COGNITIVE CONGRUENCE AND INTERACTIONAL
BEHAVIOR OF COTHERAPISTS

DISSERTATION

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By

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Proponents of the use of cotherapists have stressed the importance of compatibility for effective cotherapy teams; however, the nature of compatibility has received little attention in experimental literature. This study investigated the nature of an effective cotherapy relationship through use of concepts espoused by George Kelly in his personal construct theory. Landfield examined the effects of three areas of client-therapist construct congruence: content, organization, and interpersonal meaningfulness, and he demonstrated a relationship between these three areas and premature/nonpremature termination of psychotherapy, as well as outcome of psychotherapy. In the present study, construct congruence was related to measures of interactional patterns as described by Mishler and Waxler in order to understand interpersonal control as manifested in cotherapy relationships. Specifically, the purpose of this study was to investigate construct content and organization congruence as it related to dyadic interaction, preference for fellow cotherapists, and case conceptualization. It was hypothesized that dyads with high content congruence would manifest more effective interactional patterns, as defined by use of
attention control strategies and direct/indirect person-control tactics. It was also proposed that dyads with higher content congruence would have greater preference for working with their cotherapists. The third hypothesis proposed a relationship between organization congruence and role differentiation within the dyads on measures of interaction. Finally, it was proposed that organization congruence was related to the number of mutually held and meaningful constructs about the client and that the proportion of mutually held, meaningful constructs would increase as a function of cotherapist interaction.

Subjects for the study were 48 doctoral psychology students, 24 males and 24 females, who were randomly paired. They completed the Role Construct Repertory Test, from which measures of content and organization congruence were derived and rating scales formed to measure interpersonal meaningfulness. The paired dyads next met to listen to a brief taped interview of a client. Cotherapists then completed a rating scale devised through use of their own personal constructs, as well as their partner's. Subsequently, they were audiorecorded during a 15-minute client discussion concerning how they would approach the case if working together as cotherapists. After discussion, they were requested to complete a second copy of the meaningfulness rating scale and a rating scale of preference for their team member.
Contrary to expectations, as content congruence increased, the use of direct person and attention control behaviors decreased, while indirect person control strategies seemed unrelated. As predicted, dyads with increasing content congruence displayed an increase in their preference to work with one another. It was also found that as the content congruence of dyads increased, their case discussion and planned management of therapy was judged more effective.

For measures of interaction, organization congruence was not found to be curvilinearly related to role differentiation. However, a significant linear relationship was noted between organization congruence and indirect person control strategies. Support was not found for the hypothesis that organization congruence would be curvilinearly related to the number of mutually held and meaningful constructs about the client. Also, there was not an increase in the number of shared meaningful constructs following case discussion.

Based on the results of the study, it was recommended that cotherapists be paired on the basis of their cognitive congruence. It was further proposed that cotherapists, especially those low in content congruence, allow themselves sufficient time for case discussion prior to and following their therapy sessions.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>.................................</th>
<th>.................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissertation</td>
<td>.................................</td>
<td>.................................</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Method</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Subjects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimenter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tape Recorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tapes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Disclosure Tape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role Construct Repertory Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotherapist Preference Rating Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construct Meaningfulness Rating Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Talk Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Duration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interruptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open-Ended Questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed Questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotherapist Discussion Checklist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective Rating Scale for Cotherapist Effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Additional Analyses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>Appendices</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>References</td>
<td>69</td>
<td>69</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Correlation of Content Congruence Scores and Global Measures of Dyadic Interaction</td>
<td>32</td>
</tr>
<tr>
<td>2.</td>
<td>Correlation Ratios of Organization Scores and Roles-within-Dyads Interaction Measures</td>
<td>33</td>
</tr>
<tr>
<td>3.</td>
<td>Correlations of Organization Scores and Roles-within-Dyads Interaction Measures</td>
<td>35</td>
</tr>
<tr>
<td>4.</td>
<td>t-Tests of Rates of Inquiry Between Male and Female Cotherapists</td>
<td>36</td>
</tr>
</tbody>
</table>
Clinicians from a variety of theoretical positions have advocated the use of multiple therapists in the conduct of psychotherapy (Bloch & LaPerriere, 1973; Friedman, 1973; Getty & Shannon, 1969; Grotjahn, 1950; Heilfron, 1969; Hulse, 1950; Ludin & Aronov, 1952; Masters & Johnson, 1970; MacGregor, Ritchie, Serrano, & Schuster, 1964; Mintz, 1965; Napier & Whitaker, 1972; Rabin, 1967; Warkentin, Johnson, & Whitaker, 1951). They justified their advocacy by citing a number of potential gains that accrued through this method. Even so, the elaboration of gains in the literature was based almost exclusively on clinical impression rather than empirical observation.

Historically, multiple therapy was introduced as a training method. In this instance, the junior therapist functioned primarily as an observer, seldom participating in the therapy process (Nash & Stone, 1951). Use of cotherapy as a training vehicle was felt to be beneficial to clients and therapists by Weinstein (1971), as long as the two therapists openly discussed their differing experience levels, as well as their strengths and weaknesses. An atmosphere of trust, understanding, and confidence in the student's ability was stressed. Otherwise, the teacher felt that he was
working with two clients rather than cotherapist and client. Davis and Lohr (1971) stressed that the multileadership method decreased anxiety in beginning therapists with a direct effect on therapeutic efficacy.

Others have viewed multiple therapists with regard to direct patient benefit with therapists on a more equal basis. For example, Dreikurs (1950) introduced a cotherapy format in the treatment of individuals as well as families and groups.

Several theorists have proposed direct, facilitative effects of multiple therapists on the process of therapy. Specifically, gains were noted through the cotherapists' ability to handle larger or more complex groups without diminishing their therapeutic effectiveness (Ludin & Aronov, 1952; Napier & Whitaker, 1972). This advantage was made possible by the therapists' mobility to function in and out of therapeutic responsibility, thereby increasing the likelihood of confronting a large, powerful group that might otherwise be seen as overwhelming.

A second advantage proposed for this technique was the provision of a means to simulate a family for clients, especially when opposite-sex therapists were used (Cooper, 1976). The use of cotherapists allowed the clients to identify with therapists of the opposite sex (Rosenbaum, 1971).

A third advantage of the multiple therapist format was the provision of a means to evaluate more objectively the
behavior of clients (Ludin & Aronov, 1952). A therapist was able to move between intense and less-intense involvement with the client(s), so that one might become more involved affectively while the other played a more rational, objective role (Napier & Whitaker, 1972). Through alternation between participant and observer roles, a therapist maintained a more objective view of the therapeutic process. This advantage was further facilitated by discussion of the therapeutic process within, as well as outside, the treatment hour. Related to the gain of more objective analysis was the opportunity to halt destructive countertransference maneuvers through the intervention of another therapist (Napier & Whitaker, 1972).

Fourth, a reported advantage of the multiple therapist technique was the provision of models for effective interpersonal relationships (Loeffler & Weinstein, 1954). Therapists demonstrated new means of problem-solving and conflict resolution for clients by openly working out their own differences within the therapeutic setting (Napier & Whitaker, 1972).

A fifth advantage concerned the provision of a broader dynamic range to which clients could respond (Ludin & Aronov, 1952). Loeffler and Weinstein (1954) clarified this gain by noting that the cotherapy method provided several styles of therapeutic interaction, one of which might have been easier for a particular client to comprehend.
Sixth, use of multiple therapy was noted to provide improved continuity in treatment if utilized efficiently. For example, when one therapist was absent from a therapy session, the other therapist could continue therapy with the client(s).

Conversely, several authors (Mintz, 1965; Gans, 1957; Slavson, 1964; MacLennan, 1965) cited specific disadvantages in the use of multiple therapists that might also be used advantageously in therapy. For instance, Mintz (1965) detailed problems, such as the client's tendencies to split therapists into good and bad objects, or to play one therapist against another. These situations were more difficult to see in single-therapist treatment, yet they probably represented a client's typical pattern of interpersonal behavior when acted out in the cotherapy setting. The knowledge and subsequent interpretation of this material could be seen as valuable to the facilitation of client change. Of course, Mintz was correct in considering these areas as definite disadvantages in cases where therapists ignored or were unaware of the problems.

Research on process of psychotherapy has supported the use of cotherapists with large groups. Gurman (1975) found that cotherapists, as opposed to single therapists, appeared to be especially useful in conducting couples' groups. Bandura's research (1976, 1977a) as to the value of modeling behavioral change would tend to support the use of cotherapist
models for effective interpersonal interactions, though his research was not directed specifically toward use of cotherapists. Elsewhere, Bandura has stated, "Models do more than teach novel styles of thought and conduct. Modeling influences can strengthen or weaken inhibitions over behavior that observers have previously learned" (p. 49, 1977b).

