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# A and B Therapist Types: Another Look at the Person

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A AND B THERAPIST TYPES: ANOTHER LOOK AT THE PERSON

by

Edmund J. Nightingale

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## LIFE

Edmund J. Nightingale was born in St. Paul, Minnesota, on January 10, 1941. He graduated from the Christian Brothers' Cretin High School, St. Paul, in 1959.

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## CHAPTER I

### INTRODUCTION AND REVIEW OF THE LITERATURE

#### The First Phenomenon: As Have More Success Than Bs With Schizophrenics

Since 1954 some ten dozen journal articles, theses, dissertations, and papers have appeared with the A-B variable as their focus. Reviews of the literature have been published regularly (Betz, 1967; Carson, 1967; Chartier, 1971; Razin, 1971). The most recent review to appear was intended by May (1974) to bury the issue once and for all. The review of the literature which follows is intended to show that the A-B phenomenon is well established and continues to merit investigation. What Whitehorn and Betz (1954) first observed clinically and later attempted to measure psychometrically (Betz, 1962, 1963a, 1963b, 1963c, 1966, 1967, 1972; Betz & Whitehorn, 1956; Whitehorn, 1954, 1972; Whitehorn & Betz, 1954, 1957, 1960, 1974) occurred within the broader context of their interest in schizophrenia and its treatment (Whitehorn & Betz, 1954, 1974). The original A-B study (1954) examined the diagnostic and treatment styles of two groups of psychiatric residents notably extreme from one another in their success rates with schizophrenic patients, though they did not differ from one another in their results with neurotic and depressed patients.

Group A ( $N = 14$ ) had improvement rates ranging from 68% to 100% of their patients with a mean rate of 75% ( $N = 48$ ). Group B ( $N = 14$ ) had improvement rates ranging from 0% to 34% with a mean rate of 27%



(N = 52). (Whitehorn & Betz, 1954).

A cross-validation study (Betz & Whitehorn, 1956; Whitehorn & Betz, 1957) used different criteria for denominating As and Bs, dichotomizing the therapists at a cutoff point of 70% improvement rate for schizophrenic patients. This study differed from the first in that patients who had received psychotherapy alone were compared with patients who had received both psychotherapy and insulin therapy. Where psychotherapy alone was used, the mean improvement rate for As was 82%, while that for Bs was 35%. For patients treated with insulin and psychotherapy the rate for As and Bs was an identical 82%. Even so, a qualitative difference in the improvement remained, with 12 of the 13 patients rated highest on overall improvement (symptom decrease, increased social effectiveness, and insight into solving their problems) having been treated by As. Further, when Bs successfully treated patients receiving insulin therapy, they were more active than usual, using a tactic found to be more characteristic of As.

It was in the Betz-Whitehorn 1956 study that the Strong Vocational Interest Blank (SVIB) was first administered to the residents. Both groups scored high on the physician and psychologist scales. The As were also high on the lawyer and CPA scales and low on the mathematical science teacher and printer scales, while those relationships were reversed for Bs. From this observation several briefer scales were developed (Betz, 1967; Kemp & Stephens, 1971).

Lichtenberg's (1958) retrospective study at Sheppard and Enoch Pratt Hospital failed to find any similar A-B difference among

therapists there. His study, however, had neither specific criteria for improvement, nor examined the extreme groups in the therapist sample. A later study at Sheppard and Enoch Pratt by Whitehorn and Betz (1960) found A and B therapists to have had improvement rates of 80% and 31% respectively.

Betz (1963c) reported an impressive five year followup on the improvement ratings used in the earlier studies. Of those schizophrenics rated "improved" at discharge, 60% had needed no further hospitalization, while of those rated "unimproved" some 85% had been rehospitalized and the remaining 15% were considered hospitalizable. Another Betz study (1963b) reported samples of process (N = 36) and nonprocess (N = 37) schizophrenics treated by A and B-type therapists. She found that the As were successful with 71% of their process and 68% of their nonprocess patients, while Bs showed figures of 18% and 56% respectively. Anzel (1970) has interpreted this to mean that the A-B variable differences may lie in the degree of pathology rather than in the type of patient. Some support for this interpretation was found in Berzins, Ross, and Cohen's (1970) finding that As did better than Bs with poor prognosis patients, but other interpretations remain possible.

In 1965, Stephens and Astrup tried to replicate the Betz (1963b) data but were unsuccessful. They concluded that success in treatment was a result of the clinical status of the patient upon admission and not of A-B therapist types. Betz (1967) explained their failure to replicate her findings by pointing out two crucial

differences in the samples examined. The general "improvement" rate at the hospital had gone from 57% in 1952 to 70% in 1954, and further, most of the residents during the period studied by Stephens and Astrup were As. There were too few Bs for valid statistical comparisons.

Evidence to the Contrary. Studies which have shown Bs to be more effective with inpatient schizophrenics have involved patients with brief hospitalizations (Draper, 1967) or less intensive (once weekly) psychotherapy with more chronic patients (Bowden, Endicott, & Spitzer, 1972). In both cases, the more impersonal patient management goals would favor success ratings for type-B therapists, since the ratings themselves would be based on B-type goals (basically, decrease in florid psychotic symptomatology).

Chartier (1971) has suggested that the A-B variable might have become obsolete with the advent of ataractic drugs, yet Shader, Grinspoon, Hormatz, and Ewalt (1971) found a significant ( $p < .05$ ) relationship between high A therapist status and improvement of patients on thioridazine.

Summary. The weight of the original Whitehorn-Betz studies presented above favors the unequivocal finding that the more active, problem-solving style (which will be discussed in detail further on) of type-A therapists was responsible for a higher improvement rate among schizophrenic patients. Where increased interpersonal effectiveness, rather than simple remission of florid psychosis, is the treatment goal, the type-A therapist remains more effective than the type-B even since the appearance of the phenothiazines.

The Second Phenomenon: Therapist Type x Patient Type Interaction

McNair, Callahan, and Lorr (1962) fathered a new body of research with their finding that B-type therapists, those found to have less success with schizophrenics, had a significantly higher success rate with neurotics as measured by patient self-report and therapist ratings. Initially there were some questions raised about the comparability of the samples both of therapists and patients on socioeconomic grounds. The authors themselves (Lorr & McNair, 1966) suggested that the result might have been due to a congeniality of interests between the B therapists and their lower class patients. Further, there was a sex difference between the samples of Whitehorn and Betz studies (males and females) and the McNair et al. (1962) study (all males). Hence another conclusion was possible, that the obtained differences were due to the commonality of stereotypically masculine interests between B therapists and their patients (Lorr & McNair, 1966). Carson (1967), however, has pointed out that the numerous analogue studies in college samples have held the sex and socioeconomic variables constant and still obtained the same result.

A series of interaction studies have explored the relationship of the A-B variable and the therapeutic conditions of (a) warmth, positive regard, acceptance; (b) empathy, understanding; (c) genuineness, and their product--self-exploration. Seidman (1970) found therapists in complementary dyads (As with schizoid persons or communications, Bs with the neurotic counterparts) to be more empathic, as did Beutler, Neville, and Workman (1972). A similar A-B interaction

has been found for depth of patient self-exploration (Bednar & Mobley, 1969; Powell, 1970; Scott & Kemp, 1971), and for therapist-patient immediacy in communication (Dublin & Berzins, 1972). Two studies have found no differences on the above variables (Bednar, 1970; Bednar & Mobley, 1971).

As and Bs have been found to exercise more social control and to instill greater therapeutic expectancies in low and high socially competent persons respectively (Trattner & Howard, 1970). As seem more helpful in responding to confused material, while Bs seem to effect increased impulse control in their patients (Friedman, 1971). Perhaps the latter result is due to the more structured, task-oriented stance of the B therapist. An interesting finding along this line is that of James (1972) and James and Foreman (1973) who found that B parents were more effective than A-type parents in treating their own enuretic children by the Mowrer method. Although Eysenck (1975) has attacked the study as shedding no light on the A-B schizoid-neurotic issue, it is in fact a demonstration of the kind of therapy which suits the type-B personality (James, 1975).

TAS-AVOS Studies. Another series of analogue studies of the hypothesized interaction has focused on the Phillips and Rabinovitch (1958) distinction of neurotic, turning-against-self (TAS) versus schizoid, avoidance-of-others (AVOS) coping styles. Studies of the therapeutic conditions mentioned above have found the usual A-B interaction supported (Berzins & Seidman, 1969; Carson, Harden, & Shows, 1964; Dublin, 1970; Kemp, 1963; Vaughn, 1969). Barnes (1972)

found that optimally paired dyads yielded greater patient self-disclosure than non-optimally paired dyads, and that such an effect transferred to a subsequent non-optimal pairing. Contrary to the tide, negative results were found in two studies (Irwin, 1971; Kemp, 1966) and Bs were found to be superior overall by Segal (1970).

Related to the TAS-AVOS studies are those which have dichotomized patients or communications into distrustful-hostile-harmexpectant (DHH) and trustful-friendly-hopeful (TFH). Jacob and Levine (1968) did not find more patient self-exploration in complementary dyads. On the other hand, Berzins, Ross, and Cohen (1970) found strong support for the usual interaction hypothesis.

Paradoxical Discomfort. Surprisingly some analogue studies found that As and Bs rated themselves as less comfortable or less interested in treating the patients they were assumed to be most effective in helping (Anzel, 1970; Carson & Klein, 1965; Kemp, 1966; Kemp & Sherman, 1965; Stoler, 1967). No support for the "paradoxical discomfort" was found in a larger number of studies (Anzel, 1970; Berzins & Seidman, 1968; Berzins, Seidman, & Welch, 1970; Cohen, 1967; Kemp, 1969; Kemp & Carson, 1967; Scott, 1968; Shows & Carson, 1966; Stein, Green, & Stone, 1972). Anzel (1970) and Scott (1968) have pointed out that the observed effect disappeared when real therapists rather than student A-B analogues were used. The presence of the artifact in the student samples was thought by Anzel (1970) to be due to socioeconomic variables, but Stein et al. (1972) found no support for that explanation. The fact remains that "paradoxical discomfort"

was not observed in the trained professionals.

Studies to the Contrary. A few studies have not supported the optimal dyadic interaction hypothesis. Some have suggested that A-B differences lie primarily in the superiority of As with schizoid patients or communications and their performance on a parity with Bs in interactions with neurotics (Berzins, Ross, & Friedman, 1972; Beutler, Johnson, Neville, Workman, & Elkins, 1973; Chartier & Weiss, 1974; Shardlow, 1968). Draper (1967) found Bs to have higher discharge rates for schizophrenics than did their A colleagues, but Silverman (1967) pointed out that this is hardly a criterion of patient "improvement" and may even be considered egosyntonic to the more impersonal B-type therapist. Neither A-ness nor B-ness had any measurable effect on treatment of passive aggressive patients (Berzins, Ross, & Friedman, 1972; Gray, 1969).

Scott (1968) concluded that positive therapist attitude rather than A-ness or B-ness was responsible for success with patients regardless of diagnosis. McNair, Lorr, and Callahan (1963) noted that the degree of interest the therapist showed in the patient's problem had an influence upon remaining in treatment, but such interest did not provide an alternate explanation for their previous findings (1962).

Summary. After the initial in vivo studies uncovered the interaction phenomenon, namely that As have greater success with schizophrenics and Bs have better results with neurotics, a host of analogue studies using student A and B-types followed. They explored the effects of optimal and non-optimal dyads with regard to the therapeutic

conditions of warmth, positive regard, empathy, genuineness and their effects on depth of patient self-exploration and self-disclosure. For the most part, these studies had positive findings. It was further found that As are more helpful in responding to confused material, while Bs seem to have a talent for providing the kind of structure which helps patients achieve impulse control.

#### Speculation About The Interaction

One line of investigation following up on Lorr and McNair (1966), looked at complementarity of "therapist" and "patient" interest (A-B) patterns rather than the usual A-AVOS and B-TAS pairings. The results of such pairings (A-therapist with B-patient and B-therapist with A-patient) have been mixed (Berzins, Friedman, & Seidman, 1969; Berzins, Ross, & Cohen, 1970; Hill, Snyder, & Schill, 1974; Kennedy, 1973; Magaro & Staples, 1972). There seems to be no clear evidence for such a "congeniality of interests" hypothesis.

A more promising theory developed from Sandler's dissertation (1965) inquiry into the characteristic coping reactions of As and Bs under stress. He found that type-A coping resembled the TAS pattern, while type-B coping resembled the AVOS style. This immediately suggested the "reaction formation" hypothesis, that As and Bs are more comfortable in the presence of symptomatology other than their own. Anzel (1968) found no support for such an explanation of the effectiveness of complementary dyads (cf. Berzins & Seidman, 1969). Berzins, Friedman, and Seidman (1969) suggested an approach-avoidance paradigm, but that theory was not supported by Tanley's data (1973b). Seidman



(1971) explained the Berzins et al. (1969) findings in terms of treatment styles--perhaps the "approaching" As were more successful with withdrawn schizoid persons than the "avoidant" Bs, who in turn can work effectively with "approaching" neurotics. Berzins, Seidman, and Welch (1970) considered the possibility that As and Bs react differently (intropunitively versus extrapunitively) to patient-communicated hostility. Their results did not bear out their conjecture, but did suggest that the interaction effect was based upon different styles of communication which were innately more satisfying and effective with different kinds of patients. Carson (1967) and Razin (1971, 1972) have offered social influence theory as an explanation for the interaction and have suggested further investigation of this line of research.

Summary. In spite of some negative findings, the weight of the evidence thus far has supported the A-B therapist interaction hypothesis to a great extent. Although neither a simple approach avoidance paradigm nor the reaction-formation hypothesis has explained the interaction, there is no doubt that something about the interpersonal styles of As and Bs in optimal dyads is highly effective in their treatment of patients.

#### Treatment Styles of A and B Therapists

Dublin, Elton, and Berzins (1969) strongly represented the point of view that the researcher examine the phenotype (treatment behaviors) rather than the genotype (personality traits). Whitehorn and Betz (1954) described rather completely how their A and B

therapists differed behaviorally: (a) the kind of relationship established with the patient, with As more quickly able to elicit patient confidences; (b) their tactics, activity levels, personal involvement, and styles of interpretation; (c) their approaches to diagnostic formulation--dynamic understanding (As) versus symptomatic description (Bs); and (d) their therapeutic goals--insight into interpersonal issues and improved interpersonal functioning versus insight into their psychopathology and symptom decrease. In their 1957 report, Whitehorn and Betz were struck by the "active participation" variable and noted that the Bs who adopted that tactic with their insulin-treated patients had a high degree of success.

