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# Effect of Client Variables on Client Perceptions of a Therapist

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Effect of Client Variables  
on Client Perceptions of a Therapist

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Running head: CLIENT VARIABLES

## Abstract

The relationship between socially oriented client characteristics and facilitative therapist variables on client perceptions of the therapeutic relationship (CPTR) was investigated. Subjects were 75 undergraduate students who answered a pretherapy questionnaire to measure the socially oriented client variables trusting, warmth, dominance (16PF), sex role orientation (Bem Sex Role Inventory), wanted and expressed inclusion, control, and affection (FIRO-B). Subjects were blocked on trusting and expressed affection and randomly assigned to a warm or neutral therapist condition where they saw a counselor for one fifty minute session. CPTR was measured using the Barrett-Lennard Relationship Inventory, Counselor Rating Form, Therapist Rating Scales and Global Warmth Rating. Results indicated that subjects perceived a difference in the warm and neutral therapist conditions. And there was a significant interaction between the client variable of trusting and therapist condition. In addition, a significant interaction between the client variables of trusting and expressed affection was found. Additional correlational analysis indicated that certain other client variables are also related to CPTR.

Effect of Client Variables  
on Client Perceptions of a Therapist

Much has been written about client and therapist factors that influence the process and outcome of psychotherapy. Most frequently, the purpose of this research is to identify patient and therapist characteristics relevant to outcome in order to utilize clinical procedures which lead to greater treatment effectiveness. While this research has identified numerous client and therapist variables affecting both process and outcome, much of this research has focused on the importance of the therapeutic relationship. While reviews of this work conclude that the therapeutic relationship is a crucial process variable in enhancing therapeutic outcome (Beutler, Crago, and Arizmendi, 1986; Kilmann, Scovern, Moreault, 1979; Patterson, 1985), they have also delineated the methodological inadequacies in this body of research (Parloff, Waskow, and Wolfe, 1978).

One of the most frequently cited methodological concerns involved in studying this issue pertains to the perspective from which the relationship is viewed. While researchers have most frequently relied upon

independent observers' ratings, Gurman (1977a) has pointed out that there is little agreement between therapists', patients', and independent judges' perceptions of the therapeutic relationship. He warns that "since the three perceptual vantage points are largely at variance with one another, research employing evaluations of the therapeutic relationship from different perspectives can not be directly compared" (Gurman, 1977a p.518).

Gurman (1977b) emphasized the importance of the client's perception of the therapeutic relationship (CPTR) in psychotherapy research. His basic premiss is that the patient is in need of clinical services, so it is his or her perception that will be the most crucial process variable. Furthermore, Gurman documented that it is the patient's perception of the therapeutic relationship which is most predictive of positive outcome in psychotherapy.

In addition to Gurman's review of the literature, several additional authors have delineated the importance of the relationship between CPTR and psychotherapy outcome. Sweet (1984) has suggested that measures of CPTR on qualities such as warmth are related to therapy outcome. Rabavilas, Boulougouris, and

Perissaki (1979) and Llewelyn and Hume (1979) used post therapy measures of CPTR to determine that CPTR is in fact predictive of positive outcome in behavior therapy.

Given the documented importance of CPTR in relation to psychotherapy outcome, an important aspect of CPTR research is directed toward identifying factors associated with the formation of the client's perception. This research may be broken down into two categories, (1) therapist factors and (2) client factors.

Therapist factors such as therapist degree of expertness, self-confidence, and status have been studied in relation to CPTR (Gurman, 1977b). However, Gurman (1977b) cites methodological confounds in defining therapist expertness and suggests that the age of the therapist may actually work to influence CPTR rather than expertness. Lin (1973) found that counselor self-confidence is related to the client's perception of therapist empathy, warmth, and genuineness. It is suggested that therapist self-confidence influences CPTR because therapist nonverbal behaviors differentiate high and low self-confident counselors. Scheid (1972) found that therapist behaviors during counseling may actually influence CPTR

more than a high or low status introduction. In a study investigating the emergent events of behavior therapy sessions, Ford (1978) found that therapist behaviors similar to those postulated by Rogerian clinicians were the best predictors of positive CPTR. Other studies of therapist verbal behaviors such as number of words spoken, number of words per therapist response, number of therapist responses, similarity of therapist and patient rate of speech, and number of accepting statements have been studied (Barrington, 1961; Caracena and Victory, 1969; Feital, 1968; Tepper, 1973). Since no relative influence of these therapist variables on CPTR was found, further research investigated therapist behaviors over a longer period of time (Barrington, 1961). Verbal behaviors which have been found to influence CPTR are those which express interest and involvement, concerned vocal intonation, and clarity of expression over a series of therapy sessions (Caracena and Victory, 1969; Tepper, 1973). Nonverbal therapist behaviors such as concerned facial expression, maintained direct eye contact, head nods, and forward trunk lean have all been found to influence CPTR (Gurman, 1977a; D'Augelli, 1974). Gurman (1977a) points out that although it has been agreed upon that therapist

factors influence CPTR, only a small body of research has focused on therapist psychological traits and observable social behaviors. Gurman (1977a) concludes that therapist psychological traits are not important in influencing CPTR, but observable therapist social behavior does influence CPTR.

In addition to therapist behaviors or variables, there exists a body of research suggesting that client variables are also important in influencing CPTR. Gurman (1977a) identified three types of client variables influencing CPTR. These are personality traits, psychological states, and directly observable social behaviors. Gurman notes that studies investigating client traits of deference, autonomy, succorance, dominance and aggression (Edwards Personal Preference Schedule) and "tolerance for cognitive ambiguity" have found no significant influence on CPTR. More encouraging are the findings that internal-external locus of Control of reinforcement (Rotter, 1966) and psychological mindedness influence CPTR (Gurman, 1977a). Externally oriented clients and psychologically minded clients rated the therapeutic relationship higher than internally oriented or non-psychologically minded clients. Degree of client emotional disturbance has



also been investigated in relation to CPTR. Results have been inconclusive or found no significant relationship between clients' degree of emotional disturbance and CPTR. Gurman (1977a) further notes that studies of observable patient social behavior as predictors of perceived therapeutic conditions are inconclusive and contribute little to the question of how client variables influence CPTR. It appears that further research in this area is needed.