Other theorists have evaluated the effectiveness of cotherapists with respect to treatment outcome. Haley (1978) noted that outcome studies did not indicate that cotherapy was a better mode of treatment than single-therapist treatment. In fact, Haley stated that the use of a cotherapist was usually for the security of the clinician and not for the value to the client. Gurman and Kniskern (1978) also stressed that although cotherapy was touted as preferable to single-therapist treatment in marriage or family therapy, this assumption had never been directly tested in a study of therapy outcome. Gurman (1973) found no significant difference between single versus multiple therapists, using gross improvement rates summed across studies of marital therapy. Shellow, Brown, and Osberg (1963) found that the number of therapists had no effect on the frequency of one-session dropouts from family therapy. In spite of the hazards cited in some studies on cotherapy, many therapists saw the advantage outweighing disadvantages, as long as the clinicians maintained effective therapeutic relationships.
Gains were also proposed for therapists through a continuing education factor in the multiple therapist format. Clinicians have acknowledged the value in use of an outside consultant for the facilitation of growth in their work. Napier and Whitaker (1972) noted also that cotherapists were provided this same opportunity via the inevitability of therapists resolving individual differences. Solomon, Loeffler, and Frank (1953) stressed that the cotherapy method encouraged a positive reciprocal relationship between therapists which afforded emotional support to one another in difficult periods of the therapeutic process. In the proper situation, intimate association united the therapists, created a mutual respect for one another's capabilities, and produced better self-understanding. A cotherapist began to develop confidence and assurance from the experience of receiving recognition immediately from the therapy partner when therapeutic progress had been noticeably accelerated. Also, upon observing the other cotherapist, a respect for his/her abilities grew, along with a gradual introjection of those techniques which worked well for the remaining cotherapist. In a cooperative relationship, it was possible for the therapists to discuss each other's errors and limitations objectively, and to devise plans whereby future therapy might be more successful. These particular gains in training have not been investigated by researchers, however.
Little attention in studies on cotherapy has been given to individual difference variables, yet personality factors have been attributed a moderating role in the effectiveness of multiple therapists. General propositions concerning therapist characteristics are the professional affiliations of cotherapists and the implications of these, in terms of status and assertiveness or passivity (McGee & Schuman, 1970). Also, differences might lie in the cotherapists' varying personality traits (specifically in relation to control), environmental influences, background training, level of experience, or theoretical orientations which would affect the attitudes of the therapists toward each other. Solomon, Loeffler, and Frank (1953) noted that therapists who found it essential to operate in a set, inflexible manner—whether it was active, passive, directive, or nondirective—found it difficult to work with other therapists who had completely opposite or even identical orientations. These authors observed four therapeutic approaches as being (a) passive-nondirective, (b) passive-directive, (c) active-nondirective, or (d) active-directive. They stressed that in their experience, therapists with completely antagonistic orientations could not work together effectively. For instance, the passive-nondirective therapist found it difficult to maintain positive relationships with cotherapists who were active and directive. Extreme differences in orientation sometimes led to competition which was destructive if manifested in the
therapy situation. Competition generated hostility between the two therapists, which led one or both clinicians to turn their attention from the problems of the clients to problems in their relationship, or to displace their aggression onto the clients. Complete agreement in orientation was not a solution to the previously mentioned problem. For example, two active therapists might have found themselves competing for the attention of the group—and, conversely, two passive therapists might similarly have failed to fulfill the needs of the groups. Furthermore, they neither supported nor complemented each other at those times when adequate handling of the problems of the group was impeded by the personality imperfections of a specific therapist. Thus, it could be seen that some differences between therapists were, indeed, desirable. Bellville, Raths, and Bellville (1969), also in discussion of the cotherapy relationship, emphasized the need for a functional relationship between cotherapists and stressed the importance of working out feelings of tension between therapists with openness and equality of control.

Research studies have elucidated some of these expectations. Steir and Goldenberg (1975) looked at the cotherapy relationship in terms of the bipolar personality dimensions of dominance/submissiveness and love/hate. They contended that pairing cotherapists who perceived themselves as equally powerful in family therapy would be helpful. In 1975, Rice and Rice considered the divergence in cotherapists and
concluded that the quality of therapy could be affected by the differential status of the team members.

Rice, Fey, and Kepecs (1972) studied personal therapeutic styles and preferences desired in a cotherapist as a team member. They found that experienced and inexperienced therapists differed in their perceptions of styles and that subjectively rated effectiveness of cotherapy correlated with the degree of comfort felt by the therapist in the cotherapy relationship. With the strong emphasis upon the relationship between the therapists in the cotherapy literature, some clinicians have used spouses as cotherapists (Bellville, Rath, & Bellville, 1969; Lazarus, 1976), with the assumption that therapists who were married to one another had been able to establish an effective and functional relationship. Rice, Razin, and Gurman (1976) studied the self-reported therapy styles of cotherapists married to each other and those not married to each other. In general, it was found that spouse teams (particularly those who were experienced) were significantly more alike in self-described in-therapy behavior than the nonmarried cotherapists. They concluded that the cotherapist "united front" might have created some disadvantages in therapy. However, similarity of goals seemed to heighten treatment effects.

Few researchers have investigated the compatibility or congruence of cotherapists, or the interaction between cotherapists' compatibility and effectiveness with clients. One
study in the former area (Achterberg, 1979) indicated that preference for a specific cotherapist was based on the dimensions of perceived problem-solving ability, similarity, and affection for a fellow cotherapist. She also demonstrated that therapists who actively initiated therapeutic activities and chose to work with cotherapists who wanted to be included in such activities were perceived as more effective teams by their supervising therapist. Also, therapists who wished to dominate and control the activities of others and who worked with cotherapists who accepted the control of others were seen as more effective.

Related to the congruence of cotherapists' cognitive functioning are a relatively large number of studies that have reported on the combination of therapist/patient variables in single-therapist psychotherapy. In reviewing this body of literature, Parloff, Waskow, and Wolfe (1978) noted that the area suffered from possible "terminal vagueness" (p. 273) and stressed that many of the studies contained serious methodological problems. Of particular interest to this author were studies based on cognitive similarity between therapist and client. Parloff et al. (1978) indicated that matching of client and therapist on these dimensions might serve to improve treatment effectiveness.

According to Carr (1970), the rationale for studying cognitive structuring rested in the assumption that successful dyadic communication depended upon similarity of the
cognitive dimensions used by each individual in discussing his/her independent experience.

Several studies pertaining to the present research investigated the matching of client-therapist cognitive structures. These studies presented mixed results in that some supported cognitive similarity, and others cognitive dissimilarity, as efficacious in relationship to positive client outcome. Though contradictory, the mixed results were understandable in light of the divergent designs and methods used to measure the cognitive variables.

Two studies were undertaken demonstrating a relationship between client-therapist cognitive variables and the process aspects of psychotherapy. In the first study, Heine and Trosman (1960) demonstrated that congruence of expectations between the therapist and client about the process of psychotherapy was the predominant factor in predicting continuance in therapy. The authors suggested that continuing clients conceptualized the experience of therapy similarly to the therapist's own role image. In the second study, Ourth and Landfield (1965) demonstrated a relationship between shared meaningfulness and termination in psychotherapy. In this instance, meaningfulness was measured by a semantic differential constructed by the therapists' and client's own personal constructs. Extremity ratings were used as the criterion of meaningfulness. Both client
and therapist in prematurely terminating cases rated each other in less extreme ways.

Four additional studies contributed to knowledge of client-therapist cognitive variables and outcome in psychotherapy. Landfield and Nawas (1964) found that clients improved when there existed at least a minimal degree of client-therapist communication with the client's language dimensions. The therapist had to agree with the client on at least one client personal construct involving a highly important or highly unimportant means for understanding people. The Role Construct Repertory Test (Kelly, 1955) was used to determine personal constructs in this study. In another investigation (Carr, 1970), it was hypothesized that congruence between client and therapist in terms of level of conceptual differentiation (as measured by the Interpersonal Differentiation Test) improved therapeutic outcome. Clients whose initial differentiation scores were closer to their therapists' scores showed more improvement, based on the client's ratings of outcome and reported symptom reduction. Edwards and Edgerly (1970) examined the effects of high, medium, and low levels of client-therapist congruence on outcome of psychotherapy. Dyads were paired on the basis of similarity in meaning which they assigned to twelve concepts on the Evaluation dimension of a semantic differential. Results indicated that clients in the low congruence group showed most improvement. This study was
criticized by reviewers on two grounds. First, the authors' definition of similarity was confusing and limited, in that client-therapist differences in understanding of problem areas were not an indication of total cognitive dissimilarity (Craig, 1972). Finally, the interpretation of results was hampered by the confounding levels of congruence with particular therapists (Parloff et al., 1978).

Another study (McLachlan, 1972) examined client-therapist conceptual level in relation to group-therapy outcome for alcoholic clients. The author utilized Conceptual Level Theory as explicated by Harvey, Hunt, and Schroder (1961) for the basis of his hypothesis. Specific methodology included the Paragraph Completion Test—as devised by Hunt, Lapin, Liberman, McManus, Post, Sabalis, Sweet, and Victor (1968)—which measured conceptual level. Dyads of high conceptual level congruence had significantly better client-rated improvement scores than the incongruent pairs. However, no differences between groups were found in terms of therapist ratings of improvement. In a follow-up study, McLachlan (1974) found that 70% of the clients from high congruence pairings were abstinent a year later; whereas, only 50% of the low congruence dyads were similarly abstinent.

