant theoretical orientation, affective or cognitive, used with that client throughout treatment. (Copies of these data sheets are presented in Appendix D.)

**Analysis of Discourse**

The investigator received tape recordings of the first two counseling sessions labelled by client number and interview number. Each recording was renumbered with a 5-digit code taken from a table of random numbers. Transcribed segments, two from each interview, were likewise assigned 5-digit codes. Such a strategy served two purposes, to ensure anonymity and to keep the investigator blind to the assigned condition and the time of taping, insofar as possible.

Each counseling dyad, then, produced tape recordings from two sessions, the first and second interviews. Interviews ranged from 26 minutes to 62.17 minutes in length, and the means did not differ substantially by session ($M_1 = 43.33; M_2 = 39.83$). Although the second interview was typically shorter than customary due to the treatment,
the first interview was also brief due to the time taken in
collection of the Biographical Data Sheet. Thus, length
of interview was not considered to be a confounding
variable.

Sampling. From each interview two segments were drawn
for analysis. Two segments were used to enhance the repre­
sentativeness of the sample. (However, for purpose of
analysis, the data were combined, rather than averaged, in
all instances.)

These segments were drawn at the one-third and two-
thirds points in the interview, as determined by a stop­
watch. Due to technical problems not all segments were able
to be drawn at precisely those points. In those few cases
samples were taken as close to the appropriate points as
possible. These middle portions of the interview were con­
sidered to be suitable for purposes of this study, since in
very early or late portions discussion may have centered
around agency procedures or participation in the research,
and since in Lennard and Bernstein's (1960) investigation
the level of affect was relatively equivalent at those
points, yet not at its peak.

Transcripts. Since the sample of subjects was small,
it seemed important to ensure that segments be lengthy
enough to represent the interview. Thus, each segment con­
tained 750 client words and all intervening counselor ut­
terances. (Transcription began at the points calculated to
be the one-third and two-thirds points regardless of speaker, but they each contained no more than 750 client words.) Word count was used rather than time since words, propositions, and turns were destined to be the units for analysis and since faulty recordings, lengthy silences, or slow speech would have rendered some segments considerably shorter than others. Another advantage of the lengthy segments was that the numbers of turns and propositions, which were not standard, would be more likely to follow a normal distribution.

After transcription was completed by the investigator, an assistant who was blind to the purposes of the research listened to the recordings and corrected each segment. The assistant paid close attention to turn-taking (defined below), and all utterances which were not deemed to constitute a turn were enclosed in parentheses. The transcripts were as faithful to the tape recordings as possible. Both the investigator and research assistant attempted to represent the punctuation according to the intonation on the recording. Any corrections made by the assistant to the original transcripts were included in the final draft, which for 68 segments totalled 234 pages.

Any identifying information found on the recordings was replaced in the transcripts by capital letters and, when constituting more than one word, the number of words was indicated in parentheses, such as A(4). When the client
or counselor was referred to by name, the transcript listed, for example, A(client).

Any inaudible portions of the recording were indicated by ____ in the transcript. Where too few words were present for a turn to be understood, an asterisk indicated that that turn should be eliminated from analysis. Fewer than 1% of the total number of turns were eliminated, however. Propositions containing inaudible portions were also eliminated when the proposition was the unit of interest. Word counts did not include utterances such as mmhmm, uhhuh, or whew, nor were partial words (e.g., par-, surround-) included. All audible words were counted in analyses requiring the word as the unit, even when the proposition or turn was not intelligible.

Measures. In order to describe the verbal communication patterns of counselor and client separately as well as in interaction, a multidimensional analysis was necessary. Both classical and pragmatic coding strategies and content and intersubjective categories (cf. Russell & Stiles, 1979) were employed. An overview of the analyses of discourse is followed by a more detailed explanation of each sub-system.

Three units of analysis were used in the present study: words, propositions, and turns. Words were the units of analysis for the frequency counts of affective and cognitive words and for the Verbal Activity Ratio.
Propositions were defined according to rules adapted from Auld and White (1956) and contained minimally a verb phrase; compound predicates were scored separately. Propositions constituted the units for Role System Analysis and Counselor Responses. The number of clients' propositions ranged from 114 to 196 (M = 142.6) per sample, while the number of counselors' propositions ranged from 7 to 115 (M = 41.7) per sample (i.e., two segments). A turn was defined as an utterance, or all of a speaker's dialogue, occurring between two utterances by the other party. A turn might begin while one party is still speaking, but such interruptions are only considered turns when they succeed in capturing the floor. That is, if a listener were to begin interrupting the speaker and the latter did not cease speaking, that interruption would not constitute a turn. Turns were used in the Index of Counselor Responsiveness, Words per Turn, and Discourse Topic Analysis. The number of turns per sample (i.e., clients and counselors combined) ranged from 10 to 85 (M = 43.7).

Under the rubrique of the classical coding strategy there were two content-based subsystems. First, frequencies of clients' affective and cognitive words were calculated using lists, or dictionaries, prepared for this purpose (cf. Stone et al., 1966). The counselors' words were tagged but not counted; rather, the Index of Counselor Responsiveness (ICR) was the ratio of similar to dissimilar
responses by counselors to clients' turns containing the tagged words. Second, clients' propositions were categorized by Role System Analysis (RSA), a subsystem based on the reference in each proposition to a social system (e.g., counseling as a system, the client's relation to specified others, the self system). Scoring of these types of measures depends simply on the coder's ability to recognize semantically similar words or groups of words (Russell & Stiles, 1979).

Two subsystems fell under the rubrique of the pragmatic coding strategy, intersubjective categories. Discourse Topic Analysis (DTA) was an intersubjective system used to categorize clients' and counselors' turns in relation to the topics at hand and to management of their interaction. The second was the Counselor Response System (CRS), which categorized counselors' propositions by their intent with reference to eliciting clients' responses. The CRS was considered to represent a pragmatic strategy since inferences were required about communicational intent (e.g., seeking information, confrontation, self-disclosure).

In addition, two measures of verbal productivity were computed. One was the number of Words per Turn (for clients and counselors); the second was the ratio of clients' words to counselors' words (Verbal Activity Ratio).

A description of the variables used in the analyses of discourse is presented in Table 6.
<table>
<thead>
<tr>
<th>Subsystem/Variable</th>
<th>Sample</th>
<th>Unit of Analysis</th>
<th>Categories</th>
<th>Type of Category System</th>
<th>Type of Coding Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Activity Ratio (VAR)</td>
<td>Clients</td>
<td>Words</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Words per Turn (WPT)</td>
<td>Clients/Counselors</td>
<td>Words/Turns</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Word Counts (after Stone, Dunphy, Smith, &amp; Ogilvie, 1966)</td>
<td>Clients</td>
<td>Words</td>
<td>Affective</td>
<td>Content</td>
<td>Classical</td>
</tr>
<tr>
<td>Index of Counselor Responsiveness (ICR; after Lennard &amp; Bernstein, 1960)</td>
<td>Counselors</td>
<td>Words/Turns</td>
<td>Affective</td>
<td>Content</td>
<td>Classical</td>
</tr>
<tr>
<td>Role System Analysis (RSA; after Lennard &amp; Bernstein, 1960)</td>
<td>Clients</td>
<td>Proposition</td>
<td>Primary System</td>
<td>Content</td>
<td>Classical</td>
</tr>
<tr>
<td>Role Systems Ratio (RSR; from RSA)</td>
<td>Clients</td>
<td>Proposition</td>
<td>Tertiary Systems</td>
<td>Content</td>
<td>Classical</td>
</tr>
</tbody>
</table>
Table 6, continued

<table>
<thead>
<tr>
<th>Subsystem/Variable</th>
<th>Sample</th>
<th>Unit of Analysis</th>
<th>Categories</th>
<th>Type of Category</th>
<th>Type of Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discourse Topic Analysis</td>
<td>Clients</td>
<td>Turns</td>
<td>Active Turns: Topic Shift</td>
<td>Intersubjective</td>
<td></td>
</tr>
<tr>
<td>(DTA; after Corsaro, 1979;</td>
<td>Counselors</td>
<td></td>
<td>Initiation (TSI)</td>
<td>Pragmatic</td>
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<tr>
<td>Keenan &amp; Schieffelin, 1976;</td>
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<td></td>
<td>Topic Relevant Act (TRA)</td>
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<tr>
<td>Weiner &amp; Goodenough, 1977)</td>
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<td>Initiatory Turn (IT)</td>
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<td></td>
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<td>Terminating Turn (TT)</td>
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<td>Other (O)</td>
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<td>Passive Turns: Topic Relevant Response (TRR)</td>
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<td>Off-Topic Act (OTA)</td>
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<td>Off-Topic Response (OTR)</td>
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<td>Repair Initiation (RI)</td>
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<td>Passing Turn (PT)</td>
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<tr>
<td>Activity Level (AL from DTA)</td>
<td>Clients</td>
<td>Turns</td>
<td>Active Turns</td>
<td>Intersubjective</td>
<td></td>
</tr>
<tr>
<td>(Counselors)</td>
<td></td>
<td></td>
<td>Intersubjective Pragmatic</td>
<td>Pragmatic</td>
<td></td>
</tr>
<tr>
<td>Counselor Response System</td>
<td>Counselors</td>
<td>Proposition</td>
<td>Encouragement/Approval/Reassurance (EAR)</td>
<td>Intersubjective</td>
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</tr>
<tr>
<td>(CRS; after Hill, Thames, &amp;</td>
<td></td>
<td></td>
<td>Reflection/Restatement (RR)</td>
<td>Pragmatic</td>
<td></td>
</tr>
<tr>
<td>Rardin, 1979)</td>
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<td></td>
<td>Self-disclosure (SD)</td>
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<td></td>
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<td>Confrontation (CONF)</td>
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<td>Interpretation (INT)</td>
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<td></td>
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<td>Providing Information (PI)</td>
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<td></td>
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<td></td>
<td>Information-seeking (IS)</td>
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<td></td>
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<td></td>
<td>Direct Guidance/Advice (DGA)</td>
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<td></td>
<td>Unclassifiable (UN)</td>
<td></td>
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<tr>
<td>Degree of Structure (DS;</td>
<td>Counselors</td>
<td>Proposition</td>
<td>Low Structure</td>
<td>Intersubjective</td>
<td></td>
</tr>
<tr>
<td>from CRS)</td>
<td></td>
<td></td>
<td>Moderate Structure</td>
<td>Pragmatic</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>High Structure</td>
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</table>
Affective/Cognitive Words and ICR. Two dictionaries were compiled, one affective and one cognitive, of words and idioms drawn primarily from the Harvard IV-3 Psychosocial Dictionary, a categorical system used in the GENERAL INQUIRER computer-based content analysis program (Stone et al., 1966). General rules defining affect and cognition were adapted from those appearing in an earlier version of the Harvard Dictionary (Stone et al., 1966). These rules appear in Appendix E. Disambiguation rules for homographs were those listed in Kelly and Stone (1975).

Since the IV-3 dictionary, an unpublished version, did not contain explicit rules for the cognitive category and included words not adhering to the earlier set (i.e., those in Stone et al., 1966), the cognitive list was pared down considerably for the present study. Many of the IV-3 words seemed to be tagged "cognitive" merely because they were abstract (e.g., religion, leadership). It was felt that inclusion of such words would have been irrelevant to the present hypotheses.

Modification was accomplished by having two judges (one of whom was the investigator) independently scan the list word by word; any word which both judges believed did not belong, based on the rules, was eliminated. Finally, in the course of judging the actual transcripts, several

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1 Examples from the dictionaries are presented in Appendix E. The complete dictionaries are available upon request.
cognitive and affective words were noted which appeared to fit the rules but were not listed in the previously compiled dictionaries. Twenty-four affective and 73 cognitive words were added to the dictionaries and to the final frequency counts. At the conclusion of this process the dictionaries contained approximately 1,200 cognitive words, 500 affective words.

Judging was accomplished by tagging (i.e., circling) all cognitive and affective words listed in the dictionaries. Clients' words were totalled, and the frequency count per sample was the total number of tagged words. Since each sample contained 1500 client words, a frequency count, equivalent to a ratio, served as the dependent measure.

Counselors' words were also tagged in order to provide the data by which to compute the Index of Counselor Responsiveness (cf. Lennard & Bernstein, 1960). A "similar" response meant one in which the counselor's turn included at least one tagged word, but only when the client had, in the previous turn, employed a tagged word. "Dissimilar" responses were those counselors' turns which contained no tagged words (again, following clients' turns where at least one word had been tagged). The ICR, then, was the ratio of similar to dissimilar responses and was calculated for all samples regardless of experimental condition.

Role System Analysis (RSA). A modified version of Lennard and Bernstein's (1960) role reference system was
used in the categorization of clients' propositions. All intelligible propositions were coded as either Primary System, Secondary System, Tertiary Systems, Self System, or Other Systems. The Primary System referred to content regarding the counseling transaction (i.e., roles, responsibilities, procedures), while the Secondary System referred to relations between client and counselor other than, or incidental to, those roles. Tertiary Systems referred explicitly or implicitly to the client's relationship with specified social institutions or significant others (e.g., work, family, school). Propositions coded as belonging to the Self System were those where the client directly referred to the self without specific reference to other social systems. Finally, Other Systems categorized propositions where direct self-reference was absent and where implicit relations between the self and specified others were not present. A description of each category as presented to the judges is provided in Appendix E.

In the original measure only four categories were employed, Other Systems being contained within the Self System. For the present hypotheses, it was critical to categorize separately the direct references to the self since it was assumed that high percentages of references to Tertiary Systems and to the Self System would be indicative of self-exploration appropriate to counseling.
After categorization, a Role Systems Ratio (RSR) was calculated for each sample. The RSR was the proportion of Tertiary Systems plus Self System references to Other System references.

**Discourse Topic Analysis (DTA).** The Discourse Topic Analysis subsystem was devised for the present study based upon literature from the sociology of language, notably systems suggested by Corsaro (1979), Keenan and Schieffelin (1976), and Weiner and Goodeneough (1977). A summary of the system as presented to the judges is located in Appendix E.

An intersubjective system, the DTA categorized clients' and counselors' turns in relation to topics (as defined by Keenan and Schieffelin, 1976) and to management of the interaction. The subsystem was uniquely different from both the Role System Analysis and the Counselor Response System in that it required viewing the interaction as naturally-occurring dialogue, not as a counseling interaction.

There were two types of categories in this system, substantive (i.e., relating to topics of conversation) and process (i.e., referring to management of the interaction). The ten categories comprising the system were combined into two a priori-defined supercategories, Active Turns and Passive Turns. Active Turns were those which served to set bounds around the interaction and which either determined the topics at hand or added substantive information to those topics. Active Turns included Topic Shift
Initiation, Topic Relevant Act, and three types of management turns (Initiatory Turn, Terminating Turn, and Other). Passive Turns were those which were totally responsive (Topic Relevant Response) or irrelevant to the current topics (Off-Topic Act or Off-Topic Response) or which, as management turns, indicated a misunderstanding (Repair Initiation) or relinquished participation (Passing Turn).

It was assumed that high percentages of Active Turns would be necessary for any interaction to be focused and productive to the task at hand, by definition. However, since the system had not yet been applied, the relative Activity Levels (i.e., percentage of Active Turns to total turns) of counselor and client remained to be demonstrated.

In the present study the first turn to be judged was the first complete turn by the second speaker. In order to allow the judges to determine the immediate topic, the tape recordings were used in the following manner. After having located the beginning of each segment as noted in the transcript, the investigator rewound the tape by 15 digits on the counter (approximately one minute). Judges listened only to that one-minute opening section, not to the entire segment.

Counselor Response System (CRS). All of the counselors' propositions which intervened in the segments containing 750 client words were categorized by the Counselor Response System, a system modified from Hill's Counselor
Verbal Response Category System (Hill et al., 1979). The modified system contained nine intersubjective categories, coded pragmatically: Encouragement/Approval/Reassurance, Reflection/Restatement, Self-disclosure, Confrontation, Interpretation, Providing Information, Information-seeking, Direct Guidance/Advice, and Unclassifiable. A description of each category as presented to the judges appears in Appendix E.

An additional variable, Degree of Structure, was created to allow for comparisons (by condition and by time) in the amount of structuring which the counselors' propositions determined for the succeeding client response. (The construct illocutionary force and the assumption of communicational intent explained in Chapters I and II were used in the a priori ordering of categories for this variable.) Categories descriptive of low structure were defined as Encouragement/Approval/Reassurance, Reflection/Restatement, and Self-disclosure; moderate structure included Confrontation, Interpretation, and Providing Information, and high structure included Information-seeking and Direct Guidance/Advice.

A counselor's score on Degree of Structure was found in the following manner. First, frequency counts were calculated for the number of propositions falling in the three supercategories (low, moderate, and high structure). Next, the supercategories were weighted, such that Low Structure
was the frequency times one, Moderate Structure was the frequency times two, and High Structure equalled the frequency times three. The score on Degree of Structure, then, was the addition of these three weighted supercategories divided by the total number of propositions. High scores referred to the counselor's use of responses which (by definition) highly structured, or determined, the succeeding client response.

Judges. Preliminary division of clients' and counselors' utterances into propositions by rules adapted from Auld and White (1956) was carried out by the investigator after having achieved 92% agreement with the sample transcript provided by those authors. Two judges were used for each of the subsystems. In the case of frequency counts, Role System Analysis, and Counselor Response System, one of the judges was the investigator and one other was a graduate student in counseling psychology or social work. Since Discourse Topic Analysis was the subsystem where experimenter bias was most potentially a source of invalidity, the investigator did not serve as a judge. (The second judge for this system held a Ph.D. in English Education and was widely read in the philosophy of language.) In the categorical analyses (RSA, DTA, and CRS), agreement was reached through discussion in those instances where independent judging did not produce identical categorization.
Reliability. A standard practice transcript of approximately 3,000 words was used in the training of all judges. A minimum reliability of .80 was required before judging of the actual transcripts began. In the case of the counts of affective and cognitive words, reliability coefficients for composite ratings were calculated (cf. Tinsley & Weiss, 1975) since the mean count for each segment was to be employed. In the case of the nominal categories (i.e., RSA, DTA, and CRS) the kappa statistic was computed (cf. Tinsley & Weiss, 1975). In addition, the reliability coefficients were calculated for 10% or more of the actual transcripts (before discussion) for each subsystem. Table 17 (Appendix F) presents the reliability coefficients for each system.

