POTENTIAL CLIENT PREFERENCES FOR THREE COUNSELING THEORIES

by

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CHAPTER 1

INTRODUCTION

A large number of studies have investigated the interaction of counselor-client or counselor-potential client from either a theoretical viewpoint or the counselor's viewpoint. Very little attention, especially in light of its potential importance, has been devoted to the client's preference regarding characteristics and behaviors of counselors. Researchers have tended to focus on the personality characteristics of the client and the counselor to assure a "good fit". Lately, investigators have studied more closely the interaction of the counselor and his client and the relationship of the personality characteristics of both to counseling outcomes. However, as Albert Rosen (1967) has indicated in his review of the literature on client preferences, "There is a remarkable paucity of knowledge on the relationship of client preferences regarding counselors to counseling processes and outcomes."

Purpose

The purpose of this exploratory study was to determine if there were differences in preference for three different approaches to counseling: behavioral, client-centered, and

psychoanalytic. The underlying assumption was that differing theoretical approaches imply the use of different techniques (behaviors) to effect change. A second purpose was to discover which therapeutical approach subjects felt would prove most effective in helping people toward a solution to their problems. Finally, differences between graduate students and undergraduate students in preferences and presumed effectiveness of varying counseling approaches were investigated.

CHAPTER 2

REVIEW OF THE LITERATURE

Considering the large volume of research conducted in the last ten years, there are remarkably few studies on client preferences. Perhaps researchers felt, as Farberow (1963) commented, that the study of certain kinds of preferences of either clients or counselors, such as race, religion or marital status, is a "taboo topic."

The vast majority of client preference studies have used the sample survey design or the questionnaire method for data collection. These techniques tell us little or nothing about the causes of preferences, their effect on counseling outcomes, or about many other operational questions. Another fault of these studies is that very few of them actually sampled clients in a psycho-therapeutic setting. No studies were found that answered the question, "Do client preferences highly correspond to potential client preferences, or do they change when faced with actual behavioral disorders and a choice of therapies, therapists, etc?"

With these reservations, the relevant literature will be summarized under four headings on the basis of subject type and setting.

College Counseling Center Clients

Eight studies resulted in the following major conclusions: (1) When Warman (1960) asked clients which topics they considered most appropriate for discussion in a university counseling center, they ranked vocational problems as most appropriate, academic difficulties as next most appropriate, and problems of personal-social adjustment as least appropriate. (2) Clients who preferred male counselors expressed less feeling in counseling sessions than did those who had no preference regarding the sex of counselors (Fuller, 1963). (3) Fuller (1964) also discovered that males showed a stronger preference for male counselors than did female for female counselors; however, clients who had preferred a female counselor were more likely to change their preference after counseling than those who originally preferred a male counselor. (4) Clients who preferred counselor affective characteristics (warm, friendly, kind, accepting) in comparison with clients who felt cognitive characteristics (logical, knowledgeable, efficient) were more important, focused significantly more on personal-social problems than on educational-vocational ones (Grater, 1964). (5) Pohlman and Robinson (1960) found that students disliked most any counselor statements indicating lack of interest or respect for the client. They reacted with mild dislike for counselors with visual or hearing handicaps and were essentially neutral toward Jewish or Negro counselors. Male counselors were preferred by both sexes, but women students more often than men disliked a male counselor

of their own age. (6) Pohlman (1961) found that although client preferences did change during counseling, there was still much difference at the end of counseling between preferred and actual counselor behaviors. (7) He also discovered that there was no relationship between success of counseling as rated by clients and counselors and the degree to which clients perceived their counselors had followed preferred behaviors (Pohlman, 1964). (8) Finally, Cimbolic (1972) discovered that black students prefer an experienced counselor, be he black or white, to an inexperienced one even though he may be black.

