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The Relationship Between Cognitive Style Match and Observer Ratings of Cotherapy Teams

Philip R. Mitchell
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THE RELATIONSHIP BETWEEN COGNITIVE STYLE MATCH AND OBSERVER RATINGS OF COTHERAPY TEAMS

by

Philip R. Mitchell

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Doctor of Education

Western Michigan University
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August 1979
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Philip R. Mitchell
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CHAPTER I

Introduction

Individual differences have been a longstanding focus of attention in psychology and education. One way that individuals differ is in their cognitive functioning. Pervin (1975) maintained that the area of cognitive functioning is increasingly important in the field of psychology. Mahoney (1977) noted that in clinical psychology "cognitive therapies" are rapidly becoming among the most popular, a trend that is also noticeable in counseling psychology.

Cognitive styles are characteristic, self-consistent modes of perceptual and intellectual functioning. One much-studied cognitive style is called field dependence-field independence (FD-FI). Thirty years of documentation have supported the assertion that persons with a relatively FD cognitive style differ in many perceptual, intellectual, and personality characteristics from relatively FI persons (Witkin, Dyk, Faterson, Goodenough, & Karp, 1962; Witkin & Goodenough, 1977; Witkin, Lewis, Hertzman, Machover, Meissner, & Wapner, 1954).

A recently emerging area of FD-FI cognitive style research involves the effect of a match or mismatch of the cognitive styles of two interacting individuals. Several researchers (DiStefano, 1969; Folman, 1973; M. A. Greene,
1972; Shows, 1975) suggested that more positive results occur in interpersonal relationships in a variety of situations when both members of the dyad are similar in their FD-FI cognitive style. DiStefano (1969) found that students and teachers described each other more positively when so matched; that is, FD students rated FD teachers higher than FI teachers, and FI teachers rated FI students more highly. Clients rated therapists higher in interpersonal attraction and prematurely terminate less often when matched on cognitive style (Folman, 1973). In addition, M. A. Greene (1972) studied the client-therapist relationship and found that clients rated therapists more positively on their perception of certain facilitative conditions in therapy (empathic understanding, level of regard, unconditionality of regard, congruence, and willingness to be known) when matched for FD-FI cognitive style.

The dyadic human interaction model seems to be the one most commonly used for the study of counseling and psychotherapy. The predominance of research on counseling and psychotherapy has examined the one-client/one-therapist situation. Other methods of delivering psychotherapy such as group, couple, and family therapy have emerged as important treatment modalities. However, even in these treatment modalities the interaction is often between one client and one therapist, though that interaction is surely effected by the presence and behavior of others in the session (Yalom, 1970).
Several writers have noted the possible desirability and the potential for increased potency by using two therapists simultaneously in the same session and on a continuing basis (B. Friedman, 1973; Kosch-Graham, 1972; Luthman & Kirschenbaum, 1974; Treppa & Nunnelly, 1974). Cotherapy interaction involves one client receiving therapy from two therapists in the same session rather than in the dyadic situation found in the cognitive style match studies mentioned above.

Statement of the Problem

The problem addressed in this study concerned the dilemma which resulted from the juxtaposition of the following premises:

1. Research evidence generally supports a more positive therapy relationship rating by clients in a dyadic interaction when both people are matched for FD-FI cognitive style.

2. Several writers have suggested the delivery of therapy to clients by a cotherapy team.

Consideration of these two premises led to the question of whether positive ratings of therapy would hold for the situation where the client was matched for cognitive style FD-FI with both members of a cotherapy team. To investigate this question, persons viewed and rated the cotherapy relationship in a videotaped interview between the same coached client and three different cotherapy teams.

In previous studies, actual clients did the ratings (Folman, 1973; M. A. Greene, 1972). This study was designed to employ a videotape counseling or simulation method, and
it was assumed that observers of a simulated cotherapy session could perceive and make valid ratings of the facilitative counseling or therapy conditions. Observers classified as FD or FI rated the cotherapy team in one of three 15-minute segments of videotaped interviews between the same coached client and three cotherapy teams. One cotherapy team had two FD members, the second team had one FD member and one FI member, and the third team had two FI members. Therefore, the present study investigated the observer rating of the facilitative conditions of therapy when the observer was matched for FD-FI cognitive style with both, one, or neither of the cotherapists.

**Importance of the Study**

Many authorities on the therapy process have supported the importance of the conditions of empathy, positive regard, and congruence as necessary for successful outcome in therapy (Carkhuff & Berenson, 1977; DiLoreto, 1971; Goldstein, 1973; Rogers, 1957). M. A. Greene (1972) found that matching therapist and client on cognitive style increased the likelihood of the client perceiving facilitative conditions. A person's FD-FI cognitive style can be determined within 20 minutes using the Group Embedded Figures Test (GEFT; Witkin, Oltman, Raskin, & Karp, 1971). Since the cognitive styles of both client and therapist can be determined, client and therapist could be matched. This procedure increases the perception by clients or observer-raters of the important
facilitative conditions and therefore increases the probability of a successful therapy outcome. The same benefit could be applied to cotherapy.

Positive outcome in therapy is likely to be reduced when clients prematurely terminate therapy. Folman (1973) found that the dropout rate from therapy was significantly lower when client and therapist were matched for FD-FI cognitive style. By determining the cognitive style of client and therapist and matching them on this dimension, the dropout rate could be lowered and the potential for positive therapy outcome could be increased for individual or cotherapy.

It seemed reasonable to expect a more positive outcome from therapy when there was a mutual interpersonal attraction between client and therapist. Folman also discovered that clients and therapists matched on the FD-FI cognitive style rated each other higher on mutual attraction. The practical implication for cotherapy is that matching could have beneficial effects on therapy outcome.

In another study, interview partners similar in FD-FI cognitive style found each other easier to understand, found more interest in each other, and were more sympathetic to each other (Shows, 1975). Matching client and cotherapist would likely yield positive results in cotherapy.

As noted earlier, Mahoney (1977) has indicated the growing importance of cognitive therapies. A knowledge of the function of match-mismatch in cognitive styles could
have value to those therapists who use a cognitive approach to therapy. As Mahoney said, "The identification of parameters that influence cognition is perhaps one of the most exciting and fertile areas in the field" (p. 11). This study can add to the body of knowledge concerning the parameters of cognition particularly within the therapeutic setting.

Not all research evidence supported the benefits of matching of client and therapist on cognitive style. In conflict resolution situations, dyads with both members who were FI more often ended in disagreement than dyads that had one or both members who were FD (Oltman, Goodenough, Witkin, Freedman, & Friedman, 1975). The same study found that the FD-FI dyad rated each other higher in mutual attraction than did the FD-FD or FI-FI dyads. This evidence suggested that when client and therapist are involved in conflict resolution, matching an FI client with an FI therapist can lead to a higher rate of disagreement than would be found with FI-FD or FD-FD pairs.

The results of the studies cited above, with the single exception of the conflict resolution study, suggested a cotherapy team matched for cognitive style might result in more mutual interpersonal attraction and a longer-lasting client-cotherapist relationship with increased empathy, positive regard, and congruence. However, since a cotherapy team is involved at times with conflict-resolving, a team with two FI members could end in disagreement more frequently.
Another factor in the make-up of a cotherapy team is the expressed preference by some therapists for an other-sex partner (B. Friedman, 1973; Luthman & Kirschenbaum, 1974). There is a slight tendency for more males to be FI and more females to be FD (Witkin, 1973). Farhood (1975) found that choice of a cotherapist was a critical factor in the outcome of therapy. If therapists are given a choice and they choose a cotherapy partner solely on the basis of sex, there is a likelihood that some of the teams would be dissimilar in FD-FI cognitive style. It would be possible through this study to determine if there is a tendency for cognitive-style similarity to be more important in choosing a cotherapist than the desire to be working with a cotherapist of the other sex.

It would be inappropriate to generalize from the evidence on cognitive style match in dyads to the cotherapy situation because it is not known what the effect of the interaction of the cotherapists has on the rating the client makes of the facilitative conditions. It is conceivable that the interaction of cotherapists with dissimilar styles has the effect of lowering an observer's perception of the facilitative conditions, or vice versa. This study was designed to determine if observers more highly rate a cotherapy team on the facilitative conditions of therapy when matched with that team on FD-FI cognitive style.

This study built upon the extensive literature on FD-FI
cognitive style and the current emphasis on cognitive style match. It was designed to extend the knowledge of FD-FI cognitive style into two areas where there is a paucity of empirical data: (1) the effect of match between one person and a dyad, and (2) the effect of a match of cognitive styles on the workings of a cotherapy team.

**Definition of Terms**

In this study, the following definitions were used:

**Coached client**—An amateur or professional actor or actress who portrays for a therapist a person who has some common mental-health or developmental problem.

**Cognitive style**—The characteristic, self-consistent mode of perceptual and intellectual functioning. Cognitive style can be thought of as information-processing habits which represent a person's typical modes of perceiving, thinking, and problem-solving. Santostefano, Rutledge, and Randall (1965) said, "Essentially, the concept of cognitive style proposes that when perceiving, an individual's cognition is active (not passive), selecting, sorting, organizing information according to particular system principles which are influenced by motivation and personality factors" (p. 58).

**Cognitive style match**—The congruence of the measured levels of field dependence-independence between two or more interacting members who have relatively the same cognitive style, that is, all three (observer and both cotherapists) are relatively FD or all three are relatively FI. Any other
Combination was considered a mismatched situation.

**Congruence**—"The degree to which the therapist is functionally integrated in the context of his relationship with another such that there is absence of conflict or inconsistency between his total experience, his awareness, and his overt communication" (Barrett-Lennard, 1962, p. 4). Congruence was operationally defined as the score on this scale of Barrett-Lennard Relationship Inventory (B-LRI).

**Cotherapist**—One of a two-member team providing counseling or psychotherapy to one or more clients in the same session.

**Cotherapy**—The delivery of counseling or psychotherapy by a team of two therapists who are working together with one or more clients in the same session.

**Empathic understanding**—"The extent to which one person is conscious of the immediate awareness of another" (Barrett-Lennard, p. 3). This was operationally defined by the final score on this particular scale of the B-LRI.

**Facilitative conditions of therapy**—The dimensions of an interaction between client and therapist which have the effect of promoting constructive consequences (Carkhuff & Berenson, 1977). The specific facilitative conditions in this study were those of empathic understanding, unconditionality of regard, and congruence. These conditions were measured by the scales of the B-LRI.

**Field-dependence/field-independence cognitive style**—
A cognitive style which taps an individual's facility for disembedding material from its surroundings in perceptual and intellectual tasks, that is, the ability to keep things separate in experience. For purposes of the study, this FD-FI cognitive style was measured by the GEFT. An operational definition of FD-FI cognitive style was relative to one's score on the GEFT where FD was defined as below median and FI was defined above median for the subjects' combined GEFT scores.

**Field-dependent person**—The field-dependent person was defined as an individual who has a relatively more field-dependence cognitive style and who has more difficulty separating an item from its surroundings.

**Field-independent person**—A field-independent person was defined as an individual who has a relatively more field-independence cognitive style and who can readily separate a figure from its surroundings.

**Observer-rater**—An observer-rater was defined as an individual who views a videotape presentation and rates a cotherapy team on the facilitative conditions of counseling or psychotherapy using the B-LRI.

In this study, the terms **counseling** and **psychotherapy** are used interchangeably.
Conceptual Framework

The two major concerns of this study were field dependence-independence cognitive style and the cotherapy relationship. Both of these were related to the concept of individual differences.

The extensive investigation of the FD-FI cognitive style evolved from a curiosity about the manner in which individuals orient themselves to upright in space (Witkin, 1948; Witkin & Asch, 1948). These researchers reported that people vary in this ability. Witkin (1948) used two different tests to distinguish the orienting ability. In the rod-and-frame test (RFT), the subject is seated in a darkened room and must adjust a tilted luminous rod to the upright centered within a tilted luminous frame while the frame remains tilted. In the other, the body adjustment test (BAT), the subject is seated in a tilted position within a tilted room and must adjust his/her chair to a position where the subject perceives himself/herself as upright while the room remains tilted. These two tests were found to require essentially the same ability to perform without regard to the surrounding field. Tests of the orienting ability established a continuous distribution of scores and therefore a dimension along which individuals differ. In the relatively field-independent mode of perceiving, parts of the field are experienced as discrete from the organized ground. In a relatively field-dependent mode of perceiving, parts of the field are experienced as fused.
Designations of field-dependent or field-independent in perceptual style are like other individual differences such as height or weight in that they are relative and are continuous and do not result in two separate dichotomous categories.

Cotherapy, as defined above, involves the delivery of therapy to clients. Stefflre (1965) contended that all therapists operate from some counseling theory, either implicit or explicit. Each counseling theory embodies to some degree a theory of personality which in turn is concerned with the total person and with individual differences (Pervin, 1975). Therefore, cotherapy is related in this manner to the concept of individual differences.

Both FD-FI cognitive style and cotherapy are connected closely to the concept of human development. A longitudinal study by Witkin, Goodenough, and Karp (1967) identified age-related changes in field-dependence/field-independence cognitive style over the life span. Using the RFT, the BAT, and the GEFT, they discovered a marked continuous increase in FI between 8 and 15 years with a gradual slowing and leveling off in the period of young adulthood. There seems to be a marked return to field dependence in geriatric groups (Schwartz & Karp, 1967). Theories of personality commonly include notions of the development of humans as an important factor in understanding a person's current psychological make-up. When counseling or psychotherapy theories are broadly classified as psychoanalytical, phenomenological,
and behavioristic, the relative degree of importance assigned to human development varies considerably. The psychoanalytical theories tend to emphasize the developmental themes more than the latter two.

The focal areas of this current study were both involved with the concept of change. The FD-FI cognitive style is stable in two respects. First, once the cognitive style has emerged in a person as indicated above, it is relatively stable (Bauman, 1951; Witkin et al., 1967) and somewhat resistant to change by experimental intervention (Witkin et al., 1971). Therapy, by definition, is an intervention aimed at changing human behavior (Korchin, 1976).

The fourth conceptual area in common between cotherapy and cognitive style is that of locus of control. Locus of control refers to the perceived position of controlling factors as within oneself or outside oneself in the environment, that is, internal or external. The thrust of therapy is often in the direction of persuading the client to assume more internal control of his or her behavior. The therapist acts as an external stimulus to the development of more internal control by the client. Studies of FD-FI cognitive style have shown that individuals with a relatively FD style are more sensitive to social surroundings (Bell, 1955; Crutchfield, Woodworth, & Albrecht, 1958; Deever, 1967; Eagle, Fitzgibbons, & Goldberger, 1966; Konstadt & Forman, 1965). The FD persons are more likely to be influenced by
others (external locus of control), whereas the FI persons are more likely to respond from an internal locus of control.

This study fit into a conceptual framework which included the concepts of individual differences, human development, change, and locus of control (see Figure 1). As noted above, cognitive style is an aspect of individual difference. Therapists, working alone or with a cotherapist, are concerned with individual differences as variables in the counseling process. Cognitive style is a mode of both perceptual and intellectual functioning that develops over time. Many therapists are interested in the developmental history of their clients. Therapists endeavor to facilitate change in clients' behavior. Cognitive style is believed to be relatively stable after it emerges in the developmental pattern of a given individual. This relatively fixed manner of perceiving and thinking may be a potent variable related to the degree of client change in the therapy process. The locus of control is roughly related to the degree of field dependence of a person. A person who is relatively field-dependent is more influenced by external factors, and a person who is relatively more field-independent is more influenced by internal factors. Therapy is frequently viewed as a process where the counselor tries to facilitate the increase of internal controls in the client by acting as an external agent. These four concepts are interrelated, then, with the focal areas of the problem addressed in this study.
Figure 1. Psychological concepts involved in the main areas of this study.
Cognitive style and the cotherapy process are interconnected with concepts including individual differences, human development, change, and locus of control.

**Objectives**

The objectives of this study were:

1. To determine if FD-FI cognitive style match between an observer-rater and a cotherapist team counseling a coached client was related to positive ratings of the facilitative therapy conditions offered by the cotherapy team.

2. To determine if the sex of the observer-raters was related to their ratings of the facilitative conditions of therapy offered by the three different cotherapy teams.

3. To determine the relative FD-FI cognitive styles of members of the two courses studied. These courses were designed to train group and couple or family therapists.

4. To determine if observer-raters rate the facilitative therapy conditions of a cotherapy team lower than levels reported in actual individual therapy (as determined by a review of literature).

**Research Questions**

By accomplishing these objectives, a number of specific questions would be answered:

1. Did the generally positive outcomes found in the cognitive style match in dyads also occur in triads?

2. Was cognitive style match between observer-rater and cotherapist team related to ratings by the observer-rater of certain facilitative counseling conditions?
3. Did observer-raters rate a cotherapy team differently on the facilitative conditions on the basis of sex than on the basis of cognitive style?