There were two studies that examined both process and outcome variables in relation to cognitive congruence of client and therapist in psychotherapy. Craig (1972)
investigated the effects of cognitive similarity upon both the quality of the psychotherapy relationship and its outcome. Craig used three types of measures—all derived from the Role Construct Repertory Test—to assess cognitive similarity between client and therapist. The measures were: (a) content analysis of the similarity of personal constructs, (b) measure of the meaningfulness of the therapist's cognitive constructs for the client, and (c) measure of the meaningfulness of the client's cognitive constructs for the therapist. This study was unique in that the relationships studied were between the author, who was also the therapist, and 15 female clients. Cognitive similarity was found to be significantly related to the combined client-therapist assessment of the therapy outcome, the reciprocal levels of client-therapist attraction, and the level of self-disclosure by the clients. However, cognitive similarity did not seem to be related to measures of self-reported symptom reduction or to the therapist's classification of clients as premature, versus nonpremature, terminators.

Finally, an extensive study by Landfield (1971) examined the effects of three areas of client-therapist cognitive congruence: content, organization, and interpersonal meaningfulness. This investigation—as that of Landfield's student, Craig (1972)—was based on the theoretical assumptions espoused by George Kelly in his personal construct theory (1955). A modified version of Kelly's Role Construct
Repertory Test was given to all therapists and clients to assess their personal construct systems.

Landfield defined content as "the areas of focus inferred from personal construct description" (1971, p. 18); whereas, organization referred to the degree to which a person's construct dimensions were interrelated within a particular Role Construct Repertory Test grid. The primary measurement of organization was the Functionally Independent Construction score, defined as "the number of functionally different dimensional units of meaning inferred from a Role Construct Repertory Test grid" (Landfield, 1971, p. 14). A low Functionally Independent Construction score indicated a highly integrated, organized cognitive system; whereas, a high score meant that an individual used constructs independently of one another. Organization described in this manner (high Functionally Independent Construction score) indicated a confused, fragmented construct system. The measure of interpersonal meaningfulness was devised from compilation of Role Construct Repertory Test constructs of clients and therapists used to form a rating scale. Landfield (1971) noted that the preference for more extreme positions on rating scales—at either end of the continuum rather than the middle—was an index of meaningfulness. Thus, meaningfulness was defined as the extent to which an individual used more extreme ratings on their dimensional scales. For example, persons rated those constructs most meaningful to them more
extremely than those which were less meaningful in their cognitive systems.

Landfield found that those dyads with higher content congruence had fewer nonpremature terminators in therapy. However, therapeutic outcome was more significantly improved when there was a greater difference between the construct organization of the client and the therapist. Finally, interpersonal meaningfulness in the premature terminators was significantly lower than with nonpremature terminators.

Landfield concluded that incongruence in both content and organization of constructs was associated with premature termination. However, it was a moderate amount of client-therapist organization incongruence, within the context of greater content congruence, that seemed to facilitate improvement in psychotherapy. These findings were illuminated by an understanding of the Commonality and Sociality corollaries of Kelly's personal construct theory. Kelly defined commonality as follows: "To the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person" (1955, p. 90). The Sociality corollary stated, "To the extent that one person construes the construction system of another he may play a role in a social process involving the other person" (Kelly, 1955, p. 95). Initially, it was noted that some degree of
commonality was necessary for the development of an interpersonal relationship. However, Kelly did not state that commonality assured the development of a productive social process. The social relationship depended upon a degree of commonality, but more critical was the ability of one or both members of the dyad to subsume the other's point of view (Sociality corollary). According to Kelly, the subsuming process depended upon differences as well as commonalities between the construct systems of two individuals. He stated,

Moreover, commonality can exist between two people who are in contact with each other without either of them being able to understand the other well enough to engage in a social process with him. The commonality may exist without those perceptions of each other which enable the people to understand each other or to subsume each other's mental processes. As is the case in psychotherapy in which the clinician identifies himself too closely with his client's way of seeing things that he cannot subsume the client's mental processes, the role the clinician plays becomes impoverished and the social process or the productive outcome of the clinician-client relationship comes to a standstill. (Kelly, 1955, p. 99)
The previous idea raised the issue for the present study of construct or cognitive similarity/dissimilarity between two therapists who worked together in cotherapy settings. In the review of literature concerning cotherapy, it was noted that many theoreticians of cotherapy relationships stressed the need for some similarity between the cotherapists. However, as in the case of Solomon, Loeffler, and Frank (1953), they noted that moderate therapist dissimilarity was essential for the well-functioning dyad. Thus, it was considered that investigation into the cognitive variables of compatible cotherapists might illuminate the factors existing in the compatible dyads. The problem remained, however, as to the explicit definition of the compatible dyad, as some investigators in the area of cotherapy relationships emphasized the need for effective communication between cotherapists with little "battle over control."

Interpersonal control has received considerable attention in psychological theory and research. Frugé (1976) noted that this dimension was a very important aspect of human interaction, and that a wide range of behaviors clustered under the heading of interpersonal control. Other facets of this dimension have been elucidated by Mishler and Waxler (1968) in an extensive study of interaction in families of normals and schizophrenics. They defined two strategies of control—attention control and person control—used to exert power and influence in families. Attention control
strategies included (a) participation rate, (b) "who-speaks-to-whom," and (c) length of speeches; whereas, person-control strategies consisted of (a) interruptions of communication and (b) questions. The latter strategies were distinguished from attention control in that they had an identifiable target with qualities of confrontation and direct involvement. Mishler and Waxler found that normal families chose to use the direct person-control strategy of interruption, while schizophrenic families made greater use of the indirect mode of control, questioning. Also, parents in normal families exerted more attention-control strategies, while the power structure in schizophrenic families was more ambiguous, with no one clearly taking either the powerful or the weak role.

Watzlawick, Beavin, and Jackson (1967) defined the content and relationship levels of communication and noted that in the "healthier" relationship, the relationship aspect of communication receded into the background. Whereas, the less-healthy relationship was characterized by a constant struggle about the nature of the relationship (control) with the content aspect of the communication being less important. Watzlawick et al. stated that "every communication has a content and a relationship aspect such that the latter classifies the former and is therefore a metacommunication" (1967, p. 54). Relationships between individuals were described as either symmetrical or complementary, that is based on either equality or differences. Thus, a dyad whose members exchanged
the same type of behaviors defined their relationship as symmetrical, while dyads exchanging different types of behaviors were complementary. Therefore, one may see that human relationships may be classified in terms of their establishment of patterns of control (Haley, 1963). The same patterns of control were seen in the development of cotherapy relationships. Winter (1976) described the cotherapists' "backstage concerns" within the context of the four phases of group development. In phase I, which she termed Encounter, the cotherapists had a desire to agree and stressed similarity. They desired mutual support and established policies to promote unity and uniformity. Within phase II--Differentiation, Conflict, Norm-building--cotherapist differences surfaced and were seen in their disagreements, competition, power conflicts, criticism, and envy. Therefore, methods were developed to deal with these issues. Phase III--Production--entailed the acceptance of cotherapist differences, where the group task became more important than the cotherapists' relationship. Finally, in phase IV--Separation--the therapists gave each other mutual support as the group ended. They experienced concern about the meaning and value of the group, as well as the coleading experience. They also dealt with separation from the group and each other.

Further elucidating the nature of control, Frugé has demonstrated a relationship between control or dominant behaviors and initial impression formation in dyads. He
found that the high use of interruptions, as well as the relatively low use of questioning, conveyed impressions of dominance. Whereas, the greater use of questioning and the relative lack of interruptions characterized dyads with a symmetrically low opinion of each other's influence. These findings supported those of Mischler and Waxler, indicating that the direct tactic of interruption was more characteristic of well-functioning interactions, while use of indirect strategies was more indicative of families with schizophrenic members. Frugé also found that increase in total talk time accompanied impressions of comfort and enjoyment, as well as impressions of influence. It should be noted that Doster (1972) has observed low verbal output as related to discomfort in social interactions. Frugé further demonstrated through monadic analysis (an individual's averaged behavior in several situations) that participants were not consistent in their interactions, i.e., dominant across all situations. However, dyadic analysis was productive in determining relationships between performance in interactions and cognitive labeling, such as impression formation.

The purpose of this study was to investigate construct content congruence of cotherapy dyads as it related to dyadic interaction, preference for fellow cotherapists, and case conceptualization. Specifically, it was hypothesized that dyads with higher content congruence would manifest more effective interactional patterns, as defined by use of
attention control strategies and direct/indirect person control tactics. Also, dyads with higher content congruance would have greater preference for working with their cotherapists. It was assumed that content congruence would more likely effect behavioral measures of interactional patterns; however, as Landfield also found organization incongruence related to change, the relationship of this variable to the hypotheses was also investigated. Finally, it was hypothesized that dyads with an initial degree of shared meaningfulness of their personal constructs would demonstrate an enriched view of the client after discussion of the case.

Method

Subjects

Subjects for this study were 48 doctoral psychology students, 24 male and 24 female, ranging in age from 23 to 44 years with an average subject age of 31. All subjects had prior experience as psychotherapists, ranging from 3 months to 9 years with an average of 2 years. Only students in their second year of training or above were asked to participate in the study, in order to yield a relatively equal level of experience, and dyads were restricted to male/female teams. All students volunteered to participate. A Therapist Demographic Data Form (Appendix A) was devised by the author in order to record demographic data from each subject.