Success is to a large extent determined by the...extent to which {physicians} are able to approach their patients' problems, gain a trusted, confidential relationship and participate in an active personal way in the patient's re-orientation to personal relationships. Techniques of passive permissiveness, or efforts to develop insight by interpretation appeared to have much less therapeutic value. (p. 901)

The patient's trust is evoked, his esteem for and confidence in his own potentialities are awakened. The social distance between himself and others is replaced by renewed efforts at participation with others and the bizarre clinical manifestations fade. (p. 908)

As a corrective to the active rebuff and passive sabotage by which the patient reveals his social wariness and maintains his social distance, a high (even extreme) degree of enterprise, initiative, and persistence in an active effort to...{offer} an acceptable challenge to the patient's working slant on himself...it demands of the physician that he maintain himself in a state of heightened sensitivity and responsiveness to a patient in whom...he may see...few reassuring signs that it may be effective. (p. 908)

In their 1960 study, Whitehorn and Betz noted that "trustful patient-doctor communication" (p. 215) was highly correlated with

treatment success and found more frequently in type-A therapy than type-B. The A's effort at a dynamic understanding of his schizophrenic patient led to a "shared intelligibility {which} seems to reduce the patient's alienation...." (Whitehorn & Betz, 1960, p. 215). Perhaps the success of the A-type therapist with schizophrenics might depend upon a "guru-like" stance, wherein he is able to "go with it" and guide the patient through the psychotic trip (Silverman, 1967).

Whitehorn and Betz (1960) speculated on how the respective interest patterns might influence therapist behavior and suggested that the type-A is a problem solver who expects spontaneous communication from the patient, even if unclear, while type-B vacillates between prescriptive and permissive responses in his efforts to deal with what is not black and white. Wallach and Strupp (1964) found a similar therapist dichotomy in terms of direct personal involvement versus personal distance and referred to the finding as the "spontaneous" versus the "analytic" stance. Their findings seem supported by Segal (1971b) who described As as more direct, interpretive, and self-involving than Bs. Smith's (1972) analogue study showed As to be more variable than Bs in the amount of gesturing, in the frequency of negative nods, and in the amount of time spent in certain postures-- thus as a group, they appeared more idiosyncratic, less predictable than Bs. Bs on the other hand, engaged in more quasi-courtship behavior than As and appeared to enjoy the contact more. Since both the "therapists" and the "patients" were simulated, the degree of transfer to a real treatment situation is unknown.

In 1966, Betz identified one of the key schizophrenic conflicts as one of "authority." The schizophrenic sees power as residing within others and imposed by them rather than as found within themselves--others set the rules, pull the reins, call the signals, and do so exploitatively, leaving the patient lonely, fearful, anxious, and despairing. He escapes into grandiose fantasies. He sees interdependence as personal defeat or submission. As the patient works through his "authority" problem, he begins to confide in his doctor and to find resources within himself for satisfaction. The key to treatment, then, is how the doctor handles the "authority" problem. The B-type tendency to interpret didactically, and to vacillate between permission and prescription are likely to be perceived by the schizophrenic as coercive and regulative. The type-A therapist, on the other hand, tends to enter into collaborative exploration of problems with the patient, and in his clinical style "reveals a capacity to be perceptive of the individualistic inner experiences of the patient while functioning himself in a responsibly individualistic role" (Betz, 1967, p. 969).

Studies with Different Findings. Seelig's (1970) analogue study of A and B "active participation" was inconclusive. Paradoxically, Beutler, Johnson, Neville, and Workman (1972) found type-As to be more interpretive and negative than type-Bs. Hoffnung and Stern's (1970) analogue study found a number of very specific A-B differences in treatment style exclusive of the usual dyadic complementarity: (a) initial reactions to requests for help from distressed and confused

patients; (b) degree of empathy, congruence, and depth directedness; (c) As interpreted patient communications symbolically without regard for the type of patient; (d) Bs responded to more literal elements in line with their practical style (cf. Betz, 1962); and (e) As seemed more self-disclosing in therapy regardless of patient type.

Summary. There are two quite distinct clinical styles which have been observed in A and B therapists. They differ in their manner (a) of relating to the patient, with As able to elicit patient trust more quickly, being more active, personally involved, more challenging of the patient's own resources than the Bs; (b) of formulating the problems for themselves and for the schizophrenic patient, with As arriving at a dynamic understanding of the interpersonal difficulties, and Bs at a descriptive narration of the pathology; (c) of choosing treatment goals, with As aiming at increased interpersonal effectiveness and insight into problem-solving on the patient's part, and Bs aiming at decreased symptomatology; and (d) of treating the patient, with A's challenging the patient's resources and working with the patient in the search for solutions, and Bs alternately prescribing and permitting. The phenomenon remains complex, affecting overt and verbal as well as covert and nonverbal factors (Betz, 1967). More in vivo studies are needed to know whether the initially observed A-B stylistic differences continue to be characteristic of their respective types.

#### Toward a Personology of Type-As and Bs

Interest Patterns. The earliest variables to be psycho-

metrically explored were interest patterns (Betz, 1963a, 1967; Betz & Whitehorn, 1956; Whitehorn & Betz, 1957) on the SVIB. McNair et al. (1962) had speculated that the variable of interest might be therapist-patient "congeniality of interests." In a fascinating study, Betz (1963a) found the interest maps of As and Bs to be similar to those found in the general population of lawyers and math-physical science teachers. She viewed this finding as confirmatory of the breadth and strength of the A-B variable. Other than the CPA and lawyer scales, As scored highly on the author, journalist, advertising, and sales scales--all person-oriented, while Bs, in addition to the printer and math-physical science teacher scales, were high on carpentry, forest service, industrial arts teacher, and farmer scales--all involving working with things. The finding of person versus thing orientation has been confirmed more recently by Seidman, Golding, Hogan, and LeBow (1974) who used a broader spectrum of measures beyond the SVIB. Though not strictly part of the A-B literature, Schonfield and Donner's (1972) study of medical clerks serving as therapists during their psychiatric rotation found they, too, could be divided into person-oriented (P-O) and technique-oriented (T-O) according to their medical interests as indexed by their choice of medical specialties. Behavioral descriptions of these P-O and T-O medical clerks in a psychiatric setting are strikingly similar to the A-B findings.

In a sample of female aides working in a school-based preventative mental health program, Sandler (1972) found interest clusters which the present author noted to be similar to the Type-A pattern.

The matched controls had a more B-type orientation to their interests.

While Whitehorn (1972) has referred to the interest patterns as tertiary findings and insisted upon therapist personality differences, other authors have chosen to disagree. Seidman et al. (1974) concluded their study of three A-B scales by saying:

One thus sees that while the A-B dimension does have personality correlates, they are substantially weaker than interest correlates and they are overshadowed in a multi-dimensional examination, even when intradomain variance has been minimized. (p. 18)

Although such a statement represents a strong tribute to the robustness of the interest findings, it does not fairly represent the results of the personality studies.

While the relationship of such interests to performance in dyadic interactions of a "helpful" nature is only beginning to be understood, the finding that trained and untrained "therapists" perform similarly with schizoid and neurotic classes of patients suggests that the A-B variable may have some basic bearing upon personality theory and measurement. (Berzins & Seidman, 1969, p. 279)

In their discussion of treatment styles, Whitehorn and Betz speculated that the "active participation" seen in the As was spontaneous, a natural expression of the personality. Stephens and Astrup (1965) said much the same thing, paraphrasing Jung, in stating that success in treatment seemed more dependent on the therapist's personality than his techniques. A number of other authors have pointed in the same direction asking for a thorough analysis of A and B personalities or character styles (Berzins, Dove, & Ross, 1972; Dublin, Elton, & Berzins, 1969; Nerviano, 1973; Segal, 1970; Smith, 1972; Whitehorn & Betz, 1957).

Berzins, Dove, and Ross (1972) pointed out that the analogue studies depend for their validity upon A-B personological similarity across samples. Much of the literature has involved analogue formats, using simulated (student) "patients" and "therapists." The usefulness of these studies depends upon the assumption that what the A-B scale discriminated in the student samples would be substantially the same as what it would distinguish in the professional therapists. The Berzins, Dove, and Ross (1972) project was a key link in the effort to establish that fact.

A-B Personality Descriptions. Fancher, McMillan, and Buchanan (1972) compared As and Bs in a role-taking task. Their student As seemed angry, hesitant, rude, nervous, shy, and stubborn, while the Bs appeared businesslike, rational, calm, and self-confident. Bs might be interpreted as better adjusted, or As might be seen as having easier access to their negative emotions and being less defended than Bs (cf. Segal, 1971a; Tanley, 1973a). Interestingly, this Fancher et al. (1972) study found a mild trend for As to be more accurate in the role-taking task and in person perception (cf. Chartier & Weiss, 1974). The Dublin et al. (1969) study presented a contrast to the above and saw type-As as more autonomous than type-Bs. Sandler (1965), too, presented type As in a more favorable light than the Fancher et al. study (1972) when he described As as trusting, collaborative, and intropunitive when under stress, and Bs under similar conditions as avoidant, suspicious, and extrapunitive.

Social competence (McGuigan & Seidman, 1971), social conformity



(Kenworthy, 1968; Rothman, 1971), and social ascendancy (Berzins, Barnes, Cohen, & Ross, 1971; Berzins, Dove, & Ross, 1972) of As and Bs have been investigated with contradictory results. The observed trend toward social competence and higher self-esteem for Bs (McGuigan & Seidman, 1971) was interpreted by the authors as due possibly to defensive distortion on the part of the B subjects. They also speculated that the stereotyped sex role adequacy of Bs may threaten schizophrenics and increase their effectiveness with patients having a similar defensive style. Rothman's (1971) As looked more conforming and socially dependent than the Bs, while Kenworthy's As (1968) appeared more individualistic, outspoken, and nonconforming than her Bs, who were conforming, had a greater need for order, were less assertive, more passive, and more retiring. Both of the latter two studies used student samples, but Kenworthy's (1968) findings nearly match the descriptions given above by Whitehorn and Betz (1957).

A-B masculinity-femininity has been investigated (Berzins et al., 1971; Dublin et al., 1969; Goodwin, Geller, & Quinlin, 1973; Seidman et al., 1974; Shubert & Wagner, 1975). Two of these studies (Berzins et al., 1971; Dublin et al., 1969) concluded that As were less "masculine" than Bs on the basis of interests and aptitudes, endorsed less frequently by As than Bs, which the authors viewed as stereotypically more masculine than feminine. Seidman et al. (1974) found partial support for this conclusion in their data but cautioned that the "characterization of the A-B dimension in terms of cultural stereotypes of masculinity-femininity seems to be an oversimplification" (pp. 16-17).

Goodwin et al. (1973) used two separate scales in their measurement of stereotypically masculine and feminine interests in a sample of male professional therapists. No A-B differences were found on the masculinity measure, but As were seen as more likely than Bs to ascribe to themselves the traditionally feminine interests included in the femininity scale. The authors suggested that this finding might indicate greater type-A acceptance for "deviance," or more gentleness and expressiveness, traits which might appeal to schizophrenics. This speculation shed no light on type-B success with neurotics. Shubert and Wagner (1975) found the tendency for As to endorse feminine interest items more frequently than Bs, but on the basis of their other data concluded that the salient A-B difference lay in the type-A interest in people versus the type-B concern with "established facts and objects in the external world" (p. 266). Thus the A-B dimension is not simply reducible to a feminine-A-masculine-B paradigm.

Cognitive Styles. Bednar (1970) characterized A interest patterns as "verbal-intellectual" and B patterns as "practical-mechanical" (p. 119). Kenworthy (1968) tested verbal and quantitative abilities of As and Bs and found As to have a higher verbal score than quantitative score, whereas no such differences were found for Bs. Dublin et al. (1969) found As to have a higher verbal aptitude, and Berzins et al. (1969) found As more verbally active than Bs in a treatment session. Seidman et al. (1974), on the other hand, had results showing superior verbal comprehension and reasoning was associated with B-ness. Geller and Berzin's (in press, cited in

Seidman et al., 1974) famous therapist study found the A-types to have achieved their eminence due to their writings about and effectiveness with schizophrenics. B-types were not widely acclaimed for their scholarship, nor for their work with neurotics, but were best known for their interest in multiple therapies (group, family, etc.).

Campbell, Stephens, Uhlenhuth, and Johansson (1968) characterized Bs as non-thinkers, non-intellectuals, while Seidman et al. (1974) saw them as cognitively complex, with an orientation toward things and concepts. Type-A was seen by Campbell et al. (1968) as friendly, intellectual, expressive, adventuresome--much different from the picture often presented of As by the Berzins group. The contrast here is evident.

Generally, then the A-type S in each sample, may be described as relatively cautious, submissive, uninclined to seek variety or sensual pleasure for its own sake, and as somewhat succorant. Conversely, the B-type S shows a risk-taking, dominant, variety-seeking and counterdependent orientation to experiences. (Berzins, Dove, & Ross, p. 391)

Seidman et al. explained the above differences in terms of A-B scale differences, feeling that the Campbell et al. (1968) scale identifies a different person from the Whitehorn-Betz scale and its derivatives (cf. Kemp & Stephens, 1971). That explanation might be too facile, since the A and B descriptions given by Campbell et al. (1968) are reminiscent of those cited above from Whitehorn and Betz.

Field Dependence-Independence. After interests, one of the earliest personality variables to be correlated with the A-B phenomenon was field dependence-independence. Though relatively few studies have been done (Pardes, Winston, & Papernick, 1971; Pollack

& Kiev, 1963; Shows, 1967; Shows & Carson, 1966) they are cited again and again in the literature--especially Shows and Carson (1966) and Pollack and Kiev (1963). The weight of these early findings showed both type-A and type-B therapists to be field independent (FI) as compared with a normative sample (Witkin, Lewis, Heitzman, Machover, Meissner, & Wapner, 1954), though type-Bs were significantly more FI than As. As were more variable in their performance than Bs in both samples, a finding which Pollack and Kiev (1963) interpreted to mean that As are more flexible, while Bs seem less affected by changes in their visual field. Carson (1967) found no A-B differences on the Rod and Frame Test. Pardes et al. (1971) had findings contradictory to the pioneer studies, but their A-B scale was the atypical Campbell et al. (1968) measure.

