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CLIENT-THERAPIST INTERACTION AND
PERCEIVED THERAPEUTIC OUTCOME

DISSERTATION

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This study sought to determine the therapeutic effectiveness of client-therapist dyads in a residential treatment center for emotionally disturbed adolescents. The theories of George Kelly's personal construct psychology were utilized in assessing the dyadic relationship. The four elements investigated were organizational similarity, understanding, organizational congruency and predominant selves.

The sample consisted of 140 dyads comprised of 10 adolescent boys and girls and 14 therapeutic staff of a residential treatment center in the southwest United States. Responses to Kelly's Role Construct Repertory Test were compared to four relational factors--parental/respect, identity, problem-solving, and sexual/affection--and two rating scales of client-therapist preference and ratings of therapeutic effectiveness.

Contrary to expectations, as content similarity among dyads composed of clients and staff increased, there was not an increase in functional aspects of the therapy relationship. Possible mitigating factors may have been

level of client disturbance and/or methodological issues relating to how organizational similarity was determined.

Dyadic understanding was not found to be related to perceptions of the therapy relationship. This may be a function of adolescent of adolescent clients' need for independence and resistance to adult understanding and control.

Therapy dyads with a moderate level of lateral or vertical organizational congruence were not found to be curvilinearly related to functional aspects of the therapy relationship. However, a weak linear relationship regarding client perceptions of the therapy relationship was noted on four measures. Several methodological recommendations related to the instruments used to determine therapeutic effectiveness and the means of eliciting personal constructs on the REP test.

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CHAPTER I

INTRODUCTION

Psychotherapists and their clients often puzzle over their mutual failures in therapy. On the one hand, therapists are trained and presumably committed to bringing about positive change in their clients, but many times their efforts fall short. On the other hand, clients are usually hurting and presumably seeking assistance, yet they sometimes find themselves unable to find, accept, or use therapeutic help when it is offered. How can this be? Wherein lies the failure--in the therapist, the client or the "mix" of the two?

This study focused on the interpersonal relationships between therapists and clients and the identification of factors contributing to the success and failure of therapy. The particular perceptions and accompanying expectations of therapists and clients, and the probable impact of those expectations on their therapeutic relationships were examined. Expectancies can be a power in themselves, affecting the nature and outcome of relationships.

Also of interest was the persistent and repetitive nature of therapist/client expectancies resulting in a

sense of "deja vu," "I've been in this kind of relationship before and it's not working out any better this time." As Carson (1982) noted, "with rare exception, patently maladaptive behavior persists over lengthy time periods because it is based on perceptions, expectations, or constructions of the characteristics of other people that tend to be confirmed by the interpersonal consequences of the behavior emitted" (p. 66). He further asserted the necessity of "interrupting and altering this self-perpetuating cycle," and of recognizing the interactive nature of relationships, thereby including but going beyond the concept of "self-fulfilling prophecy."

Expectancy

There have been numerous studies on the effect of teacher expectancy on student performance. Rosenthal and Jacobson (1968), for example, reported that 20 percent of the 650 elementary age students in The Oak School demonstrated significantly higher gains in IQ than their peers, apparently because their teachers had been told that those particular children possessed unusual capacity for intellectual growth. Girls progressed more in reasoning and boys more in verbal intellectual functioning. Younger children had more dramatic gains than older ones, and several possible interpretations are offered by the authors. They noted that younger children are more

malleable and susceptible to change, have less well-established negative academic reputations, and may be believed by teachers to be more malleable, whether true or not. The authors also observed that younger children may be more readily influenced by verbal and nonverbal teacher communication of expectations. Other interpretations related to possible sampling errors which failed to account for differences among the families or the teachers of younger children.

Expectancy can also play a role in scientific experiments. Scientists can be biased by their anticipations. Robert Rosenthal (1976) reviewed a number of research projects in the 1960's in which experimenters were given erroneous personality data and subsequently, their research conformed to that erroneous data, indicating experimenter bias and influence.

For example, in Rosenthal's Person Perception Task (1976), experimenters were asked to carry out a rating (from -10 to +10) in which they were to look at photographs and determine how successful or how much of a failure the person pictured was thought to be. Five experimenters were told that the subjects would average +5 on the actual neutral photos and five were told the average would be -5. All experimenters who expected higher ratings obtained them, higher than the scores given by experimenters

expecting lower ones. Replication studies verified Rosenthal's work. Later, in a review of 345 studies, more support for experimenter expectancy effects was found (Rosenthal & Rubin, 1978).

In an effort to identify when and how such expectancies occur, Derlega, McAnulty, Reavis, and Stout (1980) had 76 black undergraduates teach a fire safety lesson to a ten-year-old boy. They were told that the child had either a high or low IQ or were given no information. They rated white confederates thought to be high IQ as more intelligent than those white children thought to have low IQ. There was more interaction with those in the low IQ groups (i.e., they were asked more questions and given fewer expressive gestures than white confederate controls). However, the undergraduates knowledge about black confederates' IQ had little or no influence on expectancies or teaching behavior towards them. The authors speculated that black undergraduates might believe that IQ tests are unreliable in diagnosing abilities of allegedly low intelligence black children.

Common sense and experience tell us that the physical appearance of others can affect our expectancies of them. Even though we "know" that "beauty is only skin deep," we persist in judging others by their physical appearance. In one attributional study, Berry and McArthur (1986) found

that adults possessing childlike facial qualities were perceived to have more warmth, be more submissive, more honest, more naive, and possess less physical strength than those with more mature faces. The authors took an ecological approach and speculated on the social adaptive aspects of physical appearance. One's physical appearance may influence others' expectancies in ways that help or hinder adaptive functioning. For example, people may be more tolerant of somewhat deviant behaviors from a "baby-faced" 17-year-old, but quite intolerant of the same behaviors from a "mature" looking 13-year-old. Other physical characteristics as height and weight add to our perceptions and thus expectations of others.

Do other kinds of changes in physical appearance (hairstyle, clothes) influence expectancies of observers? Experience shows that the appearances of youth have a marked affect on adult expectancies (if a teen has long hair some expect him to use drugs, etc.). The same seems to be true of youth assessing other youth. Seventy-two high school students viewed videotapes in which a confederate's behavior changed over a six month period (Bowman, 1979). Half the students only saw a behavior change from timidity to aggressiveness (physical constancy was maintained) while the other half were shown significant physical changes in clothes and hairstyle along with the

behavior change. This latter group described the personalities of those observed in a way that corresponded with the behavior changes. The students only observing behavior changes were less likely to change their trait ascriptions. Bowman concluded that physical constancy seems to be a mediating factor in trait attributions and in our tendency to believe another's behavior is consistent in the absence of such physical changes. He cautioned that such conclusions may be erroneous and reminded us that there may be valid reason for associating physical change with psychological or actual change.

In normal social interaction people relate according to their perceptions of each other and the associated expectations. We often choose friends and associates based on common interests and anticipated responses. One model for understanding children's behavior with peers is the Self-Evaluation Maintenance Model (SEM) described in a study by Tesser and Campbell (1984). This model takes the view that people are motivated to maintain positive self-evaluations and that these are influenced strongly by relationships with others. Two processes are involved: reflection and comparison. One may feel good about basking in the reflected accomplishments of another, depending upon the psychological closeness of the other and the quality of the other's accomplishments. During comparison, one may

feel threatened by the other's performance, again, depending upon closeness and performance.

Using the SEM model, Tesser and Campbell (1984) investigated how fifth and sixth grade children made friendship choices. The researchers found that children choose friends whose actual or distorted performance was better than their own on irrelevant activities and somewhat inferior to their own on relevant ones. Also, friends' overall performance was very near to the subject's own. Both performed better on the subject's relevant activity than on the irrelevant one. It was found that the performance of a distant (disliked) other was derogated on relevant and irrelevant activities. The authors concluded that friends were chosen who were similar in overall ability and who had similar activity interests and performed well on those activities.

In a somewhat contrary finding, Rosenbaum (1986) found that attitudinal similarity did not necessarily result in liking, but that dissimilarity led to repulsion. The similarity-liking connection was found under certain conditions.

Expectations about others are often the result of information received about them. When given attributions about others, subjects form a cognitive picture of them and pick up on the characteristics which subjects have been led

to believe exist. Yarkin, Harvey, and Bloxom (1981) gave subjects positive, negative or no-set information about the emotional health of a stimulus person and then had them watch a videotaped social encounter. Afterward, subjects rated the interaction or were involved in a distraction task. They interacted with the stimulus person. Those subjects receiving positive-set information reflected the same attributes in their ratings and also had more positive behavioral responses than subjects receiving negative or no-set information. Subjects who made attributions also demonstrated more pronounced behavioral interaction than those not making attributions. This finding was cited as indicative of the important place of attribution on behavior.

Perseverance

Perseverance of beliefs concerns the maintenance of beliefs in the face of challenging and conflicting information. Once information about others is received and accepted, it is very difficult for persons to change their minds. After an opinion is formed, individuals resist challenges to it. A key reason may be a need for a predictable social environment (Jelalian & Miller, 1984; Kelly, 1955).

If an individual "knows" another person, he or she can anticipate how that person will act and react in various

situations. However, not knowing the other can be puzzling, even threatening. Thus, persons persist in beliefs about others to reduce a sense of threat and to reassure themselves that they know the one with whom they are dealing and in this knowledge can prepare and relate predictably.

Politicians recognize these phenomena and spend large sums to project a positive image and to try and erase negative ones. However, once a candidate is labeled, the label usually sticks.

Perseverance research has covered many areas such as persistence despite discrediting evidence. There is also the emotional investment and subsequent information assimilation of material loosely related to original belief. Other research has focused on tendencies to seek and support confirming evidence while reacting more cautiously or rejecting contrary or possible contrary evidence. Some studies discussed tendencies to seek out information consistent with current beliefs and behavioral confirmation of self-fulfilling prophecies (Jelalian & Miller, 1984).

Jennings, Lepper, and Ross, (1975) replicated the earlier research on impression-perseverance by Ross, Lepper, & Hubbard (1975). Ross et al. showed that false feedback regarding performance, persisted in influencing both the subject given the feedback and observers, even after debriefing. In the replication, undergraduate students were

asked to recruit other students by phone, asking them to contribute to a blood drive. Unknown confederates refused or agreed according to a predetermined script. Even after the callers were told that their individual results were arbitrary, they persisted in their personal impressions of success or failure.

False beliefs about one's self also have a persistent quality. High school students received very effective or useless filmed instruction in one experiment (Lepper, Ross, & Lau, 1986). Their subsequent performance reflected success or failure accordingly. Whether shown a discrediting film which highlighted the differences in instructional quality or not, all subjects recognized the quality of their instruction, yet all drew unwarranted conclusions about their performance, in line with their original performances. A follow-up study weeks later indicated persistence of those beliefs, but with the discredited group showing even greater persistence of inaccurate beliefs than the other.

An extension of these phenomena into more general relationships among social variables in findings was reported by Anderson, Lepper, and Ross (1980). Undergraduates were led to believe that a correlation either existed or did not exist between risk-taking behavior and becoming a successful fire fighter. Even

after subjects were told that no relationship is known to exist and that they had been given fictitious data, subjects still drew conclusions in keeping with the false data. In a second experiment, the authors reported that having subjects write out explanations of the fictitious correlations prior to debriefing, led to increased strength of perseverance. This was seen as evidence that cognitive processes of formulating causal explanations could help mediate unwarranted perseverance of beliefs.

A study by Flemming and Arrowood (1979) offered support to Ross et al. (1975) regarding a cognitive interpretation of perseverance. In this experiment, there was no evidence of perseverance when subjects were given no opportunity to formulate explanations of their performances. When given the opportunity to process false feedback, perseverance of false beliefs was noted.