Finally, Gurman (1977a) identified the lack of research investigating therapist-client interactions in relation to CPTR. Gurman does, however, review a few studies concerned with variables on which clients and therapists were similar. Some research where clients and therapists were matched on variables have found significant results, whereas other research designs have failed to find significant relationships between therapist and client similarity and CPTR. Some studies investigated the effects of therapist-client racial similarity and gender similarity on CPTR (Gardner, 1971; Orlinsky and Howard, 1974). Results indicate that same race pairings yield more positive client perceptions than opposite race pairings of clients and therapists (Gardner, 1971). Orlinsky and Howard (1974) and

Persons, Persons, and Newmark (1974) investigated the effects of gender similarity on CPTR and found that clients rated same gender counselors warmer than opposite gender counselors. The need for further research investigating the effect of interactions of client and therapist variables on CPTR is evident.

More recently, attention has been paid to identifying the psychosocial variables which may be related to clients' perceptions of the therapeutic relationship. Moras and Strupp (1982) investigated how clients' pretherapy interpersonal relations effected the patient's therapeutic alliance and outcome. A significant correlation between clients' pretherapy interpersonal relations and therapeutic alliance was found. However, the correlation between interpersonal relations and outcome was low (Moras and Strupp, 1982).

Other studies using socially oriented client variables have also found significant relationships. Kolb, Beutler, Davis, Crago, and Shanfield (1985) focused on pretherapy characteristics such as extraversion and coping abilities. The expectation was that "patients with reasonably good coping abilities and extraverted personality styles would be able to engaged in the relationship more effectively, would be less

likely to terminate prematurely and would, therefore, benefit more directly from treatment" (p.702). The results indicated that CPTR was related to how involved patients became in therapy. More extraverted patients rated the therapist higher on The Barrett-Lennard Relationship Inventory (1962), measuring CPTR.

Gaston, Marmar, Thompson, and Gallagher (1988) investigated how pretreatment characteristics of interpersonal functioning and degree of defensiveness related to the development of the therapeutic relationship in diverse therapies. The Young Loneliness Inventory (Young, 1981), the Avoidance factor derived from the Daily Living Questionnaire (Moos, Cronkite, Billings, and Finney, 1985), and the Social Support From Family Inventory (Procidano and Heller, 1983) were the measures used by Gaston et al. (1988). Results indicated that patient pretreatment characteristics are associated with the therapeutic relationship developed in behavioral and cognitive therapies. Gaston et al. (1988) found that overall, a higher degree of patient defensiveness lead to lower patient contribution to the therapeutic relationship. In addition, greater patient environmental support lead to greater patient commitment to treatment for their elderly group of depressed

subjects (Gaston et al., 1988).

Angle and Goodyear (1984) examined the interaction between the counselor variable of reputed expertise and the client variable of self-concept. CPTR was measured using The Counselor Rating Form (Barak and LaCrosse, 1975). Results suggested that although the client variable of self-concept alone did not determine perceptions of the counselor, it was a characteristic which interacts with the therapist variable, reputed expertise (Angle and Goodyear, 1984).

Finally, Mindingall (1985) examined client preference for therapists who exhibit intimate and non intimate therapy styles. Subjects' level of social intimacy, sex role types, locus of control, therapy expectancy and authoritarianism were measured. Subjects viewed audiovisual tapes of intimate and non intimate counselors and the therapeutic relationship. Results showed that socially intimate women preferred similar therapists and that women expect a socially intimate counselor. In addition, intimate counselors received significantly higher intimacy, regard, empathy, and unconditional acceptance scores. Most important to the present study was the finding that a socially oriented variable was more important than traits such as locus of

control, sex role, and authoritarianism in determining therapist preference.

In summary, several researchers have noted the need for additional research involving socially-oriented client variables in relation to CPTR. To draw conclusions about the effect of client and therapist variables on CPTR, more research concerning psychosocial variables is needed. It appears that socially-oriented client variables such as trusting, suspiciousness, and wanted and expressed affection have not been investigated in interaction with therapist variables such as warmth, empathy, and genuineness.

In addition to psychosocial, interpersonal variables, the impact of the client's sex role orientation may be an important factor influencing the client's perception of the therapeutic relationship (CPTR). According to Bem (1974) a narrowly masculine or feminine sex role self-concept limits the client's range of behaviors. This may in turn influence the therapeutic relationship and the client's perception of it. For example, androgynous individuals have been found to exhibit a wider range of both masculine and feminine behaviors, and sex role orientation has been found to influence both men's and women's attitudes,

values and behaviors (Bernstein et al., 1987).

Bernstein et al. (1987) found that androgynous subjects preferred masculine sex typed counselors. However, this was found to vary somewhat across problem types in that most subjects expressed a preference for a female counselor when discussing sexual issues. Blier et al. (1987) also found that clients rated the feminine sex role higher than the masculine sex role when discussing taboo subjects such as sexual issues. Most interesting to this study was the finding that client and counselor gender did not affect the client's willingness to see the counselor across problem types, but rather it was clients' sex role orientations (Blier et al., 1987). This seems to suggest that therapist sex role orientation effects therapists' behaviors and in turn the client's perception of the therapeutic relationship.

Holland, Atkinson, and Johnson (1987) studied the effects of the client's gender and sexual attitudes on CPTR. It was found that clients rated the therapist more positively when their sexual attitudes matched that of the counselor (Holland et al., 1987). Bankiotes and Merluzzi (1987) studied the effects of counselor gender and sex role orientation on CPTR. The Counselor Rating Form (Barak and LaCrosse, 1975) was used to measure

clients' perceptions of attractiveness, trustworthiness, and expertness. Bankiotes et al. (1975) found that female subjects rated female egalitarian counselors higher than female traditional counselors on expertness, and that subjects rated traditional male counselors as least trustworthy.

Since these studies indicate the importance of sex role orientation on the therapeutic relationship, it appears that the issue of client sex role orientation on CPTR is still in need of investigation.

The present study seeks to explore the relationship between the client's sex role orientation and CPTR, and to investigate the impact of socially oriented client characteristics such as trust and expressed affection on the client's perception of the therapeutic relationship (CPTR). In addition, since numerous investigators have pointed out the importance of studying these variables in interaction with therapist characteristics (Garfield, 1986; Gurman, 1977; Kilmann et al., 1979; Moras and Strupp, 1982; Sachs, 1983), the variables of trust and expressed affection were isolated for study in conjunction with a therapist who behaved in either a facilitative or neutral manner.