4. Were members of the counseling courses studied relatively more field-dependent in cognitive styles?

Hypotheses

This study investigated the effect that cognitive style of cotherapists and observers had on the way therapy was perceived by the observers. Three 15-minute videotaped segments of an initial therapy session between a female coached client and three different cotherapy teams were rated by observers. The observers were classified into two cognitive style groupings: field-dependent and field-independent. The three male-female cotherapy teams consisted of three cognitive style combinations: one team had both members field-dependent in cognitive style, a second team had one member field-dependent and one member field-independent, and a third team had both members field-independent in cognitive style. The coached client was in the middle range of the field-dependent/field-independent continuum, and she presented essentially the same material to each team.

The perception of therapy was defined in terms of the facilitative conditions of therapy: empathic understanding, unconditionality of regard, and congruence. The observers rated the teams for these conditions using a modified form of the B-LRI immediately after viewing the videotape.
Previous studies have suggested that observers matched with cotherapists for cognitive style would perceive and subsequently rate higher those teams than when they are mismatched with the cotherapists for cognitive style. A matched situation was defined as the cotherapists and the observer having essentially the same cognitive style. With three types of teams and two types of observer-raters, there were six possible match-mismatch triadic combinations, as indicated in Figure 2. The triadic combinations of dDD and iIII are considered matched, and the other four are considered mismatched in cognitive style.

Observer-Rater  

<table>
<thead>
<tr>
<th>Cotherapy Team</th>
<th>1 (DD)</th>
<th>2 (DI)</th>
<th>3 (II)</th>
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<tr>
<td>d</td>
<td>dDD</td>
<td>dDI</td>
<td>dII</td>
</tr>
<tr>
<td>i</td>
<td>iDD</td>
<td>iDI</td>
<td>iIII</td>
</tr>
</tbody>
</table>

*d* = Field-dependent observer-rater.  
*i* = Field-independent observer-rater.  
*D* = Field-dependent cotherapist.  
*I* = Field-independent cotherapist.

**Figure 2.** Cognitive styles of cotherapists and observer-raters.

The hypotheses for this study were:

**H₁:** The observer-raters in the cognitive style matched triads will rate the cotherapy teams significantly higher in emphatic understanding than in the mismatched triads.
H₂: The observer-raters in the cognitive style matched triads will rate the cotherapy teams significantly higher in unconditionality of regard than in the mismatched triads.

H₃: The observer-raters in the cognitive style matched triads will rate the cotherapy teams significantly higher in congruence than in the mismatched triads.

H₄: The observer-raters in the cognitive style matched triads will rate the cotherapy teams significantly higher in total facilitative conditions (the sum of empathic understanding, unconditionality of regard, and congruence) than in the mismatched triads.

For example, in all four hypotheses, the d raters would rate the teams in this order: DD team, highest; DI team, middle; and II team, lowest. Also, i raters would rate the teams in this order: DD team, lowest; DI team, middle; and II team, highest.

Limitations and Assumptions

Several limitations and assumptions were applicable to this study; limitations are enumerated first.

One limitation of this study was that the use of cotherapy was examined only in the treatment of an individual client. No attempt was made to examine cotherapy as a treatment method where it is more commonly used, such as in groups, with families, and with marital couples. Within this situation of cotherapists interacting with one client, only the facilitative conditions of therapy were examined. Other important therapy skills such as confrontation, being concrete, goal-setting, problem-solving, and others were not
The study was limited in generalizability to the client population because the raters were not randomly selected from that population. A related assumption was that virtually any adult may sometime need either therapy for a mental health problem or therapy for what is a normally occurring developmental crisis. The raters were not people who sought to be clients. They may not have been sufficiently motivated to perceive the facilitative conditions; that is, their requirement to place themselves in the position of a client was a limitation in this study.

The use of raters with a videotape segment of a cotherapy session was another limitation. Videotape simulations or analog methods are commonly used in both training and research. Witkin and Goodenough (1977) noted that "differences in social behavior between field-dependent and field-independent people are most likely to emerge when opportunities for direct experiencing of another person are provided" (p. 673). Here the rater was not directly involved with the cotherapy team. Kagan and Schauble (1969), however, found that observers have had little difficulty involving themselves with actors who simulate various emotions on films and on videotapes, even when large groups viewed the scenes in well-lighted rooms. The use of videotape procedures has a tendency to disturb some inexperienced counselors (Landman & Lane, 1963). This study was limited in that experience of
the cotherapists with videotaping was not controlled. It should be noted, however, that videotaping procedures limit contextual problems and eliminate problems with confidentiality.

The classification of the raters into categories of field-dependent and field-independent was done using only the GEFT. Feij (1976) recommended the use of a combination of tests to classify subjects. Folman (1973), however, reported that EFT, which is highly correlated with the GEFT and the RFT, measured different spheres of perceptual style. She claimed that the EFT and the RFT were not interchangeable. She found that the EFT was more strongly associated with a paper-and-pencil test (rating of interpersonal attraction), while the RFT was associated with a behavioral measure (rate of verbal exchange).

Classification of the upper half of the rater distribution of scores on the GEFT as field-independent and the lower half as field-dependent is another limitation. Lockheed (1977) reported that this method of categorizing cognitive styles has been used extensively in the work of Witkin. This method of using upper and lower halves was used by M. A. Greene (1972) in a similar study of cognitive style match.

Several assumptions were made in this study. It was assumed that the B-LRI, which was developed for use by either client or therapist to rate the other, could be used to rate a cotherapy team as a unit. It was further assumed that the
facilitative conditions could be detected by a viewer who observed a videotape of a therapy session. It was assumed that the viewers could project themselves into the client's situation and rate as if they had actually interacted with the cotherapy team they viewed. It was assumed that both male and female raters could equally identify with the female coached client. Also, it was assumed that a coached client could stimulate the cotherapy team to act as if this person were a real client and that the team could be empathic, unconditionally regarding, and congruent during the 15-minute therapy session and that these conditions could be perceived by the observers and these perceptions could be used later as a basis for rating the team viewed.
CHAPTER II

Review of Related Literature

The review of literature was confined to coverage of five topical areas directly related to the problem of this study, which is whether observer-raters perceive and rate cotherapists higher on the facilitative conditions of therapy when matched with the cotherapists for cognitive style. The areas reviewed were as follows: literature regarding characteristics of field-dependent (FD) and field-independent (FI) persons, studies of the effects of cognitive style match, theoretical and research literature on cotherapy, studies on the facilitative conditions of therapy, and research pertaining to coached-client methodology and videotape simulations.

Characteristics of Field-Dependent and Field-Independent Persons

Rosenberg, Mintz, and Clark (1977) reported that over 2,500 articles and papers have appeared on the topic of field dependence since it was first conceptualized some 30 years ago. They reported that comprehensive reviews have been written by Goodenough (1976); Witkin (1976); Witkin and Goodenough (1977); and Witkin, Moore, Goodenough, and Cox (1977). Rosenberg et al. (1977) found that "these reviews suggest that there are important differences between field-dependent and field-independent persons in perceptual, emotional,
social, and cognitive functioning" (p. 43).

Rosenberg et al. found that the research suggested characteristics of FD persons as compared to FI persons. FD persons were (a) better able to learn socially relevant material; (b) more likely to assume a passive or spectator learning role; (c) more affected by negative reinforcement; (d) more influenced by authority and the opinions of others; (e) more likely to have lower performance expectations; (f) likely to assume more stereotyped roles; (g) more attracted to interactive teaching methods (e.g., the discussion approach); and (h) more likely to prefer the interpersonal occupations such as psychiatric nursing, social work, and clinical psychology.

Rosenberg et al. listed the following characteristics of FI persons as compared to FD persons. They (a) assume a more active or participant learning role; (b) learn more effectively in the presence of intrinsic (self) motivation conditions; (c) learn better in the absence of performance feedback; (d) have less need for externally provided structure; (e) pay more attention to non-salient attributes in concept learning tasks; (f) favor expository teaching methods (e.g., lectures); and (g) are attracted to the analytical professions such as mathematics, engineering, surgical nursing, and experimental psychology.

Witkin, Moore, Goodenough, and Cox (1977) reported that people are quite stable in their preferred mode of perceiving
(cognitive style) even over many years. It can be expected that after a person has reached adulthood, relatively FD persons will remain FD and relatively FI persons will remain FI. Earlier, Witkin, Oltman, Raskin, and Karp (1971) noted a marked continuous increase in field independence between 8 and 15 years, with the rate of change slowing with increasing age. After the age of 17, the developmental curves leveled off and approached a plateau in the period of young adulthood. In geriatric groups there was a marked return to field dependence. In summarizing the development of field dependence during adult years, Witkin et al. (1971) said:

At some point between 24 years and old age the process of increasing field dependence begins; the limited evidence now available from cross-sectional studies suggests that this point may be somewhere in the late 30's, after which the rate of change toward greater field dependence accelerates. (p. 5)

Sex differences were reported on the field-dependence dimension (Witkin, 1976). Women, on the average, tended to be more FD than men, as were girls when compared to boys (Witkin et al., 1971). However, the field-dependence difference between sexes was quite small compared to the range of field-dependence scores within each sex; in other words, the distributions for the two sexes showed considerable overlap.

Rosenberg et al. (1977) examined the reviews listed above to determine the educational significance of field dependence. This research can be related to counseling and psychotherapy when they are viewed as educational processes

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(Stefflre, 1965). A reexamination of these reviews of field-dependence research for relevance to the therapy setting was indicated. For example, what characteristics of FD and FI persons from these reviews are relevant to psychotherapy?

Witkin, Moore, Goodenough, and Cox (1977) listed many characteristics of FD and FI persons which were relevant to the client-therapist interaction. Relatively FD persons literally look more at the faces of others (Konstadt & Forman, 1965), a primary source of information about what others are feeling and thinking. Even more important, although the evidence is not consistent, FD persons are superior in attending to and remembering verbal messages with social content (Eagle, Fitzgibbons, & Goldberger, 1966). FD persons literally prefer to be physically close to others.

Four studies (L. R. Greene, 1976; Holley, 1972; Justice, 1969; Trego, 1971) found this relationship between field dependence and desired closeness. In one of the studies, FD persons showed more nonverbal behaviors (palms-up gesture, mouth-touching, forward-leaning), which were interpreted as a need for closeness to others (L. R. Greene, 1976). Two studies (Evans, 1969; Wineman, 1973) indicated no relation between field dependence-independence and social distance preference, but these studies used a questionnaire format or representations of human figures rather than real people, which were used in the four studies that showed the relationship between field dependence and desired closeness. The
different results of the two sets of studies might also be interpreted as evidence that FD persons have greater social or person orientation.

Witkin, Moore, Goodenough, and Cox (1977) reviewed studies conducted over a 15-year period that examined therapist behavior. FI therapists were likely to adopt non-involving or directive approaches, while FD therapists favored less directive, more involving approaches (Pollack & Kiev, 1963). FD therapists shared "speaking time" more equally with their patients (Witkin, Lewis, & Weil, 1968). Therapists significantly more often chose supportive therapy for their FD clients and modifying therapy for FI clients (M. A. Greene, 1972). Also, therapists intervened significantly more often with their FD clients. In one study, therapists asked "yes" or "no" questions more frequently of FD clients and open-ended questions more with FI clients. Therapists proved able in the very first session of therapy to identify the cognitive styles of their clients and to adjust therapeutic questions accordingly (Witkin et al., 1968). University therapists judged FI clients who attended a university counseling center to have more articulated vocational interests and to be more realistic in their initial vocational interests (Clar, 1971). The FD clients were more undecided at the termination of counseling.

Two other areas linked directly to therapy that are highlighted in the Witkin, Moore, Goodenough, and Cox (1977)
review concern defenses and modeling. In the domain of psychological defense mechanisms, FI persons were likely to use specialized defenses such as intellectualization; relatively FD persons tended to favor more primitive, nonspecific defenses such as repression (Schimek, 1968; Witkin, Dyk, Paterson, Goodenough, & Karp, 1962).

Modeling a behavior for a client is a common therapeutic technique employed to encourage behavior changes of clients. FD teachers were found to benefit more from video-modeling of teaching skills than FI teachers, who did as well with written or video-modeling in the acquisition of teaching skills (Koran, Snow, & McDonald, 1971). This evidence at least suggested that FD clients would benefit more from a modeling technique in changing behavior in therapy than from a written method, such as the use of the bibliotherapy method which involves reading and reviewing written materials.

Witkin (1976) identified personal characteristics of relatively FD or relatively FI persons that are relevant to therapy. In addition to looking more at faces, as mentioned before, FD persons also tended to be better at remembering faces (Crutchfield, Woodworth, & Albrecht, 1958). FD individuals used fewer self-references in their speech and used the personal pronoun and active verbs less often than did FI individuals. FD persons tended to adjust their rate of speech to the person with whom they were interacting (Marcus, 1970). Witkin et al. (1968) found that FD therapists and
clients each participated more in the interaction than FI counterparts. They also found a tendency for FD therapists to intervene more with their clients than FI therapists.

The Manual for Embedded Figures Test (Witkin et al., 1971) contains an extensive review of literature on field dependence-independence. Witkin et al. reported a number of correlations that have importance in the therapy setting. These results can be classified into the areas of locus of control, nature of defenses, and forms of pathology. Persons who are relatively more FI gave evidence of a developed sense of separate identity; they had an awareness of needs, feelings, and attributes which they recognized as their own and which they identified as distinct from others. The FI person had an experience of the self as structured; internal frames of reference were formed and were available as guides to define the self. The relatively FD person relied on external sources to define judgments, sentiments, attitudes, and views of themselves. They were more likely to shift from their own initially stated positions to the position attributed to an authority.

The types of defenses used to control impulses were related to the field dependence-independence cognitive style. FD persons tended to use nonspecific defenses such as massive repression or primitive denial, and FI persons tended to use specialized defenses like intellectualization and isolation (Schimek, 1968). Subjects who used defenses involving
turning-against-the self and reversal were more FD than subjects who used turning-against-the-object and projection (Ihilevich, 1968). FD persons had lower recall of dreams after home sleep. FD subjects showed less effective impulse control in a play situation and on the Rorschach test (Witkin, Lewis, Hertzman, Machover, Meissner, & Wapner, 1954). They also had less self-assurance, more anxiety, and more use of denial (Witkin et al., 1954).

Witkin et al. (1971) reported that FI persons were as likely to show personality disturbances or psychopathology as FD persons. There was some evidence of higher prevalence of psychopathology at both extremes of the field dependence-independence continuum than at the middle range. Also, there appeared to be a definite, well-established relation between form of pathology and FD or FI type. There appeared to be a relationship between field dependence and symptoms regarded as evidence of severe dependency problems. Many studies have indicated a relationship between marked field dependence and alcoholism. This same relationship was noted in obese people, asthmatic children, enuretic children, patients with functional cardiac disorders, some ulcer patients, and patients with an hysterical character structure. Patients who were catatonics or who displayed other character disorders (i.e., generally inadequate personalities unable to manage everyday living problems, who somatized their complaints and who denied psychological problems) showed marked field dependence.
FI persons tended to have forms of pathology that included delusions, expansive and euphoric ideas of grandeur, outward direction of aggression, over-ideation, and a struggle to maintain an identity. The field-independence cognitive style was found among paranoids, obsessive compulsive characters, neurotics with organized symptoms, and those ambulatory schizophrenics with a well-developed defensive structure.

Witkin et al. (1968) studied patient-therapist interactions among more differentiated and less differentiated clients in the early stages of therapy. A more differentiated client was one who was relatively FI and a less differentiated client was one who was relatively FD. Of particular interest to these researchers were the feelings of shame and guilt. Less differentiated (FD) clients were found to be more prone to feelings of shame and hostility directed inward, while more differentiated (FI) clients were more prone to feelings of guilt and hostility directed outward. It was also found that depression is a more common symptom among less differentiated (FD) clients. A dynamic interplay between feelings of shame, inward directed hostility, and depression was suggested.

Goodenough's (1976) review of field dependence as a factor in learning and memory identified certain other characteristics of FD and FI persons that are potentially significant in a therapy setting. In hypothesis testing, FD people tended to ignore some cues in constructing hypotheses about
the concept definition (Dickstein, 1968). In one form of therapy, the client is viewed as a scientist who develops constructs to organize and predict his/her environment (Kelly, 1955). Therapists using reconstructive therapy techniques, particularly those using Kelly's approach, could be benefited by this knowledge of cue-sampling differences between FD and FI persons. The fact that hypothesis-testing approaches to concept attainment were more characteristic of FI than FD people is also important to therapists using "cognitive therapies." The above data suggested that efficacy of cognitive therapy may be related to cognitive style of the client since cognitive therapy aims at behavior change through thinking process change. Also related to therapy is the fact that FI people show greater positive transfer of training. Though this fact derives from laboratory studies, it is possibly true in the actual therapy settings. The therapist hopes that what the client learns in the therapy hour transfers to the client's life in general.

