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THE EFFECTS OF PATIENT-THERAPIST AB COMPLEMENTARITY AND
SIMILARITY UPON PATIENTS' RATINGS OF THEIR RESPECTIVE
THERAPISTS ON THE SEMANTIC DIFFERENTIAL

by

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THERAPISTS ON THE SEMANTIC DIFFERENTIAL

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Table of Contents

	Page
List of Tables	1
Abstract	2
Introduction	3
Method	15
Subjects	15
Instruments	15
Procedure	16
Results	17
Discussion	19
References	16
Appendix A: A-B Scale	26
Appendix B: Semantic Differential	29
Appendix C: Tables 2-6	35

List of Tables

Table	Page
1. Analysis of Variance (Least Squares):	
Activity Factor	18
2. Means of Semantic Differential Scores:	
Activity Factor	35
3. Analysis of Variance (Least Squares):	
Evaluative Factor	36
4. Means of Semantic Differential Scores:	
Evaluative Factor	37
5. Analysis of Variance (Least Squares):	
Potency Factor	38
6. Means of Semantic Differential Scores:	
Potency Factor	39

Abstract

Research on the A-B variable as a predictor of therapist effectiveness in psychotherapy has been extended to include characteristics of the patient and therapist which interact and relate to the effectiveness criterion. Conclusions have been inconsistent and contradictory. For this experiment, the null hypotheses were that there are no significant differences between the patients' ratings of their respective therapists from AB complementary interactions and the patients' ratings of their respective therapists from AB similarity interactions on the evaluative, potency, and activity factors of the Semantic Differential. 8 specific items from the Semantic Differential were chosen for supplementary investigation. 261 male psychiatric inpatients and 12 male psychiatrists served as subjects. Analyses of variance revealed (a) acceptance of most null hypotheses, (b) a significant main effect over patients' AB scores on the activity factor ($p < .05$), (c) a significant main effect over therapists' AB scores on the "believing-skeptical" item ($p < .05$), and (d) a significant interaction effect on the "opaque-transparent" item ($p < .01$). Since 33 F scores were computed, these few significant Fs could easily have occurred by chance.

A generally held theory of psychotherapy is that psychotherapeutic outcome depends in part upon personality characteristics of the therapist. With the development of the A-B Scale devised by Whitehorn and Betz, certain therapist's characteristics have been identified for closer scrutiny. Twenty-three items from the Strong Vocational Interest Blank comprise the A-B scale which differentiates high scoring therapists (A) who achieve greater success with schizophrenic patients from low scoring therapists (B) who obtain better success rates with neurotic patients (Whitehorn, 1954). Results of numerous studies employing the A-B Scale point to specific patient attributes as relevant to differences between A-type and B-type interest patterns (McNair, Callahan, & Lorr, 1962; Kemp, 1966; Berzins & Seidman, 1968). Consequently, emphasis in research has shifted from a single concern with therapist characteristics to the interaction between therapist and patient characteristics as determinants of the therapist's behavior in therapy. Thus the focus of the present study is how therapist and patient characteristics interact and relate to the patient's perception of his therapist.

Whitehorn and Betz (1954) discovered that they could reliably differentiate therapists who achieved high improvement

rates (A therapists) from those who achieved low improvement rates (B therapists) in the psychotherapy of schizophrenic inpatients. Furthermore in a five-year follow-up study, Betz and Whitehorn (1960) found that these differential outcomes were maintained over time. In an attempt to cross-validate the A-B Scale, McNair, Callahan, and Lorr (1962) obtained unexpected contrasting results. A and B therapists treated neurotic outpatients who at the beginning of treatment could not be discriminated on the basis of severity of the disorder and other associated variables. At the end of four months, and again one year following initiation of therapy, the two patient groups differed significantly on a number of outcome variables. In direct contradiction to the earlier study, patients of B therapists showed the greater improvement. Some form of interaction between the A-B therapist variable and the differential characteristics of the two classes of patients studied--schizophrenics in the original study and neurotics in the latter--was assumed to explain the discrepant outcomes.