Potential Clients in Colleges and Universities

Stillman and Resnick (1972) found, against their expectations, that there is no relationship between counselor attire and (a) client disclosure or (b) client perception of counselor attractiveness. Non-client college students did not wish to discuss with anyone forty per cent of the problems they identified, but when they desired help, they slightly preferred a professionally-trained counselor or psychologist over other sources of help. Each sex tended to prefer a same-sex counselor, with men much more partial to their own sex (Kaile and Bird, 1956). Levy and Iscoe (1963) found similar evidence that both males and females prefer older male therapists for both personal-social and educational-vocational problems. When sixty male and sixty female students were shown the faces of potential therapists, they preferred older male therapists

with only one exception. Women with personal problems tended to prefer older women counselors (Boulware and Holmes, 1970). In a study closely related to the present experiment, Rogers (1957) found that client preference for a "directive" counselor response was greater for college sophomores than for seniors, men more than women, and private school students more than public school students. Women with an initial greater preference for counselor directiveness were found to be more extroverted than the other women students. Fancher and Gutkin (1971) found that 145 college students when given an eight hundred word descriptive paper of each of two "insight" therapies and two "behavioral" therapies, preferred the "insight" therapies. Client-centered therapy was preferred for mild disorders while psychoanalysis was preferred for more serious disorders. Dalms (1969) found that subjects with the lowest level of abstraction and a positive orientation toward extrapersonal referents, such as institutional authority, preferred campus clergymen or counselors from the counseling centers significantly more than any other kind of subject. Those subjects with low measured IQ scores tended to like the counseling centers as a source of assistance. Freshman, sophomores and juniors tended to prefer a close friend for help while seniors and graduate students tended to turn to a professionally-trained helper. In a study conducted by a college counseling center, students, male and female, were found to prefer a supportive counselor role over

four other types: information giving, questioning, advice giving, and reflection of feeling (Ruppel, 1972). Those counselors who followed their client's preferences for a "personal" or "objective" vocational counseling interview were rated more positively than those whose counselor did not follow client preferences (Mendelson, 1963). Rosen (1966) found that only twenty per cent of deaf college students stated a defined preference for deaf counselors. Students with the least severe deafness and poorer capacity to communicate by sign language showed the greatest preference for counselors who could hear.

Potential Clients in High Schools

Six studies of high school students had these major results: (1) High school students almost unanimously preferred a counselor of their same sex, at least nine years older, and generally between twenty-five and forty years of age (Worby, 1955). (2) In the same year at Smith College, Holman (1955) found that high school males and females preferred an older (as opposed to a similar aged) therapist for both personal and vocational problems. (3) In a study using ninety-two seniors, Gustafson (1969) found that boys have a stronger preference for male counselors than girls do for female counselors. Clients tended to change their preferences to the sex of the counselor they received even if it was not their original preference. (4) In a different vein, Maher (1952) found that

client preference for a directive counselor reaction to a statement of the student's problem was expressed to a greater degree by juniors than seniors, girls than boys, and private than public school students. (5) The great majority of high school students preferred directive to client-centered counseling, but a significantly higher proportion of equalitarian, as compared to authoritarian, personalities preferred the client-centered approach (Sonne, 1957). (6) In an experiment with fifty-one eleventh graders, Wallen (1968) found that the more dogmatic (closed-minded) students preferred the directive approach while the less dogmatic (more open-minded) preferred the non-directive or client-centered approach.

Clients in Non-University Settings

In a Veterans Administration Hospital, patients, mostly of a lower socio-economic status, preferred psychotherapy least of a list of twelve rehabilitation and treatment activities (Stotsky, 1956). Out-patients preferred to discuss five topics in group therapy; sex, symptoms and anxieties, shame and guilt, childhood memories, and quarrels. There was a close correspondence between the most helpful topics and those judged most disturbing with a $r = .79$ (Talland, 1954). A patient, who spoke to a supposed (but non-existant) therapist on the other side of a one-way mirror endowed him with certain preferred characteristics. Due to design considerations, these results are not very valid. However, this technique is very suggestive of a method to study some of the more sensitive

counselor characteristics such as race, religion, physical handicaps, etc. (Diamascio and Brooks, 1961).

CHAPTER 3

PROCEDURES AND RESULTS

Statement of Hypothesis

The following null hypotheses were formulated from the previously stated purposes for this experiment:

(a) Subjects will find each of the three counseling theories equally appealing.

(b) Subjects will believe that each of the three counseling theories are equally effective.

(c) Graduate and undergraduate students will not differ in their preferences for each of the counseling theories.