The artifact in the literature takes off from Shows and Carson's (1966) observation that the FI finding for Bs indicated that they were more "psychologically differentiated" than As (cf. Dublin et al., 1969). Carson (1967) repeated the observation, adding in parentheses "(mature?)" (p. 48). A further slip in the literature has translated "less field-independent" type As into "field-dependent" (Portnoy & Resnick, 1972; Powell, 1970; Shows, 1967; Smith, 1972), hence the tendency to return to Witkin et al. (1954) for descriptions of field dependent and field-independent persons to describe As and Bs. The comparison which is much more in order is that between the moderately FI individual and the extremely FI person.

Witkin et al. (1954) stated that their FI-FD data are relevant

to the nature of a person's relationship to the environment and to other people. Elliot (1961) described the modal FI person as one who

actively attempted to master and reorganize his environment; he strove for independence, leadership, special skills, and competencies. He was concerned with his inner life and with the motives of his own and other's behavior, and could, for example, express his hostility with directness and control. (p. 27)

The person scoring at the mode of FI was further depicted as less likeable than the FD due to doses of suspiciousness and extra-punitiveness in his personality (Elliot, 1961). Silverman (1967) basing himself on Witkin, Faterson, Goodenough, and Karp, (1962) spoke of B-type FI performance on the RFT and said that such performance depends upon freeing the perceptual-organizational functions of the CNS from the influence of the stimulus while staying with the demands of the task--the mind set of a juror. While such a mind set is helpful for RFT performance, it is a distinct hindrance to signal detection tasks and problem solving tasks where premature closure to relevant outside input is maladaptive. Bs are less sensitive than As to subliminal cues. "Their approach to problems tends to be more intellectual and impersonal, and they are less attentive to social cues" (Silverman, 1967, p. 9).

Moderately FI type-As have been described as sensitive to subtle cues, even subliminal stimuli, responsive to people, receptive to inner cues (intuition, insight, introspection with vivid imagery), "non-submissive, more concerned with their own aggressive impulses than those of others, cognitively and affectively open and diffuse, and

non-crystalized in their identities" (Silverman, 1967, p. 12).

The initial confusion between "psychological differentiation" and psychic maturity was reflected in the musings of Dublin et al. (1969) over their finding that Bs were higher on a measure of "schizoid functioning" and lower on a measure of "cognitive complexity" than As. Thus it seems that extreme FIs are psychologically differentiated out of their environmental surroundings, more autistic than cognitively complex. Witkin et al. (1954) pointed out that extreme FI has been found in hospitalized patients, that such a stance may be a "defensive operation against a supposedly hostile world" (p. 471).

Personality Inventories. The A-B variable has been correlated with scales of the MMPI, Omnibus Personality Inventory, and 16 PF Questionnaire and reported in an unpublished paper by Johnson, Neville, and Workman (1969, cited in Seidman et al., 1974); with the Personality Research Form (Berzins et al., 1971; Berzins, Dove, & Ross, 1972; Nerviano, 1973; Seidman et al., 1974). Although Seidman et al. (1974) stated that the Edwards Personal Preference Schedule has been so studied, they did not provide a reference, and this author's search of the literature has not turned up any such instance.

The two published studies using the Omnibus Personality Inventory (Dublin et al., 1969; Wallen, 1965) found the usual sex role stereotypes relating to A-ness and B-ness. Wallen (1965) had reservations about his other findings due both to failure of OPI scales to correlate with other ratings of the same traits, and to a strong social desirability factor which emerged. Dublin et al. (1969) found

the Verbal and Natural Science scales discriminated three male groups--As, ABs and Bs in his sample.

A-B research using the Personality Research Form (PRF) has been limited to the four studies cited above. The PRF was designed as a measure of some of Murray's needs reconceptualized by Jackson (1967) as bi-polar; and it has been reported to involve two general factors of impulse expression and impulse control (Anastasi, 1972). Wessler and Loevinger (1969) were critical of the instrument saying that its construction failed to take into account Murray's distinction between behaviors and needs; it also failed to recognize subconscious, latent needs. More seriously, the descriptions given the scales apply only to the high pole (validation studies had the raters indicate only the presence or absence of a trait). Thus there is no hard evidence for the supposed bi-polarity of the scales in scale interpretation. They further criticized the labeling of the two supraordinate factors, Order and Cognitive Structure, saying that they should be re-labeled Rigidity and Intolerance of Ambiguity. These criticisms are telling when the descriptions of A-ness and B-ness provided by the Berzins et al. studies are examined.

The Berzins PRF studies (Berzins et al., 1971; Berzins, Dove, & Ross, 1972) were designed to demonstrate the kind of A-B invariance across samples which Betz had noted on her interest maps (1963a). A factor analysis of the 1971 (Berzins et al.) data yielded five factors which were labeled (a) Impulsivity, (b) Autonomy, (c) Cognitive Ascendancy, (d) Defensiveness, and (e) B Status. The authors noted a

single artificial variate (or discriminant function) along with As, ABs, and Bs were aligned. At the A-pole were found Exhibition, Nurturance, Autonomy, Harmavoidance; at the B-pole, Sentience, Dominance, Play, and Understanding. The A-pole was characterized as "cautious self-expression," while the B-pole was labeled "openness to complex experiences" (p. 363). Thus the typical type-A was viewed as "inhibited and cautious, unconcerned with sensory pleasures, tending toward 'undesirable' self-presentation (or lacking self-esteem), submissive, and lacking in stamina" (Berzins et al., 1971, p. 363). The typical type-B was seen as "oriented toward thrill-seeking or risk-taking (low Harmavoidance), concerned with sensory, physical enjoyment (high Sentience), tending to present himself in a positive light (high Desirability), and persistent (high Endurance)..." (Berzins et al., 1971, p. 363).

In this same study, the professional sample used to cross-validate the student A-B findings seemed overall higher than the students on Affiliation, Understanding, Harmavoidance, and Desirability, and lower on Defence, Aggression, Social Recognition, Play, Autonomy, and Cognitive Structure. Here As and Bs could be discriminated on five variables--Harmavoidance, Order, Dominance, Desirability, and Achievement. A-B profiles tended to be mirror images and correlations of the five scales which most effectively discriminated the two groups ranged from  $-.53$  to  $.36$ . Of these, Harmavoidance and Dominance were the most clearly cross-validated with the student sample.

Berzins, Dove, and Ross (1972) designed a further A-B cross-



validation to show the traits to be (a) invariant across populations-- professional and nonprofessional, upper and lower class, and (b) insensitive to differences in age, sex, educational level, and psychological adjustment. A male patient sample and a female student sample were used for comparison with the male student and male professional samples used in the Berzins et al. (1971) study. A discriminant analysis yielded three discriminants: (a) a male-female dimension (A-B scale with females tending toward the A-pole, PRF Dominance scale with males higher than females, and the Succorance, Nurturance, and Harmavoidance scales, with females higher than males); (b) "Playful versus Intellectual Orientation" which separated male and female college normals from professionals and patients (the latter two were high on Understanding); (c) "Self-Esteem" contrasted professionals (high on Desirability and Harmavoidance) with patients (low on Desirability, high on Defence). Overall, Harmavoidance was the best single predictor in each group of A-B status. Nerviano's (1973) data with an alcoholic population seemed to confirm the robustness of these PFR findings. Seidman et al. (1974) confirmed the utility of the Harmavoidance discriminant, but only when used in a univariate analysis; in a multi-dimensional discriminant analysis, the usual relationship did not obtain, in fact As were then found negatively related to Harmavoidance!

Summary. Perhaps the best way to summarize the dilemma of the reader examining the A-B personality literature would be to contrast the picture which emerges from the original studies with that arising

from the later Berzins et al. studies.

Betz (1966) described the ideal therapist, one who summed up the A-traits, thusly:

A person who comprehends the patient's fears and longings, is firm and independent, but not coercive; who has the strength to voice opinions and to set fair limits without being prescriptive or directive; who perceives the patient's dilemma...remaining steady in the face of rebuff, and who respects the patient's actual latent potentialities and interests. (p. 51)

The Berzins, Dove, and Ross (1972) conclusion painted quite a different picture.

In line with earlier research that has associated the A-B distinction with differences in psychological differentiation, sex-role adequacy, and modes of reacting to stress, the results of that study {Berzins et al., 1971} indicated that the B-pole of the A-B dimension was related to social ascendancy and openness to complex experiences, whereas the A-pole referred to caution, social ineptness, and a restricted cognitive scope. (p. 389)

The present study was conceived to explore the apparent disagreement in the literature.

## CHAPTER II

### THE PRESENT STUDY

The survey of the literature has suggested to the present author that the differences in the A and B types might lie in their own personality organizations, along the lines of flexibility of controls and coping mechanisms, such that A-types have more creative access to their own primary process. Lincoln's (1973) observation seems germane in describing the A-type as showing a "relative openness of boundaries between ego (or self) and non ego sources of stimulation--i.e., objects outside self as well as internal unconscious, and preconscious feelings and fantasy phenomena" (p. 4515B). This would account for Silverman's (1967) observation that As are more tolerant of abnormal behavior in their patients. They are less threatened by the bizarre, presumably due to the structural makeup of their personalities described above.

#### The Personal Orientation Inventory (POI)

This author has chosen the POI (Shostrom (1962, 1964), a measure of self-actualization, on the premise that this construct measures the kinds of variables which are the key to structural functioning in A and B type therapists. Shostrom (1964) has indicated that his theoretical basis for the POI drew heavily upon the thought of Maslow and others. Maslow (1968) has described the self-actualizing person:

He has within himself a pressure toward spontaneous expressiveness, toward full individuality and identity, toward seeing the truth rather than being blind...toward being creative... (p. 155)

Maslow (1968) also described him as more open to experiences, more alive, autonomous, possessed of a clear, effective perception of reality and of an ability to view himself objectively. The POI draws most heavily on the "autonomous" aspect of self-actualization, with most of the items scorable on an inner support-other support basis.

Reliability. The test seems highly reliable with stability over time for the two major scales, Time Competence and Inner Support, being .91 and .93 respectively (Shostrom, 1964). No measure of internal consistency has been reported (Bluxom, 1972).

Validity. The Inner Support scale (I) has been demonstrated to have validity as a "measure of feelings, values, attitudes appropriate to self-actualization" (Bluxom, 1972, p. 292). Damm (1969) found no significant increase in predictability by using scales additional to I. Correlations ranging from .65 to .91 have been demonstrated between behavioral ratings of traits and the POI scales (Graff, Bradshaw, Danish, Sustin, & Altekruise, 1970). High and low scores on the Eysenck Neuroticism scale differed significantly on all POI scales (Knapp, 1965). A comparison of normals designated "self-actualized" by therapists, psychiatric patients, and nonself-actualized nonhospitalized persons on the POI yielded scale scores different in the expected direction on all comparisons, and all were significant at  $p < .05$ . A number of studies of therapist-counselor

effectiveness and of the offering of facilitative "conditions" have yielded positive results (Foulds, 1969a, 1969b, 1969c; McNally, 1973). Shostrom and Knapp (1966) found a direct relationship between decreased pathology on the MMPI and increased self-actualization on the POI. White (1974) reviewed a rather extensive body of literature showing similar measured increases on the POI following marathon and encounter group experiences.

Although some of the items seem naive (Coon, 1972), the POI seems highly resistant to a social desirability response set--in fact such a set significantly decreases rather than increases the scale scores (Foulds & Warehime, 1971). Neither induced relaxation nor induced anxiety significantly affect the scores (Brendan, 1971).

Silverstein and Fisher (1968, 1972) have called attention to a built-in factor structure in the instrument due to scale item overlap, but have been unable to say whether this is artifactual or represents an empirical overlap of the latent variables measured.

This instrument is an acceptably reliable and valid tool for the purposes of this investigation. It can be self-administered.

#### The Edwards Personal Preference Schedule (EPPS)

The EPPS (Edwards, 1953) is an older measure of some of Murray's needs with a lengthy body of research history. It "was designed primarily as an instrument for research and counseling purposes to provide quick and convenient measures of a number of relatively independent normal personality variables" (Edwards, 1957, p. 4). Unlike the PRF, it is an ipsative rather than normative

instrument, and uses a forced-choice rather than true-false format. Further, it respects the unipolar structure of Murray's needs. A factor analysis of the PFR and EPPS has shown "a considerable amount of common variance" (Edwards, Abbott, & Klockars, 1972, p. 29).

Reliability. Edwards (1957) reported measures of scale internal consistency ranging from .60 to .87, and of stability over time ranging from .74 to .88. The scales themselves intercorrelate at respectably low levels, the two highest correlations being .46 and -.36. Edwards (1957) interpreted this to mean his scales were fairly independent. Fiske (1959) noted that "while it is admittedly based upon self-report, it is theoretically oriented, and technically sound" (p. 119).

Validity. Edwards (1957) reported disappointingly inconsistent results in correlating self-ratings and Q-sorts with the appropriate scales. Agreement ranged from perfect to very little. Heilbrun (1972) reported high correlations between the Heterosexual, Dominance, and Order scales with self-reports of stimulation by videotaped presentation of stimuli designed to appeal to those needs.

The initial Edwards (1957) norms were successfully replicated on a second college sample (Allen & Dallek, 1957). Effective interviewers have been found significantly different from ineffective ones on the Intraception scale (Steinkamp, 1966).

Comparisons with the Adjective Check List (ACL) (Bouchard, 1968; Wohl & Palmer, 1970) indicated strong convergent construct validity and very good discriminant validity for most scales. Wohl

and Palmer (1970), however, felt that the variance accounted for (never over 25%) was not enough to conclude that the two instruments measured the same thing. Fiske's (1971) statement that each instrument is to be considered a measure of a distinct subconstruct or facet is apropos. In fact, it would be truly surprising if such different formats yielded higher correlations.

Response Sets. Edward's forced-choice format was designed to control for social desirability by ranking the original items according to frequency of endorsement and pairing them at similar levels of social desirability (Edwards, 1957). Barron (1959) pointed out that the final format may have introduced new social desirability values for the newly paired items and thus remain uncontrolled, but he was quick to point out that the social desirability of an item does not nullify its validity, for certain traits are more socially desirable than others by their very nature. Lanyon (1966) felt that little was gained from the forced-choice format, his own research had shown a free response version to correlate highly with the EPPS. Stricker (1965) concluded that overlap on items precludes accurate assessment by forced choice format. Barron (1959) previously noted that this format did not claim to give an absolute measure, but one of relationship within a psychic economy, hence Stricker's (1965) reservation would not seem damaging. Schaffer (1959) found that correlations of the need scales with social desirability were significant in only two instances, and even then the correlations were low (.32). Wright's (1961) factor analysis of the EPPS versus a

normative version found the major difference to be the absence of a social desirability factor in the standard version.