The basic conception that the A-B variable influences interpersonal processes has received confirmation in a number of experimental studies. In these studies, the patient-type stimulus materials were usually adapted from Phillips and

Rabinovitch's (1958) "avoidance of others" and "turning against self" symptom clusters as prototypic of schizoid and neurotic modes of adjustment, respectively. For example, Kemp (1966) found that A subjects in a quasi-interaction with an "avoidance of others" patient, and B subjects with a "turning against self" patient, experienced significantly more subjective discomfort and difficulty than subjects in the opposite conditions. In a follow-up study, Kemp and Sherman (1965) found that A and B medical students who were asked to make various assessments from the case summaries of an "avoidance of others" and a "turning against self" patient responded in a comparable fashion. In other words, A students in responding to the "avoidance of others" patient, and B students to the "turning against self" patient, made judgments of relatively poorer prognosis and greater difficulties in treatment, and also indicated they would have relatively less interest in treating that particular patient. Results of both of these studies are in direct opposition to what previous clinical findings would predict. That is, A therapists who achieve greater improvement rates with schizophrenics paradoxically feel more subjective discomfort, experience greater difficulty in treatment, and predict

poorer prognoses for these same patients. B therapists who have greater success with neurotics also view these patients in a like manner.

Berzins and Seidman (1968) reported results of a study which failed to replicate Kemp's "paradoxical discomfort effects." When subjects were required to produce self-chosen therapeutic responses to "avoidance of others" and "turning against self" type individuals, As found it easier and more satisfying to respond helpfully to the "avoidance of others" patient and Bs reacted similarly to the "turning against self" patient as most research on the differential effectiveness of As and Bs would predict. Carsen, Harden, and Shows (1964) have also reported two experiments whose results were somewhat more in line with initial predictions. In the first study, the patient-type manipulation was carried out with contrived letters from "patients in local mental hospitals," with whom subjects were encouraged to correspond by means of a suitable cover story. The patient-types again represented the "avoidance of others" and "turning against self" syndromes with the addition of the third Phillips and Rabinovitch (1958) type, "self-indulgence, turning against others" whose effect,

it was predicted, would be similar to that of the "avoidance of others" condition. It was found that the response letters of A subjects to the "avoidance of others" and "turning against others" patients, and B subjects to the "turning against self" patient were characterized by a significantly greater degree of "depth-directedness" than were those of subjects in the opposite conditions.

In the second experiment reported by Carson, Harden, and Shows (1964), the task of the A and B subjects was to interview other male students for the purpose of obtaining personal information. The patient-type manipulation was accomplished by inducing in interviewees a distrustful-disaffiliative (schizoid) versus a trusting dependent (neurotic) set toward their interviewers. As was predicted, A-type interviewers obtained relatively more information from distrustful interviewees, and Bs from trusting interviewees, than the A and B interviewers in the opposite direction. Subsequent analysis of the data reported by Carson and Harden (1964) indicated that the interviewers in the more successful conditions perceived their partners as relatively flexible people, and tended in turn to be perceived as relatively dominating interviewers by the interviewees.

Sandler (1965) contributed an experiment which in part clarifies and in part complicates this line of research. In this study A and B subjects played a series of two-person, non-zero-sum games with a partner whose behavior, unknown to the subject, was completely programmed by the experimenter. The procedure involves a specified magnitude of "payoff" to each player in each round which is jointly determined by an informed choice each of them makes from two alternative courses of action. The equivalent of the patient type manipulation was carried out in two independent ways: By providing subjects with contrived self-descriptions of their partners which reflected either an "avoidance of others" or a "turning against self" syndrome and by programming the game behavior of the stooge to be very suspicious or very trusting. The results indicated that As in relation to self-descriptive "avoidance of others" partners and Bs in relation to self-descriptive "turning against self" partners, tended to be relatively suspicious, untrustworthy and competitive in their game behavior, and to have a less favorable reaction to the experiment. However, when the partner's game behavior rather than his self-description served as the independent variable,