Goodenough (1976) reported additional information on the dream recall already mentioned. Some therapeutic approaches utilize dreams as important data. Dream recall ability is also related to the defense of repression. As mentioned above, FD subjects tended to be home non-reporters of dreams. When FD and FI subjects were abruptly awakened from rapid eye movement (REM) sleep, the relationship between dream recall and field dependence did not exist (Baekeland & Lasky, 1968).
It appears that when conditions were optimal (abrupt REM sleep awakenings), FD and FI subjects did not differ in dream recall. Seldom are recall conditions optimal in therapy. The therapist can expect FD clients to be less likely to retain threatening material from dreams and less likely to report dreams under a variety of conditions that are unfavorable to recall. Goodenough (1976) considered the dream recall studies supportive of the idea that repression is more characteristic of FD than FI persons.

Goodenough reviewed studies that supported the notion that negative social reinforcement tends to affect FD people more than FI people. The evidence suggested that FI people learn more than FD people in the absence of external reward and punishment, under conditions of intrinsic motivation. Both FD and FI people performed at about the same level when approval was employed as reinforcement. Further, the evidence did not support the notion that social versus material reinforcement was greater for FD people than for FI people. Since therapy involves verbal and nonverbal interaction and client motivation, this information on the effectiveness of various types of reinforcement and types of motivation is relevant to therapists.

Witkin and Goodenough (1977) reviewed the literature on field dependence and interpersonal behavior. Many of the characteristics of FD and FI persons they reported were relevant to psychotherapy. The greater social orientation of FD
persons was examined by noting the circumstances under which it was likely to occur. FD people made more use of information provided by another person when the situation was ambiguous and the other person was seen as a source of information that would help remove the ambiguity. This situational ambiguity is likely to be a common occurrence in the early stages of therapy. FD people had higher heart rates and were less relaxed when they did not know what was expected of them.

FI people functioned with a greater degree of separateness from other people under ambiguous conditions (Witkin & Goodenough (1977). When a situation was well structured and the other person was not believed to be a useful source of information for resolving ambiguity, FD and FI people were no different in their response to social referents. FD people made greater attitude and opinion changes when in a real situation, like therapy, than when responding to questionnaires or other paper-and-pencil instruments. FI people tended to be unwilling or unable to contribute effectively to conflict resolution by accommodating their views to those of others (Oltman, Goodenough, Witkin, Freedman, & Friedman, 1975). Since conflict resolution is sometimes an issue between the therapist and the client and between the client and significant others, this information appears particularly salient.

Witkin and Goodenough (1977) also reported that there
was little relationship between field dependence and the following characteristics: the tendency to be cooperative, hypnotizability, placebo responsiveness, and willingness to volunteer. All four of these characteristics are related to therapy.

Also important to therapy is the finding confirmed by several studies that FD people showed no more psychological dependency than FI people, although they did attend more to others in ambiguous situations. The very name "field-dependent" suggests that FD persons are more psychologically dependent even though the descriptors FD and FI were adopted in the early stages of work on these styles to refer to greater or lesser reliance on the prevailing visual field. This information seems contrary to other material reported earlier (Witkin et al., 1971) in this review of the characteristics of FD or FI persons which suggested that FD persons had a higher incidence of severe dependency problems. However, the relationship between field dependence and severe dependency problems comes from studies of samples of people with mental illness, whereas the contrary evidence now cited comes from normal populations. For some groups the relationship between field dependence and psychological dependency may be the result of viewing a situation as ambiguous. So the link between FD persons and psychological (or interpersonal or emotional) dependency may hold for specific groups, but not all groups.
Witkin and Goodenough (1977) explained these apparently contradictory data regarding FD and psychological dependence by referring to the work of Beller (1962). Beller drew a distinction between "autonomous achievement striving" and "dependence." Specific observable behaviors were listed as indicative of autonomous achievement striving, including trying to initiate activities, to overcome obstacles, to complete activities, and to obtain satisfaction from work. Dependent behaviors included frequency and persistence of seeking help, attention, recognition, physical contact, and nearness to people. The distinction between these two clusters of behaviors was composed of pursuit of activities on one's own, on the one hand, and seeking emotional sustenance and attention, on the other hand. Beller's research and that of others (Coates, 1972; Crandall & Sinkledam, 1964; Pedersen & Wender, 1968) suggested that the field dependence-independence dimension was related to autonomous achievement striving with FI persons showing more such striving, but that the FD-FI dimension was largely unrelated to emotional dependence.

Self-disclosure by the client is important to therapy process and outcome. Several studies have indicated that FD persons make more frequent self-disclosing statements in therapy (M. A. Greene, 1972; Sousa-Poza & Rohrberg, 1976), when being interviewed (Lefcourt, Hoff, & Sordini, 1975), and in writing stories (Jennings, 1967).
The findings on the characteristics of FD and FI people can be applied beyond individual therapy to group (Schaefer, 1973), couple (Wong, 1976), and family therapy (R. Frank, 1974) situations. Groups that included FD members were more effective in conflict resolution and working out disagreements (Oltman et al., 1975). The social skills of FD people suggest that effective interpersonal relations would be facilitated by their participation (Witkin & Goodenough, 1977).

A review of the most current literature on the characteristics of FD and FI people that are relevant to therapy added little to the extensive material covered in the several reviews examined above. Lockheed (1977) studied student work groups that had two males and two females and found that while FD males were significantly more active than FD females, no sex difference was found between members of FI groups. Her work involved a decision-making game that is similar to the problem-solving situation found in some therapy groups. She cautioned teachers who use small task groups to consider the cognitive style/sex interaction that can occur to block leadership by females in a totally FD group. Lockheed advised individual instruction where only FD participants are available to minimize dominance of FD males in groups. This same advice might be extended to therapy groups.

Russakoff, Fontana, Dowds, and Harris (1976) found that both patients' and therapists' satisfaction with amount of structure in an initial psychotherapy interview was related
to field dependence-independence. The results, however, must be viewed carefully since all clients were males and all therapists were FI. The awareness by the therapists of the high use of alcohol by some clients also affected the results so that any relationship between cognitive styles and a rating of appropriateness for therapy was possibly obscured. When alcohol use and socioeconomic status were controlled, the more FD the client, the less satisfied were both the client and the therapist with the amount of structure in their initial interaction. One wonders if this dissatisfaction with structure continues beyond the first session and is subsequently related to premature therapy termination.

Role-playing is a technique used in many therapy models, especially with the behavior modification approach. Knudson and Kagan (1977) studied the role-playing behavior of children and concluded that role-playing is related to field independence but that the relationship can be explained by age, that is, the older children were more FI. They stated that there appeared to be no relationship of role-taking to field independence other than that both variables are developmental. An earlier study by Telegdi (1972) found a relationship between field independence, locus of control, and role-playing in an examination of high school students. Subjects who had relatively more internal control and who were relatively more FI proved most able to role-play a happy, euphoric student with social success. The different results
of these two studies can probably be accounted for by the specificity of the Telegdi study in delimiting the role to be played and the characteristics of the subject.

The several reviews and current articles examined for this section suggested that FD and FI persons differ on a wide variety of characteristics that have particular salience for the psychotherapy situation. These characteristics apply both to the client and the therapist. The next section examines the literature which reports on the results of pairing clients and therapists on the various combinations of these cognitive styles. These studies are classified as cognitive style match.

Cognitive Style Match

The effects of cognitive style match and mismatch have been noted in student-teacher interactions, between peers, and in small groups as well as between client and therapist.

Wong (1976) studied the friendship choices among 60 college women. Wong postulated that persons would choose friends similar to themselves in field dependence. She found a significant similarity effect in field dependence after controlling subjects for verbal aptitude. However, the similarity effect for field dependence-independence was less potent than that for age and religion. FD persons were found to be chosen more often as close friends. These female subjects reported that their closest friendships had a socio-emotional rather than a cognitive, task-oriented basis. The
desirable traits associated with FD individuals tend to be on a socio-emotional dimension, making them more likely to be chosen as friends when socio-emotional friendship criteria are the main factors in the decision.

Schaefer (1973) examined the influence of cognitive factors in task situations. The subjects were volunteers in the Stanford Executive Program; presumably, they were both male and female. Individuals were asked to select others they judged to be competent advice sources. The subjects chose group members similar to themselves in cognitive style. There was significantly more communication in a task situation with persons of similar cognitive style. Social choices were not related to competence choices. Both the Wong (1976) and the Schaefer (1973) studies were of limited generalizability since both samples were from narrow-based student populations.

In another study among peers, Mones (1974) examined the relationship of humor and field dependence-independence. Sixty undergraduate students were assigned to one of three dyads: FD-FD, FD-FI, or FI-FI. The FD dyads had more eye contact and smiled significantly more than either the FI dyads or the mixed dyads. Though the study tended to confirm the greater social orientation of FD persons, it failed to support more production of humor for dyads composed of members with similar cognitive styles. In another study, researchers examined the effect of cognitive style match on
conflict resolution among college women (Oltman et al., 1975). The 40 subjects were divided into three types of dyads (FD-FD, FD-FI, and FI-FI) and presented several problems to discuss and try to agree on in a given time period. The FI-FI pairs were in disagreement 35 percent of the time, the FI-FD pairs disagreed 18 percent of the time, and the FD-FD pairs disagreed only 5 percent of the time. Dyads including one or two FD members were significantly more capable of reconciling their disagreements. The dyads with FD members showed significantly more interpersonal attraction. The authors accounted for these results by referring to the more accommodating quality of FD people. The study indicated a situation where matching is both desirable (FD-FD) and undesirable (FI-FI) and where a mismatch is preferable to a cognitive style match (FD-FI vs. FI-FI).

Shows (1975) examined the communication patterns of interacting male college students. He classified students both for field dependence and the Whitehorn and Betz (1954, 1960) A-B dimension. Whitehorn and Betz found they could classify therapists by use of a shortened form of the Strong Vocational Interest Blank as Type A (successful with hospitalized schizophrenic) or Type B (less successful). Later, McNair, Callahan, and Lorr (1962) demonstrated diametrically opposite effect with neurotics. Pollack and Kiev (1963) found Type A subjects to be FD and Type B subjects to be FI. Shows's 80 subjects were divided into 40 dyads of five types:
A-FD, A-FI, B-FD, B-FI, and AM-FM. The A-FD and B-FI dyads were considered matched. The AM-FM's (the middle group) served as control, while the A-FI's and B-FD's were considered mismatched. After a series of communication tasks, the A-B classed member interviewed the FD-FI member. The matched pairs reported they felt it was easier to understand their partners.

A study related to the peer studies reported above considered cognitive style match as a factor in marital adjustment (R. Frank, 1974). Fifty-nine couples were chosen from two groups and classified as "happy" or "unhappy." Cognitive style either in terms of similarity or absolute score was not a factor in marital adjustment. However, the couples were generally from the "working class," and the term happy may have a different meaning with this group than groups representing a wider spectrum of the population. The use of a broader, larger sample using a standardized marital inventory such as Shostrom's (1966) Caring Relationship Inventory might have yielded different results.

DiStefano (1969) first investigated the effect of cognitive style match between teachers and students. His subjects were all males, 10 high school teachers and 110 students. He found that both students and teachers rated each other more positively when matched for field dependence-independence. The ratings were more extreme at the extremes of FD-FI continuum. The generalizability suffers in DiStefano's work.
because of the failure to include females and because only one school was examined. The subject areas taught by the teachers might have contributed to the effect, also.

In another study, James (1973) had teachers teach a specially created mini-course to a class of three FD and three FI students. Using a questionnaire like that of DiStefano, James found a significantly greater interpersonal attraction in matched student-teacher combinations. The teachers were asked to assign grades prior to the final examination. The most extremely FI teacher gave all three of his FI students higher grades than his three FD students. The most extremely FD teacher gave the three highest grades to his three FD students.

Campbell (1974) included both male and female students and teachers in a study of cognitive style as a factor in grading practices in junior high schools. The analysis indicated significant differences in grade point averages of students when cognitive styles were matched. However, the results were not consistent in all subject areas nor was the direction of grade differences consistent within cognitive style matches.

Glazer (1976) also included both sexes in her study of student-teacher interaction in a graduate school of education. A group of 184 students rated 16 professors. No relationship was found between cognitive style match and a teacher description questionnaire completed by the students. The
small size of the student sample and the large number of professors yielded an average of less than 12 raters per instructor, hardly large enough to detect an interaction effect, especially when the students were divided into FD or FI at the median score. The use of more raters and the use of only the top and bottom thirds or lower and upper quartiles to classify the raters as FD or FI might have improved the power to detect a difference if it existed.

Spendell (1975) was unable to detect an interaction effect between student teachers and stimulus students who they rated after watching a videotaped micro-teaching lesson. The four stimulus students being taught were at the extremes of the FD-FI continuum. Only 56 raters were used in this design, which again is not adequate to detect anything but extreme rating differences. Also, the students in the videotape had little time to interact with the teacher, and, therefore, the raters may have had insufficient data with which to make a judgment about their performance.

In a related study, mothers were divided into three groups of 12 to learn methods of parenting (Bader, 1975). One group had all FD's, one had all FI's, and the third had six FD's and six FI's. No interaction effect was found for matching subjects by cognitive style for both all FD's and all FI's. However, FD subjects function significantly more effectively when placed in a totally FD group. This suggests that students might be placed in classrooms according to
cognitive style similarity with other students as well as matched with the teacher as DiStefano's (1969) study suggested. DiStefano's and James's (1973) studies did not control for sex in the student-teacher interaction.

Witkin, Moore, Goodenough, and Cox (1977) reported a study where the sex of both student and teacher was accounted for in a mini-course. Teacher technique and student learning strategy were allowed free expression. Each of 24 teachers (12 FD and 12 FI), with equal males and females in each category, taught the mini-course to a class of 4 students (2 FD and 2 FI), with 1 male and 1 female in each category. Teacher and student responses to a post-course questionnaire did not show the expected teacher-student cognitive style match-mismatch effect. Instead, a teacher-student sex match-mismatch effect was observed. With these 14- and 15-year-old students, it was found that teachers and students of the same sex valued each other more highly than teachers and students of the opposite sex. Apparently, the sex effect was more potent than the cognitive style match-mismatch effect. It would be interesting to replicate this study with subjects who may not be in the throes of the postpubescent sexual-identity crisis, as these subjects may have been.

Three other researchers have recently examined the effects of cognitive style match in small group situations: Bodine (1975), Goldstone (1974), and Marcus (1970). Marcus investigated the speech patterns of groups of four female
college students who met on eight different occasions, 30 minutes each time. The conversation was free-flowing and was tape-recorded. The FD subjects matched their speech patterns to others in their group significantly more than the FI subjects. Matching of group members on field dependence significantly increased the congruence of speech patterns, that is, the matching of vocalizations (continuous sound made by one speaker bounded by either silence or the vocalizations of the other), pauses (silences bounded on both sides by vocalizations of the same speaker), and switching pauses (silence bounded by the end of one speaker's vocalization and the beginning vocalization of another). Matching of group members on field independence significantly decreased the speech pattern congruence. Marcus suggested that lowered congruence of speech patterns may have a negative effect on empathy between group members. If this is true, it would be the basis of a caveat against forming small groups containing only FI members, since empathy between members is considered important to group progress (Yalom, 1970).

Goldstone (1974) examined verbal participation in small groups (four members each) that were matched for cognitive style. All subjects in this study were male university students. There was only one significant result among the 24 hypotheses analyzed. FI groups initiated more negative acts than either the FD groups or the mixed groups (two FD and two FI subjects). However, since some 24 analyses of variance
were conducted, one would expect at least one significant result at the 5-percent level on the basis of chance alone. The negative acts that were more common among all FI groups would not necessarily be unproductive in therapy groups and, in fact, might stimulate group progress.

Bodine (1975) also studied college student performance in small (four members each) task groups. A total of 120 subjects were assigned to either an all-FD, all-FI, or mixed group (2 FD, 2 FI) to work on a group structured task, a group unstructured task, an individual structured task, and an individual unstructured task. The structured task was a multiple-choice test about a film they had viewed. The unstructured task was an open-ended essay-type question concerning action the teacher in the film they viewed could have taken. The subjects rated the performance of peers in their group. Group performance was significantly better than individual performance in both the FD and mixed groups. However, FI groups did equally well in both group and individual performance. FD subjects did better at group maintenance functions. Bodine recommended group work for FD's because they do better in a group than alone. This statement needs qualification to the specific tasks required in the study which were highly related to an educational setting.