A different finding on perseverance of false information was reported by Hatvany and Strack (1980). They asked subjects to assume the role of jurors in a court setting and make judgments regarding either a dog bite case or car accident case. In both instances, a witness testified as to circumstances, but the testimony was later discredited and the witness recanted. No perseverance of the false testimony was found in either case. Jurors dealt with the key witness's testimony logically and discounted

it. The authors explained this difference from earlier perseverance findings in two ways: (1) corrective information quickly followed the false testimony, leaving little time to conjure up an explanation for the key testimony; and (2) the role of the juror subjects and the setting was a continual reminder of their need to be objective and withhold judgment until all the evidence was presented. Thus, mitigating factors such as processing time and setting can affect perseverance.

Perseverance and Feedback

The influence of feedback and debriefing and their influence on perseverance is important to understand. In the classroom situation investigated by Lau et al. (1986), high school students who did well with excellent instruction and those who did poorly as a result of intentionally poor instruction continued to view their performances as due to their own competencies (or lack of the same), even after being advised that their performances were the result of the experimenters' manipulations. These findings were cited as examples of the fundamental attribution error and of belief perseverance. While the authors avoided concluding that initial beliefs cannot be changed, they drew attention to the difficulty in changing self-perceptions even with strong debriefing techniques.

Swann and Hill (1982) found that female undergraduates given self-discrepant feedback tended to maintain their self-concepts when given an opportunity to discredit the feedback behaviorally. If students had no opportunity to engage in behavior that refuted the self-discrepant feedback, they tended to accept the feedback. Because many studies are laboratory produced, the authors suggested that changes in self-concept in such situations may be short-lived. They believed that lasting self-concept changes as a result of discrepant feedback require two events. On an intrapersonal level, one's self-image must be reorganized and on the interpersonal level, others must do the same. When those around us change their view of us so that it conforms to our change, this is likely to reinforce our change.

Transference

In psychotherapy, one type of expectancy is the phenomenon of transference. The client expects the therapist to take on the qualities and behaviors of someone in the client's past history.

Wolberg (1967) stated that transference can be defined broadly as "projections onto the therapist of attitudes and feelings that date back to infancy and childhood, as well as more current attitudes that have had a formative influence on, and have been incorporated into, the

character structure" (p. 1069). He defined part of the therapeutic task as stopping such reactions and helping the patient replace them with reality.

According to Personal Construct Theory (Kelly, 1955), a client projects a construct from a previous role relationship onto the therapist in order to understand or construe the therapist. A tendency exists for a client to cast the therapist in a prejudicial stereotype as a father or father figure and for this to become a fixed feature of their relating. A counterdependency transference occurs when the therapist transfers dependencies onto the client. If the therapist becomes preoccupied with the client's relationship with self or others, the focus of the helping alliance has changed and will interfere with therapeutic change.

Sullivan (cited in Parry & Gawel 1953) referred to the parataxic distortion in relationships that are similarly misperceived. The client approaches all such relationships as though the authority figure is the enemy from which one will experience anxiety and pain. To "beat the authority figure to the punch," the client interacts as with an enemy, thereby creating an enemy and creating a vicious circle of interaction. The client "proves" that the other is "just like my father, etc." This distortion of the interpersonal attitude can have devastating results on the

therapeutic as well as other relationships. As Sullivan (cited in Parry & Gawel, 1953) stated, the client's perspective can become "Once upon a time everything was lovely, but that was before I had to deal with people" (p. 216).

Need for Self-Confirmation

The lack of positive therapeutic outcome may be related to resistance to change on the part of the client. Swann and Reed (1981) reviewed the literature on the difficulty of changing clients' self-conceptions, even with long-term therapy. They noted that their previous studies demonstrated that people are more likely to remember feedback from others that confirms their self-conceptions rather than disconfirming them. Such a process may result in an erroneous conclusion--that feedback from others is more compatible with their self-conception than is warranted.

They also found the people tend to elicit reactions from others that confirm the actor's self-perception, even when the perceiver started with a different view. For example, those believing they were liked, elicited favorable reactions even from those whom they thought disliked them and those who thought they were disliked, elicited unfavorable reactions from those they thought liked them.

Swann and Reed (1981) found a systematic tendency for

people to solicit feedback that verifies and confirms their self-conceptions. In one of their investigations, undergraduates sought feedback that would confirm their self-perceived beliefs about their assertiveness and emotionality. In another investigation, students were more willing to give up money for self-confirmatory rather than for disconfirmatory feedback. No sex differences were found. A third investigation, on motive, revealed one possible reason why self-confirmatory feedback was sought--because subjects believed such feedback to be especially informative and diagnostic regarding descriptions of themselves. The researchers raised an interesting point, speculating that those with diffuse or poorly integrated self-concepts are probably less likely to seek self-confirmatory feedback.

Swann and Reed (1981) suggested that people are more likely to resist situational pressures to conform to a particular image of themselves. Also, individuals should be seen as more active agents in changing the way others react to them, bringing others in the environment closer to the agents' own self-images. Both the interpersonal as well as the intrapersonal aspects of self-conceptions are recognized.

It is possible to predict whose views will prevail in an encounter--that of the perceiver or of the target.

Swann and Ely (1984) found that it depended upon certainty of beliefs. When the perceiver was certain of a belief about the target and the target was uncertain, the perceiver's belief tended to prevail (self-fulfilling prophecy). However, when the target was certain of his or her self-concept or when both perceivers and targets were uncertain, the targets' self-concept (self-verification) prevailed. The research design was different from that used by self-fulfilling prophecy researchers. The target self-conceptions were directly compared against perceivers expectancies, rather than allowing target self-conceptions to vary randomly.

Self-Fulfilling Prophecy

Various forces in interpersonal interactions may distort the relationship and result in the self-fulfilling prophecy. Darley and Fazio (1980) expanded Merton's (1948) concept of self-fulfilling prophecy and delineated the various elements of responses in a sequential analysis. The elements included "(1) a perceiver's formation of an expectancy about a target person, (2) his or her behavioral congruency with the expectancy, (3) the target's interpretation of this behavior, (4) the target's response, and (5) the target's interpretation of his or her response" (Darley & Fazio, 1980, pp. 867-881). Because of expectancy, a perceiver may avoid or end interaction with a target,

thus maintaining the expectancy without allowing the target to change the impression. If the target's response to the perceiver's expectancy is ambiguous, this ambiguity may allow the perceiver to conclude that the original expectancy was confirmed. The target's response to the perceiver may confirm the expectancy because the target reacts in kind to the perceiver's behavior or the target accepts the perceiver's evaluation and acts accordingly. Also, the target's self-perception of his or her response may result in new responses to similar situations, the perceiver, or the target's own self-concept and consequent behavior.

Jones quoted Merton's (1948) definition of self-fulfilling prophecy: "in the beginning, a false definition of the situation evoking a new behavior which makes the originally false conception come true" (Jones, 1977, p. 423). Jones pointed out that whether true or not, beliefs have consequences for social reality. He cited an example in which an employer believed that his employee was going to steal and so the employer paid a lower wage to compensate for the anticipated loss through theft. Whether the employee actually stole or not, the employer's belief led to lower wages for the employee, plus, the relationship was defined as one of mistrust.

Our expectations about others may come from an

implicit theory of personality. This implicit theory is based on the categories one uses to describe self and others and the beliefs one has about which characteristics go together (Rosenberg & Jones, 1972). Jones (1972) asserted that people tend to hold implicit personality theories about characteristics believed to go together and that these are used to supplement our knowledge of others. The example given above is a case in point. The employer may not know particular employees, but assumed that employees steal and so attributed this trait to all.

One way in which expectations are formed is through impression formation. Asch's (1946) study revealed that we see another person in his or her totality, taking into account all we know of the other, rather than just one aspect. However, some qualities outweigh others, such as "warm-cold." In one experiment, Asch had two groups of subjects hear a descriptive list of a person. One group heard "intelligent, skillful, industrious, warm, determined, practical, cautious." The second group heard the same list, except that "warm" was left out. After both groups wrote brief descriptions of what they thought these persons were like, there were great differences. The group having "warm" in the list of characteristics were markedly more likely to describe the person as "generous, wise, happy, good-natured, humorous, sociable, popular, humane,

altruistic, and imaginative" (p. 261). Also, subjects rated persons described as "warm" more favorably than those described as "cold."

A replication study was done by Kelley (1950) which backed up Asch's findings. Kelley described an anticipated instructor to two groups of students as being either "warm" or "cold." Later, the students rated the actual visiting instructor and it was found that the group having been told to expect a "warm" instructor gave that instructor consistently more favorable ratings.

However, words and impressions may change in meaning, depending upon how such factors as traits and roles are combined. Higgins and Rholes (1976) found that individual evaluation of words is not a deciding factor in impression formation, but rather the overall evaluation as a whole, taking into account literal meanings, grammatical relationships and historical experience.

Another factor in arriving at inferences about others are cues. Cues can range from physical appearance to dress, educational level, political philosophy, to the automobile one drives and so on (Jones, 1977). Childlike facial qualities are associated with warmth, submission, honesty, naivete, and less physical strength (Berry & McArthur, 1986); clients of counseling centers are rated more negatively than nonclients even before interaction

(Sibicky & Dovidio, 1986); and a person identified as low income had more unfavorable personality characteristics attributed to him by students than an actual group of low income men gave themselves (Luft, 1957).

When faced with unknown or problematic persons, persons are believed to take "a systematic hypothesis generating and testing approach" (Jones, 1977, p. 50; Kelly, 1955). However, individuals may not always conduct themselves as "good scientists" in that they sometimes resist information that disconfirms pre-existing biases (Jones, 1977).

Persons resist disconfirming data when they use stereotypes in describing and assessing others. As Jones stated, "to stereotype a particular group means thinking about and referring to members of that group as though they were all the same" (Jones, 1977, p. 52).

Stereotypes may also be considered categorical responses. Going back to our definition of an implicit theory as a perceived correlation matrix of relationships among characteristics, a stereotype might be considered a region of one's implicit theory, to which access is gained by a small number of cues, within which the correlations among components approach unity and which has relatively few connections with other regions" (Jones, 1977, pp. 54-63).

They are a type of interpersonal expectancy.

There is some reason to believe that stereotypes are based on some, perhaps partial, fact. This is known as the "kernel of truth hypothesis" (Jones, 1977, pp. 58-61), a largely unresearched area because of the very definition of stereotype. If, by definition, a stereotype is a falsehood, then looking for partial truth in a group stereotype becomes more difficult to justify.

In addition to expectations about others, individuals have expectations about themselves and their own behavior. Such self-expectations are predictions about how one will act and respond in certain situations. They reflect beliefs about outcomes, given what one believes about himself. As such, these self-expectancies may be seen as goal directed and to involve choice making. After one makes a choice, he expects certain outcomes (Jones, 1977). Later, this will be discussed in connection with Kelly's (1955) Choice Corollary.

The subjective probability of reaching one's goal (as regards familiar tasks) is affected most by past experience on the task. Past success is the best predictor of future success. In evaluating probabilities for success on unfamiliar tasks, individuals apparently do so by comparing themselves to others. When comparing self to others, people tend to see themselves performing slightly better

than others in their own reference group. The value of a goal seems related to goal attainment. That is, the greater the value, the greater the subjective probability of successfully reaching the goal. Time to reach the goal is also important. The greater the time available, the subjective probability of attaining the goal is increased. Effort towards attainment is another factor. The greater the effort, the more likelihood of goal attainment (Jones, 1977).

We have certain expectations of others because of labels they have been given. This is especially true of those deemed to have committed deviant acts against society. From this perspective, the central aspect of deviancy is society's reaction to the individual, not just the individual's act in itself.

Thus, the keys to the labeling approach are:

(1) The idea that particular types or categories of people are expected by others to display certain additional characteristics and/or be consistently deviant. (2) Once we have discovered that another is a certain type, we react to them in ways that push them into secondary and/or career deviance, thereby confirming our initial expectations. (Jones, 1977, pp. 89-90)

Staff's perception of mental patients affects the way

the patients are treated. Spitzer and Denzin (1968) found that patients perceived by psychiatrists to be more favorably inclined towards psychiatry and towards their roles as mental patients, tended to receive a more favorable initial prognosis, more personal therapy and to be discharged more quickly from the hospital.