The socially oriented client variables measured

were warmth, dominance, trust, sex role orientation, and expressed and wanted affection, control, and inclusion. Thus, in addition to assessing the relationship between these socially oriented variables and CPTR through correlational analyses, this study blocked subjects on trusting/suspiciousness and high or low expressed affection and randomly assigned them to a therapist who was either warm or neutral in order to examine the interactive effects between these variables and therapists' behaviors. For example, when interacting with the therapist who is empathic and warm, trusting subjects may form a better therapeutic relationship than suspicious subjects. In contrast when interacting with a neutral therapist, both groups may perceive the therapeutic relationship equally. In addition, high expressed affection subjects may perceive the therapist as warmer than low expressed affection subjects because a warm counselor would be similar to those subjects with a high degree of expressed affection. Thus, while this study investigates trust and expressed affection in relation to the client's perception of the therapeutic outcome, it also seeks to understand how these variables interact with therapist behaviors which have been found to enhance the therapeutic relationship.



## Method

Subjects

Seventy-five subjects were recruited from undergraduate psychology classes at the University of North Florida. Twenty eight males and forty seven females participated. Research assistants entered the student's classrooms and asked for volunteers to participate in the project. The informed consent form was read aloud then handed to those students wishing to participate. Potential subjects were asked to participate based on their desire and willingness to discuss a problem with a counselor. Subjects then signed up for a time and location to participate.

Therapist

One female therapist conducted the counseling sessions with all clients. She was a 23 year-old student enrolled in the counseling psychology Master's degree program at the University of North Florida. The therapist's counseling techniques consisted of basic information gathering skills to assess the problem. The sessions followed the six steps of problem solving as outlined in The Relaxation and Stress Reduction Workbook (Davis, Eshelman, and McKay, 1982). The first step is to clearly state the current conflict. The second is to

examine the past decision that helped to create the conflict. The third step is to look at the context of the original choice that lies behind the current reluctance to decide. The fourth step examines the alternatives to the original decision. The fifth step is to choose a new alternative and decide to use it. The last step is to find ways the client can reward himself or herself each time he or she makes a decision based on the new alternative. During both "warm" and "neutral" sessions a brief rehearsed introduction was given. This included the counselor's first name, the length of time of the session, and allowed subjects to talk about that which they wished to discuss with a counselor. During "warm" counseling sessions, the counselor allowed subjects to begin and empathized with their anxiety about talking about their problem to a stranger. During "neutral" sessions, the counselor took notes and directed the subject to begin talking about their problem. The counselor waited for subjects to begin and did not empathize with their uneasiness. During "warm" sessions the counselor displayed at least 10 of the 13 behaviors on the Warmth Indicators Checklist (Neidigh, 1988), and during "neutral" sessions the therapist displayed no more than 5 of these

behaviors.

#### Measures

The Sixteen Personality Factor Questionnaire (16PF; Cattell, Eber, Tatsuoka, 1967) was used to classify clients on three dimensions: (A) warm/cold, (E) dominance/submissiveness, and (L) trust/suspiciousness. A warm individual is described by Cattell as one who is outgoing, kindly, easygoing, participating, and likes others, while cool individuals are reserved, impersonal, detached, formal, and aloof. Humble, mild, easily led, and accommodating individuals are described as submissive while dominant individuals are described as aggressive, stubborn, and competitive. Trusting individuals accept conditions and are easy to get along with, while suspicious people are hard to fool, distrustful, and skeptical. Twenty items measure factor A (warmth), 26 items measure factor E (dominance), and 20 items measure factor L (trust) for a total of 66 items. The short-interval test-retest reliability is .80 for the entire test. For a discussion of reliability and validity concerning each subscale see Cattell (1967). Subjects were classified on the warmth factor and dominance factor according to Cattell's extreme group definitions of each, so that subjects were

classified as warm, cold, or neither, and dominant, submissive, or neither. Subjects were classified as trusting or suspicious on factor L using a split-half median, so that a score between 0 and 20 was classified as trusting and 21-40 was classified as suspicious.

#### The Fundamental Interpersonal Relations

Orientation-Behavior (FIRO-B) (Schutz, 1978) was used to classify the client's orientation toward interpersonal relationships. It explores three dimensions of interpersonal style of relating to others: Inclusion, control, and affection. Inclusion is defined as the degree to which a person associates with others, while control is the extent to which a person assumes responsibility or dominates others. Affection is defined as how much a person becomes emotionally involved with others. Each of the above three subscales has an expressed aspect which is the amount of behavior the client is most comfortable in demonstrating toward others, and wanted aspect which is the behavior the client prefers others use in attempting to develop a relationship with him (Schutz, 1978). Schutz (1978) shows test-retest reliability coefficients for the FIRO-B ranging from .71 to .82 for its various scales. A full and detailed description of the reliability and

validity is provided by Schutz in the test manual (1978). On the expressed affection subscale a split-half median was used whereby subjects scoring from 0 to 4 were classified as low expressed affection and subjects scoring from 5 to 9 were classified as high expressed affection. On the remaining subscales of wanted affection, wanted control, wanted inclusion, expressed control, and expressed inclusion, subjects were classified according to Schutz's definitions of high, low, or medium. A score of 0, 1, or 2 is classified as low, while a score of 3, 4, 5, or 6 is classified as medium and a score of 7, 8, or 9 is high.

The Bem Sex-Role Inventory (BSRI) (Bem, 1978) consists of sixty items on which subjects indicate how well each item describes themselves on a 7-point scale where 1="Never or almost never true", and 7="Always or almost always true." Based on their scores on the masculinity and femininity subscales, subjects are classified as undifferentiated, masculine, feminine, or androgynous (Bem, 1978). The test-retest reliability coefficients over a four week interval were reported for masculinity .90, femininity .90, androgyny .93, and social desirability .89 (Bem, 1974). Item selection, internal consistency, and correlations with other

measures are reported by Bem (1974). The original form of the BSRI (1978) was used to classify subjects as masculine, feminine, androgynous, or undifferentiated. Using the medians for males and females given by Bem (1978) subjects scoring above the median on the masculine items and below the median on feminine items were classified as masculine. Subjects scoring above the median on feminine items and below the median on masculine items were classified as feminine. Subjects scoring below the median on both masculine and feminine items were classified as undifferentiated, while subjects scoring above the median on both the masculine and feminine items were classified as androgynous.

The Warmth Indicators Checklist (WIC) (Neidigh, 1988) is a behavioral checklist which was used to confirm that warmth manipulations were successfully made by the therapist. The nonverbal behaviors include eye contact, smiling, concerned facial expression, head nods, trunk lean, vocal intonation, body orientation, and open arm position, while verbal behaviors include interest, encouragement, acceptance, concern, and positive affect statements. A total warmth score is obtained by summing the occurrence of the behaviors which the therapist performed in the session. The

therapist was rated on each of these behaviors by independent observers using a yes-no format. Observers used a one-way mirror to rate the first five minutes of the session and two randomly selected five minute segments of the session. Observers rated the counselor on each of these behaviors by checking yes if it did occur and no if it did not occur according to the WIC definitions. Inter-rater reliability for the WIC is reported as .99 (Neidigh, 1988). The present study found the percent agreement to be .96 at the conclusion of training observers to use the WIC.