The EPPS is not immune to faking (Borislow, 1958; Dicken, 1959) but where the test is administered anonymously as in the present study, that should not present a problem. The scales have been shown to be impervious to a "feeling" versus "behavioral" (what the person typically does) response set (Richardson, 1969; Weigel & Frazier, 1968).

Atkinson and Lunneborg (1968) discussed differences in factor structure between ipsative and normative batteries and concluded that they are quite similar with the possible addition of a general factor present in normative batteries. In data analyses which mix the two kinds of instruments there is little to fear in the nature of disturbance from instrument factors (cf. Heilbrun, 1963; Karr, 1962; Radcliffe, 1965; Stricker, 1965).

The EPPS lends itself neatly to this study in the light of its comparability with the PRF (Edwards et al., 1972) and of research comparing it with SVIB interest patterns (Armatas & Collister, 1962; Dunnette, Kirchner, & DeGidio, 1958; Suziedeles & Steimel, 1963); with field-dependency (Marlowe, 1958); and with the POI (Cohen, 1970; Grossack, Armstrong, & Lussiev, 1966; LeMay & Damm, 1969). Heilbrun (1972) nicely summed the present author's thoughts when he noted that the inventory has many good psychometric features, and that its content represents a broad range of "normal personality dynamics" (p. 149).



State-Trait Anxiety Inventory (STAI)

Sandler's suggestion that A-types, under stress, manifest TAS symptoms (anxiety, depression, etc.) seems worth investigating at least in part. Further, there was the suggestion in the PRF literature that "harmavoidance" might be a kind of anxiety measure (Wessler & Loevinger, 1969). Spielberger's (1970) STAI was specifically designed to discriminate trait anxiety from situational or state anxiety. It was developed for use with "normals." "Trait anxiety measures reflect anxiety-proneness--differences between individuals in the probability that anxiety states will be manifested under circumstances involving varying degrees of stress" (Spielberger, 1970, p. 15). High trait anxiety (A-trait) persons are more likely to respond with increased anxiety in interpersonal situations which present a threat to self-esteem than low A-trait persons.

Reliability. The trait measure has had an internal consistency over several samples ranging from .83 to .92. Test-retest reliability ranges from .86 (males) to .76 (females) after twenty days to .76 and .77 respectively after 104 days. The last figures may have been contaminated over time due to sample shrinkage with a consequent selection factor (Spielberger, 1970).

Validity. The A-trait measure (Form X-2) is highly resistant to fakability and to differing response sets (Allen, 1970; Johnson, 1968; Johnson & Spielberger, 1968). Correlation of the A-trait scale with the IPAT Anxiety Scale was .76 for males, .75 for females; with the TMAS the respective figures were .79 and .80 (Spielberger, 1970).

Studies of various samples under varying conditions have supported both construct and instrument validity (Backy, Spielberger, & Bale, 1972; Cable, 1973; Newmark, Hetzel, & Frerking, 1974; Spielberger, Auerbach, Wadsworth, & Taulbee, 1973). A correlational study with the EPPS in a normal sample revealed no significant correlations with the Edwards scales included in this study (cf. Spielberger, 1970).

#### The A-B Scales

Kemp and Stephens (1971) have written an extensive review of the A-B scale literature. Over the years a multiplicity of scales and scoring systems have been used. In the above study, the principal scales, except one (Schiffman, Carson, & Falkenberg, 1967) were compared on the original Whitehorn-Betz (1954) therapist samples with the original Whitehorn-Betz scales, of which there were several (1957, 1960). One scale which stood out as significantly different from the others is the AB-R (cf. Campbell et al., 1968; Seidman, 1972; Seidman et al., 1974). Kemp and Stephens (1971) characterized the Schiffman et al. (1967) scale as the purest from a psychometric point of view, but were unable to compare it with the original sample because it contains MMPI items for which responses were not available on that sample. Seidman et al. (1974) found correlations of the UK-19 (adapted from Schiffman et al., 1967) with the original Whitehorn-Betz (1957) scale of .79 to .85, and stated that for all practical purposes they are interchangeable on the bases "of correlational, multiple regression, and discriminant function analyses" (p. 13).

The present study will use UK-19 (cf. Appendix A) for its A-B scale. Seidman (1972) has reported a retest reliability of .78 which compared favorably with the .71 figure for the original scale used on the same sample.

#### A-B Therapists and "Therapists"

It was noted above that the bulk of the A-B research has been done in analogue situations which simulated therapy, therapeutic communications, "patients" and most often, the "therapists." The reasons for this have been practical ones. Real professional therapists are busy people, their time is valuable--even expensive. There are problems of confidentiality, therapist self-esteem, evaluation apprehensions, etc. which all tend to militate against first hand in vivo studies. The initial work of Whitehorn and Betz (1954, 1956, 1957, etc.) was retrospective, after all. Although the present study is a step removed from the actual treatment session, the design itself makes use of real professional therapists rather than student analogues alone. Students were included in the design both for purposes of comparison with existing studies and to further the work of cross-validating the analogue studies.

The present study included female subsamples of both professional therapists and students. Nearly all of the studies have excluded females on the logic that they were not part of the original study and therefore there was no comparison group with already established norms. Although some work has been done with females (Berzins, Dove, & Ross, 1972), this author was able to find no normative studies of

female professionals. One purpose of the present study was to make a contribution, however modest, in that direction.

### The Hypotheses

Based upon the review of the literature and the discussion of the aims of the present study, the following predictions were made:

1. Self-actualization is more highly correlated with A status than with B status. The composite picture emerging from the non-Berzins studies presents the As as more spontaneous and expressive, more personally involved, more trusting and more trust-eliciting, and more receptive to external as well as internal cues (Razin, 1971; Sandler, 1965; Segal, 1971b; Silverman, 1967; Wallach & Strupp, 1964; Whitehorn & Betz, 1954, 1960). Since this trait constellation bears a strong resemblance to that of the self-actualizing person (cf. Maslow, 1968), it seemed fitting to test for A-B differences on this supraordinate construct.

2. The therapist sample is more self-actualized than the student sample. Although A-B differences in self-actualization were expected in both the therapist and student samples, the author further predicted that therapists would be more self-actualized than the students irrespective of the A-B dimension. Since an adult sample rated as "self-actualizing" by professional therapists scored significantly higher on the POI than a normal student comparison sample (Shostrom, 1964, 1974), the present author assumed that a sample of therapists would show a similar difference from a student sample.

3. There are no A-B differences on a measure of trait anxiety.

A number of studies have found As to score significantly higher than Bs on the PRF Harmavoidance scale (Berzins et al., 1971; Berzins, Dove, & Ross, 1972; Seidman et al., 1974). Wessler and Loevinger (1969) suggested that this scale might in fact measure some form of anxiety. The Berzins group has characterized the As as less "risk-taking" than Bs. Nevertheless, there were other findings in the literature, that A-types were more comfortable in the presence of bizarre and abnormal behavior (Silverman, 1967), and more enterprising, challenging, initiating, and persistent in the face of patient rebuff than Bs (Whitehorn & Betz, 1954, 1957). Thus, it seemed appropriate to predict that As would be no more "nervous" about threat to self-esteem than Bs, and therefore be no more likely than Bs to find such risk-taking a source of anxiety.

4. Therapists show lower levels of trait anxiety than students. It was assumed on logico-empirical grounds that college students, being in a transitional state with regard to family, occupational, and financial obligations, would show higher levels of trait anxiety than the therapists who might reasonably be expected to be more settled in terms of these life tasks.

5. A status is positively correlated with autonomy. This was suggested directly by Berzins et al. (1971), Dublin et al. (1969), and Kenworthy (1968), and indirectly by the data on moderately field-independent persons (As) (Elliot, 1961; Silverman, 1967).

6. A-ness is positively correlated with affiliation. Betz (1963a) found As to be person-oriented, while Bs appeared more thing-

oriented. This finding has been repeated by other studies (Campbell et al., 1968; Rothman, 1971; Seidman et al., 1974; Whitehorn & Betz, 1954, 1957). Fancher et al. (1972) found Bs more avoidant than As. More recently, Shubert and Wagner (1975) found As to score significantly lower than Bs on the MMPI Social Introversion scale ( $p < .05$ ).

7. A status is positively correlated with nurturance. This prediction followed from the findings that As were more personally involved with their patients (Whitehorn & Betz, 1954, 1957), more friendly and expressive (Campbell et al., 1968), more approaching (Seidman, 1971), more persistent in the face of patient rebuff (Betz, 1966), and more nurturant than Bs (Berzins et al., 1971).

8. B status is positively correlated with dominance. Bs have been found to be prescriptive (Whitehorn & Betz, 1960), didactic (Betz, 1966), extrapunitive (Fancher et al., 1972), counterdependent (Berzins, Dove, & Ross, 1972), and dominant as measured by the PRF (Berzins et al., 1971; Berzins, Dove, & Ross, 1972).

9. B-ness is positively correlated with intraception. Whitehorn and Betz (1954) described Bs as "analytic" in their initial study. Seidman et al. (1974) saw them as "interested in abstract concepts and ideas" (p. 17), and as more cognitively oriented than As. Berzins et al. (1971) found Bs discriminated from As on the basis of higher PRF Understanding scale scores.

10. B status is positively correlated with the need for order. Whitehorn and Betz (1960) described Bs as preferring to have matters be black and white. B-type interest patterns, including printing,

mathematics and the physical sciences, require exactitude and meticulous attention to detail (Betz, 1963a, 1967; Betz & Whitehorn, 1956; Whitehorn & Betz, 1957). Berzins et al. (1971) found the PRF Order scale to cluster with B status in a discriminant analysis, hence the above prediction.

## CHAPTER III

### METHOD

#### Subjects

Two samples were obtained. The first group included 28 male and 26 female therapist volunteers from the different helping professions as follows: male ( $N = 16$ ) and female ( $N = 7$ ) Ph.D. level psychologists, male ( $N = 5$ ) and female ( $N = 8$ ) pre-doctoral psychology interns, male ( $N = 1$ ) and female ( $N = 1$ ) M.A. level psychologists, male ( $N = 4$ ) and female ( $N = 8$ ) M.S.W. social workers, male ( $N = 2$ ) second-year psychiatric residents, and female ( $N = 2$ ) M.A. level psychiatric nurse clinical specialists. These volunteers were drawn from therapists at Hines Veterans Administration Hospital, Loyola University of Chicago's Student Counseling Center, Michael Reese Hospital and Medical Center, West Side Veterans Administration Hospital (all institutions with which the author has been affiliated), and St. Mary of Nazareth Mental Health Center.

The second group included 23 male and 24 female Loyola University undergraduates enrolled in introductory psychology courses. Students in these courses fulfill a class requirement by participating in psychology experiments. The students were chosen from the subject pool on the basis of their availability at the time of testing.

#### Test Materials

The I scale of the POI, Form X-2 of the STAI, and the UK-19



A-B scale were administered along with six scales of the EPPS for which relevant descriptions and data follow:

Nurturance (Nur). Related to the need to help the unfortunate, to help friends, the tendency to treat others kindly, sympathetically, generously, forgivingly, to have confidence in others, and to show affection. It has split-half and retest reliabilities of .78 and .79 respectively (Edwards, 1957). The correlation with the PRF scale of the same name is .54 (Edwards et al., 1972).

Dominance (Dom). Relates to the need to be a leader, to stand up for one's own point of view, and to make decisions. It has split-half and retest reliabilities of .81 and .87 respectively (Edwards, 1957) and correlated with the PRF scale of the same name at .73 (Edwards et al., 1972).

Intracception (Int). Relates to the need to analyze feelings, motives, and behaviors of self and others. It has split-half and retest reliabilities of .79 and .86 respectively (Edwards, 1957) and correlated .43 with the PRF Understanding scale.

Affiliation (Aff). Relates to the desire to form strong friendships, to share with friends and be loyal to them. It has split-half and retest reliabilities of .70 and .77 respectively (Edwards, 1957) and correlated .43 with the PRF scale of the same name.

Autonomy (Aut). Relates to a sense of internal freedom to pursue one's own desires and purposes without undue regard for what others may think or say. It has split-half and retest reliabilities of .76 and .83 respectively (Edwards, 1957), and correlated .54 with

the PRF scale of the same name (Edwards et al., 1972).

Order (Ord). Relates to the need to be organized, to have things systematic, scheduled, and to be meticulous. It has split-half and retest reliabilities of .74 and .87 respectively (Edwards, 1957), and correlated with the PRF scale of the same name .53, and with the PRF Harmavoidance scale at .44 (Edwards et al., 1972).

#### Testing Procedure

The tests were administered and scored by the author according to the instructions given in their respective manuals. Since the instruments can be self-administered, the professionals were given the protocols to take with them to be completed at their own convenience. The completed protocols were returned in sealed, uncoded envelopes either by mail or by leaving them at a drop point in the various clinical settings mentioned above. The choice of method of return was at the option of the professional. To further ensure anonymity, the answer sheets were identified as belonging to a single person only by a four-digit code number created by and known only to the professional (cf. Appendix B). The sample was large enough and homogeneous enough so that individuals could not be identified through the demographic data found in the protocols. The professionals were debriefed by mail when the results of the study were available for inclusion in the written summary used in debriefing.

The students were tested in small groups. Prior to testing an effort was made to elicit the students' cooperation (cf. Appendix C). Student subjects were debriefed by means of a written summary given

to them immediately after testing.

## CHAPTER IV

### RESULTS

The sample means (Tables 1 and 2) were found to be highly comparable to those found in the literature. The mean A-B scale score found by Berzins, Dove, and Ross (1972) for their sample of Midwestern male professionals was 9.26 (SD = 3.27), while the mean found for male professionals in the present study was 9.68 (SD = 3.68). No female therapist norms were available for comparison. The Berzins, Dove, and Ross (1972) male student sample had a reported mean A-B score of 10.26 (SD = 3.59); the male students in the present sample had a mean of 10.52 (SD = 2.94). The corresponding reported female mean was 7.27 (SD = 3.44) which compares with a mean of 7.25 (SD = 2.69) in the present study.