Goffman's (1961) field study revealed how a mental hospital, as an institution and staff removed supports for the patient's self. Relationships with staff were characterized by forced deference to all staff. Goffman concluded that almost any kind of patient behavior could be construed by staff as indicative of the appropriateness of hospitalization. Another somewhat similar project was that of Rosenhan (1973) and his seven co-workers who pretended to be mental patients in 12 different hospitals. They feigned symptoms serious enough for admission, but after admission dropped the symptoms and acted completely normal. However, none was ever described as sane by staff and they were confined an average of 19 days, with one staying 51 days (although they had been told upon admission that discharge would occur when staff were convinced of sanity). Much of the staff's interaction with patients was described as depersonalizing and a result of seeing patients, not as persons, but as mental cases. If patients were to complain about such treatment, this would have been interpreted as a

further example of pathology. In this experiment, we note how the staff labeled patients (or the patients arrived with a label), maintained a set of perceptions about patients that could not be altered by the patients, and this set determined in what manner the patients would be treated, and in no small part how the patients would act in return.

Projection

Projection has been another way of explaining how we come to have certain expectations of others. "Projection is the process by which persons attribute personality traits, characteristics, or motivations to other persons as a function of their own personality traits, characteristics, or motivations" (Holmes, 1978, p. 677). Holmes found that subjects projected their undesirable traits upon both desirable and undesirable others and that the traits remained undesirable to subjects, no matter the recipient. This is inconsistent with the theory that traits become more desirable if we believe that the person we look up to possesses those traits (Holmes, 1978).

Sherwood (1981) reviewed the literature on projection and came to some different conclusions from Holmes. Sherwood maintains that there is a difference between attributive and classical projection. In the former, self-ascribed undesirable traits are projected onto those we

perceive to be favorable persons, while with classical, the undesirable traits are projected upon those seen as undesirable. Sherwood, in contrast to Holmes, believes that attributive projection has a stress-reducing effect. He notes that dissonance theorists also suggest that persons tend to attribute their negative characteristics to favorable in-group persons.

Attributive projection and the "halo effect" is also discussed by Sherwood (1981). The "halo effect" refers to the first judgments we make about others as a result of first impressions--whether favorable or unfavorable. Sherwood sees three possible reactions: (1) one might associate one's negative traits to a desirable group to the extent that they are not necessarily associated with an undesirable group, (2) the negative halo bias is exaggerated so that extreme traits of an undesirable group can be disassociated with self and desirable others, or (3) a combination of (1) and (2). This points up a self-serving benefit to our attributive projections, that of protecting our self-respect and/or our self-image.

Bond (1972) looked at how an impression set affects behavior in interaction. Sixty female students met together in groups of three. One student was a constant stimulus person assigned to talk with the other two in succession. Those two were assigned to expect either a

"cold" or "warm" future partner. Those who expected a "cold" partner actually behaved more warmly than did those expecting a "warm" one. Also, constant stimulus persons behaved more warmly towards "cold" set rather than "warm" set partners, while talking a longer time with "warm" set partners. Bond noted that this is different from a Feldman and Kleck (1970) study which concluded that "warm" set subjects demonstrated more warmth and less anxious behaviors toward partners than "cold" set subjects. Bond speculated that his results were due to a more normal conversational model and to his subjects having the freedom to try and be friendly toward "cold" set partners in an effort to draw them out. He concluded that "what seems clear, then, is that the behavior of a labeled person has been changed as a function of that label" (Bond, 1972, p. 304).

Subjects' usual expectations are that others will respond predictably, according to the subjects' perceptions and consequent expectations. This was borne out in a study by Curtis and Miller (1986). Undergraduates were falsely led to believe that another either liked or disliked them. The result was that they were actually liked or disliked according to the beliefs they had been given. Those believing they were liked after a personal interaction were found to self-disclose more, disagree less, express

dissimilarity less and their voice tone and general attitude were more positive than those believing they were disliked. Their behaviors elicited reciprocal ones from their partners. No differences were found in nonverbal behaviors or number of conversations initiated. Those believing they were disliked are thought to have focused on differences from others and were in disagreement with others. This led perceivers to respond in kind and with less disclosure and questioning. "These data suggest that an elimination of these behaviors might help prevent the confirmation of a negative expectancy" (Curtis & Miller, 1986, p. 289). The authors conclude that persons with a negative expectancy see little reason for hope of changing the feelings of others or little motivation to try, since they believe that the others dislike them.

Darley and Fazio (1980) identified six expectancy confirming forms: (1) perceiver avoidance or termination of action based on expectancy, (2) biased perceiver interpretation of the target's response to perceiver action, (3) perseverance of perceiver interpretation despite contrary evidence of the contribution of disconfirming behavior to situational forces, (4) actual confirmation of perceiver expectancy because of (a) reciprocal in-kind behavior from the target, or (b) Merton's (1948) definition of self-fulfilling prophecy, (5)

perceiver underestimation of the perceiver's own role in eliciting expected behaviors, and (6) modification of the target of behavior as a result of the interaction. This behavioral change may lead to a change in self-concept and in future behavior. The change may be beneficial or harmful.

Most of the studies cited above could be understood according to Darley and Fazio's characterization. Other studies include Fazio, Effrein, and Falender's (1981) experiment in which introverted or extroverted behavior was elicited by simply asking introverted or extroverted questions and a project in which targets began to act in a friendly, likable and sociable way as a result of perceiver actions based on stereotypical attributions of physical attractiveness or unattractiveness (Snyder, Tanke, & Berscheid, 1977).

Swann and Reed (1981) in three experiments, found that subjects (1) when given the chance to seek confirming or disconfirming feedback from interaction partners, chose feedback confirming their self-perceived emotionality and assertiveness, (2) were willing to spend more money on self-confirming social feedback than self-disconfirming feedback, and (3) subjects found self-confirming feedback to be particularly informing, perhaps explaining why it is sought. The authors further speculate that seeking such

feedback may assist persons to stabilize their social interaction and their self-conceptions, as well as their behavior.

In interactions, perceivers are also targets and targets are perceivers. Swann and Ely (1984) investigated this situation from the standpoint certainty of self-conceptions. They found that when targets are certain of their beliefs, self-verification by targets results. It also occurs if both perceiver and target are uncertain of their beliefs. However, if the target is unsure of beliefs while the perceiver is sure, the expectancies of the perceiver prevail.

Personal Construct Theory

Personal Construct Theory (PCT) (Kelly, 1955), provides a way of conceptualizing the therapeutic relationship in terms of the respective and unique constructs held by therapists and client, and how those constructs facilitate or inhibit therapeutic change. Many authors have clarified and expanded upon Kelly and they will be referred to in the following pages. The framework offered by PCT will be used in this study to look at the dyadic relationship between therapist and client, as that relationship imparts upon anticipated therapeutic outcome.

Basic Concepts of Personal Construct Theory

Construct

A construct is a way of experiencing and understanding reality such that two events are compared according to their similarity, to a third event that is different (Kelly, 1955). Each person's construct is unique to that person and more meaningful than constructs provided by others. Although words and sounds are often used to describe and express constructs, constructs are also communicated nonverbally. While including cognitions, constructs are also felt internally as emotions (Landfield & Epting, 1987). As will be reported in the following pages, the content of constructs appears to be important in therapeutic relationships.

Fundamental Postulate

"A person's processes are psychologically channelized by the ways in which he anticipates events" (Kelly, 1955, p. 103). Constructs provide the basis of these anticipations/expectations and constructs have developed as we have perceived similarities and contrasts in our environmental experiences (Fransella, 1972). Obviously, if the therapist understands how a client anticipates events, the therapist is in a much better position to be helpful, and the client who is understood, may feel supported.

Construction Corollary

"A person anticipates events by construing their replications" (Kelly, 1955, p. 103). Adams-Webber (1979) pointed out that

This proposition does not imply that the "same" events ever actually repeat themselves, but rather that we can often detect certain recurrent themes in our own experience. The important point is that two or more events can be construed in a similar way.

(p. 4)

Individuality Corollary

"Persons differ from each other in their constructions of events" (Kelly, 1955, p. 103). This apparently obvious truth has special relevance for the therapist who may too quickly assume understanding of the client and believe that the client shares the therapist's perspective. Even the words and concepts used in therapy may carry different meanings. For the therapist, "love" may connote consistent support and caring, while for the client it evokes memories of beatings and justifications under the rubric of "I'm only doing this because I love you."

Organization Corollary

"Each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs" (Kelly,

1955, p. 103). Superordinate constructs give overall structure to one's life, but consistency throughout one's construct system depends upon those constructs having permeability, being open to challenge and change. If one's system is impermeable, then growth and evolution are blocked by rigidity and bias. If too permeable, there is no stability or core to a person's being. However, if the superordinate constructs are relatively permeable, then individual cognitive development can occur (Adams-Webber, 1979).

One measure developed by Landfield (1971) to assess organization is the Functionally Independent Construction (FIC) score. It indicates the extent to which constructs and other variables are related or differentiated. The lower the FIC score, the more highly integrated and organized is one's cognitive system. High scores indicate a more fragmented cognitive system in which constructs are used independently of each other. The Role Construct Repertory Test (REP) is used to derive this and other measures.

Dichotomy Corollary

"A person's construction system is composed of a finite number of dichotomous constructs" (Kelly, 1955, p. 103). Each construct is described in bipolar terms, such as "kind-harsh" and gives the similarities and differences among

people or events being described. "One pole of the construct represents the basis of perceived similarity between at least two events, and the other pole denotes the basis of their contrast with at least one other event" (Adams-Webber, 1979, p. 5). Using rating scales and the REP test, a measure of meaningfulness of constructs can be derived. The more extreme the rating, the more meaningfulness. However, extreme ratings have been associated with maladjustment and rigidity in problem-solving (Landfield, 1971; Epting & Landfield, 1987).

Choice Corollary

"A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system" (Kelly, 1955, p. 103). Because of the assumed hierarchial and interrelated nature of constructs, each choice affects one's system in different ways and degrees. The choices may be made to consolidate or extend the range of convenience of the system. Each person is seen as something of a scientist, experimenting to find the best direction and outcome for personal behavior (Adams-Webber, 1979).

Range Corollary

"A construct is convenient for the anticipating of a finite range of events only" (Kelly, 1955, p. 103). There

are limits to constructs, experiences to which they may or may not apply.

Experience Corollary

"A person's construction system varies as he successively construes the replications of events" (Kelly, 1955, p. 103). Change can occur when nonconfirming events challenge and make accommodations necessary in one's system.

Modulation Corollary

"The variation in a person's construction system is limited by the permeability of the constructs within whose ranges of convenience the variants lie" (Kelly, 1955, p. 103).

An impermeable construct is one which is based upon specified context and which will admit no additional elements--e.g., proper names: If ball comprises certain things, then there must be still other things which are balls; anything like these is a ball.

(Kelly, 1955, p. 156)

Permeability is related to change, as new variants shift, replace or alter old constructs. Such change is easiest to accomplish with subordinate constructs. However, superordinate constructs must be permeable so as to allow new possibilities to be considered and embraced (Landfield & Leitner, 1980). When superordinate constructs are impermeable, it follows that perceptions remain

constant and decisions flowing out of them will be much the same as in the past. Personal history is likely to repeat itself and the self-fulfilling prophecy be carried out.

The phenomenon is true for therapists as well as clients. Therapists assume particular theoretical positions, from which flow their goals and expectations for clients. Unless the therapist's superordinate constructs have permeability, then all clients are assessed and related to similarly, without allowing for new and unexpected insights and interaction.

Commonality Corollary

"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" (Kelly, 1955, p. 104). Landfield (1971) concluded that incongruence of construction content, as well as organizational and interpersonal meaningfulness in congruence was related to premature termination of therapy. Achterberg (1980) found content congruence related to greater preference by co-therapists to working together. While important in forming and maintaining relationships, it is also speculated that too much congruence may inhibit therapeutic change as there may be little challenge to the status quo by the therapist.