The Counselor Rating Form (CRF) (Barak and LaCrosse, 1975) was used to determine how the client perceived the therapist. The CRF consists of 36 items used to indicate clients' perceptions of the therapist's degree of expertness, attractiveness, and trustworthiness. Each item is a bipolar adjective pair, for example clear-vague, on which the client makes a 7 point rating where 1="vague" and 7="clear" to indicate his or her perception of the therapist. Using the Spearman-Brown formula LaCrosse and Barak (1976) reported the reliability coefficients for expertness, attractiveness, and trustworthiness to be .874, .850, and .908 respectively. Barak and LaCrosse (1975) and

LaCrosse and Barak (1976) detail how the CRF was developed and its validity.

The Barrett-Lennard Relationship Inventory (1962) was used to determine the client's perception of the therapist. The Relationship Inventory (RI) consists of 92 items on which the client indicates how true each statement is on a scale where +3="I strongly feel that it is true of my present relationship with the therapist", and -3="I strongly feel that it is not true of my present relationship with the therapist". The statements measure five scales of therapist behaviors including level of regard, empathic understanding, congruence, unconditionality of regard, and willingness to be known. The masculine pronouns on the RI were changed to feminine pronouns to match the sex of the clients' therapist. Gurman (1977a) offers reliability and validity information for the widely used RI.

The Global Warmth Rating (GWR) (Neidigh, 1988) is an indication of the client's perception of the therapist's warmth on a 5 point scale where 1="cold" and 5="warm".

The Therapist Rating Scale (TRS) (Neidigh, 1988) consists of 5 items and asks the subject to rate specific therapist behaviors on a 5-point scale where



1="not at all" and 5="considerably". The 5 therapist behaviors rated are (1) responded empathically, (2) showed friendliness, (3) was genuine, (4) showed unconditional positive regard, and (5) appeared confident.

### Procedure

Prior to initiating the project, research assistants were trained as observers for the 50 minute counseling sessions. They rated therapist behaviors using the WIC to confirm that the manipulations were made. First, the observers learned the definitions of the behaviors on the checklist, followed by practice with video tapes of "warm" and "neutral" sessions. At the conclusion of training an inter-rater reliability coefficient of .96 was calculated by percent agreement. For the duration of the project, weekly reliability checks and discussion sessions were held to control for observer drift. At the conclusion of the project reliability data were again calculated for percent agreement and found to be .88.

Subjects were recruited from undergraduate psychology classes in which the students earned class credit for research participation. Research assistants entered the students' classrooms and asked for volunteers for research participation. The informed

consent form was read aloud. Potential subjects were told that the purpose of the project was to investigate what occurs during a counseling session. Students were asked to participate if they had a problem which they would be willing to discuss with a counselor for one session. Subjects were told that participation required completing a questionnaire before and after a fifty-minute counseling session for a total time commitment of approximately three hours. Subjects were told that selection for the counseling session was based on the results of an initial questionnaire which they signed up to complete at a different time and location. Subjects were assured that all information received during the project remained strictly confidential. If students were interested, they were asked to reread and sign the informed consent form and choose one of the preselected times to complete the initial questionnaire packet.

Next, subjects reported to the preselected location where they were met by a research assistant who told them they would begin as soon as everyone who was scheduled arrived. No longer than 10 minutes after the designated time or as soon as all subjects arrived, the research assistant handed out the pretherapy questionnaire. The questionnaire included the 16PF

subscales for factors A (warmth), E (dominance), and L (trusting), The Bem Sex Role Inventory, and The FIRO-B. The directions were read aloud and the subjects were told there was no time limit. Subjects were told that as soon as they completed their packet to come to the front of the room where the research assistant would direct them as to what to do next. Upon completing the pre-packet subjects came to the front of the room at which time the assistant asked them to sign their name and phone number next to their subject number so that someone could call them if they met the requirements for the study. Participants were told that the packet would not be seen by the counselor prior to the counseling session. Subjects were told that if they did not receive a phone call within two weeks this meant that they did not meet the project's requirements for participation and that they would receive class credit based on the amount of time they participated filling out the questionnaire, 1 hour.

Based on the 16PF subscale (Cattell, 1967) measuring trusting or suspiciousness, subjects were classified as trusting or suspicious based on a median split whereby 0 to 20 was trusting and 21 to 40 was suspicious. Based on the FIRO-B (Schutz, 1978)

expressed affection subscale subjects were classified as having a high or low degree of expressed affection toward others. A score of 5, 6, 7, 8, or 9 indicated a high degree of expressed affection and a score of 0, 1, 2, 3, or 4 indicated a low degree of expressed affection. Using the results of the 16PF trust/suspiciousness factor and the FIRO-B expressed affection subscale the following four groups were created: (1) Those who trust and have a high degree of expressed affection, (2) those who trust and have a low degree of expressed affection, (3) those who are suspicious and have a high degree of expressed affection and (4) those who are suspicious and have a low degree of expressed affection. The remaining data collected from the 16PF, FIRO-B, and Bem Sex Role Inventory were scored according to the methods described above and used for additional correlational analyses. Subjects from each of the four experimental groups were randomly assigned to either the "warm" therapist condition or the "neutral" therapist condition resulting in a 2x2x2 randomized block design. Cell sizes ranged from 8 subjects to 10 subjects with one cell having 8 subjects, three cells having 9 subjects and four cells having 10 subjects. It was expected that each cell would have an

equal number of male and female subjects; however, five males were recruited in only one cell; four males were recruited in four cells; three males were recruited in two cells; and two males were recruited in one cell.

Clients were then called by a research assistant and scheduled to come to the counseling lab at the University of North Florida for their 50 minute counseling session. Clients were met outside of the lab by a research assistant who escorted the client into the room and introduced the therapist. Using the one-way mirror, the observers then rated the therapist on the WIC, TRS, and Global Warmth Rating (Neidigh, 1988) to confirm the therapist's behaviors as "warm" or "neutral" based on the previously described criterion. Subjects did not know the counselor was behaving differently toward different subjects.

Upon completing the session, the therapist exited the room and a research assistant took the client to a separate classroom to complete the post-therapy packet. The client was told to read the directions and complete the packet and that if they had any questions the research assistant would be available to answer them outside. Clients then completed the post packet consisting of The Counselor Rating Form (Barak and

LaCrosse, 1975), The Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962), The Therapist Rating Scales (Neidigh, 1988), and The Global Warmth Rating (Neidigh, 1988). After completing the packet the research assistant collected it and asked for the subject to wait for the counselor to return.

