To the Graduate Council:

I am submitting herewith a dissertation written by Thomas Garrison Hollis entitled "The Prediction of Counseling Orientation Preference from Personality Characteristics." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Psychology and Guidance.

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We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

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THE PREDICTION OF COUNSELING ORIENTATION PREFERENCE FROM PERSONALITY CHARACTERISTICS

A Dissertation

Presented for the

Doctor of Education

Degree

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ABSTRACT

Counseling preference has been demonstrated to have an effect on both the quality of the initial counseling session and the outcome of treatment. Higher ratings of counseling efficacy for the first session were the result when the interview was consistent with the client's preferred counseling style. In addition, the outcome was found to be significantly better for subjects receiving their preferred form of treatment when preferences were selected after subjects were exposed to explanations of several approaches. As a result of the findings on preference, the establishment of a method of preference based client-counselor matching has been recommended. One such method involves the differentiation of preference groups based on personality characteristics which has been shown to be possible when a selection between two approaches is provided.

This study was undertaken to utilize a choice between three counseling orientations in order to distinguish between preference groups using personality characteristics. In addition, this study was designed to isolate the counseling approaches more effectively by controlling for extraneous variables, a limitation of most other preference research involving tapes or films. This was accomplished by employing the same counselor and client to demonstrate the approaches, thereby holding constant such factors as physical characteristics which have been shown to affect preference.

The preference was made after the subjects viewed video tapes of the three counseling orientations: Behavioral Counseling, Client-Centered Counseling, and Rational-Emotive Counseling. The subjects were 203 students enrolled in psychology courses in a community college. It was hypothesized that: (1) Subjects choosing Client-Centered Counseling would be more internal, on the variable locus of control, than those choosing Rational-Emotive or Behavioral Counseling with the latter the more external; (2) Subjects in the Behavioral Counseling group would be more reserved followed by subjects in the Rational-Emotive group and finally those in the Client-Centered group as the more outgoing; (3) The Behavioral group would be more tough-minded and the Client-Centered group more tender-minded or sensitive with the Rational-Emotive group falling in between the other two groups; (4) The subjects choosing the Behavioral Counseling would be more group dependent as compared to those choosing the Rational-Emotive or Client-Centered Counseling, with those choosing the latter the most self-sufficient; and (5) The Client-Centered group would be the more relaxed followed by the Rational-Emotive group with the Behavioral group the most tense.

The results of the study failed to support the five hypotheses. There were only slight differences on the personality variables with few of them in the predicted direction, and the use of discriminant analysis did not yield significant results. The flat profiles that resulted for the three groups may be attributed to the use of a forced preference format in which subjects were grouped regardless of the strength of their preferences.

Qualitative responses concerning reasons for preference were sorted and categorized by graduate students. The qualitative groupings indicate that the subjects interpreted the same counselor behaviors differently as indicative of various degrees of such counselor variables as involvement, concern, and effectiveness. The development of a precounseling preference questionnaire was recommended based on the qualitative findings.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION	1
	Introduction and Rationale	1
	Statement of the Problem	4
	Hypotheses	5
	Definition of Basic Terms	6
II.	REVIEW OF THE LITERATURE	9
	Counseling Preference and Expectation Research	9
	The Comparison of Three Counseling Approaches	24
	Summary	27
III.	DESIGN AND METHODOLOGY	28
	Subjects	28
	Apparatus	29
	Procedure	40
IV.	ANALYSIS OF RESULTS	43
	Results of Total Sample	43
	Results of Female Subjects	53
	Preference and Rating Results	60
	Qualitative Results	62
V.	DISCUSSION AND RECOMMENDATIONS	68
	Discussion	68
	Recommendations for Future Research	87

CHAPTER PAGE

BIBLIOGRAPHY 94

APPENDICES 101

A. Judge's Rating Sheet 102

B. Counseling Preference Questionnaire 103

C. Statement of Informed Consent 104

D. Instructions Given the Subjects for the Tape Presentations 105

E. Directions Given the Card Sorters 107

F. Tables 108

G. Transcripts of the Three Counseling Tapes 117

VITA 135

LIST OF TABLES

TABLE		PAGE
4.1.	Jackknife Classification Matrix for Step 1, Using Factor I of the 16PF	45
4.2.	Jackknife Classification Matrix for Step 6 Using Age and Factors of the 16PF	46
4.3.	Jackknife Classification Matrix for Step 18 Using Age, the Rotter Variable and Factors of the 16PF	47
4.4.	Means for Each Group for the Variables of the Five Hypotheses	51
4.5.	Jackknife Classification Matrix for Step 2 Using Age and Factor I of the 16PF	52
4.6.	Jackknife Classification Matrix on Step 1 for Females Using Factor N of the 16PF	54
4.7.	Jackknife Classification Matrix on Step 4 for Females Using Factors of the 16PF	55
4.8.	Jackknife Classification Matrix on Step 18 for Females Using Age, the Rotter Variable and Factors of the 16PF	56
4.9.	Means for Each Group for the Variables of the Five Hypotheses for Females	59
4.10.	Percentage of Sample Preferring Each Type of Counseling	61
4.11.	Ratings for Each Type of Counseling	63
4.12.	Most Frequent Reasons for Preference	64

TABLE PAGE

4.13. Most Frequent Reasons for Not Choosing Behavioral Counseling 65

4.14. Most Frequent Reasons for Not Choosing Client-Centered Counseling 66

4.15. Most Frequent Reasons for Not Choosing Rational-Emotive Counseling 67

F.1. The Behavioral Group's Reasons for Selecting Behavioral Counseling as Preference 108

F.2. The Behavioral Group's Reasons for Not Selecting Client-Centered Counseling 109

F.3. The Behavioral Group's Reasons for Not Selecting Rational-Emotive Counseling 110

F.4. The Client-Centered Group's Reasons for Selecting Client-Centered Counseling as Preference 111

F.5. The Client-Centered Group's Reasons for Not Selecting Behavioral Counseling 112

F.6. The Client-Centered Group's Reasons for Not Selecting Rational-Emotive Counseling 113

F.7. The Rational-Emotive Group's Reasons for Selecting Rational-Emotive Counseling as Preference 114

F.8. The Rational-Emotive Group's Reasons for Not Selecting Behavioral Counseling 115

F.9. The Rational-Emotive Group's Reasons for Not Selecting Client-Centered Counseling 116

CHAPTER I

INTRODUCTION

I. Introduction and Rationale

Counseling and therapy relationships are composed of myriad variables which have varying degrees of influence upon the outcome. The complexity requires the isolation of the many components of counseling to assess their role in the change process. This involves not only determining the most effective approaches in meeting the diverse needs of clients, but also the characteristics of specific clients who benefit most from certain specific counseling and therapy approaches. In their extensive evaluation of therapy[1] research Bergin and Strupp (1972) state:

> It is becoming increasingly clear that one of the major challenges for research in this area is to achieve greater precision by treating selected individuals having specified qualities by means of specified kinds of interventions employed by therapists possessing specified skills and personality characteristics (p. 8).

One aspect of counseling and therapy research related to this issue is the study of clients' preference of therapeutic techniques. Rosen (1967) reviewed the literature on client preference and concluded that "clients have implicit and explicit ideas concerning the characteristics

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[1]Due to the similarity of counseling and therapy research in this area of study, the two terms, counseling and therapy, will be used interchangeably.

they would like manifested in their counselors" and such preference may significantly determine whether or not "they seek counseling, length of counseling, various aspects of client-counselor interaction, their subsequent evaluation of the experience, and other measures of the effectiveness of counseling" (p. 787).

In a preference study by Devine and Fernald (1973), the outcome of subjects receiving their preferred form of treatment was better than that of subjects not receiving their preference or subjects simply randomly assigned to a therapist. Ziemelis (1974) found that initial interviews consistent with counseling preference resulted in higher ratings by judges on counseling efficacy. He concludes, "preference based matching deserves further investigation as a variable having potential impact on counseling process and outcome" (p. 29). Rosen (1967) concurs with the need for more preference research and states that future investigation should deal with such areas as client personality characteristics as related to counseling preference.

The value of client-therapist matching was demonstrated by Dougherty (1976) in which regression equations were developed and proved capable of predicting effective client-therapist matches. Due to the specific nature of the equations as related to that particular therapist and patient population, the actual equations derived from his study are of little value to other populations. However, the results provide support for the development and use of therapy prediction equations and therefore justify further research in the area of client-therapist matching. A study to derive prediction equations utilizing personality variables in determining preference for one of two therapy

types was conducted by Helweg and Gaines (1977). Although not tested with client-therapist matchings in actual therapy, it was statistically determined that the resulting equations could be used to accurately classify, according to therapy preference, 80 to 90 percent of the subjects using the personality characteristics.

In the area of preference research as related to counseling approaches, few studies have provided adequate control of extraneous variables to isolate the actual approach being employed from the confoundings of specific counselor or therapist variables. This has been accomplished when typed scripts of counseling sessions are provided for the subjects from which to indicate a preference (Neufeldt, 1978; Jacobson, 1971; Reisman and Yamokoski, 1974). However, despite the many advantages of standardization utilizing scripts, they contain the inherent disadvantage of being further removed from approximating actual counseling than other analogue approaches such as audio and video tapes. Of the studies using such methods, this researcher is aware of only two studies in the literature which utilize the same counselor demonstrating several approaches to provide standardization of the counselor variables. One such study used audio tapes (Sonne and Goldman, 1957) and another video tapes (Hollis and Ludwigsen, 1976). The need for standardizing the counselor variables has been demonstrated by many studies showing the impact on preference of the counselor's physical characteristics such as age, sex, and physical attractiveness (Boulware and Holmes, 1970; Helms and Simons, 1977; Mezzano, 1971; Cash, Begley, McCown and Weise, 1975).

II. Statement of the Problem

The research findings indicate that counseling preferences differ across individuals, and the matching of clients with their preferred counselors improves the efficacy of the initial session as well as the outcome of counseling (Ziemelis, 1974; Devine and Fernald, 1973). An area closely related to preference research is expectation, and findings on that variable reveal that a client's willingness to continue in therapy is related to the consistency of expectation and form of treatment employed (Heine and Trosman, 1960). In addition, personality variables have been found to be related to client preference of counseling orientation (Jacobson, 1971; Helweg and Gaines, 1977) when the choice between two approaches is provided. As indicated by these findings, preference and expectation seem to be related to quality, outcome, and client continuance in counseling, and personality variables appear to be helpful in determining preference-based matching.

In order to further the knowledge on subject preference and to utilize personality variables in developing prediction equations for client-counselor matchings based on three counseling approaches, the present study was undertaken. This study was designed to find the personality factors that could distinguish between subjects preferring either Client-Centered Counseling, Rational-Emotive Counseling, or Behavioral Counseling. Also the study was developed to provide increased control over the extraneous variables, confounding many previous studies, by providing counselor and client standardization in the three tapes. To further understand the variables affecting preference, qualitative responses were gathered concerning the

participants' subjective assessment of the factors influencing their choices.

The particular personality variables for this research and the direction of the hypotheses were primarily based upon findings from related studies. Concerning the variables, locus of control and independence, subjects preferring Behavioral and Rational-Emotive Counseling have been found to be more externally oriented and more dependent than those preferring the less structured approaches (Jacobson, 1971; Helweg and Gaines, 1977). Anxiety also seems to be related to preference, for more anxious subjects preferred the more structured approach in the study by Helweg and Gaines (1977). Introversion-extroversion also seems to be related to compatibility for Rational-Emotive Therapy has been found to be somewhat more effective with introverts and Client-Centered Therapy somewhat more effective with extroverts (DiLoreto, 1970). Finally, the hypothesis concerning sensitivity was based upon Frey's research (1972) comparing various approaches on several dimensions including the rational-affective continuum. Client-Centered Counseling was placed toward the affective pole as opposed to Rational-Emotive or Behavioral Counseling. In summary, the hypotheses, based on the above findings, employed the following variables: locus of control, reserved versus outgoing, tough-minded versus tender-minded (sensitivity), independence and anxiety.

III. Hypotheses

Hypothesis I. On the variable locus-of-control (Rotter I-E Scale), subjects choosing Client-Centered Counseling as their preference

will have lower scores (more internal) than those choosing Rational-Emotive or Behavioral Counseling, with those choosing the latter having the highest score (more external).

Hypothesis II. The subjects preferring the Behavioral Counseling will be more reserved, having the lowest scores on Factor A of the 16PF, the reserved versus outgoing continuum, followed by the subjects choosing Rational-Emotive with those preferring Client-Centered Counseling highest on that factor or more outgoing.

Hypothesis III. The Behavioral group will be lower on the tough-minded/tender-minded dimension (Factor I on the 16PF) with the Client-Centered group highest on that dimension or more sensitive, and the Rational-Emotive group falling in between.

Hypothesis IV. For the group-dependent versus self-sufficient factor (Factor Q_2 on the 16PF), the Behavioral group will have the lowest score, more group dependent, as compared to the Rational-Emotive or Client-Centered group, with those choosing Client-Centered Counseling the more self-sufficient.

Hypothesis V. The group with the lowest score or more relaxed on the relaxed versus tense factor (Factor Q_4 on the 16PF) will be the Client-Centered group followed by the Rational-Emotive group and lastly the Behavioral group, containing the more tense subjects.

IV. Definition of Basic Terms

The following terms are used throughout in the description of this study.

Counseling preference. The counseling approach the individual subjects circled as the type they would have preferred if interested in seeking counseling determined counseling preference. That decision was made by the subjects in response to the first question on the Counseling Preference Questionnaire after they viewed the video tapes of three counseling types.

Subject groups. The subject groups were designated as either the Rational-Emotive group, Behavior group, or Client-Centered group, which were composed of subjects indicating the respective types as their preference.

Counseling approaches. Three theories of counseling were demonstrated using a male and female as counselor and client role-playing the application of the different theories to the same problem. The terms "counseling approach" and "counseling orientation" are used interchangeably to refer to the three theories: Client-Centered Counseling, Rational-Emotive Counseling, and Behavioral Counseling.

Personality variables. The results for the subjects on two questionnaires, the Sixteen Personality Factor Questionnaire and the Rotter I-E Scale, comprise the personality variables.

Tape standardization. As a control for the extraneous variables of sex, age, and other physical and personality characteristics, the three tapes were standardized; that is, consistently developed utilizing the same client and counselor in each tape.

Qualitative information. The information clients provided in response to the open-ended questions concerning their reasons for their preference is defined as the qualitative information or

qualitative responses. This information is distinguished from the data collected from the more structured portion of the Counseling Preference Questionnaire such as the rating scales.

CHAPTER II

REVIEW OF THE LITERATURE

The research on counseling preference and the related area of expectation has consisted of both analogue and naturalistic studies. The studies indicate that myriad variables influence an individual's counseling preference, and further, the effectiveness of counseling is related to the consistency between the preference and the various components of the interview. These findings were influential in the determination of the research design and focus of the present study.

I. Counseling Preference and Expectation Research

Counseling Efficacy Research

The effects on the initial interview of receiving one's preferred counselor were assessed in a study by Ziemelis (1974). Subjects were administered The Counselor Preference Form to determine their preferences for the various characteristics describing the two counselors in the study. The subjects, clients at a rehabilitation center, were interviewed for thirty minutes with a portion of the subjects receiving their more preferred and a portion their less preferred counselor. The two counselors were both male, of the same age, and similar in terms of counseling training and competence, but differed in terms of certain physical and personality characteristics. Clients receiving their preferred counselor rated the counselor "more at ease and comfortable"

than those not receiving their preferred counselor. Three minute audiotaped sections randomly chosen from the beginning, middle and end of each counseling session, were blindly and independently rated by three judges on the Level of Interaction Scale. In general, the ratings of the counseling sessions in which clients received their preferred counselors were higher than the ratings of the sessions of clients and their less preferred counselors.

Not only has the initial session been found to be affected by preference, but also therapy outcome has been found to be so affected. Subjects receiving their preferred therapy approach had significantly better results from therapy than those not receiving their preference or those subjects merely randomly assigned to a therapist. Devine and Fernald (1973) studied effects of preference using 48 snake phobic subjects. Two thirds of the subjects were shown video tapes of four different therapists discussing and demonstrating for ten minutes each four therapy approaches: Systematic Desensitization, an encounter approach, Rational-Emotive Therapy, and an approach combining modeling and behavioral rehearsal. The subjects then rated their likes and dislikes and were assigned to a therapist so that a portion received one of their most preferred approaches, and a portion received an approach about which they had expressed a strong dislike. The one third of the subjects not viewing the tapes were simply randomly assigned to one of the orientations. Subjects receiving a preferred approach had a significantly better treatment outcome after the therapy sessions (two sessions) than did those receiving one of their nonpreferred approaches or those randomly assigned subjects. In contrast, there was a

nonsignificant difference in comparing the outcomes according to the four different types of therapy rather than the outcome due to preference consistency. Consequently in this study, preference had a more significant role than type of approach employed. This is not to say that preference outweighs the influence of a specific counseling approach, but it does support the importance of preference as a factor affecting outcome.

A variable closely related to preference is expectation. As a means of assessing the relationship of expectation and rate of attrition in therapy, Heine and Trosman (1960) developed an expectation questionnaire. Forty-six patients desiring therapy at a psychiatric clinic were administered the form and were followed up after a six-week period to evaluate continuance. The patients who were continuing in therapy at that stage endorsed expectation statements consistent with the therapeutic behavior of the therapist to a significant degree more than those who withdrew from treatment. The continuers tended to endorse the "mutual participation" model (expecting the client to have a major role in the therapeutic interaction), and the noncontinuers expected the "guidance-cooperation" model (expecting a more directive therapist). Heine and Trosman conclude, "The variable which appears to be significant for continuance is that of <u>mutuality of expectation</u> between patient and therapist" (p. 278).

Clemes and D'Andrea (1965) investigated the confirmation of therapy expectation and the role of anxiety. Patients were evaluated via a questionnaire and an anxiety card-sort following the initial interview. When that interview failed to meet the expectations of the

patients, they experienced more anxiety than when the expectations were met. In addition, patients with participant expectations, the model consistent with the majority of the therapists, remained in therapy longer and terminated more on a mutual basis than did those with guidance expectancies (guidance-cooperation model). This finding is in support of the results in the study by Heine and Trosman.

Similar findings were the result of a study by Borghi (1968) in which remainers and terminators were determined through the use of hospital records. In a retrospective manner, data on the expectations of the terminators were gathered via home visits. Terminators expressed a large number of expectations inconsistent with what actually occurred in therapy, and the remainers expressed expectations which were congruent with the role of their therapist. The major limitation of the study is the post hoc method of collecting the expectation data; however, the results are supported by the previously cited studies.