Examination of Table 17 reveals that adequate reliabilities were achieved for each of the subsystems on both practice and actual transcripts, with the exception of the Discourse Topic Analysis. Although for this system the practice reliability was low ($k = .52$), when the 10-category system was the basis for calculation of the statistic, comparison of judgements for the supercategories revealed adequate reliability ($k = .80$). Due to the difficulty in raising the reliability for ten categories even after extensive training, statistical tests were not conducted on data using the 10-category system, but only on the two supercategories where the reliability was adequate. Nevertheless, since the judges reached agreement on the finer
categories through discussion, relevant distributions are presented for descriptive purposes in Table 20 (Appendix F).

**Process Scores**

Two measures of overall process (Process Scores; PS) were devised, one reflecting clients' changes in verbal behavior and perceptions of the interview, and one reflecting counselors' changes on several verbal measures. The clients' PS included six verbal measures -- increases in Words per Turn, Verbal Activity Ratio, Role Systems Ratio, Activity Level, and affective and cognitive words -- and scores above 30 (i.e., 80%) on the Affective Process dimension of the Client Perception Questionnaire. A client's score represented the number of these variables where pre-/post- changes had occurred as predicted. Since some subjects were eliminated from particular analyses, the PS was standardized as a proportion (i.e., ranging from 0 to 1). The counselor's Process Score represented a proportion (computed similarly to the client's PS) from four verbal measures where changes occurred in the expected direction (i.e., decreases in Words per Turn, Degree of Structure, Activity Level; increases in Verbal Activity Ratio).

These Process Scores, one for each client and counselor in each dyad, were computed in order to provide a global process variable which could be used to test for the
mediating effects of process, singly and in interaction with role induction, on perceived therapeutic outcome.

**Hypotheses**

Two major sets of hypotheses were proposed by this research. The first set referred to the expected effects of the experimental manipulations on process and outcome variables. Both simple and interactive effects were predicted. The second set of hypotheses derived from the model of the counseling interaction presented in Chapter II and referred to descriptive relationships irrespective of the experimental manipulations.

**Effects of the Experimental Manipulations.** Several hypotheses were tested relating to the simple and interactive effects of role induction, process variables, and perceived therapeutic outcome. Hypotheses 1 to 3 below refer to changes in self-reported expectancies and perceptions. Hypothesis 4 refers to changes in the verbal behavior of clients and counselors over time. Finally, Hypotheses 5 to 7 refer to the simple and interactive effects of role induction and process on three outcome variables.

1. Clients' scores in the two experimental groups were expected to change significantly over time (CEQ to CPQ to CSQ) on relevant dimensions: (a) clients in the affective condition would score significantly higher on Affective Process; (b) clients in the cognitive condition would score significantly higher on Mastery/Outcome; (c)
clients in both groups would score significantly lower on Counselor Activity; and (d) there would be no significant changes on any dimension for motivated controls.

(2) Comparison of affective and cognitive conditions to motivated controls was expected to demonstrate significantly higher scores for the experimental groups on motivation assessed by the counselor after the second interview.

(3) Experimental condition was expected to be a significant predictor of counselors' theoretical orientation (affective or cognitive), as reported at termination.

(4) In the affective and cognitive dyads, the following pre-/post- changes in verbal behavior were predicted: (a) Words per Turn and Verbal Activity Ratio of the client would increase significantly; Words per Turn of the counselor would decrease; (b) counts of clients' affective or cognitive words, respective to experimental condition, would increase significantly; (c) Index of Counselor Responsiveness, respective to experimental condition, would increase significantly; (d) Role Systems Ratio would increase significantly; (e) clients' Activity Levels would increase significantly, while those of the counselors would decrease; (f) Degree of Structure would decrease significantly; and (g) the distribution of counselors' responses (CRS) in each condition would change significantly (no specific predictions). In the motivated control dyads, any observed changes in verbal behavior were expected to be nonsignificant.
(5) A significant relationship was predicted between Termination Decision and experimental condition, such that clients in the experimental groups would be more likely to terminate by mutual consent than would the motivated controls.

(6) Significant simple and interactive effects were predicted for experimental condition (two levels), clients' Process Score, and clients' scores on the Mastery/Outcome dimension of the Client Satisfaction Questionnaire.

(7) Significant simple and interactive effects were predicted for experimental condition (two levels), counselors' Process Score, and global improvement rated by counselors at termination.

**Descriptive Relationships.** Hypotheses 8 to 11 refer to relationships, across clients and counselors (i.e., irrespective of the experimental manipulations), among self-reported perceptions of the counseling process and perceptions and actual behavior.

(8) Within subjects (clients), the variance of responses to items would change significantly from Time₁ (Client Expectancy Questionnaire) to Time₂ (Client Perception Questionnaire) to Time₃ (Client Satisfaction Questionnaire).

(9) Across conditions, a significant positive relationship was expected between clients' scores on each dimension of the CSQ and their counselors' scores on the
respective dimensions of the CPQ (administered at termination).

(10) Across conditions, a significant positive relationship was predicted between Number of Interviews and (a) global improvement, and (b) counselors' and clients' scores on each dimension of the CPQ and CSQ.

(11) Across conditions, clients' post-scores on Words per Turn, Verbal Activity Ratio, Activity Level, and Role Systems Ratio were expected, as a set of independent variables, to predict scores on the Affective Process dimension of the Client Perception Questionnaire (Time).
Nonparametric Procedures. The nonparametric Wilcoxon Signed Rank test was chosen to test pre-/post- changes within conditions since nonorthogonality was assumed and since the assumptions necessary for parametric tests were likely to have been violated. That is, the sample was small, the distribution was not normal for many of the pre-scores, and heterogeneity of variance seemed likely. For a small sample size, this nonparametric procedure yields an exact (rather than estimated) probability level. Since statistical regression might have produced spurious results, extremely high or low pre-scores, as determined prior to analysis, served as the basis for elimination of those subjects. Such occurrences are noted in the relevant tables of results.

Hypotheses 1, 4, and 8 were tested using the Wilcoxon procedure. In Hypotheses 1c, 4a, 4d, 4e, and 4f the two experimental groups were tested simultaneously, as they were not expected to differ in their effects. In Hypothesis 8 the Wilcoxon test was performed on the variance of (all clients') responses to individual items on (1) the CEQ and CPQ\textsubscript{1} and (2) the CPQ\textsubscript{1} and CSQ.

The nonparametric chi-square goodness-of-fit test was used for Hypothesis 4g. That is, the distributions of counselors' responses (CRS) within conditions were compared pre-/post- role induction. (Post-hoc analyses were used to determine which categories were affected where overall change was significant.)
A chi-square test of association was used for Hypotheses 3 and 5.

**Multiple Regression/Correlation.** Hypotheses 2, 6, 7, 9, 10, and 11 were tested using simple and multiple regression, with dummy coding for categorical variables where necessary. In Hypotheses 2, 6, and 7 the effects of the experimental groups taken together were compared with the motivated controls. Multiple regression was chosen over analysis of variance since the former procedure has been considered superior for unequal sample sizes (Cohen & Cohen, 1975) and since a hierarchical procedure allowed for the test of the incremental effects of the process variables and their interaction with group membership in Hypotheses 6 and 7.

**Additional Analyses.** One additional set of analyses was performed, although there were no hypotheses predicting the absence or presence of relationships. The distributions of clients' propositions in the Role System Analysis were compared pre-/post- within conditions. This set of analyses was conducted using the chi-square goodness-of-fit test for categorical data. Post-hoc tests were conducted where indicated.

**Summary.** A summary of the hypotheses, variables, and statistical procedures is presented in Table 7.
<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Variables</th>
<th>Statistical Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Pre-existing characteristics &amp; Experimental condition</td>
<td>Bivariate correlation</td>
</tr>
<tr>
<td>-</td>
<td>3 dimensions of CEQ &amp; Subject-membership</td>
<td>Multiple regression</td>
</tr>
<tr>
<td>1</td>
<td>3 dimensions of CEQ &amp; CPQ$_1$; CPQ$_1$ &amp; CSQ</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>2</td>
<td>Experimental condition &amp; Motivation</td>
<td>Simple regression</td>
</tr>
<tr>
<td>3</td>
<td>Experimental condition &amp; Theoretical approach</td>
<td>Chi-square test of association</td>
</tr>
<tr>
<td>4a</td>
<td>Words per Turn, Verbal Activity Ratio</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>4b</td>
<td>Affective words, Cognitive words</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>4c</td>
<td>Index of Counselor Responsiveness</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>4d</td>
<td>Role Systems Ratio</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>4e</td>
<td>Activity Level</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>4f</td>
<td>Degree of Structure</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>4g</td>
<td>Counselor Responses</td>
<td>Goodness-of-fit</td>
</tr>
<tr>
<td>-</td>
<td>Role System Analysis</td>
<td>Goodness-of-fit</td>
</tr>
<tr>
<td>5</td>
<td>Termination Decision, Experimental condition</td>
<td>Chi-square test of association</td>
</tr>
<tr>
<td>6</td>
<td>Experimental condition, clients' Process Score &amp; Mastery/Outcome on CSQ</td>
<td>Hierarchical multiple regression</td>
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</table>
### Table 7, continued

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Variables</th>
<th>Statistical Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Experimental condition, counselors' Process Score &amp; global improvement rated by counselor</td>
<td>Hierarchical multiple regression</td>
</tr>
<tr>
<td>8</td>
<td>Items on CEQ &amp; CPQ₁; CPQ₁ &amp; CSQ</td>
<td>Wilcoxon Signed Rank</td>
</tr>
<tr>
<td>9</td>
<td>3 dimensions of CSQ, CPQ₂</td>
<td>Bivariate correlation</td>
</tr>
<tr>
<td>10a</td>
<td>Number of Interviews &amp; global improvement</td>
<td>Bivariate correlation</td>
</tr>
<tr>
<td>10b</td>
<td>Number of Interviews &amp; 3 dimensions of CPQ₂; Number of Interviews &amp; 3 dimensions of CSQ</td>
<td>Bivariate correlation</td>
</tr>
<tr>
<td>11</td>
<td>Words per Turn, Verbal Activity Ratio, Activity Level, Role Systems Ratio &amp; Affective Process on CPQ₁</td>
<td>Multiple regression</td>
</tr>
</tbody>
</table>
Summary

Seventeen dyads were randomly assigned to one of three groups prior to the second interview. The three conditions were affective, cognitive, and motivated control. Clients in the experimental groups were exposed to one of two role induction procedures differing only in their emphasis on cognition or affect in counseling. Motivated controls were exposed in the placebo manipulation to the same generalized outcome expectancies introduced in the role inductions.

Repeated measures were taken on clients' self-reported expectations/perceptions at three points in time (prior to counseling, after the experimental treatment and subsequent interview, and upon termination), and on several variables descriptive of the natural discourse produced by clients and counselors during the initial and second interviews. Counselors rated their clients on motivation for counseling after the second interview and on global improvement at termination.

The verbal measures related to two of the general questions raised in this research: investigation of the change in clients' participation in the interview as a result of role induction, and investigation of the client's influence over the counselor's behavior. Each of the subsystems used related to one or both of these goals. That is, the effects of role induction on clients' discourse was assessed by changes (pre-/post-) in counts of affective and cognitive
words, Words per Turn, Verbal Activity Ratio, Role System Analysis, Role Systems Ratio, and Activity Level. The effects of the clients' influence on counselors' discourse was assessed by changes in the Index of Counselor Responsiveness, Words per Turn, Verbal Activity Ratio, Degree of Structure, Activity Level, and Counselor Responses.

In addition, both clients and counselors received an overall Process Score which reflected results of the multidimensional analysis of process variables.

Hypotheses pertained to the effects of the role induction procedures, singly and in combination, in changing (1) perceptions of the interaction and (2) actual verbal behavior, and in enhancing perceived outcome. Thus, both simple and interactive effects were predicted. Finally, several hypotheses were introduced with reference to changes in perceptions as mediated by experience in counseling. Also observed was the relationship between clients' actual verbal behavior in the second interview and their perceptions of that interview.
CHAPTER IV

RESULTS

The results of this research are presented in three sections. Following the preliminary analyses the effects of the role induction manipulations are presented with respect to self-reported changes, changes on the verbal measures, and the prediction of outcome from experimental condition and overall process. In the third section several descriptive findings are presented: relationships among self-reported variables and between perceptions and behavior.

Two primary statistical strategies were employed, non-parametric techniques in comparing changes over time within and across conditions, and multiple regression or correlation to describe and predict relationships among variables. Eleven hypotheses were tested; additional analyses were carried out as they suggested themselves from the data. For the most part, the level of significance was set at .10 due to the low statistical power accompanying small samples and the relative cost/benefits of Type I and Type II errors. Alpha was set at .05, however, in the goodness-of-fit tests; there the sample sizes were large, since they were based on the number of propositions.

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Elimination of subjects from pre-/post- analyses was accomplished with several criteria in mind. To begin, where prior research had suggested no guidelines, conservative levels were set to minimize the number of eliminations and beyond which significant results would carry no practical relevance. As an additional guideline, the data were scanned for outliers. These eliminations were made necessary by the extreme variability among subjects on verbal measures and because with small samples statistical regression toward the mean poses a potentially severe problem. (In only one case was a subject eliminated from more than two analyses of discourse.) A post-hoc regression procedure revealed no systematic differences by condition for elimination of subjects, either clients or counselors.

Preliminary Analyses

Two preliminary sets of simple and multiple regression procedures were conducted to compare the self-reported expectancies (Client Expectancy Questionnaire; CEQ) of the three experimental groups (affective condition, cognitive condition, motivated controls) with each other and with non-subject clients from the Student Consultation Service.

Results of the first set of analyses revealed no significant differences on Counselor Activity. However, there was a trend toward higher scores on Affective Process ($R^2 = .28, p = .14$) and Mastery/Outcome ($R^2 = .29, p = .13$) by the two experimental groups. Inspection of the partial
regression weights indicated that for the Affective Process analysis the affective condition contributed significantly to the solution ($t = 2.14, p = .05$) and for the Mastery/O

Outcome analysis the cognitive condition was significant ($t = 2.03, p = .07$).

Results of the comparison of subjects ($n = 17$) to non-subjects ($n = 7$) revealed no significant differences on Mastery/Outcome or Counselor Activity. However, on Affective Process the groups differed significantly ($R^2 = .15, p = .07$).

**Additional Analyses.** A correlation matrix was generated along with other descriptive statistics on all variables of interest to the present investigation.

There was no significant relationship between (1) counselors' or clients' sex by experimental condition, or (2) clients' sex and scores on dimensions of the Client Expectancy Questionnaire. A negative correlation was observed ($r = -.69, p < .001$) between type of presenting concern ($0 = educational/vocational; 1 = personal/social$) and the Affective Process dimension of the CEQ. Apparently those clients who had educational and/or vocational problems, as indicated by their counselors after the second interview, had higher expectations for emotional involvement in the counseling interaction than did those with personal/social concerns.
The results of other observed relationships are discussed in succeeding sections as they become relevant.

Effects of the Experimental Manipulations

The principal hypotheses in this investigation pertained to the effects of the role induction procedures, singly and in combination, in changing the process of counseling (i.e., noted by self-report and verbal behavior) and in enhancing perceived outcome, as rated by client and counselor alike. Both simple and interactive effects were predicted; an overall Process Score was devised in order to test for the mediating effects of process on outcome.

The first set of hypotheses referred to changes in self-reported expectancies and perceptions, while the second set pertained to pre-/post- changes on the verbal measures. The final set concerned the simple and interactive effects of role induction and overall process on two outcome variables.

Self-Report. Hypothesis 1 referred to changes in scores over time (from CEQ to CPQ₁ and from CPQ₁ to CSQ) on each dimension of those three instruments. The results of these analyses are presented in Table 8.

With respect to changes from expectations (CEQ) to perceptions after role induction (CPQ₁), no significant differences were observed for the affective condition on Affective Process or for the cognitive condition on Mastery/Outcome. Contrary to prediction, scores on Counselor
Table 8

Changes in Dimensions of Clients' Self-Reported Expectations/Perceptions by Condition from CEQ (Time\textsubscript{1}) to CPQ\textsubscript{1} (Time\textsubscript{2}) and CPQ\textsubscript{1} to CSQ (Time\textsubscript{3}) (Hypothesis 1)

<table>
<thead>
<tr>
<th></th>
<th>Median\textsubscript{1}</th>
<th>Median\textsubscript{2}</th>
<th>Median\textsubscript{3}</th>
<th>n</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEQ to CPQ\textsubscript{1}:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Affective Process</td>
<td>28.0</td>
<td>34.0</td>
<td>3</td>
<td>&gt;.20</td>
<td></td>
</tr>
<tr>
<td>Cognitive:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastery/Outcome</td>
<td>30.0</td>
<td>28.0</td>
<td>3</td>
<td>&gt;.20</td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Counselor Activity</td>
<td>12.0</td>
<td>16.0</td>
<td>9</td>
<td>&lt;.006</td>
<td></td>
</tr>
<tr>
<td>Motivated controls:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Process</td>
<td>26.0</td>
<td>27.0</td>
<td>3</td>
<td>&gt;.20</td>
<td></td>
</tr>
<tr>
<td>Mastery/Outcome</td>
<td>26.0</td>
<td>27.5</td>
<td>4</td>
<td>&gt;.20</td>
<td></td>
</tr>
<tr>
<td>Counselor Activity</td>
<td>13.5</td>
<td>14.0</td>
<td>4</td>
<td>&gt;.20</td>
<td></td>
</tr>
<tr>
<td>CPQ\textsubscript{1} to CSQ:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastery/Outcome</td>
<td>28.0</td>
<td>32.0</td>
<td>5</td>
<td>.03</td>
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<tr>
<td>Affective &amp; Cognitive:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Process</td>
<td>26.5</td>
<td>31.0</td>
<td>4</td>
<td>.13</td>
<td></td>
</tr>
<tr>
<td>Mastery/Outcome</td>
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<td>33.0</td>
<td>10</td>
<td>&lt;.02</td>
<td></td>
</tr>
<tr>
<td>Counselor Activity</td>
<td>13.5</td>
<td>16.5</td>
<td>4</td>
<td>&lt;.06</td>
<td></td>
</tr>
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<td>Motivated controls:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Process</td>
<td>29.0</td>
<td>26.0</td>
<td>5</td>
<td>&gt;.20</td>
<td></td>
</tr>
<tr>
<td>Mastery/Outcome</td>
<td>27.0</td>
<td>27.0</td>
<td>5</td>
<td>&gt;.20</td>
<td></td>
</tr>
<tr>
<td>Counselor Activity</td>
<td>14.0</td>
<td>13.5</td>
<td>4</td>
<td>&gt;.20</td>
<td></td>
</tr>
</tbody>
</table>

Note: Subjects were eliminated whose pre-scores were >32 on Affective Process or Mastery/Outcome and >16 on Counselor Activity. Subjects whose scores did not change from pre- to post- were also eliminated. For that reason, n's and Median\textsubscript{2} scores may differ in the two sets of analyses.
Activity increased significantly from Time₁ to Time₂ ($p \leq .006$) among subjects in the affective and cognitive groups. No significant differences were observed on any dimension for the motivated controls.