At this point the counselor gave the client a debriefing form and asked if the client had any questions. Subjects then read and signed the debriefing form. The debriefing form stated that the true purpose of the study was to examine how people's personalities effect their perception of a therapist. Subjects were informed that the counseling session was not "true" counseling in that it was only one session and involved research. Subjects were referred to the Counseling and Career Development Center at the University of North Florida if they wanted to further discuss their problem with a counselor. Clients were asked not to discuss the experiment with other students, so that the project could continue. Clients were informed that the counselor manipulated her behavior for the experiment and that this behavior may not be the way other therapists conducting true sessions would behave. It was explained that sometimes the counselor may have

seemed uncaring or cold and that this was part of the experiment to see how they would perceive the counselor. Clients were encouraged to call the therapist if they had any further questions or concerns about the study. Subjects wanting to learn the results of the study were directed to the psychology office at the University of North Florida after the end of the school term to read the completed study.

### Results

To confirm that the therapist did in fact manipulate her behavior in the warm versus neutral therapist conditions the observers' mean scores on the WIC were calculated for the two therapist conditions. It was found that the observers' mean WIC score for the warm condition was 12.3, while the observers' mean WIC score for the neutral therapist condition was 1.5, thus clearly meeting the a priori criteria.

To examine the hypothesis that the client characteristics of trusting/suspiciousness and high or low expressed affection would interact with the therapist's manipulation of warmth, a series of univariate 2x2x2 ANOVA's were conducted using the five subscales from the Barrett-Lennard Relationship

Inventory as the dependent variables. Results indicate a main effect for the therapist warmth manipulation on the dependent measures of regard ( $F(1,67) = 4.89, p < .05$ ), empathy ( $F(1,67) = 5.17, p < .05$ ), congruence ( $F(1,67) = 7.64, p < .05$ ), and warmth ( $F(1,67) = 7.81, p < .05$ ). As can be seen in Table 1 subjects in the neutral condition perceived the therapist as having less regard, empathy, congruence, and warmth than did subjects in the warm condition. There were no other significant results on these measures.

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Insert Table 1 about here

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To further investigate this hypothesis, an additional series of univariate  $2 \times 2 \times 2$  ANOVA's were conducted using the three subscales of the Counselor Rating Form as the dependent variables. Results indicate there were no significant main effects, nor was there a significant three way interaction. However, there was one significant two-way interaction between the client's classification as trusting or suspicious and the therapist warmth manipulation on the dependent variable of attractiveness ( $F(1,67) = 4.91, p < .05$ ). As



can be seen in Figure 1, in the neutral therapist condition trusting subjects indicated a mean rating of 76.48, while suspicious subjects indicated a mean rating of 72.00. However, in the warm therapist condition suspicious subjects indicated a mean rating of 80.06, while trusting subjects indicated a mean rating of 75.40. Using Tukey's Honestly Significantly Difference statistic (HSD) it was determined that while suspicious subjects in the warm therapist condition rated the therapist higher on attractiveness than did suspicious subjects in the neutral condition ( $p < .05$ ); this pattern was not apparent for trusting subjects. No other significant differences were found.

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Insert Figure 1 about here

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Finally, a series of 2x2x2 univariate ANOVA's were conducted with the TRS items as dependent variables. Again, there were no significant main effects nor a three way interaction. However, there was one significant two way interaction between subjects' classifications as trusting or suspicious and their classifications as either high or low in expressed

affection on clients' Global Warmth Ratings ( $F(1,67) = 4.75, p < .05$ ). As can be seen in Figure 2, trusting subjects in the high expressed affection category indicated a mean rating of 4.58, while suspicious subjects indicated a mean rating of 4.92. In the low expressed affection category trusting subjects produced a mean rating of 4.74, while suspicious subjects indicated a mean rating of 4.37. Thus, using the Tukey's HSD follow up test, suspicious subjects in the high expressed affection category indicated a significantly higher global warmth rating than suspicious subjects in the low expressed affection category ( $p < .05$ ). However, there were no differences across conditions for trusting subjects. No other significant differences were found.

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Insert Figure 2 about here

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Additional exploratory analyses were conducted to examine the relationship between other client characteristics and CPTR. This was accomplished by calculating Pearson Product-Moment Correlations between the client variables of sex, warmth, dominance,

trusting, masculine and feminine Bem scores, the Bem classification, expressed and wanted affection, expressed and wanted inclusion, expressed and wanted control, and the clients' ratings of the therapist on regard, empathy, congruence, warmth, unconditionality, expertness, attractiveness, trustworthiness, empathy, friendliness, genuineness, regard, confidence, and global warmth. As can be seen in Table 2, the client variable of sex was correlated with the clients' perceptions of therapist unconditionality. Female subjects were more likely to perceive the therapist as more unconditional than male subjects. Subjects' masculine scores on the Bem Sex Role Inventory were related to their perceptions of therapist congruence in that higher masculine Bem scores were significantly related to higher congruence ratings. Subjects' scores on the cool/warm subscale of the 16PF were significantly related to their perceptions of therapist unconditionality, regard, empathy, warmth, and trustworthiness. As clients' warmth scores increased so did their perceptions of therapist unconditionality, regard, empathy, and warmth. However, as subjects' warmth scores increased their ratings of therapist trustworthiness decreased. Subjects' scores on the

submissive/dominance subscale of the 16PF were significantly related to their perceptions of therapist congruence. As subjects' dominance scores increased their perceptions of therapist congruence decreased. Subjects' Wanted Inclusion scores from the FIRO-B were significantly related to their perceptions of therapist confidence. As subjects' wanted inclusion scores increased their ratings of therapist confidence decreased. Finally, Expressed Inclusion scores from the FIRO-B were also related to subjects' rating of therapist confidence. As subjects' expressed inclusion scores increased their ratings of therapist confidence decreased. There were no other significant correlations found between these client variables and clients' perceptions of their therapist.

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Insert Table 2 about here

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### Discussion

The primary purpose of this study was to examine the relationship between psychosocial characteristics of clients and their perceptions of the therapeutic relationship. This was accomplished through two sets of

data analysis, a series of 2x2x2 ANOVA's and Pearson Product Moment correlations. The 2x2x2 ANOVA's were used to examine the effects of the client variables of trusting or suspiciousness, and high or low expressed affection, in interaction with the therapist conditions (warm or neutral) on the dependent measures of the Barrett-Lennard Relationship Inventory (1962), the Counselor Rating Form (Barak and LaCrosse, 1975), the Therapist Rating Scales, and the Global Warmth Rating (Neidigh, 1988). The correlational analysis was used to determine the relationship between the remaining client variables and dependent measures assessing CPTR.