Rationale of the Hypothesis

Each of the three hypothesis rests on the assumption that the different theoretical approaches to counseling use different techniques (behaviors) in the actual interview. In recent literature, proponents of various counseling theories have debated the relative effectiveness of their respective methods. Researchers and thinkers have been forced to explicitly detail their techniques and the underlying logic. Material from this debate and in support of the above assumption will be presented in three short discussions comparing and contrasting client-centered therapy, psychoanalysis, and

behavior therapy.

Client centered or non-directive therapy is largely a creation of Dr. Carl Rogers. In his original book entitled Client-Centered Therapy, Rogers (1951, p. 24) stated the philosophy of man that forms the basis of all his work. He said,

> We may say that the counselor chooses to act consistently upon the hypothesis that the individual has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into his conscious awareness.

Rogers (1961, p. 26) made an even clearer statement of his philosophy in Chapter I of his book, On Becoming a Person,

> There is one deep learning which is perhaps basic to all I have said so far. It has been forced on me by more than twenty-five years of trying to be helpful to individuals in personal distress. It is simply this. It has been my experience that persons have a basically positive direction. When I can sensitively understand the feelings which they are expressing, when I am able to accept them as separate persons in their own right, then I find they tend to move in certain directions. And what are these directions in which they tend to move? The words which I believe are most truly descriptive are words such as positive, constructive, moving toward self-actualization, growing toward maturity, growing toward socialization.

In an article (Rogers, 1957, p. 96), he states the six conditions that are necessary and sufficient for constructive personality change to occur. Briefly stated, they are:

1. Two persons are in psychological contact.
2. The first, whom we shall term the the client, is in a state of incongruence, being vulnerable or anxious.

3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard to a minimum degree achieved.

The techniques which are representative of client-centered therapists derive directly from these six conditions. Dr. David Murray, widely experienced clinical psychologist, lists seven actual interview behaviors in Hersher (1970, p. 32) They are:

1. Simple acceptance - This includes responses such as 'Yes,' 'I see,' or 'I understood,' or the well-known 'um-hum,' which can express many things including the message to the client that 'I am here and I am with you.'
2. Restatement or Rephrasement - He may say, 'I could hardly talk; I was shaky, sweaty,' and I might reply, 'um hum, yes you were so terribly upset that you could hardly function.'
3. Encouragement to talk - 'Go on' or 'Would you like to tell me more about how you felt in this situation.'
4. Use of questions to check on understanding of patient.
5. Labeling, identifying, and accepting affect - 'Yea, I can see you felt terribly angry.'
6. Comments to break up silence and give assurance - 'It seems as though right now you are enjoying sitting and not feeling you have to talk.'
7. Avoiding statements of judgement - rather 'I see how it seemed to you.'

Psychoanalysis, although usually classified as an "insight" therapy, along with client-centered therapy, gives

rise to quite different techniques and behaviors. The theory and practice of psychoanalysis is a result of Sigmund Freud's observations of the irrational aspects of man's behavior. Man, in his view, is caught in a perpetual conflict between his biological needs (id) and the restrictive demands placed upon him by society (superego).

Children remain dependent on others, especially their parents, for an extended period of time and since an individual's essential and lasting character is firmly established by the time he is six or seven years, psychoanalysts believe that psychological problems are caused by the inability to resolve the conflict between the individual desires (id) and societies restrictions (superego) at some early age. These problems are rooted in repression, a process through which conflictual impulses and memories are denied access to the conscious mind. Before the patient can resolve these conflicts and adapt new ways of living, he must be psychoanalysed; i.e., participate in and comprehend an analysis of his psyche. As Freud expressed it, "An enemy cannot be licked who cannot be seen" (Alexander, 1948, p. 228). The goal of therapy is to make the patient as fully aware as possible of the infantile origins of his feelings and behaviors. It is this "insight" that the therapist helps the patient to find that causes the behavioral change.