A subjects who played with a suspiciously playing partner and B subjects who played with a trustfully playing partner, more often expected reciprocal cooperation and tended to perceive this expectation as being realized in the course of their interactions. Even more unexpected was the finding that A and B subjects' descriptions of themselves tended to be relatively similar to the "turning against self" and "avoidance of others" adjustment modes respectively. For example, the subjects in the study were asked to write down their typical reactions to stress. Responding A statements were significantly more often consistent with a trusting, intropunitive, collaborative mode of adjustment, whereas Bs more often described themselves in suspicious, extrapunitive, avoidant terms. In other words, As and Bs resembled, in their respective modes of adjustment, those patients with whom they would be presumably less likely to be effective in actual therapy interactions.

Berzins, Friedman, and Seidman (1969) reasoned that such systematic differences in mode of stress adjustment, if reliably related to the A-B variable, would be even more apparent in an actually disturbed patient population. Their study was

subsequently designed to examine the relationship of patients AB status to: therapists ratings of patient symptomatology evident in the first interview, patients' own presenting complaints, and patients' role expectancies regarding psychotherapy. From Sandler's data, Berzins, et al. hypothesized that As would exhibit symptoms consistent with a "turning against self" type and the Bs, an "avoidance of others" symptomatology. Results supported the expected association between A status and the "turning against self" mode of stress adjustment, and A patients also appeared to expect themselves to play verbally active and productive roles in treatment. With the exception of a tendency of B patients to externalize anger, the expected relationship between B status and "avoidance of others" mode of adjustment was not demonstrated. In addition, B patients' expectancies suggested that they anticipated experiencing a straightforward analytical, teacherlike figure.

In comparing their results with data obtained from Betz (1967) regarding A-B differences in therapist "clinical style," Berzins, et al. noted that Betz's B therapists tended to be either passive or instructional in their interactions with schizophrenic patients and correspondingly in their

study B patients expected a somewhat didactic interaction. Similarly the A therapists, according to Betz, were actively and experientially involved with their patients, and A patients expected themselves to be the "work horses" with the therapist remaining relatively inactive. The unexpected aspect of the Berzins, et al. study was that the A patient, despite characteristic high levels of depression, anticipated being quite verbal about his problems. Speculating, the authors concluded that this tendency toward active, productive communication which seemed incompatible with a clinical picture of depression, indicated a willingness to turn to other people in times of distress. If Bs evidence such tendencies to a lesser extent than As, the failure to obtain a full replication of Sandler's data on undergraduates might partially be due to variables which themselves are a function of A-B status; for example, an interpersonally avoidant mode of adjustment to stress. Thus the actively approaching treatment styles of A therapists reported by Betz (1967) appear similar to the tendencies toward interpersonal approach inferred from A patients' role expectancies. If such conclusions are valid, then according to Berzins, et al. (1969), a most important hypothesis raised by even a partial replication of Sandler's

results is that therapist-patient complementarity, rather than similarity, on the A-B variable may explain the "effectiveness" results obtained in prior research.

Briefly summarized the complementarity hypothesis states that A therapists would perform better with B patients and B therapists with A patients (as opposed to As with As and Bs with Bs). Such was the hypothesis that served as the basis of an experiment designed by Thomas Powell (1970) which failed to reveal a significant difference between the complementary and similarity conditions in regard to the criterion of effectiveness in psychotherapy. Thus the present study is another attempt to explore the conditions of patient-therapist AB complementarity and similarity but also focuses upon the patient's perception of his respective therapist, as measured by the Semantic Differential, as the criterion under investigation.

The Semantic Differential was selected as the dependent variable primarily on the basis of availability and the applicability of such an instrument to problems in the clinical and psychotherapeutic area (Osgood, 1967). Through factor analysis, Osgood (1967) extracted the following three factors

which are determinants in semantic judgments: (a) evaluative, (b) potency, and (c) activity. Consequently, the patients' ratings of their therapists were scored along these three dimensions.