Given recent studies indicating the importance of psychosocial variables such as degree of interpersonal relations (Moras and Strupp, 1982), extraversion (Kolb et al., 1985), degree of defensiveness (Gaston et al., 1988), self-concept (Angle and Goodyear, 1984), and social intimacy (Mindingall, 1985) on CPTR, it was expected that the client characteristics of trust and expressed affection would interact with the warm and neutral therapist conditions to show that when interacting with a therapist who is warm, trusting subjects form a better therapeutic relationship than suspicious subjects. In contrast, when interacting with

a neutral therapist it was expected that both groups would perceive the therapist equally. However, data from the Barrett-Lennard Relationship Inventory (1962) failed to support this hypothesis. In addition, there were no main effects for trust or expressed affection as results indicated only a main effect for the therapist warmth manipulation. This appears to indicate that subjects in the warm therapist condition had a more positive perception of the therapeutic relationship than did subjects in the neutral therapist condition. Subjects did perceive a difference between the therapist's behaviors in the two therapeutic conditions. However, it would appear that the psychosocial client variables of trust and expressed affection did not influence the client's perception of the therapeutic relationship on this measure.

With data from the Counselor Rating Form (Barak and LaCrosse, 1975), there were no main effects found for either therapist behaviors or client characteristics. However, a significant interaction was found between trusting or suspiciousness and the therapist condition on the dependent variable of attractiveness. Trusting subjects rated the therapist the same on the attractiveness subscale across therapist conditions.

However, suspicious subjects in the warm therapist condition rated the therapist as more attractive than suspicious subjects in the neutral condition. This is opposite of what was hypothesized because it was expected that trusting subjects would rate the therapist differently in the two conditions. The results which were found may be due to the traits being measured by the 16PF. For example, Cattell (1967) describes suspicious subjects as aloof and hard to fool, perhaps causing them not to be engaged in the session and sit back and observe the therapist's behaviors. Therefore, suspicious subjects observed the difference between the therapist conditions and rated the therapist higher in the warm than neutral condition. Cattell (1967) also describes trusting subjects as gullible and easy to get along with, allowing them to become easily engaged in the sessions. Because trusting subjects may have become quickly engaged in the sessions, they may not have noticed a difference in the warm versus neutral therapist conditions.

Likewise, data from the Therapist Rating Scales (TRS) (Neidigh, 1988) failed to find significant effects for therapist and client variables, but did show a significant interaction between trusting and

suspiciousness and high or low expressed affection with regard to global warmth. Suspicious subjects with high expressed affection rated the therapist as having more global warmth than did suspicious subjects with low expressed affection. Trusting subjects did not significantly differ in their global warmth ratings of the therapist across the high and low expressed affection categories. Neither did trusting and suspicious subjects' ratings of global warmth significantly differ in the high expressed affection or low expressed affection categories. This appears to indicate that the degree of expressed affection only influences perceptions of global warmth for suspicious subjects, and not for trusting subjects. These results may be due to the greater influence of degree of expressed affection for suspicious subjects than for more trusting subjects. One explanation of this may be that the measurement of the trait trusting/suspiciousness takes into account the subject's degree of expressed affection. For example, subjects found to be trusting may have by nature a high degree of expressed affection, therefore causing trusting subjects' ratings of global warmth not to significantly differ. In contrast, suspicious subjects may have a low



degree of expressed affection by definition of suspiciousness. Therefore, in the present study when subjects indicated a high degree of expressed affection and suspiciousness, they may not have been as suspicious as those subjects with a low degree of expressed affection. This may be one explanation of the significant difference between suspicious subjects' global warmth ratings in the high versus low expressed affection categories.

In conclusion, there are data which support the hypothesis that client characteristics interact with therapist behaviors to influence the client's perception of the therapeutic relationship. However, these data are weaker than expected and difficult to interpret. Previous research has consistently documented the important effects of therapist behaviors on CPTR (Gurman, 1977b). The present study also found that therapist verbal and nonverbal behaviors such as interest, empathy, body orientation, and facial expression influenced CPTR. However, with regards to interactions, the present study found that trusting or suspiciousness and the therapeutic condition interacted to influence attractiveness only. Nevertheless, the present study further emphasizes the importance of the

psychosocial variable of trusting and its importance in interaction with the way the therapist behaves toward the client. In addition, it can be concluded from the present study that client variables interact to influence CPTR. While previous research has seldom focused on this type of interaction, it has been suggested that client variables interact (Gurman, 1977a; Mindingall, 1985). The results of the present study indicate that the client's degree of expressed affection and trust in interpersonal interactions, interacts to influence his or her perception of therapist warmth.

In addition to the primary hypothesis the relationship between sex, warmth, dominance, expressed inclusion, wanted inclusion, wanted control, expressed control, wanted affection, sex role type, and CPTR was examined through correlational analysis. Results indicated that female subjects perceived the therapist as more unconditional than did male subjects. Subjects with higher masculine scores from the Bem Sex Role Inventory (Bem, 1974) perceived the counselor as more congruent than did subjects with lower masculine scores. Warmer subjects rated the therapeutic relationship higher than more cool subjects on four subscales of the dependent measures. However, on the Counselor Rating

Form (CRF) trustworthiness scale (Barak and LaCrosse, 1975) warmer subjects rated the therapist as less trustworthy. More dominant subjects rated the therapist as less congruent. As subjects' wanted and expressed inclusion scores increased, they perceived the therapist as less confident. It should also be noted that of the numerous correlations investigated, only 10 produced small but significant relationships. The strongest of these relationships was between client warmth and therapist empathy ( $r = .29$ ) accounting for 9% of the variance.

Previous research has found significant correlations between client variables and measures of CPTR. For example, Moras and Strupp (1982) found a significant relationship between the client's pretherapy interpersonal relations and therapeutic alliance. Since the present study investigated specific client variables that measure the interpersonal relations which Moras and Strupp (1982) discuss, it is surprising that stronger relationships were not found. In addition, client locus of control of reinforcement has been found to be related to CPTR (Gurman, 1977a). However, in the present study, those variables similar to locus of control of reinforcement, such as expressed and wanted control, did

not produce significant correlations with CPTR measures. This is again a confusing and contradicting finding.