Although no norms for the trait anxiety measure were available from the general population, male and female students were reported to have mean scores of 37.68 (SD = 9.69) and 38.25 (SD = 9.14) respectively (Spielberger, 1970), while the male and female students in the present study had mean scores of 37.61 (SD = 8.44) and 38.75 (SD = 9.84), again highly comparable figures.

The overall therapist mean score on the self-actualization measure in this study was 90.19 (SD = 9.93). That reported by Shostrom (1974) for "self-actualizing adults" was 92.90 (SD = 11.50). Shostrom reported a college student mean score of 79.20 (SD = 9.70). The mean for students in this study was 81.09 (SD = 11.55).

TABLE 1

Descriptive Statistics for Therapist Sample Sizes, Ages, Years of Experience, A-B Scores, STAI Scores, POI I Scale Scores, and EPPS Scales in Means and Standard Deviations

|                    | <u>Males</u>       | <u>Females</u>     | <u>Total</u> |
|--------------------|--------------------|--------------------|--------------|
| <u>N</u>           | 28                 | 26                 | 54           |
| Age                |                    |                    |              |
| <u>M</u>           | 33.82              | 33.54              | 33.68        |
| <u>SD</u>          | 6.59               | 7.86               | 7.16         |
| Yrs. Exper.        |                    |                    |              |
| <u>M</u>           | 5.82               | 6.35               | 6.07         |
| <u>SD</u>          | 4.67               | 6.67               | 5.67         |
| <u>A-B Scale</u>   |                    |                    |              |
| <u>M</u>           | 9.68               | 8.35               | 9.08         |
| <u>SD</u>          | 3.68               | 3.07               | 3.44         |
| <u>STAI X-2</u>    |                    |                    |              |
| <u>M</u>           | 34.57              | 37.12              | 35.80        |
| <u>SD</u>          | 6.05               | 8.74               | 7.51         |
| <u>POI I Scale</u> |                    |                    |              |
| <u>M</u>           | 90.46              | 89.88              | 90.19        |
| <u>SD</u>          | 9.14               | 9.66               | 9.93         |
| <u>EPPS Nur</u>    |                    |                    |              |
| <u>M</u>           | 15.57 <sup>a</sup> | 17.54 <sup>a</sup> | 16.52        |
| <u>SD</u>          | 4.07               | 3.50               | 3.90         |
| <u>EPPS Dom</u>    |                    |                    |              |
| <u>M</u>           | 16.14 <sup>b</sup> | 12.92 <sup>b</sup> | 14.59        |
| <u>SD</u>          | 4.27               | 5.46               | 5.10         |
| <u>EPPS Int</u>    |                    |                    |              |
| <u>M</u>           | 14.36 <sup>b</sup> | 17.31 <sup>b</sup> | 15.78        |
| <u>SD</u>          | 3.84               | 4.98               | 4.63         |
| <u>EPPS Aff</u>    |                    |                    |              |
| <u>M</u>           | 14.86              | 15.96              | 15.39        |
| <u>SD</u>          | 3.90               | 3.21               | 3.60         |

TABLE 1  
(contd.)

|                 | <u>Males</u> | <u>Females</u> | <u>Total</u> |
|-----------------|--------------|----------------|--------------|
| <u>EPPS Aut</u> |              |                |              |
| <u>M</u>        | 15.21        | 13.62          | 14.44        |
| <u>SD</u>       | 3.64         | 3.67           | 4.70         |
| <u>EPPS Ord</u> |              |                |              |
| <u>M</u>        | 7.50         | 7.81           | 7.65         |
| <u>SD</u>       | 3.31         | 3.41           | 3.33         |

<sup>a</sup>p < .05, one-tailed test

<sup>b</sup>p < .01, one-tailed test

TABLE 2

Descriptive Statistics for Student Sample Sizes, Year in College,  
A-B Scores, STAI Scores, POI I Scale Scores, and EPPS Scales  
in Means and Standard Deviations

|                    | <u>Males</u>       | <u>Females</u>     | <u>Total</u> |
|--------------------|--------------------|--------------------|--------------|
| <u>N</u>           | 23                 | 24                 | 47           |
| Age                |                    |                    |              |
| <u>M</u>           | 18.48              | 18.42              | 18.45        |
| <u>SD</u>          | 1.28               | 1.77               | 1.53         |
| Yr. in Coll.       |                    |                    |              |
| <u>M</u>           | 1.13               | 1.17               | 1.15         |
| <u>SD</u>          | 0.63               | 0.38               | 0.51         |
| <u>A-B Scale</u>   |                    |                    |              |
| <u>M</u>           | 10.52 <sup>a</sup> | 7.25 <sup>a</sup>  | 8.85         |
| <u>SD</u>          | 2.94               | 2.69               | 2.82         |
| <u>STAI X-2</u>    |                    |                    |              |
| <u>M</u>           | 37.61              | 38.75              | 38.19        |
| <u>SD</u>          | 8.44               | 9.84               | 9.10         |
| <u>POI I Scale</u> |                    |                    |              |
| <u>M</u>           | 80.35              | 81.79              | 81.09        |
| <u>SD</u>          | 10.23              | 12.86              | 11.55        |
| <u>EPPS Nur</u>    |                    |                    |              |
| <u>M</u>           | 17.78              | 18.17              | 17.98        |
| <u>SD</u>          | 4.29               | 4.19               | 4.19         |
| <u>EPPS Dom</u>    |                    |                    |              |
| <u>M</u>           | 12.35              | 12.21              | 12.28        |
| <u>SD</u>          | 4.31               | 5.16               | 4.71         |
| <u>EPPS Int</u>    |                    |                    |              |
| <u>M</u>           | 12.65 <sup>a</sup> | 16.96 <sup>a</sup> | 14.85        |
| <u>SD</u>          | 5.14               | 4.24               | 5.13         |
| <u>EPPS Aff</u>    |                    |                    |              |
| <u>M</u>           | 14.83              | 14.58              | 14.70        |
| <u>SD</u>          | 3.45               | 3.82               | 3.61         |

TABLE 2

(contd.)

|                 | <u>Males</u> | <u>Females</u> | <u>Total</u> |
|-----------------|--------------|----------------|--------------|
| <u>EPPS Aut</u> |              |                |              |
| <u>M</u>        | 13.97        | 14.38          | 14.17        |
| <u>SD</u>       | 3.91         | 3.13           | 3.50         |
| <u>EPPS Ord</u> |              |                |              |
| <u>M</u>        | 7.87         | 7.54           | 7.70         |
| <u>SD</u>       | 3.96         | 2.78           | 3.37         |

<sup>a</sup><sub>p</sub> < .005, one-tailed test



Normative comparisons for the EPPS scale means would be somewhat hazardous (a) because the "college sample" data presented by Edwards (1957) described a group 64% of whom were age twenty or older, while the present college sample was much younger; and (b) no norms for older adult normals, apart from the extremely age-varied "college sample," were included in the manual. In spite of these difficulties, the subsamples in the present study appear highly comparable to those found in the literature for the various instruments, including the EPPS, thereby giving a measure of security to the discussion which will follow this section.

#### The Therapist Sample

Table 1 provides descriptive statistics for the male and female therapist subsamples. Correlation matrices (Tables 3 and 4) were prepared for each of these subsamples as well as for the entire therapist sample (Table 5). These matrices were constructed to examine the relationship of A-ness and B-ness to ten other variables: trait anxiety (STAI X-2), self-actualization (POI I), Nurturance, Dominance, Intraception, Affiliation, Autonomy, Order, age, and years of professional experience. Of these, only the first eight were predicted to be of importance while the latter two were included for heuristic reasons.

The male and female subsamples were not significantly different from one another in age, in years of professional experience, in mean A-B scale scores, in levels of trait anxiety and self-actualization, and in needs for affiliation, autonomy and order. Female therapists

TABLE 3

## Correlation Matrix for Male Therapists

|    | <u>A-B</u><br>1 | <u>STAI</u><br>2 | <u>EPPS</u><br><u>Nur</u><br>3 | <u>EPPS</u><br><u>Dom</u><br>4 | <u>EPPS</u><br><u>Int</u><br>5 | <u>EPPS</u><br><u>Aff</u><br>6 | <u>EPPS</u><br><u>Aut</u><br>7 | <u>EPPS</u><br><u>Ord</u><br>8 | <u>POI</u><br><u>I</u><br>9 | <u>Age</u><br>10  | <u>Yrs.</u><br><u>Exp.</u><br>11 |
|----|-----------------|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------|-------------------|----------------------------------|
| 1  | -               | -.20             | .14                            | .15                            | -.10                           | .14                            | -.30                           | -.32                           | .33 <sup>a</sup>            | -.10              | -.11                             |
| 2  |                 | -                | -.10                           | .10                            | -.09                           | .12                            | .20                            | -.44 <sup>b</sup>              | -.48 <sup>b</sup>           | -.40 <sup>a</sup> | -.18                             |
| 3  |                 |                  | -                              | -.03                           | -.18                           | .29                            | -.18                           | -.06                           | .09                         | .12               | .28                              |
| 4  |                 |                  |                                | -                              | .13                            | -.21                           | .09                            | -.12                           | .20                         | -.08              | -.03                             |
| 5  |                 |                  |                                |                                | -                              | -.27                           | .03                            | .20                            | .36 <sup>a</sup>            | .20               | -.18                             |
| 6  |                 |                  |                                |                                |                                | -                              | -.19                           | -.28                           | -.04                        | -.27              | -.05                             |
| 7  |                 |                  |                                |                                |                                |                                | -                              | .14                            | -.19                        | -.09              | .11                              |
| 8  |                 |                  |                                |                                |                                |                                |                                | -                              | -.02                        | .26               | .03                              |
| 9  |                 |                  |                                |                                |                                |                                |                                |                                | -                           | .29               | .10                              |
| 10 |                 |                  |                                |                                |                                |                                |                                |                                |                             | -                 | .80 <sup>c</sup>                 |
| 11 |                 |                  |                                |                                |                                |                                |                                |                                |                             |                   | -                                |

<sup>a</sup><sub>p</sub> < .05, one-tailed test

<sup>b</sup><sub>p</sub> < .01, one-tailed test

<sup>c</sup><sub>p</sub> < .005, one-tailed test

TABLE 4

## Correlation Matrix for Female Therapists

|    | <u>A-B</u><br>1 | <u>STAI</u><br>2 | <u>EPPS</u><br><u>Nur</u><br>3 | <u>EPPS</u><br><u>Dom</u><br>4 | <u>EPPS</u><br><u>Int</u><br>5 | <u>EPPS</u><br><u>Aff</u><br>6 | <u>EPPS</u><br><u>Aut</u><br>7 | <u>EPPS</u><br><u>Ord</u><br>8 | <u>POI</u><br><u>I</u><br>9 | <u>Age</u><br>10  | <u>Yrs.</u><br><u>Exp.</u><br>11 |
|----|-----------------|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------|-------------------|----------------------------------|
| 1  | -               | -.19             | -.27                           | .04                            | .20                            | .03                            | .02                            | -.18                           | -.05                        | .12               | -.10                             |
| 2  |                 | -                | -.11                           | -.58 <sup>b</sup>              | -.44 <sup>a</sup>              | .18                            | -.03                           | -.23                           | -.58 <sup>b</sup>           | -.36 <sup>a</sup> | -.33 <sup>a</sup>                |
| 3  |                 |                  | -                              | -.14                           | .16                            | .16                            | -.35 <sup>a</sup>              | -.35 <sup>a</sup>              | .22                         | -.23              | -.04                             |
| 4  |                 |                  |                                | -                              | -.06                           | -.17                           | -.03                           | .18                            | .21                         | .01               | .13                              |
| 5  |                 |                  |                                |                                | -                              | -.16                           | -.43 <sup>a</sup>              | -.14                           | .13                         | .19               | .23                              |
| 6  |                 |                  |                                |                                |                                | -                              | -.02                           | .02                            | -.11                        | -.08              | -.04                             |
| 7  |                 |                  |                                |                                |                                |                                | -                              | .59 <sup>b</sup>               | .18                         | .39 <sup>a</sup>  | .08                              |
| 8  |                 |                  |                                |                                |                                |                                |                                | -                              | .16                         | .42 <sup>a</sup>  | .19                              |
| 9  |                 |                  |                                |                                |                                |                                |                                |                                | -                           | -.05              | -.09                             |
| 10 |                 |                  |                                |                                |                                |                                |                                |                                |                             | -                 | .79 <sup>b</sup>                 |
| 11 |                 |                  |                                |                                |                                |                                |                                |                                |                             |                   | -                                |

<sup>a</sup><sub>p</sub> < .05, one-tailed test

<sup>b</sup><sub>p</sub> < .005, one-tailed test

TABLE 5

## Correlation Matrix for All Therapists

|    | <u>A-B</u> | <u>STAI</u> | <u>EPPS</u><br><u>Nur</u> | <u>EPPS</u><br><u>Dom</u> | <u>EPPS</u><br><u>Int</u> | <u>EPPS</u><br><u>Aff</u> | <u>EPPS</u><br><u>Aut</u> | <u>EPPS</u><br><u>Ord</u> | <u>POI</u><br><u>I</u> | <u>Age</u><br><u>10</u> | <u>Yrs.</u><br><u>Exp.</u><br><u>11</u> |
|----|------------|-------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|------------------------|-------------------------|---|
|    | 1          | 2           | 3                         | 4                         | 5                         | 6                         | 7                         | 8                         | 9                      | 10                      | 11                                      |
| 1  | -          | -.14        | -.07                      | .14                       | -.02                      | .06                       | -.11                      | -.26 <sup>a</sup>         | .16                    | .01                     | -.11                                    |
| 2  |            | -           | -.05                      | -.36 <sup>c</sup>         | -.24 <sup>a</sup>         | .17                       | .03                       | -.30 <sup>a</sup>         | -.53 <sup>c</sup>      | -.37 <sup>c</sup>       | -.27 <sup>a</sup>                       |
| 3  |            |             | -                         | -.16                      | .07                       | .27 <sup>a</sup>          | -.30 <sup>a</sup>         | -.17                      | .13                    | -.06                    | .12                                     |
| 4  |            |             |                           | -                         | -.09                      | -.22                      | .09                       | .03                       | .20                    | -.02                    | .05                                     |
| 5  |            |             |                           |                           | -                         | -.15                      | .27 <sup>a</sup>          | .02                       | .21                    | .18                     | .09                                     |
| 6  |            |             |                           |                           |                           | -                         | -.15                      | -.13                      | -.07                   | -.18                    | -.03                                    |
| 7  |            |             |                           |                           |                           |                           | -                         | .34 <sup>b</sup>          | -.00                   | .25 <sup>a</sup>        | .08                                     |
| 8  |            |             |                           |                           |                           |                           |                           | -                         | .07                    | .34 <sup>b</sup>        | .12                                     |
| 9  |            |             |                           |                           |                           |                           |                           |                           | -                      | .10                     | -.01                                    |
| 10 |            |             |                           |                           |                           |                           |                           |                           |                        | -                       | .79 <sup>c</sup>                        |
| 11 |            |             |                           |                           |                           |                           |                           |                           |                        |                         | -                                       |

<sup>a</sup><sub>p</sub> < .05, one-tailed test  
<sup>b</sup><sub>p</sub> < .01, one-tailed test  
<sup>c</sup><sub>p</sub> < .005, one-tailed test

scored significantly higher than male therapists on needs for nurturance ( $p < .05$ ) and intraception ( $p < .01$ ), and significantly lower on the need for dominance ( $p < .01$ ) than the males.