Accordingly, three hypotheses were formulized and are as follows:

1. There is no significant difference between the patients' ratings of their respective therapists from AB complementary interactions and the patients' ratings of their respective therapists from AB similarity interactions on the evaluative factor of the Semantic Differential.

2. There is no significant difference between the patients' ratings of their respective therapists from AB complementary interactions and the patients' ratings of their respective therapists from AB similarity interactions on the potency factor of the Semantic Differential.

3. There is no significant difference between the patients' ratings of their respective therapists from AB complementary interactions and the patients' ratings of their respective therapists from AB similarity interactions on the activity factor of the Semantic Differential.

The following eight items from the Semantic Differential were selected for supplementary investigation: kind-cruel, pleasurable-painful, meaningful-meaningless, believing-skeptical, constrained-free, opaque-transparent, intentional-unintentional, and complex-simple. The first four items, the next two items, and the last two items were chosen as representatives of the evaluative, potency, and activity factors respectively but were significant in that they were less heavily loaded towards the three factors.

Method

Subjects

Twelve male psychiatrists and 261 male psychiatric inpatients from Highland Hospital Division, Duke University Medical Center, Asheville, North Carolina served as subjects in this study. The following numbers of patients were available for the twelve psychiatrists: 12, 36, 51, 22, 10, 9, 28, 8, 36, 24, 12, and 13. The patient population included all male patients who were admitted to the hospital between August, 1967, and February, 1972, who had completed the instruments under scrutiny, and who were seen by male psychiatrists who had been employed for at least a six month period.

Instruments

The A-B scale completed by both therapists and patients was a thirty-one item revision (Kemp, 1966) comprised of nineteen items from the Strong Vocational Interest Blank and twelve items from the Minnesota Multiphasic Personality Inventory (Appendix A). It was consistently scored with high scores yielding A status and low scores, B status.

The Semantic Differential was administered to patients only and consisted of twenty-five items loaded towards the

evaluative factor, eleven loaded towards the potency factor, and six towards the activity factor. The method used was in accordance with that formulized by Charles E. Osgood (Osgood, 1967) and forced the patient to rate his therapist in relation to pairs of polar adjectives indicating direction and intensity (Appendix B).

Both instruments were completed by the patients within ten days following their date of admission. By this time, the patients had met with their respective therapists for two to three sessions.

Procedure

Patients' AB scores were categorized into four groups ranging from 3 to 8, 9 to 11, 12 to 15, and 16 to 22. Similarly therapists' AB scores were categorized into three groups ranging from 5 to 8, 10 to 11, and 12 to 17. Patient scores on the Semantic Differential were tabulated for the evaluative, potency, and activity factors and for the eight additional items of interest. A 3 x 4 analysis of variance, least squares solution, (Winer, 1962) was used to test for significance of main and interaction effects. The independent variables were the patients' and therapists' AB scores on the Semantic Differential.

Results

An examination of the analyses of variance for the evaluative, potency, and activity factors showed a significant main effect over patients' AB scores for the activity factor only (Table 1). There were no interaction effects between patients' and therapists' AB scores, and no significant therapist effects evident in the analyses. However, tables of mean scores for each of the three Semantic Differential factors are provided in Appendix C for those with a desire to proceed further.

Analysis of the data obtained from the eight specific items on the Semantic Differential revealed a significant main effect over therapists' AB scores on the "believing-skeptical" item ($F=3.19$; $df=2$; $p < .05$) and a significant interaction effect on the "opaque-transparent" item ($F=2.97$; $df=6$; $p < .01$). The remaining six items showed no significant interaction or main effects. Tables for the eight items are omitted due to insignificant F s and the probability that the significant F s which were obtained, occurred by chance.