With respect to changes from Time₂ (Client Perception Questionnaire) to Time₃ (perceptions at termination), analyses were conducted within the cognitive condition and by combining the affective and cognitive groups. This was done since only two subjects from the affective group remained after elimination (due to high pre-scores, missing data, and no changes on the Affective Process dimension). Results indicated that the cognitive group increased significantly on Mastery/Outcome ($p = .03$), and in the combined analysis the increases in the two experimental groups were significant for Mastery/Outcome ($p = .02$) and Counselor Activity ($p = .06$). A trend was observed for Affective Process ($p = .13$). No significant changes occurred among the controls.

Since Affective Process had not changed significantly at either Time₂ or Time₃ and since both role induction procedures had emphasized the process of counseling rather than the outcome, it was conjectured that a comparison of the relative strength of Affective Process to Mastery/Outcome would discriminate between the experimentals (taken together) and controls. Table 9 presents the results of this post-hoc hypothesis, the relative strength of clients' and
Table 9

Relative Strength (by Condition) of the Mastery/Outcome (M/OC) to the Affective Process (AP) Dimension in Clients' and Counselors' Self-Reported Expectations/Perceptions

<table>
<thead>
<tr>
<th></th>
<th>Median M/OC</th>
<th>Median AP</th>
<th>n</th>
<th>p^a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clients:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEQ:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All conditions</td>
<td>27.0</td>
<td>30.5</td>
<td>14</td>
<td>&lt;.03</td>
</tr>
<tr>
<td>CPQ1:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>29.0</td>
<td>32.0</td>
<td>11</td>
<td>&lt;.02</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>28.0</td>
<td>30.0</td>
<td>5</td>
<td>&gt;.20</td>
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<tr>
<td>CSQ:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>32.0</td>
<td>31.0</td>
<td>5</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>27.0</td>
<td>26.0</td>
<td>5</td>
<td>&gt;.20</td>
</tr>
<tr>
<td><strong>Counselors (CPQ2):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>30.0</td>
<td>28.0</td>
<td>9</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>22.5</td>
<td>26.5</td>
<td>6</td>
<td>.05</td>
</tr>
</tbody>
</table>

Note: Sample sizes vary due to missing data and subjects eliminated from analyses when their difference scores equalled zero.

^a Probability levels are exact only when there are no tied ranks.
counselors' scores on the AP and M/OC dimensions on the
four instruments.

Across subjects, self-reported expectancies (CEQ) were
significantly higher on the Affective Process dimension than
the Mastery/Outcome dimension \( (p \leq .03) \), as were the ex­
perimental clients' scores at Time\(_2\) \( (p \leq .02) \). By termina­
tion, however, differences were nonsignificant for clients
and for counselors in the experimental dyads.

Hypothesis 2 referred to the association between ex­
perimential condition and counselors' perceptions of their
clients' motivation for counseling after the second inter­
view. Simple regression, using a dummy variable for group
membership, revealed a trend as predicted \( (p = .18) \), al­
though only 12% of the variance was accounted for by the
manipulations \( (r = .34) \).

Finally, Hypothesis 3 predicted that there would be a
significant association between counselors' expressed theo­
retical approach to counseling (affective or cognitive) and
experimental condition. This hypothesis was not supported.
In fourteen of the seventeen dyads, counselors indicated
that they had been using a cognitive approach.

In summary, moderate support was found for the diffe­
rences in self-reported perceptions of counseling as a re­
sult of the experimental manipulations. The tests of Hypo­
thesis 1 suggested, first, that clients' perceptions of
their involvement in the process and outcome are not
immediately affected by role induction, but that perceptions of the counselor's behavior are significantly enhanced from the expectations held prior to counseling. Second, perceptions at termination are higher along all three dimensions than after the second interview for those clients exposed to role induction, whereas no changes were significant from $T_{2}$ to $T_{3}$ for motivated controls. Furthermore, clients in the role induction conditions rated their perceptions of the emotional involvement higher than outcome skills; however, across all clients and counselors at all periods of time Affective Process was rated higher than Mastery/Outcome. In terms of the effects on the counselors' perceptions, clients exposed to role induction tended to be seen as more motivated than controls (Hypothesis 2). However, counselors apparently did not perceive their approach to counseling to coincide with the one presented to their clients during the role induction procedure (Hypothesis 3).

**Verbal Behavior.** The changes in verbal behavior involved seven analyses of clients' discourse, including one measure of the ratio of clients' words to counselors' words (Verbal Activity Ratio), and five analyses of counselors' discourse. In all measures except those referring to affective and cognitive words and the Counselor Response System (CRS), the experimental groups were combined for analysis.

Summaries of the changes in clients' and counselors' verbal behavior are presented in Tables 10 through 13.
Table 10
Changes on Intervally-Scaled Measures of Clients' Verbal Behavior by Condition and by Time
(Hypotheses 4a, 4b, 4d, 4e)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Median pre</th>
<th>Median post</th>
<th>n</th>
<th>p^a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Words per Turn:</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>51.41</td>
<td>59.38</td>
<td>9</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>56.91</td>
<td>51.63</td>
<td>3</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Verbal Activity Ratio:</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>3.20</td>
<td>3.28</td>
<td>9</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>6.88</td>
<td>5.91</td>
<td>5</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Affective words:</td>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective</td>
<td>20.50</td>
<td>38.00</td>
<td>5</td>
<td>.09</td>
</tr>
<tr>
<td>Cognitive</td>
<td>35.00</td>
<td>35.00</td>
<td>4</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>37.00</td>
<td>30.25</td>
<td>6</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Cognitive words:</td>
<td>e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>249.00</td>
<td>243.00</td>
<td>4</td>
<td>&gt;.20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>237.00</td>
<td>251.50</td>
<td>5</td>
<td>.09</td>
</tr>
<tr>
<td>Role Systems Ratio:</td>
<td>f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>2.27</td>
<td>2.88</td>
<td>9</td>
<td>≈.15</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>1.86</td>
<td>2.27</td>
<td>6</td>
<td>.20</td>
</tr>
<tr>
<td>Activity Level:</td>
<td>g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>78.98</td>
<td>90.24</td>
<td>8</td>
<td>.004</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>82.35</td>
<td>66.67</td>
<td>3</td>
<td>&gt;.20</td>
</tr>
</tbody>
</table>

Note: Subjects were eliminated from analysis when their difference scores equalled zero.

^a Probability levels are exact only when there are no tied ranks.

^b Subjects were eliminated from analysis when their pre-scores were > .85.

^c Subjects were eliminated from analysis when their pre-scores were ≥ 10 or ≤ 2.

^d Subjects were eliminated from analysis when their pre-scores were ≥ 50.

^e Subjects were eliminated from analysis when their pre-scores were ≥ 100.

^f Subjects were eliminated from analysis when their pre-scores were ≥ 5.

^g Subjects were eliminated from analysis when their pre-scores were ≥ 90.
Table 11

Clients' Role System Categories by Condition and by Time

<table>
<thead>
<tr>
<th></th>
<th>Affective &amp; Cognitive</th>
<th>Motivated controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( Q = 11.42^* )</td>
<td>( Q = 4.71 )</td>
</tr>
<tr>
<td>N:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>1722</td>
<td>986</td>
</tr>
<tr>
<td>post-</td>
<td>1717</td>
<td>873</td>
</tr>
<tr>
<td>Primary System:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>3.60</td>
<td>.51</td>
</tr>
<tr>
<td>post-</td>
<td>2.97</td>
<td>.23</td>
</tr>
<tr>
<td>Secondary System:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>.35</td>
<td>.30</td>
</tr>
<tr>
<td>post-</td>
<td>.99</td>
<td>0</td>
</tr>
<tr>
<td>Tertiary Systems:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>25.90</td>
<td>30.73</td>
</tr>
<tr>
<td>post-</td>
<td>26.03</td>
<td>32.53</td>
</tr>
<tr>
<td>Self System:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>41.64</td>
<td>34.89</td>
</tr>
<tr>
<td>post-</td>
<td>44.67**</td>
<td>35.62</td>
</tr>
<tr>
<td>Other Systems:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>28.51</td>
<td>33.57</td>
</tr>
<tr>
<td>post-</td>
<td>25.33**</td>
<td>31.62</td>
</tr>
</tbody>
</table>

Note: Mean percentages are presented.

\* \( p < .05 \)

\** \( p < .01 \)
Table 12

Changes on Intervally-scaled Measures of Counselors' Verbal Behavior by Condition and by Time
(Hypotheses 4a, 4c, 4e, 4f)

<table>
<thead>
<tr>
<th></th>
<th>Median pre-</th>
<th>Median post-</th>
<th>n</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Words per Turn:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>20.90</td>
<td>22.26</td>
<td>11</td>
<td>&gt; .20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>15.87</td>
<td>18.50</td>
<td>6</td>
<td>&gt; .20</td>
</tr>
<tr>
<td>Index of Counselor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsiveness:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affect:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective</td>
<td>.40</td>
<td>.64</td>
<td>5</td>
<td>.06</td>
</tr>
<tr>
<td>Cognitive</td>
<td>1.00</td>
<td>1.71</td>
<td>5</td>
<td>&gt; .20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>.86</td>
<td>1.20</td>
<td>5</td>
<td>.16</td>
</tr>
<tr>
<td>Cognition:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective</td>
<td>1.14</td>
<td>3.75</td>
<td>3</td>
<td>.13</td>
</tr>
<tr>
<td>Cognitive</td>
<td>2.31</td>
<td>5.38</td>
<td>2</td>
<td>&gt; .20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>2.17</td>
<td>3.71</td>
<td>4</td>
<td>.06</td>
</tr>
<tr>
<td>Activity Level:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>75.00</td>
<td>71.43</td>
<td>11</td>
<td>&gt; .20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>82.46</td>
<td>70.84</td>
<td>6</td>
<td>&gt; .20</td>
</tr>
<tr>
<td>Degree of Structure:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective &amp; Cognitive</td>
<td>1.93</td>
<td>1.93</td>
<td>10</td>
<td>&gt; .20</td>
</tr>
<tr>
<td>Motivated controls</td>
<td>2.42</td>
<td>2.15</td>
<td>6</td>
<td>&gt; .20</td>
</tr>
</tbody>
</table>

Note: Subjects were eliminated from analysis when their difference scores equalled zero.

a Subjects were eliminated from analysis when their pre-scores were ≤ .2 or ≥ 5.

b Subjects were eliminated from analysis when their pre-scores were ≤ 10.

c Subjects were eliminated from analysis when their pre-scores were ≤ 1.3 or ≥ 2.7.
Table 13
Counselors' Response Categories by Condition and by Time
(Hypothesis 4 g)

<table>
<thead>
<tr>
<th></th>
<th>Affective</th>
<th>Cognitive</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$Q = 11.54^*$</td>
<td>$Q = 36.98^{**}$</td>
<td>$Q = 15.55^*$</td>
</tr>
<tr>
<td>N:</td>
<td>268</td>
<td>301</td>
<td>191</td>
</tr>
<tr>
<td></td>
<td>305</td>
<td>258</td>
<td>244</td>
</tr>
<tr>
<td>Encouragement/Approval/Reassurance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>10.82</td>
<td>14.95</td>
<td>5.76</td>
</tr>
<tr>
<td>post-</td>
<td>9.18</td>
<td>5.04*</td>
<td>5.74</td>
</tr>
<tr>
<td>Reflection/Restatement:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>25.00</td>
<td>19.93</td>
<td>16.75</td>
</tr>
<tr>
<td>post-</td>
<td>20.00</td>
<td>33.72***</td>
<td>18.03</td>
</tr>
<tr>
<td>Self-disclosure:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>1.87</td>
<td>2.66</td>
<td>1.05</td>
</tr>
<tr>
<td>post-</td>
<td>2.62</td>
<td>3.10</td>
<td>6.15**</td>
</tr>
<tr>
<td>Interpretation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>2.61</td>
<td>2.33</td>
<td>5.24</td>
</tr>
<tr>
<td>post-</td>
<td>3.28</td>
<td>6.59**</td>
<td>3.28</td>
</tr>
<tr>
<td>Confrontation:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>pre-</td>
<td>.37</td>
<td>2.66</td>
<td>5.24</td>
</tr>
<tr>
<td>post-</td>
<td>.98</td>
<td>3.49</td>
<td>2.46</td>
</tr>
<tr>
<td>Providing Information:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>15.30</td>
<td>19.60</td>
<td>13.61</td>
</tr>
<tr>
<td>post-</td>
<td>26.23***</td>
<td>13.57*</td>
<td>15.57</td>
</tr>
<tr>
<td>Information-seeking:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>35.07</td>
<td>34.55</td>
<td>47.12</td>
</tr>
<tr>
<td>post-</td>
<td>32.46</td>
<td>33.72</td>
<td>40.16</td>
</tr>
<tr>
<td>Direct Guidance/Advice:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre-</td>
<td>8.96</td>
<td>2.99</td>
<td>4.17</td>
</tr>
<tr>
<td>post-</td>
<td>4.59*</td>
<td>.78*</td>
<td>8.61*</td>
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<tr>
<td>Unclassifiable:</td>
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<td></td>
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<tr>
<td>pre-</td>
<td>0</td>
<td>.33</td>
<td>.52</td>
</tr>
<tr>
<td>post-</td>
<td>.66</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Mean percentages are presented.

* $P \leq .05$
** $P \leq .01$
*** $P \leq .001$
Table 10 refers to clients' changes, by condition, on Words per Turn, Verbal Activity Ratio, counts of affective and cognitive words, Role Systems Ratio, and Activity Level. Table 11 presents the results, by condition, of the goodness-of-fit tests for the pre-/post- distributions of the Role Systems Analysis. In Table 12 changes in the counselors' variables, Words per Turn, Index of Counselor Responsiveness, Degree of Structure, and Activity Level, are presented. Table 13 summarizes results of the goodness-of-fit tests for the pre-/post- distributions of the Counselor Response System.

Hypothesis 4a referred to changes in the clients' verbal productivity. No significant changes were observed for Words per Turn or for Verbal Activity Ratio in either the (combined) experimental groups or the controls (Table 10).

In terms of the counts of affective and cognitive words (Hypothesis 4b; Table 10), a significant change was observed in the frequency of affective words by the affective group ($p = .09$), although the difference was nonsignificant for the controls and for the cognitive group. (The latter was computed post-hoc for purposes of comparison.) While the controls significantly increased their use of cognitive words ($p = .09$), the cognitive group did not.

The counselors' responsiveness to affect and to cognition was tested using the Index of Counselor Responsiveness
(Table 12), which was the ratio of similar to dissimilar responses. Hypothesis 4c predicted significant increases respective to experimental condition. This hypothesis was supported for the affective dyads ($p = .06$) and the controls' responses to cognition ($p = .06$). Counselors in the cognitive group did not increase in responsiveness either to cognition or (tested for comparative purposes) to affect. Examination of the median scores across conditions reveals that overall, in initial and second interviews, counselors responded more highly to cognition than to affect. Although the cognitive group did not change significantly, one subject was eliminated for no changes and in two cases the pre-scores were very high (11:1 and 9:1), so that the sample contained only two subjects. Furthermore, although the affective group increased significantly, their median level of responsiveness remained -- even at the second observation -- less than 1:1.

Hypothesis 4d referred to changes in the Role Systems Ratio (Table 10), or the proportion of Self and Tertiary Systems references to Other Systems references. This hypothesis was not supported; however, there was a trend in the expected direction for the experimental groups ($p \leq .15$). On the other hand, the chi-square test of the differences between the distributions of responses in the Role Systems Analysis was significant for the role induction groups ($Q = 11.42, p \leq .03$), and post-hoc tests revealed
significant increases in the Self System category and decreases in the Other Systems category (both p's < .01; see Table 11). No significant change was observed among the control group.

With respect to the Discourse Topic Analysis, Hypothesis 4e predicted increases in the Activity Level (percentage of Active Turns) of clients, decreases for counselors (Tables 10 and 12). The first part of the hypothesis was supported, in that clients in the experimental groups increased significantly (p = .004). The controls did not increase significantly; indeed, the trend was in the other direction. Inspection of Table 20 (in Appendix F) and the raw data revealed, additionally, that in most interviews, pre- and post-, the client's Activity Level exceeded the counselor's, although the counselors' Activity Level did not decrease significantly over time in any of the groups. The trend was, however, toward decreased activity. No hypotheses were tested with respect to the finer categories because the interrater reliability was considered too low; however, the means for those categories are presented in Table 20 for descriptive purposes. It appeared that, in all groups, both counselors and clients decreased in their use of Topic Shift Initiation and increased in Topic Relevant Act from initial to second interview.

The last verbal measures involved the categorization of counselors' responses (Counselor Response System).
Hypothesis 4f referred to the predicted decrease in the Degree of Structure during the second interview. No significant differences were observed for either experimentals or controls (Table 12). The chi-square test for differences in the distributions was significant for the cognitive group ($Q = 36.98; p \lessdot .01$), the affective group ($Q = 17.54; p \lessdot .05$), and the controls ($Q = 15.55, p \lessdot .05$; see Table 13). Post-hoc comparisons revealed, for the affective group, a significant increase in Providing Information ($p \lessdot .001$). In contrast, the cognitive group decreased in Providing Information ($p \lessdot .05$) as well as in Encouragement/Approval/Reassurance ($p \lessdot .05$), to increase in Reflection/Restatement ($p \lessdot .001$) and in Interpretation ($p \lessdot .01$). Controls increased in the use of Self-disclosure ($p \lessdot .01$). While both affective and cognitive groups tended to use less Direct Guidance/Advice ($p's \lessdot .05$), the controls increased in their use of this type of response ($p \lessdot .05$).