As in client-centered therapy, the actual interview behaviors are derived directly from the theory. Psychoanalysts

believe that the best way to get the repressed materials to the conscious level of awareness is through the use of ambiguity. Bordin (1955, p. 13) said,

> ambiguity in therapeutic relationships serves three major functions. First, it capitalizes on the principle that ambiguous stimuli elicit from people those responses which are most heavily laden with the unique aspects of their life history. This function of ambiguity makes it possible for the patient, no matter how well oriented a reality, to bring into the therapeutic relationship his major conflictual feelings no matter how unaware he is of them. Second, by leading to this investment of the patient's motivational and emotional structure, ambiguity makes it possible for the therapist to understand more fully and more deeply the mainsprings of the patient's actions. Third, by being ambiguous, the therapist provides a background against which the patient's irrational feelings will be more clearly etched and therefore more readily brought to awareness.

There are several methods used by the psychoanalyst to make the therapeutic setting ambiguous. Physically, the therapist sits behind the patient, who is usually lying on a couch. The patient is then encouraged to free associate, or to talk about whatever comes into his mind. Eventually, the therapist hopes the patient will project his infantile conflicts upon himself, a process called transference. Ambiguous tests such as the Rorschach Ink Blot, in which the patient is shown random ink blots and asked what he can visualize in their shape. Through all the actual interview, the psychoanalyst tries to remain completely in the background, taking control of the conversation only to interpret to the patients' his Rorschach or free associations in terms of

psychoanalytic theory. To the degree that the patient gains insight into the origin and relatedness of his behavior and his feelings, and in doing so avoiding excessive repression, therapy is considered successful.

All therapies could be called "behavioral" since they all attempt to change behavior. However, the term behavioral counseling usually refers to therapies using specific techniques based firmly on research in learning; i.e. "unadaptive conditioned responses" (Eysenck, 1959, p. 67). Remove the symptom and you eliminate the problem. Proponents of this theory offer much research to support the view that symptoms once eliminated, do not return (See for example, Paul, 1967 or Wolpe, 1958). Furthermore, recent behaviorists teach new, adaptive behaviors in addition to removing unwanted ones. One basic difference between behavioral and client-centered theory was clearly expressed by Esyneck (1959, p. 67). He said, "personal relations are not essential for cures of neurotic behavior, although they may be useful in certain circumstances." The concepts of warmth, empathy, and unconditional positive regard emphasized by client-centered therapists are played down by the behaviorists.

There are two basic kinds of behavior therapies, reciprocal inhibition, developed by Joseph Wolpe (1958), and operant conditioning, developed by B. F. Skinner (1953).

In reciprocal inhibition theory, anxiety is assumed to be the cause of maladaptive behavior. In practice, the therapist attempts to substitute a non-anxious response for

the undesirable anxious reaction to objectively neutral stimuli. A specific technique used in reciprocal inhibition is systematic desensitization. The patient is taught to relax using a method similar to Jacobson's (1936). He and the therapist then construct a hierarchy of noxious stimuli. While the patient is relaxing, the therapist presents the stimuli in order, least noxious to most noxious, until the patient can visually imagine each one with no resulting anxiety. A second technique used by behavioral therapists is assertive training, helpful when others are manipulating the patient. After a discussion of the client's human rights, he is given several behavioral rehearsals in which he asserts himself while the therapist plays various facts. He is then instructed to try the same assertive responses in his everyday life. Aversion-relief therapy is a third example. The client is shown a picture of a stimulus to which he has an unwanted response, and then administered a noxious stimuli (such as a shock). He is immediately shown or given an example of a more acceptable stimuli. A fourth and final example is thought stopping, a simple effective technique in which the client is taught to think or say aloud the word "stop" whenever he begins to think disturbing thoughts. Joseph Cautela (1966) "found thought stopping very effective in reducing the frequency and duration of derogatory thoughts considered anxiety provoking by the patient."

A second general type of behavior therapy is operant

conditioning. This technique takes advantage of the now well-researched assumption that behavior is controlled by its consequences. If a behavior has been emitted or can be influenced by either positive reinforcement (causing an increase in that behavior) or negative reinforcement (causing a decrease). Allyon (1963), Ayllon and Haughton (1962, 1964), and Allyon and Michael (1959) have done notable work using operant conditioning techniques in hospital wards. Nurses and attendants were trained in operant procedures and succeeded in eliminating bad eating habits, bizzare behavior, etc. using tokens as reinforcers. The wisdom and experience of the therapist is extremely important in picking effective reinforcers, which are useful only to the extent of their attractiveness or repulsiveness to the client or clients.