Table 1

Analysis of Variance (Least Squares): Activity Factor

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Therapists' AB Scores (A)	2	54.398	1.842
Patients' AB Scores (B)	3	86.932	2.945*
A x B	6	43.700	1.480
Error	249	29.518	

*p < .05

Discussion

Results revealed acceptance of the null hypotheses that: There are no significant differences between the patients' ratings of their respective therapists from AB complementary interactions and the patients' ratings of their respective therapists from AB similarity interactions on the evaluative, potency, and activity factors of the Semantic Differential. However, an unexpected result showed a difference across the four patient AB groups in the way therapists were rated on the activity factor of the Semantic Differential. The activity factor purportedly measures such qualities as excitement, warmth, and agitation with some relation to physical sharpness or abruptness as well. Further investigative research preempts excessive interpretation or reliance on the statistical significance of this finding, since one or more random effects at the .05 probability level would be expected out of the 33 obtained Fs. Similarly random effects probably explain the difference found across the three therapist AB groups on the "believing-skeptical" item of the Semantic Differential and could possibly explain the interaction effect found on the "opaque-transparent" item. However, the

probability that the latter result occurred by chance is low, and examination of the corresponding means reveals an interaction effect strongly based upon patient-therapist AB similarity interactions rather than patient-therapist AB complementarity interactions.

The majority of research on the A-B variable has resorted to using medical students, psychology interns, and other inexperienced subjects as psychotherapists; innumerable "stooges," various tape-recordings, and contrived letters, as the pre-programmed patient type manipulation; and the combination of the two is designated "psychotherapy." Certainly the contributions and relevance of this line of research to the issue of success in actual psychotherapy are questionable. The present study supports the conclusions most recently obtained by Bowden, Endicott, and Spitzer (1972). Medical students and psychology interns served as therapists but actual psychiatric inpatients were used as subjects rather than patient type manipulations, and patients and therapists met once a week for one month for individual psychotherapy. Results showed no significant correlations between the three A-B measures of improvement either for the schizophrenic patients

only or for the total group of patients. The authors cite several flaws demonstrated in the original studies by Whitehorn and Betz and conclude that perhaps the findings were valid for their therapists and patients but that changes in interest patterns of therapists and treatment methods have altered any relationship that previously existed. Bowden, et al. further speculate that the continued persistence of the A-B hypothesis in the face of numerous negative outcomes is a function of the investigators' tendency to interpret negative findings in such a way as to amend rather than refute the A-B hypothesis.

Similarly, George Chartier (1971) concluded that much research on the A-B scale has been based on a number of tenuous assumptions which clearly violate the guidelines for acceptable research in psychotherapy. According to Chartier, a necessary prerequisite for further research is an adequate demonstration of A-B therapist-type patient-type interaction effects in a natural psychotherapy setting. However, he concludes that there is little reason to pursue such a complex study of the interaction hypothesis, until it is shown that the phenomenon still exists under the present-day techniques used in treating schizophrenics.

Powell (1970) used medical students as therapists and actual psychiatric patients as subjects in a study which failed to reveal a significant difference between the complementary and similarity conditions in regard to the criterion of effectiveness in psychotherapy.

Thus the results of the present study, which used psychiatrists and their respective psychiatric inpatients as subjects, provide additional support to the growing body of evidence that questions the usefulness of much of the research associated with the A-B variable. If future research which focuses upon actual psychotherapeutic process continues to reveal negative findings, there is little reason to pursue further study in this area.

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APPENDIX A

Key: The following underlined responses are credited one point each.

Name: _____

3-8 B status Personal Questionnaire
12-22 A status

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

- | | | | | |
|-----|-------------------------|------|--------------------|----------------|
| 1. | Drilling in a company | Like | Indifferent | Dislike |
| 2. | Marine engineer | Like | Indifferent | <u>Dislike</u> |
| 3. | Mechanical engineer | Like | Indifferent | <u>Dislike</u> |
| 4. | Photoengraver | Like | Indifferent | <u>Dislike</u> |
| 5. | Specialty Salesman | Like | Indifferent | <u>Dislike</u> |
| 6. | Toolmaker | Like | Indifferent | <u>Dislike</u> |
| 7. | Making a radio set | Like | Indifferent | <u>Dislike</u> |
| 8. | Building contractor | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 9. | Carpenter | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 10. | Ship Officer | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 11. | Manual training | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 12. | Mechanical training | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 13. | Adjusting a carburetor | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 14. | Cabinet Making | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 15. | Entertaining others | Like | Indifferent | Dislike |
| 16. | Looking at shop windows | Like | <u>Indifferent</u> | <u>Dislike</u> |

Key: The following underlined responses are credited one point each.