In predicting premature termination of therapy by low socioeconomic patients due to the discrepancy between therapy and client expectations, the perceptions of the initial therapy session were obtained from therapists and patients (Overall and Aronson, 1963). In general the perceptions of the patients and therapists were very similar in each case; however, the patients' perceptions were better predictors that the patient would fail to return to therapy when a discrepancy existed between expectation and initial interview behavior. The patients with the most inconsistent expectations were the ones less likely to continue in therapy.

Eugene Levitt (1966), in his review of therapy research related to expectation, proposed an hypothesis consistent with the aforementioned findings. He stated,

> My hypothesis is that there is a negative correlation between the effectiveness of any psychotherapeutic intervention and the discrepancy between the patient's expectation of the nature of the therapy process and the reality of the encounter. The more the patient finds that the therapeutic situation fails to conform to his preconception of it, the less likely it is to affect him favorably (p. 164).

Levitt refers to this as ERD, expectation-reality discrepancy, a condition he considers to be "negatively related to favorable therapy outcome."

Supportive of Levitt's hypothesis is the research by Severinsen (1966) in which client dissatisfaction with a counseling session was found to be related to the discrepancy between what occurred and what they had expected to occur regardless of the direction of the difference. College students indicated their expectations prior to a preregistration counseling interview, and following the session provided information concerning their perceptions of the counselor's approach. If the amount of empathy was more or less than expected, then subjects expressed dissatisfaction with the counseling.

Optimal Counseling Compatibility

It seems clear that expectation and preference have an important role in determining client satisfaction and positive counseling outcome, but the role of preferred or compatible behaviors by the counselor may vary throughout the course of counseling. As with the findings of expectation and preference, Sapolsky (1965) found, by using the FIRO-B,

that a compatible relationship had a positive correlation with improved outcome of treatment. Compatible patients felt more understood by their doctors, and they perceived them to be similar to themselves. Sapolsky states, "Highly compatible patients showed greater effects of their doctor's influence than did low compatibility patients" (p. 73).

Dietzel and Abeles (1975) also found this variable to play a significant part in the successful therapy relationship, but various stages of successful therapy seem to require different degrees of this factor. In their study successful and unsuccessful therapists were compared at three points during the course of treatment. For both the successful and unsuccessful therapists, the initial stage involved a moderately high complementary relationship with the successful therapists slightly higher. But the middle stage was lower in terms of compatibility for the successful therapists as compared to the unsuccessful therapists with a final stage shifting up again on that variable for therapists with the positive treatment outcome. Both therapists were able to maintain the clients in therapy for twenty sessions, which may be attributable to the initial complementarity. Although this level needs to vary in order to produce change, compatibility early in therapy and counseling appears to be essential.

Consistent with finding that complementarity shifts in therapy, client preferences have also been found to change as counseling progresses (Pohlman, 1961). Prior to seeing their counselor, clients indicated the frequency they wished certain behaviors to occur in counseling. After approximately eight interviews, the preferences were again assessed, and a shift was found to have occurred, but the

direction of the shift whether moving more toward or away from the actual behaviors of the counselor was not clear from the data.

As was noted by Dietzel and Abeles, the initial stage of therapy involved a moderately high level of complementarity by the successful therapist. Horenstein and Houston (1976) found that an optimal degree of expectation confirmation, neither too high nor too low, was needed for successful therapy. Rather than a linear relationship existing with respect to the expectation-reality discrepancy variable (ERD) as Levitt (1966) predicted, Horenstein and Houston tested the view that a curvilinear relationship existed in terms of that factor and continuance in therapy. Although not conclusive, the results indicate that clients who are the earliest to withdraw from therapy are the ones with the greatest discrepancy (ERD). The second group that prematurely terminates therapy is composed of those with the highest confirmation of expectancy, and the clients who remain in therapy are those with intermediate degrees of expectation confirmation. The researchers attribute this apparent inconsistency with some of the earlier studies to the differences in populations. Subjects from lower socioeconomic classes were used in the Overall and Aronson (1963) study, for example, and clients from a university psychological clinic were involved in Horenstein and Houston's study. Lower socioeconomic classes may be less able to handle discrepancy than more educated populations who seem to benefit from an optimal amount of discrepancy.

As these findings indicate, the optimal level for the compatibility variables, including preference and expectation, seems to vary through the course of counseling dependent upon the counseling stages

and client populations. The degree of this variability in relation to positive counseling outcome is not clear, but it seems certain that the related variables of preference, expectation and compatibility are important in the course of counseling, and the assessment of such information is of value.

Frequency Studies

Many of the studies investigating client preference have involved exposing subjects to various orientations for them to indicate which technique they would prefer if they were interested in counseling or therapy. One very similar to the proposed study was conducted utilizing three fifteen-minute audio tapes employing the identical client and problem with three different therapists. Of the three approaches presented, the subjects preferred and had more confidence in the Behavioral approach as opposed to the Client-Centered and psychoanalytic orientations with no significant difference in preference for the latter two approaches. One conclusion of the investigators is "that an important dimension in subject acceptance and confidence in a counseling approach is the actual interview technique" (Holen and Kinsey, 1975, p. 23).

However, the process of simply calculating the most popular approach has produced equivocal results. In contrast to the findings of Holen and Kinsey, Fancher and Gutkin's study (1971) revealed that most subjects preferred the insight approaches over the behavioral ones. Written statements were utilized of the four therapeutic orientations: psychoanalytic, Client-Centered, Wolpe's reciprocal inhibition, and Stampfl's implosion therapy. Consistent with these results is the study by Saccuzzo (1975) using a questionnaire to assess the therapeutic

wants of students following the initial interview. Items most frequently indicated were juxtaposed to the components of insight approaches.

Many other frequency studies assessing the preference and expectation of the majority of subjects dealt with the "more active" versus "less active" dimension of counselor behaviors. Dreman and Dolev (1976) investigated the expectations and preferences of nonclients for a university counseling service via a questionnaire. The primary finding was that nonclients preferred counselors to be more active than they expected them to be. A follow-up on this study using actual clients prior to the intake interview revealed a greater congruence for clients than nonclients with respect to what they preferred and what they expected. Although the client group endorsed more conventional expectations of counseling than did the nonclient group, the client group wanted the counselor to be more active than they expected him or her to be. The clients' desire for a more active counselor included the areas of wanting the counselor to "explain and interpret the client's problem," and "tell the client how to behave in different situations."

Related findings were obtained in a study by Peoples and Dell (1975) in which preferences for race (black and white counselors and subjects were used) and active and nonactive counselor roles were investigated. There was no significant difference on the race variable, but the more active counselors were viewed more positively than the less active ones, and more subjects stated a willingness to see the more active counselor.

The communication styles and preferences between friends has also been assessed and compared to counseling (Reisman and Yamokoski, 1974). Friends, communicating about a problem one of them was facing, were observed to use very few empathetic responses, 3 percent, as compared to the large number used in a model Rogerian session, 64 percent. In questioning the subjects on preferences, they stated that they did not wish for their friends to be empathetic when relating to them. They were less opposed to the use of empathy by a therapist, but preferred the therapist to use expository responses. The authors define expository responses as providing one's expert analysis or explanation of a problem or presenting a possible course of action.

A follow-up on the Reisman and Yamokoski study was conducted using an additional script of a competitive response style in addition to the empathetic, expository and interrogative styles used in the original study (Venzor, Gillis and Beal, 1976). In this study, subjects were found as a group to prefer empathetic, interrogative or advice-giving responses equally and to reject competitive disagreeable behavior from the counselor. As opposed to the Reisman and Yamokoski study, these findings indicate that as a group, subjects do not prefer one type over the other as long as it is not competitive. However, this does not address the issue that individuals may have such a preference. Even in the Reisman and Yamokoski study where the trend was the rejection of empathetic responses, some subjects (10 out of 40) expressed that they would like to see a therapist using an empathetic style. Reisman and Yamokoski (1974) conclude:

> In short, even if those findings do help establish valid trends, some individuals have preferences that run counter to them which would suggest a possible basis for client-therapist matchings or at the very least that the therapist be aware that his communication style might frustrate his client (p. 273).

Related Personality Variables

Due to the inconsistency of some of the findings in terms of preference popularity and the fact that popularity does not ensure that the needs of every client will be met by the most popular approach, it appears that a more relevant goal for preference research is the discovery of the characteristics of those making the choice for a given type of counseling. One such study was conducted on the characteristics of persons choosing analytical or behavior therapy. The subjects were provided with descriptions of the two types of therapy from which to indicate their preference and were instructed to imagine that they were interested in receiving treatment. It was found that the persons choosing behavioral therapy tended to be "more dependent, more authoritarian and more externally oriented as compared to those preferring the analytically oriented therapy" (Jacobson, 1971, p. 5626-B).

Results obtained by Helweg and Gaines (1977) are somewhat parallel to the study by Jacobson although different therapeutic approaches were studied. Instead of behavioral and analytical therapy, the preferences for their study were between Client-Centered and Rational-Emotive Therapy. The subjects indicated the type of therapy they would prefer after viewing separate films of Carl Rogers and Albert Ellis interviewing the same client. The subjects in the study were selected from two diverse populations, patients in a psychiatric hospital and

undergraduates in a north-eastern college. Despite this variation in populations yielding subjects with client and nonclient status, the results for the two groups were highly consistent. The finding revealed that subjects preferring Rational-Emotive Therapy were more dogmatic and externally oriented than ones preferring Client-Centered, and the latter were more independent than those choosing the film of Ellis. Supporting these findings on externality was a study on structured and unstructured groups in which the same therapist conducted both groups (Kilmann, Albert and Sotile, 1975). The findings revealed that external clients tend to show more movement with the structured approach and the internal clients make more gains with the less controlled group format.

An additional characteristic that appears to be related to choice is that of anxiety. Helweg and Gaines (1977) found that more anxious subjects preferred the more structured approach (Rational-Emotive Therapy) over the less structured therapy (Client-Centered Therapy). This only reached significance for the patient sample of the two-sample study, but the means of the college student sample were in the predicted direction. Consistent with these findings on preference and anxiety is a study by Dibner (1958). His research revealed that patients exhibited less anxiety in an interview that was more structured, in which the therapist provided more response guidelines and specific information. Pope and Siegman (1962) found that there were fewer speech disturbances in an interview in which more "specific" questions were asked by the therapist. Kaplan (1966) also assessed the relationship of anxiety and level of ambiguity in therapy utilizing a therapy-analogue

situation. The high anxious subjects discussed less affect in the ambiguous condition (free association) than in the more structured one (focusing on a particular problem). The reverse occurred for the low anxious participants.

Introversion-extroversion also seems to relate to the compatibility between a client and a given orientation. DiLoreto (1970) investigated the relationship of introversion-extroversion and the effectiveness of Client-Centered Therapy, Rational-Emotive and Systematic Desensitization in reducing anxiety levels. Although the results were inconclusive, Client-Centered Therapy was found to be somewhat more effective with extroverts, Rational-Emotive was more effective with introverts, and Systematic Desensitization equally effective with both. The present study investigated the role of certain of the aforementioned personality factors as related to counseling preference.

Influence of Extraneous Variables

In order to adequately investigate preference, extraneous variables must be effectively controlled. Films or video tapes have been utilized to insure that subjects are equally exposed to the various orientations (Campbell, 1971; Fernbach, 1973; Helweg and Gaines, 1977; Peoples and Dell, 1975). This would seem to be preferable to descriptions of counseling or typed verbatim accounts used in many studies (Neufeldt, 1978; Jacobson, 1971; Reisman and Yamokoski, 1974) since the subject may not fully understand how the technique is actually carried out, and many of the personal qualities and nonverbal behaviors would be omitted. As Heilbrun (1970) found, there is a tendency for subjects to reject "um-hm" responses when seen in written form.

As mentioned above, films or video tapes have many advantages over scripts; however, the additional audio and visual components of video tape result in more extraneous variables which need to be controlled. Age, sex and physical attractiveness have been found to influence subjects' perceptions of and preferences for counselors. After viewing slides of the faces of males and females of various ages purported to be therapists, subjects indicated whether they would like to talk to each individual presented concerning vocational or personal problems (Boulware and Holmes, 1970). The older male therapists were preferred by males and females except for personal problems, in which females indicated a preference for older females instead. Contradictory results were obtained by Helms and Simons (1977) who did not find a dominant preference for either age or sex utilizing pictures of counselors. Instead, an interaction was found for age and sex, and subjects stated that they anticipated verbally interacting more with counselors of the opposite sex who were in the age range of 25 to 45 and the same sex for the ages from 45 to 55.

Age of subjects has been assessed in reference to their preference for the sex of counselors (Mezzano, 1971). In general, the subjects (high school students in grades 7 through 12) wanted a counselor of the same sex, but boys in the higher grades tended to prefer females for home and family problems, and girls in the upper grades tended to want male counselors in dealing with concerns other than physical development and health. Earlier studies reported inconsistent findings. Both male and female clients and nonclients were reported to prefer male counselors in a study by Fuller (1964), but Koile and Bird

(1956) found that male and female subjects preferred counseling from same-sex counselors. However, both researchers reported that males had more consistent preferences than females. The effects of age and sex in relation to preference is unclear, but it is evident that the variables of age and sex in relation to the counselor must be controlled in preference research if the researcher wishes to ascertain the effects of other therapy variables.

Not only do age and sex complicate preference studies on counseling approaches when the client and counselor can be observed on tape, but also the attractiveness of the counselors can affect subject perceptions of the counselors' attributes. The role of physical appearance was investigated utilizing two video tapes of introductory counseling remarks by the same counselor, only in his natural, physically attractive state in one tape and cosmetically changed to be unattractive in the other tape (Cash et al., 1975). As a validity check for the apparatus, two control groups listened to only the audio portion of the tapes, and there were no significant differences in the characteristics attributed to the counselor in each tape. After viewing the tapes (along with the audio track), the experimental group, however, generally considered the counselor in the attractive condition to be more intelligent, friendly, assertive, trustworthy, competent, warm and likeable than the counselor in the unattractive state.

As a means of controlling for the extraneous variables of age, sex and physical appearance, the present study used the same counselor, dressed identically in each tape. This method of standardization has been used in previous studies, one standardizing such variables as

voice quality by using the same counselor in audio tapes (Sonne and Goldman, 1957) and another employing the same counselor in two video tapes (Hollis and Ludwigsen, 1976).

II. The Comparison of Three Counseling Approaches

The personality variables of persons choosing the various orientations were investigated in the present study to discover characteristics to be utilized in predicting client-counselor compatibility. The approaches selected for study include Client-Centered Counseling, Rational-Emotive Counseling, and Behavioral Counseling. These orientations were chosen since they place varying degrees of importance upon different aspects of one's personality and behavior; i.e., feelings, cognitions and overt behaviors.

With Client-Centered Counseling, the client is given a great deal of freedom to verbalize. The counselor encourages the client to be in touch with his or her feelings and to express them. The relationship between the client and counselor is considered to be of utmost importance (Rogers and Stevens, 1967). In contrast, Rational-Emotive Counseling emphasizes cognitions. From the first interview the counselor makes the client aware of his or her self-defeating values and philosophies. The client is taught to challenge them by demonstrating that these are causing the difficulties he or she is experiencing. According to this approach, internal self-defeating messages, based upon the individual's values and philosophies, are often the main sources of the problem rather than external events (Ellis, 1971). Central to Behavioral Counseling is goal formulation and the implementation of change

procedures relevant to the data collected. The goals must be defined as "specific actions" or behaviors that can be assessed, for example recording the occurrence of certain behaviors and the surrounding circumstances or the antecedent events and the consequences (Krumboltz and Thoresen, 1969; Goldstein, 1973).

In order to compare and contrast these and other counseling theories, many dichotomies have been developed. Two standard dichotomous comparisons are those of C. H. Patterson (1966) and Perry London (1964) using the rubrics of rational-affective approaches and insight-action therapies, respectively. Frey (1972) integrated these dichotomies and developed a four celled model composed of a goal dimension (action-insight) and a process dimension (rational-affective).

According to Frey's (1972) model the rational pole of the process continuum contains approaches which employ reasoning, logic and judgment. "Rational counseling tends to be planned, objective, and perhaps impersonal" (p. 244). The affective process pole describes approaches which utilize emotions, feelings and experiences in the session. "Affective counseling tends to be warm, supportive, personal and spontaneous" (p. 244). For the goal continuum, insight goals are those that "require the client to understand his feelings, comprehend his inner self, experience himself 'in process of becoming,' and understand himself in relation to others as a result of personal dynamics" (p. 245). Knowing and understanding are central to insight goals. Action goals, however, are primarily focused on producing behavior change. The emphasis is placed on "doing and changing" rather than on "knowledge and understanding" (Frey, 1972).

Frey applied this model to existing counseling theories, differentiating them on the goal and process dimensions. He empirically contrasted ten theorists and their approaches by extracting statements from their major works. The statements were randomly ordered and then blindly rated by 37 graduate students in a counseling course. All ten of the theorists studied by Frey fell within three of the four quadrants of the model, the insight-affective quadrant, the insight-rational quadrant, and the action-rational quadrant.

Each of the three theories of the present study was represented by a different quadrant in Frey's study, indicating the diversity of the theories. The insight-affective quadrant contained the Client-Centered approach (Rogers); the insight-rational quadrant housed Rational-Emotive Therapy (Ellis); and Behavioral Counseling (Krumboltz) was in the action-rational quadrant. The analysis of variance of the mean ratings proved significant, and Frey concluded that "the theorists under study significantly differ in regard to what they report to do (process) and what they report to attempt to do (goals)" (p. 247).

This comparison is not an attempt to show that every major component of each approach is exclusive to that approach. There are many similarities; for example, all three attempt to create a positive relationship between the client and counselor. However, there are major differences as indicated by Frey and others, and such divergence could influence client preference and resultant satisfaction.

III. Summary

The consistency between client preference and the resulting interview behavior has been related to the effectiveness of counseling and therapy. The quality of an individual session was found to be higher when the counselor exhibited the characteristics and behavior preferred by the client. In addition, better counseling outcome has been the effect of providing the clients with their preferred types of counseling. As the result of such findings, the discovery of characteristics to be utilized in effective client-counselor matchings has been recommended. Certain personality variables seem to be related to counseling preference and expectation and may be utilized in developing a prediction equation. The variables include anxiety, independence, internal-external locus of control and introversion and extroversion. The purpose of this study was to relate such personality variables to the client preferences for either Client-Centered Counseling, Behavioral Counseling or Rational-Emotive Counseling.

CHAPTER III

DESIGN AND METHODOLOGY

I. Subjects

The subjects were students enrolled in psychology courses at Roane State Community College, on the Harriman, Campbell County, Oak Ridge, and Crossville campuses, all in eastern Tennessee. The general psychology curriculum is divided into three sequential yet separate courses. One academic quarter is devoted to each of the courses. The majority of the students in the study were in the middle course which includes a unit about counseling and therapy. The timing of the study was such that it occurred either well in advance of the therapy unit or served as an introduction to that topic. In each case precautions were taken to insure that the subjects were generally naive regarding counseling theories. No reading assignments or lectures on therapy were given until after the subjects had participated in the research. Students in more advanced psychology courses also participated, but only if they had not had the counseling and therapy unit in a previous psychology course. This did not, however, preclude subjects from being knowledgeable about counseling through other means such as personal reading or actual experience.