As an overview, only mild support was received for the hypotheses concerning changes in clients' and counselors' verbal behavior. Verbal productivity (Words per Turn and Verbal Activity Ratio) was unaffected by role induction for both clients and counselors. Clients from the affective dyads used more affective language, and their counselors responded more to affect (Index of Counselor Responsiveness). Overall, counselors responded consistently more to cognition than to affect. Clients exposed to the role
induction tended to use more Self references and fewer Other Systems references at Time$ _2$ and to participate more actively in the topics and management of the interaction (Activity Level). Counselors, although not significantly more passive in turn-taking, were nevertheless more passive than their clients at all times. The distribution of counselors' responses changed significantly in all groups. Counselors in the affective dyads provided more information and less advice, whereas the controls provided more guidance/advice. Counselors in the cognitive dyads decreased information and guidance and increased reflection/restatement and interpretation from first to second interview.

Process-outcome. Hypothesis 5 referred to the association between Termination Decision (premature or mutual) and experimental condition. The chi-square test revealed no significant association for this behavioral criterion of outcome (not tabled).

Two measures of overall process (Process Scores; PS) were devised, one reflecting clients' changes in verbal behavior and perceptions of the interview, and one reflecting counselors' changes on several verbal measures. Hypotheses 6 and 7 referred to the simple and interactive effects of the experimental manipulations and these Process Scores on two outcome variables (the Mastery/Outcome dimension of the clients' CSQ and the counselors' global rating, from 1 to 7, of goals achieved as a result of counseling).
Table 14 summarizes the results of the hierarchical regression analyses of the simple and incremental effects of experimental condition and Process Score on perceived outcome. Table 15 presents the $t$ tests for the partial regression weights in the four regression procedures.

The first set of analyses was restricted to variables representing either clients' or counselors' behavior. That is, the clients' PS served as an independent variable for client-rated outcome (Hypothesis 6), and the counselors' PS was used to predict counselor-rated outcome (Hypothesis 7). In predicting clients' perceptions (Mastery/Outcome from the Client Satisfaction Questionnaire), a trend was observed for experimental condition (two levels; $r = .38, p = .14$); the addition of Process Score and the interaction accounted for an incremental but nonsignificant 3% of the variance ($R = .15$). Hypothesis 7 predicted that counselor-rated global outcome would be significantly predicted from experimental condition and Process Score. The hierarchical regression analysis revealed that Condition accounted for 12% of the variance ($R = .35, p = .17$), PS and the interaction added 32% ($R = .57, p = .05$). The $F$ test for the increment of Process Score and the interaction was nonsignificant, however.

Since the test of Hypothesis 6 indicated that the effect for experimental condition approached significance but that clients' PS added little to the variance accounted for,
Table 14

Results of the Analyses of Simple and Multiple Regression Predicting Outcome from Experimental Condition and Process Score (Hypotheses 6 and 7)

<table>
<thead>
<tr>
<th></th>
<th>r</th>
<th>R²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clients' perceptions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Mastery/Outcome on CSQ):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.38</td>
<td>.14</td>
<td>.14</td>
</tr>
<tr>
<td>Condition, PS&lt;sup&gt;b&lt;/sup&gt;, Condition x PS&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.15</td>
<td>.17</td>
<td>.47</td>
</tr>
<tr>
<td>Condition, PS&lt;sup&gt;c&lt;/sup&gt;, Condition x PS&lt;sup&gt;c&lt;/sup&gt;</td>
<td>.57</td>
<td>.45</td>
<td>.04</td>
</tr>
<tr>
<td><strong>Counselors' global rating:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.35</td>
<td>.12</td>
<td>.17</td>
</tr>
<tr>
<td>Condition, PS&lt;sup&gt;c&lt;/sup&gt;, Condition x PS&lt;sup&gt;c&lt;/sup&gt;</td>
<td>.57</td>
<td>.44</td>
<td>.05</td>
</tr>
<tr>
<td>Condition, PS&lt;sup&gt;b&lt;/sup&gt;, Condition x PS&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.30</td>
<td>.26</td>
<td>.26</td>
</tr>
</tbody>
</table>

<sup>a</sup> (0 = Motivated controls; 1 = Affective & Cognitive)

<sup>b</sup> Clients' Process Score

<sup>c</sup> Counselors' Process score
<table>
<thead>
<tr>
<th></th>
<th>Clients’ perceptions</th>
<th>Counselors’ rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>t</td>
<td>P</td>
</tr>
<tr>
<td>Condition(a)</td>
<td>.56</td>
<td>.58</td>
</tr>
<tr>
<td>Process Score(b)</td>
<td>-.53</td>
<td>.60</td>
</tr>
<tr>
<td>Condition x Process Score(b)</td>
<td>-.10</td>
<td>.92</td>
</tr>
<tr>
<td>Condition(a)</td>
<td>-.72</td>
<td>.49</td>
</tr>
<tr>
<td>Process Score(c)</td>
<td>-2.54</td>
<td>.02</td>
</tr>
<tr>
<td>Condition x Process Score(c)</td>
<td>1.32</td>
<td>.21</td>
</tr>
</tbody>
</table>

\(a\) (0 = Motivated controls; 1 = Affective & Cognitive)  
\(b\) Clients’ Process Score  
\(c\) Counselors’ Process Score
and since a Pearson's correlation suggested that the counselors' PS might be critical to clients' perceptions ($r = -0.58, p = 0.01$), it was decided to test for the mediating effects of counselors' PS on client-rated outcome. Forty-five percent of the variance ($\hat{R} = 0.57, p = 0.04$) was accounted for by Condition, counselors' PS, and their interaction. A final test revealed that the simple and interactive effects of Condition and clients' PS accounted for 26% of the variance in counselors' global rating ($\hat{R} = 0.30, p = 0.26$).

Table 15 describes, additionally, the direction of the simple and multiple effects. Results of the $t$ tests for the partial regression weights in the multiple regression analyses indicated that clients' Process Scores were not uniquely related to either clients' or counselors' ratings of outcome. None of the interaction effects was significant. The only significant unique contribution to any equation was the counselors' PS ($t = -2.54, p = 0.02$) in predicting clients' perceptions of outcome; a trend was observed for counselor-rated outcome ($t = -1.72, p = 0.11$). Contrary to prediction, the direction was negative in both cases, suggesting that higher outcomes were predicted from low Process Scores.

In summary, whereas a behavioral indication of outcome, Termination Decision, was unrelated to experimental condition (Hypothesis 5), a trend was nonetheless observed for
the effects of role induction on self-reported measures of outcome by clients and counselors alike. Taken together, experimental condition and counselors' Process Scores accounted for significant proportions of variance for both client- and counselor-rated outcome, while Condition and clients' Process Scores moderately predicted counselor-rated outcome only. Although the proportion of variance accounted for was enhanced by the increment of PS and the interaction in each of the hierarchical analyses, none of these increments was significant. Counselors' Process Score was a significant unique contributor (in the negative direction) to the prediction of clients' perceptions of outcome, and, to a lesser extent, of their own perceptions.

**Descriptive Relationships**

The second major purpose of the present investigation was to describe, across clients and counselors, relationships among self-reported perceptions of the interaction and perceptions and actual behavior.

First, intercorrelations of clients' composite scores by dimension and by instrument are presented in Table 16. Inspection of the table reveals that scores on dimensions of the Client Expectancy Questionnaire (CEQ) were almost independent, whereas scores on the Client Perception Questionnaire (CPQ1; after the second interview) were moderately to highly correlated ($r_{AP, M/OC} = .58, p < .01; r_{AP, CA} = .80$).
Table 16

Intercorrelations of Clients' Scores on Dimensions of the CEQ, CPQ₁, and CSQ

<table>
<thead>
<tr>
<th></th>
<th>CEQ</th>
<th></th>
<th></th>
<th></th>
<th>CPQ₁</th>
<th></th>
<th></th>
<th></th>
<th>CSQ</th>
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<tr>
<td></td>
<td>AP₁</td>
<td>M/OC₁</td>
<td>CA₁</td>
<td>AP₂</td>
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<td>CA₂</td>
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<td>M/OC₃</td>
<td>CA₃</td>
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<tr>
<td>Affective Process₁</td>
<td>1.00</td>
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<tr>
<td>Mastery/Outcome₁</td>
<td>.05</td>
<td>1.00</td>
<td></td>
<td></td>
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<tr>
<td>Counselor Activity₁</td>
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<td>1.00</td>
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<tr>
<td>Affective Process₂</td>
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<td>-.20</td>
<td>.01</td>
<td>1.00</td>
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</tr>
<tr>
<td>Mastery/Outcome₂</td>
<td>.26</td>
<td>-.43*</td>
<td>.21</td>
<td>.58**</td>
<td>1.00</td>
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<tr>
<td>Counselor Activity₂</td>
<td>.21</td>
<td>-.14</td>
<td>-.04</td>
<td>.80***</td>
<td>.69**</td>
<td>1.00</td>
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<tr>
<td>Affective Process₃</td>
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<td>.01</td>
<td>-.14</td>
<td>.08</td>
<td>.17</td>
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<tr>
<td>Mastery/Outcome₃</td>
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<td>.15</td>
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<td>.19</td>
<td>.25</td>
<td>.20</td>
<td>.90***</td>
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<tr>
<td>Counselor Activity₃</td>
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<td>.08</td>
<td>-.11</td>
<td>.09</td>
<td>.22</td>
<td>.18</td>
<td>.95***</td>
<td>.92***</td>
<td>1.00</td>
<td></td>
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</tr>
</tbody>
</table>

* P < .10  
** P < .01  
*** P < .0001
Also of interest is the moderate negative correlation between the Mastery/Outcome dimensions of the CEQ and CPQ\(_1\) (\(r = -0.43, p < .10\)).

Scores on the Client Satisfaction Questionnaire (CSQ; at termination) were highly correlated (all \(r\)'s \(\geq .90\), all \(p\)'s \(< .0001\)), as were the correlations among dimensions of the counselors' instrument (CPQ\(_2\); \(r_{AP, M/OC} = .84, p < .0001; r_{AP, CA} = .56, p < .05; r_{M/OC, CA} = .65, p < .01; \) not tabled).

Taken together, these data suggest that factor structures may differ, depending on whether the items refer to expectations or perceptions and whether clients or counselors are sampled.

Hypothesis 8 predicted that within (client) subjects the variance of items would change significantly\(^2\) from Time\(_1\) (CEQ) to Time\(_2\) (CPQ\(_1\)) and from Time\(_2\) to Time\(_3\) (CSQ). The first part of this (two-tailed) hypothesis was not supported (\(p > .17\)), although the trend was in the direction of decreased variability. The second part of the hypothesis, changes from Time\(_2\) to Time\(_3\), was strongly supported (\(p = .04\)), also in the direction of decreased variability. In other words, clients tended to have more consistent overall perceptions of counseling over time and with longer experience in the relationship.

\(^2\) Subjects were eliminated from analysis when their pre-scores were \(\leq .2\) or \(\geq 2\).
Hypothesis 9 predicted that, across conditions, clients' scores on each dimension of the Client Satisfaction Questionnaire would be positively related to their counselors' scores on the respective dimensions of the Counselor Perception Questionnaire (both instruments administered at termination). This hypothesis was supported (all \( r \)'s \( \geq .87 \), \( p \)'s \( = .0001 \)).

Hypothesis 10 predicted significant positive relationships between Number of Interviews and (1) counselor-rated outcome, and (2) counselors' and clients' scores on each dimension of the CPQ and CSQ. Number of Interviews and Outcome were significantly related (\( r = .49, p = .05 \)), as were Number of Interviews and each dimension of the Counselor Perception Questionnaire (\( r_{M/OC} = .65, p = .005 \); for Affective Process and Counselor Activity, \( r \)'s \( \geq .44 \), \( p \)'s \( \leq .08 \)). Number of Interviews was also significantly associated with each dimension of the Client Satisfaction Questionnaire (all \( r \)'s \( \geq .69 \), \( p \)'s \( \leq .003 \)).

Hypothesis 11 predicted that four of the clients' verbal measures (Words per Turn, Verbal Activity Ratio, Activity Level, and Role Systems Ratio) from the second interview would be positively related to scores on the Affective Process dimension of the Client Perception Questionnaire (reported immediately after that interview). The multiple regression analysis did not support this hypothesis.
Several other significant relationships emerged from the correlation matrix. The three self-reported outcome variables — Mastery/Outcome on the Client Satisfaction Questionnaire and Counselor Perception Questionnaire and counselors' global improvement rating — were positively correlated (all $r$'s $\geq .73$, $p$'s $< .001$). Termination Decision (where 0 = premature termination, 1 = mutual decision), the behavioral criterion, was also highly correlated with the three self-reported measures (all $r$'s $\geq .64$, $p$'s $< .01$) and with Number of Interviews ($r = .74$, $p < .001$).

Since inspection of the raw data suggested that for some clients large changes had occurred from initial expectations to perceptions at termination, a difference score was computed for each dimension of the instruments (i.e., CSQ minus CEQ). Each of the three difference scores — on Mastery/Outcome, Affective Process, and Counselor Activity — was significantly related to Number of Interviews (all $r$'s $\geq .56$, $p$'s $< .03$), to Termination Decision (all $r$'s $\geq .73$, $p$'s $< .01$), and to counselors' ratings of outcome (all $r$'s $\geq .67$, $p$'s $< .01$). That is, scores on the satisfaction items were higher than those on the expectancy items in counseling relationships of longer duration, and in those cases termination tended to be mutually decided and (global) outcomes rated more highly.
Summary

Eleven hypotheses were tested along with several other relationships suggested from the preliminary descriptive procedures. To begin, client subjects were not significantly different from one another in initial expectations and did not differ systematically from the population.

The effects of the experimental manipulations were mixed. The hypotheses concerning differences in perception of counseling over time were moderately supported. Immediately following the second interview, clients exposed to role induction perceived Affective Process higher than Mastery/Outcome, and perceptions of the counselor's role were enhanced from initial expectations. Their scores on Mastery/Outcome and Counselor Activity increased again by termination.

Only mild support was received for the hypotheses concerning changes in verbal behavior from pre- to post- role induction. Clients in the experimental groups increased in Activity Level and Self references, decreased in Other Systems references. Those in the affective group used more affective words, and their counselors responded more to affect. Counselors' Response categories changed significantly, although differentially, by condition.

Mixed results were found for the hypotheses regarding the effects of role induction and overall process on client- and counselor-rated outcome. While the simple and
interactive variables accounted for sizable proportions of variance, it was only the counselors' Process Score which significantly contributed to the equations, and the direction of the relationship was contrary to prediction. The simple effect of role induction yielded a trend toward higher outcome, yet no association was found between Termination Decision, the behavioral criterion, and experimental condition.

Overall, then, the results of the present study most strongly supported the effects of role induction on self-reports of the counseling process, notably the client's perceptions of the counselor's role, and some content-based verbal measures. The largest contribution to the prediction of outcome, as rated by both participants, was the increased activity by the counselor from initial to second interview.

Finally, several descriptive relationships were detailed. Correlations among the three dimensions of the self-report instruments became more highly positive over time, and by termination the dimensions of the Client Satisfaction Questionnaire were virtually identical. Clients' perceptions of counseling became more consistent, or less variable, over time. Clients' and counselors' perceptions at termination were highly correlated. Number of Interviews was related to counselors' ratings of outcome, their own and their clients' perceptions at termination, and Termination
Decision. Increases in scores from initial expectations to satisfaction were associated with Number of Interviews, Termination Decision, and global Outcome. No relationship was observed between a set of verbal measures and perceptions as reported directly following the second interview.
DISCUSSION

This discussion is presented in three sections. The first section discusses the effects of the role induction manipulations on process variables — self-reported and verbal measures — and the simple and interactive effects of role induction and process on perceived outcome. Second, relationships descriptive of the interactive model of counseling (presented in Chapter II) are discussed. Limitations of the study and general recommendations for continued research follow.

Role Induction and Process-Outcome

The principal goal of the present investigation was to extend the literature on role induction by delaying it until after the initial interview and by comparing two theoretical approaches to one another and to a motivated control group in their effects on the natural discourse in the interview and on participants' perceptions of the process and therapeutic outcome.

Process. For the most part, nonparametric procedures were used, within conditions, to test pre-/post- changes in self-reported perceptions and verbal behavior. The results
of these sets of analyses were moderately supportive in the arena of self-report; analyses of discourse supported the hypotheses for a few of the content and intersubjective variables.

Self-reported changes in clients' perceptions were observed using three versions of an instrument modified from Howard et al. (1970), one version of which had been factor-analyzed using the population under study. (A detailed discussion of the descriptive analyses pertaining to dimensions of these instruments is presented later.)

Whereas no significant changes were observed from expectations prior to counseling to perceptions after the second interview on the Affective Process (AP) or Mastery/Outcome (M/OC) dimensions, respective to condition, scores on Counselor Activity (CA) increased significantly among experimentals. This latter finding was contrary to prediction. Scores representing perceptions of the counselor's involvement were predicted to decrease since the role induction had strongly emphasized the client's responsibility in the interaction and had minimized description of the counselor's role. However, in the role-played segment of the induction procedure the model counselor in fact encouraged, reassured, and gave hope for the future -- in fact, a reflection of the items comprising the Counselor Activity dimension. This model counselor appears to have been a powerful source of influence, perhaps by providing a
baseline which served to enhance perceptions of the actual counselor's role (cf. Barak & Dell, 1977). It may be that early in counseling, regardless of the message imparted in role induction, clients attribute less importance to their own active involvement than to the counselor's activity. (This implication is further supported by the results of the regression analyses, discussed later.)

The fact that scores on Affective Process and Mastery/Outcome did not change significantly following role induction may be partially accounted for by the small samples (n = 3 in each condition) due to missing data and elimination of some subjects. While the trend was in the predicted direction for Affective Process, it was reversed for Mastery/Outcome. That is, scores by the cognitive group on Mastery/Outcome tended to decrease at Time₂. Taking this finding into account with the results of the test of within-subject differences along the two dimensions where scores were significantly higher on Affective Process than Mastery/Outcome, it may be that clients exposed to role induction tend to focus more on the affective involvement than on the ultimate outcome while the counseling relationship is ongoing.