All studies (Bodine, 1975; Goldstone, 1974; Lockheed, 1977; Marcus, 1970) cited above involved groups with four members. This may be a convenient size for research, but in
therapy, groups tend to have 8-10 members or more (Yalom, 1970). Also, they all used students as subjects. These limitations make application of the results to a group therapy situation problematical. Nevertheless, there is some evidence of the effect of matching group members on cognitive style in limited group situations that warrants examination in large group settings with more diverse populations.

The effects of cognitive style match-mismatch have been investigated where the dyad consists of client and therapist (Dingman, 1971; Folman, 1973; M. A. Greene, 1972; Pardes, Papernik, & Winston, 1974; Sousa-Poza & Rohrberg, 1976; Witkin et al., 1968). Dingman (1971) examined communication effectiveness between pupils and therapists in secondary schools to determine if cognitive style match was a factor. Ruesch and Bateson (1951) and Hunt (1960) recognized the essence of any psychotherapeutic process as the communicative interaction between client and therapist. Dingman (1971) failed to find a relationship between communication effectiveness and cognitive style match between pupils and therapists. However, FD therapists were rated significantly higher by all pupils than were FI therapists. As cited in earlier studies, the small sample size may have limited the power of the analysis of variance to detect differences in this study.

Folman (1973) matched therapists and clients and studied the outcomes in terms of premature termination and
interpersonal attraction. Twenty therapists, all psycho-analytically oriented, were matched with 39 male and female clients who were expected to be in therapy for at least 3 months. Folman found that the highest premature termination rates were from mismatched client-therapist pairs. Also, the FD clients were more likely to terminate prematurely. Female clients had higher attraction rates than male clients. The FD pairs had a larger number of combined words spoken per minute, a greater number of therapist interventions, and a shorter delay of the therapist's response to the client. The results of the Folman study might have been even more positive in terms of match-mismatch effect if the therapists had been more evenly distributed between the FD and FI ends of the cognitive style continuum.

M. A. Greene (1972) examined client perception of the relationship between social workers and their female clients. The social workers functioned as therapists. The sample consisted of 22 experienced caseworkers and 51 clients experiencing interpersonal problems. Client perception of the therapy relationship was measured by the B-LRI. The clients perceived their relationship as significantly more positive in terms of empathy, level of regard, unconditional positive regard, genuineness, and in relationship to total score when matched in cognitive style rather than when mismatched with their social worker. The interaction effects were the only significant effects. Differences in social worker cognitive
styles and differences in client cognitive styles did not have independent effects on relationship levels. The inclusion of males in the client sample would have increased the generalizability of the results.

Witkin et al. (1968) investigated the effect of match-mismatch of cognitive styles between clients and therapists in an outpatient unit of a mental hygiene clinic. Only eight clients (four FD and four FI) and four therapists (three men and one woman) were in the sample. The two groups of clients were matched on age, sex, level of schooling, and occupation. This sample was insufficient, and no statistically significant interaction effects were obtained. However, certain tendencies were noted. FD clients matched with FD therapists had a dramatically higher frequency of interaction (5.1 per minute) than the combination of FI patients and FI therapists (.9 per minute). This same trend was true for two other measures: number of words per client utterance, and mean number of seconds per utterance. The mismatched client-therapist dyads fell between the scores for the matched dyads. This study suggested that greater interaction was likely when FD individuals were paired, but failed to control for the quality of the interaction. The experience level of the therapists was not controlled, which is a factor affecting the quality of a therapist's communications (Strupp, 1965).

Sousa-Poza and Rohrberg (1976) used the transcripts of the aforementioned Witkin et al. (1968) therapy sessions to
examine aspects of client self-disclosure. Self-disclosure is important in achieving one of the main objectives of therapy—to provide the therapist with an appropriate amount of information about the client's covert behaviors. Again, the size of the sample used was too small to detect statistically significant differences. Sousa-Poza (1976) did examine the most extreme FI client-therapist pair and the most extreme FD client-therapist pair for amount of self-disclosure. No substantial differences were observed between the most extreme FD dyad and FD group as a whole. Strong differences emerged when the most extreme FI dyad was compared with the means of the FI group. The most extreme FI dyad had a lower rate of self-disclosure than the other FI dyads. Unfortunately, the researchers made no attempt to compare the amount of client self-disclosure between matched and mismatched dyads. However, since the FI clients made significantly fewer direct self-disclosures than the FD clients, the researchers speculated that FI client-therapist dyads would be significantly lower at self-disclosure than the FD client-therapist dyads or FD-FI mixed dyads.

Another study, by Pardes et al. (1974), used a sample too small to detect an interaction effect between client and therapist cognitive styles. The authors noted some tendencies for positive results, as measured by length of hospital stay, ward performance, and readmission rates, with client-therapist match. Clients and therapists were divided into
three categories: FD, FI, and M (between FD and FI). The duration of hospital stay and readmission rates showed no particular match-mismatch trend. A therapist-client match trend was reported for the ward performance criteria. Ward performance was an independent rating of improvement on the ward between admission and discharge. Clients were separated according to whether they manifested a change in rating from admission to discharge of above 3.5 (on a scale from 1 to 9) or not in these ratings. The greater change indicated greater improvement. The FI therapists had 80 percent of their clients receive a 3.5 or higher rating, while the FD therapists had 58 percent and the M therapists had 35 percent. Regarding client improvement, 58 percent of the FI clients, 40 percent of the FD clients, and 65 percent of the M clients had a rating of 3.5 or higher on ward performance. There was a tendency for therapists to do best with clients of like cognitive style; in fact, 100 percent (N = 4) of the FI dyads and 71 percent (N = 7) of the FD dyads had ward performance ratings of 3.5 or better. The authors reported, "With sufficient data it might be possible to assign the patients to therapists in the pairs that show the best results, thereby maximizing the benefits of psychotherapy" (p. 315). The review of research of four cognitive style match-mismatch situations between peers, between teacher and student, in small groups, and between client and therapist is equivocal. There are many examples of positive results accruing from a
match between two or more people. The research indicated that these positive results were situation-specific. There were also several examples that suggested matching may lead to negative results. A predominant feature of several studies that failed to detect statistically significant results was the small sample size used in the research designs.

Cotherapy

Cotherapy is the continuous, simultaneous use of two therapists in the treatment session. The term cotherapy has been used by some to indicate the simultaneous use of two or more therapists in the same session (Couch, 1969; Walrond-Skinner, 1976; Warkentin, Johnson, & Whitaker, 1951).

The use of two or more therapists has also been called multiple therapy (Dreikurs, 1950; Haigh & Kell, 1950; Kosch-Graham, 1972; Treppa & Nunnelly, 1974; Weinstein, 1971). Treppa and Nunnelly (1974) reported the use of several terms to describe cotherapy: multiple therapy, role-divided therapy, three-cornered therapy, joint interview, cooperative psychotherapy, and dual leadership. Cotherapists have been referred to as co-helpers (Woody & Woody, 1973), co-facilitators (Young, 1974), multiple therapists (Haley, 1978), cotherapy partners (A. S. Friedman, 1971), co-psychotherapists (Watterson & Collinson, 1976), and co-workers (Couch, 1969). Cotherapy was practiced as early as 1920 by Adler and his colleagues in Vienna (Dreikurs,
Only in the past 20 years has there been much attention devoted to the therapeutic value of using cotherapists (Treppa & Nunnelly, 1974). Cotherapy has been recommended as having treatment potential for individual patients (Treppa & Nunnelly, 1974; Watterson & Collinson, 1976; Warkentin et al., 1951); for married couples (Couch, 1969; Framo, 1977; Gurman, 1974; Woody & Woody, 1973; Walrond-Skinner, 1976); for families (Couch, 1969; Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967; Mueller & Orfanidis, 1976; Solow & Cooper, 1975; Walrond-Skinner, 1976; Woody & Woody, 1973); for groups (Balgopal & Hull, 1973; Berman, Messersmith, & Mullens, 1972; Dreikurs, 1950; Kaye & Kew, 1973; Yalom, 1970); for homosexuals (Birk, 1974; Johnson & O'Brien, 1975); and for clients with folie à deux (Potash & Brunnell, 1974). Others have noted the usefulness of cotherapy as a method for training therapists (A. S. Friedman, 1971; B. Friedman, 1973; Haigh & Kell, 1950; McGee, 1974).

The requirements for a successful cotherapy team have been offered by many writers. Several authors have recommended that the cotherapy team be composed of a male and a female because this provides both male and female models for clients, enhancing the potential for transference reactions to father and mother figures (Birk, 1974; A. S. Friedman, 1971; Luthman & Kirschenbaum, 1974; Mueller & Orfanidis, 1976; Solow & Cooper, 1975; Treppa & Nunnelly, 1974). Another commonly mentioned criterion for a successful
cotherapy team is equal status of both members (Couch, 1969; Haigh & Kell, 1950; Heising, 1973; Woody & Woody, 1973; Yalom, 1970). Others have indicated that equal status is of little importance if the team has agreement on basic premises concerning people and therapy (Hutchinson, 1972), where both cotherapists are struggling to relate and grow (Farhood, 1975), where therapeutic styles are similar (Walrond-Skinner, 1976), or where there is trust and understanding between the cotherapists (Weinstein, 1971). Other criteria mentioned as important for a successful cotherapy team were: an eagerness to explore and share with each other in an open-minded, non-defensive way (A. S. Friedman, 1971); professional respect and a high degree of intimacy (Woody & Woody, 1973); and a willingness to enter an ongoing dialogue with the other therapist before, during, and after sessions (Haigh & Kell, 1970; Hellwig & Memmoth, 1974; Hutchinson, 1972; Luthman & Kirschenbaum, 1974; Walrond-Skinner, 1976). Weinstein (1971) indicated that cotherapists should like each other, should feel genuine warmth and affection toward each other, and find each other enjoyable. Couch (1969) believed that cotherapists would be able to work comfortably and communicate freely when they had mutual respect for each other, the capacity to accept differences, and would refrain from attempts to dominate the other. Hellwig and Memmoth (1974) listed the ingredients for a successful relationship between cotherapists: open communication, mutual acceptance of each other
as peers, acceptance of differing opinions, knowledge of the assets and limitations of each, and willingness to give and accept constructive criticism.

Luthman and Kirschenbaum (1974) identified three advantages of cotherapy based on their nine years of working together as a team with couples, individuals, and groups and in teaching family therapy. They believed their male-female cotherapy relationship was advantageous to many clients because of the potential for parental transference. They noted the benefit of both male and female models available to their clients and the opportunity to have a model of healthy male-female interaction. Third, they cited the advantage of having a second therapist available to attend to the non-verbal behavior of other family or group members or the other member of a marital couple when the first therapist is focusing on another client. They also mentioned the possibility of one therapist being supportive and the other more confrontive. Luthman and Kirschenbaum endorsed cotherapy by saying, "In our experience, cotherapy has effect on the client or clients in geometric ratio far beyond the simple fact that there is one more therapist present in the treatment session" (p. 189). They cautioned, however, "It is the fastest form of therapy we know and therefore not recommended if clients are not prepared to move that rapidly" (p. 154).

Walrond-Skinner (1976) noted that cotherapy introduces into the treatment situation a therapeutic relationship.

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instead of simply a therapeutic individual. She claimed that the cotherapy relationship has greater significance than merely the use of two workers instead of one because the relationship between the workers becomes more than the sum of its parts:

The most powerful and subtle use of cotherapy as a treatment technique is the use of the relationship to internalize the problems of the family group within the cotherapy relationship itself; to work them through and ultimately to resolve them during the course of the treatment step by step alongside the family. (p. 115)

She also identified the advantages of task distribution and role models mentioned above.

A. S. Friedman (1971) reported that two therapists can support each other in finding meaning in a disorganized or a fragmented sequence of family or group interaction by talking calmly with each other when there is intense anxiety or hostility during the session. He also claimed that a team is less likely to be "swallowed up" by a disturbed family. The presence of a second therapist assists in checking positive or negative countertransference reactions. He claimed that clinical observations are more reliable when a family is observed by two professionals rather than one. A cotherapy team can provide extra leverage for loosening up the tight formation of symbiotic family dyads such as when a child is pulled apart by parental conflicts.

Warkentin et al. (1951) compared individual and cotherapy approaches. They found that when responsibility
for the client was shared, the therapists experienced a great deal of support and were willing to attempt difficult and threatening tasks, especially with psychotic clients. They noted that cotherapy produces more therapeutic pressure on the client and leads to a more effective and powerful ending of the therapy. One of the major by-products reported was the personal growth of the therapists and the corresponding increase in their enthusiasm for psychotherapy.

Woody and Woody (1973) listed five reasons for the use of co-helpers:

1. Multiple helpers rely on more than one vantage point, thereby allowing for cross-validation of hypothesis and increased informational gathering strength.

2. The general clinical expertise is increased.

3. The therapeutic power seems greater (whether this is additive or geometric remains for conjecture).

4. The helpee enjoys the benefits of having multiple models (i.e., behavioral examples for patterning).

5. The transference effects seem to be enriched because of personal stimuli being emitted by professional helpers. (p. 58)

An extensive list of possible advantages of cotherapy has been compiled by Watterson and Collinson (1976). The suggested advantages are as follows:

1. The patient is given greater respect in a therapeutic situation which is inherently more "egalitarian" and "democratic."

2. The combined knowledge and experience of two therapists is greater than that of either alone.
3. There is in effect an ongoing consultation between the therapists resulting in greater objectivity, additional perspectives of the personal-interpersonal dynamics, and mutual clarification and reinforcement of interpretations.

4. Two therapists can give greater and alternating empathic support than one therapist alone.

5. The morale and enthusiasm of the therapists is increased by their working together.

6. The combination of a male and female therapist allows the client to relate to and develop transference towards persons of both sexes, encourages the client to explore feelings about changing male/female stereotypes and sexual role behavior, and creates a structure similar to the family and facilitates the working through of parental fantasies.

7. The client can express feelings of love and hate openly to each therapist respectively without ambivalence.

8. The development of transference, the perception of transference by the therapists, and its expression by the client are thereby facilitated.

9. Therapeutic problems stemming from inappropriate attitudes of the therapist (countertransference) are more readily perceived by the partner and are hence more resolvable.

10. Extreme dependency is less likely to develop.

11. Two therapists are better able than one to regulate the therapeutic tension appropriately.

12. Impasses in treatment occur far less frequently.

(p. 609)

Watterson and Collinson considered this list to be a set of hypotheses, because systematic observations following a planned methodology have not been made or at least reported in the literature.
Haley (1978) stated, "The use of a cotherapist is usually for the security of the clinician and not for the value to the client. Outcome studies do not indicate that cotherapy does better and the cost is twice as much" (p. 16). Haley did not indicate which outcome studies he was referring to in his statement. He added:

As for training, cotherapy with a more experienced person teaches the student to sit back and not take responsibility for the case, which he must ultimately do. A therapist working alone can develop and carry out ideas without having to delay to consult with a colleague. (p. 16)

Messer (1970) also advised against the use of a cotherapist in treating families. He claimed that when two therapists are present, there tends to be an automatic regression: the members place one of the therapists in a maternal role and the other into a paternal role. As noted above, many believe this regression to be advantageous, but Messer thought that learning and growth would suffer because of the regression. He suggested replacement be sought in areas other than the family treatment setting. Woody and Woody (1973) cautioned that the co-helper relationship often introduces the co-helpers' highly personalized feelings that can detract from the therapeutic intervention. This can be a problem where male-female co-helpers are not marital partners, but are acting out the sexually intimate aspects of their relationship. Sager (1968) criticized cotherapy as an arrangement for anxious and inexperienced family therapists who need to compensate for their lack of proper training by
increasing their numerical strength. He was critical of the different roles assumed by cotherapists where one is confrontive while the other is supportive. He said, "It reminds me of the roles assigned to investigators during the McCarthy period. One was supposed to use a hard sell and the other a soft approach" (p. 302). Walrond-Skinner (1976) noted that one of the disadvantages of using cotherapy was the formidable difficulty that arises out of the family's attempt to split the team. She also considered attempts by the family to cast the team members into "good" and "bad" objects as inevitable and a disadvantage because much energy and time would be devoted to disentanglement from such role-typing. Another problem for cotherapy teams is that of leadership, that is, how leadership functions will be shared by the team.