Actual interview techniques can vary, but almost always operate according to this general outline. The therapist and the client together determine which specific behaviors are to be eliminated or changed, and what terminal behaviors will indicate successful treatment. Almost all behaviorists maintain that the actual decision as to which behaviors are to be modified is the exclusive domain of the client. Krumboltz (1965, p. 384) comments, "Within ethical limits, it is each client's wishes that dictate the criteria of success for that client." The professional, expert decisions occur in the second phase when the therapist chooses the specific methods that will be used to modify undesirable behavior and teach

more acceptable ones. In initial interviews, the behaviorist might be questioning, attempting to go from the abstract to the concrete and identify specific behaviors or situations that are causing trouble for the client. When these behaviors are identified and goals determined and stated in behavioral terms, the therapist's behavior becomes much more directive. Specific behaviors of the therapists' might be: (1) to teach - relaxation techniques, for example; (2) to inform - Why don't you try this; (3) give homework - Try this at least three times during the next week; (4) reward - with tokens or verbally; and so on. In short, the behavioral therapist "helps the client engage in those types of behaviors which will lead to a resolution of the client's problems (Krumboltz, 1965).

As has been noted in the introductory section, there has been a paucity of research on client preferences regarding counselor characteristics and counseling processes related to counseling outcomes. The real usefulness of this exploratory study lies in hypotheses (a) and (b), which is an attempt to derive experimental information about client preferences regarding counselor behaviors. Hopefully, this study will begin to fulfill Albert Rosen's (1967) call for "Application of the experimental method for control and measurement of selected variables in the study of preferences as independent or dependent variables."

Mary E. Rogers (1957) found that "preference for a 'directive' counselor response was greater for college sophomores

than seniors, men than women, and private school students than public school students." Preference for a directive counselor reaction to a statement of the student's problem was expressed to a greater degree by high school juniors than seniors . . . (Maher, 1952). The obvious conclusion of these two studies is that as students grow older, they tend to prefer a less-directive counselor reaction. Hypothesis (c) was an attempt to verify the conclusions from the experiments of Rogers and Maher.

Experimental Method

The subjects in this experiment were 20 graduate students (14 women, 6 men) and 37 undergraduate students (35 women, 2 men) from the College of Education of Kansas State University. Subjects were selected on an incidental, but non-random basis, the only criterion being their attendance in classes during Summer Session, 1973. Before each presentation, emphasis was placed on the voluntary nature of this study, and the individual's right to refuse to participate.

The experimental task consisted of listening to three tapes, each approximately 15 minutes long, of counseling sessions illustrative of each of the three theories: behavioral, client-centered, and psychoanalytic. These tapes were obtained from the American Academy of Psychotherapists Tape Library (6420 City Line Avenue, Philadelphia, Pennsylvania, 19151). These sessions were recorded for the proceedings of an "Institute on Psychotherapy," held in Syracuse, New York, on

December 8, 1965. The purpose of these tapes was to give a valid, clinical demonstration of the differing approaches toward and techniques with a patient who was a psychiatrist with acting talent and experience playing the role of one of his own patients. The client and problem were identical on all three tapes. Each counselor, however, was different, and was a highly qualified, nationally known therapist and proponent of the particular theory he applied. Dr. David Murray, widely-experienced clinical psychologist who teaches and practices "Client-centered therapy" in Syracuse, New York; Dr. Robert Seidenberg, well-known psychoanlyst and author from Syracuse, New York; and Dr. Joseph Cautela of Boston College, one of the leaders of "conditioned reflex" and "reciprocal inhibition" therapy were the three therapists on the tape. Dr. Andrew Godwin, staff psychiatrist of Saint Joseph's Hospital in Syracuse, New York, acted the part of a thirty-two year old patient complaining of recurrent headaches.