Sociality Corollary

"To the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person" (Kelly, 1955, p. 104). This role in Kelly's theory is important and refers to how a person responds to the other person, based on one's comprehension of the other. "In other words, the person performs an interpersonal task based on his understanding of another person's construct system" (Landfield & Leitner, 1980, p. 10). In therapy, the therapist enters into a role relationship with the client and appropriateness of the therapist's role is dependent upon entering and appreciating the client's constructs. As Epting and Amerikaner phrased it

For optimal functioning in relation to another person, one must strive to see the world from the point of view of the other. The ability to take the role of the other and really to comprehend what things are like from the other's perspective places a person in a very special relationship to the other. The actions one decides on are based on the understanding one has gained concerning who the other is as a person, rather than orienting toward that person as an object to be manipulated. This is what we mean by creating a

constructive relationship. (Cited in Landfield & Leitner, 1980, p. 68)

For George Kelly, successful psychotherapy occurs when the client is able to make constructive use of the therapist. The client allows the therapist to play a role in the client's life, that is, to enter into an experience with the therapist which can result in change in the client's life and functioning.

From the therapist's side, PCP requires a new look at each client, an openness to what each client brings to the therapeutic relationship. The uniqueness of each client is respected and fostered as the therapist attempts to identify and understand each individual's personal constructs, what is really for each client.

There have been a number of studies using PCP to evaluate relationships in general as well as the therapist-client relationship. Caldwell and Cromwell (1962), using the Role Construct Repertory Test, found that when one uses one's own personal constructs to rate others, that the behaviors of others are rated more extremely. He concluded that an understanding of personal constructs are important in assessing individual adjustment and personality.

Gottesman (1962) found that graduate psychology students whose REP test revealed permeability (openness of constructs) were also rated as having therapeutic skill by

supervisors and trained therapists. There was a weaker but questionable correlation between complexity (number of constructs) and therapeutic skill. It was also found that popularity (common constructs) was not correlated with therapeutic ability nor permeability and was negatively related to complexity.

Kelly (1955) identified two kinds of changes, slot change and organizational change. Hinkle (1965) found that (a) "The relative resistance to slot change of personal constructs will be directly related to the superordinate range of implications of those constructs," (b) "Constructs functioning at a higher level of superordination in a hierarchial context will have a larger superordinate range of implications than constructs functioning at a low level, and constructs a higher level of superordination," (c) "will have a larger subordinate range of implications"; and they (d) "will show a greater relative resistance to slot change" (pp. 51-52). Slot change refers to moving from one side of a dichotomous construct to the other, as from "honest" to "dishonest." Hinkle (1965), reminded us that psychological change is resisted when a person expects that it will result in a reduction (threat) or relative absence (anxiety) of predictive implications for a situation.

Landfield and Nawas (1964) conducted a partial replication of Rosenthal's (1955) study regarding patient

identification with therapists. When elicited construct dimensions of a client are used to plot therapists' ideals within them, clients showing improvement tended to identify with therapist ideals. However, improved clients describing themselves within elicited therapist constructs did not identify with therapists' ideals.

Varble and Landfield (1969) found evidence that in shorter-term treatment, change is more likely to happen on peripheral rather than core constructs. Changes were seen in the self-ideal discrepancy but some problems with self-report measures were noted.

In 1971, Landfield found premature termination in therapy related to two contexts: (1) in situations where dyadic meaningfulness is less (using rating scale polarization) and (2) where content congruency is less within a dyad (Landfield & Leitner, 1980).

Carr (1970) investigated the matching of psychiatric out-patients and fourth-year medical students who were therapists. He found that conceptual differentiation compatibility of the two was related to perceived outcome by both, and to symptom reduction as reported by patients. Carr and Montgomery report on a follow-up study in 1971 (cited in Landfield & Leitner, 1980), in which patient and therapist seemed to understand the patient's problem. However, no significant differences were found between

matched and mismatched combinations, suggesting that patient and therapist may be unaware of how conceptual differentiation compatibility may influence outcome.

The level of cognitive similarity between patient and therapist was found by Craig (1972) to be related to perceptions of therapy outcome by both. Additionally, it was also related to interpersonal attraction between patients and therapists and self-disclosure by patients. It was not related to symptom change, but only to perceived outcome. McLachlan (1972, 1974) matched alcoholic inpatients and therapists according to conceptual level. Patients so matched, reported significant improvement in group therapy over those mismatched. Pardes, Papernik, and Winston (1974) looked at psychiatric inpatients and therapists. The therapists' differentiation levels were significantly correlated to treatment outcome, as measured by length of stay and staff ratings, but the patients' differentiation levels were not.

When therapy fails it is tempting to blame the client by using a variety of psychological explanations, from lack of client motivation, client defensiveness and so on. Within the Kellian system, however, one must consider whether such failure lies with the therapist's inability to understand and participate in the client's construct system. As Doster reminds us, "I have yet to meaningfully

know this person" (cited in Landfield & Leitner, 1980, p. 210).

Doster and Watson (1987) have used REP grid methodology in investigating how the interaction of our various "selves" (vulnerable self, protective self, etc.) with another person influences both individuals, intrapersonally and interpersonally. One seminar group of graduate students were under study for fifteen weekly sessions. Self-ratings were made after each session and they were found to be very close to self-prototypes and prototype clusters identified at the group's outset. Four group members were represented by their particular predominant clusters in two-thirds of their sessions. "For these individuals then, the major cluster seemingly identified a major role or interpersonal style they employed during the course of this time limited group" (Doster & Watson, 1987, p. 7). The authors noted that the participants knew each other well. They were students in an advanced group psychotherapy seminar and this familiarity might help account for how often they were represented by their predominant selves. Turning to Kelly's sociality corollary, Doster and Watson (1987) speculated that when participants' self-experiencing was reflective of their predominant, organized selves, it might also be related to group activities being meaningfully subsumed by them.

It is interesting to relate these concepts to what happens in a therapeutic relationship, when client and therapist enter it with their respective predominant selves. It appears that such authenticity is necessary for the client to be understood by the therapist and for the client to allow the therapist to play a significant role in the client's life. If the client "leaves behind" his or her established self, then whatever self is presented may be unimportant and the client is just going through the motions of relating, "merely behaving," as mentioned above (Doster & Watson, 1987). Unless the therapist enters the therapy relationship with his predominant self, then he may be just going through the motions also and thus is unlikely to experience a meaningful and productive therapy relationship with the client.

From a Kellian perspective, therapy is to enable clients to adopt a scientific approach to their problems. It is to teach and enable clients to propose hypotheses (expectations) from their own personal constructs and to experiment with different behaviors to determine which hypothesis is correct for them. The role of the therapist is more of offering methodological help, procedure(s) that facilitate change (Adams-Webber & Mancuso, 1983).

The client who benefits from PCT therapy is one who allows the therapist to share in the client's personal

experience (constructs). In so doing, the client demonstrates a willingness to consider alternative possibilities of interpretation of an action in the world. The client is also to be willing to enter into a relationship with the therapist, and in so doing, to try and understand the therapist from the therapist's viewpoint. It is a relationship of mutual influence (Epting, 1984).

Although a therapeutic relationship includes many variables, this study investigated the dyadic relationship between adolescent clients in a residential treatment center and therapeutic staff working with them. Four specific factors, namely, organizational similarity, organizational congruency, understanding and the predominant or established self were assumed to be components of the therapeutic relationship and to influence perceptions of therapeutic outcome.

Hypotheses

Hypothesis 1

There will be a positive relationship between organization similarity of therapy dyads and functional aspects of the therapy relationship.

Hypothesis 2

There will be a positive relationship between understanding within therapy dyads and functional aspects of the therapy relationship.

Hypothesis 3

Therapy dyads with a moderate level of organizational congruency will show more functional characteristics of their therapy relationship than therapy dyads either high or low on organizational congruency.

Hypothesis 4

There will be a positive relationship between predominant selves within therapy dyads and functional aspects of the therapy relationship.

CHAPTER II

METHOD

Subjects

Subjects for this study consisted of 140 dyads, formed by the interactions of ten clients (residents) with 14 therapeutic staff of a residential treatment center. The center, a 24 hour facility, is located in a large metropolitan city in the southwest United States. Residential clients were adolescent boys ($n = 4$) and girls between 13 and 17 years of age ($n = 6$) with varying degrees of emotional problems. They carried a variety of psychiatric diagnoses based on DSM III-R. Three had been removed from parental custody by the State as a result of abuse and neglect. Seven were still in parental custody. All have undergone previous therapies in other settings, including psychiatric hospitals ($n = 5$) and drug treatment centers ($n = 2$). All adolescent subjects had achieved sufficient stability so as not to need psychiatric hospitalization. They have been assessed as amenable to therapeutic change in residential treatment and had been in this program for different periods of time, from two weeks to 14 months. They were paid a token amount of money

(\$10.00) for their participation in the study, as were staff participants.

Subjects from the therapeutic staff were composed of male ($n = 6$) and female ($n = 8$) adults who represented one of three categories--cottage ($n = 10$), educational ($n = 2$), or clinical ($n = 2$) staff. Nine of the cottage staff worked shifts and were responsible for administering a behavior modification program in the living quarters and other physical areas of the therapeutic milieu. They also served as case managers for the residents and conducted group problem-solving meetings in the cottage. One staff subject was supervisor of cottage staff and had regular contact with residents. The two subjects comprising the educational staff had masters degrees in Special Education. They provided schooling for residents of the program. The two subjects from the clinical staff had masters degrees, one in Social Work and one in Psychology. Clinical staff provided weekly individual therapy for residents and weekly family therapy for those residents with families available. The two clinical staff also provided group therapy for residents four days weekly.

All participants were given the following explanation of the project. "This is a doctoral study of the relationship between residents and staff. It is an attempt to better understand what makes for a therapeutic

relationship and it is hoped that results might be helpful to other programs. Participants will be asked to fill out a set of questionnaires having to do with themselves and their relationship with staff/residents. Results will be confidential and only composite results will be reported. Participation is voluntary."

The nature of the study necessitated the use of the subjects' names and the sharing of written constructs on one hypothesis (but not the values assigned). This was agreeable to all participants with the exception of one staff subject who declined to share constructs with client subjects. Following initial analysis, all data were identifiable only by code number. Informed consent was obtained (see Appendix A).

Procedure and Measurement Methods

To gather the data necessary for this study, the subjects completed the following five tasks in this prearranged order: (1) Role Construct Repertory (Rep) Test (see Appendix B); (2) the Four Relationship Questionnaire (4RF), based on their perceptions of their relationship with each other (Lawlis, 1973); (3) the Client-Therapist Preference Scales (see Appendix C); (4) the Subjective Rating of Dyadic Therapeutic Effectiveness Scales (see Appendix D); and (5) interpersonal perceptions' tasks.

Two research assistants were used to assist with data collection from the residents. Both individuals held masters degrees in education and had previously completed the instruments. Initial instructions were given by the researcher with the assistants present. The assistants monitored client progress, provided encouragement, and answered clients' questions regarding the procedure. The researcher monitored their work with the clients.

Due to the complexity and the length of the instruments, data collection spanned a period of three weeks. Staff and clients were in separate groups.

Role Construct Repertory (Rep) Test

The Rep test was originally designed by Kelly (1955) and modified by Landfield (1971). It is not so much a test as a method of eliciting personal constructs and their relationships. The version used in this study is a further adaptation by Doster (1987), entitled the Community of Selves Repertory Grid (see Appendix B). By way of a structured interview, 15 constructs are elicited for 15 elements presented to the subject. During the first task of data collection subjects were asked to compare themselves to the 15 different pairs of people (elements), one pair at a time. In each comparison, the subject looked for similarities and differences between himself (herself) and the other two people. Afterward, subjects rated each

"aspect of me" on a 13 point scale (-6 to +6) with the descriptions serving as the construct poles. Each client and each staff rated themselves on their own construct poles. For the third task each client subject rated each staff subject on each of the 15 selves, according to the staff's own constructs and each staff rated each resident on each of the 15 selves, using the resident's constructs. That is, each filled out a Rep grid as he or she believed the other had filled it out. A final use of the Rep grid is discussed in the section on Predominant Selves.