Research studies have examined preferences of counselors and therapists for cotherapy versus individual therapy. A 1966 survey of 297 family therapists conducted by the Committee on the Family Group for the Advancement of Psychiatry (1970) found only 6 percent who regularly engaged in the use of cotherapy, but 68 percent sometimes had two therapists in the room. However, the exact meanings of the terms regularly and sometimes were not given in the report. Those who consistently or occasionally practice cotherapy (60 percent) preferred male and female teams. The majority also reported that the two therapists were of equal rank. A similar survey of university counseling centers during the spring of 1971
resulted in responses from 230 group therapists, with a 65-
percent return rate (Berman et al., 1972). Of the respond-
ents, 70 percent preferred to work with a cotherapist,
preferably a colleague of the opposite sex. Only 10 percent
reported having never worked with a cotherapist. The respond-
ing counselors were enthusiastic about cotherapy because they
felt it gave opportunity for new learning, was more effective
therapeutically, facilitated transference issues, and
resolved practical issues (e.g., allowing the group to meet
when one therapist was sick or vacationing).

B. Friedman (1973) surveyed a small sample (11) of psy-
chiatric residents to determine their attitudes on cotherapy.
Of the respondents, 82 percent preferred to work with a
cotherapist. Equal status seemed to be a more important
determinant for a good cotherapy experience than heterosexu-
ality of the team. Friedman indicated that the ideal arrange-
ment would appear to be a heterosexual team of equal status.
The sample used was too small to determine statistical sig-
nificance of the results.

Birk (1974) reported the effects of using cotherapists
in the group treatment of homosexual men. The male-female
cotherapist team worked with 53 patients, while 13 were
treated by a male therapist working alone. The loss rate for
the first 6 months of therapy for the cotherapist team was 5
percent and for the sole male therapist, 33 percent. The
cotherapy team had a lower loss rate over a 4-year period,
also. There was a higher heterosexual shift, both partial and complete, for the cotherapy situation. Birk's impressive results lacked a control group for comparison and were undoubtedly influenced by his participating as the male therapist in both treatment approaches.

Gurman (1974) studied attitude changes of couples in marital therapy who were treated in a cotherapy situation. The attitudes of both the couples and the cotherapists were measured before and after treatment. The attitude convergence within the marital dyad was negatively related to the difference in experience levels between the cotherapists. This result lends support to the recommendation that cotherapist teams be of equal status in terms of therapeutic experience.

Kosch-Graham (1972) investigated the psychotherapeutic interactions of therapists in individual and cotherapy situations. She paired six intern-level and six staff-level therapists from a university counseling center into six heterosexual teams. The 12 therapists saw clients individually, also. The clients were 24 unmarried female students. Each team saw two clients and each therapist saw one client individually, yielding a total of 12 cotherapy and 12 individual cases. The therapists had a more favorable attitude toward cotherapy than toward individual therapy. However, therapists' and clients' ratings of therapist behavior showed no differences between cotherapy and individual therapy.
Judges rated the therapists on the facilitative dimensions of empathy, genuineness, respect, and concreteness using the Carkhuff scale during both the initial and final sessions of both conditions. The therapists were judged to have offered equal facilitative levels on all dimensions in both the cotherapy and the individual condition during the initial session. The therapists offered significantly higher levels at the end of therapy in the individual condition when compared to the initial session. The ratings of the facilitative dimensions for the final session of individual therapy were significantly higher than ratings of the facilitative dimensions of the final session of the cotherapy condition. The characteristics of the therapists in the sample (age, experience level) limited the applicability of the results for cotherapy in general. They suggested, however, that cotherapy might not yield the positive results predicted by many on the basis of their own experience. Controlled studies comparing outcomes of individual and cotherapy conditions appear needed to determine if the many suggested advantages listed above are true.

Facilitative Conditions of Therapy

Rogers (1957) identified what he called the necessary and sufficient conditions of therapeutic personality change in an article now regarded as a classic. Rogers postulated that the principal determinants of change in the personality and behavior of the client were the therapist's empathy,
congruence, and unconditional positive regard. He also specified that the client and therapist must be in "psychological contact," the client must be in a state of "incongruence" (vulnerable and anxious), and the client has to perceive to some degree the therapist's congruence, empathy, and unconditional positive regard.

He maintained that "for constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time" (p. 96). Rogers defined psychotherapeutic change or constructive personality change as changes in personality structure of the individual, at both surface and deeper levels, in a direction which clinicians would agree means greater integration, less internal conflict, more energy utilizable for effective living; change in behavior away from behaviors generally regarded as immature and toward behaviors regarded as mature. (p. 96)

Rogers indicated that congruence meant being genuine, being an integrated person:

It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a facade, either knowingly or unknowingly. (p. 97)

Unconditional positive regard was a concept that Rogers borrowed from Standal (1954). It is the condition of the therapist finding "himself experiencing a warm acceptance of each aspect of the client's experience as being a part of that client" (Rogers, 1957, p. 57). Rogers added:
It means there are no conditions of acceptance, no feeling of, "I like you only if you are thus and so." It means "prizing" of the person, as Dewey used the term. It is at the opposite pole from a selective evaluating attitude—"You are bad in these ways, good in those." It involves as much feeling of acceptance for the client's expression of negative, "bad," painful, fearful, defensive, abnormal feelings as for his expression of "good," positive, mature, confident, social feelings, as much acceptance of ways in which he is inconsistent as of ways in which he is consistent. It means caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist's own needs. It means caring for the client as a separate person, with permission to have his own feelings, his own experiences. (p. 98)

Rogers used empathic understanding interchangeably with empathy. Empathy is "to sense the client's private world as if it were your own, but without ever losing the 'as if' quality" (p. 99). He added, "To sense the client's anger, fear, or confusion as if it were your own, yet without anger, fear or confusion getting bound up in it, is the condition we are endeavoring to describe" (p. 99).

Rogers attempted to operationalize these definitions by the use of a Q-sort technique. He also suggested the use of a semantic differential method to define empathy. Barrett-Lennard (1962) developed a questionnaire form to measure these conditions and two other conditions he added: level of regard, and willingness to be known. The present study uses the Barrett-Lennard device and definitions of the conditions which are based on Rogers' work. Only the scales for the three conditions of empathy, congruence, and unconditional positive regard identified by Rogers are used from the B-LRI

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in this study. Hammond, Hepworth, and Smith (1977) claimed that Rogers' formulations were seminal and led to the development of other research scales by Truax and Carkhuff (1967) that operationalized the facilitative conditions in slightly modified form as accurate empathy, nonpossessive warmth, and genuineness.

These facilitative conditions of therapy have had several labels. They are called therapist attitudes (Korchin, 1976), helping or core dimensions (Carkhuff & Berenson, 1977), interpersonal skills (Truax & Mitchell, 1971; Weiner, 1975), therapist characteristics (Swenson, 1971), and therapist-offered conditions (Meltzoff & Kornreich, 1970).

The development of the scales to measure the facilitative conditions was followed by a plethora of research studies which attempted to document the relationship between high levels of these conditions and successful therapy outcomes (Barrett-Lennard, 1962; Carkhuff, 1969; Rogers, Gendlin, Kiesler, & Truax, 1967; Truax & Carkhuff, 1967; Truax & Mitchell, 1971). These studies referenced dozens of studies relating outcomes to the facilitative conditions.

Writers have differed in their opinions of whether all these studies have adequately supported the contention by Rogers that these conditions are both necessary and sufficient. Debate continues over whether the conditions are even necessary for therapeutic change. Weiner (1975 stated:
Therapist expressions of nonpossessive warmth, genuineness, and accurate empathy contribute to positive outcomes in psychotherapy, whereas therapist expressions of aloofness, detachment, and insensitivity detract from positive outcomes. Moreover, these relationships hold for therapists with many different theoretical orientations, for many different kinds of patients, and for both individual and group psychotherapy. (p. 29)

Carkhuff and Berenson (1977) noted that "patients, clients, students, and children of persons functioning at high levels of these dimensions improve on a variety of criteria, while those of persons offering low levels of these dimensions deteriorate on indexes of change or gain" (p. 5).

Hammond et al. (1977) believed that the research indicated that the facilitative conditions promote positive change. They added that "mounting evidence, however, indicates as well that the facilitative conditions affect outcome even in behavior therapy" (p. 16). They referred to Lazarus (1968), an internationally prominent behaviorist, who asserted that a clinician who limits himself to using interventions that are merely the application of technologies evades his duties and added that nothing in modern learning theory precludes the behavior therapist from offering human understanding, empathy, support, and other factors that foster hope and mobilize the expectation of help. Hammond et al. (1977) listed studies by Vitalo (1970), Mickelson and Stevic (1971), Morris and Suckerman (1974), and Ryan and Gizynski (1971) that have demonstrated that the facilitative conditions contributed significantly to positive outcomes of
behavior therapy.

Meltzoff and Kornreich (1970), however, had reservations about the many studies reporting the importance of the facilitative conditions to positive outcomes. They said:

The facilitative conditions proposed by Rogers and the experimental means created to demonstrate their existence and meaning from the process of psychotherapy are interesting. However, this group of studies present problems for theoretical and experimental examination. In process studies, for the most part, the various facilitative variables are related only to the patient's self-exploration. The implicit and sometimes explicit argument is that the facilitative conditions lead to self-exploration, which in turn leads to favorable outcome. Both hypotheses remain to be firmly established. There are clues that self-exploration may not be the only road to change, and, indeed, may not necessarily lead to change. Some of the studies suggest that the "conditions" may be accounted for by one major variable; others offer the possibility that some simple and specifiable therapist behaviors may underlie these conditions. . . . It would be a mistake to freeze therapeutic research in process into versions of these facilitative conditions when the results are ambiguous and much remains to be explored. (p. 401)

Garfield and Bergin (1971) were not able to replicate the findings supportive of the facilitative conditions. They too noted that the three conditions tended to intercorrelate significantly, suggesting that the variables were less independent than hypothesized by the Truax group. In fact, none of the variables related to outcome. They proposed that the constructs may be limited to a client-centered approach. In a recent book on the effective ingredients of successful psychotherapy (J. D. Frank, Hoehn-Saric, Imber, Liberman, & Stone, 1978), the authors reached a similar conclusion:
When it comes to specifying these personal attributes, however, information is sparse. Warmth, empathy, and genuineness, while demonstrably related to effective practice of client-centered therapy, do not distinguish good and poor therapists of other schools. (p. 179)

Hammond et al. (1977) have in turn criticized studies that failed to find support for the overall importance of the facilitative conditions in producing positive therapeutic outcomes. They claimed the studies by Garfield and Bergin (1971) and others critical of the facilitative conditions in producing positive therapeutic outcomes suffered from methodological weakness including the use of unsophisticated raters, low inter-rater reliabilities, and the failure to compare therapists whose ability to communicate empathy ranged from very low to very high levels.

The controversy was summed up by Korchin (1976):

Research in this realm is promising, particularly for the use of process ratings to define therapist qualities, but the findings are far from definitive. Studies have generally used student therapists; it has not yet been shown that measurably effective mature therapists also have these same characteristics. Not unlikely, warmth, empathy, and genuineness are necessary therapist attributes, but it is at least premature to see them as sufficient conditions of therapeutic change. (p. 453)

Coached Clients and Videotape Simulation

Coached clients are usually amateur or professional actors or actresses who portray for a therapist a person who has some common mental health or developmental problem. They have been used in simulation techniques in therapist training.
programs (Landman & Lane, 1963), in medical education (Kagan, 1970), and in counseling research (Krumboltz, 1968). The coached-client situation appears similar in many respects to the use of role-playing clients described by Bradley (1974), Ivey (1971), Scheffler (1973), and Stone (1975). Coached clients are persons with acting experience, whereas role-playing clients are usually recruited from the trainees in an educational program and may or may not have previous acting experience (Froelich, 1970).

Whether coached clients or role-playing clients are used to simulate a therapy interview, evidence tends to support the notion that the trainee experiences the situation as real. Kagan (1970) reported, "Although each student was told his patient was an actor, the interview was considered to be very real and meaningful to the student" (p. 90). In addition, Kagan found that students trained with coached clients made statistically significant gains in interview skills. Ivey (1971) noted similar results with role-playing:

Role-playing between pairs of counseling trainees has proven effective. In role-played sessions, we have found that the situation becomes surprisingly real and preliminary evidence suggests that this approach to micro-training may be as effective as more usual methods. (p. 81)

The "more usual methods" referred to were the use of real clients. Froelich (1970) found videotape simulations true to life and added that they were filled with affect: "The role players have become involved in the situation and have expressed frustration, despair, anger, denial and other
feelings common to the roles they were playing" (p. 61).

Krumboltz (1968) recommended the use of coached clients to investigate counselor responses: "It is attractive because of the ease of establishing rigorous experimental designs which may produce significant methods" (p. 187).

Indications from recent literature are that coached or role-played clients are used in training programs, can simulate a real counseling situation, and provide advantages in counseling research.

Videotaped simulations have become an increasingly common method of training counselors during the past decade (Bradley, 1974). An early study of videotape use in counseling practicums found that videotapes of counseling interviews were effective in promoting counselor learnings and presented opportunities to become aware of many aspects of the interview not discerned through audiotape recordings (Poling, 1964). Videotapes have been used in a variety of psychiatric training and treatment methods (Kagan, 1970).

A principal concern in this study involved the presentation of videotaped interviews between a coached client and a cotherapy team and whether observer-raters would be able to detect the facilitative conditions of counseling. Can observer-raters be stimulated by videotapes, or must they actually be in face-to-face contact with the cotherapists to detect empathic understanding, unconditionality of regard, and congruence? This question seems to be answered in the
affirmative by the work of Kagan and his associates. They developed videotaped vignettes in which actors portrayed various types of affect with varying degrees of intensity (Kagan & Schauble, 1969). These vignettes were shown to subjects who were asked to imagine that the person they viewed was talking directly and privately to them. Some of the subjects' physiological processes were monitored by use of innocuous electronic devices: "Most S's have had little difficulty involving themselves with the actor, even when large groups viewed the films in well-lighted rooms" (p. 311).

Kagan and Krathwohl (1967) have developed the Affective Sensitivity Scales, which employ both videotape and film vignettes of affect-laden situations with a paper-and-pencil test to gain a measure of the respondent's sensitivity to affect. The tacit assumption with this test is that individuals can detect emotional states through videotape and film media. Bradley (1974) suggested the use of third-party raters of the videotaped interaction between client and trainee using either the B-LRI or the Truax and Carkhuff (1967) scales, which also were used to rate the facilitative conditions of counseling.
CHAPTER III

Method

Procedure

A procedure that used videotapes of sessions between three different cotherapy teams and the same coached client was developed to determine if observer-raters rated a cotherapy team higher on the facilitative conditions of therapy when matched for cognitive style with the team as compared to when they were mismatched on cognitive style. The cotherapy teams were of three types: one team had both members who were field-dependent (DD), a second team had one field-dependent member and one field-independent member (DI), and a third team had two field-independent members (II). The field-dependent (FD) cotherapists were chosen from the lower quartile (scores of 0-9) of the field-dependent/field-independent continuum as measured by Witkin's Group Embedded Figures Test (GEFT), and the field-independent (FI) cotherapists were selected from the upper quartile (scores of 15-18). All teams had one male and one female member. The coached client was a female who was approximately at the middle (score of 10) of the FD-FI range as measured by the GEFT. The coached client presented the same problem to all three teams. (See Appendix B for a description of the problem presented by the coached client.) The teams were instructed
to try to establish a therapeutic relationship with the client and identify as clearly as possible her "problem."
The half-hour interviews were videotaped, with the camera positioned behind the client and facing the cotherapists.
The facial expressions of the cotherapists and their body movements were clearly visible.

The first 15 minutes of the videotapes were shown to 260 observer-raters. The raters included 100 males and 160 females. The rater pool included college students from a variety of curricular majors, men and women from various business and professional clubs, men and women from church groups, and people at a senior citizens' center. The raters ranged in age from 18 to 83, with the average age at 31.6 years. All raters were given the GEFT. Dividing this group of 260 raters at their median score of 11 yielded 126 FD's and 134 FI's.

The procedure to obtain ratings of the level of facilitative conditions of a cotherapy team was to select randomly one of three videotapes to present to a group after arrangements had been completed for that group to participate in the study. Care was taken to ensure that each observer-rater could clearly hear and see the videotapes. The same 15-inch television monitor was used in all presentations. Groups were kept to a maximum of 30 people to make sure each person was within a radius of 25 feet from the monitor.

The observer-raters were given the GEFT after being
informed of the purpose of the study (see Appendix C). After completing the GEFT, they were told they would see a videotape of a therapy session that involved a cotherapy team composed of a man and a woman who were interacting with a woman who had a "problem." They were told they would be looking over the shoulder of the client and were asked to imagine how the client must be experiencing the cotherapists (see Appendix D). After viewing the videotape, the raters were asked to complete a modified, shortened version of the Barrett-Lennard Relationship Inventory (B-LRI) that contained only the scales for empathic understanding, unconditionality of regard, and congruence (see Appendix A). The shortened version was used in the interest of keeping the total time commitment of the observer-raters to approximately 1 hour.