In the male therapist subsample (Table 3) self-actualization was significantly correlated ( $p < .05$ ) with B status. This correlation was in a direction opposite to that predicted. The prediction that As and Bs do not differ on a measure of trait anxiety was confirmed. Predictions regarding the relationship of A status to autonomy, affiliation, and nurturance were not confirmed, nor were those relating B status to dominance, intraception, and order.

In the female therapist subsample (Table 4) there were no significant correlations with the A-B dimension. Hence only the prediction that there are no A-B differences in trait anxiety was confirmed. No relationship between A-B status and self-actualization was observed at all. As in the male subsample, predictions of significant correlations between A or B status and the appropriate EPPS scales were not found.

In the combined therapist sample (Table 5) only the need for order correlated significantly ( $p < .05$ ) with A-B status. The finding was a significant reversal of the predicted relationship between order and B status. As was predicted, there were no A-B differences on the trait anxiety measure. No A-B relationships were observed which would support the predictions about self-actualization or the EPPS scales.

#### The Student Sample

Table 2 provides the descriptive statistics for the male and

female student subsamples. Correlation matrices (Tables 6 and 7) were prepared for each of the subsamples and for the entire student sample (Table 8) along the lines indicated above for the therapist sample, with one exception. In the student tables "year in college" has been substituted for "years of experience."

As can be seen in Table 2, the student subsamples did not differ significantly from one another in age, year in college, in levels of trait anxiety and self-actualization, and in needs for nurturance, dominance, affiliation, autonomy, and order. Male students scored significantly higher on the A-B scale ( $p < .005$ ) than female students, and significantly lower ( $p < .005$ ) than female students on intraception.

In the male student subsample (Table 6), there were significant correlations between A status and self-actualization ( $p < .05$ ), A status and nurturance ( $p < .05$ ), and B status with the need for order ( $p < .005$ ). These correlations were in the predicted direction. In effect a male type-A student would be seen as more self-actualized, higher on the need to be nurturant, and lower on the need for order than a type-B male student. Additionally, the prediction of no A-B differences in trait anxiety was supported. Thus, only the predicted relationships of A-ness with autonomy and affiliation, and B-ness with dominance and intraception were unsupported in this subsample.

In the female subsample (Table 7) the measure of intraception correlated significantly ( $p < .05$ ) with the A-B scale. Thus female type-B students had a higher score on intraception than their type-A

TABLE 6

## Correlation Matrix for Male Students

|    | <u>A-B</u><br>1 | <u>STAI</u><br>2 | <u>EPPS</u><br><u>Nur</u><br>3 | <u>EPPS</u><br><u>Dom</u><br>4 | <u>EPPS</u><br><u>Int</u><br>5 | <u>EPPS</u><br><u>Aff</u><br>6 | <u>EPPS</u><br><u>Aut</u><br>7 | <u>EPPS</u><br><u>Ord</u><br>8 | <u>POI</u><br><u>I</u><br>9 | <u>Age</u><br>10  | <u>Coll.</u><br><u>Yr.</u><br>11 |
|----|-----------------|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------|-------------------|----------------------------------|
| 1  | -               | -.03             | -.43 <sup>a</sup>              | -.23                           | -.30                           | -.31                           | -.04                           | .65 <sup>c</sup>               | -.44 <sup>a</sup>           | -.18              | -.04                             |
| 2  |                 | -                | -.03                           | -.48 <sup>a</sup>              | .01                            | -.21                           | -.16                           | .29                            | -.49 <sup>b</sup>           | -.41 <sup>a</sup> | -.38 <sup>a</sup>                |
| 3  |                 |                  | -                              | -.06                           | .14                            | .54 <sup>c</sup>               | -.07                           | -.50 <sup>b</sup>              | .35                         | .08               | .14                              |
| 4  |                 |                  |                                | -                              | -.29                           | .18                            | -.01                           | -.32                           | .24                         | .34               | .39 <sup>a</sup>                 |
| 5  |                 |                  |                                |                                | -                              | .23                            | .11                            | -.18                           | .17                         | .11               | -.03                             |
| 6  |                 |                  |                                |                                |                                | -                              | .06                            | -.61 <sup>c</sup>              | .36 <sup>a</sup>            | .11               | -.12                             |
| 7  |                 |                  |                                |                                |                                |                                | -                              | .07                            | .28                         | -.08              | -.05                             |
| 8  |                 |                  |                                |                                |                                |                                |                                | -                              | -.49 <sup>b</sup>           | -.51 <sup>b</sup> | -.16                             |
| 9  |                 |                  |                                |                                |                                |                                |                                |                                | -                           | .33               | .25                              |
| 10 |                 |                  |                                |                                |                                |                                |                                |                                |                             | -                 | .43 <sup>a</sup>                 |
| 11 |                 |                  |                                |                                |                                |                                |                                |                                |                             |                   | -                                |

<sup>a</sup><sub>p</sub> < .05, one-tailed test  
<sup>b</sup><sub>p</sub> < .01, one-tailed test  
<sup>c</sup><sub>p</sub> < .005, one-tailed test

TABLE 7

## Correlation Matrix for Female Students

|    | <u>A-B</u><br>1 | <u>STAI</u><br>2 | <u>EPPS</u><br><u>Nur</u><br>3 | <u>EPPS</u><br><u>Dom</u><br>4 | <u>EPPS</u><br><u>Int</u><br>5 | <u>EPPS</u><br><u>Aff</u><br>6 | <u>EPPS</u><br><u>Aut</u><br>7 | <u>EPPS</u><br><u>Ord</u><br>8 | <u>POI</u><br><u>I</u><br>9 | <u>Age</u><br>10 | <u>Coll.</u><br><u>Yr.</u><br>11 |
|----|-----------------|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------|------------------|----------------------------------|
| 1  | -               | .02              | .17                            | -.04                           | .41 <sup>a</sup>               | -.09                           | -.17                           | .20                            | .23                         | -.23             | .00                              |
| 2  |                 | -                | .02                            | -.38 <sup>a</sup>              | -.12                           | -.24                           | -.04                           | -.10                           | -.70 <sup>c</sup>           | -.15             | -.20                             |
| 3  |                 |                  | -                              | -.36 <sup>a</sup>              | .16                            | .28                            | -.41 <sup>a</sup>              | -.11                           | .26                         | .01              | .23                              |
| 4  |                 |                  |                                | -                              | -.18                           | -.05                           | .27                            | -.14                           | .39 <sup>a</sup>            | .37 <sup>a</sup> | .14                              |
| 5  |                 |                  |                                |                                | -                              | -.14                           | .05                            | .50 <sup>b</sup>               | -.03                        | -.13             | -.05                             |
| 6  |                 |                  |                                |                                |                                | -                              | -.30                           | -.36 <sup>a</sup>              | .12                         | .08              | .07                              |
| 7  |                 |                  |                                |                                |                                |                                | -                              | .11                            | -.29                        | .08              | .02                              |
| 8  |                 |                  |                                |                                |                                |                                |                                | -                              | .03                         | -.11             | .12                              |
| 9  |                 |                  |                                |                                |                                |                                |                                |                                | -                           | .06              | .39                              |
| 10 |                 |                  |                                |                                |                                |                                |                                |                                |                             | -                | .60 <sup>c</sup>                 |
| 11 |                 |                  |                                |                                |                                |                                |                                |                                |                             |                  | -                                |

<sup>a</sup><sub>p</sub> < .05, one-tailed test  
<sup>b</sup><sub>p</sub> < .01, one-tailed test  
<sup>c</sup><sub>p</sub> < .005, one-tailed test



TABLE 8

## Correlation Matrix for All Students

|    | <u>A-B</u><br>1 | <u>STAI</u><br>2 | <u>EPPS</u><br><u>Nur</u><br>3 | <u>EPPS</u><br><u>Dom</u><br>4 | <u>EPPS</u><br><u>Int</u><br>5 | <u>EPPS</u><br><u>Aff</u><br>6 | <u>EPPS</u><br><u>Aut</u><br>7 | <u>EPPS</u><br><u>Ord</u><br>8 | <u>POI</u><br><u>I</u><br>9 | <u>Age</u><br>10  | <u>Coll.</u><br><u>Yr.</u><br>11 |
|----|-----------------|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------|-------------------|----------------------------------|
| 1  | -               | -.03             | -.14                           | -.10                           | -.20                           | -.15                           | -.11                           | .42 <sup>c</sup>               | -.10                        | -.17              | -.04                             |
| 2  |                 | -                | .00                            | -.42 <sup>c</sup>              | -.02                           | -.23                           | -.10                           | .10                            | -.61 <sup>c</sup>           | -.25 <sup>a</sup> | -.28 <sup>a</sup>                |
| 3  |                 |                  | -                              | -.22                           | .15                            | .40 <sup>c</sup>               | -.22                           | -.33 <sup>a</sup>              | .30 <sup>a</sup>            | .04               | .00                              |
| 4  |                 |                  |                                | -                              | -.21                           | .04                            | -.14                           | -.23                           | .33 <sup>a</sup>            | .36 <sup>b</sup>  | .26 <sup>a</sup>                 |
| 5  |                 |                  |                                |                                | -                              | .03                            | .10                            | .05                            | .09                         | -.02              | -.02                             |
| 6  |                 |                  |                                |                                |                                | -                              | -.11                           | -.48 <sup>c</sup>              | .21                         | .10               | -.09                             |
| 7  |                 |                  |                                |                                |                                |                                | -                              | .08                            | -.00                        | .01               | -.04                             |
| 8  |                 |                  |                                |                                |                                |                                |                                | -                              | -.23                        | -.29 <sup>a</sup> | -.07                             |
| 9  |                 |                  |                                |                                |                                |                                |                                |                                | -                           | .15               | .29 <sup>a</sup>                 |
| 10 |                 |                  |                                |                                |                                |                                |                                |                                |                             | -                 | .47 <sup>c</sup>                 |
| 11 |                 |                  |                                |                                |                                |                                |                                |                                |                             |                   | -                                |

<sup>a</sup><sub>p</sub> < .05, one-tailed test  
<sup>b</sup><sub>p</sub> < .01, one-tailed test  
<sup>c</sup><sub>p</sub> < .005, one-tailed test

counterparts as was predicted. The prediction of no A-B differences in trait anxiety was supported. Unlike the findings in the male student subsample, the predicted relationship between A or B status and self-actualization was not found, nor was there confirmation for the predictions relating A-ness to autonomy, affiliation, and nurturance, nor for those relating B-ness to dominance and order.

In the combined student sample the need for order was significantly ( $p < .01$ ) correlated with the A-B dimension. Thus, as predicted, the type-B student was higher than the type-A student on the need for order. Once again, the prediction of no A-B differences in trait anxiety was supported. The predicted relationship of A status to self-actualization, autonomy, affiliation, and nurturance was not supported. The predicted correlations between B status and dominance and intraception were not found either.

#### Comparison of Therapist and Student Subsamples

Table 9 compares male therapists with male students. The male therapists scored significantly higher on scales of self-actualization ( $p < .001$ ) and dominance ( $p < .005$ ) than the students, but the latter scored higher on nurturance ( $p < .05$ ).

Table 10 compares female therapists and female students. The female therapists differed from the female students only on the self-actualization measure ( $p < .01$ ).

The comparison in Table 11 of all therapists with all students shows therapists to be significantly more self-actualized ( $p < .001$ ) as was predicted, and more dominant ( $p < .01$ ) than the students. The

TABLE 9

Descriptive Statistics for Male Therapist and Student Sample  
 Sizes, Ages, A-B Scores, STAI Scores, POI I Scale Scores  
 and EPPS Scales in Means and Standard Deviations

|                    | <u>Therapists</u>  | <u>Students</u>    |
|--------------------|--------------------|--------------------|
| <u>N</u>           | 28                 | 23                 |
| Age                |                    |                    |
| <u>M</u>           | 33.82              | 18.49              |
| <u>SD</u>          | 6.54               | 1.28               |
| <u>A-B Scale</u>   |                    |                    |
| <u>M</u>           | 9.68               | 10.52              |
| <u>SD</u>          | 3.68               | 2.94               |
| <u>STAI X-2</u>    |                    |                    |
| <u>M</u>           | 34.57              | 37.61              |
| <u>SD</u>          | 6.05               | 8.44               |
| <u>POI I Scale</u> |                    |                    |
| <u>M</u>           | 90.46 <sup>c</sup> | 80.35 <sup>c</sup> |
| <u>SD</u>          | 9.14               | 10.23              |
| <u>EPPS Nur</u>    |                    |                    |
| <u>M</u>           | 15.57 <sup>a</sup> | 17.78 <sup>a</sup> |
| <u>SD</u>          | 4.08               | 4.29               |
| <u>EPPS Dom</u>    |                    |                    |
| <u>M</u>           | 16.14 <sup>b</sup> | 12.35 <sup>b</sup> |
| <u>SD</u>          | 3.84               | 4.31               |
| <u>EPPS Int</u>    |                    |                    |
| <u>M</u>           | 14.36              | 12.65              |
| <u>SD</u>          | 3.84               | 5.14               |
| <u>EPPS Aff</u>    |                    |                    |
| <u>M</u>           | 14.86              | 14.83              |
| <u>SD</u>          | 3.90               | 3.45               |

TABLE 9

(contd.)