The cooperation of the subjects was obtained by one of two methods. One of the instructors was willing to provide class time in three classes for the viewing of the video tapes, and no extra credit

was given to the participants. Two other professors provided class time for the tapes, but also gave the students extra points toward their final grade for completing each portion of the study. The remainder of the subjects received extra credit for attending a tape-viewing session and completing the personality inventories.

The majority of the 203 subjects in the study were Caucasian, with 141 of the participants females and 62 of them males. The age of the subjects ranged from 18 to 55, and 53 percent of the sample were ages 18 through 20.

II. Apparatus

Personality Inventories

The Sixteen Personality Factor Questionnaire was chosen due to the suitability of the factors with respect to the predictions. In addition, the questionnaire has frequently been used in studies of counseling efficacy (McClain, 1968; Wittmer and Lister, 1971; Myrick, Kelly and Wittmer, 1972; and Donnan, Harlan and Thompson, 1969) and was used in a study on preference (Hollis and Ludwigsen, 1976). Test-retest reliability coefficients for each factor of the 16PF range from .58 to .83 (Cattell, Eber and Tatsuoka, 1970).

To assess the variable locus of control, the Rotter scale was chosen (Lefcourt, 1976). The Rotter scale has previously been used in client preference and counseling efficacy studies (Jacobson, 1971; Kilmann, Albert and Sotile, 1975; Helweg and Gaines, 1977). With respect to this scale, Rotter (1966) reports internal consistency coefficients ranging from .65 to .79 and test-retest reliability

coefficients for a one-month period ranging from .60 to .78.

Video Tapes

The experimental apparatus consisted of three twenty-minute video taped counseling sessions of three techniques: Behavioral Counseling, Client-Centered Counseling and Rational-Emotive Counseling. The video taped counseling sessions were created to be as similar as possible with respect to extraneous variables to isolate the unique characteristics of each approach. Each tape involved the same client and counselor focusing on the same problem. The tape-uniformity standardized the physical, personality and demographic characteristics of the counselor and client so such variables would not bias the subjects' preferences (Boulware and Holmes, 1970; Cash et al., 1975).

Several studies on preference and client perceptions of therapeutic orientation involve different counselors or therapists in the tapes or films presented to the clients (Campbell, 1971; Fernbach, 1973; Helweg and Gaines, 1977). In such studies it is impossible to determine whether the client preference or perception is due to the attraction of the subjects to the counselor because of physical attractiveness or personality characteristics such as amiability or warmth. When this is the case, the generalizability of the results is greatly limited. This is not to say that such characteristics will not affect client preference and satisfaction in actual counseling. But if the results of preference research are to be of value, the findings must be related to general variables of counseling approaches rather than the idiosyncratic characteristics of a particular counselor.

There are of course limitations in using the same counselor to present all of the approaches. Each counselor generally has a bias toward one or several approaches which may affect his or her ability to be as involved or enthusiastic about each approach. In addition, the counselor may not be equally skilled in each approach, and therefore would not demonstrate each one effectively. The influence of these factors can be checked and held to a minimum by utilizing qualified judges to certify that the presentations are not biased. If such inequalities do exist, the judges can give suggestions so that the tapes can be altered to eliminate the possibility of bias.

Video tape was chosen instead of written scripts or simply an audio presentation. The visual components of video tape, in addition to the audio, not only makes the exposition more interesting for the subjects, but also presents the nonverbal behaviors so important in human interactions. Written scripts were not selected because they may lack the affective dimensions that are necessary to fully appreciate the counseling interaction. Descriptions of a verbal interaction do not guarantee that the subjects will imagine the tone of a response presented by the script writer. As noted earlier, Heilbrun (1970) found that subjects tended to reject "um-hm" responses when given a written choice of replies that might be made by a counselor. In contrast, in an actual counseling session with the tone of the counselor statement and the nonverbal behaviors such as headshaking, an "um-hm" response can indicate genuine concern, communicate understanding of what is being stated, and signal encouragement for the client to continue with that train of thought. The significance of such a small utterance may well be lost in written form.

A stationary camera was used with no variation in the lense setting. This was to insure that certain behaviors or segments of the session would not be emphasized by the camera more than others. Close-ups of either the client or counselor or focusing on such aspects as hand gestures could heighten the impact of certain statements and alter their significance. This would be impossible to maintain uniformly across the tapes, and therefore a stable camera with uniform picture composition was chosen. The client and counselor also wore the same clothing, sat in the same locations, and were in the identical setting for all three tapes.

The problem was role-played for each tape, and an outline was followed to insure that important aspects of the problem were covered in each session and that a solution was reached in the time allotted. A broad outline was used rather than a script in order to allow the sessions to flow more freely and to appear as natural and realistic as possible. By the close of each tape a solution had been reached, and plans for implementing it were discussed although the degree of structure involved in this process varied with each tape. The client expressed satisfaction and enthusiasm with the course of counseling when questioned at the end of each interview concerning her willingness to continue with future sessions. Attempts were made to have the client express equal satisfaction with all three approaches.

Since homework is such an important component of Rational-Emotive Counseling (Becker and Rosenfeld, 1976), the client was given instructions to record catastrophizing thoughts. In addition, Ellis frequently employs bibliotherapy to supplement the teaching that occurs

in the sessions (Ellis, 1973). In the RET tape the client was requested to read a portion of A New Guide to Rational Living by Ellis and Harper (1976), a book Ellis often uses in therapy (Ellis, 1971). Behavioral Counseling also utilizes homework extensively (Goldstein, 1973; Krumboltz and Thoresen, 1976), and in that tape the client was requested to record the number of hours she studied to obtain a baseline. A decision was made concerning the rewards to be utilized, but she was assigned to continue thinking about their suitability between the first two sessions. In the strictest sense of the approach, Client-Centered Counseling does not employ homework assignments (Meador and Rogers, 1973). However, in order to keep the tapes as parallel as possible, a loosely structured assignment was given to the client. The suggestion was made for her to write down feelings and thoughts that she had during the week concerning her problems so that she continued to think about the insights gained in the session, and was aware of further ideas as they emerged. Not only was the use of homework in this tape important in keeping the sessions parallel, but some advocates of Client-Centered Counseling utilize homework assignments (Carkhuff, 1969).

Three well qualified judges were selected to view the tapes and certify their accuracy, parallelism, and lack of bias. All of the judges have their Doctoral degrees and many years of practical experience. One judge is the director of a large student counseling center; another is a clinical psychologist employed in the same counseling center and in private practice; and the third judge is a professor in Educational Psychology and Guidance and teaches a counseling theories

course in addition to seminars in advanced counseling approaches.

These judges observed the three video tapes as a group and endorsed statements on the Judge's Rating Sheet (Appendix A) concerning the suitability of the tapes for the research project. The judges concurred that the problem was believable and that the problem presentation was sufficiently similar so as not to significantly bias the subjects' preferences. They agreed that important aspects of the Client-Centered, Behavioral and Rational-Emotive approaches were included in each tape, respectively. The counselor was considered to be adequately skilled in each technique so as not to bias preference due to skill variation, and the client's and counselor's enthusiasm and emotional involvement were determined by the judges to be sufficiently similar. All of the judges endorsed each statement covering the above points, indicating their conclusion that significant bias was not built into the tapes. In addition, they signed the following statement:

> In spite of the artificiality of the presentation and the concomitant limitations of the role playing approach, I approve this apparatus as an accurate exposition of important aspects of the three techniques free from artifacts which would significantly bias an individual's choice.

This researcher served as the counselor in each of the tapes. His doing so was not considered to be a source of bias in subject preference due to certain aspects and safeguards of the study. For example, it was to the researcher's advantage for preference to be as evenly dispersed as possible to have enough subjects for determining the variables that differentiated the groups.

Although the primary orientation of this counselor is Client-Centered Counseling, he makes extensive use of the cognitive dimension,

exploring with the client the use of "shoulds" and catastrophizing thoughts based on Albert Ellis's theory. Behavioral techniques are also a part of his repertoire, for he has been involved in individual and behavioral group approaches for several years. This is not to say that this counselor is totally unbiased, but rather that he has an appreciation for all three approaches and incorporates various degrees of them into his overall approach.

Even though this counselor has a primary orientation, the bias was not considered by the judges to be evident in the three tapes. This observation was apparently correct, for the frequency of subject preference in the study was lowest for the tape of this counselor's primary orientation as compared to the other two approaches.

An additional safeguard was that this counselor was present each time the tapes were shown so that any effect his presence might have had was held constant. He did not discuss the approaches with the subjects prior to the viewing of the tapes and their preference selection so that the subjects were not aware of his personal counseling orientation during the study.

The decision to use a female client as opposed to a male client was made on the basis of availability of the volunteer participant and was not a theoretical decision. The use of a male or female client or counselor did not seem to be of crucial importance as long as the counselor and client were consistent for all tapes since preference for the sex of the counselor was not the focus of this study.

Counseling Summary

The problem focus for the counseling session is the client's adjustment to college and independence. In the tapes, the client expresses having difficulty motivating herself to study since she is sharing an apartment with friends and is independent from her parents for the first time. Several factors interfere with her studying. Her roommates are a source of distraction, and her low grades will prevent her from pleasing her parents, a primary reason for studying in the past. This problem was chosen since it lends itself well to a behavioral program, but also includes issues such as independence from parental influence which contributes to the problem and can be explored and eliminated as a negative factor through the other two approaches. In addition, this problem area was considered to be one with which many of the subjects could identify since they were college students at the time of this study.

At the beginning of each tape the client, Nancy, explains that she is having trouble in school and her grades for the present quarter are not going to meet her expectations. She states that in high school she had always made the honor roll and consequently expected to do equally as well in college. Her parents have also been very proud of her for her academic accomplishments and share her high expectations (see Appendix G for tape transcripts).

The client explains that her homework assignments are not much more difficult than in high school, but that her living arrangements have changed since she is now renting an apartment with friends rather than living at home. One of the girl friends is not a student, and the

one who is a student is not conscientious. As a result, the client has been watching television and talking with her friends rather than studying.

Now that Nancy wants to study, she is unable to remain with the task because she is constantly thinking about disappointing her parents and herself due to her low grades. This situation exists, despite Nancy's having a private room, an improvement over the studying conditions at her home.

In the Behavioral tape, after the client discusses the problem as above, the counselor points out that she seemed to have been motivated in the past by the rewards of the honor role and support from parents rather than the intrinsic aspects of studying. The client agrees with this interpretation and expresses interest in developing a new system of obtainable short-term rewards. Various alternatives are considered, and the two of them decide that after studying for a certain period, she can reward herself by spending time with her friends and enjoy the time guilt-free since it will be earned.

The Rational-Emotive counselor starts dealing with the client's irrational thinking soon after Nancy states the basic outline of her problem. He presents the ABC theory to her as an alternative, explaining that the depressed feelings she has (C or consequences) are the result of her belief system (B), not the activating event (A) as she conceives it. He also provides examples which were taken from the transcript of an actual therapy session by Albert Ellis (Ellis, 1973).

The irrationality of her belief that she "must" make the dean's list and "must" please her parents is discussed. She is presented with

the alternative of conceptualizing her goals in a manner such as "I would like to please my parents and it would be nice to make the dean's list, but I do not have to do so." Nancy expresses satisfaction with this view and agrees that this new perspective will allow her to stay with the task of studying without becoming discouraged.

The Client-Centered approach uses reflections extensively to facilitate the client discussing her problem and gaining a better understanding of her feelings and conflicts. She fully explores the discouragement she feels over no longer having the chance to make the dean's list and as a result disappointing her parents. By discussing the problem with the counselor the client begins to realize that she is saying, "It is too late to make the dean's list and consequently too late to do anything worthwhile." With the aid of the counselor's reflections she recognizes that she has been ignoring the real reason she came to college; to earn a degree. Although it is too late to make the dean's list and please her parents, it is not too late to receive credit for the courses she is enrolled in by trying to do her best, and in this manner please herself. Nancy states that she should be able to study better now due to her recognition that she has more to work for than just the dean's list.

Preference Questionnaire

The Counseling Preference Questionnaire was used by the subjects to indicate their preferred counseling approach (Appendix B). They circled one of the choices after reading the following:

> Imagine that you are interested in seeking counseling to deal with a personal problem. Which of the approaches viewed would you prefer?

The possible choices were simply Type I, Type II or Type III. The names of the counseling types were not used at all to denote the approaches so that the name would not influence the selection of preference. The designation of the type as I, II or III was dependent upon the random order the tapes appeared in for each showing. The first tape presented was always Type I, for example, regardless of the approach. Maintaining the title in relation to the order of presentation was a precaution against the subjects forgetting the label of an approach. This required decoding the questionnaires to reveal which counseling type the subjects had chosen when circling I, II or III. A space was provided on the questionnaire for a code letter which was given to the subjects by the experimenter. This letter was linked to a listing of the order of tapes so that the data could be decoded after the study.

Three rating scales followed the section on preference. The subjects indicated their degree of "liking" for each approach on the 5-point scale ranging from "very little" (1) to "very much" (5). This was included to assess whether the subjects had positive, negative or neutral feelings about the alternatives presented them.

Two final sections of the questionnaire requested the subjects' subjective reasons for their preference selection and their reasons for not selecting the other types. These data were solicited to aid in understanding the factors influencing their decisions and what they considered to be of value in counseling.

III. Procedure

Prior to the subjects' participation in the study the psychology instructors obtained their written consent using the Statement of Informed Consent in compliance with the Human Subjects Committee of The University of Tennessee (Appendix C). This was followed by the distribution of the Sixteen Personality Factor Questionnaire and the Rotter Scale by the psychology instructors. The subjects completed these instruments before viewing the video tapes of counseling.

Video Tapes

The video tapes were shown to 13 groups of subjects. The researcher read a rationale for the study, directing the subjects to be observing the tapes for the purpose of deciding on a preference (Appendix D). The preference questionnaire was distributed prior to the showing of the tape for expedience and so that the subjects would view the tapes more carefully in anticipation of the qualitative information requested on the form. They were told not to write on the questionnaire until instructed to do so at the end of the tapes. Blank sheets of paper were distributed for note taking, and the subjects were encouraged to take notes in hopes that this increased involvement would have a positive influence on their attentiveness. The subjects were also instructed, "Try to imagine that you are the person in counseling as you view the three sessions to see how you would respond in each case."

A sign was placed above the screen to designate the label of the approach being shown. Each time the label was changed the experimenter announced the number by saying, for example, "This approach is Type II." As mentioned earlier, the label of the tapes was dependent upon

the order of presentation, always maintaining the ascending sequence.

The randomness of the tapes was accomplished by randomly assigning a number to each tape, denoting it as 1, 2 or 3. Using a table of random numbers (RAND, 1955) each number was selected without replacement until all three were drawn, continuing this until each combination occurred without repeating any of the six combinations. This process was then replicated producing a different order for the six combinations until the random order for 13 presentations was established.

After the subjects viewed the video tapes, they were instructed to provide their name and demographic data requested on the questionnaire and were told the code number to place on the sheet. The assurance of anonymity was repeated to them by the researcher reading the following statement:

> Your name is requested simply to aid in sorting the information from the various phases of the study. The name portion of the sheet will be destroyed before all of the information is statistically analyzed. All of your responses will remain anonymous.

The subjects completed the questionnaire and were dismissed.

Qualitative Sorting

The subjects were requested to give two reasons for their preference and two reasons for not choosing the remaining approaches in each case. Due to the enormity of these data, 1223 statements, the decision was made to randomly select 25 percent of the responses in each category by preference group. That is, for those choosing Behavioral Counseling, 25 percent of their reasons for the choice were randomly selected. Additionally, 25 percent of that group's reasons for not choosing

Client-Centered Counseling and 25 percent of the reasons for not preferring Rational-Emotive Counseling were selected. In sum, there were nine groups of responses from which the 25 percent were selected. Before the random selection, the statements in each group were numbered based on the alphabetized order of the questionnaires according to the group with which the subjects viewed the tapes.

The 25 percent of the statements was recorded on note cards for ease of sorting. Three Doctoral students in counseling psychology, not previously connected with the study, were selected to sort the cards. The students were told to sort them according to similarity of ideas expressed (Appendix E). Each of the nine groups was sorted separately, and a miscellaneous category was provided for each group. The sorters noted on extra index cards the criterion used for each category to aid in the labeling of the categories. The students were given a copy of the questionnaire so that they were informed of the questions to which the responses were related.

CHAPTER IV

ANALYSIS OF RESULTS

I. Results of Total Sample

Multiple discriminant analysis was chosen as the statistical technique to determine the factors most effective in differentiating between the three groups: persons choosing Client-Centered Counseling, Behavioral Counseling or Rational-Emotive Counseling. The .05 level of significance was selected prior to the statistical analysis. The assumption of homogeneity of within covariance matrices was tested. The Chi Square value of 332.14 (df = 342) failed to reach significance at the .05 level indicating homogeneity of within covariance matrices. Since this assumption was met, the discriminant analysis was conducted.

Eighteen variables were included in the discriminant analysis which consisted of the Rotter Scale, all 16 variables of the 16PF and age. The overall $\underline{F}$ of .961 (df = 36, 366) of the discriminant analysis was not significant, indicating that the three groups were unable to be differentiated employing these variables. The various components of the discriminant analysis will be discussed as follows, although the absence of overall significance at step 18 precludes significant findings at any preceding step in this analysis.

In the stepwise comparison of the discriminant analysis, the variable initially selected was Factor I of the 16PF. This variable

had the greatest F value (F = 2.408) in step 0, the step where each variable is analyzed individually. However, for the Jackknife classification matrix using only that one variable, almost all subjects were placed in the Rational-Emotive Group (see Table 4.1). This indicates that although this was the variable most effective in differentiating between the three groups, it alone was ineffective in doing so.

The step with the highest correct classification of subjects into the groups was step 6, with an overall percentage of correct classification at only 48.3 percent as indicated in Table 4.2. At this step, as was the case with all other steps, the majority of incorrectly classified subjects were placed in the Rational-Emotive Group. For step 6, 138 subjects were classified in the Rational-Emotive Group, and only 70 of those were correctly placed in that group. Only 24 were correctly classified in the Behavioral group and only 4 in the Client-Centered group.

For step 18 the pattern was repeated, yet the accuracy of the classification was lower, 37.9 percent. One hundred thirty-two subjects were placed in the Rational-Emotive Group, only 56 of them correctly classified. Only 17 and 4 subjects were correctly classified in the Behavioral and Client-Centered groups, respectively (see Table 4.3). Although previous steps were more accurate in classifying subjects as mentioned above, those combinations cannot be considered for making the predictions because the overall F was not significant. In addition, the accuracy was low, and the prediction formula would have been of little practical use had the F been significant.