Fransella and Bannister (1977) provide an extensive review of reliability and validity studies. Reliability is seen as the ability to assess predictable stability and change and the grid format does so. The grid is understood as methodology for there is no one grid or Rep test. According to the authors, eight measures within the grid are reviewed regarding their reliability--maldistribution, intensity, pattern of construct relationships, specific relationships between constructs, stability of elicited constructs, stability of elements, insight measures and social dictionary measure. Bannister reported a reliability coefficient of 0.70 in 1957 and 0.76 in 1962 studies of maldistribution. High intensity scores mean most constructs are interrelated and imply each other, not used independently. Studies by Bannister in 1962 and Honess in 1977 show a test-

retest correlation of 0.35, but Honess also found a correlation of 0.62 in a bi-polar implications grid. Intensity was found to vary among conditions and with different psychopathological groupings. However, this measure is relatively high in validity. The pattern of construct relationships has been found to have a reliability in the .60 to 0.80 range. The pattern of construct relationships varies greatly, depending upon the kind of construct under examination. For example, Bannister in 1962 found a reliability of 0.80 for the construct "good-bad" in connection with other constructs, but only 0.50 for the construct "usual-unusual." Regarding the stability of elicited constructs, Fransella and Bannister report on Fjeld and Landfield's (1961) study in which a correlation of 0.80 was found between constructs given initially and a second time, two weeks later. Insight and social dictionary measures were quite variable because of areas examined and populations observed. Reliability is seen as one aspect of validity.

It seems sensible, therefore, to regard "reliability" as the name for an area of inquiry into the way in which people maintain or alter their construing and to estimate the value of the grid not in terms of whether it has "high" or "low" reliability but whether or not it is an instrument which enables us effectively to

inquire into precisely this problem. (Fransella & Bannister, 1977, p. 91).

Doster and Watson (1987) reported test-retest reliability coefficients from .70 to .94 for structural or organizational measures based on the Community of Selves Repertory Grid.

Organizational similarity is an indication of constructive commonality between dyad members. Loos (1986) noted that how people actually label a construct is not as relevant to this issue as how they organize and use the constructs.

To measure organizational similarity in this study, staff and client dyads were compared as to whether they similarly organized selves as alike or different. For example, if a staff member and a client both experienced their "Vulnerable Me," "Spiritual Me," and "Protective Me" as alike, then they shared organizational similarity (see Appendix E). Possible scores were 0 to 15. Higher scores indicated greater organizational similarity.

Predominant selves were measured on the Rep test (see Appendix B). Participants were asked to rate each relationship using their own constructs. They were instructed to choose a rating based on how they usually presented themselves when with that person. Each staff person using his or her own 15 constructs, rated

himself or herself in relation to each of the 10 residents. Each resident using his or her 15 constructs, rated himself or herself in relation to each of the 14 staff. Subsequently, these ratings were appended to each participant's original Rep test, such that each set of self-descriptions was represented by columns. This yielded a 15 X 29 matrix for each of the clients and a 15 X 25 matrix for staff. The Rep grid was then analyzed by computer. Any two sets of self-descriptions were considered functionally equivalent if they were described by the same poles 80 per cent of the time. The self-description most frequently the functional equivalent of other self-descriptions was defined as the predominant self. Each dyadic relationship was then examined to determine if the predominate selves of client and therapist were perceived as mutually present. If so, this was considered a match (Doster & Watson, 1987).

The Understanding score was determined in three steps: (1) each staff predicted each client's self-rating on each of the 15 selves and the absolute difference between the two ratings was added, (2) each client predicted each staff's self-rating on the 15 selves and the absolute difference between the ratings was added, and (3) the two absolute different scores were added for each dyad. Higher understanding was indicated by lower discrepancy scores

(Landfield, 1977, cited in Landfield & Leitner, 1980). Understanding is related to Kelly's Sociality Corollary. Due to the time and complexity of this task, clients were requested to complete the instruments on only the same 10 staff, resulting in understanding scores for 100 dyads. The 10 staff were selected by the investigator in such manner as to represent the various staff positions.

Organizational congruency involves resident/staff similarity in the degree of differentiation and hierarchial integration characteristic of their respective personal construct systems. Organizational differentiation is derived from the Rep test and first reported as Functionally Independent Construction (FIC) scores (Landfield, 1971). For individuals, higher scores indicate greater organization differentiation of personal constructs. Congruency for the dyad was the difference between the scores of each client and staff. Lower scores pointed to increased congruency of organizational differentiation. Organizational integration also is derived from the Rep test using the Chi-square measures (Landfield, 1977, cited in Landfield & Leitner, 1980). For individuals, Chi-square scores decrease with greater hierarchical integration or hierarchial organization. A second measure of organizational congruency was the difference between Chi-square scores for each client and staff.

The Four Relationship Factor test (Lawlis, 1973), referred to as the 4RF, measures individuals' perceptions of their relationships in interaction with others. It is specifically designed for dyadic analysis, such as a client and therapist. Four scales are used to investigate the subjects' perceptions of such relationships. The factors are (1) identification dimension, (2) parental or respect dimension, (3) sexual/affectional dimension, and (4) problem-solving dimension. Each factor is a way of experiencing and looking at the relationship between two people.

The scales were developed through factor analysis, using a principle factor solution. Standard scores for the 4RF range from 1 to 10, $\bar{M} = 5.5$, $SD = 2.0$. Scores are categorized as: average = 5-6, above average = 7-8, below average = 3-4, and extremely deviant = 9-10 or 1-2. However, norms for specific populations have not been developed and these scores are compared with a variety of relationships, such as friendship, business, parental, etc. Also, the scores do not imply pathology but modes of interaction between dyad members (Lawlis, 1973). It should be noted that the 4RF only measures one side of a relationship as perceived by the individual. It is not a dyadic score.

Identification involves commonality of interests and concerns and is reflected in affirmative answers to items

as "We think a lot alike." Respect relates to relationships in which one can become dependent and reassured as, "I trust him or her." The sexual/affectional dimension taps the emotional aspects of the relationship such as, "I can tell him or her my deepest feelings." Problem-solving has to do with task-oriented behavior as, "We are mutually helpful."

This instrument was normed with undergraduate students and enlisted service men. Intratest reliability ranged from .69 to .79 and test/retest reliability from .91 to .98 on that population. Respondents named the factors represented by a correlation derived from the relative factor. Resulting validation coefficients ranged from .70 to .95, significant at the .01 level (Lawlis, 1979).

The 4RF was administered to both clients and staff as a dependent measure to assess the therapeutic quality of their relationships. A separate questionnaire was completed by each client on each staff member and vice versa.

Client-Therapist Preference Rating Scale (see Appendix C)

Clients and therapists were asked to rate each other on their level of preference for working with each other. The seven-point scale is adapted from Achterberg (1980). Ratings of each client and therapist were summed together and higher scores indicated general preference for the dyad.

Subjective Rating of Dyadic Therapeutic Effectiveness (see Appendix D)

Clients completed a six point rating scale, rating how effective they believed their relationship to be regarding therapeutic effectiveness. Similarly, each staff completed a rating for each client. Adapted from Achterberg (1980), ratings of 1-2 were judged as below average in effectiveness, 3-4 as average in effectiveness, and 5-6 as above average in effectiveness. Client and therapist scores for each dyad were averaged for the dyadic score.

CHAPTER III

RESULTS

The data were first examined using descriptive statistics. The means and standard deviations of the variables are to be found in Table 1, with the exception of predominate self which was a nominal variable.

Table 1

Means and Standard Deviations of Cognitive Variables

Variable	<u>M</u>	Range	<u>SD</u>
Organizational similarity	3.5	0-8	1.9
Understanding	1970.09	1307-2934	343.8
Organizational congruency			
FIC	6.7	0-21	5.5
Chi Square	243.8	.4-730.2	177.2

Note. N = 140, with the exception of the understanding variable, where N = 100.

In the literature on the 4RF, standard scores in the 5-6 range is considered to be the norm, that is, average in intensity (Lawlis, 1973). While three of the sample

averages on the 4RF were similar to the standardization average, client and staff sexual/affection scores were each below average in intensity at 3.9 (see Table 2). The standard deviations associated with the staff 4RF measures ranged from 1.4 to 1.7, while those associated with the

Table 2

Means and Standard Deviations of the Relationship Variables

Variable	<u>M</u>	<u>SD</u>
Therapist staff 4RF		
Parental/Respect	5.6	1.4
Problem-Solving	5.6	1.6
Identification	5.1	1.5
Sexual/Affection	3.9	1.7
Client 4RF		
Parental/Respect	6.5	2.0
Problem-solving	5.7	2.3
Identification	6.6	2.2
Sexual/Affection	3.9	2.1
Client-Therapist Preference	3.0	2.6
Perception of Dyadic		
Effectiveness	4.3	1.2

Note. N = 140, with the exception of the understanding variable, where N = 100.

clients ranged from 2.0 to 2.3. The greatest variance for staff scores was related to sexual/affection and for clients the greatest variance was on problem-solving. Overall, clients were more variable in their perceptions on 4RF measures than were staff.

On the Subjective Rating of Dyadic Therapeutic Effectiveness scale (SRDE), a mean of 4.3 (on a six point scale) $SD = 1.2$, was noted (see Table 2). An examination of the clients' ratings revealed a range of 1 to 6 with $M = 3.9$, $SD = 1.4$. In 114 of 140 dyads (81.4%), clients rated therapeutic effectiveness as average or above while clients in 26 dyads (18.6%) rated therapeutic effectiveness as below average. Therapist ratings ranged from 2 to 6 with $M = 4.3$, $SD = 1.2$. In 127 of 140 dyads (90.7%), therapists rated therapeutic effectiveness as average or above, while in 13 dyads (9.3%) therapists rated therapeutic effectiveness below average.

On the Client-Therapist Preference Rating Scale (CTP) a mean of 3.0 (prefer to work with this person), $SD = 2.6$ was noted (Table 2). Client ratings on this scale ranged from -3 to +3, $M = .95$, $SD = 2.1$. Therapist ratings ranged from -3 to +3, $M = 1.6$, $SD = 1.4$. Also, in 93 of 140 dyads (66.4%), client preference was +1 or above while in 113 of the 140 dyads (80.7%), therapist preference was +1 or above.

A correlation analysis was carried out among the REP grid measures (see Table 3). Organizational similarity correlated with understanding ($r = .35$), lateral organizational congruency ($r = -.37$), and predominate self ($r = .16$). In addition, understanding correlated with vertical organizational congruence ($r = .35$) and lateral organizational congruence ($r = -.34$).

Table 3

Intercorrelations Among Cognitive Variables

	Os	Understa	OC-Chi Sq	OC-FIC
Understa	.35**			
OC-Chi Sq	.02	.35**		
OC-FIC	-.37**	-.34**	-.12	
Predself	.16*	.08	-.09	-.02

Note. Os = organizational similarity; Understa = understanding; OC-Chi Sq = organizational congruency measured by chi square scores; OC-FIC = organizational congruency measured by FIC scores; Predself = Predominate selves.

* $p < .05$, ** $p < .001$, one-tailed.

A correlational analysis was carried out among the 4RF measures (see Table 4). Variables on both the clients' 4RF measures and on the staff's 4RF measures were found to be highly correlated. The intercorrelations were higher

Table 4

Correlation Matrix of 4RF Measures

	Parental/ Respect	Problem- Solving	Identification
Problem-Solving			
Client	.88*		
Therapist	.71*		
Identification			
Client	.90*	.89*	
Therapist	.73*	.75*	
Sexual/Affection			
Client	.73*	.77*	.74*
Therapist	.63*	.71*	.70*

* $p < .0001$, one-tailed.

among the client 4RF measures than among staff 4RF measures. Fisher's Z transformation was employed to determine if the difference between correlations from the two groups were statistically significant. The intercorrelations of problem-solving and parental/respect ($Z = -4.12$), problem-solving and identification ($Z = -3.67$), and parental/respect and identification ($Z = -4.43$) were found to be significantly higher for residents than staff ($p < .05$).