Selection of Subjects

Cotherapists. The cotherapists in the study were members of one of two courses in a clinical psychology master's program that trained students to deliver therapy as a member of a cotherapy team in either a group, family, or couple setting. Students enrolled in these courses were mainly from the clinical psychology program, but some were from the master's level programs in clinical social work and master's and doctoral programs in counseling.

Thirty-three students in these courses were tested for field dependence using the GEFT. Volunteers from the lower (GEFT scores 0-9) and upper (GEFT scores 15-18) quartiles
from this group were invited to participate in the study. The quartile ranges were based on norms for college students reported in the GEFT manual (Witkin, Oltman, Raskin, & Karp, 1971). The rationale for using only the extreme scores was that if an interaction effect were present, it would be more readily detectable if the therapists were selected from the more and less differentiated scorers along the FD-FI continuum. This procedure resulted in identifying 6 FD and 14 FI students. Three cotherapy teams were selected from this pool of 20. The six therapists were rated by their professor, using the Hammond, Hepworth, and Smith Rating Form (1977; see Appendix E), to determine their relative skill to deliver facilitative conditions of therapy. All six volunteers had been previously enrolled in a course with the same professor where students were taught to provide the facilitative therapy conditions. The professor has had several years of experience as a therapist trainer and has published several articles on therapist training. The three cotherapist teams were selected and included therapists approximately matched for experience as therapists, experience in cotherapy, and rated skill in providing facilitative conditions of therapy. Each team had one male and one female member. Table 1 summarizes the above information for each team.

The three cotherapy teams were each given at least one training session before the studio television cameras, to reduce the novelty of the studio setting and the possible
Table 1
Descriptive Summary of the Six Cotherapists

<table>
<thead>
<tr>
<th>Cotherapist</th>
<th>Team 1 (Type DD)</th>
<th>Team 2 (Type DI)</th>
<th>Team 3 (Type II)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Age</td>
<td>30</td>
<td>24</td>
<td>42</td>
</tr>
<tr>
<td>GEFT score</td>
<td>7</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Hours of cotherapy experience</td>
<td>12</td>
<td>8</td>
<td>30</td>
</tr>
</tbody>
</table>

Hammond, Hepworth, & Smith ratings
(1 = low; 5 = high)

<table>
<thead>
<tr>
<th>Empathic communications</th>
<th>3.0</th>
<th>3.0</th>
<th>3.5</th>
<th>4.0</th>
<th>4.5</th>
<th>4.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>3.0</td>
<td>3.0</td>
<td>5.0</td>
<td>3.0</td>
<td>4.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Authenticity</td>
<td>3.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>9.0</td>
<td>10.0</td>
<td>12.5</td>
<td>11.0</td>
<td>12.5</td>
<td>11.0</td>
</tr>
<tr>
<td>Team average</td>
<td>3.16</td>
<td>3.92</td>
<td>3.92</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

anxiety of being videotaped. The practice and actual sessions were produced professionally in a modern facility of a university television service. A mock-up of a therapy room served as the set for the videotape sessions. In the training sessions, the author served as the client for the teams and all teams had an opportunity to review their practice videotapes. The cotherapists were paid for their participation in the study.

Coached client. Two professors in the counseling and personnel program were asked to suggest master's level counseling students from their current pre-practicum counseling

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courses who were judged superior at being coached clients. Some master's level counseling students serve as coached clients for other students in these courses. This procedure resulted in the identification of a female student from the master's level counseling program who had acting experience and who had worked as a coached client for pay. The coached client had a GEFT score of 10, which is near the GEFT median score of the norm group used by Witkin et al. (1971). A coached client with a middle-range score on field dependence-field independence was deemed necessary to equalize an interaction effect predicted for the study for the cotherapists at the extremes of the GEFT continuum. Using a coached client who was extremely FD would likely show a positive effect more with the DD team, but little or none with the II team, and a moderate effect with the DI team. Using an extremely FI coached client would probably show a positive effect with the II team and little or none with the DD team. Since relative weighting for the main effect of the coached client's cognitive style is not known and since the raters were from both halves of the FD-FI continuum, a coached client with a cognitive style from the middle of the continuum would possibly equalize the effect for all teams. The average deviation of each team's combined GEFT score from the coached client's score was approximately the same. Therefore, each team was essentially equally dissimilar from the coached client in cognitive style.
The coached client was provided a description of a distraught woman who was concerned about her recent divorce and lack of a job (see Appendix B). The coached client practiced this role two times with the researcher, a half-hour each time before involvement with the cotherapy teams. The practice sessions were videotaped, with care being taken not to over-program the coached client. She was instructed to remain flexible to react to the different cotherapy teams. The coached client was paid for her participation in the study.

Observer-raters. An attempt was made to include in the observer-rater group a wide variety of ages and socioeconomic groups. The observer-raters ranged in age from young adult to senior citizen. A variety of occupations and educational levels were included in the observer-rater group. In general, the observer-raters group roughly resembled the broad group that is likely to seek mental health services. These diverse individuals were described by Korchin (1976), who noted:

From earliest childhood to the most advanced age, there are potential problems. Some forms of psychological problems are more common among men, others among women. Similarly black and white people differ, as well as city dwellers and farmers, rich and poor, or people in different occupations. But no person, by virtue of any of these qualities, is either exempt from or guaranteed human problems. (p. 11)

A list of the observer-rater groups used in the study is provided in Table 2. Using the median score of 11 as the break point resulted in the classification of the 260 raters into 126 FD raters and 134 FI raters. The mean GEFT for the rater...
### Table 2
Observer-Rater Groups Used in Study

<table>
<thead>
<tr>
<th>Group Description</th>
<th>Team Observed</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Headstart employees (teachers and aides)</td>
<td>DI</td>
<td>29</td>
</tr>
<tr>
<td>2. Senior Citizen Lunch Program participants (Milham Meadows)</td>
<td>DD</td>
<td>11</td>
</tr>
<tr>
<td>3. Senior Citizen Lunch Program participants (Vicksburg)</td>
<td>II</td>
<td>7</td>
</tr>
<tr>
<td>4. Private college nursing program faculty</td>
<td>DD</td>
<td>9</td>
</tr>
<tr>
<td>5. Continuing education teachers and aides</td>
<td>II</td>
<td>16</td>
</tr>
<tr>
<td>6. League of Women Voters</td>
<td>DI</td>
<td>16</td>
</tr>
<tr>
<td>7. Private college psychology class</td>
<td>DD</td>
<td>28</td>
</tr>
<tr>
<td>8. Community college health careers class</td>
<td>II</td>
<td>26</td>
</tr>
<tr>
<td>9. Community college automotive class</td>
<td>DI</td>
<td>16</td>
</tr>
<tr>
<td>10. Members of church group</td>
<td>DD</td>
<td>23</td>
</tr>
<tr>
<td>11. University psychology class</td>
<td>II</td>
<td>15</td>
</tr>
<tr>
<td>12. Community college law enforcement class</td>
<td>DI</td>
<td>21</td>
</tr>
<tr>
<td>13. Community college drafting class</td>
<td>DD</td>
<td>17</td>
</tr>
<tr>
<td>14. Community college advanced drafting class</td>
<td>II</td>
<td>17</td>
</tr>
<tr>
<td>15. University counseling class</td>
<td>DI</td>
<td>8</td>
</tr>
<tr>
<td>16. University counseling class</td>
<td>II</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>266</td>
</tr>
</tbody>
</table>

*aSix cases were dropped due to insufficient data.*
group was 10.3 (standard deviation of 5.6). There were 88 raters observing the DD team (GEFT $\bar{X} = 10.97$), 89 raters observing the DI team (GEFT $\bar{X} = 9.51$), and 83 raters observing the II team (GEFT $\bar{X} = 10.50$). The raters who viewed the three cotherapy teams were not significantly different in GEFT means where $F = 1.60$, $p = .20$. Groups of observer-raters were identified with the assistance of various educational, business, labor, and community leaders. The groups were chosen on the basis of their willingness to participate in the study and the desire to contribute to a sample of people that roughly matched the profile of the typical user of mental health services suggested by Korchin.

**Instruments**

The instruments used in this research were the Barrett-Lennard Relationship Inventory (B-LRI; Barrett-Lennard, 1962) and the Group Embedded Figures Test (GEFT; Witkin et al., 1971). The B-LRI was used by the observer-raters to measure the facilitative conditions of therapy: empathic understanding, unconditionality of regard, and congruence. The scores for these three conditions were the dependent variables. The raters were classified for field dependence or field independence using the GEFT.

**Barrett-Lennard Relationship Inventory.** The B-LRI was developed by Barrett-Lennard (1962) to measure the "necessary and sufficient" conditions of therapy identified by Rogers (1957). The original B-LRI had five subtests: empathic
understanding, level of regard, unconditionality of regard, congruence, and williness to be known. In the present study, only the empathic understanding, unconditionality of regard, and congruence subtests consisting of 16 items each were used. The statements representing each of the subtests are dispersed throughout the inventory to permit independence of response. The 48 items were responded to on a 6-point scale, ranging from +3 ("Yes, I strongly feel that is true") to -3 ("No, I strongly feel that is not true"). The items were balanced between positive and negative scoring, and each of the three scales could have a possible range from -48 to +48. The final score for each of the three conditions was the unweighted total of the numerical values of all items measuring that condition. The B-LRI also yields a total score. The B-LRI was intended for use by the client who rated the counselor. In this study, a parallel form was used to allow raters to rate the cotherapist team as if they had been interacting as the client in the videotaped segment (see Appendix A). It is assumed that the following validity and reliability data for the B-LRI applied to the modified version used in this study. The only changes in the modified version involved the substitution of the pronouns they and them for he/she and her/him and corresponding verb-person changes.

The content validity for the B-LRI was established by Barrett-Lennard (1962) by having five client-centered
therapist judges classify each item as either a positive or negative indicator of the condition (or variable) in question. A neutral rating given to any item indicated that the item was irrelevant or ambiguous. The five judges were in nearly perfect agreement as to the appropriateness of the content of the items in relation to the variables they were intended to measure. An item analysis verified that the items were consistent with the five variables that they represented.

The reliability of the B-LRI has been investigated by several researchers using both the test-retest and split-half methods. Barrett-Lennard reported that test-retest reliability correlations ranged from .86 to .90 for the three scales during an interval of 2-6 weeks. In another study, Rogers, Gendlin, Kiesler, and Truax (1967) reported reliability coefficients using test-retest methods of .76 to .94 over a 5-year period. Barrett-Lennard (1962) reported split-half reliability for the three subtests that ranged from .82 to .89. Tosi (1968) obtained a split-half reliability coefficient of .82. Average intercorrelations between the scales were found to be .45 (Barrett-Lennard, 1962) and .46 (Tosi, Frumkin, & Wilson, 1968).

**Group Embedded Figures Test.** The GEFT was developed from the original individually administered Embedded Figures Test (EFT) to enable group testing for field dependence-field independence. The GEFT contains 18 complex figures into which are embedded 8 simple figures. The simple and complex
figures are modifications of figures selected from those used by Gottschaldt (1926) in his classical studies of the relative roles of contextual (field) factors and past perceptual experiences. The subject is prevented from seeing simultaneously the simple form and the complex figure containing the simple form. The simple forms are printed on the back cover of the GEFT booklet and the complex figures on the booklet pages so that both simple forms and complex figures cannot be exposed simultaneously. However, the subject may look back at the simple forms as often as desired. The GEFT contains three sections: a practice section of seven simple items, and two other sections of nine items each. The subject is allowed 5 minutes for each of the latter two sections. The subject's score is the total number of simple figures correctly traced in the 10-minute period (maximum score = 18). Total test time is about 20 minutes. Persons who can easily disembed the simple forms from the complex figures are classified as FI; the ones who experience more difficulty are FD.

Norms for the GEFT were developed by using a group of 397 men and women from an eastern liberal arts college (Witkin et al., 1971). The mean score for 255 men was 12.0, and the mean score for 242 women was 10.8. The quartile ranges were as follows: for men—first = 0-9, second = 10-12, third = 13-15, and fourth = 16-18; for women—first = 0-8, second = 9-11, third = 12-14, and fourth = 15-18. Witkin et al. cautioned that these norms should be strictly applicable.
only to individuals coming from populations similar to the norm group. The observers in this study are from a more heterogeneous sample than those in the norm group so that the reported norms may not be strictly applicable here.

The concurrent validity of the GEFT was determined by comparing it to the EFT (Witkin et al.) and with the Rod-and-Frame Test, the Portable Rod-and-Frame Test, and the articulation of the body concept. The latter three methods involve the use of mechanical apparatus to measure the degree to which a person orients himself or herself in space according to internal or external reference criteria. The methods were developed by Witkin and his associates. The validity coefficients ranged from .34 to .39 for the Portable Rod-and-Frame Test, to .63 and .82 for the EFT. Split-half reliability coefficient was reported by Witkin et al. at .82 for males (N = 80) and females (N = 97).

Of the 19 match-mismatch studies reported in the review of related literature, 14 employed either the GEFT or the "parent" EFT to determine cognitive style as FD or FI.

**Data-Analysis Plan**

The independent variables were the two categories of observer-raters and the three categories of cotherapy teams. The dependent variable was the rating that the observer-rater made of his or her perception of the facilitative conditions of therapy using the B-LRI. Thus, the design was a 2 x 3, two-factor design, as illustrated in Figure 2 (p. 18).
The data analyses were performed using a fixed-effect two-way analysis of variance (Glass & Stanley, 1970). The focus of attention in the data analysis was not the main effect that the type of observer-rater (independent variable) had on the ratings (dependent variable) nor the main effect that the type of cotherapy team (independent variable) had on the ratings, but instead the focus was on the interaction effect of the two independent variables on the ratings. The Scheffé method of multiple comparisons was used to compare the means of the matched and mismatched triads on all four B-LRI variables (Glass & Stanley).

The probability of making a Type I error was set at .05 for this study, in accordance with custom (Haase, 1974). The interaction effect that this study attempted to detect was one-quarter of a standard deviation between the mean ratings of the six interactions. Cohen (1969) suggested the medium level of one-quarter of a standard deviation between means as acceptable with the F test.

Using tables developed by Cohen, the power to detect this one-quarter standard deviation difference with 40 ratings per cell and probability of a Type I error set at .05 is .82. A power figure at .82 is higher than 50 of the 60 counselor education research articles analyzed by Haase (1974). The probability of a Type II error for this study was therefore .18.
CHAPTER IV

Results

In this chapter, the results of this study are presented, the research hypotheses are tested, and the data relative to the objectives of the study are presented.

Hypothesis 1

It was predicted in the first hypothesis that observer-raters in the cognitive style matched triads would rate the cotherapy teams significantly higher in empathic understanding than would raters in the cognitive style mismatched triads. The cognitive style of the observer-raters and the cotherapy teams was determined by the Group Embedded Figures Test (GEFT). Observer-raters and cotherapists who scored from 0 to 10 on the GEFT were classified as field-dependent (d or D). Observer-raters and cotherapists who scored from 11 to 18 on the GEFT were classified as field-independent (i or I).

The observer-raters rated one of three cotherapy teams using a modified form of the Barrett-Lennard Relationship Inventory (B-LRI). One team had two field-dependent cotherapists (DD), the second team had one field-dependent and one field-independent cotherapist (DI), and the third team had two field-independent cotherapists (II). Each team had one
male and one female cotherapist.

The observer-raters viewed 15 minutes of a videotaped counseling or therapy session of one of the three cotherapy teams. All three teams interviewed the same coached client who presented essentially the same problem to each cotherapy team. After viewing the videotaped session, the observer-raters rated the cotherapy team using the modified B-LRI, which has four scales: empathic understanding (E), unconditionality of regard (U), congruence (C), and total score (T).