TABLE 4.1. Jackknife classification matrix for step 1, using Factor I of the 16PF.

Group	Percent Correct	Number Classified Into Each Group		
B[a]	0	0	69	0
R	96.8	3	91	0
C	0	0	40	0
TOTAL	44.8	3	200	0

[a]B = Behavioral Counseling; R = Rational-Emotive Counseling; and C = Client-Centered Counseling.

TABLE 4.2. Jackknife classification matrix for step 6 using age and factors of the 16PF.

Group	Percent Correct	Number Classified Into Each Group		
		Group B	Group R	Group C
B[a]	34.8	24	41	4
R	74.5	20	70	4
C	10.0	9	27	4
TOTAL	48.3	53	138	12

[a]B = Behavioral Counseling; R = Rational-Emotive Counseling; and C = Client-Centered Counseling.

TABLE 4.3. Jackknife classification matrix for step 18 using age, the Rotter variable and factors of the 16PF.

Group	Percent Correct	Number Classified Into Each Group		
		Group B	Group R	Group C
B[a]	24.6	17	47	5
R	59.6	30	56	8
C	10.0	7	29	4
TOTAL	37.9	54	132	17

[a]B = Behavioral Counseling; R = Rational-Emotive Counseling; and C = Client-Centered Counseling.

Hypothesis I

This hypothesis stated that the subjects choosing Client-Centered Counseling as their preference would have lower scores (more internal) than those choosing Rational-Emotive or Behavioral Counseling, with those choosing the latter having the highest score (more external). There was very little difference between the groups on the Rotter I-E Scale for the means were 9, 9.62 and 9.70 for the Behavioral, Rational-Emotive and Client-Centered groups, respectively. The scores were not in the predicted direction for either the Client-Centered or Behavioral groups, but the Rational-Emotive group was in between the other two as predicted. These differences are too small from which to draw inferences.

Hypotheses II

The subjects preferring Behavioral Counseling were predicted to be more reserved, having the lowest score on Factor A of the 16PF, the reserved versus outgoing continuum, followed by the subjects choosing Rational-Emotive with those preferring Client-Centered Counseling highest on that factor or more outgoing. Minimal differences also occurred between the groups on this factor. The RET group had a mean of 9.93, the Behavioral group a mean of 10.13, and the Client-Centered group a mean of 10.18. Only the Client-Centered group was in the predicted direction, but to an insignificant degree.

Hypothesis III

The greatest difference between means occurred for Factor I, the tough-minded versus tender-minded variable. The Behavioral group was hypothesized to be lower on that dimension with the Client-Centered

group highest or more sensitive, and the Rational-Emotive group falling in between. However, the means for the Client-Centered and Behavioral groups were the reverse of the hypothesis with the Rational-Emotive group as predicted. The means were as follows: 10.60 for the Client-Centered group, 11.67 for the RET group and 12.10 for the Behavioral group. This factor was selected as the one most capable of differentiating the groups in the stepwise comparison of the discriminant analysis. However, even on this factor, with an F value of 2.408 at step 0, the groups were not significantly different. All of the F values for the other 17 variables were lower than Factor I, and consequently none of the variables reached significance.

Hypothesis IV

For the group-dependent versus self-sufficient factor (Factor Q_2 on the 16PF) the Behavioral group was predicted to have the lowest score, more group-dependent, as compared to the Rational-Emotive or Client-Centered groups, with those choosing Client-Centered Counseling the more self-sufficient. The means for this factor were again very similar, with the Behavioral group the lowest and in the predicted direction with a mean of 7.35. The other two groups were not as predicted with means of 7.75 and 7.94 for the Client-Centered and Rational-Emotive groups, respectively.

Hypothesis V

The group means were also similar on the anxiety variable, Factor Q_4 on the 16PF, labeled relaxed versus tense. The group with the lowest score or more relaxed was stated in the hypothesis to have been the Client-Centered group followed by the Rational-Emotive group

and lastly the Behavioral group, containing the more tense subjects. The Rational-Emotive group had the lowest score, however, with a mean of 13.79, followed by the Client-Centered group, a mean of 14.35 with the Behavioral group, highest on that factor and the only one in the predicted direction with a mean of 14.58.

The means for the groups on the five hypotheses are in Table 4.4. In conclusion, all of the hypothesized variables failed to differentiate between the groups.

In addition to the variables on the 16PF and the Rotter I-E Scale, age was added as a factor. This was a post hoc decision, but the variable was included because age appeared to be a differentiating factor as patterns were observed during the collection of data. It seemed that older subjects were choosing Client-Centered Counseling as their preference with the younger ones choosing Rational-Emotive. The means for age were in that direction with a mean of 23.62 for the RET group, 24.97 for the Behavioral group, and 26.80 for the Client-Centered group. This was the second factor selected for the prediction equation, selected on step 2 of the discriminant analysis. However, as indicated in Table 4.5, this variable in combination with Factor I had a low percentage of correct classifications, 44.3 percent.

All of the 16 factors of the 16PF were included in addition to the ones in the formal hypotheses, to ascertain in an exploratory manner which additional factors might have been effective in differentiating between the groups. The pattern was very similar for all remaining factors of the 16PF, very little differences between the means and a consistently low accurate classification rate when combined with other factors in the discriminant analysis.

TABLE 4.4. Means for each group for the variables of the five hypotheses.

Variables	Group B[a]	Group R	Group C
Rotter	9.0000	9.6170	9.7000
16PF			
Factor A	10.1304	9.9255	10.1750
Factor I	12.1015	11.6702	10.6000
Factor Q_2	7.3478	7.9362	7.7500
Factor Q_4	14.5797	13.7872	14.3500

[a]Group B = Behavioral Counseling group; Group R = Rational-Emotive Counseling group; and Group C = Client-Centered Counseling group.

TABLE 4.5. Jackknife classification matrix for step 2 using age and Factor I of the 16PF.

Group	Percent Correct	Number Classified Into Each Group		
		Group B	Group R	Group C
B[a]	1.4	1	63	5
R	90.4	5	85	4
C	10.0	3	33	4
TOTAL	44.3	9	181	13

[a]B = Behavioral Counseling; R = Rational-Emotive Counseling; and C = Client-Centered Counseling.

II. Results of Female Subjects

A discriminant analysis was also conducted for the data from females in the sample. This was done since the possibility existed that the females might have identified more with the female client in the tape, and as a result of the increased involvement, preference might have been affected. The assumption of homogeneity of within covariance matrices was tested and was met with a Chi Square value of 317.66 (df = 342) which failed to reach significance at the .05 level. In the discriminant analysis for females only, the overall F of .964 (df = 36.242) failed to reach significance as was the case with the sample as a whole. Thus the 16PF, Rotter and the age variable were unable to significantly differentiate between the three groups.

The highest percentage of accurate classification of subjects was 48.9 percent, which occurred at step 1 and step 4 (see Tables 4.6 and 4.7). In each case too many of the subjects were classified into the RET group and too few into the Client-Centered group. When all variables were considered in the final step, the percentage of correct classification was only 36.9 percent with the majority of incorrectly classified subjects being placed in the RET group as shown in Table 4.8.

Hypothesis I

The means for the Rotter Scale were very similar and were not in the predicted direction, 8.80 for the Behavioral group, 9.08 for the Client-Centered group and 9.75 for the Rational-Emotive group. It was hypothesized that the Client-Centered group would have had the lowest scores (more internal) followed by the Rational-Emotive group and then the Behavioral group (the most external).

TABLE 4.6. Jackknife classification matrix on step 1 for females using Factor N of the 16PF.

Group	Percent Correct	Number Classified Into Each Group		
		Group B	Group R	Group C
B[a]	32.0	16	34	0
R	81.5	12	53	0
C	0.0	7	19	0
TOTAL	48.9	35	106	0

[a]B = Behavioral Counseling; R = Rational-Emotive Counseling; and C = Client-Centered Counseling.

TABLE 4.7. Jackknife classification matrix on step 4 for females using factors of the 16PF.

Group	Percent Correct	Number Classified Into Each Group		
		Group B	Group R	Group C
B[a]	36.0	18	29	3
R	72.3	16	47	2
C	15.4	1	21	4
TOTAL	48.9	35	97	9

[a]B = Behavioral Counseling; R = Rational-Emotive Counseling; and C = Client-Centered Counseling.

TABLE 4.8. Jackknife classification matrix on step 18 for females using age, the Rotter variable and factors of the 16PF.

Group	Percent Correct	Number Classified Into Each Group		
		Group B	Group R	Group C
B[a]	32.0	16	29	5
R	52.3	24	34	7
C	7.7	8	16	2
TOTAL	36.9	48	79	14

[a]B = Behavioral Counseling; R = Rational-Emotive Counseling; and C = Client-Centered Counseling.

Hypothesis II

Only very slight differences occurred for the means on this variable, Factor A on the 16PF, and the means were not in the predicted direction, 10.05 (RET), 10.27 (Client-Centered) and 10.30 (Behavioral). The hypotheses had stated that the Behavioral group would have been more reserved, having the lowest score on that factor, and the Client-Centered group the most outgoing, or highest on that factor, with the Rational-Emotive group in between.

Hypothesis III

Greater differences occurred on Factor I but in the direction opposite of that hypothesized. It was predicted that the Behavioral group would be the lowest or more tough-minded with the Rational-Emotive group higher and the Client-Centered group highest, more tender-minded. The resulting means, however, were 12.04 for the Client-Centered group, 12.73 for the Rational-Emotive group and 13.38 for the Behavioral group, with only the Rational-Emotive group as predicted.

Hypothesis IV

For the group-dependent versus self-sufficient factor, the Behavioral group was hypothesized to have the lowest score, more group dependent, as compared to the Rational-Emotive or Client-Centered group, with those choosing Client-Centered Counseling the more self-sufficient. There was approximately a one point difference between the extreme mean scores on this variable, and in the predicted direction with 7.30 for the Behavioral group, 7.91 for the RET group, and 8.31 for the Client-Centered group. However, this difference was minimal according to the

F value of .846 at step 0, and the variable was not selected until step 9 on the discriminant analysis.

Hypothesis V

Again the differences were very small on the relaxed versus tense variable, Factor Q_4, and the direction was not consistent with the hypothesis, 14.26 for Rational-Emotive, 14.38 for Behavioral counseling and 14.50 for Client-Centered. The group predicted to have had the lowest score or to be more relaxed was the Client-Centered group followed by the Rational-Emotive group with the Behavioral group having the highest score or the more tense. The means for all of the hypotheses are included in Table 4.9.

For age, the means differed in the predicted direction with 25.0 for the Rational-Emotive group, 25.80 for the Behavioral group, and 28.62 for the Client-Centered group. However, this factor was not selected until step 8 on the discriminant analysis, indicating that it was less able to differentiate between the groups than might appear to be the case when considering only the means.

The factor initially selected as being the most effective in subject classification was not an hypothesized factor. For this variable, Factor N on the 16PF, described as forthright versus astute, the means were 9.80 for the RET group, 10.19 for the Client-Centered group and 10.94 for the Behavioral group. This variable alone had a correct classification rate of 48.9 percent, but a large portion were incorrectly classified into the RET group with 0 subjects placed in the Client-Centered group. This was a higher accuracy rate than all of the combinations but one, as noted earlier.

TABLE 4.9. Means for each group for the variables of the five hypotheses for females.

Variables	Group B[a]	Group R	Group C
Rotter	8.8000	9.7539	9.0769
16PF			
Factor A	10.3000	10.0462	10.2692
Factor I	13.3800	12.7385	12.0385
Factor Q_2	7.3000	7.9077	8.3077
Factor Q_4	14.3800	14.2615	14.5000

[a]Group B = Behavioral Counseling group; Group R = Rational-Emotive group; and Group C = Client-Centered group.

In general, the factors on the 16PF, the Rotter and age were unable to differentiate between the three groups, with the overall F's failing to reach significance for males and females combined and for females separately.[1]

III. Preference and Rating Results

The percentage of subjects choosing the three types of counseling was generally constant whether males and females were considered together or separately. For the total sample with both males and females, 46.31 percent chose Rational-Emotive Counseling, 33.9 percent chose Behavioral Counseling and 19.70 percent chose Client-Centered Counseling. For females, the percentages were 46.10 percent, 35.46 percent and 18.44 percent in the same order as above. A similar hierarchy existed for males with percentages of 46.77, 30.65 and 22.58 percent (see Table 4.10).

Due to the nature of the rating section of the questionnaire, it was determined that it would be sufficient to report only mean ratings of the groups. The subjects were required to select a preference initially, and then were requested to rate that preference and the remaining two choices. This procedure influences the subjects' use of a rating scale to such a degree that a difference in ratings is

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[1] A post hoc decision was made to also analyze the data from males separately. Prior to conducting a discriminant analysis, the assumption of within homogeneity of covariance matrices was tested. The data failed to meet that assumption (Chi Square = 402.16, df = 342), and the plan to analyze the data on males via discriminant analysis was dropped.

TABLE 4.10. Percentage of sample preferring each type of counseling.

Sample	Rational-Emotive	Behavioral Counseling	Client-Centered
Males and Females	46.31	33.99	19.70
Females	46.10	35.46	18.44
Males	46.77	30.65	22.58

expected between their first choice and the other choices. Consequently, differences between first, second and third ratings are of less interest than the direction of ratings.

The ratings for the preferred type of counseling in each group were very similar and in the positive direction of the five point scale. A counseling approach receiving a score of 5 on the scale signifies that the approach is liked very much, and a score of 1 indicates very little liking. Those preferring Rational-Emotive Counseling gave that approach a mean rating of 4.5106; those choosing Behavioral Counseling gave their choice a mean rating of 4.5072, and subjects preferring Client-Centered rated their preference a mean of 4.4250. Second and third choices were in the negative direction, but not as much in that direction as the preferred choices were in the positive direction as shown in Table 4.11. The ratings for the less preferred types in each group ranged from 1.9855 to 2.5319.

IV. Qualitative Results

Twenty-five percent of the qualitative responses were randomly selected and placed on note cards which were sorted into 45 categories by Doctoral level counseling psychology students. There were nine groups of cards from which the categories were determined. For each preference group there was a category of responses explaining the reasons for the preferred choice and two other categories explaining the reasons for not choosing the other two types. The categories with the highest percentage in each group are in Tables 4.12, 4.13, 4.14 and 4.15 (all of the categories are presented in Appendix F).

TABLE 4.11. Ratings for each type of counseling.

Groups	Counseling Types		
	Rational-Emotive	Behavioral Counseling	Client-Centered
Group R[a]	4.5106	2.5319	2.1702
Group B	2.4493	4.5072	1.9855
Group C	2.1500	2.4250	4.4250

[a]Group R = Rational-Emotive group; Group B = Behavioral Counseling group; and Group C = Client-Centered group.

TABLE 4.12. Most frequent reasons for preference.

Categories of Responses	Percent of Responses in Each Category by Group	Number of Responses by Group[a]
(BC)[b] The counselor accomplished more by helping the client explore the problem and provided input toward solving the problem.	29	41
(CC)[c] The counselor helped the client think for herself and reach her own conclusions.	31	26
(RET)[d] The counselor was very involved with the client, and communicated in a straight-forward manner	15	59
(RET) The counselor presented the client with a helpful philosophy of pleasing one-self rather than others.	15	59

[a]Refers to the 25 percent randomly selected responses for each group concerning reasons for preference.

[b]BC = Behavioral Counseling group.

[c]CC = Client-Centered Counseling group.

[d]RET = Rational-Emotive Counseling group.

TABLE 4.13. Most frequent reasons for not choosing behavioral counseling.

Categories of Responses	Percent of Responses in Each Category by Group	Number of Responses by Group[a]
(CC)[b] The specific rewards established were inadequate as is the whole concept of rewards.	44	18
(RET)[c] The use of the rewards was ineffective as well as demeaning and neglected more important aspects of the client's problem.	40	40

[a]Refers to the 25 percent randomly selected responses for each group concerning reasons for not selecting Behavioral Counseling.

[b]CC = Client-Centered Counseling group.

[c]RET = Rational-Emotive Counseling group.

TABLE 4.14. Most frequent reasons for not choosing Client-Centered Counseling.

Categories of Responses	Percent of Responses in Each Category by Group	Number of Responses by Group[a]
(BC)[b] The counselor did not provide enough helpful feedback and therefore was ineffective in dealing with the problem.	29	29
(RET)[c] The counselor failed to offer or discuss a real solution to the client's problem	18	40
(RET) The counselor focused on the client's parents too much, tending to reinforce her efforts to please them.	18	40
(RET) No real progress occurred because the counseling was too indirect.	18	40

[a]Refers to the 25 percent randomly selected responses for each group concerning reasons for not selecting Client-Centered Counseling.

[b]BC = Behavioral Counseling group.

[c]RET = Rational-Emotive Counseling group.

TABLE 4.15. Most frequent reasons for not choosing Rational-Emotive Counseling.

Categories of Responses	Percent of Reaponses in Each Category by Group	Number of Responses by Group[a]
(BC)[b] The approach was generally nonproductive.	24	33
(CC)[c] The counselor was overly authoritative and did not allow the client to take enough responsibility.	25	20
(CC) The counselor was too aggressive.	25	20
(CC) Negative terminology was used by the counselor in referring to the client's ideas.	25	20

[a]Refers to the 25 percent randomly selected responses for each group concerning reasons for not selecting Rational-Emotive Counseling.

[b]BC = Behavioral Counseling group.

[c]CC = Client-Centered Counseling group.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

I. Discussion

Preference Determination

The purpose of this study was to determine variables which could be utilized in predicting a client's preference for counseling approaches to facilitate effective client-counselor matching. The subjects in the study indicated their preference after viewing three video tapes of three different counseling approaches utilizing the same client, counselor and problem area. The direction of the dispersion of groups was hypothesized on five of the variables although more factors were included in the statistical analysis. The variables included in the hypotheses were internal-external locus of control on the Rotter I-E Scale; and sensitivity, independence, anxiety and the reserved versus outgoing dimension of the 16PF. In addition to the personality data, qualitative information was also collected to ascertain what aspects of counseling influenced the subjects' preferences.

The five hypotheses based on personality variables were not supported. The hypothesized variable that had the highest *F* value, although not significant, and was initially selected in the discriminant analysis was Factor I, the tough-minded versus tender-minded dimension. This was not in the predicted direction, but when other adjectives used to describe Factor I on the 16PF are considered, the direction of the

means seems to be logical. The manual for the 16PF further describes this dimension as self-reliant versus dependent and overprotected. The Client-Centered group was in the "self-reliant" direction, the Behavioral group in the "dependent" direction with the Rational-Emotive in between toward the "dependent" end of the continuum. Caution, however, must be exercised in interpreting this factor in this manner for most factors could probably be interpreted to fit in any direction if one attempted to force the issue. Although the Client-Centered approach would seem to be consistent with the self-reliant component, it does not seem to fit with the "practical," "realistic," and "no-nonsense" aspect of that end of the continuum as well as Behavioral Counseling would.