After listening to each tape, the subjects were asked to respond to two questions to determine (1) how appealing this particular tape had been to them and (2) how effective they believed this therapy would be in helping people with their problems. Under each question was a scale that ran from # 1, either very unappealing or very uneffective to # 7, either very appealing or very effective. The subjects were requested to circle the number that most closely corresponded to their feelings about that particular tape. Subjects were also asked to indicate their sex and answer yes or no to a question that

asked if they felt professional counseling was effective at all in helping people with problems (see Appendix B for a copy of the answer sheet used in the experiment). The presentation order of the tapes was altered in a random manner to counter-balance possible order factors. Before each presentation, a set of instructions was read to the subjects emphasizing the voluntary nature of the experiment and acquainting them with the three tapes and the proper response procedures (see Appendix A for a copy of those instructions).

Data Analysis

The data were analyzed using a two-factor analysis of variance with repeated measures on the counseling approaches factor (Weiner, 1971, p. 526). Where significant effects were found, the Newman-Keuls method (Weiner, 1971, p. 528) was used to test the significance of the difference between all possible means. These tests indicated that there was a significant difference between the preferences of people for the three treatments ($\alpha = .01$, $F = 18.5$.), and that the behavioral tape was significantly preferred over the client-centered and psychoanalytic therapies (see Table 1). They also showed a significant difference in believed effectiveness of the treatments ($\alpha = .01$, $F = 14.88$) with the behavioral treatment thought to be the more effective (see Table 2). The analysis also indicated that there were no significant differences between graduate and undergraduate students on either question (see Tables 1-2).

TABLE 1

SUMMARY TABLE FOR QUESTION #1

Two-factor Analysis of Variance
With Repeated Measures On One-factor

Source of variation	df	SS	MS	F
Between subjects	56	151.91		
A (Grads vs Undergrads)	1	1.62	1.62	.59
Subjects within groups	55	150.29	2.73	
Within subjects	114	369.33		
B (theories)	2	89.98	44.99	18.51
AB	2	11.73	5.86	2.41
B x subjects within groups	110	267.62	2.43	

df 1, 55, α = .01 CRITICAL VALUE = 7.08

df 2, 110, α = .01 CRITICAL VALUE = 4.79

Tests On Means Using Newman-Keuls Procedure

Theories	b_2	b_3	b_1
Ordered means	3.23	3.35	4.28

	b_2	b_3	b_1	r	s-q.99(r, 110)
b_2		.12	1.59	3	4.28
b_3			1.47	2	3.76
b_1					

$s_{\bar{B}}$ .124

q.99(r,110):

r	2	3
	.47	.53

	b_2	b_3	b_1
b_2			*
b_3			*
b_1			

TABLE 2

SUMMARY TABLE FOR QUESTION #2

Two-factor Analysis of Variance
With Repeated Measures On One Factor

Source of variation	df	SS	MS	F
Between subjects	56	187.83		
A (Grads vs. Undergrads)	1	.87	.87	.26
Subjects within groups	55	186.96	3.40	
Within subjects	114	336.33		
B (theories)	2	68.46	34.23	14.88
AB	2	14.43	7.22	3.14
B x subjects within groups	110	253.44	2.30	

df 1, 55, $\alpha = .01$ CRITICAL VALUE = 7.08

df 2, 110, $\alpha = .01$ CRITICAL VALUE = 4.79

Tests On Means Using Newman-Keuls Procedure

Theories	b_2	b_3	b_1
Ordered means	3.28	3.30	4.63

	b_2	b_3	b_1	r	$s_B q.99(r,110)$
b_2		.02	1.35	3	4.28
b_3			1.33	2	3.76
b_1					

s_B .124

q.99(r,110):

r	2	3
	.41	.47

	b_2	b_3	b_1
b_2			*
b_3			*
b_1			

Results

The findings in this exploratory experiment led to the following conclusions:

(1) The subjects preferred the behavioral therapy tape as significantly more appealing than either the client-centered or the psychoanalytic therapy tapes.

(2) The subjects believed the behavioral therapy tape presented a method of counseling that would be significantly more effective than either client-centered or psychoanalytic therapy tapes.

(3) There were no significant differences in preferences between graduate and undergraduate students on either question about the tapes.