Changes were also observed from Time₂ to Time₃ (at termination) along each dimension. For the experimental groups combined, scores increased significantly on Mastery/Outcome and Counselor Activity, and a trend was observed
for Affective Process. No changes were significant for controls. Although the difference was nonsignificant, the relative strength of Affective Process to Mastery/Outcome at termination favored Mastery/Outcome. It appears, then, that a sense of mastery and having achieved some worthwhile skills from counseling may in some way be facilitated by role induction and that when the relationship is ending, outcome seems of greater moment than perceptions of the past emotional investment.

Since Mastery/Outcome did not increase after the second interview, clients exposed to role induction may have learned that mastery skills are not immediately evident. Then, at termination these skills seem achieved because clients may have seen themselves and their counselors as having performed the respective roles appropriately and successfully. That is, role induction may be superior to induction of generalized outcome expectancies because the process-outcome expectancies serve to inform clients of appropriate behaviors against which they measure their own and their counselors' performance. Still, with the continued increase in perceptions of the counselor's activity, one might well question whether clients exposed to role induction assign more weight to the counselor's role than to their own. Analogue research applying attribution theory to perceptions of the counseling process may be one means of comparing the components of role induction in
enhancing perceived outcome.

In much of the early literature (cf. Nash et al., 1965; Sloane et al., 1970) the variable "patient attractiveness" was used in testing the effects of role induction on therapists' perceptions. The present study employed a motivation variable, since this construct did not confuse expectations and preferences and seemed more germane to the intended effects of role induction. Although not significant, a trend was observed in the predicted direction, such that counselors perceived those clients who took part in role induction to be more highly motivated for counseling than controls. Since "motivation for counseling" implies subjective notions about appropriate behavior, it would be advisable in future research to request counselors to specify the behaviors about which they based this perception. Is it that they perceive the client to be experiencing the event as expected, or is it that the problems brought to bear seem appropriate, or is it that the client appears to understand the rules of discourse implicit in the counseling system?

Counselors apparently were not influenced to perceive their approach to counseling to coincide with the theoretical aspect of the role induction procedures presented to their clients. (In over 80% of the cases counselors indicated that they had been using a cognitive approach.) This hypothesis may have been unsupported for two reasons.
First, the experience level of the counselors may have played a part in that the beginning counselor's sensitivity to client differences is not yet developed or inasmuch as a cognitive approach may be less threatening or more easily managed at this level. Or, since the counselors were not questioned about their orientation until termination, any number of events may have intervened to change their approach in interviews subsequent to the role induction procedure.

Mild support was achieved overall for the hypotheses concerning verbal behavior pre- and post-role induction, although significant changes did occur on some measures. Twelve analyses of discourse were undertaken. One set of hypotheses referred to changes in the clients' discourse, and another set predicted changes in counselors' discourse which were assumed to reflect responsiveness to their clients. It was not assumed, however, that the multidimensional set of analyses used here was comprehensive in describing the language of the interview. Nor was it assumed that the measures reflected depth of experiencing in counseling or therapeutic change per se. The measures chosen tended to be more objective and modest in scope, although for all but verbal productivity inferences were required concerning both the meaning of utterances and, in some instances, the communicational intent of the speaker.
To begin, verbal productivity was assessed by the number of Words per Turn and by the Verbal Activity Ratio. Although changes were nonsignificant, clients in the two experimental groups tended to use more Words per Turn and to speak more relative to their counselors, whereas for the controls the tendency was reversed. Judging from the pre­scores (median Verbal Activity Ratio = 3.2), it may be that verbal productivity in this particular sample was high enough in the initial interview so as not to be greatly influenced by role induction. Verbal activity in and of itself may only be a meaningful measure for clients whose early behavior is, for one reason or another, somewhat passive.

Two classical subsystems categorized clients' and counselors' words (affective, cognitive, or other) and the content of clients' propositions with reference to social systems and to the self (Role System Analysis and Role Systems Ratio).

With the first subsystem, results indicated that clients in the affective condition used significantly more affective words in the second interview, and their counselors responded significantly more in kind (Index of Counselor Responsiveness). This was not the case, however, for clients and counselors from the cognitive group, nor did they use significantly more cognitive language. A hindsight consideration of the cognitive and affective dictionaries
suggested an explanation for this discrepancy. One might judge the affective words to be explicitly emotional, while those in the cognitive list included words implicit of thinking processes (e.g., if, but, no) along with words explicitly cognitive (e.g., think, decide, analyze). (This explanation was also suggested from the observation of the much higher responsiveness of all counselors to cognition than to affect across interviews.) Perhaps a significant change in cognitive language was obscured by the inclusion of so many words in the dictionary which subjects may not have suspected to represent cognitive processes. Since the present findings suggest that affective language may be enhanced by informing clients of its desirability, it is reasonable to wonder whether, with a more conservative dictionary, the same would hold in the cognitive realm.

The fact that affective language is considered important in successful counseling is attested to by many theoreticians (cf. Rogers, 1951) and by an impressive number of studies which have included affective referents as a dependent variable (cf. Hill, 1975; Lavelle, 1977; Lennard & Bernstein, 1960; Levy, 1967; Zimmer & Cowles, 1972). A major finding, then, of the present study is the necessity, in role induction, to include reference to the importance of expressing feelings, since in the cognitive group the tendency was toward decreased affect.
The second content-based subsystem, Role System Analysis, was modified from Lennard and Bernstein (1960), principally in creating an Other Systems category separate from the Self System. This separation proved critical to the present results, which indicated significant increases in Self references and decreases in Other references among the experimental clients. (Change was nonsignificant, however, in Role Systems Ratio, a variable designed to represent the ratio of Tertiary and Self Systems to Other Systems.)

Self-reference, similar to affective language, is one variable which figures heavily in the literature on language appropriate to counseling (cf. Myrick, 1969). A propositionally-based subsystem, the Role System Analysis seems superior to mere count of first-person pronouns since, by containing mutually exclusive and exhaustive categories, frequencies can be compared. In the present study the experimental clients' use of Other references (i.e., referring neither to counseling nor to the self in relation to specified others) accounted for 28.5% of the propositions sampled from the first interview. If clients can be taught via role induction to minimize content judged to be less appropriate in counseling, counselors may find that their clients are not in fact "resistive" (cf. Pope et al., 1972) but merely ignorant of that rule of discourse.
Finally, two intersubjective subsystems were employed, coded pragmatically (i.e., with inferences concerning communicational intent). One system, Discourse Topic Analysis, was developed from postulates and systems in the field of sociolinguistics (Corsaro, 1979; Keenan & Schieffelin, 1976; Weiner & Goodenough, 1977). (Although reliabilities may have been adequate in these similar systems, in the present investigation only the supercategories, Active Turns and Passive Turns, were able to be judged reliably.) Active Turns were those which added substantial topical content and/or contributed to management of the interaction. Activity Level, which represented the proportion of Active Turns to total turns, significantly increased among the experimental clients but did not decrease significantly as expected among their counselors. The fact that across most interviews clients' Activity Levels were higher than their counselors' suggests that, first, an important discourse rule in counseling may be tapped by this measure and, second, that to some extent clients expect or learn quickly that they are to be active contributors to the counseling interaction. That this system, albeit content-free, taps into something different from Words per Turn is suggested by the fact that, while the two measures were highly correlated ($r = .79$), pre-/post- changes in Words per Turn were not significant.
Still, since the Discourse Topic Analysis as it stands has not been applied to systems other than counseling, it is not yet possible to determine the relevance of the present findings based solely on the numerical results. In other words, what meaning should be attributed to the observation that one party's Activity Level is 90.2, while the other party's is 71.4? Although statistically significant, is it clinically relevant to note that clients' Activity Levels increased on the average from 79 to 90.2? Future work in this area seems fruitful; one might wisely begin by attempting to anchor the finer categories so as to increase interrater reliabilities. From there, comparisons could be made within and across counseling interviews, or with conversations occurring in other social settings. While the preliminary data collected here are of interest and indicate a promising new line of investigation, the present results raise questions which one can only begin to answer after extensive research.

In the last verbal analysis, Counselor Response System (after Hill et al., 1979), counselors' propositions were categorized within each of the three conditions. Pre-/post-changes in the overall distributions were significant for all groups, and post-hoc analyses indicated which categories contributed significantly to the changes. Both the affective and cognitive counselors provided less Direct Guidance/Advice, while control counselors provided more. Whereas
the affective counselors provided more Information during the second interview, the cognitive counselors provided less. The cognitive group similarly decreased in Encouragement/Approval/Reassurance, to increase in Reflection/Restatement and Interpretation. Control counselors increased in Self-Disclosure. Degree of Structure, a variable which was derived from the Counselor Response System, did not change significantly over time.

One possible explanation for the finding concerning Direct Guidance/Advice is that clients exposed to role induction solicited less advice from their counselors, having learned not to expect or request it. Control counselors may have been modeling in their use of Self-Disclosure, something which the experimental counselors may have considered unnecessary. That the cognitive group increased in Interpretation suggests responsiveness to a cognitive quality in their clients' utterances. Degree of Structure may not have decreased as expected if counselors felt the need to continue to structure the interview when clients did not appear to be talking more appropriately, or based upon their own need to control the interaction.

All of these explanations remain highly tenative, however, since it may be that these beginning counselors' statements changed in response to their supervisors' suggestions or simply because they tried new approaches. Significant changes among the control counselors may have been
precipitated for similar reasons.

The present system was substantially modified from Hill et al.'s (1979) system, and therefore comparisons with the results of their research must remain tentative. Furthermore, Hill et al.'s study observed the responses of counselors prototypical of different approaches; the present research grouped counselors according to experimental condition rather than by their avowed orientation.

The most frequently used categories here, across counselors, were Reflection/Restatement, Providing Information, and Information-Seeking (the latter perhaps because the interviews took place early in counseling and/or because the counselors were inexperienced). It did not appear that the frequencies of categories increased in ways similar to what might have been expected from Hill et al.

Outcome. Outcome was assessed in three ways: the Mastery/Outcome dimension in clients' reported satisfaction (Client Satisfaction Questionnaire), counselors' global ratings of goals achieved from counseling, and Termination Decision (premature termination or mutual decision). The latter was considered to be a behavioral criterion inasmuch as it reflected whether the client continued coming for scheduled appointments.

Hierarchical regression analyses were used to test the simple and interactive effects of role induction (two levels) and clients' and counselors' overall Process Scores
(PS; a representation of predicted changes on verbal measures and clients' scores on Affective Process at Time 2) on the two indices of perceived outcome. Experimental condition alone accounted for only about 13% of the variance (p's $\approx .16$) in client- and counselor-rated outcome. In two sets of analyses, similar and significant proportions (45%) of variance were accounted for by counselors' PS and experimental condition in outcome rated by both participants. Condition and clients' PS moderately predicted counselor-rated outcome only ($R^2 = .26$). Although the proportion of variance accounted for was enhanced by the increment of PS and the interaction in each of the analyses, none of the increments was significant. Tests of the partial regression weights revealed, further, that counselors' PS was a significant unique contributor (in the negative direction) to the prediction of clients' perceptions and, to a lesser extent, of their own perceptions.

This latter result deserves note, in that the findings were contrary to prediction. It was expected that as clients performed more appropriately (i.e., took a more active role in the interaction by speaking more, contributing more substantively to topics, using more self-references, etc.), their counselors' activity would decrease. In terms of the present variables, Words per Turn, Degree of Structure, and Activity Level would decrease and the ratio of clients' to counselors' words (Verbal Activity Ratio) would
increase; the PS was designed to reflect this presumption. Yet analyses revealed that outcome was rated higher by both groups when counselors' activity increased from first to second interview (i.e., low PS). This finding is consistent with the experimental groups' reported perceptions of their counselors' activity, which increased significantly post-role induction. Further, it seems consistent with the lack of significant results in the analyses of changes in counselors' verbal behavior. While it may be that as clients became more active, their counselors did likewise, the latter's changes may have occurred for reasons other than in response to the clients' communications (e.g., supervisors' suggestions, greater familiarity with the client, lowered anxiety).

Clearly, in this sample at least, counselors' active contribution to the process early on in counseling was important to their own perceptions and to their clients' ultimate satisfaction. That the present results ran contrary to prediction underscores the potential danger of implicit presumptions regarding what should or will occur in successful counseling. While it would be tempting to conclude that since high counselor activity was so critical here the same holds in most settings, caution is warranted in generalization due especially to the counselors' level of experience. Perhaps only experienced counselors act as if, or believe that, their involvement becomes more passive as
the client takes on more responsibility for the work in treatment. Or perhaps this presumption holds for certain counselors working with certain kinds of clients. Only considerable research with multidimensional linguistic analyses and self-report across clients, counselors, and settings would provide adequate descriptions of how counselors' responses change as their clients become more actively involved.

The Process Score variable, furthermore, obscures individual changes which might have been substantial on only one or two measures. As designed, the variable gives equal weight to each of the measures represented within it, and therefore may not be truly reflective of overall process.

It seems clear, nonetheless, that the counselor's activity is a potent force in clients' evaluation of outcome. More effective counselors may provide high levels of structuring early on in counseling which serve to modulate levels of clients' risk until they are ready to assume more responsibility in the interaction (similar to Bednar et al.'s 1974 conceptualization of group process). Structure is likewise provided by role induction, but the present results attest to the overriding influence of the counselor him/herself (cf. Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, & Stone, 1966).

Overall interpretation of the regression analyses suggests that role induction may to some extent enhance
perceived outcome but that, while crucial, early changes in clients' and counselors' verbal behavior do not significantly mediate, or do not contribute incrementally to, perceived outcome (the tests of the increment of PS and the interaction being nonsignificant). More critical mediating variables may include something in the client's attitude or behavior, something akin to "motivation" or something which was not tapped by the linguistic measures employed in the present study. (Indeed, in a few cases there were striking differences from first to second interview in the kinds of topics discussed, and in at least three instances clients made direct reference to the effects of the role induction message on their willingness to disclose personally relevant and painful material.) Or, as discussed earlier, one mediating variable may be enhanced perceptions of one's own or the counselor's activity (regardless of the actual changes in verbal behavior).

While Termination Decision was moderately correlated with perceived outcome ($r = .64$), it was not significantly associated with experimental condition. At first blush this finding seems incompatible with the significant changes in self-report. The discrepancy suggests, however, that the decision to discontinue counseling may not necessarily be due to incongruent role expectancies of client or counselor, or even to dissatisfaction with counseling. Rather, some clients may have terminated early after having learned
-- from role induction and/or experience in a few sessions
-- that counseling was not appropriate or relevant for them.
In other words, for those who terminate prematurely, expectancies may in fact be congruent with their counselors',
but their perceptions of self or preferences may be so dis-similar from expectations as to lead them to discontinue

treatment.

Such an interpretation may be supported by anecdotal
data gleaned from some clients, counselors, and supervisors.
To illustrate, one client in particular, who terminated af-
fter the second session, stated to the experimenter (and
commented in writing on the Client Satisfaction Question-
naire) that the role induction tape had clarified the im-
pression she had had after the first interview that she did
not need or want counseling at that time. This explanation
may be particularly or uniquely relevant to the client po-
pulation studied here, as they had not sought help prior to
being solicited.

Synthesis and Implications. The effects of the role
induction manipulations have been discussed with respect to
process and outcome. To summarize, role induction appears
to promote changes in (self-reported) perceptions more than
in actual verbal behavior. Yet clients' behavior can be af-
fected by role induction in several important respects
(i.e., increased use of affective language and self-
references, and more active contribution to content and
management of the interaction). Beginning counselor's discourse seems largely unaffected by changes in the clients' communications; however, clients' perceptions of counselors' activity are enhanced by role induction throughout the duration of the relationship, and actual increases in counselors' verbal activity appear to be highly influential in clients' evaluation of outcome. The fact that immediate changes in verbal behavior do not seem to mediate significantly between role induction and outcome suggests that additional intervening processes may occur, such as increased motivation or willingness to disclose more threatening material.

Immediate changes in clients' perceptions were only present with respect to the counselors' behavior, not their own affective involvement. Overall it appeared that clients took less note of their own behavior than of their counselors', and it is questionable whether they attributed the outcome in any degree to their own activity, despite that very emphasis in the role induction message. The initial contact appears to set a tone which, in the arena of verbal behavior, is not easily changed, at least not immediately subsequent to role induction. If, as has been noted, communication patterns between individuals stabilize quickly (cf. Jaffe & Feldstein, 1970; Matarazzo et al., 1968) and mutual influence occurs as in tracking or convergence (cf. Patton et al., 1977), the patterns achieved early on are
probably fairly intractable to outside manipulation.

Looking at outcome alone, one would need to question the efficacy of role induction above and beyond the influence of an initial interview and a manipulation inducing only prognostic expectancies. Analyses of the simple relationship between experimental condition and outcome yielded a trend at best. Yet overall consideration of changes in the process -- self-reported and behavioral -- argues strongly for the efficacy of role induction in affecting the interaction for many clients. The manner and timing of the changes probably differs for individuals; factorial designs and repeated sampling throughout treatment are called for in order to describe the process as it evolves differentially. Role induction may work for some clients by adding to the power base of the counselor (cf. Strong & Matross, 1973). For others, role induction may legitimize or provide an impetus to risk more in the relationship. For still others, perhaps already motivated to reveal their problems to a counselor seen as influential, role induction may serve to clarify the rules of the system so as to facilitate communication. Some individuals may learn by doing, without role induction, so that by termination differences between controls and experimental are inconsequential (cf. Liberman et al., 1972).
Relationships Descriptive of the Counseling Interaction

As a secondary goal, the present research proposed to describe, across clients and counselors, relationships among self-reported perceptions of the interaction and perceptions and actual behavior.

In a preliminary analysis, a modified version of Howard et al.'s (1970) instrument was factor-analyzed using the population drawn on by the Student Consultation Service. Replication of Howard et al.'s factor analysis was achieved in several major respects (see Chapter III for a detailed account of the similarities and differences), but the anomalies required reinterpretation of the factors (renamed Affective Process, Mastery/Outcome, and Counselor Activity).

Self-Report. Bivariate correlations of composite scores on these dimensions, across clients, were carried out using three similar versions of the instrument (CEQ, CPQ, CSQ). Results indicated that the dimensions were virtually independent at Time₁ (expectations), to become progressively more highly and positively correlated until Time₃, termination, when they were virtually identical (all $r$'s $\geq .92$). A test of the within-subjects changes in variance over time, which revealed significantly decreased variability in responses to items by Time₃, adds support to interpretation of a "halo effect" (or its obverse). Thus, in this sample at least, expectancies of what might occur
In counseling (Affective Process and Counselor Activity) were not related to expectancies of what might be ultimately achieved (Mastery/Outcome). Yet, by termination, process and outcome perceptions were so similar as to be all-of-a-piece. One might surmise, therefore, that clients learn by experience in counseling that the outcome is intimately linked with their and their counselors' investment in the process.