In general, none of the variables were in the predicted direction for all three groups when considering the means. The differences between means were consistently minimal, and all mean scores clustered around the average range for the 16PF providing a relatively flat profile for each group on this inventory. On the Rotter, all three means of 9, 9.62 and 9.70 were toward the internal direction but close to the midpoint on the 23 point scale.

Despite the concern over the direction of the means supporting or failing to support the hypotheses, the primary interest was to ascertain which factors could be used in a prediction equation to classify subjects according to preference. It is obvious that both the 16PF and Rotter Scale were unable to determine membership with any practical degree of accuracy. In addition, the groups did not differ to a significant degree on any of the factors, and therefore none of the variables was able to differentiate between these three groups.

This was the case whether the variables were considered with males and females combined or with females separately. Although different factors were selected as the best discriminators for the females, these factors were no more effective than those selected for the sample as a whole.

One reason for the flat profile of means for all three groups could have been the forced preference design of the study. Subjects who had only a slight preference were grouped with subjects who had very strong preferences. If subjects were grouped based upon ratings of the three approaches without forcing a choice initially, the personality profiles of the groups may have differed significantly. This cannot be determined from the results of this study, and recommendations for future research to deal with this issue are presented in a later section.

It is surprising that the differences between the groups were so slight on the personality variables given previous findings when preference between two groups were compared (Helweg and Gaines, 1977; Hollis and Ludwigsen, 1976). In one of the studies (Helweg and Gaines, 1977), two different therapists were used to demonstrate the approaches which limit the comparison with this study somewhat. However, it may be hypothesized that such group differences as found in the two preceding studies do not hold when the client is forced to make a preference from more than two choices. As opposed to the forced preference method, finer means of preference determination and the assessment of strength and importance of preference may be needed to determine meaningful group membership when several choices are available. This issue will be covered in more detail in a following section.

Two other interpretations of these findings are as follows. Either the wrong personality variables or the wrong instruments may have been selected, and therefore no significant differences occurred. This is a strong possibility due to the slight variations in mean scores. This finding may indicate, however, that personality variables in general are not the best method for the classification of clients based on preference. More direct measures may be better able to distinguish these groups as will be further discussed at a later point.

Although the analysis of the female portion of the sample produced insignificant differences as was the case with the whole sample, the fact remains that different variables were selected as the best discriminators in the discriminant analysis. This seems to indicate that for the development of prediction equations using personality variables, the most effective method would include an equal number of male and female subjects in order to ascertain the value of separate equations by sex.

Age seemed to be a variable of importance in differentiating the groups, but not to a significant degree. Age was originally not included due to its lack of significance in a previous study (Hollis and Ludwigsen, 1976). However, it was noted during the collection of data that classes having a higher percentage of older students tended to choose Client-Centered more frequently and Rational-Emotive less often than classes of younger students. It is not possible to determine the importance of this variable from these data due to the skewed distribution of age. The age range was 18 to 55, but only 47 of the subjects were above age 30, and 108 subjects were ages 18 through 20 with 63 of them age 18.

This trend on the age variable was in the opposite direction of the age findings in the study by Helweg and Gaines (1977) so the influence of age is unclear. Two factors cloud the issue: one is the uneven distribution in the present study, and the other is that Helweg and Gaines only used two approaches and used different therapists in each film.

The rating portion of the questionnaire was included to try to determine whether the subjects tended to "like" the choice they indicated as their preference or whether they were neutral or generally negative toward the "preferred" approach as well as the other approaches. As mentioned earlier, the format of requesting a preference prior to the rating tends to predetermine that the choice selected as the preference will be given a higher rating than the other two choices. However, the direction of the ratings as compared to the midpoint of three, the neutral position, is not necessarily predetermined. All three groups appeared to utilize the rating scale in a similar manner, and gave a positive rating to their preferred choice with the means ranging from 4.43 to 4.51 on the 5 point scale. In addition, they rated the other types toward the dislike pole of the scale although the ratings for the less preferred approaches were not as strong in the negative direction, as the more preferred choices were in the positive direction with means ranging from 1.9855 to 2.5319. The only conclusive statement that can be made about the ratings is that the three groups used the scale in a similar manner. However, this seems to indicate that they did feel positive about at least one of the approaches, signifying that the preference was not a choice of the less of evils but rather a more

distinct positive attraction to one of the approaches.

Additionally, the similarity of the first choice ratings for each group seems to signify that each group feels as positive about its first choice as the other groups regardless of the size of that preference group. This raises a question concerning the significance of positive ratings for the members of each group; i.e., would the subjects withdraw from counseling if that particular type of counseling was not offered. The expectation studies (Heine and Trosman, 1960) indicate that the clients would withdraw if the expectations were not met. Whether preference has that degree of importance has not yet been determined.

In considering the frequencies of preference, it is obvious that the majority of this sample preferred the more active approaches. Only about 20 percent of the subjects chose the nondirective technique as their preference. This was highly consistent whether the males and females were considered separately or were combined. This proportion is also comparable with the proportions in an earlier study where the active approach (Transactional Analysis) was preferred by 78.4 percent of the sample and the Client-Centered approach was preferred by 21.6 percent of the subjects (Hollis and Ludwigsen, 1976). These findings are consistent with many of the frequency studies on preference in which a majority of the subjects prefer the more active styles over the less active ones (Dreman and Dolev, 1976; Peoples and Dell, 1975; Reisman and Yamakoski, 1974). However, as noted earlier, merely providing the most popular approach will not meet the needs of all clients, and therein lies the necessity for variety in approaches and a means of assessing the most suitable ones for specific clients.

Qualitative Responses

The qualitative information was obtained in answer to the following two questions: "List at least two reasons for choosing the type of counseling you circled as your preference in question 1," and "List at least two reasons for not indicating as your preference each of the other two types." There are limitations to these questions in that positive comments were solicited by question 1 concerning their preferred type, and more negative comments were requested in the second question. Although most subjects probably had both positive and negative ideas concerning each type, the decision process in making a preference would seem to involve a desire for certain components of one approach and possibly a repulsion toward aspects of the other approaches. Of course this is not always the case, for some may like all three but just prefer one slightly more than the others. The questions used in this study, based on the former assumption, were designed to ascertain what a person would like to receive in counseling and also what they would like to avoid.

The direction of the means of the rating scales seems to indicate that there were primarily positive feelings about the preferred type and negative to neutral feelings about the other types. The bias of the qualitative questions did not preclude the subjects making comments in the opposite direction, for some made negative comments as well as positive ones about their preferred type, and some made positive comments about the other two less preferred types.

The most common responses for each preferred type related to the counselor's interactions with the client and the resolution to the

problem. Two categories of ideas had the higher percentage of responses in the Rational-Emotive group. Fifteen percent of the responses related to the counselor's presenting the client with a helpful philosophy of pleasing oneself rather than others. The other category containing 15 percent of the responses is characterized by statements that the counselor was very involved with the client and communicated with her in a "straightforward" manner.

The most common category for those choosing Behavioral Counseling contained 29 percent of the responses. In this group the subjects described the counselor as accomplishing more than the other types by helping the client explore the problem and providing input toward solving the problem. For the Client-Centered group, the largest category of statements (31 percent of the responses) pertained to the counselor helping the client think for herself and reach her own conclusion.

All three groups mentioned satisfaction with the Client-Counselor interaction and the process of resolving the problem. These are rather global features of the counseling process, but each approach utilizes a different method in these two facets as reflected in the categories.

Actual responses from some of the subjects demonstrate the differences. In the Rational-Emotive group, the second category of that group mentioned above, a subject stated, "The psychologist discusses what he feels is the problem, then lets the patient respond." Exemplifying the first category in the statement, "I like the solution: that it is nice to do your best, but you don't <u>have</u> to do something. This was stressed very much which I agree with and think it is a good way to think" [this author's underlining]. These subjects obviously

found the active style of the counselor appealing and valued his expressing his interpretation of the problem. In addition, the philosophy of replacing irrational thinking with rational thinking appears to be valued by the subjects.

One of the subjects in the largest category of the Behavioral group expressed, "He let her help select her solution for her problem." Apparently a counselor that not only provides input toward a solution but also involves the client in the decision making is preferred by those in this group. In contrast, an example from the Client-Centered group states, "He lets her do more of the thinking, and he does not analyze her thoughts. He suggests only what is necessary to open her up." In this case minimal counselor input is preferred, and a philosophy or an analysis of the situation is not desired. Although in each case the most frequent comment concerned the process and the solution, each group obviously wanted different degrees of input from the counselor and different types of input.

The comments by all three groups on a specific characteristic of each type of counseling provide a greater understanding of the diversity of the groups. Concerning the relationship in the Rational-Emotive tape, 12 percent of the responses described the counselor with such positive terms as the following: "more personable," "Counselor shows great concern and interest," and "It seemed the therapist was more involved." The active behavior of the counselor was apparently interpreted as concern, interest and involvement. However, of the reasons given by the Behavioral group for not choosing the RET approach, 18 percent were critical of the counselor's manner of relating to the

client. "Therapist seemed very dogmatic. 'This is not your problem, this is your problem' was the approach. This is negative and would anger me." "He seemed to act superior to her." To these subjects his active use of interpretations utilizing the RET philosophy was viewed as condescending to the client.

The comments of the Client-Centered group were consistent with those of the Behavioral group, with 25 percent of the responses describing the RET counselor as "overly authoritative." "The psychologist/psychiatrist was leading the discussion more in this type. He suggested solutions. I would rather find the solutions myself." Not only do the subjects in this group tend to dislike his demeanor, they also see his approach as depriving the client of something important: responsibility for self. The differences in interpretation of the behavior of the counselor indicate that defining a caring, interested counselor is no simple task. What one group interprets as interest and concern, the other groups view as being dogmatic and condescending.

Fewer responses in the Behavioral group dealt with the relationship per se; most of the responses dealt with the process of reaching a solution. This may indicate that the type of relationship is less important to this group than the method of solving the problem. However, many of this group apparently dislike the counselor to be as active as the one in the Rational-Emotive tape. Of the Behavioral group 7 percent of the comments concerned the relationship, describing it in very positive terms. "Nancy and counselor seemed more at ease and could communicate with each other very well." "Smooth conversation, not tense or long gaps of silence."

Five percent of the Rational-Emotive responses on Behavioral Counseling were directed toward the counselor's relationship to the client. "Very little communication--it was sort of a contest to see who could go the longest without talking." In the Behavioral tape the counselor was careful to involve the client in the decision-making process concerning the use and selection of rewards. This resulted in brief time lapses of silence since the client was involved in thinking of such aspects as rewards. Apparently some members of the Rational-Emotive group interpreted that as a lack of communication instead of viewing it as allowing the client an active part in the process of reaching a solution.

A larger percentage of the Client-Centered group's comments on Behavioral Counseling (22 percent) concerned the relationship, and the criticisms were similar to those of the RET group. The responses included: "Not enough interaction with the patient." "Type I was strictly too stiff (unemotional)." "I noted a cold introduction at the beginning of the session." It is somewhat surprising that many of the Client-Centered group were critical of the relationship for one of the goals in making that tape was to include empathetic understanding and some feeling exploration which are important Client-Centered components but are also included in Behavioral approaches at times (Krumboltz and Thoresen, 1976). It may be hypothesized that the focus, being more concrete in terms of a reward schedule, caused the subjects to generalize this less personal problem-focus to the relationship as a whole and conceptualize the therapist as less personal.

Comments concerning the relationship in Client-Centered Counseling comprised 15 percent of the responses of subjects having that preference. "Type III had the counselor taking more of a gentle approach with the depressed girl." "The subject seemed to be more open and relaxed about the interview." Whereas the Client-Centered group viewed the approach as gentle and relaxed, the othere were critical of the lack of action and input from the counselor. The RET group made such comments (18 percent of the responses) as, "The counselor doesn't come right out and tell what he thinks is really bothering her, rather he sort of just talks to her and goes about it in a round about way." "I think there is an awful lot of beating around the bush." Consistent with the above group's criticism are the responses of the Behavioral group (16 percent of the statements). "No action was taken, just talk." "Too sympathetic, allowing the girl to wallow in her self pity."

It is apparent that some subjects see the Client-Centered approach as a gentle approach, offering the client the chance to open up and relax. Others apparently do not find that to be necessary or even desired, but instead prefer to go directly to problem solving, and view anything less as "beating around the bush."

Another category that seemed to be common across groups was that of the solution. Two categories are related to this issue for the RET group. As noted earlier, many of the responses (15 percent) for this group were supportive of the philosophy of RET which questions the "shoulds" of irrational thinking. An example is the statement, "It would make me feel that I was not obligated to anyone but satisfying myself because I had to live with it." Related were comments that the

counseling helped the client be more realistic (10 percent of the responses). "The counselor tried to make the girl look at the problem more realistically." "Helps [her] look at life more realistically." This group apparently considers this philosophy to be of value in helping one deal with problems of living.

This view of life was criticized by a portion of the Behavioral group (18 percent of the responses). Subjects made statements such as "Gets her to lower her goals. Seems like a copout." "[The counselor] made goals seem somewhat silly, illogical." Some of the subjects of the Client-Centered group (15 percent of the responses) considered the Rational-Emotive philosophy to take away the client's incentive. "She shouldn't have compromised like that. It's effort and hard work that pays off." "I feel self acceptance with little emphasis on striving for excellence is dehumanizing." It seems logical that the Behavioral group would be critical of this philosophy since they chose a very goal-oriented approach. However, the criticism by the Client-Centered group is less understandable since the client in that tape reached a similar conclusion; i.e., to please herself rather than her parents. It may be that reaching such a conclusion primarily through one's own thinking with the aid of a counselor is very different than being directly taught that view as a pervasive philosophy even though both conclusions are very similar. The area of values and individual goal-orientation seems to be at issue here.

The solution of the Behavioral Counseling was the establishment of a reinforcement program. Twenty-four percent of the responses in this group were related to the use of rewards and were supportive of

their use. "If a person is working for something, daily rewards help to give satisfaction that the person is achieving the goal that has been set for them." "[The counselor] offered more immediate rewards and goals that could be obtained."

Many of the responses by the other groups about the Behavioral approach were critical of the rewards. Forty percent of the responses by the Rational-Emotive group contained such criticism. "She might be hurrying through her studying to get the reward, while not learning as much as she should." "Rewards may be good temporarily but not for long term." Similar negative comments concerning rewards comprised 44 percent of the responses by the Client-Centered group, for example: "The reward should be good grades and not a piece of candy or a new dress." "Reward system can fail too easily causing client to feel more like a failure." It is apparent that some people find the whole concept of rewards to be negative, and such persons would be dissatisfied with such an approach in counseling. Some of the comments critical of rewards expressed skepticism over the specific ones chosen, not the whole idea of rewarding oneself. The vast majority in each case, however, were objecting to the whole concept.

The solution for the Client-Centered tape was not as clearcut as in the Behavioral approach or the RET tape. The comments related to a solution centered around the process of letting the client think for herself as well as reach her own conclusion. Thirty-one percent of the responses were sorted into this category. "Interviewer allowed girl to decide for herself that her thought processes were not making much sense." "Subject came to her own conclusions about problem and ways to

help from hints the doctor made." The client's having a major role in this process was obviously valued by the subjects making these comments.

The comments from the other groups indicate that they did not value the degree of responsibility given the client in the Client-Centered approach. Nineteen percent of the Behavioral responses described the approach as inadequate due to the absence of a solution from the counselor. "He gives no specific solution to her problem. He just tells her to think about it which could cause her to worry even more." "He doesn't offer a solution for her problem." Critical responses by the RET group concerning the lack of a precise solution to the problem totaled 18 percent of the responses. One subject stated, "The psychologist didn't provide any different aspects and solutions that might dissolve the problem." "The main problem with this type is that no real solution is brought up."

From these data, it seems that some subjects prefer some definite information from the counselor whether it is being taught a different perspective on life as with RET or being introduced to the Behavioral concept of rewards and assistance in establishing a contingency program. These subjects apparently would not be satisfied simply with a chance to reach their own solution with the aid of an empathetic listener.

A category for the Client-Centered group that was somewhat surprising dealt with the issue of directiveness. A portion of the subjects (19 percent of the responses) viewed the counselor as somewhat directive. "He was able to direct her very well." "She needs to adjust to her new life style away from family and I feel he was trying to get her to do this." These subjects were apparently more attuned to the

subtle aspects of this approach and liked the direction in which the counseling was moving. Whereas many of the subjects in the other groups were critical of this approach for "beating around the bush," many of those preferring the Client-Centered type viewed the counselor as having some ideas concerning the problem, and liked the manner in which they were revealed to the client.

Many of the respondents in the Behavioral and Client-Centered groups disliked the language used in the RET tape. Twenty-five percent of the responses on RET by the Client-Centered group expressed negative reactions to the adjectives describing her irrational thinking. "Therapist used 'nutty, crazy, insane' when referring to student's thinking. No! No!" "I would have been insulted to have been told that my ideas were 'nutty' and 'insane' and that was 'crazy thinking.'" A smaller percentage of the Behavioral group commented on this language. Nine percent of the statements expressed this criticism, such as, "He made her seem 'dumb' and 'nutty.'" Several clients in these two groups seem to have been offended by this description of her thinking. In contrast, of all 94 subjects in the RET group only 1 even noted the use of this language, and she made a parenthetical statement only slightly critical. The subject stated, "(Use of nutty, crazy, puts it down, but when she really looks at it, it may seem that way in real life)." Of course one would expect to find few negative comments concerning RET from those preferring that type due to the positive slant of the question soliciting reasons for that choice. However, given the strong effect of some of the criticism by other subjects one would expect the issue to have been mentioned more than once. It could be that those

subjects who valued the idea of rational thinking attributed the negative adjectives to an irrational idea rather than the client. Yet, the other subjects apparently viewed it as a personal attack, maybe because they did not agree with the philosophy and therefore would not want their ideas to be deemed "crazy" or "nutty." A greater portion of the Client-Centered group seemed to be concerned with this issue. This may indicate that this group is more sensitive to criticism and wants a counselor who is more accepting of the client's ideas as well as the client as a person.

The Behavioral approach was criticized by subjects in the other groups as being superficial. Many of the subjects in the Behavioral group apparently do not share this observation since 24 percent of the responses expressed satisfaction with the use of rewards. In addition, a portion of the Behavioral group (7 percent of the responses) made positive statements concerning the problem identification. "They got to the point of her problem. They studied it carefully and talked about it in detail." "Zeroed in on the problem."