Experimenter

The experimenter was a 38-year-old married female who was in her fourth year of doctoral training in psychology.
Previous experience included 2 years work as a marital, family, and individual psychotherapist at a community mental health center and 1 year of work as a psychometrist assessing children with educational problems. At the time of this research, she worked as an intern at a community mental health center. All phases of the experiment were conducted by her.

**Instruments**

**Tape recorders.** Two cassette tape recorders were used to conduct the experiment. The first, an Emerson portable cassette tape recorder, Model CR45, served to play the Client Disclosure Tape to which each dyad listened. The second, a Soundesign duo-mode cassette player/recorder, Model 5601-65, functioned to record the dyadic interactions. A stereo system was used, as recommended by Mishler and Waxler (1968), so that one microphone was available for each dyad member. Otherwise, data might have been obscured, due to the inability to distinguish between the two subject's voices.

**Tapes.** Twelve cassette tapes, Scotch C-30 Highlander/Low Noise, were used to record the participants' interactions. A separate interaction was recorded on each side of every tape.

**Client Disclosure Tape.** This tape (see Appendix B) belonged to a series of educational tapes entitled *Psychiatry Learning System* (Randels, McCurdy, Powell, Kilpatrick, & Keeler, 1974) and illustrated diagnostic categories. An interview with a depressed passive dependent male provided
a focus for cotherapists' case discussions. Specific segments were omitted in order to prevent immediate recognition of the diagnostic category and provide a more ambiguous stimulus. A social history was fabricated for the client in order to facilitate closer resemblance to an actual client.

**Independent Variables**

**Role Construct Repertory Test.** This instrument (see Appendix C) was developed by Landfield (1971) as a modification of Kelly's (1955) Role Construct Repertory Test. It was comprised of three parts: (a) Response Sheet, (b) Role Specification Sheet, and (c) Instruction Sheet. The test yielded a 15 X 15 matrix, columns of which indicated the subject's significant relationships with others and rows of which were the subject's descriptions and contrasts of the significant persons, which comprised the personal constructs of the individual. Constructs elicited by the test were examined to derive scores of content congruence. The scoring method utilized was devised by Triandis (1960) and found to be effective by Craig (1972). Constructs taken from one dyad member's Role Construct Repertory Test were compared with the constructs of the other dyad member. Using this method, 10 points were given when the dyad had a construct of identical connotation, 8 points when the dimensions consisted of similar connotations, 5 points when only one pole of the dimension was the same connotation, and 2 points when one pole was of similar connotation. Higher scores for dyads indicated
greater congruence or similarity in the content of construct systems between cotherapists.

Organization of personal constructs was defined as the degree of interrelatedness among the individuals' constructs, as elicited by the Role Construct Repertory Test. Landfield (1971) described a statistical procedure by which to obtain Functionally Independent Construction scores from this test as a measure of organization. Higher scores indicated greater organization of, or interrelatedness within, the personal construct system of the individual. Landfield also defined a measure of organizational congruence for dyads as the difference between the Functionally Independent Construct scores of two persons. As the difference between scores decreased, it was assumed that the two cotherapists were more alike in the extent to which their personal construct systems were organized.

Fjeld and Landfield (1961) reported that the test-retest consistency of the Role Construct Repertory Test over a 2-week period yielded a correlation coefficient of .80, when subjects were given the same elements. They also found a correlation of .72 over a 2-week period, when subjects were asked to fit role titles to a grid. Pederson (1958) reported a correlation of .77 for role titles over a 1-week period.

Dependent Variables

Cotherapist Preference Rating Scale. This rating scale (see Appendix D) was adapted from Penland's Cotherapist
Satisfaction Scale (1976). Participants rated the level of preference for their cotherapist on a 7-point scale. When the ratings of the two cotherapists were summed together, higher scores indicated greater overall preference among that dyad.

**Construct Meaningfulness Rating Scale.** This instrument (see Appendix E) included 45 bipolar, 13-point scales. Constructs elicited from the Role Construct Repertory Tests of the paired participants' comprised 30 of the scales; whereas 15 of the scales were "filler" constructs derived from Osgood and Suci's (1969) Semantic Differential technique. A scale similar to this was found effective by Craig (1972) in determining reciprocal meaningfulness of constructs for client and therapist. In this method of scoring, meaningfulness of a personal construct was defined by the extremity with which it was employed. Ratings closer to the midpoint of the scale were viewed as less meaningful; whereas, ratings closer to the extremities were viewed as more meaningful. Following Landfield (1971), meaningfulness scores were the sum of each dyad member's ratings on his/her own and his/her partner's constructs for the combined 30 scales. The range of possible scores for each individual varied from 0 to 180. Meaningfulness scores for each individual were simply the sum of meaningfulness scores for the two members (range 0 to 360).

**Total talk time.** The measure of talk time, as used by Frugé (1976), included the total amount of time—-from start
to finish—that dyads conversed. Though participants were limited to 15-minute interactions, it was expected that not all dyads would converse the total amount of time.

**Speech duration.** This variable was defined by Goldman-Eisler (1961) as the total amount of time each subject talked during the 15-minute interaction. Pauses of 2 seconds or greater were eliminated. Amount of participation in interactions was considered a measure of attention control by Mishler and Waxler (1968).

**Interruptions.** The number of times each subject attempted to successfully or unsuccessfully interrupt a statement of the other dyad member comprised this measure (Fruge, 1976). Behaviors were recorded on a specially designed coding sheet (see Appendix F). Successful interruption was considered to be a means of direct person control (Mishler & Waxler, 1968).

**Open-ended questions.** This variable, as utilized by Fruge (1976) included any questions stated by a subject that were not restricting the responder to a "Yes" or "No" answer or demanding a specific fact. Questions were coded (see Appendix G) whether they were direct, those requiring an answer, or rhetorical, those not requiring an answer. Mishler and Waxler (1967) considered this variable as a means of indirect person control.

**Closed questions.** The variable of closed questions was identical to that of open-ended questions with the exception that responses were restricted to a "Yes" or "No" response or demanded a specific fact.
Data reduction on the interactional measures involved two methods defined by Fruge (1976) to compare dyads on global differences and on roles-within-dyad differences. Global dyadic interaction measures involved the total speech duration of both cotherapists divided by the total talk time of the dyad. Similarly, the sums of cotherapists' successful interruptions, unsuccessful interruptions, open-ended questions, and closed questions were each divided by total talk time as a measure of behavioral rate of occurrence for the dyad as a whole unit.

In order to examine roles-within-dyad differentiation, the speech duration of one cotherapist was subtracted from the speech duration of the other and divided by the total talk time of the dyad. The absolute value of this resultant indicated the extent of differentiation, behaviorally, within the dyad. Similarly, cotherapist differences were obtained on the number of successful interruptions, unsuccessful interruptions, open-ended questions, and closed questions, and each difference was divided by the total talk time of the dyad. Absolute values of these resultants indicated the degree of differentiation within dyads with respect to direct and indirect person control strategies.

Cotherapist Discussion Checklist. The 18-item checklist (see Appendix K) included data such as reason for admission to treatment, previous mental health treatment history, treatment considerations and plans, and initial diagnosis.
This checklist was a revision of the clinical assessment form used by all facilities of the Dallas County Mental Health and Mental Retardation Center to provide basic information about a client that was deemed essential before initiation of treatment. Ratings were voluntarily performed by two individuals with experience in the practice and supervision of cotherapists. Inter-rater reliability, computed through use of a Pearson product-moment correlation, was .84.

Subjective Rating Scale for Cotherapist Effectiveness. This measure (see Appendix L) consisted of a 6-point rating scale on which the raters recorded their subjective views of the cotherapists' effectiveness. Ratings from 1 to 2 included cotherapy teams judged as relatively ineffective. Ratings of 3 to 4 indicated that cotherapists would work relatively well together with the assistance of a consultant. Whereas, ratings from 5 to 6 indicated relatively effective cotherapy teams. The same raters who completed the Cotherapy Discussion Checklist performed these ratings. Inter-rater reliability was computed through use of a Pearson product-moment correlation. The reliability coefficient of the two raters was .89.

Procedure

Initially, all subjects were sent a letter (see Appendix H) describing the study and requesting their participation. They indicated their desire to participate by returning a postcard to the experimenter through the mail. Acceptance of volunteers was terminated when 24 males and 24 females were
obtained. Volunteers were then randomly assigned to dyads by use of a table of random numbers. During a 2-week period, the experimenter contacted subjects by telephone to arrange for small group testing sessions where they completed the Statement of Informed Consent (see Appendix I), the Therapist Demographic Data Form, and the Role Construct Repertory Test as part of a larger test battery. The Role Construct Repertory Tests were coded by three raters to determine content similarity of the paired dyads. Raters, who were undergraduate psychology students, volunteered their services. They were trained individually by the experimenter in two separate 1-hour sessions, according to criteria devised by Triandis (1960). Inter-rater reliabilities, computed by the Pearson product-moment method, yielded correlations of .95, .96, and .96 among the three raters. Several weeks later, the experimenter recontacted the two members of each cotherapist dyad to schedule a conjoint meeting time. Each dyad met with the experimenter who introduced them to the experimental task. Each member was given a written copy of the client's social history to read and afterward listened to the Client Disclosure Tape. Subsequently, members completed the Construct Meaningfulness Rating Scale. Each member separately rated his/her perception of the client. In the next phase of this session, the two cotherapists were asked to discuss the client according to written guidelines (see Appendix J). Participants were limited to a 15-minute discussion which was
audiotaped. Finally, each individual subject was requested to complete another copy of the Construct Meaningfulness Rating Scale, in order to ascertain changes in reciprocal meaningfulness of their personal constructs, as well as the level of preference for their team member.