A two-way analysis of variance was used to test the significance of the differences between scores on the modified B-LRI of the matched triads (dDD and iII), and the mismatched triads (dDI, dII, iDD, and iDI). The two-way analysis of variance for observer-rater ratings of empathic understanding is presented in Table 3. A significant interaction effect was not found ($F = 2.163, p = .117$). The mean score for the matched triads, 11.12, was not significantly higher than the mean score for the mismatched triads, 9.07 ($T = -0.923, p = .357$). The mean scores for the matched and mismatched triads were compared using the Scheffé method of multiple comparisons (Glass & Stanley, 1970). Thus, there was not support for the first hypothesis that observers rate higher for empathic understanding in matched triads compared to mismatched triads.
Table 3
Observer-Rater Scores on Barrett-Lennard Relationship Inventory Scale, Empathic Understanding, for Six Types of Rater-Cotherapy Team Triads

<table>
<thead>
<tr>
<th>Observer-Rater Type</th>
<th>Cotherapy Team</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DD</td>
<td>DI</td>
<td>II</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>N</td>
<td>X</td>
<td>N</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>10.39</td>
<td>13.93</td>
<td>9.04</td>
<td>38</td>
</tr>
<tr>
<td>i</td>
<td>7.12</td>
<td>5.64</td>
<td>11.75</td>
<td>50</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater type</td>
<td>1</td>
<td>604.59</td>
<td>2.027</td>
<td>.156</td>
</tr>
<tr>
<td>Cotherapy type</td>
<td>2</td>
<td>76.41</td>
<td>.256</td>
<td>.774</td>
</tr>
<tr>
<td>Interaction</td>
<td>2</td>
<td>645.17</td>
<td>2.163</td>
<td>.117</td>
</tr>
</tbody>
</table>

Scheffé Comparison of Matched Versus Mismatched Means

<table>
<thead>
<tr>
<th>Contrast Means</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>dDD + iII versus dDI + dII + iDD + iDI</td>
<td>-0.923</td>
<td>.357</td>
</tr>
</tbody>
</table>
Hypothesis 2

The second hypothesis predicted that observer-raters in the cognitive style matched triads would rate the cotherapy teams significantly higher in unconditionality of regard than in the cognitive style mismatched triads. The hypothesis was not supported. The two-way analysis of variance did not yield a significant interaction effect ($F = 2.223, p = .110$). The mean score for the matched triads, 10.41, was not significantly higher than the mean score for the mismatched triads, 7.98 ($T = -1.395, p = .164$). These results are summarized in Table 4.

Hypothesis 3

The third hypothesis predicted that observer-raters in the cognitive style matched triads would rate the cotherapy teams significantly higher in congruence than in the cognitive style mismatched triads. The hypothesis was not supported. The two-way analysis of variance did not yield a significant interaction effect ($F = .857, p = .426$). The mean score for the matched triads, 10.20, was not significantly higher than the mean score of mismatched triads, 9.35 ($T = -0.271, p = .786$). These results are summarized in Table 5.

Hypothesis 4

The fourth hypothesis predicted that observer-raters in the cognitive style matched triads would rate the cotherapy
Table 4
Observer-Rater Scores on Barrett-Lennard Relationship Inventory Scale, Unconditionality of Regard, for Six Types of Rater-Cotherapy Team Triads

<table>
<thead>
<tr>
<th>Observer-Rater Type</th>
<th>Cotherapy Team</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DD</td>
<td>DI</td>
<td>II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>N</td>
<td>X</td>
<td>N</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>9.30</td>
<td>38</td>
<td>7.91</td>
<td>49</td>
<td>4.74</td>
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<tr>
<td>i</td>
<td>12.39</td>
<td>50</td>
<td>5.51</td>
<td>40</td>
<td>11.39</td>
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</table>

Summary of Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
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<tbody>
<tr>
<td>Rater type</td>
<td>1</td>
<td>377.42</td>
<td>1.870</td>
<td>.173</td>
</tr>
<tr>
<td>Cotherapy type</td>
<td>2</td>
<td>375.99</td>
<td>1.863</td>
<td>.157</td>
</tr>
<tr>
<td>Interaction</td>
<td>2</td>
<td>448.59</td>
<td>2.223</td>
<td>.110</td>
</tr>
</tbody>
</table>

Scheffé Comparison of Matched Versus Mismatched Means

<table>
<thead>
<tr>
<th>Contrast Means</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>dDD + iII versus dDI + dII + iDD + iDI</td>
<td>-1.395</td>
<td>.164</td>
</tr>
</tbody>
</table>
Table 5
Observer-Rater Scores on Barrett-Lennard Relationship Inventory Scale, Congruence, for Six Types of Rater-Cotherapy Team Triads

<table>
<thead>
<tr>
<th>Observer-Rater Type</th>
<th>Cotherapy Team</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DD</td>
<td>DI</td>
<td>II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>N</td>
<td>X</td>
<td>N</td>
<td>X</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>8.18</td>
<td>38</td>
<td>13.52</td>
<td>49</td>
<td>8.54</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>5.11</td>
<td>50</td>
<td>10.37</td>
<td>40</td>
<td>11.95</td>
<td>44</td>
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</tr>
</tbody>
</table>

Summary of Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater type</td>
<td>1</td>
<td>65.81</td>
<td>.189</td>
<td>.664</td>
</tr>
<tr>
<td>Cotherapy type</td>
<td>2</td>
<td>708.29</td>
<td>2.039</td>
<td>.132</td>
</tr>
<tr>
<td>Interaction</td>
<td>2</td>
<td>297.61</td>
<td>.857</td>
<td>.426</td>
</tr>
</tbody>
</table>

Scheffé Comparison of Matched versus Mismatched Means

<table>
<thead>
<tr>
<th>Contrast Means</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>dDD + iii versus dDI + dII + iDD + iDI</td>
<td>-0.271</td>
<td>.786</td>
</tr>
</tbody>
</table>
teams significantly higher in the total relationship than in the cognitive style mismatched triads. The hypothesis was not supported. The two-way analysis of variance did not yield a significant interaction effect ($F = 2.049, p = .131$). The mean score for the matched triads, 31.74, was not significantly higher than the mean score for the mismatched triads, 26.43 ($T = -0.947, p = .344$). These results are summarized in Table 6.

**Objectives**

The first objective of the study was to determine if FD-FI cognitive style match between observer-rater and cotherapy team viewed resulted in more positive ratings of the facilitative therapy conditions than in the mismatched situation. Hypotheses 1 through 4 reported were relevant to this objective. Matching observer-rater with a cotherapy team of similar FD-FI cognitive style did not yield significantly higher ratings of the facilitative conditions than did mismatching observer-raters and cotherapy teams.

The second objective was to determine if males and females rate the cotherapy teams differently. Table 7 indicates that females rated the teams significantly higher than males on all four variables of the modified B-LRI. The mean score for all three cotherapy teams on empathic understanding for males was 6.46 and for females was 11.77 ($F = 5.79, p = .017$). The mean score for all three teams on unconditionality of regard for males was 5.13 and for females was

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Table 6
Observer-Rater Scores on Barrett-Lennard Relationship Inventory Scales, Total Relationship for Six Types of Rater-Cotherapy Team Triads

<table>
<thead>
<tr>
<th>Cotherapy Team</th>
<th>DD</th>
<th>DI</th>
<th>II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer-Rater Type</td>
<td>X N</td>
<td>X N</td>
<td>X N</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>d</td>
<td>27.88</td>
<td>35.37</td>
<td>22.34</td>
</tr>
<tr>
<td>i</td>
<td>24.83</td>
<td>21.54</td>
<td>35.10</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rater type</td>
<td>1</td>
<td>176.19</td>
<td>.095</td>
<td>.758</td>
</tr>
<tr>
<td>Cotherapy type</td>
<td>2</td>
<td>235.51</td>
<td>.127</td>
<td>.881</td>
</tr>
<tr>
<td>Interaction</td>
<td>2</td>
<td>3802.06</td>
<td>2.049</td>
<td>.131</td>
</tr>
</tbody>
</table>

Scheffé Comparison of Matched Versus Mismatched Means

<table>
<thead>
<tr>
<th>Contrast Means</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>dDD + iII versus</td>
<td>-0.947</td>
<td>.344</td>
</tr>
<tr>
<td>dDI + dII + iDD + iDI</td>
<td>-0.947</td>
<td>.344</td>
</tr>
</tbody>
</table>
Overall Ratings By Males and Females of All Three Cotherapy Teams on the Modified Barrett-Lennard Relationship Inventory Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Males (N = 100)</th>
<th>Females (N = 160)</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathic understanding</td>
<td>6.46</td>
<td>11.77</td>
<td>5.79</td>
<td>.017*</td>
</tr>
<tr>
<td>Unconditionality of regard</td>
<td>5.13</td>
<td>11.03</td>
<td>10.98</td>
<td>.001*</td>
</tr>
<tr>
<td>Congruence</td>
<td>5.05</td>
<td>12.49</td>
<td>10.26</td>
<td>.002*</td>
</tr>
<tr>
<td>Total relationship</td>
<td>16.64</td>
<td>35.30</td>
<td>11.99</td>
<td>.001*</td>
</tr>
</tbody>
</table>

*P < .05.

11.03 (F = 10.98, P = .001). The mean score for all three cotherapy teams on congruence for males was 5.05 and for females was 12.49 (F = 10.26, P = .002). The mean for all three cotherapy teams on total relationship was 16.64 for males and for females was 35.30 (F = 11.99, P = .001).

The third objective of the study was to determine the FD-FI cognitive styles of the members of two courses from which the cotherapists were selected. These courses were designed to train therapists and counselors to use cotherapy in group, couple, and family therapy. Table 8 summarizes the results of the GEFT scores for the 33 members of these classes and includes the normative data reported by Witkin et al. (1971) in the GEFT manual. The GEFT norm group included 397 men and women from an Eastern liberal arts college. The mean score on the GEFT for the members of the two therapist training courses (13.1) is higher than the mean score of 11.3.
Table 8
Summary Data for Student Members of Two Therapist Training Courses and Group Embedded Figures Test Norm Group

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Overall</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training courses (N = 33)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>9</td>
<td>12.6</td>
<td>3.7</td>
<td></td>
<td>13.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Females</td>
<td>24</td>
<td>13.3</td>
<td>4.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norm group (N = 397)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>155</td>
<td>12.0</td>
<td>4.1</td>
<td></td>
<td>11.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Females</td>
<td>242</td>
<td>10.8</td>
<td>4.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

for the normative group. Thus, their cognitive styles were more toward the FI end of the scale than the norm group. Previous studies suggested that counselors would be more FD (Witkin & Goodenough, 1977).

The fourth objective of the study was to determine if the observer-raters rated the facilitative counseling conditions of a simulated cotherapy session lower than levels reported in actual therapy. M. A. Greene (1972) used a similar modified B-LRI in a study of the effect of matching clients and therapists on FD-FI cognitive style. The clients in Greene's study completed the B-LRI after the fifth interview. Barrett-Lennard (1962) also required subjects to rate counselors after the fifth interview. Inspection of Table 9 indicates that the clients rated the therapists higher on all four scales than the observer-raters rated the cotherapy teams.
Mean Ratings of All Cotherapy Teams By All Observer-Raters and All Therapists By All Clients on Barrett-Lennard Relationship Inventory Scales in Different Studies

<table>
<thead>
<tr>
<th>Scale</th>
<th>Present (N = 260)</th>
<th>Barrett-Lennard (N = 40)</th>
<th>Greene (N = 51)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathic understanding</td>
<td>9.73</td>
<td>22.7</td>
<td>18.82</td>
</tr>
<tr>
<td>Unconditionality of regard</td>
<td>8.76</td>
<td>26.5</td>
<td>25.53</td>
</tr>
<tr>
<td>Congruence</td>
<td>9.63</td>
<td>27.7</td>
<td>23.13</td>
</tr>
<tr>
<td>Total relationship</td>
<td>28.12</td>
<td>76.9</td>
<td>67.48</td>
</tr>
</tbody>
</table>

Other Results

The mean overall B-LRI ratings made for the three cotherapy teams are as follows: DD = 26.13, DI = 29.14, and II = 29.09. These mean overall ratings were not significantly different (F = .127, p = .881). The mean overall B-LRI ratings were nearly proportional to the Hammond, Hepworth, and Smith Rating Form ratings made by the professor of these cotherapists: DD = 3.16, DI = 3.92, and II = 3.92 (see Table 1, p. 78). It was also noted that the mean overall B-LRI ratings and the individual Hammond, Hepworth, and Smith Rating Form ratings were not consistently related to the other cotherapist variables of age, sex, and cotherapist experience.
Summary

This study investigated the relationship between cognitive style match and observer ratings of cotherapy teams. The cognitive style variable used in this investigation was field dependence-field independence. Several earlier studies suggested the possibility that clients matched on cognitive style with both members of a cotherapy team would rate the cotherapists more positively than in situations where clients were mismatched with the cotherapists.

Three videotaped simulations of a cotherapy session with a coached client were employed in this study. Three different cotherapy teams were recruited from therapist training classes where cotherapy was taught as a therapeutic modality. One team had two field-dependent members, the second team had one field-dependent member and one field-independent member, and the third team had two field-independent members. The cognitive style of the cotherapists was determined by using the Group Embedded Figures Test (GEFT), which has a range of possible scores from 0 to 18. Scores from 0 to 10 were classified as field-dependent (FD), and scores from 11 to 18 were classified as field-independent (FI). All three teams had...
one male and one female member.

The three cotherapy teams conducted an initial interview with the same coached client, whom they had not met before. They were instructed to establish a relationship with the client and to determine the client's problem. The interviews lasted 30 minutes and were videotaped in a television studio. The coached client was a 26-year-old female who was in the master's degree counseling program at the same university as the cotherapists. She did not know any of the cotherapists. She had acting experience and had previously been employed as a coached client. She presented essentially the same situation to all three teams. Her score of 10 was in the middle range for the GEFT.

The videotapes of the cotherapy sessions were selected randomly to be presented to a variety of different community groups. Only the first 15 minutes of the sessions were used in order to keep the total research time commitment of the observer-raters to less than 1 hour. A previous study indicated that certain facilitative conditions could be detected in a therapy session within the first 15 minutes (Witkin, 1978). The videotaped cotherapy sessions were shown to 260 observers who had been classified as FD or FI by using their GEFT scores. Observers with GEFT scores from 0 to 10 were classified as FD, and observers with scores from 11 to 18 were classified as FI. There were 126 FD and 134 FI observer-raters. The median score for this total group of raters was
comparable to the median score listed for the norm group in
the GEFT manual. The median score for the observers was also
comparable to that reported in a longitudinal study of 1,548
students (Witkin, Moore, Oltman, Goodenough, Friedman, Owen,
& Raskin, 1977). In the present study there were 100 male
observers and 160 female observers. The observers rated the
cotherapy team they viewed by using a modified form of the
Barrett-Lennard Relationship Inventory (B-LRI). The modified
B-LRI contained 48 items and 3 scales: empathic understand­
ing, unconditionality of regard, and congruence.

Four hypotheses were offered in this study. Hypothesis
1 predicted that observers who were matched with cotherapy
teams in cognitive style would rate those teams significantly
higher in empathic understanding than in the situation where
the observers were mismatched with the cotherapy teams. A
matched triad was defined as the observer and both cothera­
pists having the same cognitive style. Hypothesis 2 pre­
dicted that observers who were matched with cotherapy teams
in cognitive style would rate those teams significantly
higher in unconditionality of regard than in the situation
where the observers were mismatched with the cotherapy teams.
Hypothesis 3 predicted that observers who were matched with
the cotherapy teams in cognitive style would rate those teams
significantly higher in congruence than in situations where
they were mismatched in cognitive style with the cotherapy
teams. Hypothesis 4 predicted that observers who were
matched with cotherapy teams in cognitive style would rate those teams significantly higher in the total relationship (sum of empathic understanding, unconditionality of regard, and congruence scales) than in situations where they were mismatched in cognitive style with the cotherapy teams.

A two-way analysis of variance was used to test these four hypotheses. An interaction effect between the main factors of cotherapy team type and observer-rater type on the dependent variables, the B-LRI scales, at an alpha level of .05 or lower would indicate support for the hypotheses. No support was found for the four hypotheses.

Discussion

No support was discovered for the four hypotheses at an alpha level of .10 for three of the four hypotheses. The interaction effect probability for the first hypothesis, on empathic understanding, was .117 (see Table 3, p. 90). The second hypothesis, which involved unconditionality of regard, had an interaction effect probability of .110 (see Table 4, p. 92). The interaction effect probability for the fourth hypothesis, on total relationship, was .131 (see Table 6, p. 95). The other hypothesis, on congruence, had an interaction effect probability of .426, far from the other three (see Table 5, p. 93).

These results can be viewed in relation to a number of special conditions that prevailed in this study. Several of these conditions were listed earlier in the "Limitations and
Assumptions" section of Chapter I. First, the persons who rated the cotherapists were not actually in a therapeutic relationship with the cotherapists. The observers were asked to imagine that they had been in the place of the female client in the videotaped vignette. This task requires motivation on the part of the observer, and there was no guarantee that the observers were appropriately motivated. The observers viewed only 15 minutes of an initial interview before rating the cotherapy team. This brief viewing time was selected to keep the total research time commitment of the observers to less than 1 hour in order to secure a sufficiently large number of volunteers for the study. Also, evidence was available that indicated that subjects could judge the degree of warmth that client and therapist felt toward each other after listening to 15-minute segments of therapy sessions (Witkin, 1978). However, two previous studies which employed the B-LRI had actual clients rate therapists after the fifth therapy session (Barrett-Lennard, 1962; M. A. Greene, 1972). Either the brevity of the amount of time to view the cotherapy team or the motivation requirement to imagine oneself in a relationship with a videotaped cotherapy team could partially account for the fact that the B-LRI scale score means in this study are about one-third to one-half of the magnitude of those found in studies that required a B-LRI rating after five actual interviews (see Table 9, p. 98). Third, the B-LRI was developed for use by
one client to rate one therapist, and vice versa. In this study, the raters were asked to think of the cotherapy team as one unit and rate them accordingly. This requirement was difficult for some participants. Several observers mentioned the difficulty they had in making a combined unitary rating of the cotherapy team. This could also partially account for lower B-LRI scale score means in this study. In addition, there is some evidence that therapists are rated higher when doing individual therapy compared to cotherapy (Kosch-Graham, 1972).