Of the statements addressing Behavioral Counseling made by the Rational-Emotive group, 10 percent dealt with the superficiality of the approach. "Little insight into problem, very superficial, tended to encourage evasiveness." "The questions seemed too shallow, not deep enough." A larger percentage of the Client-Centered group's comments on that approach (22 percent) focused on this issue with such statements as the following: "The real problem, I don't think, was brought out so it could be solved." "Never gets to the basic problem." It appears from these comments that the debate among professionals over the value

of alleviating "symptoms" is shared by the laymen. Some clients are apparently very satisfied to deal with the more obvious problem or the "symptom." However, some clients seem to be very dissatisfied with this tactic and prefer to obtain an understanding of the cause of underlying problems.

As noted, many of the Client-Centered group were critical of the problem-focus of the Behavioral group. They seem to be satisfied with the developments in the Client-Centered tape since 31 percent of the comments were positive statements about the client thinking for herself and reaching her own conclusions. Also the establishment of new goals was mentioned in 7 percent of the comments. "It established a new goal, a realistic goal."

To the other two groups the focus of the Client-Centered approach was not obvious, and the counselor was even criticized for reinforcing the client's problem. Several of the Behavioral group's responses (6 percent) expressed dissatisfaction with the focus. "The counselor kept saying 'to please parents.' I think the girl's largest concern was her own self approval." A larger portion of the RET group (18 percent of the responses) concurred with this assessment of the Client-Centered Counseling. "[The counselor] keeps her referred to disappointments of her parents." "Studying should not be to make your parents happy, but you should study to reach your own goals." The statements by the counselor of which these subjects were critical were reflections to help the client realize that she was merely trying to please her parents at present and further that she seemed to feel dissatisfaction about this motive. It appears that the process of reflecting on an area

of concern, helping the client explore the problem situation in greater detail and express concomitant feelings, is interpreted by some to be reinforcing the problem. Some subjects seem to want to explore a problem in great detail in order to reach a conclusion on their own, i.e., the Client-Centered group. Yet others seem to want to simply enumerate the problem and begin dealing with alternative viewpoints (RET), or better methods of accomplishing the original goal (Behavioral Counseling).

It is clear from the contrast of perspectives concerning the likes and dislikes of the subjects, and what they considered to have occurred in a session and what they thought failed to occur, that effective counseling is in the eye of the counselee, or in this case, of the observer. What one subject considers valuable and desirable in understanding or alleviating a problem, another considers impotent or at worst even harmful. It is notable that this wide variation of perceptions occurred despite the fact that the same counselor was used in each tape. Attempts were made to hold the concern and interest of the counselor constant across all of the tapes despite the variations in such variables that often occur in actual practice between counselors of different orientations, for example: a Client-Centered counselor as compared to a Rational-Emotive counselor. This was held constant so that more salient features of the techniques would influence preference, rather than such variables as counselor concern. The three judges verified this by unanimously answering "yes" to the question, "Was the therapist's enthusiasm and emotional involvement sufficiently similar as not to significantly bias the subjects' preferences?" If this is the

case and the judges and this researcher are correct in this assessment of involvement, then it is apparent that subjects infer different characteristics to the counselor based upon certain behaviors. For example, the active role of a counselor is considered to demonstrate interest and concern by some, but is interpreted as manipulation and authoritarianism by others. It seems obvious from these data that such varied preferences need to be assessed if effective client-counselor matching is to be accomplished.

II. Recommendations for Future Research

Rather than merely continue with the role of personality variables as predictors for preference, a more fruitful approach seems to be the development of a direct means of predicting preference and determining client-counselor matchings. As the qualitative information indicates, clients seem to be able to articulate rather clearly their likes and dislikes of various techniques. A questionnaire to assess this information could be developed, employing the same video tape model as included in this study to isolate the technique variables and provide a controlled situation for determining subject choice as related to the questionnaire items. In constructing a questionnaire to assess client preferences, certain issues seem to be important to include based upon the qualitative information collected in this study. A Likert-type scale could be used and a statistical technique such as discriminant analysis employed to ascertain which questions are more effective in determining counseling preference for various orientations. Some issues to address in such a questionnaire based upon this study include:

1. The extent of empathetic understanding desired of the counselor.
2. The amount of counselor input desired toward a solution to the problem.
3. The degree of responsibility the client wants to accept in determining the course of counseling.
4. The importance to the client of fully understanding the cause of the problem.
5. The amount of teaching the client wishes from the counselor.
6. The client's desire for "symptom" removal rather than understanding underlying causes.
7. The importance of the counselor serving as a facilitative listener.
8. The importance of the counselor's sensitivity in relating to the client.
9. The necessity of being accepted by the counselor.
10. The desire of the client for a quick resolution of the problem.
11. The willingness of the client to take time for in-depth exploration of the problem.
12. The desire of the client for better control in his or her life.
13. The interest in receiving a different perspective on the problem situation.
14. The importance of the counselor telling the client exactly what he or she thinks.

15. The interest of the client in receiving a new philosophy of life.
16. Assistance in obtaining present goals.
17. Help in values clarification and adjusting present goals.

Although research has been conducted in the various areas listed above, a questionnaire to assess the opinions of an individual client on these issues prior to that client entering counseling would be of value. Areas covered in other similar questionnaires would also be appropriate to include. The questionnaires used in the studies of Edward Pohlman (1961), and Dreman and Dolev (1976) could prove to be valuable in determining items for a comprehensive preference questionnaire.

If personality variables are to be considered in preference research, appropriate variables should be carefully considered. It appears from this study that neither the 16PF nor the Rotter I-E Scale are capable of differentiating between the groups using the forced preference format. It may be that other personality variables are better able to determine group membership. A follow-up on some of the characteristics used in the study by Helweg and Gaines (1977), but with three groups, may prove to be of value. The Dogmatism Scale and the Taylor Manifest Anxiety Scale were included in that study. Other personality instruments to be considered in future research include the Myers-Briggs Type Indicator and the Edwards Personal Preference Schedule.

A more refined use of personality variables would seem to require obtaining an equal number of male and female subjects, as mentioned earlier, and developing separate prediction equations for each gender.

This would complicate a research issue which has not yet proven its importance: the use of personality variables for prediction. If a future research study utilizing an approximate balance of males and females is impractical, possibly limiting the study to the most common gender in that sample would be the best compromise until more elaborate projects using personality variables can be justified.

As a result of this study this researcher has serious doubts about using the forced choice method of obtaining subject preference. The main reason this method was chosen was expedience. Using this method, group membership can easily be determined, and no subjects are lost in the process. This has provided results in previous studies (Hollis and Ludwigsen, 1976; Helweg and Gaines, 1977), but only two groups were utilized which may indicate that more precise determinants of preference are needed when several groups are used.

An alternative method would involve asking the subjects to rate the degree of liking for each of the types, possibly on a 10-point scale, without forcing a preference. A decision would have to be made concerning the number of points past the midpoint the researcher would require to classify a response as a strong preference. Minimum differences in scores would also need to be established to ascertain whether there was a distinct preference, or if all three or two of the three types were rated generally the same. Subject groups could also be formed according to scores indicating a strong dislike, if two of the approaches are rated equally in a positive direction, but a strong aversion is noted for the remaining type. Such information would be as valuable as data on strong attractions to certain approaches. In

addition, questions concerning the importance of the ratings could be used to determine cut-off scores on a rating scale (to be covered in greater detail below). These methods of establishing group membership will complicate future studies, but the simplified method utilized in the present study may account for the absence of significance in predicting group membership. The method employed in this study easily establishes the groups, but if group membership is of little importance to many of the subjects, as could be the case with the forced choice method, then the membership has less meaning and consequently the differences between groups may be less distinct.

A related study to the one mentioned previously is a study to evaluate the importance subjects place on preference. The efficacy of the initial counseling session has been found to be affected by the client receiving his or her preferred choice (Ziemelis, 1974). In the related area of expectation research, the client's willingness to remain in therapy is dependent upon the consistency between the type of therapy offered and the type expected (Heine and Trosman, 1960). But no research that this author is aware of has dealt with the importance of preference for the client as related to willingness to continue in counseling. An initial controlled study to deal with this issue subjectively would be to question the subjects on this and ascertain its importance. A questionnaire could be given to the subjects following video tapes of counseling similar to the ones in the present study. In order to conclusively establish the importance of preference, a study on the issue in a naturalistic setting would be necessary. Questions to consider in

subjective assessment of this issue include the following:

1. Would you request to see another counselor if you received one that used _____ approach?
2. Would you continue in counseling at that center if you were told that the counselor using _____ approach was the only one available to you?
3. Would you totally withdraw from counseling altogether if the counselor with _____ orientation was the only type you could find or afford?
4. Do you think you could benefit from seeing a _____ counselor even if you didn't like his approach?
5. If you saw a _____ counselor would you recommend him to members of your family or your friends who were having problems?
6. Would you like to be in counseling with any of these types? If so, which ones?
7. Would you dislike being in counseling with any of these types? If "Yes," which types?
8. Would you go to a center that only offered type _____?

The information obtained from such a study could be used in making decisions on the cut-off points for a scale on degree of liking for preference research. If such a scale preceded the above questions, the scores on the scale could be related to questions such as the one on willingness to continue counseling with a given type of counselor. If, for example, a rating of 2 for a certain approach frequently occurred with the endorsement of the statement that the person would withdraw

from counseling if that type were used, then group membership for subjects that strongly disliked that type could be determined by using a 2 on the scale. It would be important to first have the subjects rate the types on a rating scale, on a separate sheet to be collected before doing the questions, so that the subjects would not change the ratings on the scale based on the issues raised in the questions. This method would be necessary if the scale were to be used independently of the questions in later preference research.

Determining the importance of group membership and making assignments on that basis would seem to be necessary in future preference research whether personality variables or more direct means of preference assessment are to be utilized. The above study would have value in and of itself to further check the importance of the preference issue in addition to assessing cut-off scores on a rating scale.

In conclusion, although no significant differences were found on the personality variables in the present study, the qualitative findings lend support to the issue that clients have distinct counseling preferences. The many implications of preference as related to the process of counseling have not yet been fully explored. However, the efficacy of the initial session has been found in a previous study to be related to preference, lending credence to the importance of this variable in counseling research. It is apparent from the present study that client satisfaction with counseling varies from client to client dependent upon the behaviors exhibited by the counselor. The qualitative data generated from this study offer insight into variables to consider in further research in the attempt to establish effective client-counselor matching based on preference.

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APPENDICES

APPENDIX A

JUDGE'S RATING SHEET

1. Is the problem believable? yes ___ no ___

2. Was the similarity of the problem presentations sufficient as not to significantly bias the subjects' preferences?

   yes ___ no ___

3. Did the Rogerian tape represent important aspects of that approach?

   yes ___ no ___

   The Rational-Emotive tape? yes ___ no ___

   The Behavioral Counseling tape? yes ___ no ___

4. Was the client's enthusiasm and emotional involvement sufficiently similar as not to significantly bias the subjects' preferences?

   yes ___ no ___

   The therapist's? yes ___ no ___

5. Was the counselor adequately skilled in each technique as not to significantly bias the subjects' preferences?

   yes ___ no ___

In spite of the artificiality of the presentation and the concomitant limitations of the role playing approach, I approve this apparatus as an accurate exposition of important aspects of the three techniques free from artifacts which would significantly bias an individual's choice.

_____
Signature of Judge

APPENDIX B

COUNSELING PREFERENCE QUESTIONNAIRE

Age _____ Sex _____ Code Letter ____

1. Imagine that you are interested in seeking counseling to deal with a personal problem. Which of the approaches viewed would you prefer? (Circle only one choice.)

Type I Type II Type III

2. To what degree did you like Type I? (Circle a number)

Very little 1 2 3 4 5 Very much

3. To what degree did you like Type II? (Circle a number)

Very little 1 2 3 4 5 Very much

4. To what degree did you like Type III? (Circle a number)

Very little 1 2 3 4 5 Very much

5. List at least two reasons for choosing the type of counseling you circled as your preference in question No. 1. (Continue answer on reverse side.)

6. List at least two reasons for not indicating as your preference each of the other two types. (Specify which type you are referring to in each case. Continue answer on reverse side.)

APPENDIX C

STATEMENT OF INFORMED CONSENT

The purpose of this study is to discover the characteristics that differentiate between groups of people according to their preference of counseling approaches. You will view three video tapes of three types of counseling and will indicate your preference and why. In addition, two personality inventories will be administered to you, and your answers will remain anonymous. A code number and letter will be used for identification to ensure the anonymity of responses. Any questions you have concerning the study will be answered after the collection of data.

You are free to withdraw your consent and to discontinue your participation in the study at any time with no adverse consequences.

I have been informed of the procedures of the study. I understand that I am not required to participate, that I can withdraw at any time and that all of the information I provide will remain anonymous.

_____

Signed

APPENDIX D

INSTRUCTIONS GIVEN THE SUBJECTS FOR THE TAPE PRESENTATIONS

1. This portion of the study consists of a video tape of three counseling approaches. The tapes will be followed by a Counseling Preference Questionnaire. I will distribute the questionnaire which is to be completed after you have viewed the tapes. In addition, I will distribute a blank sheet of paper for taking notes on your thoughts concerning each taped approach.

2. You will now view the three video segments of a person in counseling. The same problem will be handled by a different approach in each segment. Try to imagine that you are the person in counseling as you view the three sessions to see how you would respond in each case. The first approach you will view will be labeled Type I, followed by Types II and III.

Again, the blank paper is provided for taking notes on your thoughts concerning the three approaches. It is suggested that you label the approach as Type I, II, or III as you take notes on the corresponding approach. Do not write on the Preference Questionnaire itself until instructed to do so.

Are there any questions?

Please do not discuss the tapes with other students until after February so as not to bias those who have not yet participated in the study.

(Announce type and change label for each segment.)

Following the Tapes

3. Now turn to your Preference Questionnaire. Provide your name, sex and age as indicated. Your name is requested simply to aid in sorting the information from the various phases of the study. The name portion of the sheet will be destroyed before all of the information is statistically analyzed. All of your responses will remain anonymous.

4. Place letter _____ in the space labeled "code letter."

5. Answer the questions as indicated. Please feel free to ask any questions you may have about completing the questionnaire.

APPENDIX E

DIRECTIONS GIVEN THE CARD SORTERS

1. Sort the cards according to similarity of ideas expressed.

2. Skim the cards initially to get an idea of the categories. Sort the cards into the categories, then recheck each pile to see if some can be divided or combined.

3. If you are having difficulty with some of the categories, move on to another group of cards and sort them; then go back to the groups giving you trouble.

4. There are three groups of comments for each preference group (show the questionnaire).

5. Note cards are provided for you to use in stating a brief description of the categories.

6. A miscellaneous card is provided for each group for cards that do not fall into categories. Try not to overuse the miscellaneous category.

7. Some of the comments are positive even though they are in response to the questions soliciting reasons for not choosing two of the types.

8. Rubber bands are included for keeping the groups separate.

APPENDIX F

TABLES

TABLE F.1. The Behavioral group's reasons for selecting Behavioral Counseling as preference.

Categories of Responses	Percent of Responses in Each Category (N = 41)[a]
The counselor accomplished more by helping the client explore the problem and provided input toward solving the problem.	29.27
Rewards are valuable in helping one accomplish a task, and the specific rewards selected in the tape were good ones.	24.39
A workable solution was reached using this counseling approach.	19.51
The counseling seemed to be more smooth putting both the client and counselor at ease.	7.32
The counseling focused on the actual problem and explored it in detail.	7.32
Miscellaneous responses.	12.20

[a]The total represents a 25 percent random selection of the responses concerning reasons for choosing Behavioral Counseling given by subjects in that group.

TABLE F.2. The Behavioral group's reasons for not selecting Client-Centered Counseling.

Categories of Responses	Percent of Response in Each Category (N = 29)[a]
The counselor did not provide enough helpful feedback and therefore was ineffective in dealing with the problem.	29.03
There was little progress, for the counselor did not offer her a solution to her problem.	19.36
The emphasis in this approach was merely on talking, and there was a lack of action or advice.	16.13
The course of counseling seemed to justify the client's attempts to please others rather than herself.	6.45
Miscellaneous responses.	29.03

[a]The total represents a 25 percent random selection of the responses concerning reasons for not choosing Client-Centered Counseling given by subjects in the Behavioral group.

TABLE F.3. The Behavioral group's reasons for not selecting Rational-Emotive Counseling.

Categories of Responses	Percent of Responses in Each Category (N = 33)[a]
The approach was generally nonproductive.	24.24
The counselor's interaction with the client was negative for he was dogmatic, manipulative, and condescending.	18.18
The counselor devaluated the client's goals instead of helping her work toward her goals.	18.18
The homework assignment of reading part of a book and writing down negative thoughts only contributed to her burden.	9.09
The counselor used offensive terms such as nutty and crazy in reference to the client's thinking.	9.09
Poor examples were used by the counselor in his explanations to the client.	6.06
Miscellaneous responses.	15.15

[a]The total represents a 25 percent random selection of the responses concerning reasons for not choosing Rational-Emotive Counseling given by subjects in the Behavioral group.

TABLE F.4. The Client-Centered group's reasons for selecting Client-Centered Counseling as preference.

Categories of Responses	Percent of Responses in Each Category (N = 26)[a]
The counselor helped the client think for herself and reach her own conclusions.	30.77
The counselor was somewhat directive in helping the client accept a certain perspective.	19.23
The counseling and interaction provided hope, optimism and encouragement for the client.	19.23
The client felt more open and relaxed due to the counselor's more gentle approach.	15.39
The counseling session resulted in the establishment of new goals.	7.69
Miscellaneous responses.	7.69

[a]The total represents a 25 percent random selection of the responses concerning reasons for choosing Client-Centered Counseling given by subjects in that group.

TABLE F.5. The Client-Centered group's reasons for not selecting Behavioral Counseling.

Categories of Responses	Percent of Responses in Each Category (N = 18)[a]
The specific rewards established were inadequate as is the whole concept of rewards.	44.44
The counselor's manner was cold, stiff, and he was uninvolved with the client.	22.22
The problem area was poorly identified thus neglecting the more important concerns of the client.	22.22
Miscellaneous responses.	11.11

[a]The total represents a 25 percent random selection of the responses concerning reasons for not choosing Behavioral Counseling given by the subjects in the Client-Centered group.

TABLE F.6. The Client-Centered group's reasons for not selecting Rational-Emotive Counseling.

Categories of Responses	Percent of Responses in Each Category (N = 20)[a]
The counselor was overly authoritative and did not allow the client to take enough responsibility.	25.00
The counselor was too aggressive.	25.00
Negative terminology was used by the counselor in referring to the client's ideas.	25.00
The client's incentive and striving for excellence was taken away by the counselor.	15.00
Miscellaneous responses.	10.00

[a]The total represents a 25 percent random selection of the responses concerning reasons for not choosing Rational-Emotive Counseling given by the subjects in the Client-Centered group.

TABLE F.7. The Rational-Emotive group's reasons for selecting Rational-Emotive Counseling as preference.