|                 | <u>Therapists</u> | <u>Students</u> |
|-----------------|-------------------|-----------------|
| <u>EPPS Aut</u> |                   |                 |
| <u>M</u>        | 15.21             | 13.96           |
| <u>SD</u>       | 3.64              | 3.91            |
| <u>EPPS Ord</u> |                   |                 |
| <u>M</u>        | 7.50              | 7.87            |
| <u>SD</u>       | 3.31              | 3.96            |

<sup>a</sup><sub>p</sub> < .05, one-tailed test

<sup>b</sup><sub>p</sub> < .005, one-tailed test

<sup>c</sup><sub>p</sub> < .001, one-tailed test

TABLE 10

Descriptive Statistics for Female Therapist and Student Sample  
 Sizes, Ages, A-B Scores, STAI Scores, POI I Scale Scores,  
 and EPPS Scales in Means and Standard Deviations

|                    | <u>Therapists</u>  | <u>Students</u>    |
|--------------------|--------------------|--------------------|
| <u>N</u>           | 26                 | 24                 |
| Age                |                    |                    |
| <u>M</u>           | 33.54              | 18.42              |
| <u>SD</u>          | 7.86               | 1.77               |
| <u>A-B Scale</u>   |                    |                    |
| <u>M</u>           | 8.34               | 7.25               |
| <u>SD</u>          | 3.07               | 2.69               |
| <u>STAI X-2</u>    |                    |                    |
| <u>M</u>           | 37.12              | 38.75              |
| <u>SD</u>          | 8.74               | 9.84               |
| <u>POI I Scale</u> |                    |                    |
| <u>M</u>           | 89.88 <sup>a</sup> | 81.79 <sup>a</sup> |
| <u>SD</u>          | 9.66               | 12.86              |
| <u>EPPS Nur</u>    |                    |                    |
| <u>M</u>           | 17.54              | 18.17              |
| <u>SD</u>          | 3.50               | 4.19               |
| <u>EPPS Dom</u>    |                    |                    |
| <u>M</u>           | 12.92              | 12.21              |
| <u>SD</u>          | 5.46               | 5.16               |
| <u>EPPS Int</u>    |                    |                    |
| <u>M</u>           | 17.31              | 16.96              |
| <u>SD</u>          | 4.98               | 4.24               |
| <u>EPPS Aff</u>    |                    |                    |
| <u>M</u>           | 15.96              | 14.58              |
| <u>SD</u>          | 3.22               | 3.82               |

TABLE 10

(contd.)

|                 | <u>Therapists</u> | <u>Students</u> |
|-----------------|-------------------|-----------------|
| <u>EPPS Aut</u> |                   |                 |
| <u>M</u>        | 13.62             | 14.38           |
| <u>SD</u>       | 3.67              | 3.13            |
| <u>EPPS Ord</u> |                   |                 |
| <u>M</u>        | 7.81              | 7.54            |
| <u>SD</u>       | 3.41              | 2.78            |

$p < .01$ , one-tailed test

TABLE 11

Descriptive Statistics for Therapist and Student Sample Sizes,  
Ages, A-B Scores, STAI Scores, POI I Scale Scores,  
and EPPS Scales in Means and Standard Deviations

|                    | <u>Therapists</u>  | <u>Students</u>    |
|--------------------|--------------------|--------------------|
| <u>N</u>           | 54                 | 47                 |
| Age                |                    |                    |
| <u>M</u>           | 33.69              | 18.45              |
| <u>SD</u>          | 7.16               | 1.53               |
| <u>A-B Scale</u>   |                    |                    |
| <u>M</u>           | 9.04               | 8.85               |
| <u>SD</u>          | 3.44               | 3.24               |
| <u>STAI X-2</u>    |                    |                    |
| <u>M</u>           | 35.80              | 38.19              |
| <u>SD</u>          | 7.51               | 9.10               |
| <u>POI I Scale</u> |                    |                    |
| <u>M</u>           | 90.19 <sup>c</sup> | 81.09 <sup>c</sup> |
| <u>SD</u>          | 9.31               | 11.55              |
| <u>EPPS Nur</u>    |                    |                    |
| <u>M</u>           | 16.52 <sup>a</sup> | 17.98 <sup>a</sup> |
| <u>SD</u>          | 3.90               | 4.19               |
| <u>EPPS Dom</u>    |                    |                    |
| <u>M</u>           | 14.59 <sup>b</sup> | 12.28 <sup>b</sup> |
| <u>SD</u>          | 5.10               | 4.71               |
| <u>EPPS Int</u>    |                    |                    |
| <u>M</u>           | 15.78              | 14.85              |
| <u>SD</u>          | 4.63               | 5.13               |
| <u>EPPS Aff</u>    |                    |                    |
| <u>M</u>           | 15.39              | 14.70              |
| <u>SD</u>          | 3.60               | 3.61               |

TABLE 11

(contd.)

|                 | <u>Therapists</u> | <u>Students</u> |
|-----------------|-------------------|-----------------|
| <u>EPPS Aut</u> |                   |                 |
| <u>M</u>        | 14.44             | 14.17           |
| <u>SD</u>       | 3.71              | 3.50            |
| <u>EPPS Ord</u> |                   |                 |
| <u>M</u>        | 7.65              | 7.70            |
| <u>SD</u>       | 3.23              | 3.38            |

$a_p < .05$ , one-tailed test

$b_p < .01$ , one-tailed test

$c_p < .001$ , one-tailed test



students, however, saw themselves as more nurturant than did the therapists ( $p < .05$ ). The predicted therapist-student difference on a measure of trait anxiety was not found.

Table 12 provides a convenient summary of the findings for each prediction in each of the subsamples and combined samples.

TABLE 12

## Outcomes of Predictions Listed by Samples and Subsamples

| <u>Predictions</u>                             | <u>Therapists</u>       |            |            | <u>Students</u> |            |            |
|--|-------------------------|------------|------------|-----------------|------------|------------|
|  | <u>M/T</u> <sup>a</sup> | <u>F/T</u> | <u>A/T</u> | <u>M/S</u>      | <u>F/S</u> | <u>A/S</u> |
| 1. <u>POI Scores</u><br><u>As</u> > <u>Bs</u>  | d                       | c          | c          | b               | c          | c          |
| 2. <u>POI Scores</u><br><u>Ts</u> > <u>Ss</u>  | -                       | -          | b          | -               | -          | b          |
| 3. <u>STAI Scores</u><br><u>As</u> = <u>Bs</u> | b                       | b          | b          | b               | b          | b          |
| 4. <u>STAI Scores</u><br><u>Ss</u> > <u>Ts</u> | -                       | -          | c          | -               | -          | c          |
| 5. <u>A-ness &amp; Aut</u><br><u>r+</u>        | c                       | c          | c          | c               | c          | c          |
| 6. <u>A-ness &amp; Aff</u><br><u>r+</u>        | c                       | c          | c          | c               | c          | c          |
| 7. <u>A-ness &amp; Nur</u><br><u>r+</u>        | c                       | c          | c          | b               | c          | c          |
| 8. <u>B-ness &amp; Dom</u><br><u>r+</u>        | c                       | c          | c          | c               | c          | c          |
| 9. <u>B-ness &amp; Int</u><br><u>r+</u>        | c                       | c          | c          | c               | b          | c          |
| 10. <u>B-ness &amp; Ord</u><br><u>r+</u>       | c                       | c          | d          | b               | c          | b          |

<sup>a</sup>M designates males, F designates females; A designates combined male and female subsamples; T designates therapists; S designates students

<sup>b</sup>significant confirmation

<sup>c</sup>not supported

<sup>d</sup>significant reversal

## CHAPTER V

### DISCUSSION

The present study was prompted by apparent disagreement found in the literature. Whitehorn and Betz (1957) noted that As demonstrated "a high (even extreme) degree of enterprise, initiative, and persistence in an active effort...a state of heightened sensitivity and responsiveness to the patient" (p. 908). Presumably the type-B therapist's failure with the schizophrenic patient was due to his more passive, didactic, and alternately permissive and prescriptive style (Betz, 1967).

The other trend in the literature was perhaps best described by the excerpt already cited from Berzins, Dove, and Ross (1972) and repeated here.

Generally, then, the A-type S, in each sample, may be described as relatively cautious, submissive, uninclined to seek variety or sensual pleasure for its own sake, and as somewhat succorant. Conversely the B-type S shows a risk-taking, dominant, variety-seeking, and "counter-dependent" orientation to experiences. (p. 391)

In an effort to shed light on these differences, this author chose instruments designed to explore what appeared to be the critical variables. The detailed discussion of the results of each of these measures follows:

#### Self-Actualization

The POI measure was chosen to examine presumed differences in self-actualization, and more specifically, differences in permeability

and flexibility of personality structures in the A and B types. Basically this was a follow-up on a line of inquiry suggested by the field dependency-field independency research (Elliot, 1961; Pollack & Kiev, 1963; Silverman, 1967; Shows, 1967; Shows & Carson, 1966; Witkin, Dyk, Faterson, Goodenough, & Karp, 1962). In this present study it was predicted (a) that A status would correlate more highly with the POI measure of self-actualization than B status, and (b) that the therapist sample would be more self-actualized than the student sample.

The first prediction was confirmed ( $p < .05$ ) only in the male student subsample. In the male therapist subsample the expected relationship was reversed ( $p < .05$ ). A-B differences in self-actualization in the male student subsample cannot be accounted for by differences in age or years of school experience because the group was homogeneous on these dimensions. Apparently students at the A-pole of the A-B dimension show a willingness not to endorse stereotypically masculine interests at a period in life when it is socially desirable to do so. Such a stance may reflect differences in self-actualization, thus making the A-pole a marker of the latter trait.

In the male therapist subsample, the overall tendency to endorse A-type interests was even stronger than in the student subsample, yet here self-actualization correlated with the B-pole ( $p < .05$ ) of the A-B scale. When these male therapists were dichotomized into extreme groups, using the norms suggested by Berzins, Dove, and Ross (1972), the groups did not differ from one another in age, and the "years of

experience" dimension favored the As. A possible explanation of this paradoxical finding lies in the perceived tendency of Bs toward defensive distortion, towards presenting themselves in a socially desirable light (Berzins et al., 1971; McGuigan & Seidman, 1971). That explanation runs counter to the reported resistance of the POI to "fake-good" response sets (cf. Foulds & Warehime, 1971). Trained therapists, however, might be more adept than naive undergraduates in "faking-good" successfully.

Thus in the male subsamples the first prediction was confirmed in the student group and unsupported in the professional group.

For female therapists and students no such relationship was observed between A-B status and self-actualization. Up to this point there is a dearth of data on the A-B status of real female therapists, as opposed to students. Thus it is difficult to know what responding in one direction or another may mean in terms of comparison with the original male criterion groups of Whitehorn and Betz. It is interesting to note that female students endorsed A-B items in a less "masculine" direction than the female therapists did. Once again, the lack of observed relationship between the POI measure and the A-B scale for the female subsamples may be understood in the light of the fact that little is known about the broader implications of female performance on the A-B scale (cf. Berzins, Dove, & Ross, 1972; Johnson, Neville, & Beutler, 1973).

The second prediction, that therapists would be more self-actualized irrespective of sex than students irrespective of sex was

confirmed ( $p < .001$ ). This result was predictable given (a) the data reported by Shostrom (1974) for students, and for self-actualized adults (1964), and (b) the assumption that therapists would be self-actualizing adults.

#### Trait Anxiety and A-B Status

The STAI measure of trait anxiety was included on the assumption shared by this author with Wessler and Loewinger (1969), namely that the "harmavoidance" discriminant found in the literature (Berzins et al., 1971) and sometimes recast as "risk-taking" (Barnes, 1972; Berzins, Dove, & Ross, 1972), was related to baseline arousal level or trait anxiety. The present author's rationale assumed that higher levels of trait anxiety would lead to higher levels of state anxiety in ego-threatening situations (Spielberger et al., 1970). He further assumed that a person with a high level of trait anxiety would be more likely to avoid threatening situations than a person with lower levels of that trait since it would be more aversive for the former than for the latter person--i.e., cause him to experience higher levels of painful state anxiety. The present author predicted (a) that, contrary to the implications of the above cited literature, there would be no A-B differences in trait anxiety, and (b) that therapists as a group would manifest lower levels of trait anxiety than students.

The first hypothesis was supported. There were no trait anxiety differences due to A-B status in any of the four subsamples. The key to the difference between the trait anxiety findings and the

well-established harmavoidance data (Berzins et al., 1971; Berzins, Dove, & Ross, 1972; Seidman, 1974) lies in the understanding of "risk-taking." The STAI measures anxiety about risk or threat to self-esteem, an intrapsychic risk (Spielberger, 1970), while the PRF Harmavoidance scale has a more physical connotation (Berzins et al., 1971). Further confirmation of this distinction between the two instruments is found in Spielberger's (1970) report of no significant correlation between PFR Harmavoidance and the STAI trait anxiety scale. Although high harmavoidance remains a powerful predictor of A status, that finding does not of itself characterize As as cautious and low on risk-taking (cf. Berzins et al., 1971) unless the kind of risk is specified.

The hypothesis that the therapist sample would show a significantly lower level of trait anxiety than the student sample was not supported. In spite of the facts that (a) there were highly significant negative correlations between measures of trait anxiety and self-actualization in both groups, and (b) there were highly significant therapist-student differences in self-actualization, there were no measured differences between them in trait anxiety. Female therapists tended to score higher than their male counterparts ( $p < .11$ ) on this trait (male  $\underline{M}$  = 34.57,  $\underline{SD}$  = 6.05; female  $\underline{M}$  = 37.12,  $\underline{SD}$  = 8.74) and indeed were more similar to the students (male  $\underline{M}$  = 37.61,  $\underline{SD}$  = 8.44; female  $\underline{M}$  = 38.75,  $\underline{SD}$  = 9.84) than to their fellow therapists. Perhaps the more anxious and more variable female therapists washed out the expected effect. The higher levels of trait anxiety in the

female therapists may be due to their minority status in the upper levels of the helping professions, thus placing them under pressure to prove themselves to their male colleagues. There was a significant negative correlation ( $p < .05$ ) between trait anxiety and years of experience for the female therapists not found in the male therapist subsample. This may suggest that as the female therapist becomes more settled in her role, her level of trait anxiety declines.

#### EPPS Scales

These scales were chosen on the basis of their face applicability to the A-B differences noted at the beginning of this chapter. The scales were as follows: Nurturance, Dominance, Intraception, Affiliation, Autonomy, and Order. It was predicted that autonomy, affiliation, and nurturance would correlate positively with A status, and that dominance, intraception, and order would correlate positively with B status.