Furthermore, comparison of the relative strength of Affective Process to Mastery/Outcome on the Client Expectancy Questionnaire strongly favored the former dimension. Thus, prior to counseling clients apparently focus more on the process than on the expected results.

Counselors' composite scores (from the Counselor Perception Questionnaire, CPQ, at termination) were also correlated by dimension and with the respective dimensions of clients' Satisfaction Questionnaire (CSQ). A halo effect seems to have been operative here as well, and clients' and counselors' self-reported perceptions were very similar (all $r$'s $\geq .87$, p's $=.0001$). Counselor's global ratings of goals achieved also correlated highly with the Mastery/Outcome dimension.

Such findings are important, given the serious questions raised in the literature regarding disparate outcome criteria (cf. Garfield, Prager, & Bergin, 1971; Strupp & Hadley, 1977). Support may also be claimed for the use of

Due to the small samples, factor analyses would not have been justified for each version of the instrument; therefore it was assumed that the underlying factor structures for expectations and perceptions did not differ significantly. While the above results cannot shed light on the validity of this assumption (since composite scores are not equivalent to factor scores), it seems reasonable to speculate that, by termination, the factor structures for clients and counselors, if different from expectations, are at least congruent with one another. (Factor analyses of the present instruments are recommended with large samples in similar and different settings.) Furthermore, the fact that intercorrelations were very high among the Mastery/Outcome dimensions of the CSQ and CPQ, global outcome ratings, and Termination Decision favors the present interpretation that items comprising Mastery/Outcome reflect mastery and outcome skills.

Self-Report and Behavior. An additional set of hypotheses concerned the relationship between length of treatment and clients' and counselors' perceptions. The total number of interviews was expected to be significantly and positively correlated with counselors' global outcome ratings and with counselors' and clients' perceptions at termination. These hypotheses were strongly supported in
every respect, corroborating the assumption in the dynamic model of counseling (presented in Chapter II) that concerned action leads to continued interaction (cf. Patton et al., 1977) and perceptions of positive outcome.

Cognitive dissonance possibly plays a part (cf. Strong & Matross, 1973); clients and counselors may need to interpret the events in counseling as more meaningful and helpful the longer treatment continues. Further justification for this explanation comes from other relationships observed here. Satisfaction items were scored higher than the corresponding expectancy items in counseling relationships of longer duration, and in those cases termination tended to be mutually decided and (global) outcome rated more highly.

This latter finding may prove valuable in light of the long-disputed question of the effects of so-called "disconfirmed" expectations (cf. Duckro et al., 1979). "Disconfirmation" seems to be a misnomer, since it implies that high expectations were not realized; in the present case, expectations were in fact "disconfirmed," but the direction was reversed (i.e., perceptions were higher than expectations). Perhaps positive outcomes occur more frequently when clients' expectancies of the process and/or outcome are not initially very high.

A final prediction, following from the model, concerned the relationship of behavior and perceptions of that
behavior. The hypothesis, that clients' Affective Process scores immediately following the second interview would be significantly predicted from a multidimensional set of verbal analyses, was not supported. It may be either that some element important in one's perception of affective involvement was not tapped by these verbal measures or that clients (in particular or early in counseling) do not accurately perceive their own behavior. Similarly designed research is critical, methodologically and conceptually, for diverse areas of concern to behavioral scientists.

Limitations and General Recommendations

The present investigation was designed to contribute to the role induction literature in several important ways. It went beyond the traditional methodologies by delaying the (automated) manipulation until after the initial interview, by comparing two procedures emphasizing the client's role but representing different approaches to counseling, by equalizing attention to the control group, which was "motivated" by exposure to prognostic expectations, and by testing for the interactive effects of role induction and process variables on perceived therapeutic outcome. A multidimensional system of discourse analysis was designed, which included variables representing the interaction of client and counselor, and which drew on existing subsystems from the relevant literature and
additional measures suggested from the field of sociolinguistics.

As is common in most field research, small samples, extraneous, uncontrolled variables, and some conditions less than desirable for experimentation have plagued the present investigation. In particular, without sufficient numbers of dyads in each cell parametric statistical procedures were not feasible; the planned post-hoc comparisons of affective to cognitive conditions might have revealed interesting, differential effects of the two manipulations.

The counselors were for the most part inexperienced; both costs and benefits accrued as a result. First, beginners' status may have contributed in large measure to the lack of significant results with respect to verbal behavior. One cannot ignore the role of the supervisors, who were not naive to the experimental hypotheses, and whose influence is probably at its peak for beginners. Although the counselors themselves were at the outset blind and naive, the purpose of the study may have become obvious to them not only on reflection but also when, in some cases, clients discussed the research openly. Another extraneous factor could have been the counselors' anxiety, possibly well above the norm due not only to being observed by supervisors but also eventually by the investigator and several judges. Limited resources required assigning half of the counselors
to more than one experimental condition, thereby allowing for potential carryover effects (likely occurrences among beginners).

On the other hand, the probability of beginning counselors devoting extensive effort to role induction (generically speaking) in the first interview was considerably lower than had experienced counselors been used. Furthermore, the results which did prove significant, if replicated with more experienced counselors, hold promise of being truly representative of what occurs in counseling.

The clients as well presented a mixed blessing. Past experience with this population suggested that they were sufficiently naive to the roles and obligations of counseling so as to maximize the potential influence of the manipulation. (As it was not feasible to control for prior experience in counseling, it was hoped that any such effects would be equated across conditions. Even if some had had previous experience, post-hoc comparisons revealed no significant differences among clients' expectations respective to experimental condition.) However, in this setting clients are solicited for counseling; in many cases they come as much out of curiosity as from a genuine desire to receive help. Furthermore, it should be noted that many of the present clients knew one another from class and had, therefore, possibly discussed the research. (In fact, two clients were roommates and two others were close friends.)
Other potential sources of invalidity included experimenter bias (particularly in soliciting subjects, transcribing and judging tapes), demand characteristics, non-standard settings and time elapsed between sampling. Hopefully, however, bias and error were minimized as far as possible throughout the investigation.

Most of the recommendations for continued research have been included as they became relevant in the preceding sections. Some general guidelines need to be stressed in conclusion.

Reviewers' contention that role induction "works" (cf. Duckro et al., 1979; LaTorre, 1977) has been upheld in the present investigation, but important questions remain as to which components of the procedure are most effective for whom and how and when the process is differentially affected dependent upon clients' (and counselors') characteristics and individual needs. For many clients an initial interview may provide an adequate learning experience as to content, but role induction may clarify interpersonal and textual rules of communication. Others may be motivated by a model presented in role induction to risk self-exploration with an attentive counselor who actively structures the interview.

Future experiments employing both attention-placebo and no-treatment control groups might further clarify the differential effects of inducing role and/or prognostic
expectancies. Replication with experienced counselors and voluntary clients is especially important for generalization beyond the present setting. Role induction manipulations may prove redundant given effective counselors and highly motivated clients. The present outcome measures were mainly limited to the subjective perceptions of counselor and client and included no behavioral measures of change; future study could focus on other types and sources of criteria. Role induction effects on clients' behavior might also be enhanced when counselors are not blind or naive.

Since most salient to clients' and counselors' perceptions was the influence of the counselors' verbal activity (rather than passivity, as predicted), the rules of discourse implicit in this system are far from clear. Experimental studies may be premature at this point in our understanding of clients' and counselors' verbal interactions. More intensive descriptive analyses may be necessary before making predictions about causal relationships in the natural discourse of the counseling interview.

The model of the dynamic interaction in counseling, which served as the conceptual base of the present research, proved useful to explanation of many of the descriptive relationships observed here. The model may prove more or less useful dependent upon the client and counselor
population studied. Its utility in field and analogue research needs to be explored further, with modifications made as new knowledge is generated.
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APPENDIX A

STUDENT CONSULTATION SERVICE
STATEMENT ABOUT COUNSELING FOR STUDENTS IN
"PSYCHOLOGY OF PERSONAL EFFECTIVENESS"

One way to increase personal effectiveness is to become acquainted with the skills of study and planning that have been found to be generally helpful to many people over many years. The classes you attend for Psychology 120 introduce you to this approach. Another way to become a more effective person is to examine and to become more aware of your own goals and feelings, to discover how best to take advantage of your strengths and abilities, and to think through your problems and uncertainties.

An opportunity to pursue this self-examination can be provided for many students who wish it. The counselors who serve the students in Psychology 120 hope that you will feel free to initiate counseling for any of your concerns or problems. You may do so by filling out the attached form and returning it to your Psychology 120 instructor. A counselor will then get in touch with you by telephone to make an appointment.

The counselors are graduate students in counseling psychology. The counselor's choice of professional preparation indicates a genuine interest in and concern for you as a person. As part of the counselor's training he is supervised by a fourth-year Ph.D. student and by a professor of counseling psychology. The purpose of supervision is to
help the counselor better serve the needs of the student, and it in no way infringes upon the confidentiality of the student's interviews.
Individual conferences represent one way to help individualize the work of this course. To help with this we are able to use doctoral students in Counseling Psychology during their supervised practicum course in counseling. We do not have enough counselors for everyone, but for those Psychology 120 students particularly wanting counseling we will try to provide this service.

If you want counseling, please check the appropriate box marked "yes."

If you do not want counseling, please check the appropriate box marked "no."

*Additional information about counseling may be obtained from your instructor.

COMPLETE THIS FORM BELOW THIS LINE ONLY IF YOU ARE REQUESTING COUNSELING.

Please indicate the area/areas of most concern to you by placing a check in the appropriate box.

- Educational
- Vocational
- Social
- Emotional
- Personal
- Other
My schedule of classes and work this quarter are: (A blank space indicates time free for an appointment.)

<table>
<thead>
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<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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Name

Campus Address

Phone

Date:

Called by:

Comments:

Revised 3/15/78 KHF
BIOGRAPHICAL DATA SHEET (BDS)

Please Return to:

The Ohio State University
Department of Psychology
Student Consultation Service
Room 333 Arps Hall
1945 North High Street
Columbus, Ohio 43210

Full Name__________________________________________Age________Sex____

Marital Status____________________________________No. of children____

OSU Address______________________________________Phone________

Home Address____________________________________Phone________

High School Attended_____________________________Year Graduated____

No. in your class________

High School course: (circle) college prep., general, commercial, vocat. shop,

vocat. agr., technical, other:________________________

Other schools attended since high school________________________

Qtr. you first entered OSU________________________Quarter, 19____

No. of quarters at OSU________________________Pt. Hr. Ratio________

College________________________________________Major________

Present vocational plans_______________________________

Type of housing: (circle) at home, res. hall, fraternity/sorority,

rooming house, apartment, other:____________________

Activities or organizations_______________________________

Present employment________________________Hours per wk.____

Major interests________________________________________

Honors______________________________________________

General health: (circle) excellent, good, fair, poor
Reason for requesting counseling

Have you previously received counseling or psychotherapy? (circle) yes no

Are you now seeing another counselor or therapist? (circle) yes no

Important Work Experience:

<table>
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<th>JOB</th>
<th>Inclusive Dates</th>
<th>Part or Full Time</th>
<th>Liked or Disliked</th>
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Family Data: Fill out for all members of your family, including yourself.

Circle your own rank among the children.

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<th>Sex</th>
<th>Living at Home</th>
<th>No. of Yrs. of Schooling</th>
<th>Occupation</th>
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<td>M</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Yes</td>
<td>F</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>1st Child</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>2nd Child</td>
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<td>Yes</td>
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<tr>
<td>3rd Child</td>
<td>Yes</td>
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<td>Yes</td>
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<td>4th Child</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No</td>
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</table>

Date: ____________________________

If you have any questions about this, please discuss it with your counselor.
RELEASE FORM

The Student Consultation Service is a training center for Counseling Psychologists. For this reason your counseling interviews, though confidential, will be recorded and observed, and your counselor supervised by the staff of the Consultation Service. This staff includes graduate students associated with the Student Consultation Service and the supervisory faculty.

Counseling interviews at the Consultation Service are conducted on an appointment basis. The Consultation Service does not provide emergency care.

Your signature below will indicate your acceptance of these conditions for your counseling.

________________________________________

N.B. If you have any questions about this form, please discuss it with your counselor.

________________________________________

Witness
APPENDIX B

SOLICITATION OF SUBJECTS
STATEMENT TO CLIENT PARTICIPANTS

There is a dissertation research study underway at the Student Consultation Service this quarter, and we would like to ask your participation. Participation in the study is completely voluntary, and you may refuse participation or withdraw at any time. As you know, your counselor has allowed me to bring it up with you.

The research is about the process of counseling, that is, the ways in which students and counselors get involved in counseling and what they think about what happens. If you choose to take part in the study, you will be asked to listen to a ten-minute audiotape about the nature of counseling and what kinds of things students talk about in counseling.* We hope that by listening to the tape you'll have a better understanding of what counseling involves.

Right after today's interview, we'll ask you to fill out a short questionnaire about what you thought of your interview. Also, the last time you come here for counseling you'll fill out a similar questionnaire about what you thought of counseling in general. Your counselor will not see these questionnaires.

* The clients hearing Tapes A or C were told that the tape included a role-played example of a typical counseling interview.
As you know, the counseling interviews here are always recorded. If you take part in this research, the person in charge of the research will be listening to and transcribing short segments of your first interview and today's interview. She'll also be asking your counselor for some information. However, the study is not intended to evaluate you or your concerns in any way. We are merely interested in students' thoughts about counseling and the ways they talk to counselors.

You should also know that any information given to the person in charge of the research will not have your name or any other identifying information on it. The researcher will hear the two tapes, but she will not be able to tell that the student is you. So, in this way, everything will be anonymous. You do not have to sign your name to the questionnaires either. All information is strictly confidential as well.

If you'd like to take part in the study, I'll ask you to sign a consent form. I'll answer any questions you may have. You may feel free to talk to your counselor about the research, too.
STATEMENT TO COUNSELOR PARTICIPANTS

There is a dissertation research study underway at the Student Consultation Service this quarter, and we would like to ask your participation. Participation in the study is completely voluntary, and you may refuse participation or withdraw at any time. If you choose to take part in the study, you will be asked to give me the tapes of your first and second interviews with each of your clients who has also agreed to participate. You'll also be asked to fill out two short data sheets and a questionnaire about this client, your assessment of his/her progress and counseling concerns. All told, about fifteen minutes of your time is being requested.

If you decide to take part, the first interview with your client will go ahead as usual. You'll introduce the experimenter to the client before starting the second interview and then leave them alone in the interview room. You will have confirmed to the client before the experimenter enters, however, that his/her participation is voluntary and s/he may still continue in counseling even if s/he refuses to take part in the study.

If the client chooses to be a subject, he or she will listen to a ten minute audiotape about the nature of counseling before the second interview. At the end of that interview, then, s/he will fill out a questionnaire and be
debriefed by the experimenter. During your last session with that client you'll hand him or her another questionaire in an envelope which s/he'll fill out once you've left the room. (S/he'll be asked to leave it in a box marked "questionnaires" in the interview room.)

In order to make sure that the client will incur no stress by being asked to participate in the study, either you or your supervisor may decide after the first interview with the person whether or not to request his or her participation. Clients are also being told that they are allowed to discuss the research with you if they care to.

You should know that no evaluation of you or your client is being made. Rather, I am interested in linguistic variables and perceptions of counseling.

All information is strictly anonymous and confidential. Any data sheets, questionnaires, and tapes you hand over to me will be pre-coded by number. This is necessary to match them for analysis, but we want to ensure complete anonymity, both yours and the client's. Any identifying information found on the tapes will not be transcribed. Only short segments will be used for analysis. The tapes will be re-recorded and returned to you in less than one week.

Do you have any questions? If you'd like to take part in the study, I'll ask you to sign a consent form. At the end of the quarter you'll be completely debriefed and have a chance to have any further questions answered.
I consent to participating in a study entitled "Client and Counselor Perceptions: Effects on Counseling Process and Outcome." 

Theodore J. Kaul has explained the purpose of the study and procedures to be followed. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am free to withdraw consent at any time and to discontinue participation in the study without prejudice to me. The information obtained from me will remain confidential and anonymous unless I specifically agree otherwise.

Finally, I acknowledge that I have read and fully understand the consent form. I have signed it freely and voluntarily and understand a copy is available upon request.

Date: ___________________________ Signed: ________________________

(Investigator/Project Director or Authorized Representative) (Participant)

(Person Authorized to Consent for Participant - If Required)

PA-027 (2/79) -- To be used only in connection with social and behavioral research for which an OSU Human Subject Review Committee has determined that the research poses no risk to participants.
DEBRIEFING STATEMENT TO CLIENTS

This research is concerned with the way students learn how to be clients in counseling. The tape you heard urged you to talk about your problems with the counselor. We were interested in the effects the tape had on the language used in counseling, both yours and the counselor's. The questionnaires were designed to see if your perceptions of what went on related in any way to the language you used, and if your perceptions were similar to your counselor's perceptions.

I'll be glad to answer any questions you may have.
DEBRIEFING STATEMENT TO COUNSELORS

This research is concerned with the way students learn how to be clients in counseling. The tape your client heard urged him/her to talk about his/her problems with the counselor. We were interested in the effects the tape had on the language used in counseling, both yours and the client's. The questionnaires were designed to see if the client's perceptions of what went on related in any way to the language s/he used, and if your perceptions were similar to your client's perceptions.

I'll be glad to answer any questions you may have.
APPENDIX C

SCRIPTS
SCRIPTS OF TAPES A AND C

Welcome to the Student Consultation Service. I'd like to take a few minutes to tell you a bit about what counseling involves, about the kinds of concerns students have who come here, and about how you can get involved in counseling so as to get the most out of it for yourself. After I've talked some about these things, you'll hear a short portion of a counseling session between a counselor and a student.

You should know, though, that not all counseling is alike, because different counselors have different styles and also because not all students or students' problems are alike. So the interview you'll hear on this tape may not be very similar to what you yourself have experienced in counseling. You may discuss what you hear on this tape with your own counselor if you like.