Categories of Responses	Percent of Responses in Each Category (N = 59)[a]
The counselor was very involved with the client and communicated in a straightforward manner.	15.25
The counselor presented the client with a helpful philosophy of pleasing oneself rather than others.	15.25
The client was helped to understand "why" she was having difficulties.	11.86
The counselor was more personal, concerned and involved as compared to the other approaches.	11.86
The counseling offered the client a more realistic view of the problem and life in general.	10.17
Presenting the client with a book to read and the task of writing down thoughts was a helpful method toward a resolution of the problem.	10.17
The counselor was more direct in exploring and interpreting her problem.	5.09
The probing style of the counselor made a positive contribution to the session.	3.39
The counseling focused on a change in attitude rather than merely a situational change.	3.39
Miscellaneous responses.	13.56

[a]The total represents a 25 percent random selection of the responses concerning reasons for choosing Rational-Emotive Counseling given by subjects in that group.

TABLE F.8. The Rational-Emotive group's reasons for not selecting Behavioral Counseling.

Categories of Responses	Percent of Responses in Each Category (N = 40)[a]
The use of the rewards was ineffective as well as demeaning, and neglected more important aspects of the client's problem.	40.00
The counselor was not helpful for he was too sympathetic, did not provide enough input and attributed too much of her behavior to the environment.	17.50
This approach was better than Client-Centered Counseling but not as beneficial as Rational-Emotive Counseling.	15.00
The counseling was overly superficial, ignoring the underlying problem.	10.00
Grades were given too much importance by the counselor, merely reinforcing the client's problem.	10.00
There was insufficient communication in this approach, and too much responsibility was placed on the client.	5.00
Miscellaneous responses.	2.50

[a]The total represents a 25 percent random selection of the responses concerning reasons for not choosing Behavioral Counseling given by subjects in the Rational-Emotive group.

TABLE F.9. The Rational-Emotive group's reasons for not selecting Client-Centered Counseling.

Categories of Responses	Percent of Responses in Each Category (N = 40)[a]
The counselor failed to offer or discuss a real solution to the client's problem.	17.50
The counselor focused on the client's parents too much, tending to reinforce her efforts to please them.	17.50
No real progress occurred because the counseling was too indirect.	17.50
This counseling approach was overly vague and generally not helpful.	15.00
Too much repetition occurred in the course of counseling due to the counselor repeating the client's responses.	7.50
The counseling seemed to worsen the problem for the client.	5.00
This counseling approach was too slow.	5.00
Miscellaneous responses.	15.00

[a]The total represents a 25 percent random selection of the responses concerning reasons for not choosing Client-Centered Counseling given by subjects in the Rational-Emotive group.

APPENDIX G

TRANSCRIPTS OF THE THREE COUNSELING TAPES

Transcript of the Behavioral Tape

C[a]1 - Good morning, Nancy.
B[b]1 - Good morning.
C2 - There is something you wanted to talk with me about today?
N2 - Yeah (sighs), I'm having trouble in school.
C3 - Um-hm.
N3 - My grades are--are not so good this quarter, and it's really had me worried.
C4 - Um-hm. So you're not measuring up to your expectation--expectations for your grades?
N4 - Yeah, because when I was in high school, I made the honor roll, and now I just expect to make the Dean's List, and it's not happening.
C5 - Um-hm.
N5 - So--
C6 - So something is--is different right now, other than--or is it just being in college?
N6 - (sighs) Well, (sighs) things are pretty different because I'm living away from home. I have an apartment with two friends, and (pause) I don't feel like the work is that much harder.
C7 - Um-hm. So it's not--it's not the work that's that different, but your living situation sounds pretty different. Maybe that's contributing to it.
N7 - Well, yeah, I try to make myself study, and I'll sit down at my desk and, you know, begin to work on something or begin to read, and I just can't keep my mind on it.
C8 - Um-hm.
N8 - My mind keeps (sighs) well, I just keep reminding myself that my grades have been bad since I started and, you know, I know my parents are going to be disappointed.
C9 - Um-hm.
N9 - And, I know, now, I'm not going to be able to make the Dean's List.
C10 - Um-hm.

---

[a]C = Counselor.

[b]N = Nancy, the client.

N10 - And I just--you know, that kind of makes me--
C11 - Makes you more discouraged?
N11 - Yeah. So I just usually, you know, do my best as far as trying to keep my mind on my work, and when it doesn't happen, I just go out in the living room and talk with my roommates or, you know, watch television.
C12 - Um-hm.
N12 - It seems . . .
C13 - It seems almost as if its--you're discouraged with your work because you're not putting enough time in, but then you're also--you're frustrated and put less time in.
N13 - Yeah.
C14 - Um-hm.
N14 - (Pause) I just (pause, sighs) I'm just not used to this--problem.
C15 - Um-hm.
N15 - And, I don't really know how to deal with it.
C16 - Um-hm (pause). Because it came a little bit more naturally to you in high school, making grades, and you really didn't have to--work on any changes. It sounds like the way you approached it was--was O.K., was acceptable.
N16 - Yeah, I--I had to study when I was in high school, but I always got good results.
C17 - Um-hm. And now that things aren't working out and you're having to--to make some adjustments. You really don't know how to make the adjustments because you haven't had to before.
N17 - Right.
C18 - Um-hm (pause). It sounds like, that uh--your situation, the studying, is--is pretty different now than it was in high school, and that the environment that you're in is--is pretty different, where you have to study.
N18 - Yeah, that's right because--now, I have my own room, and I can--you know, its available to me whenever I want to study. But when I lived at home, I had to share a room with my little sister.
C19 - Um-hm.
N19 - And, she would disturb me every once in a while, so--
C20 - It really sounds like its almost better now.
N20 - Well, it should be better, but now that I have, you know, nobody to interrupt me, I can't make myself stay in there and study.
C21 - Um-hm.
N21 - It just seems more inviting to go out in the living room and talk with my roommates and watch television.
C22 - Um-hm. And having something that's more inviting to go to is new for you?
N22 - Well, it is pretty much because I didn't really enjoy sitting in the living room with my parents and little sister in the evenings <u>that</u> much. I mean, it wasn't something that I would really look forward to.
C23 - Um-hm.
N23 - So, its, you know--I went ahead and studied because I knew I wanted to make good grades.
C24 - Um-hm.
N24 - (sighs)

C25 - But now, going into the living room and talking with your friends is something you like to do.
N25 - Yeah.
C26 - Its pretty tempting for you?
N26 - (laughs) It is. Uh, its kind of hard for me to pull myself away and study because neither one of them studies very much.
C27 - Um-hm.
N27 - Well, one roommate, the roomate that is in school doesn't study. The other roommate is not a student so she doesn't have to worry about it.
C28 - Um-hm.
N28 - So that kind of leaves me the only one that--you know, can't really join in all the time.
C29 - Or that's trying not to join in all the time?
N29 - Right.
C30 - So it sounds like that, uh, now that you're discouraged about your chances for making the Dean's List, its pretty hard to--to become motivated, and its very easy to get distracted and go out and--and talk with people, your roommates, and be with them.
N30 - Yeah, it really is. I (pause) I think if I (C interrupts, pause) I--I know--it seems if I could do something about making the Dean's List that I'd feel--more like studying.
C31 - Um-hm.
N31 - But I know its too late now.
C32 - Its too late for the Dean's List.
N32 - Um-hm, and I'd rather--I'd rather talk with them and watch T.V. than just sit at my desk and worry--worry about the situation.
C33 - It sounds like that studying in high school, uh, studying for the Dean's List was pretty much your reason for studying.
N33 - Well, I guess it really was.
C34 - That studying just because you enjoyed books and you enjoyed the task of studying is not really the reason that you used to study--
N34 - (mumbles)
N35 - --that you were interested.
N35 - I really felt a lot of satisfaction from being on the honor roll, and I was--I was willing to put the time into it.
C36 - Um-hm. Its almost like a reward or some type of goal that you were working toward in high school, and now, you don't have that reward to--to work toward--you've already sort of let--let your chance slip by for this quarter so that reward's no longer available.
N36 - Right.
C37 - It sounds almost as if you're, um, you're asking for--something else to--to work toward or some other way to get yourself to study, um, since that reward is no longer there or that motivation is no longer there--that you can work toward.
N37 - Well, I suppose I am.
C38 - Um-hm.
N38 - Because--well since I have realized that the Dean's List is not a possibility right now--it has really been more difficult for me to try to--get down to studying.

C39 - Um-hm. Would you like for us to--to talk some about maybe some other reward you might work toward?
N39 - O.K.
C40 - Some other thing to--to make you want to study so that you can receive some benefits from it?
N40 - All right.
C41 - Let's just say--Well, how--how would you like the idea of--of giving yourself some type of reward for studying a certain amount of time--each day? You know, it sounds like that working for the Dean's List was a pretty long term reward, you know, it didn't come till a lot later. How would you feel about working toward a reward that you could get maybe every day?
N41 - Well, it might help.
C42 - Well--let's just say that--that would entail so many hours, that if you would study a few hours then, you can get a reward for studying those hours. How many hours would you like to work toward? What do you think would be a nice number?
N42 - Well, I guess around 2 or 3.
C43 - Um-hm. So you feel like if you put in 2 or 3 hours worth of work, then you would almost deserve a reward or you would like to have a reward--
N43 - Yeah.
C44 - --for putting in that length of time (pause). What--what are some ways that you could reward yourself? What are some--what are some things that you could give yourself for putting in some time, what is something you can think of?
N44 - Well I--I guess I could snack.
C45 - Um-hm. So having some little snack after studying 2 or 3 hours would be a nice reward for putting in the time.
N45 - (sighs) Well, it would except that I'm trying to lose weight.
C46 - Um-hm.
N46 - (laughs)
C47 - So that would sort of work against you in some other ways or--
N47 - Yeah.
C48 - Or you might feel bad if you did that. How about some other ones?
N48 - (pause) Well, I like to go shopping; I like to buy clothes.
C49 - Um-hm (pause). So--
N49 - An article of clothing (sighs), but I guess that would run into quite a bit of money.
C50 - Um-hm. Of course that could be maybe on--maybe you could--um--gradually earn the money or something by studying a few hours. Is money a problem for buying clothes?
N50 - Well, I really don't have that much money for that right now. I guess that really wouldn't be a very good idea.
C51 - Well, what are some--what are some other things that you like to do, um, that maybe--aren't along these--these lines?
N51 - I like going out with my friends--maybe to a movie or something like that.
C52 - Um-hm, O.K., so that could be a nice reward.
N52 - Yeah!
C53 - Uh--it sounds like that would be somewhat difficult, though, to reward yourself with every night--uh--going out, or <u>would</u> it?

N53 - Well, I don't think I could go out every night.
C54 - Um-hm.
N54 - (laughs)
C55 - What I guess I'm really asking for, can you think of anything that wouldn't hurt you in other ways, you know, like going off your diet, but something you enjoy doing everyday--that, uh, you could use as a reward?
N55 - Well, I enjoy being with my roommates, talking with them in the evenings, watching television, playing cards--
C56 - Um-hm.
N56 - And (pause), you know, I--I look forward to that.
C57 - Um-hm. So that would be a nice way to reward yourself?
N57 - Yeah!
C58 - Because you enjoy that time with them quite a bit?
N58 - Well, I do enjoy it--lately I've been feeling a little uneasy about it.
C59 - Um-hm.
N59 - Because I'm--when I'm with them I'm worried about my grades, I know I should be at my desk.
C60 - So, now when you do that, you feel sort of guilty 'cause you feel like you should be doing something else?
N60 - Yeah.
C61 - I'm wondering how you'd feel about it if you felt like you earned it? If maybe you gave yourself permission to do that after studying so many hours as a type of reward.
N61 - That sounds like--sounds reasonable--sounds like then I could enjoy being with them without worrying about not studying because,
C62 - Um-hm.
(stated simultaneously) N62 - I would have already studied.
C63 - You would have already studied.
C63 - Would have felt like you earned, earned the right to do--
N63 - Yeah.
C64 - Does that sound like a, something you'd like for us--to--to sort of work toward as--as a way of rewarding yourself for putting in certain amount of studying?
N64 - Yeah,--Um--Really, I've never--never thought about--organizing my time that way--spending some time studying first, and then getting to be with them.
C65 - Um-hm. So you never really looked at it as a way of--of rewarding yourself.
N65 - Right!
C66 - . . . for doing some studying. And you think that sounds like that might be a good way of doing it?
N66 - It does.
C67 - O.K. So you'd like for us to work on this some and meet again next time so we can work further on it.
N67 - Yes, I would.
C68 - All right. What I'd like for you to do then, between now and next time is to keep a record of how much time you're studying, uh, so that we know really what you're doing in terms of studying. Uh, what do you think you're doing right now as far as each night, study-wise--just--just kind of guessing--

N68 - Oh (pause), I would say a half hour.
C69 - Um-hm.
N69 - Or less.
C70 - Um-hm. So you'd like to increase that quite a bit?
N70 - Yeah.
C71 - So what I'd like for you to do then between now and next week is to just write down every day how much you do study so that we can look at that and think a little more about how much you want to increase that, and so I'd like for you to think about that also--to think about how much you want to increase that time. And, to think further about this whole idea of rewarding yourself with being able to--to spend some time with your two roommates by watching T.V. or whatever. And, uh, next week we can see about setting that up, you know, so that you do have that reward system going.
N71 - (interrupts) All right.
C72 - Does that sound--does that seem to make sense in terms of how that would work?
N72 - Yeah, it really does.
C73 - O.K. and--and you understand about how to record it?
N73 - O.K. I, well--all it would be, is just a record of how many minutes or how many hours I could spend studying each day.
C74 - Um-hm. Right. And this week just more or less, uh, just recording what you're doing right now. We really won't be starting the program this week. We'll kind of be getting an idea of what your regular pattern is and then the next week, we'll be--you'll continue to record it, but you'll record it and you'll also give yourself a reward for reaching a goal that particular day.
N74 - All right.
C75 - O.K. All right, so, uh, if you'll bring in that information next week, we'll get together again next week and talk about it.
N75 - O.K.
C76 - O.K.

Transcript of the Client-Centered Tape

C[a]1 - Good morning, Nancy.
N[b]1 - Good morning.
C2 - You had something you wanted to talk with me about today?
N2 - (sighs) Yeah, I think so. I'm having problems in school, I'm not making very good grades.
C3 - Um-hm, and that's got you pretty upset?
N3 - Yeah. I'm not really used to having this kind of a problem.
C4 - Um-hm--
N4 - And I feel really upset about it; I don't--I don't quite know what to do about it.
C5 - So, you usually make grades other than the ones you're making right now?
N5 - Well, I'm really used to making really good grades. In high school I made real good grades. I was in the honor society, and, uh, grades never seemed to be a problem. And now that I'm--I'm in college, its a little bit harder for me, its a little bit harder to study. Its not as easy to make myself study now.
C6 - Its sort of like they almost came naturally in high school.
N6 - Well, it wasn't really hard for me to make good grades. I--I studied. I had to study to do it, but I didn't have any problems.
C7 - Um-hm.
N7 - I got good results for studying.
C8 - Now that you're having difficulty with it, you--you're not used to handling it.
N8 - Right.
C9 - And you just really don't know what to do about it, it sounds like.
N9 - Well, I'm living in an apratment with two girl friends now, and one of my girl friends doesn't go to school. And, they--both of them like to talk a lot and watch television, and its kind of difficult for me to make myself to to my desk and study when I know that they're having a good time.
C10 - Um. So you'd rather be out there talking with them and watching television rather than--
N10 - Yeah, I'd--I'd--
C11 - --rather than studying?
N11 - You know, I wish I could--I wish I could watch T.V. and have a good time with them.
C12 - Um-hm.
N12 - And make good grades, too.
C13 - Um.
N13 - But it doesn't seem to be happening.
C14 - Um-hm.
N14 - But I . . .

---

[a]C = Counselor.

[b]N = Nancy, the client.

C15 - So you . . .
N15 - . . . feel kind of left out. I'm the only person that--that's, um, having to do that.
C16 - So the one that's--that's going to school, or something is different about, about your other two roommates that--that you're just not sharing the same--
N16 - (interrupts) Yeah, the one doesn't go to school, and then the other roommate that does go to school--she doesn't study.
C17 - Um-hm.
N17 - And I don't really think she cares whether or not she makes good grades, so that kind of leaves me--having to pull myself away to study.
C18 - Um-hm. So you're saying that you wish you could do both. You wish you could watch television and do your homework.
N18 - Right.
C19 - And its not really working out to do both.
N19 - Yeah, I, um, I--I feel pretty bad about making these poor grades, and I, when I try to make myself study (sighs), it just doesn't seem to click--doesn't work. Uh, I'll try really hard for a while, and if I don't feel like its sinking in, I just give up and watch T.V.
C20 - So, you get discouraged pretty easily?
N20 - Yeah, I do, Uh . . .
C21 - You're used to it being smoother and sinking in more quickly and . . .
N21 - Yeah, and um, you know, it--it--seems to be a lot more fun to be able to get away from it, but, you know, when I think about making poor grades, and I try to make myself study, I--it just seems like I end up worrying.
C22 - So when you do take the time to--to put the effort forth, you're not studying even then?
N22 - No, I--I'm really not. I--uh--I'm trying to, but I'm not really because I just sit there and become frustrated. I don't feel like the informations sinking in, or I don't feel like I'm making any progress on what I'm trying to work on. And I just end up thinking how bad my situation is as far as my grades--they're already poor, and I know my parents are going to be disappointed.
C23 - Um-hm.
N23 - And so it just makes me more discouraged.
C24 - So not only do you feel bad about it, but you really want to please your parents, you really want to--or you're afraid of disappointing them.
N24 - Yeah, I--um--you know, I'm used to making them really happy about my grades, they're--they really are proud of me making good grades in high school.
C25 - Um-hm.
N25 - And I know they expect me to make good grades now.
C26 - Its not only they--they like for you to make good grades, but they really, like you were saying, they really are expecting it, they really--its--its not just that of being pleased, but its more than that now, its . . .
N26 - Well . . .
C27 - . . . different.