Name: _____

3-8 B status Personal Questionnaire
12-22 A status

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

- | | | | | |
|-----|-------------------------|------|--------------------|----------------|
| 1. | Drilling in a company | Like | Indifferent | Dislike |
| 2. | Marine engineer | Like | Indifferent | <u>Dislike</u> |
| 3. | Mechanical engineer | Like | Indifferent | <u>Dislike</u> |
| 4. | Photoengraver | Like | Indifferent | <u>Dislike</u> |
| 5. | Specialty Salesman | Like | Indifferent | <u>Dislike</u> |
| 6. | Toolmaker | Like | Indifferent | <u>Dislike</u> |
| 7. | Making a radio set | Like | Indifferent | <u>Dislike</u> |
| 8. | Building contractor | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 9. | Carpenter | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 10. | Ship Officer | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 11. | Manual training | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 12. | Mechanical training | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 13. | Adjusting a carburetor | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 14. | Cabinet Making | Like | <u>Indifferent</u> | <u>Dislike</u> |
| 15. | Entertaining others | Like | Indifferent | Dislike |
| 16. | Looking at shop windows | Like | <u>Indifferent</u> | <u>Dislike</u> |

Answer the following items as truthfully as possible by encircling one of the answers. Work Rapidly.

- | | | | | |
|-----|---|-------------|----------|--------------|
| 17. | I can accept just criticism without getting sore. | Yes | Not Sure | No |
| 18. | I can correct others without giving offense. | <u>Yes</u> | Not Sure | No |
| 19. | I can follow up subordinates effectively. | Yes | Not Sure | No |
| 20. | I have mechanical ingenuity (inventiveness). | Yes | Not Sure | <u>No</u> |
| 21. | I like mechanics magazines | True | | <u>False</u> |
| 22. | I have no difficulty in starting or holding my bowel movement. | True | | <u>False</u> |
| 23. | I think I would like the kind of work a forest ranger does | True | | <u>False</u> |
| 24. | In school, I was sometimes sent to the principal for cutting up. | True | | <u>False</u> |
| 25. | At times I feel I can make up my mind with unusually great ease. | True | | <u>False</u> |
| 26. | It does not bother me that I am not better looking. | True | | False |
| 27. | It makes me feel like a failure when I hear of the success of someone I know well. | True | | False |
| 28. | People often disappoint me. | <u>True</u> | | False |
| 29. | Indicate which <u>three</u> of the following ten activities you would enjoy <u>least</u> by checking (✓) opposite them. | | | |
| | () a. Develop the theory of operation of a new machine, e.g. auto. | | | |
| | () b. Operate (manipulate) the new machine. | | | |
| | () c. Discover an improvement in the design of the machine | | | |
| | () d. Determine the cost of operation of the machine. | | | |
| | () e. Supervise the manufacture of the machine. | | | |
| | () f. Create a new artistic effect, i.e. improve beauty of the auto. | | | |
| | () g. Sell the machine. | | | |
| | () h. Prepare the advertising for the machine. | | | |
| | () i. Teach others the use of the machine. | | | |
| * | () j. Interest the public in the machine through public addresses. | | | |

*If item "j" is not checked, one point is credited.

30. Indicate by checking the three positions you would most prefer to hold in a club or society.

- a. President of a society or club.
- b. Secretary of a society or club.
- c. Treasurer of a society or club.
- d. Member of a society or club.
- e. Chairman, Arrangement Committee
- f. Chairman, Educational Committee
- g. Chairman, Entertainment Committee
- h. Chairman, Membership Committee
- i. Chairman, Program Committee
- j. Chairman, Publicity Committee

31. Indicate your choice of the following pair by checking (/) in the first space if you prefer the item to the left, in the second space if you have no particular preference, and in the third space if you prefer the item to the right. Assume other things are equal except the two items to be compared.