Following completion of the test tasks, all measures were scored, and the 24 taped interactions of cotherapists' discussions were rated on the five measures of control. Each behavioral measure was coded by three tape raters, who were trained on a training tape to a reliability of .80 using the Pearson product-moment correlation. Further assessment of reliability was attained on actual data. Results of the correlations for interruptions ranged from .78 to .90, and correlations for questions ranged from .82 to .93.

Results

The first hypothesis proposed that dyads with higher content congruence would manifest more effective global interactional patterns, as defined by use of attention control strategies and by the use of direct and indirect person-control tactics. Pearson product-moment correlations were computed in order to investigate the relationship between content congruence scores and interaction measures. Results of these correlations (see Table 1) indicated a significant negative relationship between content congruence scores and speech duration, as well as the three measures of interruption rate: i.e., successful, unsuccessful, and total interruptions.
Thus, as content congruence between team members increased, there was a decrease in duration of speech and rate of successful and unsuccessful interruption for the dyad as a whole. No significant relationship existed between content congruence and rate of inquiry. These results were contrary to predictions of the first hypothesis.

Table 1
Correlation of Content Congruence Scores and Global Measures of Dyadic Interaction

<table>
<thead>
<tr>
<th>Interaction Scores</th>
<th>Content Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech duration</td>
<td>-.35*</td>
</tr>
<tr>
<td>Successful interruptions</td>
<td>-.39*</td>
</tr>
<tr>
<td>Unsuccessful interruptions</td>
<td>-.59**</td>
</tr>
<tr>
<td>Total interruptions</td>
<td>-.57*</td>
</tr>
<tr>
<td>Open questions</td>
<td>-.12</td>
</tr>
<tr>
<td>Closed questions</td>
<td>-.18</td>
</tr>
<tr>
<td>Total questions</td>
<td>-.20</td>
</tr>
</tbody>
</table>

*p < .05
**p < .001

The second hypothesis proposed that dyads with higher content congruence would have greater preference for working with their cotherapists. In order to investigate this hypothesis, a Pearson product-moment correlation was computed.
between content scores and cotherapist preference scores. This yielded a significant correlation between the two measures, $r = .36$, $p < .05$. According to prediction, as dyadic content congruence increased, there was an increase in mutual team preference among cotherapists.

The third hypothesis proposed a curvilinear relationship between organizational congruence and role differentiation within the dyads. Correlation ratios (eta) were computed between organizational congruence scores and roles-within-dyads interactional measures. Results (see Table 2) demonstrated a relationship between the difference scores of organizational congruence and unsuccessful interruption rate.

### Table 2

**Correlation Ratios of Organization Scores and Roles-within-Dyads Interaction Measures**

<table>
<thead>
<tr>
<th>Interaction Rate</th>
<th>Eta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech duration</td>
<td>.74</td>
</tr>
<tr>
<td>Successful interruptions</td>
<td>.58</td>
</tr>
<tr>
<td>Unsuccessful interruptions</td>
<td>.85*</td>
</tr>
<tr>
<td>Total interruptions</td>
<td>.75</td>
</tr>
<tr>
<td>Open questions</td>
<td>.77</td>
</tr>
<tr>
<td>Closed questions</td>
<td>.72</td>
</tr>
<tr>
<td>Total questions</td>
<td>.75</td>
</tr>
</tbody>
</table>

* $p < .05$, $df = 10, 13$
In order to understand the nature of the relationship, visual crosstabulation was performed. Inspection indicated that the relationship was due to extreme scores, especially in the moderately discrepant organization category, spuriously elevating the mean. If the extreme scores—three scores greater than .007—were eliminated, the relationship would dissipate. On this basis, there was reason to question the significance of the relationship between organizational congruence scores and rate of unsuccessful interruption. No significant relationships were found between organization congruence and other role differentiation measures. Consequently, support was not found for the third hypothesis.

The fourth hypothesis proposed that organizational congruence was curvilinearly related to the number of mutually held and meaningful constructs about the client and that the proportion of mutually held, meaningful constructs would increase as a function of dyadic interaction. Correlation ratios (eta) were computed between organizational congruence scores and the dyadic construct meaningfulness scores that were obtained following the presentation of the client but prior to the discussion of the client by the cotherapists. These scores reflected the number of mutually held and meaningful constructs that cotherapists had for the client prior to case discussion. Results of this correlation ratio, η = .73, p > .05, were not in support of the first part of this hypothesis.
The second facet of the fourth hypothesis required investigation of the relationship between organizational congruence and increases in dyadic meaningfulness scores following case discussion—the proportional difference scores from pre- to postinteraction. Results of the computation, $\eta = .83$, $p > .05$, indicated no support for this aspect of the hypothesis.

Additional Analyses

Post hoc Pearson product-moment correlations were computed in order to explore possible linear relationships between organizational congruence and remaining interaction scores.

Table 3

Correlations of Organization Scores and Roles-within-Dyads Interaction Measures

<table>
<thead>
<tr>
<th>Interaction Rates</th>
<th>Organization Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech duration</td>
<td>-.10</td>
</tr>
<tr>
<td>Successful interruption</td>
<td>-.02</td>
</tr>
<tr>
<td>Total interruptions</td>
<td>.11</td>
</tr>
<tr>
<td>Open questions</td>
<td>.36**</td>
</tr>
<tr>
<td>Closed questions</td>
<td>.35***</td>
</tr>
<tr>
<td>Total questions</td>
<td>.39*</td>
</tr>
</tbody>
</table>

* $p < .05$
** $p < .04$
*** $p < .03$
Results (see Table 3) indicated significant positive correlations between organization scores and all three roles-within-dyads measures of inquiry rate.

One explanation for these behavioral differences in the dyadic interactions was the composition of teams in male-female dyads. In order to test for possible differences in questioning based on sex differentiation, t-tests were computed between inquiry rates of males and females. There were no significant differences in the three separate rates of inquiry for males and females (see Table 4).

Table 4

<table>
<thead>
<tr>
<th>Interaction Rates</th>
<th>t Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open questions</td>
<td>.96, p &gt; .05</td>
</tr>
<tr>
<td>Closed questions</td>
<td>.08, p &gt; .05</td>
</tr>
<tr>
<td>Total questions</td>
<td>1.13, p &gt; .05</td>
</tr>
</tbody>
</table>

\[ df = 46 \]

Therefore, it was determined that as organization congruence increased, there was also an increase in differential use of inquiry. One team member used questioning to a greater degree than the partner as they became increasingly dissimilar in organizational congruence; however, this was not a sex-typed difference.
Since the predicted curvilinear relationships between organization congruence and dyadic construct meaningfulness were not found, the relationship among these variables was reanalyzed by use of the Pearson product-moment correlation to test for linearity. No significant linear relationships were found between organizational congruence and either pre-discussion dyadic meaningfulness, $r = .11, p > .05$, or the change scores for dyadic meaningfulness from pre- to post-discussion, $r = .13, p > .05$.

Due to results discrepant from previous studies of interactional patterns, the nature of effective cotherapy teams could not be determined without specific measures of effectiveness of outcome. Therefore, two post hoc measures—ratings of objective and subjective effectiveness in case discussion—were added to the study, in order to better understand the nature of the obtained results. It was proposed that both measures of effectiveness would be significantly related in positive directions to content congruence scores. Pearson product-moment correlations were performed to test this hypothesis. Computations revealed significant positive relationships between content congruence and objective effectiveness ratings, $r = .39, p < .03$, as well as subjective effectiveness ratings, $r = .48, p < .008$. Thus, as dyads increased in similarity of the content of their constructs, there was also an increase in their objective and subjective ratings of effectiveness as cotherapists in case discussion.
Discussion

Based on the results of previous research, the present study predicted that as content congruence increased among the personal constructs of cotherapists, their overall interactions as a dyad would reflect more effective interaction strategies, i.e., increased direct person and attention control strategies and decreased indirect person control strategies. This was not the case. Contrary to expectations, as content congruence increased, the use of direct person and attention control behaviors altogether decreased for the dyad as a whole. Content congruence of dyads was unrelated to indirect person control strategies. The present study also predicted that as dyads increased in the content congruence of their personal constructs, their preference to work with one another also would increase. The results were in support of this expectation. The current study also found that as the content congruence of dyads increased, their case discussion and planned management of therapy was judged more effective.

The present study predicted, but did not find, organization congruence to be curvilinearly related to role differentiation for measures of interaction. Though not predicted, a significant linear relationship was found between organization congruence and indirect person control strategies. Dyads characterized by greater organizational congruence showed less role differentiation with respect to indirect person
control strategy. Finally, the present study predicted that organization congruence would be curvilinearly related to the number of mutually held and meaningful constructs about the client and that this pattern would increase following case discussion. Support for this hypothesis was not found.