To determine if the clients and therapists evaluated the relationships in mutual ways, a correlational analysis was carried out among their respective ratings on each 4RF measure. However, there was no significant correlation between client and therapist ratings of the dyadic relationship. Since there seemed to be little evidence of commonality between staff and clients, discrepancy scores were used to measure level of symmetry versus complementarity in the exchange between staff and clients. In 65 of 137 dyads (47%), the client ratings on parental/respect were higher than staff ratings. In 49 of 137 dyads (36%), client ratings on problem-solving were higher than staff ratings. In 70 of 137 dyads (51%), client ratings on identification were higher than staff ratings. Regarding sexual/affection, client ratings were higher than staff ratings in 57 of 137 dyads (42%).

The correlation between ratings assigned by staff and residents for relationship preferences (CTP) was positive ($r = .22, p < .01$). For dyadic therapeutic effectiveness (SRDE) the correlation between staff and client ratings was moderate ($r = .48, p < .01$). Relationship preferences (CTP) and perceived therapeutic effectiveness (SRDE) of the dyad were positively related for staff ($r = .51, p < .01$) and for residents ($r = .70, p < .01$).

The relationship between the 4RF measures and Client-Therapist Preference (CTP) and Subjective Rating of Dyadic Therapeutic Effectiveness (SRDE) was examined (see Table 5).

Table 5

Correlations Among Staff and Clients' Evaluations of Relationships Using 4RF Factors, Preference Rating Scale and Subjective Rating of Dyadic Effectiveness Scale

	Staff				Clients			
	PA	PS	I	S	PA	PS	I	S
<u>Dyadic</u>								
CTP	.38*	.45*	.38*	.37*	.33*	.34*	.33*	.32*
SRDE	.32*	.42*	.34*	.37*	.41*	.38*	.43*	.39*
<u>Staff</u>								
CTP	.42*	.56*	.45*	.31*				
SRDE	.29*	.43*	.35*	.33*				
<u>Clients</u>								
CTP					.39*	.35*	.41*	.36*
SRDE					.35*	.31*	.40*	.36*

Note. PA = Parental/respect 4RF; PS = Problem-solving 4RF; I = Identification 4RF; S = Sexual/affection 4RF; SRDE = Subjective Rating of Dyadic Effectiveness; CTP = Client Therapist Preference Scale.

*p < .001, one-tailed.

All correlations were found to be significant, ranging from $\underline{r} = .32$ to $\underline{r} = .45$, $\underline{p} < .001$. There appears to be considerable similarity among CTP and SRDE correlations associated with client and staff ratings on the 4RF. To further determine if staff and clients differed in their responses, the conjoint CTP and SRDE scores were separated and examined by Pearson correlations with the 4RF measures (see Table 5). Relative to CTP, the highest correlation for staff was with problem-solving ($\underline{r} = .56$) and for clients the highest correlation was with identification ($\underline{r} = .41$). Relative to SRDE, the highest correlation for staff was again on problem-solving ($\underline{r} = .43$) and for clients the highest correlation was on identification ($\underline{r} = .40$). However, the correlations have a limited range and preclude ascribing meaningfulness.

Statistical analyses with respect to the hypotheses were conducted using step-wise multiple regression. A summary of this analysis appears in Table 6. Separate Pearson product-moment correlations between cognitive variables and relationship factors appear in Table 7. Variables that were conjointly considered in structural aspects of the construct systems of the client-staff dyads were significant predictors of the therapeutic relationship as experienced by residents but not as experienced by staff. Functional aspects of the therapeutic relationship

Table 6

Stepwise Multiple Regression

Dependent Variable	Step 1 (R ²)	Step 2 (R ²)	Step 3 (R ²)	Step 4 (R ²)	F
<u>Client</u>					
Parental/Respect	Underst (.18)	OS (.23)	OC-Chi Sq (.27)	OC-FIC (.30)	10.06*
Problem-Solving	Underst (.19)	OC-FIC (.24)	OS (.30)	NS	13.43*
Identification	Underst (.26)	OC-Chi Sq (.31)	OC-FIC (.35)	OS (.39)	15.15*
Sexual/Affection	OC-FIC (.15)	OC-Chi Sq (.21)	OS (.24)	NS	10.27*
<u>Therapist</u>					
Parental/Respect	OC-Chi Sq (.06)	NS			5.63**
Problem-Solving	NS				
Identification	NS				
Sexual/Affection	NS				
<u>Conjoint</u>					
CTP	NA	NA	NA	NA	NA
SRDE	NA	NA	NA	NA	NA

Note. The "Predominant Selves" variable failed to load as a significant factor on any of the stepwise multiple regression analyses.

*p < .00001, **p < .0196, one-tailed; NS = Not significant

Table 7

Linear Correlation Coefficients Between Cognitive Variables and Functional Aspects of theTherapeutic Relationship

Therapeutic Relationship Scores	Os	Under	Pearson Correlation Coefficients		
			OC-Chi Sq	OC-FIC	Pred. Self
Therapist 4RF					
Parental/Respect	-.05	.02	-.27**	.17*	.05
Problem-Solving	-.06	.07	-.20**	.09	.08
Identification	-.16*	.08	-.12	.13	.02
Sexual/Affection	-.06	.06	-.16*	.08	.00
Client 4RF					
Parental/Respect	-.13	.42**	.34**	-.17*	-.16*
Problem-Solving	-.08	.43**	.27**	-.28**	-.09
Identification	-.07	.51**	.37**	-.24**	-.14*
Sexual/Affection	-.09	.24*	.30**	-.32**	-.07
Client Therapist Preferences	-.22**	-.02	-.08	.19*	
Perception of Dyadic Effectiveness	-.17*	.11	-.06	-.02	.00

Note. Low understanding scores are indicative of higher understanding.

* $p < .01$, ** $p < .001$, one-tailed

were analyzed individually with the cognitive variables (organizational similarity, understanding, organizational congruency and predominant selves) as independent variables.

Hypothesis 1 proposed that a positive relationship exists between organizational similarity of therapy dyads and functional aspects of the therapy relationship. Organizational similarity scores for the dyads ranged from 0 to 8 (possible range 0 to 15), where $\bar{M} = 3.5$, median = 4, and $SD = 1.88$, $N = 140$. One point was given when dyadic partners had an identical rating sequence and a zero when there was not a match. Higher scores are indicative of greater organizational similarity within the dyad.

Using step-wise multiple regression, organizational similarity was a significant variable with respect to parental/respect, problem-solving, identification and sexual/affection as experienced by the clients in the therapy relationships (see Tables 6 and 7) but not as experienced by staff. Specifically, clients were more likely to characterize their relationship with the therapist in terms of mutual respect, affection, helpfulness, and identification when the two were higher on organizational similarity of their personal construct systems. However, it only accounted for an additional 5 percent, 3 percent, 6 percent, and 4 percent of explained

variance, respectively, with other cognitive factors receiving a higher loading. It was not a significant variable in respect to their conjoint appraisal of preference or effectiveness. The hypothesis was only partially supported.

Hypothesis 2 stated that a positive relationship will exist between understanding within therapy dyads and functional aspects of the therapy relationship. Understanding scores ranged from 1,307 to 2,934 (possible range 0 to 5,400), where $\bar{M} = 1,970.09$, median = 1,967.5 and $SD = 343.8$ for $N = 100$. Lower scores were considered to represent greater understanding within the dyads. Using step-wise multiple regression, understanding was found to be related significantly to parental/respect, problem-solving and identification in the relationship as perceived by the resident (see Tables 6 and 7). In all three instances, it loaded on stop one. The amount of explained variance was 18 percent, 19 percent, and 26 percent, respectively. Pearson correlations with the 4RF were in the opposite direction of that hypothesized (Table 7).

Hypothesis 3 stated that dyads with a moderate level of organizational congruency would show more functional characteristics of their therapy relationship than therapy dyads either high or low on organizational congruency. Two types of organizational congruency were measured. Vertical

organizational congruency was the absolute value of the discrepancy between staff and resident Chi Square scores for columns. Taking the frequency distributions, the sample was divided into thirds, representing high, moderate and low organizational congruency scores. Examination of the means of the functional measures associated with vertical organizational congruency at moderate and extreme (high-low) levels was carried out (see Tables 8 and 9) using t tests. There was only support for the hypothesis of a curvilinear relationship in regard to therapist parental/respect.

Indeed, data analysis based on step-wise multiple regression supported a linear model with respect to vertical organizational congruency and relationship factors. As vertical, organizational congruency increased among dyads, clients reported higher levels of parental/respect, identification and sexual/affection within dyads, and therapists reported lower levels of parental/respect, problem-solving and sexual affection (see Tables 6 and 7). However, the amount of explained variance was small, ranging from four percent to six percent. The hypothesis was not supported.

Lateral organizational congruency was the absolute value of the difference between client and therapist FIC scores. The sample was divided into thirds of high,

Table 8

Mean Functional Aspects of Therapeutic Scores Associated With Moderate Versus Extreme (High-Low) Organizational Congruency Scores

	<u>Therapists</u>				<u>Clients</u>				
	OC-FIC	N	t	OC-Chi Sq	N	t	OC-Chi Sq	N	t
				<u>4RF Parental/Respect</u>					
Low-High	5.57	98	.30	5.38	92	-2.23*	6.07	95	-1.31
Moderate	5.50	42		5.88	48		6.60	42	
				<u>4RF Problem/Solving</u>					
Low-High	5.65	98	.95	5.47	92	-1.29	5.31	95	-1.51
Moderate	5.40	42		5.79	48		5.98	42	
				<u>4RF Identification</u>					
Low-High	5.27	98	.68	5.15	92	-.74	6.27	95	-.65
Moderate	5.10	42		5.33	48		6.57	42	
				<u>4RF Sexual/Affection</u>					
Low-High	3.99	98	-.03	3.86	92	-1.34	3.62	95	-1.55
Moderate	4.00	42		4.25	48		4.24	42	

*p < .05, one-tailed test.

Table 9

Mean Dyadic Client Therapist Preference and Subjective Rating of Dyadic Therapeutic Effectiveness Scores Associated with Moderate Versus Extreme (High-Low) Organizational Congruency Scores

	OC-FIC	N	t	OC-Chi Sq	N	t
<u>Client-Therapist Preference</u>						
Low-High	2.39	98	-.46	2.33	92	-.79
Moderate	2.62	42		2.71	48	
<u>Subjective Rating Dyadic Therapeutic Effectiveness</u>						
Low-High	4.08	98	-.33	4.02	92	-1.29
Moderate	4.15	42		4.28	48	

*p < .05, one-tailed test.

moderate and low levels. Examination of the means associated with extreme (high-low) and moderate levels was carried out (see Tables 8 and 9), using t tests. No support was found for the hypothesis of a curvilinear relationship. Instead, other results supported a linear model with respect to lateral organizational congruency and the dyadic relationship. Multiple linear regression revealed significant linear relationships between ungrouped organization scores and all four client 4RF measures (see Tables 6 and 7). Explained variance for client

sexual/affection was 15 percent and the other variables accounted for much lower amounts (3 to 5%). Specifically, as lateral organizational congruency decreased, clients described the relationship in terms of higher levels of parental/respect, problem-solving, identification, and sexual/affection. No relationships were obtained between lateral organizational congruency and other relationship factors.

Hypothesis 4 proposed that a positive relationship exists between presentation of predominate selves within dyads and functional aspects of the therapy relationship. Eighty-seven of the dyads were deemed to be a match (both presented their predominate selves) and fifty-seven were classified as not a match. This information was coded zero and one for data analysis. Contrary to expectations, dyads classified as a match did not demonstrate more functional aspects of the therapy relationship. The variable failed to load in any step-wise multiple regression equations.