There are several possible reasons for not finding significant results on all of the client variables studied. One such reason may be that the variables such as warmth, dominance, inclusion, and control and therapist facilitative variables do not interact to influence CPTR. Perhaps these client variables are not important to the process of building a therapeutic relationship. It is possible that the therapist dictates the nature of the therapeutic relationship and that for the particular sample studied, variables such as warmth, dominance, inclusion, and control were not significant in influencing clients' perceptions of the relationship.

There are several possible reasons for the low correlations of the present study. One such possible reason may be the restriction of range of subjects in the extreme groups of these variables. For example, many subjects' scores indicated that they were neither trusting nor suspicious, but somewhere in between these two extreme groups. In addition, few subjects in the study were determined to be androgynous or undifferentiated on the Bem Sex Role Inventory. Most

subjects were masculine or feminine, with many of the feminine subjects still scoring somewhat high on the masculine subscale.

Also related, may have been the restricted range in CPTR ratings. Subjects may have been unwilling to judge the counselor as extremely "warm" or "neutral" on the dependent measures because they only saw the counselor for one therapy session. Clients may have found that this was not enough time to accurately rate the therapist on several of the measures. Ford (1978) noted that CPTR changed over several therapy sessions. This may be due to the subtle nature of several of the therapist behaviors clients were asked to rate. For example, regard, empathy, congruence, and genuineness may be complex therapist characteristics which clients come to perceive over a longer period of time. In addition, clients in everyday interpersonal interactions are probably not as familiar with judging others on their degree of regard, empathy, congruence, and genuineness as they are familiar with judging other's friendliness, attractiveness, and warmth.

In addition to the short-term nature of the counseling session, there are other possible reasons for not finding more results. Subjects may have expected

the therapist to be caring, interested, friendly, and warm because of subjects' preconceived ideas about people who choose counseling as a career. This may have caused subjects to rate the therapist as warm regardless of their first impressions of the therapist. Subjects may have also assumed that the therapist was just having a bad day and that she must be warm at other times, and therefore rated her this way. Also related to the confound of client expectations is the confound of interactions clients had with research assistants versus the counselor. Of the three hours of total time spent participating in the project, clients only saw the therapist for fifty minutes. During the other two hours, research assistants were friendly and helpful to the subjects. The overall impression that those associated with this research project were friendly and helpful may have influenced how the clients rated the therapist. Finally, subjects may have felt that rating the therapist as cold would harm the therapist's academic or professional career and that first impressions are usually inaccurate. Probably the best explanation for the low correlations in the present study is the restricted range of subjects and the restricted range in CPTR ratings.

A further possible reason for not finding more significant results between the interaction of client and therapist variables may be that clients who have not previously sought therapy appreciate any time and warmth given to them. The situation of simply being chosen to see the counselor alone and being allowed to talk about oneself for fifty minutes may have caused the clients not to perceive the therapist differently on certain measures of the therapeutic relationship. For example, clients with a low degree of expressed affection may perceive the therapist as warm simply because the therapist was not openly rejecting by berating the client.

Another possible reason for the low correlations may be that variables such as trust, expressed and wanted affection, and control have little to do with clients' overall styles of interpersonal interactions. It also may have been that the measures chosen did not assess the true importance of these client variables in determining the client's degree of trust, affection, and control in interpersonal interactions.

Numerous measures could be taken to improve the results of the present study. First, more therapy sessions over a longer period of time may allow clients

to better rate the therapist on subtle therapeutic relationship qualities. In conjunction with this, periodic client ratings of the relationship could be taken to assess how CPTR changes as the therapeutic relationship develops. A priori measures of client expectations could be taken to control for the influence of expectations on CPTR. Adding client expectations as an independent variable may have indicated the relative influence of expectations on CPTR. To reduce the possibility that subjects perceived those involved in the project as warm because of previous exposure to friendly and helpful research assistants, the amount of interpersonal interactions could be reduced. A general sign up for those wishing to participate could be conducted without those involved in the project entering the classroom. Secondly, administration of the prepacket could be done by computer, further alleviating contact with those involved in the study. Thirdly, a neutral party not involved in the research could be hired as a secretary to schedule appointments for the therapist. The therapist could also be the only person the client interacts with by having the therapist meet the client at the counseling session and administering the post-therapy packet by computer.



Further steps which could be taken to better understand the effects of client variables in interaction with therapist variables on CPTR may be to limit counseling services to those clients seeking counseling and having a similar problem type. It has already been found that therapist preference varies somewhat across problem type in that subjects preferred a female counselor when discussing sexual issues (Bernstein et al., 1987). Perhaps problem type effects CPTR and should be controlled for by seeing subjects who have similar problems and are seeking counseling. In addition, it is the interpersonal interactions between the subject and the counselor that is in need of investigation so that it may be helpful to explore therapist variables measuring the therapist's style of interpersonal interactions. For example, trusting or suspicious clients could be studied in interaction with trusting versus suspicious therapists.

Several steps could be taken to improve the problems of restriction in range. First, measures could be chosen which assess client variables that are determined to be accurate indicators of clients' interpersonal styles of relating. Subjects in the extreme groups of these particular variables could be

used for counseling and determining their effects on CPTR. A larger sample of subjects in each group of client variables would also help to indicate the true nature of the influence of these variables on CPTR. In regard to the low correlations between client variables and several of the dependent measures, a longer period of therapy over several sessions may improve the subjects' abilities to rate the therapeutic relationship.

The results of the present study are related to previous research findings investigating the effects of client and therapist variables on CPTR. As Gurman (1977b) noted, therapist behaviors were found to influence CPTR. The present study also found that warm versus neutral therapist behaviors influenced the client's perception of the therapeutic relationship. In addition, the present study found that the client variable of trusting interacted with the therapist condition. Upon investigating client self-concept, Angle and Goodyear(1984) found an interaction between self-concept and the therapist variable, reputed expertise. The present study found a similar interaction between the client variable trust and the therapist condition as warm or neutral. Few other

studies have examined the effects of the interaction between client and therapist variables on CPTR (Gurman, 1977a), making it difficult to compare the results of the present study with previous research findings.

However, results of the present study investigating the influence of client variables on CPTR can be compared to previous research findings. Gaston et al. (1988) identified the importance of client variables such as defensiveness and interpersonal functioning much like the present study. No investigation of client and therapist variables in interaction was done, but client pretherapy characteristics were noted to influence CPTR. In addition to the findings of Gaston et al. (1988) that clients with a higher degree of interpersonal functioning rated the therapeutic relationship higher, the present study found that clients with a higher degree of warmth rated the therapist higher on particular CPTR measures. Mindingall (1985) found that level of social intimacy influenced CPTR. Those subjects with a higher degree of social intimacy preferred a counselor which they perceived as having a high degree of social intimacy. Similarly, the present study found that as subjects' warmth scores increased so did their perceptions of therapist warmth. Other

previous research has not documented the occurrence of client variables interacting to influence CPTR; however, it appears that particular socially oriented variables may interact to influence CPTR. Finally, some of the results of the present study support previous findings, while other results identify the need for further investigation of the influence of the interaction of client and therapist variables on CPTR.