First of all, counseling is a process where both the counselor and student try to deal with the student's problems by discussing them openly. It's really a kind of a learning process, where both of you are trying to sort things out so that you can understand yourself better and feel things more deeply. Often students think counselors will just hear their problems and give them advice. It's really more than that.
What is important here is that the final decisions about what to do rest with you, and the counselor is here to help you find out how your thoughts and feelings influence your actions. Your counselor doesn't think he or she has all the answers about what's best for you, but your counselor is concerned about what's going on with you and about how he or she can help you deal with difficult feelings and thoughts.

Over the years we have seen counseling to be very effective in helping students cope with numerous kinds of problems. They range from a lack of motivation for college or study skills, career decisions, to more personal issues like family or dating problems, loneliness, depression, stress. The main point I want to make is that you are the one to decide what problems are ultimately to be discussed in counseling. Your counselor is here to help clarify your thoughts and reflect your feelings back to you, and will sometimes challenge you to make choices and search deeply inside yourself for feelings. Sometimes counseling may be rough-going, because you need to be committed to opening yourself up and trusting someone else with your private concerns. Counselors understand this and think that in the long run counseling will certainly help students come to feel better, understand themselves better, and make choices that are right for them.

Tape A

Now the next question is how you can get involved in counseling. What can you do to get started in
understanding yourself? We think the most important thing in counseling is for students to express their feelings openly. If they have difficult and conflicting emotions, to bring them up with their counselor. Most of us at times have feelings which we don't like and which we think maybe aren't the kinds of feelings we want, like tension, anger, bitterness or resentment, or shame, or unhappiness. But the fact of the matter is that as human beings we have a wide range of these feelings, and our feelings are acceptable. We need to feel them first, that is, to recognize them and label them. To be able to say, "hey, yeah, that's what I'm feeling right now."

Often it happens that we're not even aware of what we are feeling. We may not recognize that we have certain feelings and that these feelings are affecting our thoughts and our actions. So counseling is a discovery process in recognizing your feelings.

How can paying attention to your conflicting emotions help? Well, first you need to see how your feelings can cause you to do things or to avoid things. Sometimes we feel two things at once, love and hate, or anger or hurt, or shame and pride. Once you recognize both feelings, you may understand why you do the things you do, and why other people may act toward you as they do. You may feel relief from tension or unpleasant emotions. You may be able to make better decisions and feel better in general.
Now this may be the case for many problems, not just personal ones. Choosing a career involves all kinds of feelings, pleasant and unpleasant, which can influence your final choice.

In counseling you'll talk about these emotions so your counselor and you can better understand them and, ultimately, yourself. Your counselor is not here to judge you, but rather to help you bring up issues which are bothering you.

Now you'll hear a short excerpt from the kind of counseling interview that I've just described. The counselor is Gina, and the student is John.

John: And remember when I was here last time, I was talking about how I felt so nervous when it comes to doing things for school, like studying in the library or making out my schedule for the Fall?

Gina: Uhhuh...

John: Well, I noticed that I feel that way a lot, just nervous and kind of helpless. This past week I really started feeling lost about a lot of other things, too.

Gina: Yeah, so you've noticed that helpless and lost feeling has to do with more than just studying and picking a major.

John: Yeah. That's right. Like it's also when I think about graduating and having to go get a job. My family doesn't help much either. Like I feel down
about it, but in a funny way I'm excited. I mean, I know it sounds strange, but I'm happy and sad both when I think about the future. I wonder why. I mean, I really want to know why I feel like a sad little kid so much of the time but that I also feel really proud of some of the things I've done up to now.

Gina: Both sad and proud, huh?

John: Yeah, when I'm not all nervous about passing a course or something. Then I just feel hopeless.

Gina: It sounds like when you're doing anything that involves planning for what's coming up, like your Fall schedule, or a test, or a job, you feel tense and sad, kind of like you're lost, but you also feel excited and proud.

John: Umm. That's sort of it. Maybe not so much sad. Maybe more like powerless or hopeless.

Gina: Powerless?

John: Well, you know, it's a lot like what happens when I ask a girl for a date. Kind of like I expect to be turned down, you know?

Gina: No, this is the first time you've mentioned dating. Tell me some more about that, John. How do you feel when you ask somebody out?

John: Umm...it's the same feeling, just nervous, you know, but also proud. Like who cares if she says no, it
doesn't really matter. I feel lonely a lot, and maybe that makes me feel like it doesn't matter whether she says yes or no. I mean, you know, like the hell with her anyway!

Gina: So sometimes you have an attitude of who gives a damn. Maybe sort of apathetic?

John: Yeah, so I wind up not doing anything. And then that makes me so damn mad at myself! Like I'm going to waste my life away not doing a damn thing because I'm stuck in a rut.

Gina: Now we're talking more about being angry at yourself, and this is a new feeling for you...or is it?

John: Yeah, it is.

Gina: You know, John, it's about the end of our time together today, but I want to let you know what I'm feeling. It seems to me you've made a real start here by discussing a lot of feelings. You've talked about feeling nervous and helpless, and also excited and proud.

John: Yeah, like I'm beginning to see how many ways I can feel.

Gina: That's really a start, and I think you've begun to make some headway in getting to know yourself a whole lot better. That'll help when it comes to making decisions about the future, and also just to feel better about yourself.
John: I hope so!

Gina: It will, I'm sure. It's especially your willingness to open up and discuss these feelings with me, even though I know it's hard at times. Next week we'll talk some more, and I'm sure it'll be easier for you to start making some choices.

John: Okay. Will I see you next Tuesday, then?

Gina: Yes. See you then.

Tape C

So the next question is how you can get involved in counseling. What can you do to get started in understanding yourself? We think the most important thing in counseling is for students to express what they think, openly. If they have difficult and conflicting thoughts and beliefs, to bring them up with their counselor. Most of us at times have thoughts which we don't like and which we think maybe aren't the kinds of things we'd like to think, negative or unreasonable beliefs about ourselves or others. But the fact of the matter is that as human beings we have a wide range of thoughts and beliefs, from negative to positive ones, and our thoughts are acceptable. We need to recognize them first, to listen carefully to what we think and analyze it. To be able to say, "hey, yeah, that's what I'm thinking right now."

Often it happens we don't even know what we're thinking. We may not recognize that we have certain
thoughts and that these thoughts are affecting our emotions and actions. So counseling is a discovery process in recognizing what and how you think.

How can paying attention to what you are thinking help? Well, first you need to see how these thoughts may cause you to do things or avoid things. Sometimes we think two things at once, positive and negative, or reasonable and unreasonable, or self-accepting and self-defeating. Once you recognize these thoughts, you may understand why you do the things you do and also why other people may act toward you as they do. You may gain better control over your thoughts and your actions. You may be able to make better decisions and just feel better in general.

Now that's true for any kind of problem. Career decisions as well as personal concerns involve all kinds of thoughts, positive and negative, which influence your actions.

In counseling you'll talk about these thoughts so your counselor and you can better understand them and, ultimately yourself. Your counselor is not here to judge you, but rather to help you bring up issues which are confusing to you.

Now you'll hear a short excerpt from the kind of counseling interview I've just described. The counselor is Gina, and the student, John.

John: And remember when I was here last time? I was
talking about how I think negative things about
doing stuff for school, like studying in the library
or making out my schedule for the Fall?

Gina: Uhhuh...

John: Well, now I noticed that I think those negative
things a lot, like that it's the end of everything if
I fail. This past week I really started thinking
that way about a lot of other things, too.

Gina: So you've noticed that the thought of failing has to
do with more than just studying and picking a major.

John: Yeah. That's right. Like it's also when I think
about graduating and having to go get a job. My
family doesn't help much either. Like I'm thinking
about how awful it'd be if I chose the wrong job,
but in a funny way I'm sure I won't. I mean, I know
it sounds strange, but, well, I'm logical and illogi-
cal both when I think about the future. I wonder
why. I mean, I really want to know why I blame my-
self in my thoughts so much of the time but I also
think I'm pretty successful at some of the things
I've tried up to now.

Gina: Both a failure and a success, huh?

John: Yeah, when I'm not thinking about passing a course
or something. Then it's just that I'm a failure.

Gina: Yeah, it sounds like when you're doing anything that
involves planning what's coming up, like your Fall
schedule, or a test, or a job, you think you're a failure, like it'll never work out well. But you also realize that sometimes it's positive and you're successful.

John: That's sort of it. No, maybe not so much a failure. Maybe more just mediocre.

Gina: Mediocre?

John: You know, well, it's a lot like what happens when I ask a girl for a date. Kind of like I expect to be turned down, you know?

Gina: No, this is the first time you've mentioned dating. Can you tell me some more about that, John? Like what do you think about when you ask somebody out?

John: It's the same confusing thoughts, really, you know, that I'm mediocre but also pretty good. Like who cares if she says no, it doesn't really matter. I keep to myself a lot, and maybe I think it doesn't matter whether she says yes or no. I mean, you know, well, like the hell with her anyway!

Gina: So sometimes you think "who gives a damn"? Maybe sort of a defeatist attitude.

John: Yeah, so I wind up not doing anything. And then I start thinking even more irrationally, like I'm going to waste away my life not doing a damn thing cause I'm just in a rut.
Gina: Now you're talking more about being angry at yourself, and this is new for you...or is it?

John: Yeah, it is.

Gina: You know, John, it's about the end of our time together today, but I want to let you know what I'm thinking. It seems to me you've made a real start here by discussing a lot of beliefs you have. You have talked about thinking you're a failure and mediocre, and pretty successful, too.

John: Yeah, you know, like I'm beginning to understand how many different ways I can think about things.

Gina: That's really a start, and I think you've begun to make some headway in getting to know yourself a whole lot better. That'll help when it comes to making decisions about the future, and also just to feel better about yourself.

John: I hope so!

Gina: It will, I'm sure. Specially your willingness to open up and discuss these thoughts you're having with me, even though I know it's hard at times. Next week we'll talk some more, and I'm sure it'll be easier for you to start making some choices.

John: Okay. Will I see you next Tuesday, then?

Gina: Yes. See you then.
Welcome to the Student Consultation Service. I'd like to take a few minutes to tell you a bit about what counseling involves and about the kinds of concerns students have who come here. You may discuss what you hear on this tape with your own counselor if you like.

Counseling is considered a "helping relationship."

This term is used by professionals in many settings to characterize their work. So a "helping relationship" is the term used by counselors, social workers, ministers, and physicians. The term is pretty straightforward for these professionals, but may not be as straightforward for you. Most people understand that "helping" means assisting or aiding, while "relationship" means some connecting bond or association. So even though many individuals may be engaged in providing services of a helping nature—such as shoe clerks, soda jerks, bankers, and politicians—few of them would use those words to describe their work.

When I speak about a helping relationship, then, I am referring to an endeavor, by interacting with another person, to contribute in a facilitating, positive way to his or her improvement. The helping professionals, such as counselors, engage in activities designed to help others to understand, to change, or to enrich their behavior so that growth takes place. The helping person doesn't think of
students as "behavior problems," but rather as individuals seeking to feel comfortable about themselves and other people and to meet life's demands productively.

"Counseling" is a term that has been used to refer to a wide range of activities. I might point out here that certain counseling activities can be traced as far back as the early Greek philosophers and the Old Testament.

Yet counseling as we understand it here emerged and developed as an American product. Why it started in America has never been satisfactorily explained. It may be because of the American belief in the importance of the individual, in growth and in change.

Historically, we see that counseling began in 1898 when Jesse B. Davis began working as a high school counselor at Central High School in Detroit, Michigan. For ten years he helped students with educational and vocational problems. The Vocational Bureau of Boston opened in 1908 with a man named Frank Parsons as director and counselor. The first national guidance conference took place in Boston in 1910.

This was just the pioneering work in counseling, but later developments which were critical to the growth of counseling included in particular the National Defense Education Act of 1958, which was passed by Congress and provided funds for strengthening school guidance programs and for preparing school counselors. Overall, various American social, economic, educational, and psychological
forces have encouraged the growth of counseling, although the exact influence of these factors is not really very easy to determine.

It is important to look at the history of counseling as a helping relationship. Then you can see that it has been very effective in helping students cope with many kinds of problems. Here at the Student Consultation Service between thirty and sixty students every quarter take advantage of the counseling offered here. Approximately fifteen to twenty graduate students work as counselors.

Students' problems range from a lack of motivation for college, or study skills, or career decisions, to more personal issues like family or dating problems, or loneliness, or depression and stress.

Adjustment to college is difficult for many students, and although in your classes you may get some good ideas for dealing with time management or studying for tests or recognizing your values, there's often not enough time for you to discover your individual talents and focus on your individual concerns. That's why, for the past twenty years or so, the Student Consultation Service has been established to give undergraduates a chance to get more individual attention than they could receive in a class alone.

Now sometimes counseling can be rough-going, because you need to be committed to opening yourself up and trusting someone else with your private concerns. The counselors
here at the Student Consultation Service understand this, and they think that in the long run counseling will help students feel better, understand themselves better, and make the choices that are right for them.
APPENDIX D

INSTRUMENTS
CLIENT EXPECTANCY QUESTIONNAIRE (CEQ)

This questionnaire asks you to describe what you think would happen if you had counseling. There are no right or wrong answers. Please circle the number on the scale, from 1 to 6, which best expresses how you feel about each statement. Please try to answer every item, even if you are unsure.

1 = Strongly Disagree  
2 = Moderately Disagree  
3 = Slightly Disagree  
4 = Slightly Agree  
5 = Moderately Agree  
6 = Strongly Agree

1. I would take the chance to let go and get things off my chest.  
2. The counselor would give me hope, a feeling that things will work out for me.  
3. I would talk about what was really troubling me.  
4. I would feel relief from tension or unpleasant feelings.  
5. I would understand the reasons behind my behavior.  
6. The counselor would reassure and encourage me about how I'm doing.  
7. The counselor would give me the confidence to do things differently.  
8. I would discover what I really want.  
9. I would have more ability to feel my feelings.  
10. I would discover ideas for better ways of dealing with people and problems.  
11. I would have a person-to-person relationship with my counselor.  
12. I would be more able to realistically evaluate my thoughts.  
13. I would get better self-control over my actions.  
14. Nothing in particular would happen. I would have the same problems as I did before counseling.
CLIENT PERCEPTION QUESTIONNAIRE (CPQ)

This questionnaire asks you to describe what you think happened in the counseling session which you just completed. There are no right or wrong answers. Please circle the number on the scale, from 1 to 6, which best expresses how you feel about each statement. Please try to answer every item, even if you are unsure.

1 = Strongly Disagree  
2 = Moderately Disagree  
3 = Slightly Disagree  
4 = Slightly Agree  
5 = Moderately Agree  
6 = Strongly Agree

1. I had more ability to feel my feelings.  
2. The counselor gave me the confidence to do things differently.  
3. I had more of a person-to-person relationship with my counselor.  
4. I got better self-control over my actions.  
5. I discovered what I really want.  
6. I took the chance to let go and get things off my chest.  
7. I was more able to realistically evaluate my thoughts.  
8. The counselor reassured and encouraged me about how I'm doing.  
9. The counselor gave me hope, a feeling that things will work out for me.  
10. I felt relief from tension or unpleasant feelings.  
11. I talked about what was really troubling me.  
12. I discovered ideas for better ways of dealing with people and problems.  
13. I understood the reasons behind my behavior.  
14. Nothing in particular happened. I have the same problems as I did before the counseling session.
This questionnaire asks you to describe what you think you got out of counseling overall. There are no right or wrong answers. Please circle the number on the scale, from 1 to 6, which best expresses how you feel about each statement. Please try to answer every item, even if you are unsure.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was more able to realistically evaluate my thoughts.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2. I had a person-to-person relationship with my counselor.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3. The counselor gave me the confidence to do things differently.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4. I felt relief from tension or unpleasant feelings.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5. I got better self-control over my actions.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6. I discovered ideas for better ways of dealing with people and problems.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>7. The counselor reassured and encouraged me about how I was doing.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>8. I took the chance to let go and get things off my chest.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>9. I discovered what I really want.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>10. The counselor gave me hope, a feeling that things will work out for me.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>11. I talked about what was really troubling me.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>12. I had more ability to feel my feelings.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>13. I understood the reasons behind my behavior.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>14. Nothing in particular. I have the same problems as I did before counseling.</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>
COUNSELOR PERCEPTION QUESTIONNAIRE (CPQ2)

This questionnaire asks you to describe what you think happened in counseling with client θ______, in general. Please circle the number on the scale, from 1 to 6, which best expresses how you feel about each statement.

1 = Strongly Disagree    4 = Slightly Agree
2 = Moderately Disagree   5 = Moderately Agree
3 = Slightly Disagree     6 = Strongly Agree

1. S/he took the chance to let go and get things off his/her chest.  
2. I gave him/her hope, a feeling that things would work out for him/her.  
3. S/he talked about what was really troubling him/her.  
4. S/he felt relief from tension or unpleasant feelings.  
5. S/he understood the reasons behind his/her behavior.  
6. I reassured and encouraged him/her about how s/he was doing.  
7. I gave him/her the confidence to do things differently.  
8. S/he discovered what s/he really wants.  
9. S/he had more ability to feel feelings.  
10. S/he discovered ideas for better ways of dealing with people and problems.  
11. I had a person-to-person relationship with him/her.  
12. S/he was more able to realistically evaluate his/her thoughts.  
13. S/he got better self-control over his/her actions.  
14. Nothing in particular happened. S/he probably has the same problems as s/he had before counseling.
COUNSELOR DATA SHEET #1

Counselor ___ (Please use the last 4 digits of your Social Security number)

Client _______ (Taken from the Counseling Application)

Counselor sex: M F
Client sex: M F

Major client concern (please check one):

_____ educational/vocational
_____ personal/social

Client's motivation for counseling (please circle one):

1  2  3  4  5
10  hi
COUNSELOR DATA SHEET #2

Counselor ________ (Please use the last 4 digits of your Social Security number)

Client ________ (Taken from the Counseling Application)

How many interviews did you have with this client? __

Did counseling terminate because: (check one)

_____ it was a mutual decision discussed between you and the client that counseling was no longer needed, or it was the end of the quarter

_____ the client alone decided to discontinue counseling or stopped coming for appointments

What is your assessment of client improvement (i.e., counseling goals reached) as a result of counseling? (circle one)

1 2 3 4 5 6 7
lo hi

In general, what would you consider to be most similar to your theoretical orientation with respect to this client? (check one)

_____ affective (i.e., dealing with feelings primarily, leading to insight)

_____ cognitive (i.e., dealing with thoughts and beliefs primarily, leading to restored emotional balance)

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APPENDIX E

ANALYSIS OF DISCOURSE
AFFECTIVE AND COGNITIVE DICTIONARIES

The following definitions have been modified from Stone et al. (1966).