CHAPTER IV

DISCUSSION

This study predicted that the cognitive variables of organizational similarity, understanding, organizational congruency and predominant self would influence staff and residents perceptions of their therapy relationship. The dyads consisted of adolescent clients and therapeutic staff in a residential treatment center.

An examination of the 4RF (Lawlis, 1973) variables revealed much higher correlations than expected for an instrument believed to have four functionally independent subscales (Table 3). Since the four 4RF variables are all measuring relationship factors, at least low to moderate correlations could be anticipated. Each of the 4RF factors seems to share something in common with the others. For example, the implied dependency and reassurance in parental-respect may also play a part in the willingness to engage in problem-solving and in recognition of common interests and concerns involved in identification, as well as affectional aspects of a relationship. This sharing of characteristics may account for some of the correlation elevation between the 4RF factors and other variables included in the present study.

Sexual/affection scores were consistently lower than scores of other 4RF factors. They appeared to result from a general tendency for both therapists and clients to give items from this category a sexual, rather than affectional interpretation. Both staff and clients in this study appeared to be uncomfortable with such questions as, "I like him or her to touch me.", "He or she can turn me on.", and "He or she is sexy." During test administration, therapists expressed concern over whether their answers might be misinterpreted as being indicative of inappropriate sexual interest in clients. Therapists may have been reflecting recent societal and agency scrutiny regarding sexual abuse in institutions. They may have answered more of the questions in the negative to avoid any semblance of impropriety. Several adolescents verbalized their opinion that such questions were "sick" or that they did not think of staff in such terms. They seemed to interpret the items literally and in sexual terms. It is suggested that items with sexual overtones be changed in subsequent studies so as to more specifically emphasize the affectional qualities of relationships.

Other questions by therapists during administration of the 4RF seemed to reflect their concern for maintaining an adult leadership role or proper therapeutic role with clients, rather than of peer quality. This may help account

for the lack of significant findings regarding staff 4RF scores. Therapists implied that they answered in the negative, those items implying mutuality with, or dependency upon clients. Examples from the parental/respect dimension include: "I respect his or her standards" and "She or he is more wise than I"; from problem solving: "We are mutually helpful" and "She or he stimulates my interest in new things"; and from identification: "We think a lot alike" and "Our opinions are alike." Lower staff scores on such items may represent a healthy professional distance or staff's "image" of a professional relationship rather than a relational distance.

Use of the 4RF appeared warranted due to its past utilization in investigating a variety of relationships. However, the results and subjects' comments in this study prompted a closer look at the relationships previously studied using the 4RF. This subsequent examination failed to reveal any situation in which the therapist actually completed the 4RF on the client. Consequently, while the concepts measured by the 4RF are important, the actual wording may need adaptation to better reflect the therapists' perceptions.

Overall, dyads demonstrated a high degree of preference for working together as measured on the Client-Therapist Preference Scale (CTP). Similarly, dyads perceived

themselves as being average to above average in therapeutic effectiveness on the Subjective Rating of Dyadic Therapeutic Effectiveness Scale (SRDE). The moderately high correlation between the two scales may indicate that dyads preferring to work together may view themselves as therapeutically effective. This was more true of clients than of therapists. Moderate correlations of 4RF factors with preference and effectiveness ratings are within the realm of expectation, since all are measuring relationships and share commonality. One would expect for example, for dyad partners to prefer working therapeutically with someone worthy of respect. However, there was too little response differentiation to be as helpful to the study as originally anticipated. Scores tended to cluster around the middle of the distribution and this may be a factor preventing either rating scale from emerging during step-wise multiple regression.

The findings of this study relative to the independence of the cognitive variables were similar to those of two previous studies. Neimeyer and Neimeyer (1982) have observed that the relationship between two of the variables, organizational similarity and understanding, was somewhat unclear. Loos (1986) noted that they were marginally related. In this study the correlation between the two was $r = .35$, $p < .001$ ($R^2 = .12$). While related, they may be

considered functionally independent. The same may be said of the other cognitive variables.

Overall, the grid data appears to be valid. Clients and staff were observed to be positively motivated in completing the Rep instruments, in that they stayed with the tasks and asked clarification questions when in doubt about procedure. For future studies, however, it should be noted that completion of the instruments was quite time consuming and some clients and therapists complained, evidencing a decrease in motivation over time. Future investigations may profit from shorter, alternative methods. For some clients, the triadic method of eliciting constructs seemed confusing and difficult. Even though previous studies have found that most adolescents (ages 14-17) are capable of utilizing the triadic method (Landfield, 1987), the dyadic or monadic methods may be more appropriate for other similar studies. Those methods involve fewer operations, seem easier to comprehend and may be more appropriate among some adolescent populations. Also, perhaps a smaller grid could be used. Administration should be limited to small time segments so as to reduce fatigue.

Following previous investigations, this study predicted that as organizational similarity increased, dyads would demonstrate more functional aspects of the therapeutic relationship. However, this hypothesis was only partially

sustained. Insofar as clients were concerned, organizational similarity was a significant variable in regard to parental/respect, problem-solving, identification and sexual/affection. It accounted for a small amount of variance. However, organizational similarity was not a significant variable in respect to staff perceptions on the 4RF nor to conjoint client-staff perceptions of preference or effectiveness.

Others have found that organizational similarity is necessary to begin, if not to maintain a relationship (Adams-Webber, 1979; Loos, 1986; Neimeyer & Neimeyer, 1987). Much research on similarity in relationships has dealt with noncognitive similarity (e.g., attractiveness of the other, effects of judgments about the reactions to the other's personality or attitude) (Duck, 1977). However, Duck's (1977) work on cognitive similarity related it directly to friendship formation and Kelly's Commonality Corollary (Adams-Webber, 1979), and Landfield (1971) had earlier linked content congruence with therapy maintenance. The partial support of the hypotheses by the findings in this study suggests that additional research is needed with similar populations. In this study, the range of scores was 0-8 out of a possible range of 0-15 for OS. A larger sample might result in a better distribution and possibly a stronger relationship. Developmental issues of adolescents

such as individuation needs may have influenced results. Perhaps clients were not cognitively similar to adults as a consequence of different levels of development. Client maladjustment, length of time in program, and differences among therapeutic staff could also have been influential. Another factor regarding outcome may relate to methodology. Loos (1986), for example, used ratings of the same persons to determine cognitive similarity, while this study was based on organizational similarity among the selves. A strict adherence to Loos' (1986) method may have resulted in a different outcome. It is suggested that future studies consider these factors in designing measures.

It was also hypothesized that a positive relationship would exist between understanding within therapy dyads and functional aspects of the therapy relationship, but the hypothesis was not sustained (see Table 7). Actually, as misunderstanding increased, within dyads, client scores within those dyads increased on parental/respect, problem-solving, identification and sexual/affection. It is speculated that the adolescent clients failed to experience being understood as a desirable outcome. Therapists' understanding may have been felt as a limitation or potential control factor. Clients may have needed or desired to remain "hidden" from therapists' understanding, although this may not have been a conscious awareness.

Perhaps being understood was simply experienced as a threat. If so, there are implications for others doing therapy with adolescents. For example, the more that a therapist tries to overtly seek and to indicate understanding, there may be more resistance on the part of an adolescent. Techniques, such as reflective listening, may thus be of limited therapeutic value with similar populations. Also, as more misunderstanding occurs between therapist and adolescent client, the relationship may be experienced as one of conflict, but the implications of this study suggest that the client may perceive this as more therapeutic than relationships low in conflict.

It should be noted that while the measures of understanding in this study were conjoint ones, the results only reflect the clients' appraisal of the relationships, not the therapists'. This raises some questions about past client-therapist research and whether it may also be reflecting one side of the relationship more than the relationship itself. It has already been noted that adolescent clients in this study may have prevented staff understanding. One way may have been through the use of ambiguous resident constructs that were difficult to interpret. For example, one boy used the construct, "caring vs vcf." While one might speculate the "vcf" is the opposite of caring," this was not verifiable. Despite the

researcher's efforts to clarify the meaning of "vcf," the youth declined to disclose the term's meaning. Other clients' constructs included "music vs non-caring," "clothes vs mature," "same height vs sexually active," and "get along vs funky." Such vague constructs may be indicative of adolescent confusion, clients' reluctance to be understood or even deliberate attempts to avoid the revealing of true selves. Some youth in the study had experienced years of abuse by adults, and others had a history of poor relationships with adults. Those negative experiences combined with normal adolescent needs to develop a separate identity from adults, may have resulted in a camouflaging of constructs to foil adult understanding. Duck (1973) wrote of how adolescent developmental issues influence construct development. Developmental and environmental factors may have relevance for future studies measuring cognitive variables among adolescents. It is also not clear whether misunderstanding or misperception was random or systematic on the part of dyad members. Was it due to lack of knowledge, just "not knowing" or was it the result of systematic distortion of the other? Answers to such questions may be forthcoming from future investigations.

There was no support for the hypothesis relating to moderate organizational congruency. The lack of findings in regard to lateral organizational congruency may have been

due to skewed data. That is, there was a predominance, a clustering of low scores. For a more effective evaluation one might need a larger sample and more reasonable score distribution. It is interesting to note that the clustering of low scores indicates considerable similarity between dyad members regarding relatedness among their personal constructs. While this similarity could lead to some degree of comfort with each other, the lack of differences may indicate little potential for change or therapeutic interaction.

There was also a lack of findings in regard to moderate vertical organizational congruency. However, the absence of a curvilinear relationship for dyads and the presence of a weak linear relationship regarding client 4RF scores, suggests that as dyadic meaningfulness increases, the relationship may be perceived by clients to be more effective. Additional studies may benefit from focusing on dyadic members' ability to prioritize constructs. Perhaps partners who share this characteristic may be able to relate more positively.

There were no significant findings regarding predominant selves. It was observed that most of the 15 self-descriptions of the Rep test clustered together, making the data difficult to interpret. It may be that this clustering represented response bias by subjects or even

inflexibility. The more selves that are clustered together, the more rigidity may exist. These selves may also be in competition with each other and if the individual has difficulty in prioritizing which self to bring to or leave out of a relationship, he or she may bring them all! Doster and Watson (1987) in their literature review and from their own observations recognized the interconnection between internal choice of selves and the person with whom one relates. The intersection of the intrapersonal and interpersonal produces considerable complexity and the measures designed thus far, may be inadequate in some respects. For example, in this study the procedure of placing construct values to represent selves may need re-examination from a conceptual standpoint. Do the constructs represent other selves as assumed, or do they have more of the character of traits and so are incompatible as "selves?" These and other questions and hypotheses will yield new insights as future researchers literally follow Kelly's (1955) model of man the scientist.

In summary, there are numerous implications for both therapy and additional research. Therapists' understanding of adolescent clients may actually be experienced as undesirable by those clients and result in resistance or conflict. This process may be necessary for therapeutic change to occur. However, therapists' techniques of

indicating understanding may profit from evaluation. Clients in dyads of moderate vertical and lateral organization congruency may be more inclined to enter a therapeutic relationship, but it remains to be seen as to whether the relationship will result in therapeutic change. Future research should attend to developmental issues of adolescents, possibilities of systematic perception distortion by dyad members and attention to the unique contributions of the different sides of dyadic relationships. It is believed that the measure of vertical organization has significant potential for evaluating the therapeutic relationship in future research. Methodological issues relate to sample size, appropriate wording on dependent measures as the 4RF, simpler Rep grid methods, smaller Rep grids and alternative measurement methods, especially regarding organizational similarity and predominant selves.

APPENDIX A

Informed Consent

Informed Consent

NAME OF PARTICIPANT _____

1. I hereby give consent to Joe E. Fogle to perform or supervise the following investigational procedure or treatment:

Administration of a number of questionnaires regarding relationships for the purpose of studying client (resident) - staff relationships.