Autonomy. Although tendencies were observed in three of the subsamples for autonomy and A status to correlate positively, none of these correlations was significantly different from zero. Hence it is unknown whether these tendencies are sample-specific artifacts or bellwethers of what might occur in even larger samples.

Surprisingly there were no significant male-female differences on this trait, and the means for both sexes (Tables 1 and 2) clustered about the Edwards published mean (1957) for males (14.34, SD = 4.45) rather than his norm for females (12.29, SD = 4.34). In fact, the female students scored higher on this need than their professional



counterparts. Perhaps these findings reflect the feminist equal rights movement, a new factor on campus since Edwards collected data nearly twenty years ago.

Thus the hypothesis that A status and autonomy would be positively correlated was not confirmed. Larger subsamples would have been useful to study the full impact of the trend observed.

Affiliation. Contrary to prediction there were no significant correlations between affiliation and A status in any of the subsamples, nor were the usual male-female differences found (cf. Edwards, 1957). Again the means for all subsamples approached the published norms for males (15.00, SD = 4.32) rather than that listed for females (17.40, SD = 4.07). One can speculate that this relative denial of affiliative needs in both of the female subsamples reflects a tendency in the contemporary female not to espouse a traditionally stereotypically female attitude.

Only in the male student subsample does a notable tendency in the predicted direction occur, but it falls short of significance. The items in the Affiliation scale are pretty much limited to interaction with friends, and as such may not tap broader tendencies to reach out and be close to people who are not narrowly defined as "friends."

Nurturance. The prediction that A status and nurturance are positively related was confirmed ( $p < .05$ ) only in the male student subsample. Male students as a group described themselves as significantly more nurturant ( $p < .05$ ) than their therapist comparison

group (Table 9). Female therapists endorsed more nurturant items ( $p < .05$ ) than their male counterparts, but fewer such items than their own student comparison group (Table 10). The male-female difference was present only in the therapist sample and was consistent with the Edwards norms (1957). Perhaps the younger generation of males is more ready to admit to nurturant behaviors than their older, therapist counterparts, even though the latter belong to a helping profession.

Dominance. Contrary to prediction, there was no significant relationship between B status and dominance in any of the subsamples. Thus the finding of Berzins, Dove, and Ross (1972) for male students and professionals was not replicated. In the therapist sample the expected (Edwards, 1957) male-female difference was evident ( $p < .01$ ) with males scoring higher on dominance than females. No such stereotypical difference was observed in the student sample. Berzins, Dove, and Ross (1972) had a similar finding in their student groups.

It is of interest to note that only in the case of the female student subsample was there a significant positive correlation between dominance and self-actualization ( $p < .05$ ). It may be theorized that for this group the two dimensions went hand in hand with efforts to grow out of the traditionally more submissive feminine role.

Intrasection. The prediction that B status and intrasection would be positively correlated was confirmed only in the female student subsample ( $p < .05$ ). Once again the data are affected by significant sex differences, consistent with Edward's findings (1957).

Female therapists ( $p < .01$ ) and female students ( $p < .005$ ) scored higher than their male counterparts on this measure.

The above prediction was based upon the Whitehorn-Betz (1954) observation that Bs tended to be more "analytical" than As. Perhaps the key here is not the word "analytical" but the objects toward which such a bent is exercised. In the case of As it would more likely be persons, whereas in the case of Bs it would more likely be symptoms and things (Seidman et al., 1974; Whitehorn & Betz, 1954). The items in the Edwards scale (1953) tend to be interpersonal. The absence of such tendencies in the male subsamples may be due to cultural bias against males admitting introspection with regard to interpersonal feelings. The lack of any observed A-B relationship in the more intrceptive female subsamples may be due to the built-in defect of the A-B scale itself, that it was designed for use with males, as was noted earlier in this chapter.

Order. The prediction that B-ness would be positively correlated with the need for order was supported in the male student subsample ( $p < .005$ ) and in the overall student sample scores ( $p < .005$ ). In both therapist subsamples there was a moderate paradoxical tendency for this need to correlate positively with A status, and in the combined therapist sample this tendency was significant ( $p < .05$ ).

Other A-B studies have likewise failed to find significant B status correlations with the need for order (Berzins et al., 1971; Seidman et al., 1974), yet the literature has continued to suggest this relationship, based primarily upon the interest map of the B

therapist. Whitehorn and Betz (1960) have pointed to the precision of the printer and of the mathematical and physical sciences as markers of the type-B therapist's personality. Perhaps As and Bs differ only in their tolerance for intrapsychic "messiness," and this may nor may not be reflected in day to day need for "orderliness."

Although the relationship was not found as predicted in the therapist sample, it was found in the male student subsample. Strikingly, there was also a significant negative correlation ( $p < .01$ ), in this group only, between order and self-actualization. Perhaps as one becomes more self-actualized, the need for external order serves the organism rather than rules it. The lack of a similar finding among the female students remains puzzling, especially since Edward's (1957) norms gave no sex differences on the need for order, and the mean scores in the present sample approximate those norms.

### Conclusion

In a study involving so many correlations, the possibility always remains that one or another of the relations found significant may be a matter of chance. With that possibility admitted, the findings remain provocative. First, the data from the male student subsample supported a number of the hypotheses. Male student type-As were more self-actualized, more nurturant, less needful of order, and no more anxious than their type-B counterparts. The predicted positive relationship between B-ness and intraception was found in the female subsample. Except for the findings on self-actualization and a different interpretation of "risk-taking," the resulting picture of As and Bs was

strikingly like that found in the analogue studies which form the major portion of the A-B literature.

Second, the surprise in the data lay in the lack of resemblance between the male professional therapists and their student counterparts. Male therapist As, in a reversal of the predictions, appeared less self-actualized and more needful of external order than Bs. As, as predicted though, were no more anxious than their B-type colleagues. These findings present some difficulties for the "invariance hypothesis" (Berzins et al., 1971; Berzins, Dove, & Ross, 1972; Nerviano, 1973) which simply states that the A-B dimension is a personological variable which can be observed in populations other than professional therapists. This invariance across populations is the keystone which supports the external validity of the multitude of studies which have used undergraduate psychology students as simulated therapists. Even though the present male student sample was relatively small, the findings were typical of those seen in the larger body of the literature. The male therapist sample was somewhat larger, but the findings were highly atypical of expectations based upon the analogue studies. In other words, there was no A-B replication across male therapist and student samples.

The third important area to note is that of the female subjects. Female A and B therapists, real and simulated, have been less charted. They were not found in the original Whitehorn & Betz (1954) sample and have been largely ignored since that time in order to keep the parameters of the studies comparable. That with one exception none

of the A-B predictions was confirmed in the female therapist subsample was discouraging, but hardly surprising. As was noted previously, the relationship of the A-B scale to criterion in vivo therapeutic outcome differences is unknown at this time for females.

At present the A-B literature seems mired in problems two to three levels removed from the initially observed phenomena. Seidman et al. (1974) called for the use of Meehl's (1965) "bootstrapping" technique to develop a new and better A-B scale. As they would apply Meehl's method, the current scales would be used to identify individuals "exhibiting certain multidimensional patterns of individual differences" (p. 19). These individuals in turn would be scrutinized for other behaviors which could be empirically measured in order to develop a new scale. The present author believes that if the A-B variable is to survive as a meaningful area of study and application a more radical approach to bootstrapping is needed. In the first place, experienced professional therapists of both sexes ought to be studied in large numbers or in multiple, non-overlapping smaller samples. Secondly, the basic A-B criteria ought to be those which emerged from the original in vivo studies, carefully defined therapeutic outcomes with schizophrenics and neurotic patients. Thirdly, therapists identified as most successful with either or both groups ought to be studied on multiple dimensions, inside and outside of therapy, by methods which are as unobtrusive and nonreactive as possible. Once the salient variables have been isolated, it would then be possible to study them at a level once removed from the

treatment setting through the use of personality inventories from which new scales appropriate to each sex might be developed and finally cross-validated in replication studies. The latter studies, too, should be done with samples of experienced professionals who, once identified psychometrically, could then be studied retrospectively or concurrently against the original treatment outcome criteria.

Such a study or series of studies would be time-consuming and expensive, but if successful, would pay numerous dividends in therapeutic efficiency and efficacy in terms of patient-therapist assignment. If, for example, the "Barnes effect" (Barnes, 1972) of improved functioning by the therapist in a nonoptimal dyad following a therapy session with optimal pairing could be replicated with professionals identified by the above method, effective treatment of a broad spectrum of patients would not involve limiting one's practice to optimal patient-therapist dyads, but increasing one's effectiveness through the scheduling of optimal pairings prior to nonoptimal pairings (Barnes, 1974).

## CHAPTER VI

### SUMMARY

The present study was occasioned by apparent disagreement found in the extensive A-B therapist literature. Whitehorn and Betz (1957) noted that As demonstrated "a high (even extreme) degree of enterprise, initiative, and persistence in an active effort {with the patient}...a state of heightened sensitivity and responsiveness to the patient" (p. 908). Presumably the type-B therapist's failure with the schizophrenic patient was due to his more passive, didactic, and alternately permissive and prescriptive style (Betz, 1967).

The other trend in the literature was perhaps best described by the excerpt already cited from Berzins, Dove, and Ross (1972) and repeated here.

Generally, then, the A-type S in each sample, may be described as relatively cautious, submissive, uninclined to seek variety or sensual pleasure for its own sake, and as somewhat succorant. Conversely the B-type S shows a risk-taking, dominant, variety-seeking, and "counterdependent" orientation to experiences. (p. 391)

In an effort to shed light on these differences the author obtained the cooperation of male and female professional therapists and student controls who completed the A-B scale, a measure of trait anxiety (STAI X-2), a measure of self-actualization (POI I scale), and the following six EPPS need scales: Nurturance, Dominance, Intraception, Affiliation, Autonomy, and Order.

It was predicted that (a) self-actualization is more highly



correlated with A status than with B status; (b) the therapist sample as a group is more self-actualized than the student sample; (c) there are no A-B differences on a measure of trait anxiety, contrary to the implications of recent literature; (d) therapists irrespective of sex manifest lower levels of trait anxiety than the students; (e) autonomy, (f) affiliation, and (g) nurturance are positively correlated with A status; and (h) dominance, (i) intraception, and (j) order are positively correlated with B status.

Of the two predictions about self-actualization (a and b), the first prediction was confirmed in the male student sample (usually used in analogue studies), but reversed in the male therapist sample. No relationship between levels of self-actualization and A-B status was observed in the female subsamples. The second prediction was confirmed--therapists were more self-actualized than the students.

Of the two predictions about trait anxiety and A-B status (c and d), the first prediction was confirmed, finding no A-B differences. The second prediction was not borne out, perhaps due to higher than expected levels of trait anxiety in the female therapists.

Of the six predictions (e to j) relating A-B status to certain needs, the predictions about a positive correlation between A status and autonomy and affiliation were not supported, and the predicted positive relationship between nurturance and A-ness was supported in the male student subsample alone. The prediction that B status would be positively related to dominance was not confirmed, and the hypothesized relationship of B status to intraception was confirmed

only in the female student subsample. The predicted relationship of B-ness to order was confirmed in the male student subsample and again in the combined student sample.

It is striking to this author to note that with one exception, the predictions confirmed occurred only in the student (analogue) samples. Since most of the research has been done with students in analogue formats on the presumption of invariance of the A-B personality traits across therapist and student populations, the need for more cross-validation studies with professionals is clear. Further, the author feels strongly that new A-B studies with experienced male and female professionals, using in vivo therapeutic outcome criteria to develop new scales, are mandatory if the A-B variable is to continue to merit further research and efforts at practical application.

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**APPENDIX A**



Directions: For the following items, please respond in terms of the degree of interest you would have in each of the relevant activities, school subjects or occupations by circling the appropriate answer. Work rapidly.

|                            |             |                    |         |
|----------------------------|-------------|--------------------|---------|
| 1. Marine Engineer         | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 2. Photoengraver           | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 3. Making a radio set      | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 4. Looking at shop windows | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 5. Toolmaker               | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 6. Mechanical Engineer     | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 7. Adjusting a carburetor  | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 8. Manual Training         | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 9. Ship Officer            | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 10. Cabinet Making         | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 11. Building Contractor    | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 12. Mechanical Drawing     | <u>Like</u> | <u>Indifferent</u> | Dislike |
| 13. Carpenter              | <u>Like</u> | <u>Indifferent</u> | Dislike |

Directions: Answer the following items as truthfully as possible by circling one of the answers.

|   |             |              |
|---|-------------|--------------|
| 14. People often dissappoint me                                     | True        | <u>False</u> |
| 15. I think I would like the kind of work a forest ranger does      | <u>True</u> | False        |
| 16. I like mechanics magazine                                       | <u>True</u> | False        |
| 17. It does not bother me that I am not better looking              | <u>True</u> | False        |
| 18. In school, I was sometimes sent to the principal for cutting up | <u>True</u> | False        |
| 19. I have mechanical ingenuity (inventiveness)                     | <u>True</u> | False        |
| 20. I am good at finding my way around strange places               | True        | False        |

**APPENDIX B**

February 1975

Dear Therapist,

Thank you for having agreed to participate in this study. I really appreciate your help since the project forms the core of my dissertation.

At this point I cannot be very specific with you about the nature of my study without risking the introduction of a bias into the measurement process. Data is being gathered in the five psychiatric hospital and clinical settings where I have worked. The complete anonymity of your responses from everyone other than yourself is assured through the procedure outlined on the next page. When you return the completed inventory in the envelope provided, send in the included post card separately with your name and address and I will be happy to send you a full explanation of the study along with the overall results. Since individual scores will be unknown to me, I will be unable to provide them for you.

Once again, thank you for your time and help.

Gratefully yours,

Edmund J. Nightingale

**APPENDIX C**

The present study is designed to investigate the relationships among certain needs, interests, preferences and feelings in the general population for the purposes of comparison with a professional group. My interest is not in individual scores, but in general, overall tendencies. Hence the protocol is administered anonymously and for that reason no individual results will be available. If the study produces significant results, they will be shared with you and with the broader scientific community through some form of publication.

Follow the instructions carefully. If you have any questions as you go along, please feel free to ask for procedural clarifications. Answer as honestly as you can.

APPROVAL SHEET

The dissertation submitted by Edmund J. Nightingale has been read and approved by the following Committee:

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

May 16, 1975  
Date

  
Director's Signature