N27 - They just (sighs), they just know that I've always made good grades in the past. I--and it really--I really--I'm really afraid of disappointing them.
C28 - Um-hm.
N2 - I--I really can't picture myself, you know, with them knowing I'm not making good grades because that's not me.
C29 - So you don't even know who you are without making grades like those.
N29 - Yeah, because that's just what I've been in the past.
C30 - So--so Nancy, without Nancy in the honor society and on the Dean's List doesn't seem to--to present a clear picture.
N30 - Right. And--uh--it probably won't, probably won't be very clear to my parents, either--
C31 - Um-hm.
N31 - Because that's how they know me.
C32 - Um-hm.
N32 - I've always--done a real good job in school.
C33 - So really afraid of what that leaves for you--or where that leaves you . . .
N33 - Yeah.
C34 - . . . in relating to them.
N34 - I really--I really don't want to disappoint them.
C35 - (pause) So--it's always been pretty important to please them, and now its very frustrating because you're afraid you're not going to--
N35 - Yeah, they--there really never has been a problem before. When I lived at home I just, you know, I guess I didn't have anything better to do but just study.
C36 - Um-hm.
N36 - And I studied pretty much, and you know . . .
C37 - (interrupts) You never really--it never was an issue to please them, it sounds like. It was natural to study, so it was natural to please them.
N37 - Yeah, it--it really wasn't any kind of a special effort, it just kind of happened.
C38 - Um-hm. And now that it is questionable whether or not you'll please them, its kind of a new dilemma.
N38 - Yeah, it really is. Because I--I know that its very important to them that I make good grades.
C39 - Um-hm. And its important to you to have them feel good about you.
N39 - Yeah (long pause). I just feel really concerned about this.
C40 - Yeah, I can tell that you do. You feel--pretty down, thinking about it . . .
N40 - Well, I just (sighs) I feel like--I really tried to--to study.
C41 - Um-hm.
N41 - . . . and I guess, well, things didn't work out right away, it only got worse and worse instead of, you know, getting better.
C42 - Um-hm.
N42 - And I just worry too much about it.
C43 - Um-hm. And the worrying, rather than helping you get something done, has just worked against you.
N43 - Right. And now, there's really not a whole lot of time left--in the quarter. I--I feel like its just too late--to please my parents, or to get anything really done in this quarter . . .

C44 - Um-hm.
N44 - . . . in school.
C45 - Um-hm. It sounds like you're pretty willing to write the quarter off. You seem to be saying you're sort of giving up on it.
N45 - (sighs) I guess it seems that way, but it really doesn't make much sense. I'm--I've got a month left.
C46 - Um-hm.
N46 - There really ought to be something that I can do to try--to improve my grades . . .
C47 - Um-hm.
N47 - . . . in a month.
C48 - Um-hm. So its like you--you feel like its hopeless, you feel like there's nothing that you can do, um, but realizing there's a month left of school, something doesn't seem exactly right with that.
N48 - Well, yeah. I, you know, I just--I don't want to just not do anything about it, but I know its too late for me to be on the Dean's List. I know its too late for me to get good grades. And I can't imagine studying without being able to do those things--achieve that kind of success with my studying.
C49 - So studying without studying for a Dean's List just sort of--seems incomprehensible?
N49 - Yeah.
C50 - Why study if its not for the Dean's List, I guess--
N50 - (pause, sighs) That really doesn't make any sense. (sighs) I--I don't really think that the reason I came to college was to make the Dean's List (laughs)--and yet, it kind of sounds that way.
C51 - It sounds like its not the real reason you came, but when that reason is taken away from you, its hard to think of what the other reasons were, sort of . . .
N51 - Well, I--I know I came to college just to, you know, begin my first quarter and get a start. And it seems like (pause) just because I haven't done a good job at it up to now, you know, it still does leave me a month.
C52 - Um-hm (pause)--so when you--when you look at that month in view of the Dean's List, the month is useless.
N52 - Yeah, its--its nothing.
C53 - Um-hm. But its--
N53 - (interrupts and laughs) No way.
C54 - But when you think about the fact that--yes, there is a month, it just doesn't seem logical, sounds like to just write it off the way you--the way you feel like doing . . .
N54 - Well, it just seems like (sighs) I don't--I don't have enough time to do the ideal thing.
C55 - Which is to . . .?
N55 - Make the Dean's List.
C56 - Um-hm, and to please your parents.
N56 - (pause) But a month left should really give me enough time to work on my grades.
C57 - Um-hm.
N57 - But I <u>know</u> its not going to be <u>enough</u>.
C58 - Its--its not going to be enough--to what?

N58 - Well, its not going to be enough to make my parents very happy. And its not going to be enough to measure up to what I've been, you know, what I've done in the past.
C59 - Um-hm.
N59 - But maybe if I--maybe if I can get something done in the next month, at least I can bring my grades up.
C60 - That sounds like a pretty different goal from what you have been striving for in the past, bringing your grades up--that is very different from striving toward the Dean's List.
N60 - (laughs) Yeah, well, I guess its better to make an attempt to bring them up--I mean, at least it would make me feel better to know that I could do better work. That I could--well--I would feel better about myself.
C61 - Um-hm.
N61 - But I wouldn't--I wouldn't be able to bring them up--enough for my parents to feel much better about it. (laughs)
C62 - Um-hm.
N62 - (sighs)
C63 - So by bringing them up, you <u>can</u> feel better about yourself like you were saying, but there's nothing you can do in a month that's going to make them feel better because it--it won't mean the Dean's List.
N63 - Right, that's it. Because I--you know, there--there must be something that <u>I</u> can do . . .
C64 - Um-hm.
N64 - . . . even if its not, you know, its not going to be the best, I guess. Its not--its just not going to happen that its going to be what I thought everything was going to be. Its not going to be the way I thought originally that everything was going to work out.
C65 - Um-hm (pause). It sounds like that even if it isn't going to be the way you really thought it was going to work out, um, that maybe its still worthwhile pursuing this quarter.
N65 - Yeah, I--you know, at least I won't be wasting the whole quarter. At least it'll--you know, at least I will have accomplished something even if it wasn't as much as I thought I was going to accomplish.
C66 - Um-hm. Our time is just about up for today, um, would you be interested in our talking further about this and having another appointment?
N66 - Yeah, I really would. I--I feel better after talking with you now, and I think it would help me to come back.
C67 - O.K. What I'd like for you do do then is to, um, think more about what we've been talking about, thinking more about some of your priorities and---and what it means to--to do--what you're--you're thinking about doing--what it means to you. Uh,--just some--some of your feelings based on this issue, too, of approaching it differently, of not so much striving for your parents, but more of, um, doing more what you--or sort of pleasing yourself more this quarter. And to think more about that and write down some ideas along those lines, and we can talk some about those again next week.
N67 - O.K.

C68 - Does that--does that sound clear?
N68 - Yeah.
C69 - What I'd like for you to do?
N69 - Yes, I just--just jot down anything that, you know, that I think of that relates to it.
C70 - Um-hm.
N70 - --and the way I feel about it--
C71 - Um-hm.
N71 - O.K.
C72 - Just so you continue to--to think more about it, and we have, uh, you know, have an idea of--of what your thoughts have been throughout the week and we can continue with that and with some other things next time.
N72 - O.K.
C73 - So, I'll see you next week.
N73 - All right.

Transcript of the Rational-Emotive Tape

C[a]1 - Good morning, Nancy.
N[b]1 - Good morning.
C2 - There's something you wanted to talk with me about today?
N2 - Yes. I'm having problems at school.
C3 - Um-hm.
N3 - I'm not making very good grades. I feel really upset about it.
C4 - You sound like you feel pretty down about it.
N4 - Well, I'm not really used to making poor grades and I don't know how to cope with it.
C5 - Because your grades have usually been much better?
N5 - My grades have usually been a lot better. When I was in high school, I made the honor roll, and I just kind of expected to make the Dean's List, but I'm not making the Dean's List now.
C6 - Um-hm.
N6 - And, uh--
C7 - You're really discouraged--
N7 - Yeah.
C8 - --now that you aren't making the Dean's List (pause). So things are different, now that you aren't making this, things are different from the way they were when you were making better grades?
N8 - Well, yeah. I'm having trouble studying. I can't seem to make myself study very long. When I--when I do study, I'm not really getting anywhere with it. My mind just seems to be on other things.
C9 - What types of things is your mind on?
N9 - (sighs) Well, after I sit at my desk, instead of being able to go over the material that I want to go over, it just kind of--my mind starts wandering about how my grades have been low, and you know, how my parents are going to react. I know they're really going to be disappointed, and its really discouraging me so that I usually leave it and go talk with my roommates and watch television.
C10 - Um-hm. You sound like you defeat yourself by thinking about those things and don't get any work done as a result.
N10 - Right (pause). It just really (pause) discourages me--
C11 - Um-hm.
N11 - --because its too late for me to make the Dean's List now. There's no way I can do it.
C12 - Um-hm. You say you're <u>not</u> going to make the Dean's List, and you're feeling discouraged about that.
N12 - Yeah.
C13 - You seem to think that not making the Dean's List means that you have to feel as discouraged and upset about it as the way you feel.

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[a]C = Counselor.

[b]N = Nancy, the client.

N13 - Well, I feel bad about it because I know I should be making it. The work doesn't seem that much harder to me.
C14 - Um-hm, O.K. It sounds like you're saying "I should be making the Dean's List," rather than saying "It would simply be nice to make the Dean's List"; you seem to be demanding that you make the Dean's List.
N14 - Yeah--Um, everybody who's going to school should want to make good grades.
C15 - So everyone--since everyone should want to make good grades, that means that everyone that doesn't make good grades should feel upset for not making good grades.
N15 - Yeah.
C16 - Um-hm. So not making good grades automatically means you should feel upset--that's the way you look at it.
N16 - Yeah.
C17 - "If I don't make the Dean's List, I should feel upset."
N17 - Um-hm.
C18 - So the Dean's List or the lack of being on the Dean's List results in your being--feeling the way you are.
N18 - Yeah, I guess that's right.
C19 - O.K. I happen to think that its a little bit different. That not making the Dean's List is sort of the activating event, or A, O.K., and how you feel right now is the consequence of that, or is C,--is a consequence. You are feeling upset. So there's an activating event, not being on the Dean's List and the way you feel right now, really upset. O.K. And you seem to think that being upset is the result of not being on the Dean's List. Is that right?
N19 - Yeah.
C20 - O.K. So, I happen to think its something else, that--there's A and C, and that there's a B. And I think the B is what's making you feel upset, not the A. Not the event of not being on the--not the--not the fact that you aren't on the Dean's List. I don't think that's what is making you upset. What I think is making you upset is a belief system that you have, which is B. So, there's A, the activating event of not being on the Dean's List, B, what you believe about that event, and C, the consequences as a result of the belief, not a result of not being on the Dean's List. See, you're saying "I should be on the Dean's List," "I should make good grades," and a belief like that makes you feel upset: to say, "I should be some way," means "I'm awful if I'm not that way." Which--of course, you'll feel upset if you feel like you're awful.
N20 - Well, it is pretty awful to me not to make the Dean's List, not to make good grades.
C21 - What makes it awful?
N21 - Well--I disappoint myself, disappoint my parents--you know, especially since I know I can--I've done better work. I've done--made better grades--before.
C22 - So you think, "since I've made better grades in the past, then I must make good grades now. I must make good grades so I must please my parents." That's the way you are thinking, isn't it?
N22 - Yeah.

C23 - And, "if I don't do those things, I'm an awful person."
N23 - I guess I feel that way, but it seems like other people would feel that way, too.
C24 - I think a lot of other people do feel that way because they have the same nutty idea that you're talking about. They think they have to be perfect.
N24 - Shouldn't everyone want to be perfect?
C25 - I'm not so sure. But, for one thing, wanting to do something and thinking that you have to do something are two different things. Its one thing to say, "It would be nice to be perfect, I'd like to be perfect," but its another thing to say, "I have to be perfect," which seems to be what you're saying--"I must be perfect." (long pause) What's the worst thing--that could happen to you, what's the worst thing that could possibly happen concerning your grades?
N25 - That I would flunk out.
C26 - You'd flunk out of school. Let's say you flunked out of school. What would your parents think about you?
N26 - Well, they wouldn't be proud of me anymore. They'd really be disappointed and upset.
C27 - Probably think you were pretty awful for making them feel so disappointed and upset, wouldn't they? Because they'd feel so disappointed and upset they'd think you were pretty awful.
N27 - Yeah.
C28 - So you'd think you were pretty awful, too, wouldn't you?
N28 - I would.
C29 - Would you be pretty awful just because they would think you were?
N29 - (pause) I guess I would.
C30 - So you sort of feel like "I--I have to feel--aw--like I'm awful because they think I'm awful." O.K.? Suppose I told you, you were a kangaroo. Would you start hopping around the room?
N30 - (laughs) I don't think I would.
C31 - Why wouldn't you?
N31 - I'm not a kangaroo.
C32 - O.K. So just because I say you're a kangaroo doesn't mean you are a kangaroo, does it?
N32 - No.
C33 - But if I said you were a kangaroo and you thought you were a kangaroo, you'd probably start hopping around, wouldn't you? That's what you're doing with your parents. They may think it would be awful because they would feel disappointed, that you were pretty awful for creating a situation that they felt disappointed about. Would that mean you would have to feel like you were awful?
N33 - No.
C34 - But you seem to be saying that you would.
N34 - Well, I guess its just the way I'm used to (pause) to being. I'm just used to being upset if I know that they're disappointed with me. I never, never really thought about--never really thought about it before.
C35 - So you just automatically think that you have to please them, and you have to have them be proud of you. You have to make the Dean's List as a--in order to accomplish that.
N35 - Yeah--

C36 - (sighs) Where do you think that type of thinking is getting you?
N36 - Well, I--I thought it would make me do my best--
C37 - Um-hm--
N37 - --make me work hard, get good grades.
C38 - Let's say that, uh, let's say you thought, "I had to have a dollar," or "I'd like to have a dollar." You looked in your pocket and realized you only had 90¢. How would you feel about that? If you said, "I'd like to have a dollar," and you looked in your pocket, and you had 90¢.
N38 - I'd feel O.K. about having 90¢.
C39 - Um-hm. You'd probably say, "well, I almost have a dollar--I'll enjoy this 90¢," probably, right?
N39 - Right.
C40 - Let's say that you said, "I absolutely must have a dollar," and you saw that you just had 90¢.
N40 - Then, I'd be upset.
C41 - You'd be really upset. You wouldn't be upset because it was 90¢. What would you be upset because--because you weren't upset before when you--you looked at it differently when you had 90¢. It the same 90¢. What would be making you upset?
N41 - Well, I wouldn't have as much money as I thought I had to have.
C42 - That you had to have, right!
N42 - Um-hm.
C43 - Let's say that you were thinking along those same lines, "I must have a dollar." Let's say you had a $1.10. How would you feel?
N43 - I'd feel good.
C44 - You think you'd feel good, but I don't think you'd feel good. I think you'd feel anxious. I think you'd feel anxious because you would say, "It would be pretty easy to lose 15 or 20¢ and I'd be right back with 90¢." And how would you feel then?
N44 - I'd feel bad, again.
C45 - With that nutty, insane thinking, you never really let yourself feel good about it, do you? When you have to be a certain way--
N45 - I guess not.
C46 - So even if you did accomplish being on the Dean's List this time, do you think you'd be able to feel good about it?
N46 - (pause) Well, I'd probably feel good about making it, but I'd also be kind of concerned about being able to make it next time.
C47 - It'd be like having a $1.10. How could you relax and enjoy it if you felt like you have to always have a certain amount, and you might lose it. How can you relax and enjoy being on the Dean's List if you have to always be on the Dean's List? What happens if you get sick one quarter and you don't make it? You can't win with that type of--crazy thinking, can you?
N47 - No.
C48 - (pause) See, its one thing to say "I would like to make the Dean's List, it would be very nice to make the Dean's List," and to work toward making the Dean's List with that in mind. And if you don't make it, its kind of like having 90¢. "Well, at least I tried," you know, "I did O.K., I stayed in school." You can kind of enjoy what you do have. But if you feel like, "I have to make the Dean's List," and you work hard, and you find out that you're not

making it or whatever happens to keep you from making it, then all of a sudden you're a rotten person. You're an awful person. Your world's falling apart. You aren't what you should be. You're not what you have to be so you can't like what you are.

N48 - (pause) I guess I just never really thought about it like that before.

C49 - Um-hm.

N49 - It does kind of describe what's been happening.

C50 - Sounds like everytime that you sit down to study, you start telling yourself those nutty things, of what you should be. Where's that--where's that been getting you?

N50 - Not very far.

C51 - What have you done when you start thinking that way?

N51 - Gotten frustrated and just stopped studying all together.

C52 - So, it really wasn't getting you anywhere, was it?

N52 - No.

C53 - It really has been working against you. What would be a way of looking at it now, that'd be different?

N53 - Well, I guess I could just kind of tell myself that it would be nice to--to make the Dean's List, but, you know, it wouldn't--wouldn't be something I had to do.

C54 - Um-hm.

N54 - And it would be nice to do my best, but its not really a must.

C55 - Do you think you could do your work by saying, "it would be nice--these things, it would be nice to try to--to do the best I can"?

N55 - Yeah, I think it might help me. It might take some of the pressure off so that I could get something done.

C56 - Um-hm. It does sound like that looking at it that way would really help you relax with it and do your best.

N56 - Right.

C57 - Would you like for us to meet again and talk more about this?

N57 - I would. I think this seems to be a pretty good way of looking at it, and I can, you know, work at it.

C58 - O.K. What I'd like for you to do then is to--between now and the next time--I'd like for you to read some in this particular book--I know you have other work to do, but just to read--begin the book and, uh, some of the first few chapters which are pretty short--deal with things like "You Feel the Way You Think," and "Feeling Well by Thinking Straight" which apply to the same issues we've been talking about--about what you're doing, what your belief system is doing to make you feel the way you feel--to keep you from doing your work. It will kind of give you a further understanding of what we've been talking about. The other thing I'd like for you to do, is, when you sit down to study and you find that you're getting frustrated, I'd like for you to write down what you're thinking. I want you to write down those crazy, catastrophizing thoughts that you've been coming up with by saying, "I have to make the Dean's List. Since I haven't made it, what's the use?" To write down this--that--that crazy belief system, and then we can talk further about it next time. You can start seeing how its affecting your studying.

N58 - O.K.
C59 - Is that--is that clear, what I'd like for you to do?
N59 - Yeah. Sounds fine.
C60 - O.K., all right. So I'll see you then next week.
N60 - O.K.

VITA

Thomas Garrison Hollis was born in Bennettsville, South Carolina, on July 29, 1948. He spent his childhood in Laurinburg, North Carolina, attended elementary school there and graduated from Laurinburg High School in June, 1967. Two years later he received his Associate of Arts degree from Wingate College. The following two years he attended Catawba College and graduated in May, 1971 with a Bachelor of Arts degree in Psychology. He obtained a position as a social worker at Piedmont Mental Health Complex in Monroe, North Carolina.

The author resigned from the mental health center after two years to continue his education. He received his Master of Arts degree in Clinical Psychology from The University of Dayton, Dayton, Ohio, in December, 1975. This was followed by Doctoral studies at The University of Tennessee, Knoxville, where in August, 1978 he received his Doctor of Education degree in Educational Psychology and Guidance. While a student at The University of Tennessee, he served as a teaching assistant for one year in the Department of Educational Psychology and as a graduate assistant for two years at the Student Counseling Services Center.

Thomas Hollis has accepted a one-year internship at Philadelphia State Hospital, Philadelphia, Pennsylvania. He is married to the former Elizabeth Hope Taylor of Absecon, New Jersey.