2. I have (seen, heard) a clear explanation and understand the nature and procedure or treatment; possible appropriate alternative procedures that would be advantageous to me (him, her); and the attendant discomforts or risks involved and the possibility of complications which might arise. I have (seen, heard) a clear explanation and understand the benefits to be expected. I understand that the procedure or treatment to be performed is investigational and that I may withdraw my consent for my (his, her) status. With my understanding of this, having received this information and satisfactory answers to the questions I have asked, I voluntarily consent to the procedure or treatment designated in Paragraph 1 above.

DATE

SIGNED: _____
WITNESS

SIGNED: _____
PARTICIPANT

SIGNED: _____
WITNESS

SIGNED: _____
PERSON RESPONSIBLE

SIGNED: _____
RELATIONSHIP

APPENDIX B

The Community of Selves Repertory Grid

(adapted from Doster, J. A., 1987)

STEP TWO

Below your list of names, find ROW A. Notice that ROW A has two highlighted squares. Look at the names above the highlighted squares. Think carefully about yourself and about these two people. As you think about the three of you, try to find one way in which two of you are alike and different from the other.

WRITE the way in which two of these three people are alike in the space provided at the right under SIMILARITY.

		COMPARISONS		
		SIMILARITY -6-5-4-3-2-1	DIFFERENCE 1+2+3+4+5+6+	
Example: ROW A				

WRITE the way in which one of these three people is different from the two who are alike in the space provided at the right under DIFFERENT.

		COMPARISONS		
		SIMILARITY -6-5-4-3-2-1	DIFFERENCE 1+2+3+4+5+6+	
Example: ROW A				

If you cannot see a similarity or a difference among the three people leave blanks.

AFTER YOU FINISH ROW A, COMPLETE ROW B, ROW C, ETC. Follow the same instructions given above.

Find the slanted lines in the upper left-hand corner of your answer sheet. Enter the names of persons who fit the descriptions provided below. Do not use the same person more than once. Do your best to find people who fit each description. Star (*) those names which do not fit very well. If you know two people with the same first name, use a last initial as well. If you cannot remember a person's first name, write the last name or put down something about the person which will remind you who it is.

Enter the first name of:

1. Your mother or the person who has played the part of your mother.
2. A person with whom you have worked or associated who, for some unexplainable reason, appeared to dislike you.
3. The teacher whose point of view you have found most objectionable.
4. Your brother nearest your own age, or the person who has played the part of such a brother.
5. The happiest person you know personally.
6. The teacher whose point of view you have found most acceptable.
7. Your sister nearest your own age, or the person who has played the part of such a sister.
8. Your closest present friend of the same sex.
9. The unhappiest person you know personally.
10. The person you have met whom you would most like to know better.
11. The most unsuccessful person you know personally.
12. The person with whom you usually feel most uncomfortable.
13. Your father or the person who has played the part of your father.
14. The most successful person you know personally.
15. Your husband (wife) or closest present boyfriend (girlfriend).
16. Re-enter the name of the person listed in # 1.

CONTINUE on to Column 2--THE SPIRITUAL ME. Try to recall times in your life when you have experienced yourself as a spiritual person. Can you get a picture in your mind of some of those times when you experienced yourself as a spiritual person? Again, closing your eyes and making a mental image can be helpful. Now try to describe what you are like when you are a spiritual person. Use each of your 15 rating scales under COMPARISONS to describe yourself as a spiritual person. Ratings should appear in each square under column 2.

Continue on to each of the other columns. Try to describe the various ways you may have of experiencing yourself.

Example:

COMPARISONS		SIMILARITY	DIFFERENCE
1-1-1	2-2-2	-6-5-4-3-2-1	1+2+3+4+5+6+ QUIET
3-3-3	4-4-4	-6-5-4-3-2-1	1+2+3+4+5+6+ SERIOUS
5-5-5	6-6-6	-6-5-4-3-2-1	1+2+3+4+5+6+ SKETCHY
7-7-7	8-8-8	-6-5-4-3-2-1	1+2+3+4+5+6+ HOPEFUL
9-9-9	10-10-10	-6-5-4-3-2-1	1+2+3+4+5+6+ SKEPTICAL

COLUMNS 16, 17, 18: These columns have been left untitled in order that attention can be given to special qualities that may be helpful in understanding the individual completing this grid. Some possibilities are:

1. "Usual Me" or the individual's predominant self-experience.
2. "Vocational Me" or the person's experience of themselves in terms of their job (e.g. accountant, clerk, attorney, electrician, teller)
3. "Ideal Me" or the individual's personal ideal of themselves

STEP THREE

Turn the answer sheet over to the reverse side. Notice the dotted (.....) line that extends across the top of the page. Fold the top of the page along the dotted line. When you turn the answer sheet back to the front page, a new list of titles should cover the names of your acquaintances.

The NEW TITLES are a list of the various ways you may have of experiencing yourself. At times you may find yourself to be a "vulnerable" person, at times you may find yourself to be a "self-critical" person, at times you may find yourself to be a "dreaming" person, and so on.

The descriptions you have written under COMPARISONS can now be used as rating scales to describe the various ways you do experience yourself. Notice that between your descriptions is a rating scale.

Example: Silly -6-5-4-3-2-1 | 1+2+3+4+5+6+ Serious

In this example, the person can use the numbers above to describe moments in which they experience themselves as silly and moments in which they experience themselves as serious.

START with column 1 - THE VULNERABLE ME. Try to recall times in your life when you have experienced yourself as a vulnerable person. Can you get a picture in your mind of some of those times when you felt vulnerable? Sometimes, closing your eyes and making a mental picture can be helpful. Now try to describe what you are like when you are a vulnerable person. Using each of the 15 rating scales under COMPARISONS, describe yourself as a vulnerable person. Ratings should appear in each square under column 1.

USE A ZERO (0) RATING WHEN NEITHER DESCRIPTION FITS YOUR EXPERIENCE OF YOURSELF OR WHEN YOU ARE UNSURE ABOUT YOUR EXPERIENCE.

4. "Complained About Me" or the person's experience of themselves in terms of their self-complaints (e.g., "the empty me," "the clinging me," "the frightened me," "the binging me.")
5. "Family Me" or the person's experience of themselves in terms of their position in their family (e.g., "the husband me," "the father me," "the daughter me.")
6. "Ethnic Me" or the person's experience of themselves in terms of membership in a particular ethnic, cultural, subcultural, racial or religious group.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
A																			-6-4-3-2-1	1-2-3-4-5-6*
B																			-6-4-3-2-1	1-2-3-4-5-6*
C																			-6-4-3-2-1	1-2-3-4-5-6*
D																			-6-4-3-2-1	1-2-3-4-5-6*
E																			-6-4-3-2-1	1-2-3-4-5-6*
F																			-6-4-3-2-1	1-2-3-4-5-6*
G																			-6-4-3-2-1	1-2-3-4-5-6*
H																			-6-4-3-2-1	1-2-3-4-5-6*
I																			-6-4-3-2-1	1-2-3-4-5-6*
J																			-6-4-3-2-1	1-2-3-4-5-6*
K																			-6-4-3-2-1	1-2-3-4-5-6*
L																			-6-4-3-2-1	1-2-3-4-5-6*
M																			-6-4-3-2-1	1-2-3-4-5-6*
N																			-6-4-3-2-1	1-2-3-4-5-6*
O																			-6-4-3-2-1	1-2-3-4-5-6*

COMPARISONS

SIMILARITY

DIFFERENCE

- 1 The Vulnerable Me
- 2 The Spiritual Me
- 3 The Protective Me
- 4 The Inventive Me
- 5 The Critical Me
- 6 The Getting Things Done Me
- 7 The Possessing Me
- 8 The Sensual Me
- 9 The Acting Me
- 10 The Providing Me
- 11 The Dreaming Me
- 12 The Playing Me
- 13 The Organizing Me
- 14 The Working Me
- 15 The Social Me
- 16
- 17
- 18

APPENDIX C

Client-Therapist Preference Rating Scale

Client-Therapist Preference Rating Scale

Name: _____

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

Please indicate your preference in working with each person.

- 3 Highly prefer not to work with this person.
- 2 Prefer not to work with this person.
- 1 Somewhat prefer not to work with this person.
- 0 No preference.
- +1 Somewhat prefer to work with this person.
- +2 Prefer to work with this person.
- +3 Highly prefer to work with this person.

Your Name

APPENDIX D

Subjective Rating of Dyadic Therapeutic Effectiveness

Subjective Rating of Dyadic Therapeutic Effectiveness

Name _____

1	2	3	4	5	6
Below			Average		Above
Average					Average
1	2	3	4	5	6
Below			Average		Above
Average					Average
1	2	3	4	5	6
Below			Average		Above
Average					Average
1	2	3	4	5	6
Below			Average		Above
Average					Average
1	2	3	4	5	6
Below			Average		Above
Average					Average
1	2	3	4	5	6
Below			Average		Above
Average					Average
1	2	3	4	5	6
Below			Average		Above
Average					Average
1	2	3	4	5	6
Below			Average		Above
Average					Average

Please rate each of your relationships according to how therapeutic you believe it to be.

Your Name

APPENDIX E

Organizational Similarity

Organizational Similarity (OS)

1. Fifteen sets of three self-constructs per set were designated from the Rep grid (Appendix B). The self-constructs ("Vulnerable Me," "Spiritual Me," etc.) across the top of the grid were used. The fifteen sets were labeled "A" through "O," corresponding to their place in the left vertical column on the Rep grid.

Set "A" was comprised of the three self-constructs, "Vulnerable Me," "Spiritual Me" and "Protective Me." Note that they correspond with the blackened squares, plus the next square on the grid. Set "B" was comprised of the "Spiritual Me," "Protective Me" and "Inventive Me." Sets "C" through "M" were determined in like manner. Set "N" was determined by the "Playing Me," "Organizing Me" and "Joining Me." Set "O" was comprised of the "Dreaming Me," "Playing Me" and "Organizing Me."

2. Therapist and client ratings for each set were compared within each dyad. That is, a therapist's set "A" ratings were compared to a client's set "A" ratings, in regard to whether they were identical or not in the way they had scored themselves as similar or different on the Rep grid. If the ratings' sequence was identical or exactly opposite, the dyad received a score of one point, indicating organizational similarity. If the sequence was not identical or not exactly opposite, no point was awarded.

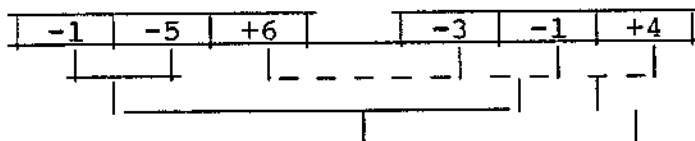
Numbers were disregarded; only signs (+ or -) were considered.

3. Examples.

Set A

-1	-5	+6		-3	-1	+4
----	----	----	--	----	----	----

 = 1 point

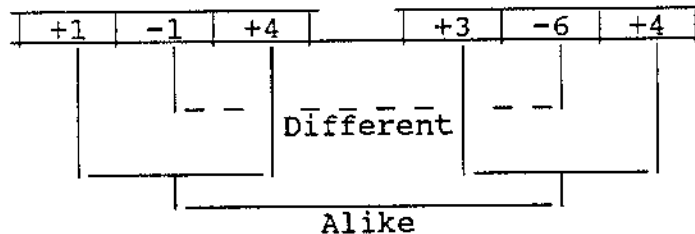


Same 2 selves alike and different from the same other self.

Set B

+1	-1	+4		+3	-6	+4
----	----	----	--	----	----	----

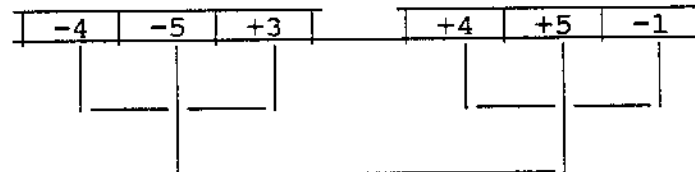
 = 1 point



Set C

-4	-5	+3		+4	+5	-1
----	----	----	--	----	----	----

 + 1 point



Exact opposites (mirror image) structural similarity.

All three signs must be in exactly the same or the exact opposite order for staff and client so as to be a match.

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