Affect. Words reflecting feeling or emotion, that is, 1) arousal, or states of emotional excitement, 2) urge, or drive states, 3) affection, or feelings of close, positive interpersonal relations, 4) pleasure, or states of gratification, 5) distress, or states of despair, fear, guilt, shame, grief, conflict, and 6) anger, or forms of aggressive expression.

Cognition. Processes of rational thought, expressly referred to by words such as analyze, classify, conclude, consider, prove, reflect, plan. Words which are expressive of thought processes (i.e., implicit references), such as 1) words implying consideration of alternatives involved in choice behavior (e.g., if, either, might, probably), 2) words implying the process of determining similarity (e.g., alike, equal, identical, similar, compare), 3) words implying negation (e.g., not, never, no) or difference, 4) words connected with causation (e.g., cause, consequence, because, since), and 5) words implying an evaluation or judgment made about a person, object, or event (e.g., good, bad, positive, negative, unfair, ought, duty, must, obligation, should).
The following lists constitute the beginning of the affective and cognitive dictionaries. In cases where no disambiguation rules are listed, any appearance of the word regardless of meaning or context is tagged. Additionally, all forms of the listed words are may be tagged (for example, if the affective dictionary lists displeasure, the word displeasure may also be tagged).

**Affective List.**

abandon
admire
affection
affectionate
afraid (adj.) - feeling fear, filled with apprehension
aggressive
aghast
agitated
agony
alert
alienation
alone
aloof
amaze
ambitious
ambivalent
amused
anger
angry
anguish
annoyance
annoyed
antagonism
antagonistic
anxiety
anxious
anxiousness
apathetic
appeal (adj.) - "appealing" - arousing a favorable response
appetite
appreciate
appreciation
apprehension
apprehensive
argue
arrogant
ashamed
assertive
assure (adj.) - "assured" or confident, guaranteed
astonish
attached to (verb-adj.) - feel closeness to someone/something
attitude
attraction
awe

**Cognitive List.**

abnormal
above (idiom-adv.) - "above all"
absence
absent
absolute
abstract
abstraction
absurd
accept
acceptable
accord (pre., adv.) - "according to" or "in accord with" - consistent with, on the authority of, in proportion to; "of one's own accord" - voluntarily
accordance
account (noun, verb) - "on that account" - in that regard, to take into account, take account of (i.e., take into consideration, to explain or dispose of
accuracy
accurate
acknowledge
across (idiom-verb) - "come across" - discover, encounter
actual
actuality
add (verb) - to combine with so as to increase number, size, importance, completeness
addition (noun) - the process or result of adding or uniting
adjust (adj.) - "adjusted" - adapted
adjustment
advance (adj.) - "advanced" - forward, in front, progressive advantage
advantageous
adverse
affect (verb)
after (idiom) - "after all"
DESCRIPTION OF ROLE SYSTEM CATEGORIES

The following system of analysis was modified from Lennard and Bernstein (1960) and contains five categories.

**Primary System**

Included in this category are statements which refer to clients' and counselors' roles during treatment and the process of counseling, as well as the purposes, goals, and accomplishments of counseling. Requests for clarification (e.g., *What do you mean by that?*) are also included.

**Examples:**
- Isn't a counselor able to tell me a thing like this?
- Was there some misunderstanding about our appointment time?
- I'll talk about it anyway, even though it's not important.
- I didn't do the homework.
- Will this help me, do you think?
- How many weeks do you have to come for counseling?
- I'd like some advice, really.

**Secondary System**

Included in this category are statements in which the manifest content refers to counselor and client in other than their primary roles in treatment. Transference phenomena readily fall into this category. Both client and
counselor must be mentioned in the proposition. (Parenthetical remarks such as you know are ignored.)

Examples:
- I want you to treat me as an adult.
- I was thinking of asking you out to dinner.
- Did that ever happen to you like it did to me?
- I can't figure you out when you don't say anything.
- Could you tell me something about your personal life?
- You remind me of my husband.

Tertiary Systems

Included in this category are statements that refer directly to the client's status in, relation to, or interaction with, the family system or other specified social system such as peer group, office environment, high school. The actual person or group must be mentioned, but the reference to the client him/herself may be understood (e.g., There's anger whenever he does that). Indefinites (such as nobody, someone) and generalities (such as I'd like to have kids) are excluded, as are references to the other party's traits (e.g., He's so affectionate).

Examples:
- I remember talking to my father about this.
- The boss complimented me.
- Just trying to keep her close.
- I don't know what I feel about this woman.
- He was trying to make us jealous.
- My father said something about that.
- And he agreed.

Self System

Included are direct references to the self such as feelings, value judgments, opinions about others or objects without specific reference to other individuals. Propositions may refer to life experiences past and present or to feelings toward another person without mention of the specific behaviors or interaction with him/her (e.g., I was angry, where I was angry at him would be coded as Tertiary Systems). Parenthetical remarks such as I know or I guess are excluded, but these same phrases when used integrally in the sentence are coded as Self System.

Examples:
- I feel depressed.
- My role is to play hero.
- I enjoyed the concert.
- I don't know about that, either.
- I think that's what it means.

Other Systems

Included are statements without substantive references to the self or to the counseling process. Individuals or objects may be described but without interaction with the
client. Even indirect references to the self, such as the pronouns my or our, would be coded in other categories as appropriate.

**Examples:**

- He was a fireman before that.
- John didn't know, either.
- It's raining, I guess.
- They described the event in detail on the news.
- It doesn't concern any of that.
- You get so tired of feeling depressed all the time.
DESCRIPTION OF DISCOURSE TOPIC CATEGORIES

The following system has been adapted from Corsaro (1979), Keenan and Schieffelin (1976), and Weiner and Goode-nough (1977). It includes ten categories and two supercategories. A "topic" is defined as the question of immediate concern in the interact (Keenan & Schieffelin, 1976).

Active Turns

**Topic Shift Initiation (TSI).** A turn which occurs in the course of the interact in which there is an overt attempt to change the acknowledged topic of the interact to another question of concern. Such turns are often formally marked by cues as: *Let's talk about..., By the way..., Regarding..., Remember when..., That reminds me of...*. The speaker is inferred to intend to talk about a different concern. Topic shifts require the utilization of propositions not part of the original propositional set (idea). Topic shift initiations are not merely reactions or responses to something in the immediate setting. The shift may occur without a formal boundary cue.

**Topic Relevant Act (TRA).** A turn which is relevant to the question of concern, or topic, and is not simply a response to a topic relevant act by the other party. These turns are characterized by going beyond or adding to the previous turn in terms of relevance. They require the
utilization of propositions not part of the preceding propositional set. That is, the TRA integrates or incorporates the claim or presupposition of the immediately prior turn and adds to it by expanding the domain or scope of the original propositional set.

Example:

Client: I would like to weigh 125 or so.
Counselor: And how long has it been since you weighed 125?

Initiatory Turn (IT). A turn which either suggests or encourages focused interact at a time when such interact is not in progress (e.g., greetings, or Where should we begin?, I'd like to start by asking you a question...) Turns which result from or respond to the initiatory turn of the other party (e.g., Go ahead, Start wherever you like) are coded as Passing Turns.

Terminating Turn (TT). A turn which cues the termination of the focused interact (e.g., We're about out of time, Goodbye, That's all, I guess.). Turns which respond to or acknowledge the terminating turn of the other party (e.g., Okay, goodbye, Fine, let's end here if you like) are coded as Passing Turns.

Other (0). A turn in which the speaker comments about the interact, such as a comment about the process of their communication. No substantive information is added to the topic under discussion, but the speaker may be communicating
his/her "here and now" reactions to the other party. When the turn has interrogatory intent, signalled by a question-mark, it may still be categorized as Other. These are turns which could not be characterized as either Initiatory, Terminating, Repair, or Passing Turns.

Examples:
- You make me angry when you ask me questions like that.
- When you talk like this, I feel distant from you.
- You asked me that last week. I haven't changed my mind since then!

Passive Turns

Topic Relevant Response (TRR). A turn which is a response to a particular TSI or TRA of the other party, or to a preceding propositional set of one's own. Topic relevant responses are totally responsive, or collaborative, in that they do not go beyond the preceding turn in substance, although they may use propositions not part of the preceding propositional set. Repetitions or restatements, even those with interrogative cues, are coded as topic relevant response. Short answers to questions may be coded as TRR if they do not go beyond the question by substantially adding to the topic. Mere acknowledgement (e.g., yes) or disagreement (e.g., I doubt it) are coded as Passing Turns.
Examples:

Client: Well, it didn't seem like I was losing weight, to me, I mean. Sometimes I lost two or three pounds, that's all.

Counselor: That's about as much as you lost.

Counselor: When did it happen?

Client: Last year.

Off-Topic Act (OTA). A turn which is not relevant to the topic and is initiated without a formal topic shift attempt. Off-topic acts are often reactions or responses to something in the setting which is not a part of or related to the acknowledged topic. They are not produced with a substantive interest in what is being said (e.g., It's cold in here, or Is the tape on?). They require the utilization of propositions not part of the preceding propositional set. In addition, off-topic acts are generally distinguishable from TSI in that the topic under discussion prior to the act is usually reestablished following the OTA/Off-Topic Response sequence. Off-topic acts are also distinguishable from Repair in that they are not related to correction of a misunderstanding.

Off-Topic Response (OTR). A turn which, in following an OTA, responds to or acknowledges it by encouragement (e.g., Yes, it's cold. Do you suppose the heat is off?) or discouragement (e.g., Yes, sort of).
Repair Initiation (RI). A turn in which the speaker indicates a misunderstanding or a mistake has occurred and either requests clarification (e.g., Pardon me?, There?, Which one are you referring to?) or checks on the flow of the interact (e.g., Are you listening?) Repair tends to occur when one participant has misjudged the communication needs of the other party. Repairs are generally distinguishable from TSI in that the original topic is usually reestablished following the Repair. Responses to a Repair Initiation by the other party which include elaboration (e.g., Oh, I'm sorry, I meant...) are coded TRR. Minimal responses, such as repetitions or yes/no answers are coded as Passing Turns.

Passing Turn (PT). A turn in which the speaker relinquishes the option to make a substantive contribution to the topic of the conversation (e.g., Yeah, All right, Okay, Mmhmm). The function of such turns is to indicate to the other party to continue by giving up one's turn.

It should be noted that five categories are Management Acts, or "housekeeping" turns which differ from substantive turns in that they appear to add nothing new to the topic. Rather, they serve semantic content-connecting functions. They occur at the opening or closing of conversation, within topic-focused exchanges, and at the boundaries of substantive turns. These five categories are
IT, TT, O, RI, and PT. The five content-based categories are TSI, TRA, TRR, OTA, and OTR.
DESCRIPTION OF COUNSELOR RESPONSE CATEGORIES

The following system was adapted from Hill et al. (1979) and contains nine categories. Judges are required to make inferences regarding the counselor's intent for each proposition; however, since the client may or may not have perceived the counselor's statement as intended, judges should consider only the preceding client statements.

Encouragement/Approval/Reassurance (EAR)

Included are propositions indicative of simple agreement, acknowledgement, or understanding. They encourage but do not request the client to continue talking, and approval is not necessarily implied. The utterances may provide emotional support or reinforcement; sympathy may be implied, or the implication may be to alleviate anxiety by minimizing the client's problems. Excluded are responses to clients' questions (coded rather as Providing Information).

Examples:
- Go on.
- I see.
- It'll get better.
- Don't worry so much about it.
- Everyone feels that way from time to time.
Counseling is what you need right now to help you sort yourself out.

Restatement/Reflection (RR)

Included are propositions which may simply repeat or rephrase the client's statement(s), although not necessarily the immediately preceding ones. Typically fewer but similar words are used, and the message is more concrete and clear than the client's message. Reference may be made to stated or implied feelings. Most often the proposition is not an exact repetition of what the client has said but is a paraphrase, mirroring, condensation, or summary. The key is that it does not add qualitatively to what the client has said or implied (see Interpretation). These propositions may be phrased tentatively (denoted by a question-mark in many instances).

Examples:

Client: My father thinks I should earn my own money since I graduated from college.

Counselor: You're saying your father doesn't want to support you anymore.

Client: Since I got into trouble, no one will talk to me or do anything with me.

Counselor: So it seems that everyone is ignoring you.

Client: I didn't get to say what I wanted when she called on me in class, and I got very anxious.
Counselor: It seems that made you especially uncomfortable, or...?

Client: I don't know if I could handle it by myself. It feels like it's too much right now.

Counselor: You feel uncertain of yourself and overwhelmed by this problem.

Self-disclosure (SD)

These propositions usually begin with "I" and indicate sharing of the counselor's personal experiences and/or immediate feelings with the client. However, not all propositions beginning with the first person are Self-Disclosure. There must be a quality of sharing or disclosing of something which the client probably did not know about the counselor beforehand. Thus, such responses as I don't think so or I can understand that are coded in other categories (Providing Information and EAR, respectively).

Responses beginning with If that were me, I would... are coded as Self-disclosure, while responses which give feedback about how the client appears to the counselor are coded as Providing Information (e.g., I see you as very self-assured).

Examples:
- Right now for some reason I feel distant from you.
- I can identify with that because I also had an abortion.
- I also feel anxious in a party-type situation.
- I'd like you for a daughter.

**Interpretation (INT)**

These propositions go beyond what the client has overtly recognized. They may take one or several forms, such as establishing connections between seemingly isolated statements or events, interpreting defenses, feelings, resistance, transference, indicating themes, patterns, causal relationships in the client's behavior or personality. Usually these propositions give alternative meanings for previously discussed behavior or issues. This category is differentiated from RR in that it must add something to what the client has stated, often presenting a new meaning, reason or insight. The intent is to help the client see his/her problems in a different way. Included are diagnoses of clients' problems. However, Interpretation differs from Confrontation in that it does not present a discrepancy.

**Examples:**

Client: I really wish you wouldn't bring that up.

Counselor: You may feel that way because I remind you of your mother.

Client: Nothing seems to be going well. School is really rough. And to top that off, my husband and I have been arguing constantly.
Counselor: Maybe your difficulties in school are related to your difficulties with your husband.

Client: Everyone else does such a good job in speech class. I can hardly get my mouth open. I think if I do that everyone will laugh at me.

Counselor: This probably goes back to what happened to you in grade school.

**Confrontation (CONF)**

Generally included are two propositions; the first (which may simply be implied) refers to some aspect of the client's message or behavior (coded as Reflection/Restatement in most cases), while the second points out a discrepancy. This contradiction or discrepancy may be between words and behavior, between two previous statements, between behavior and action, between real and ideal self, between verbal and nonverbal behavior, between fantasy and reality, or between the counselor's and the client's perceptions. This type of response typically demands the client to see contradictions. Some nonverbal referents may be coded as Confrontation (e.g., **But you have tears in your eyes when you talk of being angry**).

**Examples:**
- You said nobody ever listens to you (RR), but you didn't say anything to her when she asked how you were.
- You say you're happy (RR), but you look sad.
- You come here every week (Providing Information), but then you don't talk.
- I would be angry at that (SD), but you say it's okay.

**Providing Information (PI)**

These propositions provide information in the form of data, facts, resources, theory, and so forth. The information may be specifically related to the counseling process or to the counselor's role (e.g., time, place, fee). Answers to clients' questions are coded as Providing Information, as is direct feedback about the counselor's perceptions of the client. When the counselor's statement begins *You mentioned that...*, or similarly, the unit is scored as PI rather than RR since it typically reintroduces past material rather than paraphrasing or summarizing what has just been said. In cases where the counselor is completing a statement for the client, such as filling in a forgotten word, the correct coding is PI. However, excluded are directions to continue speaking (coded as Information-seeking).

**Examples:**
- According to Erikson's theory, most teens go through an identity crisis like yours.
- The SCII indicates that you have high interests in agriculture.
- I don't know the answer to your question.
- This is an intake interview.
- You seem quite outgoing to me.

Information-Seeking (IS)

These are data-gathering inquiries which may request a one- or two-word answer, a confirmation of the counselor's previous statement, a probe requesting clarification or exploration, or a suggestion to continue speaking. This type of utterance may or may not be a question; for example, the counselor may lead into Information-Seeking by saying I was wondering if... This category must be distinguished from RR by inferring what the counselor is requesting, rather than by how the client responds.

Examples:
- Did you like it?
- What about you in all this?
- Did you read the book I suggested?
- How old are you?
- How do you feel about that?
- Tell me more.
- I hope you can explain that to me.
- I guess I need to hear more about that in order to understand.

Direct Guidance/Advice (DGA)

Included are directions or advice that the counselor suggests to the client. This category is to be
distinguished from PI in that it specifically suggests or requests the client to do something. Also, this category is not to be confused with IS, as in Tell me more about that, which is a probe for verbal material. Instructions, such as when doing a role-play or other technique, are coded as Direct Guidance/Advice.

Examples:
- Take the test tomorrow.
- Practice this relaxation exercise for fifteen minutes each night for a week.
- Say that over again, louder.
- Let's pretend that the man in your dream is sitting in this empty chair.
- Try and relax.
- Don't say anything for a minute or two.

Unclassifiable (UN)

This category is used rarely. Such statements may be unrelated to the client's problems (such as small talk or salutations) or do not fit into any other of the categories due to comprehensibility.

Examples:
- Thank you.
- Goodbye.
- I can't believe it's still raining.
- Saturday's game was terrific.
Table 17

Reliability Coefficients in the Analysis of Discourse

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<thead>
<tr>
<th>Subsystem</th>
<th>Practice Transcript</th>
<th>Actual Transcripts&lt;sup&gt;a&lt;/sup&gt;</th>
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<td>Counselor Response System</td>
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<sup>Note</sup>: Two judges were used throughout.

<sup>a</sup> Calculated over 10-15% of the data.

<sup>b</sup> Ten-category system.

<sup>c</sup> Two-supercategory system.
APPENDIX F

ADDITIONAL TABLES OF RESULTS
Table 18

Bivariate Correlations of Items on the CEQ

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Table 19
Reliability Coefficients for the Maximum Likelihood Factor Solution of the CEQ

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Table 20
Clients' and Counselors' Discourse Topic Categories
by Condition and by Time

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Note: Mean percentages are presented.