Many women friends () () () Few women friends

APPENDIX B

29

INSTRUCTIONS

The purpose of this study is to measure the meanings of certain things to various people by having them judge them against a series of descriptive scales. In taking this test, please make your judgments on the basis of what these things mean to you. You are to rate the concept you have of

_____ on each of these scales in order.

Here is how you are to use these scales:

If you feel that the concept you have of _____ is very closely related to one end of the scale, you should place your check-mark as follows:

Very Quite Only Neu- Only Very
Much Quite Slightly tral Slightly Quite Much
fair X : _____ : _____ : _____ : _____ : _____ : _____ unfair

OR

fair : _____ : _____ : _____ : _____ : _____ : X unfair

If you feel that the concept you have of _____ is quite closely related to one or the other end of the scale (but not extremely), you should place your check-mark as follows:

strong _____ : X : _____ : _____ : _____ : _____ : _____ weak

OR

strong _____ : _____ : _____ : _____ : _____ : X : _____ weak

If the concept seems only slightly related to one side as opposed to the other side (but is not really neutral), then you should check as follows:

active _____ : _____ : X : _____ : _____ : _____ : _____ passive

OR

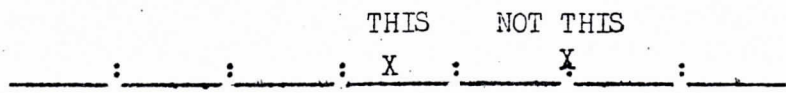
active _____ : _____ : _____ : _____ : X : _____ : _____ passive

The direction toward which you check, of course, depends upon which of the two ends of the scale seem most characteristic of the thing you're judging.

If you consider the concept to be neutral on the scale, both sides of the scale equally associated with the concept. or if the scale is completely irrelevant, unrelated to the concept, then you should place your check-mark in the middle space:

safe _____ : _____ : _____ : X : _____ : _____ : _____ dangerous

IMPORTANT: (1) Place your check-marks in the middle of spaces, not on the boundaries:



- (2) Be sure you check every scale.
- (3) Never put more than one check-mark on a single scale.

Do not try to remember how you checked similar items earlier in the test. Make each item a separate and independent judgment. Work at fairly high speed through this test. Do not worry or puzzle over individual items. It is your first impressions, the immediate "feelings" about the items, that we want. On the other hand, please do not be careless, because we want your true impressions.

Do not turn the page until told to do so.

	<u>Very</u> <u>Much</u>	<u>Quite</u>	<u>Only</u> <u>Slightly</u>	<u>Neu-</u> <u>tral</u>	<u>Only</u> <u>Slightly</u>	<u>Quite</u>	<u>Very</u> <u>Much</u>	
1. likeable	_____	:_____	:_____	:_____	:_____	:_____	_____	unlikeable
2. confident	_____	:_____	:_____	:_____	:_____	:_____	_____	uncertain
3. intelligent	_____	:_____	:_____	:_____	:_____	:_____	_____	unintelligent
4. believable	_____	:_____	:_____	:_____	:_____	:_____	_____	unbelievable
5. trustworthy	_____	:_____	:_____	:_____	:_____	:_____	_____	untrustworthy
6. knowledgeable	_____	:_____	:_____	:_____	:_____	:_____	_____	ignorant
7. responsible	_____	:_____	:_____	:_____	:_____	:_____	_____	irresponsible
8. competent	_____	:_____	:_____	:_____	:_____	:_____	_____	incompetent
9. successful	_____	:_____	:_____	:_____	:_____	:_____	_____	unsuccessful
10. reputable	_____	:_____	:_____	:_____	:_____	:_____	_____	disreputable
11. true	_____	:_____	:_____	:_____	:_____	:_____	_____	false
12. honest	_____	:_____	:_____	:_____	:_____	:_____	_____	dishonest