As noted earlier, there was a significant sex difference between males and females on all four of the B-LRI scales. The females rated all teams significantly higher than the males, $p < .05$ (see Table 7, p. 96). One possible explanation of the observed sex differences is that the female raters could more readily identify with the female client than could the male raters. Another possible explanation is that the females have more potential as a group for the task of imagining themselves interacting with a videotaped cotherapy team. A third possibility is that females are simply more positively responsive to the facilitative conditions as measured by the B-LRI than are males.

A further examination of rater differences by sex was undertaken. The male and female rater groups were separated into FD or d and FI or i groups, using the overall median GEFT score of 11. The B-LRI total relationship ratings for
the three cotherapy teams were calculated (see Table 10).

Table 10
Total Relationship Scores By Observer-Rater Type and Cotherapy Team

<table>
<thead>
<tr>
<th>Observer-Rater Type</th>
<th>Cotherapy Team</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DD</td>
<td>DI</td>
<td>II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>N</td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>Male (N = 100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>24.23</td>
<td>21</td>
<td>19.20</td>
<td>20</td>
</tr>
<tr>
<td>i</td>
<td>9.87</td>
<td>15</td>
<td>4.06</td>
<td>18</td>
</tr>
<tr>
<td>Female (N = 160)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>33.81</td>
<td>19</td>
<td>44.85</td>
<td>31</td>
</tr>
<tr>
<td>i</td>
<td>30.35</td>
<td>33</td>
<td>37.38</td>
<td>20</td>
</tr>
</tbody>
</table>

The male observer-raters rated more positively, as predicted, in the matched situation. That is, the male FD raters rated the DD team highest and the male FI raters rated the II team highest.

The female observer-raters rated differently than was predicted. The FI female raters rated the II team highest, but the FD female raters rated the DI team highest. The female observer-raters rated differently than the male observer-raters.

The lack of support for the four hypotheses may be attributable to the high rating given by the FD female raters to the DI team. A closer examination of the stimulus videotapes was made to determine possible causes for FD female
raters rating the DI team higher than the DD team.

A verbal activity review of all three 15-minute segments was conducted by the researcher. The number and length in seconds of verbal interventions made by each cotherapist of each team was noted. Simple support verbalizations such as "Uh huh!" and "OK" were not counted. The results of this review are summarized in Table 11.

Table 11

Verbal Interventions Made By Cotherapists, By Team, in 15-Minute Videotaped Interview

<table>
<thead>
<tr>
<th>Team Type</th>
<th>Individual Total</th>
<th>Team Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Time (sec.)</td>
</tr>
<tr>
<td>DD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>198</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>140</td>
</tr>
<tr>
<td>DI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>299</td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>79</td>
</tr>
<tr>
<td>II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>36</td>
<td>146</td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>57</td>
</tr>
</tbody>
</table>

All three teams made about the same number of total interventions in the 15-minute segment (57 vs. 57 vs. 56). However, the II team had only 55 to 60 percent as much total time talking as the other two teams (203 sec. vs. 338 sec.)
and 378 sec.). This higher activity rate for FD cotherapists is consistent with earlier research (Witkin, Lewis, & Weil, 1968). Of particular note is the comparison between the DD and DI teams. In total number of verbal interventions and total time of verbal interventions, these teams are similar. However, the female member of the DI team had 3.1 times more interventions than the male member and 3.8 times more total verbal intervention time than the male. The ratios for the DD team (2.0 and 1.4) are not so great, but reflect greater activity by the female member. The researcher also noted, in examining the videotape segments, that the female member of the DI team appeared more active nonverbally than the male, demonstrating more hand movement, more body-shifting, and more varied facial expression. The DD team seemed nearly equal in their nonverbal behaviors. The female member of the DI team was field-dependent.

It is possible that the female FD observer-raters focused primarily on the more active FD female cotherapist of the DI team when making their ratings. This possibility is consistent with the earlier remark that some raters reported difficulty rating a team as a unit. If the female FD observer-raters ignored the relatively less active FI male cotherapist of the DI team, their ratings would be similar to the situation where both cotherapists are field-dependent. If the female FD raters ignored the relatively less active male of the DI team, then the expected balancing effect of
pairing the field-dependent and field-independent cotherapists would be less likely. In contrast, it is further suggested that the male FD raters did not focus primarily on the relatively more active FD female cotherapist of the DI team when making their ratings. This contrast suggests that the rating behavior of the female FD raters may well be a function of the interaction of cognitive style, sex, and cotherapist activity level.

Implications

This research was conducted to investigate the implication that more positive ratings would result when cotherapists and clients are matched for cognitive style. However, this implication based on cognitive style research was not supported in the cotherapy situation. No evidence has been presented to support therapeutic advantages of determining the cognitive styles of clients and cotherapists and matching them accordingly.

Recommendations

In consideration of the foregoing discussion, the following recommendations are presented:

(1) It is recommended that this study be replicated in modified form, using four cotherapy teams of each type. This could reduce the possibility of gross activity imbalance between male and female members of the teams. This change would make it possible to balance the DI for sex and
cognitive style type.

(2) It is recommended that this study be replicated in an actual therapy situation with four teams of each type. The B-LRI should be administered after the fifth session. The advantage of this type of replication would be increased motivation on the part of the raters.

(3) It is recommended that this study be replicated in actual therapy conditions which involve families, couples, and groups where cotherapy is more commonly the treatment of choice.
APPENDIX A

Modified Barrett-Lennard Relationship Inventory

Name ______________________________

Below are listed a variety of ways that one person may feel or behave in relation to other persons.

Please consider each statement with reference to cotherapists seen on the videotape presentation. Try to imagine yourself in place of the client in the interview.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this imagined relationship between you and the cotherapy team. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

+3 = Yes, I strongly feel that it is true.
+2 = Yes, I feel that it is true.
+1 = Yes, I feel that it is probably true, or more true than untrue.
-1 = No, I feel that it is probably untrue, or more untrue than true.
-2 = No, I feel that it is not true.
-3 = No, I strongly feel that it is not true.

___ 1) They want to understand how I see things.
___ 2) Their interest in me depends on the things I say or do.
___ 3) They are comfortable and at ease in our relationship.
___ 4) They may understand my words but they do not see the way I feel.
___ 5) Whether I am feeling happy or unhappy with myself makes no real difference to the way they feel about me.
___ 6) I feel that they put on a role or front with me.
___ 7) They nearly always know exactly what I mean.
8) Depending on my behavior, they have a better opinion of me sometimes than they have at other times.

9) I feel that they are real and genuine with me.

10) They look at what I do from their own point of view.

11) Their feeling toward me doesn't depend on how I feel toward them.

12) It makes them uneasy when I ask or talk about certain things.

13) They usually sense or realize what I am feeling.

14) They want me to be a particular kind of person.

15) I nearly always feel that what they say expresses exactly what they are feeling and thinking as they say it.

16) Their own attitudes toward some of the things I do or say prevent them from understanding me.

17) I can (or could) be openly critical or appreciative of them without really making them feel any differently about me.

18) They want me to think that they like me or understand me more than they really do.

19) Sometimes they think that I feel a certain way, because that's the way they feel.

20) They like certain things about me, and there are other things they do not like.

21) They do not avoid anything that is important for our relationship.

22) They realize what I mean even when I have difficulty in saying it.

23) Their attitude toward me stays the same; they are not displeased with me sometimes and critical or disappointed at other times.

24) Sometimes they are not at all comfortable, but we go on, outwardly ignoring it.
25) They usually understand the whole of what I mean.

26) If I show that I am angry with them, they become hurt or angry with me, too.

27) They express their true impressions and feelings with me.

28) They just take no notice of some things that I think or feel.

29) How much they like or dislike me is not altered by anything that I tell them about myself.

30) At times I sense that they are not aware of what they are really feeling with me.

31) They appreciate exactly how the things I experience feel to me.

32) They approve of some things I do, and plainly disapprove of others.

33) They are willing to express whatever is actually in their minds with me, including any feelings about themselves or about me.

34) At times they think that I feel a lot more strongly about a particular thing than I really do.

35) Whether I am in good spirits or feeling upset does not make them feel any more or less appreciative of me.

36) They are openly themselves in our relationship.

37) They do not realize how sensitive I am about some of the things we discuss.

38) Whether the ideas and feelings I express are "good" or "bad" seems to make no difference to their feelings toward me.

39) There are times when I feel that their outward response to me is quite different from the way they feel underneath.

40) They understand me.

41) Sometimes I am more worthwhile in their eyes than I am at other times.
42) I have not felt that they try to hide anything from themselves that they feel with me.

43) Their response to me is usually so fixed and automatic that I don't really get through to them.

44) I don't think that anything I say or do really changes the way they feel toward me.

45) What they say to me often gives a wrong impression of their whole thought or feeling at the time.

46) When I am hurt or upset, they can recognize my feelings exactly, without becoming upset themselves.

47) What other people think of me does (or would, if they knew) affect the ways they feel toward me.

48) I believe that they have feelings they do not tell me about that are causing difficulty in our relationship.
APPENDIX B

Description of Role for Coached Client

The coached client was asked to equally portray the following person in all three cotherapy sessions:

You are a 28-year-old white woman who was recently divorced after 4 years of marriage. You have two children, aged 3 and 1. You are a community college graduate with a degree in dental hygiene. You worked 2 years before marriage, but did not like the work. You have not worked since outside the home. You feel lonely, depressed, and inadequate as a single parent. You have not had sexual intercourse in 6 months and have not been on a date for 4 months. You want a job, but have done nothing to find one.
APPENDIX C

Instructions to Volunteers

Participation by volunteers in this project involves three activities: completion of the Group Embedded Figures Test, viewing of a videotape of a counseling team, and making a rating of the counselors seen on the tape. The three activities require a total time of 45 minutes. Your score on the test and your rating of the counseling team will be treated as confidential information. You have the right to quit participation in the testing at any time.

Your signature on the Group Embedded Figures Test booklet in the space provided for your name indicates that you understand these instructions.
APPENDIX D

Instructions for Viewing Videotape

You are now going to see a 15-minute videotape of a counseling session. You will see two counselors. They are talking to a third person, a woman who has come to talk about some of her problems. You'll only see the back of this woman. As you watch the counselors, try to put yourself in the place of the woman. How would you be feeling about these two counselors if you were in the place of the woman?

Questions?
APPENDIX E

Hammond, Hepworth, & Smith Rating Form

Name of counselor __________________________ Date ____________

Instructions: Circle the level on the following rating scales which correspond to counselor performance.

Empathic Communication Scale

Level 1.0. The counselor's verbal and behavioral responses are irrelevant, subtract significantly in affect and content, and do not attend appropriately to other's expressions. The counselor communicates no awareness of even the most obvious, expressed surface feelings of the other person. The responses include premature advice-giving, arguing, changing the subject, criticizing, pontificating, and asking questions that shift the focus from the expressions of the client.

Level 1.5. Counselor responses qualify as negligibly accurate, and any of the client's feelings that are not distinctly defined tend to be entirely ignored. Counselor responses may mislead or block off the client. The client does not go to a deeper level of self-exploration.

Level 2.0. The counselor responds to at least part of the surface feelings of the other person, but the response noticeably subtracts affect or distorts the level of meaning. Awareness of the client's expressed feelings is only partially communicated. The counselor may respond to his own conceptualizations rather than to what the client expressed. Some responses may have diagnostic or psychodynamic accuracy, but not empathic accuracy.

Level 2.5. The counselor wants to understand and makes the effort, but his responses subtract slightly from the level of feelings the other expresses. Responses that merely parrot expressions of the other person in the same words belong to this level.

Level 3.0. Responses communicate understanding at the level of feeling the client expresses. The counselor's
responses are essentially interchangeable, or reciprocal, in affect with the surface, explicit expressions of the other individual, or they accurately reflect his state of being. The responses do not add affect or go below the surface feelings, nor do they subtract from the feelings and tone expressed. Factual aspects of the client's message (content), though desirable, are not required; if included, content must be accurate.

**Level 3.5.** The counselor's responses reflect not only the feelings, but also the reasons for the feelings that the other person expresses—in other words, the counselor's responses complement feelings with content.

**Level 4.0.** The counselor's responses accurately identify implicit, underlying feelings somewhat beyond the expressions of the client and complement feelings with content that adds deeper meaning.

**Level 4.5.** Responses exceed level 4.0, but fall short of level 5.0.

**Level 5.0.** The counselor's responses significantly add to the affect and meaning explicitly expressed by the client. Additionally, the counselor's responses accurately communicate the affect, meaning, and intensity of the other person's deeper feelings by word, voice, and intensity of expression.

**Respect Scale**

**Level 1.0.** Verbal and nonverbal responses communicate overt disrespect, or negative regard, declaring the other person's feelings and experiences unworthy of consideration. The helper may make himself the focus of evaluation, actively disapprove of behavior, impose his own values or beliefs, dominate the conversation, challenge the accuracy of the other's perception, or depreciate the worth of the other by communicating that he is incapable of acting constructively or functioning appropriately on his own.

**Level 2.0.** The helper communicates little respect for the feelings, potentials, or experiences of the other person. He may ignore what the client says, respond in a casual, passive, or mechanical manner, and withhold himself from involvement. He may decline to enter into a relationship or display a lack of concern or interest.
Level 3.0. The helper communicates a positive concern and respect for the other person's feelings and his ability to act constructively and express himself. The counselor suspends his own judgment of the other and communicates an openness or willingness to enter into a relationship.

Level 4.0. The helper affirms the worth and value of the other person by his efforts to understand and by his communication of very deep respect, concern, and care. He is open and willing to invest himself enough to risk receiving potentially hurtful feedback in order to further the relationship. His responses enable the other person to feel valued as an individual and free to be himself.

Level 5.0. The helper communicates the very deepest respect for the other person's worth, value, and potentials as a separate individual who is free to be himself. He communicates his caring for, valuing, and appreciation of the other person as a unique person. After the relationship is well established, respect may entail challenging the other person to achieve his goals and take responsibility for himself. Expectations and personal reactions such as disappointment and irritation may be expressed provided they are couched in good will and helpful intent. Encouragement and praise may also be shared.

Authenticity (Genuineness) Scale

Level 1.0. Either a considerable discrepancy exists between the counselor's overt response and his actual feelings and thoughts, or his only congruent responses are negative and retaliatory. Likewise, striking discrepancies occur between verbal content and voice quality or other nonverbal behaviors. The counselor is guarded, attempts to conceal feelings, and responds evasively or defensively even to direct questions. He may speak with detachment or ambiguity. Any self-disclosures he makes appear to emanate from the counselor's needs and are irrelevant or inappropriate to the client's needs at the time. The counselor avoids self-disclosure that would be appropriate and helpful.

Level 2.0. Incongruence exists between the counselor's behavior and feelings, and self-disclosure is shallow and minimal, with the counselor withholding appropriate responses. Rather than being genuinely himself, the counselor responds from an artificial,
contrived, and sterile "professional" role, altogether lacking in spontaneity. Instead of making appropriate self-disclosures, the counselor seems to hedge or cover up for either personal or pseudo-professional reasons.

Level 3.0. The counselor shows no incongruence between behavior, statements, and feelings, but does not make truly authentic responses that convey his feelings. The counselor is not defensive or insincere; neither is he spontaneously, enthusiastically, or intensely involved. Listening and attending, reflecting, clarifying, questioning, and accepting ("uh huh," "I see") responses often typify this level. The counselor shares personal reactions and feelings toward the client vaguely and superficially.

Level 4.0. The counselor's responses and personal feelings are congruent, but he may have some hesitancy or discomfort in expressing them. The counselor voices feelings and reactions, both positive and negative, concerning the client and his situation when they are pertinent to the client's experiences, concerns, or struggles or to the counseling interaction. It is clear that the counselor is being himself. He expresses negative feelings in a nondestructive way that strengthens the relationship.

Level 5.0. The counselor is openly and freely himself in the relationship, interacts spontaneously, expresses feelings on his own initiative, and is appropriately responsive to his inner feelings. The counselor openly shares positive, negative, and ambivalent feelings when they are relevant to the client's needs or the helping situation. He shares negative feelings and reactions in a constructive manner that facilitates exploration by both parties.
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