CHAPTER 4

DISCUSSION

Limitations

The most serious limitation resulted from the method used to acquire subjects. The incidental, but non-random selection of subjects in no way invalidated the results; however, it did limit the generalizability of the results. Strictly speaking, the population to which the results could be generalized is college-age, potential clients, graduate or undergraduate students. Further, generalizing to all male undergraduates, even given the limitations discussed above, would be very tenuous due to the low number of undergraduate men involved in the experiment (two out of a possible thirty seven).

The choice of the tape from the "Institute on Psychotherapy" was viewed as an excellent compromise. There are two weaknesses that could possibly be criticised. The first centers on the fact that there were different therapists representing the three theories. Barrett-Lennard (1962), Truax (1966), Gross and De Ridder (1966), Butler et al (1962), Lorr (1965), and Truax (1965, 1966) have all found therapist congruence, unconditional acceptance, and accurate empathic

understanding to be significantly related to success or gain in therapy. On the basis of these studies, the argument could be put forth that the operative variable in this experiment wasn't three different sets of counseling behaviors, but three *different* levels of the therapist factors discussed above. However, each therapist was chosen for the "Institute on Psychotherapy" on the basis of being widely known as a successful psychotherapist in his particular theoretical orientation and can, with a fairly high degree of certainty, be assumed to have approximately equal levels of congruence, unconditional acceptance, and accurate empathic understanding.

A second objection could be raised to the use of audio without video playback features. While some non-verbal clues are missed without the video aspect, the author could find no audio-video tape or film that met the requirements discussed in the preceeding paragraph. An attempt to create a tape would have resulted in great difficulties in construction and verification. To make a film of equal quality as the tape, three nationally-known therapists and a quality actor would have to be found. Other attempts such as using actors for the three therapists or one practicing therapist to represent all three theories would be even more suspect.

A final limitation was inherent in the experimental design, a two factor design with repeated measures on one factor. There are three basic faults that must be avoided in a design of this type.

1. Effects of sequence - the possibility that a particular sequence of treatments may of itself cause a significant difference.
2. Effects of experience on later tasks.
3. Carry over of learning from task fo task.

Counterbalancing, or presenting the treatment in a random order sufficiently took care of fault #1. However, the possibility of committing faults #2 and #3 exists, albeit a very small possibility, and would violate the assumption of independence of treatments.

Implications and Extensions

It is not surprising that people differ in their preference for different counseling theories. This experiment, in spite of some limitations, did detect a significant preference for behavioral therapy. Subjects, both graduate and undergraduate, found the behavioral approach more appealing and believed it to be more effective than either client-centered or psychoanalytic therapy. This result seems to contradict the findings of Maher (1952) and Rogers (1957) that older students tend to prefer a more non-directive counselor response. Perhaps the word "directive" has bad connotations and it was this rather than actual counseling behaviors to which the subjects reacted. The implication of the present experiment is that the most important factor in a potential clients' preference for a counseling theory is the actual interview techniques. This result needs further verification and expansion. Even

though behavioral therapy was significantly preferred, there were subjects who preferred client-centered or psychoanalytic therapy. Researchers need to discover which clients prefer which set of counseling behaviors and which therapists, and how these preferences are related to counseling outcomes. Some specific topics for investigation could be client preferences for counselor age, marital status, race, religion, sex, personality characteristics, physical appearance, and any other relevant behaviors or procedures of psychotherapists in counseling sessions. Perhaps in the near future a person with a behavioral disorder will be assigned to a therapist, not in a random manner, but on the basis of solid experimental evidence and with a higher probability of successful treatment.

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APPENDIX

APPENDIX A

PRE-EXPERIMENT INSTRUCTIONS

Before we start the experiment, I would like to emphasize that participation in this research is voluntary. If you feel that your rights are being violated, please ask to be excused.

Would you now respond to the first two questions on your answer sheets? Does anyone need more time?

Today, I'm going to play a tape that contains three counseling sessions, all with the same client and the same problem. However, the therapists are different and operating from three different theories. After listening to each of the three tapes, would you please respond to the two questions on your answer sheet by circling the number that corresponds with your feelings about that session? The scale for each question goes from #1, either very unappealing or very unaffective, to #7, very appealing or very effective. As an example, if you felt one of the sessions was mildly appealing, you would respond by circling #5. May I emphasize that you are to circle the number that corresponds to your feelings. Please do not place a mark between two numbers as that will invalidate your paper.