Although the hypotheses of the present study were not uniformly supported, a very clear pattern of results occurred. As the content congruence of dyads' personal constructs increased, they showed less attention and direct person control behaviors, were more effective in the work they did, and showed greater preference to continue working together.

It seems that as dyads increase in similarity of the content of their constructs, they talk less and interrupt less than nonsimilar cotherapy teams. It appears that as content congruence increases, there is less need to clarify one's statements to the cotherapist; therefore, there is less need for continuous conversation. Also, there is less struggle over control of the relationship, as methods of attention and person control are used relatively less often. In other words, the nature of the relationship is more easily established and cotherapists similar in cognitive content do not resort to use of methods of control as frequently as do nonsimilar dyads. Results of the second hypothesis also indicate that as content congruence increases, there is an increase in dyadic preference for working with each other. This result supports the notion that greater content congruence yields
relatively less struggle over the nature of the relationship.

The fact that all but three of the 24 dyads had interacted with each other previous to their participation in the study is considered significant in light of the results. In fact, it may explain the relatively lower use of control methods in content-similar dyads. It may be assumed that congruent team members would find it easier to know each other, based initially on their similarity in construing life experiences. Previous interactions would have provided them with the opportunity to discover their similarities and more easily establish working relationships free of control struggles. This assumption is supported by results Landfield (1971) found in his study of clients and therapists, in which content congruence predicted nonpremature termination from psychotherapy. Craig (1972) also found a relationship between content congruence and positive outcome of psychotherapy. These two studies demonstrate that congruent dyads are quickly able to establish effective working relationships as they use similar cognitive constructs. Prior knowledge of team members also may account for differences in the present study and that of Frugé (1976), who used subjects that had not previously met their team members. Persons without prior knowledge of each other, when required to establish a relationship, may use more control methods during their initial interactions.
Dyads with greater dissimilarity of the content of their construct systems display an increase in their use of attention and person control strategies and show relatively less preference for their cotherapists. It appears that these dyads have greater difficulty establishing working relationships, in spite of previous opportunities to interact with each other. Due to the dissimilarity of the content of their personal constructs, these dyad members have greater difficulty in understanding their partners, hindering their establishment of effective cotherapy relationships. Possibly, they spend time during the task attempting to define the nature of their relationship, rather than concentrating on the task with which they are presented. Preoccupation with the nature of the relationship thus limits their effectiveness in completion of the task, a phenomenon which Watzlawick et al. (1967) have also noted.

The fact that subjects knew each other prior to their participation in the study did not account fully, however, for apparent differences in interactions from those patterns demonstrated by Mishler and Waxler. Obviously, participants in the family study knew each other prior to their participation. Discrepant results of the two studies might have been a function of the differences in both the samples studied and tasks required of the participants. In regard to the sample investigated, Mishler and Waxler found significant differences in interaction patterns only when the identified
patients were present and participating in the interactions (experimental group), not when identified-patient siblings (control group) were participants. The present study differs in its use of an entirely "normal" sample in terms of psychopathology. Thus, the differences displayed in the family study may not have been representative of the sample in the present study.

Task-wise, Mishler and Waxler required their subjects to discuss checklist items on which the family members disagreed, a situation in which resolution of differences or conflict was demanded. Presence of conflict may have required use of methods of control, in order to convince other family members of the validity of their beliefs. The present study differs in task requirements, in that participants discussed their views and treatment plans for a specific client. This task, in and of itself, does not emphasize basic differences between the cotherapists. However, differences between dyad members are basic in teams that are dissimilar in cognitive content. Incongruent teams are, therefore, involved in reconciling not only the nature of their relationship, but also their cognitive differences in terms of the manner in which they view the client. These dissimilar dyads, required to settle their differences, use the control techniques of talk time and interruptions more extensively—as did normal families in Mishler and Waxler's study. Whereas, content congruent dyads—with relatively greater similarity in
perception of other persons, resulting in fewer differences to resolve—use methods of attention and person control less often.

Thus, conflict in the content or relationship aspects of communication seems to lead persons in both functional and dysfunctional relationships to use methods of control. However, dysfunctional relationships, as demonstrated by Mishler and Waxler, are characterized by use of indirect person-control techniques such as questioning. Functional dyads or family groupings display direct person and attention control methods when faced with conflict. Furthermore, functional dyads not required to deal with conflict demonstrate relatively less use of direct person and attention control methods.

Watzlawick defined the content and relationship aspects of communication and stated that the latter classified the former. He noted that in healthier relationships, the relationship aspect of communication receded into the background with the focus of communication on content. It appears that Watzlawick spoke of on-going relationships. This phenomenon cited by Watzlawick may not be the same for newly-forming dyads, or for relationships in which persons are involved in resolving temporary conflict. Less healthy relationships were characterized by Watzlawick as those in which there was a constant struggle about the nature of the relationship. It appears that results of this study have helped to illuminate
the characteristics of relationship struggles as partially due to dissimilarity in the content as well as the organization of their cognitive constructs, making understanding of the other person more difficult and thus impeding communication.

Predictions of the third hypothesis were not supported. It is noteworthy that 16 of the 24 dyads in the study displayed similarity of organization of their personal constructs, six teams moderate congruence, and two teams dissimilar organization, based on criteria devised by Landfield. The relative lack of a full range of organization scores possibly limits investigation of this hypothesis. This hypothesis was also based on results Landfield found concerning a curvilinear relationship between organization congruence and positive outcome of psychotherapy. In his study, Landfield investigated organization congruence only in the context of prior similarity of content of constructs. The present study considers organization of constructs within the context of a full range of content congruence scores. Due to these differences, the results of the present study may have been limited. However, results of additional analyses on this data indicate that as dyads increase in dissimilarity of the organization of their constructs, they demonstrate an increase in the differential use of inquiry. One member of the dyad questions at a higher rate than the other. Likewise, as cotherapists increase in similarity of organization congruence, there is a decrease
in differential questioning. Both members of the more congruent organization teams display relatively equal rates of inquiry.

Frugé (1976) noted that dyads with discrepant use of inquiry displayed dissatisfaction with the relationship. He indicated that discrepancy in use of indirect person control methods suggested that one partner of the dyad was indirectly attempting to increase the other person's efforts for maintaining the conversation. Landfield found that extreme discrepancy in organization scores between clients and therapists related to prematurity in termination of the client.

These results are of interest in terms of differential relationships noted between content congruence, organization congruence, and measures of interaction. Content congruence appears related to use of attention and direct-person control strategies, whereas organization congruence seems related to differential use of indirect-person control tactics.

Predictions of the fourth hypothesis were not supported. Results may have been limited through lack of a full range of organization scores. Prediction that there would be an increase in mutually meaningful constructs following case discussion was not supported, possibly due to the fact that most team members knew each other prior to their participation in the study. If there was an increase in the meaningful use of their partners' constructs, this phenomenon most likely occurred in earlier interactions.
Results of this study display behavioral patterns of control as they relate to the cognitive measures of construct content and organization. Cotherapy literature has emphasized the prerequisite to effective cotherapy as a relationship unencumbered by struggles over control of the relationship. Resolution of the nature of the cotherapy relationship thus seems to be an advantage of persons who are similar in content of their constructs and have the opportunity to establish the nature of their relationship prior to their engaging in the task of therapy. These proposed prerequisites seem to be an advantage of married cotherapists whose relationships are well established, at least in initial stages of therapy. Cotherapists of this type would have the opportunity outside the therapeutic situation to establish their mutual roles; therefore, they are more likely to focus on the issues of therapy, rather than the nature of their mutual participation. This fact may account for the heightened effects Rice et al. (1976) found for married cotherapists over nonmarried teams.

If the results and assumptions of this study, as well as conclusions based on previous literature results (Doster, 1972; Frugé, 1976; Landfield, 1971; Mishler & Waxler, 1968), are accepted, establishment of effective cotherapy teams might be due in part to the similarity in content of team members' personal constructs. Dyads with greater content congruence demonstrate fewer struggles over their relationship and greater effectiveness in completion of tasks.
presented to them. It, therefore, seems that cotherapists paired on the basis of content congruence might be more effective in their own relationship, thereby improving the likelihood of positive endeavors for their clients. It is recommended that persons entering cotherapy relationships determine the extent of their similarity, possibly through mutual administration of Role Construct Repertory Tests. It is further proposed that cotherapists, especially those low on content congruence, allow themselves sufficient time for case discussion prior to and following their therapy sessions, in order to establish more fully the nature of their relationships to each other, as well as to their clients.