In conclusion, the results of the present study indicate several findings. Clients' degree of suspiciousness appears to be an important client factor influencing CPTR. In addition, the client variable of suspiciousness was found to interact with facilitative therapist variables to influence CPTR. It was also found that client variables such as suspiciousness and expressed affection interact to influence CPTR. Lastly, it can be concluded that facilitative therapist behaviors influence CPTR.

Future research may focus on those client and therapist variables found to be important in affecting CPTR. Several researchers have already noted the important influence of CPTR on outcome (Sweet, 1984; Rabavilas et al., 1979; Llewelyn and Hume, 1979). Since CPTR effects outcome, and client positive outcome is the

overall concern of clinicians, it appears necessary to better understand CPTR. Previous researchers have documented the importance of client and therapist variables which influence CPTR (Angle and Goodyear, 1984; Ford, 1978; Garfield, 1986; Gurman, 1977a). It is this area of research involved with client and therapist variables that is in need of further investigation. Those variables which assess the client's and therapist's interpersonal style of interacting are in need of investigation because of the interpersonal nature of therapy. Using the methodology of the present study, future research may focus on discovering those socially oriented therapist and client variables influencing CPTR.

The importance of facilitative therapist variables appears established, but there is still a need for research investigating the interactions of client variables with these facilitative therapist variables.

Greater control for and understanding of the confounds associated with research investigating the interaction of client and therapist variables on CPTR is needed in future research. Clients' ratings of themselves on various instruments measuring socially oriented characteristics in interaction with

facilitative therapist variables may indicate which client characteristics are important in influencing CPTR. Measuring confounds such as the number of interactions clients have with those involved in the project, clients' expectations of therapists, and the number of counseling sessions may enhance future research methodologies. Measuring these confounds thought to influence CPTR then incorporating them into the research design may prove beneficial in understanding the effects of client and therapist variables on CPTR. In summary, it appears necessary to continue investigating CPTR with research using socially oriented client characteristics, observers' ratings to control therapist manipulation of behaviors during sessions, clients' ratings of themselves on client variables, several therapy sessions, and clients with similar problem types.

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Table 1. Main effect of therapist warmth on regard, empathy, congruence, and warmth.

	<u>Warm Condition</u>		<u>Neutral Condition</u>	
	<u>Mean</u>	<u>S.D.</u>	<u>Mean</u>	<u>S.D.</u>
Regard	7.78	22.15	-1.24	14.43
Empathy	13.51	9.88	8.61	6.92
Congruence	12.97	14.63	4.21	10.43
Warmth	5.78	17.12	-2.95	10.46

Table 2. Pearson Product-Moment Correlations between Client Variables and CPTR. (n=75)

	sex	Bem	masc warm	cool/ dom	subm/ includ	want includ	express
Unconditionality	.27		.27				
Regard			.26				
Empathy			.29				
Warmth			.23				
Trustworthiness			-.24				
Congruence		.26		-.28			
Confidence						-.24	-.26

Figure 1. Two-way interaction between trusting\ suspiciousness and therapist manipulation on attractiveness.

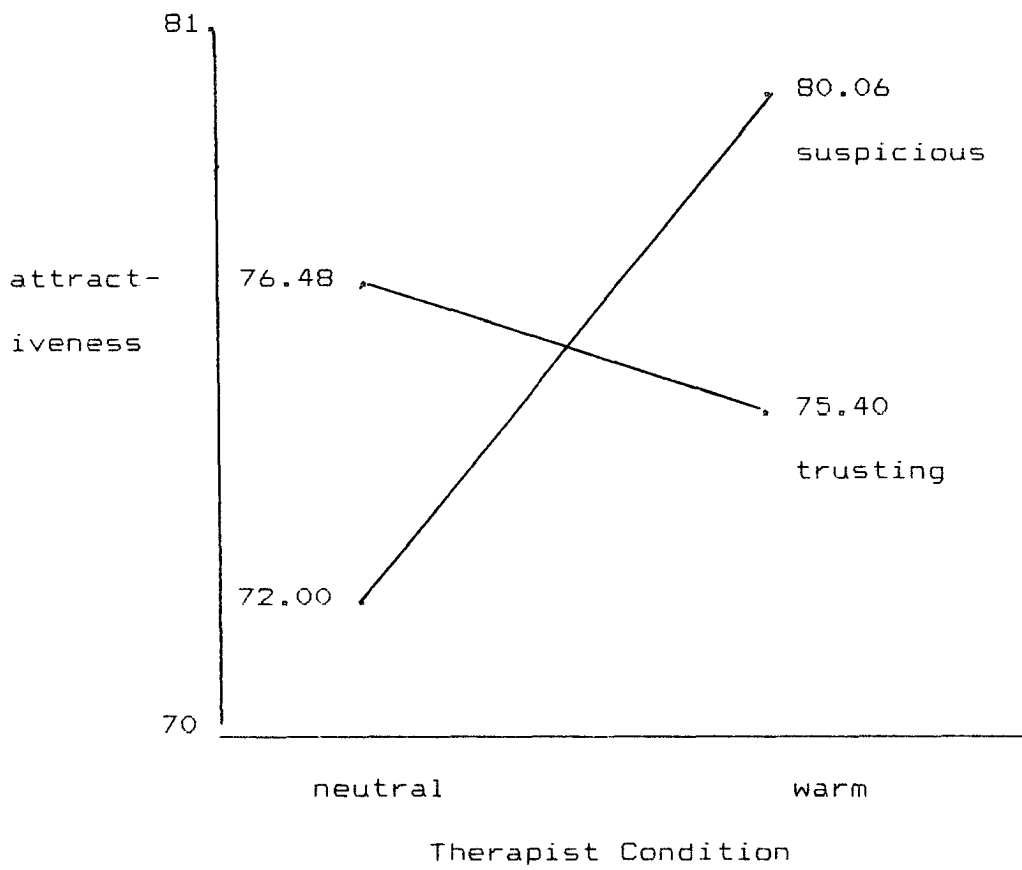




Figure 2. Two-way interaction between subjects' classifications as trusting or suspicious and classifications as either high or low expressed affection.