Are there any questions before we listen to session #1?

APPENDIX B

MASTER'S RESEARCH

Please mark before the tapes are played.

Sex M____ F____

Do you feel that professional counselors are capable of helping people with their problems? Yes____ No____

Tape #1

How appealing was the method of counseling presented by this tape?

Very Unappealing 1 2 3 4 5 6 7 Very Appealing

How effective do you feel this method would be in helping people with their problems?

Very Ineffective 1 2 3 4 5 6 7 Very Effective

Tape #2

How appealing was the method of counseling presented by this tape?

Very Unappealing 1 2 3 4 5 6 7 Very Appealing

How effective do you feel this method would be in helping people with their problems?

Very Ineffective 1 2 3 4 5 6 7 Very Effective

Tape #3

How appealing was the method of counseling presented by this tape?

Very Unappealing 1 2 3 4 5 6 7 Very Appealing

How effective do you feel this method would be in helping people with their problems?

Very Ineffective 1 2 3 4 5 6 7 Very Effective

POTENTIAL CLIENT PREFERENCES FOR THREE COUNSELING THEORIES

by

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B. S. Purdue University, 1968

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POTENTIAL CLIENT PREFERENCES FOR THREE COUNSELING THEORIES

The purpose of this exploratory study was to determine if there were differences in preference for three different approaches to counseling: behavioral, client-centered, and psychoanalytic. The underlying assumption was that differing theoretical approaches imply the use of different techniques (behaviors) to effect change. A second purpose was to discover which therapeutical approach subjects felt would prove most effective in helping people toward a solution to their problems. Finally, differences between graduate students and undergraduate students in preferences and presumed effectiveness of varying counseling approaches were investigated.

The subjects in this experiment were 20 graduate students (14 women, 6 men) and 37 undergraduate students (35 women, 2 men) from the College of Education at Kansas State University. Subjects were selected on an incidental, but non-random basis, the only criterion being their attendance in classes during Summer Session, 1973. Before each presentation, emphasis was placed on the voluntary nature of this study, and the individual's right to refuse to participate.

The experimental task consisted of listening to three tapes, each approximately 15 minutes long, of counseling sessions illustrative of each of the three theories: behavioral, client-centered, and psychoanalytic. The client and problem were identical on all three tapes. Each counselor, however,

was different, and was a highly qualified, nationally known therapist and proponent of the particular theory he applied. After listening to each tape, the subjects were asked to respond to two questions to determine (1) how appealing this particular tape had been to them and (2) how effective they believed this therapy would be in helping people with their problems. The presentation order of the tapes was altered in a random manner to counter-balance possible order factors. Before each presentation, a set of instructions was read to the subjects emphasizing the voluntary nature of the experiment and acquainting them with the three tapes and the proper response procedures. Subjects were also asked to indicate their sex and answer yes or no to a question that asked if they felt professional counseling was effective at all in helping people with problems.

The data were analyzed using a two-factor analysis of variance with repeated measures on the counseling approaches factor (Weiner, 1971, 526). Where significant effects were found, the Newman-Keuls method (Weiner, 1971, 528) was used to test the significance of the difference between all possible means. These tests indicated that there was a significant difference between the preferences of people for the three treatments ($\alpha = .01$, $\underline{F} = 18.5$), and that the behavioral tape was significantly preferred over the client-centered and psychoanalytic therapies. They also showed a significant difference in believed effectiveness of the treatments ($\alpha = .01$, $\underline{F} = 14.8$) with the behavioral treatment

thought to be the more effective. The analysis also indicated that there were no significant differences between graduate and undergraduate students on either question.

The findings in this exploratory experiment led to the following conclusions:

(1) The subjects preferred the behavioral therapy tape as significantly more appealing than either the client-centered or the psychoanalytic therapy tapes.

(2) The subjects believed the behavioral therapy tape presented a method of counseling that would be significantly more effective than either client-centered or psychoanalytic therapy tapes.

(3) There were no significant differences in preferences between graduate and undergraduate students on either question about the tapes.