It is recognized that the conclusions and recommendations of this study are tentative at the present time. The analogue nature of the study, utilization of student cotherapists, and presentation of only a single client limits generalization past the initial planning phase of therapy. However, results suggest that further research in this area, with use of practicing cotherapists and ongoing process and outcome measures of cotherapist effectiveness, would be beneficial. Clarification of the nature of effective cotherapy relationships will benefit not only cotherapists, but also those clients whom we serve.
Appendix A

Therapist Demographic Data

Name: ____________________________  Code Number: ___________

Sex: ________

Age: ________

Year level in doctoral program: ________

Amount of experience in conducting therapy: ________

(Please indicate whether experience is in years or months)
Appendix B

Client History

The client is a 45-year-old married, Caucasian male who came to the interview dressed casually in khaki work pants and a cotton sport shirt. He is approximately 5'11" tall and about 25 pounds overweight. The man has two teenage sons who he stated, "got along better with their mother than with him." He has worked as an unskilled laborer in many jobs, but never seemed to hold a job for over several months. At the time of the interview, he was unemployed, due to a recent medical diagnosis of glaucoma. He appeared to have little concern over this disability. The client reported that he liked to watch television and go to movies. Other than these activities, he had few outside interests. He also noted that he had no friends.
Narrator: This client is a 45-year-old, Caucasian male who is married and father of three teenage sons. He recently developed glaucoma.

*C: She says that I spend a lot of money that's unnecessary and she, she's very tight. She tries to keep a tight budget. She tries to keep me from spending money and being so much in debt. I guess I can't wait till tomorrow to get something or other, I mean, I want it now and when I want it now I—if I see if I can get it, well, I go ahead and get it. Then when my children come to me and ask me to get them things, such as "Daddy, I need a flashlight or I need batteries or I need a box of shells," I feel like I can't provide for them because I have never worked on a job that I have--ah--made any real big money. I want my child to be raised to be a God-fearing and a decent child. I want him to have a decent living--a decent life about him. I have always tried to teach him to do those things, but I get rejected.

**T: How does that feel, you get rejected?

C: It makes me very uptight. I just get things bottled up in my mind until I just--just almost--it makes me wanna do things that I don't wanna do. I get involved sometimes so--ah--I--up tight--or I get so involved within myself that I don't--I go away from all activities of the house. I wanna be in a room by myself. I don't want anybody to bother me.

T: Just sorta get away from it.

C: And when I do that then the wife thinks that I'm being--ah--a little bit selfish or she says that I do that to have pity on myself. That she feels that I'm the type man that wants to have everybody have pity on me. Well, I have nine brothers--eight brothers and three sisters older than I am, and I'm the baby of twelve, and when I was a child, I did things as a child, and when I was a teenager, I still did things as a child. I never was corrected because I took advantage of my father when he died. And I had things more or less my way. In other words, if I wanted something, all I had to do was to squall for it.

*Client

**Therapist
T: You think that's got something to do with the way you are now.

C: Right! In other words, just like I said, I'm 45 years old, and I still feel myself that I'm still a baby to my brothers and sisters. They treat me like a child. My wife treats me like a child. She won't give me the idea of trying to correct the children when they seem to need to be corrected.

T: Could you help me understand a little better—ah—maybe by specific example how you attempted to do what you wanted to, to and what—what really happened.

C: When I come into the house in the afternoons, I come in, I usually try to come in around five-thirty or six o'clock. I usually try to get in the house and get my bath, and get out of my bathroom in time for the news. Well, then usually about that same time, my wife comes in from work, and our house is so open that you can almost hear a pin drop on one end of the other of the house. And she is cooking and rattling pots and pans, and during that one hour, I'd like to have a little quietness that I could listen to the news. That's my main . . . of my day—is from six to seven, or whatever the time is the news hour, and if she's in the kitchen, the children is around a talkin with her, and they're trouncing—they're carrying on, and after a while a noise will—will begin to get me to feelin like—there's just something in me that I can't stand to have all that racket, and trying to concentrate on looking at the TV, and still I hear all that noise, and it's just a bothersome. And then at what time whenever she gets through with supper, I try to get her to get the children to take over and clean up the kitchen.

T: Wait a minute. When you get bothered by this noise, how—what, ah—how do you deal with it? What usually happens?

C: Usually, we get involved in it. I'll ask them to be quiet in the kitchen or ask them if they can't simmer down a little bit cause I'm trying to listen to the news. They'd say, "Well, turn it up." I'll turn it up to try to drown them out; they get that much louder. Well, after awhile my, my hearing must've gotten to be very sensitive because I can't stand so much of noise, and it gets . . .

T: A real irritation.
C: It gets irritated, and it just bothers me a good bit. But any suggestion I make to her, she doesn't wanna do this. I like to go to movies. Movies is my hobbies, and I'll ask her—"Honey, come on. Let's go to a movie tonight." "Oh, I don't feel like it," or it's not something that she wants to see. But then whenever she wants to go off to a family dinner or something, it doesn't make any difference for if I want to go or not. If I've got something else planned, I've got to give up what I wanted to do and go with them.

T: You feel like you usually give in, and she won't . . .

C: I always give in. I give in to her wishes and her desires and her way of things. (Pause) I could get it pictured in my mind what I'd want to do, but then when I start to do it, it seems to me like I'd get fouled up, and I'd have to get someone to help me with it or something. I get tangled up on my talk. I get tangled up on my thoughts. One minute I have thoughts about one thing, and the next minute seems like I'm a thousand miles away. I guess you may call that daydreaming or some other phrase but (pause) I feel that here in this hospital that I'm not getting the help that I need. (Pause) I do feel rejected, and I do feel jealous of my children of getting so much of the attention of my wife . . . I feel that I'm left out because her day is at work. Her nights are involved in the housework, and the onlyest time that she and I are together more or less sexually is after we go to bed. And if she is already asleep, I won't bother her, and now . . .

T: You won't bother her?

C: After all of this—6 months—I don't know, I seem like I don't know if this is the right word, I've gotten impotent. My organs won't function like they should. I get tired very easy. I can't exercise to the point that I get so stiff sometimes that I can hardly go. I just feel like that my life is near an end, and I don't know how to start from here and go forward. But I think . . .

T: Feel like you're going downhill?

C: Seems like I'm constantly going downhill each day that I live.
Appendix C

Role Construct Repertory Test

REP Test Instruction Sheet

This questionnaire is comprised of three sheets: (a) the Response Sheet, (b) the Role Specification Sheet, and (c) the Instruction Sheet. Read all directions before beginning. If the directions are not completely clear, ask for more information.

Start with the Role Specification Sheet. Beginning with your mother’s name, write the first names of the people described. Write their names on the Response Sheet in the numbered blanks in the upper left-hand corner. If you know two people with the same name, use a last initial as well. If you cannot remember a person’s first name, write his last name, or something about him which will clearly bring to your mind the person's identity.

Take your Response Sheet. Note that two cells in Row 1 have circles in them. This means that you are first to consider the two people whose names appear on diagonals 1 and 7. Think about these two people. Are the two people alike in some one way? Or are the two people different in some one way? If the two people are alike, is one of your listed acquaintances different from the two who are alike?

If you first see that the two people are alike in some one way, write under Column 1, Row 1, the one way in which these two people are alike. Then, if you can think of a person on your list who can be contrasted with the two people who are alike, write under Column 2 the way in which this person is different from the two who are alike. Place the number of the different acquaintance after the contrasting description. Now place an S in each of the two circles in Row 1, S meaning that the two people are similar in some way.

EXAMPLE:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>honest</td>
<td>nonreligious-3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sal</th>
<th>Pete</th>
<th>Bill</th>
<th>Phil</th>
<th>Jill</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
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</tbody>
</table>

Row 1 (S)
If you first see that the two people are alike in some one way but cannot find a person on your list who can be contrasted with these two similar people, fill in Column 1 but leave Column 2 blank.

**EXAMPLE:**

<table>
<thead>
<tr>
<th></th>
<th>Sal</th>
<th>Pete</th>
<th>Bill</th>
<th>Phil</th>
<th>Jill</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
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<td>7</td>
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<td></td>
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</tbody>
</table>

**RESPONSE SHEET**

If you first see that the two people are different in some way, write under Column 1 the description of the person in the right circle. Now place D in each of the two circles in Row 1. D means that the two people are different in some way.

**EXAMPLE:**

<table>
<thead>
<tr>
<th></th>
<th>Sal</th>
<th>Pete</th>
<th>Bill</th>
<th>Phil</th>
<th>Jill</th>
<th>Column 1</th>
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</tbody>
</table>

If you cannot see a similarity or a difference between the two people designated in Row 1, leave blanks. After you have finished with Row 1 consider the two people to be compared in Row 2. Follow the instructions given above.

After you have completed each of the fifteen comparisons start with Row 1. This time consider each of the other thirteen persons whom you have not rated with S or D. Note your descriptions under Column 1, Row 1. Put a 1 under the name of each person in Row 1 who has the characteristic described under Column 1, Row 1. Put a 2 under the name of each person in Row 1 who has the characteristic described under Column 2, Row 1. Put an N under the name of each person to whom neither the rating in Column 1 or Column 2 applies. Put a ? under the name of a person when you cannot decide whether to rate the person as 1 or 2. Of course, if there is no characteristic under Column 2, no 2 rating can be done in this row.
After finishing your ratings in Row 1, proceed to Row 2, etc.

**EXAMPLES:**

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<tr>
<th></th>
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Do the best you can to find people who fit the descriptions below. If you have to depart too far from the type designated in order to fill every diagonal, star those names which do not fit very well.