Very Much Quite Only Slightly Neu- Only Slightly Quite Very Much

- 1. good _____ : _____ : _____ : _____ : _____ : _____ : _____ bad
- 2. optimistic _____ : _____ : _____ : _____ : _____ : _____ : _____ pessimistic
- 3. complete _____ : _____ : _____ : _____ : _____ : _____ : _____ incomplete
- 4. timely _____ : _____ : _____ : _____ : _____ : _____ : _____ untimely
- 5. altruistic _____ : _____ : _____ : _____ : _____ : _____ : _____ egotistic
- 6. sociable _____ : _____ : _____ : _____ : _____ : _____ : _____ unsociable
- 7. kind _____ : _____ : _____ : _____ : _____ : _____ : _____ cruel
- 8. grateful _____ : _____ : _____ : _____ : _____ : _____ : _____ ungrateful
- 9. harmonious _____ : _____ : _____ : _____ : _____ : _____ : _____ dissonant
- 10. clean _____ : _____ : _____ : _____ : _____ : _____ : _____ dirty
- 11. light _____ : _____ : _____ : _____ : _____ : _____ : _____ dark
- 12. graceful _____ : _____ : _____ : _____ : _____ : _____ : _____ awkward
- 13. pleasurable _____ : _____ : _____ : _____ : _____ : _____ : _____ painful
- 14. beautiful _____ : _____ : _____ : _____ : _____ : _____ : _____ ugly
- 15. successful _____ : _____ : _____ : _____ : _____ : _____ : _____ unsuccessful
- 16. high _____ : _____ : _____ : _____ : _____ : _____ : _____ low
- 17. meaningful _____ : _____ : _____ : _____ : _____ : _____ : _____ meaningless
- 18. important _____ : _____ : _____ : _____ : _____ : _____ : _____ unimportant
- 19. progressive _____ : _____ : _____ : _____ : _____ : _____ : _____ regressive

Very Only Neu- Only Very
Much Quite Slightly tral Slightly Quite Much

38. excitable _____ : _____ : _____ : _____ : _____ : _____ : _____ : _____ calm

39. hot _____ : _____ : _____ : _____ : _____ : _____ : _____ : _____ cold

40. intentional _____ : _____ : _____ : _____ : _____ : _____ : _____ : _____ unintentional

41. fast _____ : _____ : _____ : _____ : _____ : _____ : _____ : _____ slow

42. complex _____ : _____ : _____ : _____ : _____ : _____ : _____ : _____ simple

APPENDIX C

Table 2

Means of Semantic Differential Scores: Activity Factor

Therapists' AB Scores	Patients' AB Scores			
	3-8	9-11	12-15	16-22
5-8	29.88	28.50	26.03	26.63
10-11	30.60	30.23	26.11	30.31
12-17	29.22	27.05	29.00	27.26

Table 3

Analysis of Variance (Least Squares): Evaluative Factor

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Therapists' AB Scores (A)	2	53.458	.142
Patients' AB Scores (B)	3	131.305	.351
A x B	6	365.347	.976
Error	249	373.975	

Table 4

Means of Semantic Differential Scores: Evaluative Factor

Therapists' AB Scores	Patients' AB Scores			
	3-8	9-11	12-15	16-22
5-8	139.18	144.92	139.14	139.59
10-11	144.35	136.62	139.22	144.85
12-17	134.72	143.80	143.54	137.26

Table 5

Analysis of Variance (Least Squares): Potency Factor

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Therapists' AB Scores (A)	2	8.069	.113
Patients' AB Scores (B)	3	51.379	.721
A x B	6	79.143	1.110
Error	249	71.244	

Table 6

Means of Semantic Differential Scores: Potency Factor

Therapists' AB Scores	Patients' AB Scores			
	3-8	9-11	12-15	16-22
5-8	51.03	52.85	53.03	51.93
10-11	52.70	49.54	49.67	53.54
12-17	53.22	50.75	55.18	50.05