1. Write the first name of your mother or the person who has played the part of your mother on the first diagonal line on the Response Sheet (after number 1).
2. Write the first name of your father or the person who has played the part of your father on the second diagonal.
3. Write the name of your brother nearest your own age, or the person who has played the part of such a brother.
4. Write the name of your sister nearest your own age, or the person who has played the part of such a sister.
5. Your wife (or husband) or closest present girl-(boy) friend. Do not repeat the name of anyone listed above.
6. Your closest present friend of the same sex as yourself. Do not repeat names.
7. A person with whom you have worked or associated who, for some unexplainable reason, appeared to dislike you. Do not repeat names.
8. The person with whom you usually feel most uncomfortable. Do not repeat names.
9. The person you have met whom you would most like to know better.
10. The teacher whose point of view you have found most acceptable. Do not repeat names.
11. The teacher whose point of view you have found most objectionable. Do not repeat names.
12. The most unsuccessful person you know personally. Do not repeat names.
13. The most successful person you know personally. Do not repeat names.
14. The happiest person you know personally. Do not repeat names.
15. The unhappiest person you know personally. Do not repeat names.
Appendix D

Cotherapist Preference Rating Scale

-3  -2  -1  0  +1  +2  +3

Indicate the level of preference you experience after working with your partner relative to your concept of the ideal cotherapist for you:

-3 Highly prefer not to work with this partner  
-2 Prefer not to work with this partner  
-1 Somewhat prefer not to work with this partner  
0 No preference  
+1 Somewhat prefer to work with this partner  
+2 Prefer to work with this partner  
+3 Highly prefer to work with this partner
Appendix E

Construct Meaningfulness Rating Scale

Rate your perception of the client who was presented by audiotape on each of the following scales.

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### Introductions Coding Sheet

**RESPONSES:** (Speaker in columns, interruption is across in rows):

1. **Interrupting acts:** all verbal acts in which the interrupter succeeds in stopping the preceding speaker from completing his idea.

2. **Simultaneous acts:** all verbal acts in which the interrupter breaks into the statement of the preceding speaker but does not succeed in stopping the speaker before his idea is completed.

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<th>INTERRUPTER (B)</th>
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Appendix G

Coding Sheet for Inquiry

Questions will be coded according to the degree they represent open or closed questions. A closed question will be defined as one which can be answered by a one-word statement or a minimal response. For example, yes and no questions, questions which demand a specific fact (i.e., "How old are you?"). Open-ended questions are those which put few constraints on the response of the receiver. For example, questions like "How do you feel about that?" or "What makes you say that?" Response: Each question will be coded as a \( C \) (closed question) or \( O \) (open) as well as who asked the question. The speakers will be listed in rows across the sheet, simply check \( C \) or \( O \) by the speaker.

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Appendix H

Participant Letter

1123 Thomas Street
Denton, Texas 76201

Dear

I am conducting a research project for my dissertation entitled Cognitive Congruence and Interactional Behavior of Cotherapists and would appreciate your participation in this study. Landfield has noted that client/therapist construct similarity improves outcome of psychotherapy. I am investigating the relationship of cognitive congruence and interactional patterns of therapists who work together. This project would require three hours of your time in two separate sessions in order to complete several questionnaires and the test tasks. Drs. Johnson and Doster have approved your participation in this project and would like to encourage your assistance so that we may all further our awareness of ourselves and our interactions with others.

In appreciation of your assistance, I plan to present a brief workshop in the Spring to explain your Role Construct Repertory Test results and its implications for use in therapy.

Enclosed is a postcard which I will ask you to return to me by mail within the next week. Please indicate whether you agree to participate or not. If you have further questions about this project, you may call me at 566-3123 (home) or (214) 330-7721 (work).

Your assistance will be most appreciated.

Sincerely,

Gloria Achterberg, M.A.
Appendix I

Statement of Informed Consent

I have been informed as to the purpose and basic method of this research and do hereby volunteer my participation with the understanding that I may terminate my participation at any point.

I understand that I will be given a code number that will be used to identify information and test data that I supply in order to protect my identity.

________________________  _______________________
Signature                     Date
Appendix J

Test Task Instructions

Assume that the two of you are working with this client as cotherapists. Please discuss how the two of you would work in preparing the management of this case. Below are issues you might want to discuss:

1. Level of functioning in the five areas of:
   (a) personal self-care,
   (b) family involvement,
   (c) social involvement,
   (d) vocational objectives,
   (e) physical status.

2. Appropriate methods of assessment of problem areas.

3. Methods of treatment you would use with the client.

4. Diagnosis for the client.

5. Estimate of number of sessions required to attain treatment goals.

6. Estimate of probability of success with the client.
Appendix K

Cotherapist Discussion Checklist

1. Reason for Admission (What is referral question?)
   (0) not discussed
   (1) discussed
   (2) discussed and ruled out as important
   (2) discussed and need further assessment or interview
   (2) introduced as a factor in treatment

2. Previous Mental Health Treatment History
   (0) not discussed
   (1) discussed
   (2) discussed and ruled out as important
   (2) discussed and need further assessment or interview
   (2) introduced as a factor in treatment

3. Existing Medical Conditions
   (0) not discussed
   (1) discussed
   (2) discussed and ruled out as important
   (2) discussed and need further assessment or interview
   (2) introduced as a factor in treatment

4. Medication
   (0) not discussed
   (1) discussed
   (2) discussed and ruled out as important
   (2) discussed and need further assessment or interview
   (2) introduced as a factor in treatment

5. Physical Status
   (0) not discussed
   (1) discussed
   (2) discussed and ruled out as important
   (2) discussed and need further assessment or interview
   (2) introduced as a factor in treatment

6. Family Status
   (0) not discussed
   (1) discussed
   (2) discussed and ruled out as important
   (2) discussed and need further assessment or interview
   (2) introduced as a factor in treatment

7. Social Status
   (0) not discussed
   (1) discussed
   (2) discussed and ruled out as important
   (2) discussed and need further assessment or interview
   (2) introduced as a factor in treatment
8. Vocational Status
   (0) ___ not discussed
   (1) ___ discussed
   (2) ___ discussed and ruled out as important
   (2) ___ discussed and need further assessment or interview
   (2) ___ introduced as a factor in treatment

9. Mental Status
   (0) ___ not discussed
   (1) ___ discussed
   (2) ___ discussed and ruled out as important
   (2) ___ discussed and need further assessment or interview
   (2) ___ introduced as a factor in treatment

10. Social History
    (0) ___ not discussed
    (1) ___ discussed
    (2) ___ discussed and ruled out as important
    (2) ___ discussed and need further assessment or interview
    (2) ___ introduced as a factor in treatment

11. Strengths or Resources
    (0) ___ not discussed
    (1) ___ discussed
    (2) ___ discussed and ruled out as important
    (2) ___ discussed and need further assessment or interview
    (2) ___ introduced as a factor in treatment

12. Limitations
    (0) ___ not discussed
    (1) ___ discussed
    (2) ___ discussed and ruled out as important
    (2) ___ discussed and need further assessment or interview
    (2) ___ introduced as a factor in treatment

13. Treatment Considerations and Plan
    (0) ___ not discussed
    (1) ___ discussed
    (2) ___ discussed and deferred until assessment
    (2) ___ discussed with one of below components
    (3) ___ discussed with two of below components
    (4) ___ discussed with three of below components
    (5) ___ discussed with four of below components
        (a) Family or couple therapy
        (b) Inclusion of behavioral measures
        (c) Inclusion of cognitive modification measures
        (d) Inclusion of vocational planning or counseling
14. Initial Diagnosis
(0) not discussed
(1) discussed
(2) discussed and deferred until assessment or further interview
(2) discussed and ruled out as important
(2) introduced as a factor in treatment

15. Correctness of Diagnosis
(0) incorrect
(1) moderately correct
(2) correct on one axis of DSMIII
(3) correct on two axes of DSMIII
(4) correct on three axes of DSMIII
   (a) Dependent personality disorder (Passive-aggressive personality)
   (b) Depressive features or neurosis
   (c) Rule out medical (organic) complications

16. Prognosis
(0) not discussed
(1) discussed
(2) discussed and deferred until assessment
(2) discussed and ruled out as a factor in treatment
(2) introduced as a factor in treatment

17. Adequacy of Prognosis
(0) incorrect
(1) moderately correct
(2) correct

18. Consensus of Cotherapists
(0) disagree
(1) pseudomutuality or pseudohostility
(2) moderate agreement
(3) agreement

Team Number: ____  Checklist Total: ____
Appendix L

Subjective Rating of Cotherapist Effectiveness

\[ \begin{array}{cccccc}
1 & 2 & 3 & 4 & 5 & 6 \\
\text{(poor)} & & & & \text{(superior)} & \\
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Team Number: ____
References


Craig, W. The effects of cognitive similarity between client and therapist upon the quality and outcome of the psychotherapy relationship. (Doctoral dissertation, University


Pederson, F. Consistency data on the role construct repertory test. Unpublished manuscript, Ohio State University, 1958.


Rice, J., & Rice, D. Status and sex role issues in co-therapy. In A. Gurman and D. Rice (Eds.), *Couples in conflict*, 1975, 145-150.


Stier, S., & Goldenberg, I. Training issues in family therapy. *Journal of Marriage and Family Counseling*, 1975, 1, 63-68.


