CLIENT PERCEPTION OF THE RELATIONSHIP AS A FUNCTION OF WORKER-CLIENT COGNITIVE STYLES

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The basic conceptual idea of this study is that interaction between the personal characteristics of the worker and of the client is a major factor in determining the quality of the casework relationship. Workers possessing differing personal characteristics will have differential success in forming relationships with clients possessing differing personal characteristics.

The influence of a specific personal characteristic, cognitive style, was investigated. Cognitive style, manifested perceptually as field-dependence--field-independence, is a salient dimension influencing characteristic modes of functioning in a diversity of areas.

The major hypothesis was that clients would perceive the relationship as being relatively more positive when their cognitive styles were congruent with their workers' cognitive styles than when they were incongruent. Since differences in relationship levels were viewed as being strictly a function of interaction, the individual styles of the
workers and the individual styles of the clients were not expected to have an influence. These hypotheses are derived from previous studies which suggest that persons having similar cognitive styles are able to communicate more effectively and form more positive relationships than persons having dissimilar styles.

A second portion of the study dealt with the association between cognitive styles and worker's choice of treatment techniques. Prior studies suggest that differential treatment methods are appropriate for clients having differing cognitive styles. The evidence suggests that field-dependent persons with their global cognitive orientation seek external structure whereas field-independent persons with their discrete cognitive orientation prefer to structure their own experiences. This led to the hypothesis that there would be a significant difference between the choice of treatment methods employed by workers when treating clients having differing cognitive styles. With field-dependent clients, workers would place relatively more emphasis on supportive techniques. With field-independent clients, workers would place relatively more emphasis on techniques that promote self-awareness.

The data were collected in five offices of two family service agencies. The sample consisted of twenty-two experienced caseworkers and fifty-one of their clients, women experiencing interpersonal problems. Workers' and
clients' scores on the Embedded Figures Test and evaluations of figure drawings were used to measure cognitive style. Client perception of the relationship was evaluated through the use of the Barrett-Lennard Relationship Inventory. This provided measures of worker regard, empathy, unconditional positive regard, and genuineness, as well as a total score. It was administered individually to each client immediately following the fifth interview. Classification of casework method was derived from worker judgments of the techniques considered most significant in achieving casework goals with each client.

All of the hypotheses received mild but consistently significant support from the data when the Embedded Figures Test was used as the measure of cognitive style. Client perception of regard, empathy, genuineness, and the total relationship were significantly more positive when worker-client cognitive styles were congruent than when they were incongruent. As predicted, the interaction effects were the only significant effects. Differences in worker styles and differences in client styles did not have independent effects on relationship levels. There was a significant difference between the choice of methods workers considered to be most influential in achieving casework goals with clients having differing cognitive styles. With field-dependent clients, workers placed relatively more emphasis on supportive techniques and with field-independent clients, workers placed
relatively more emphasis on techniques that promote self-awareness. In addition, although not stated as an hypothesis, it was found that field-independent clients showed, as anticipated, greater specificity in differentiating relationship qualities than did field-dependent clients.
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I am especially grateful to my wife, Barbara, for her love and encouragement throughout my school years as well as for the long hours spent in reviewing and editing this manuscript. To my daughters, Alice and Elizabeth, I appreciate the time they allowed me to devote to this work that might have been spent with them.
The purpose of this study is to investigate the influence of the interaction of worker-client styles on the quality of the casework relationship. The influence of a specific variable, cognitive style, will be investigated. As will be explained in the text that follows, cognitive style is a salient dimension that influences peoples' characteristic modes of functioning in a diversity of areas. Since the relationship is assumed to be co-determined by the inputs of both participants, it is hypothesized that the quality of the relationship will vary as a function of interaction effects between worker-client cognitive styles, with the client perceiving the relationship relatively more positively when worker-client cognitive styles are congruent than when they are incongruent. Conversely, when considered individually, worker cognitive style alone and client cognitive style alone will not influence the level of the relationship.

A second and subsidiary portion of the study will deal with the influence of cognitive styles on the worker's choice of treatment methods, with the anticipation that choice of method will be associated with differences in client styles.

While not stated in the form of an hypothesis, the specificity of client perception of the worker will be studied to determine whether or not the responses are as would be predicted from theoretical considerations.
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CHAPTER I

INTRODUCTION

The Casework Relationship

Throughout the history of social casework, major educators have commented on the importance of the worker-client relationship. The following quotes, covering a period from 1918 to 1970 are typical: Mary Richmond—"... for where disorders within or without threatened a man's happiness, his social relations must continue to be the chief means of his recovery."1 Gordon Hamilton—"The idea that the relationship of worker and client is important in helping people to help themselves—'not alms but a friend'—is one of the oldest in casework. ... It is only when rapport is created for a professional purpose that there may be said to be a client."2 Isabel Stamm—"Basic to all aspects of casework is the planned establishment of a relationship between caseworker and client, defined in

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1Mary Richmond, Social Diagnosis (New York: Russell Sage Foundation, 1918), p. 113.

terms of the client's capacities and needs.¹ Helen Harris Perlman—"The relationship is the continuous context in which problem solving takes place. . . . It is what differentiates problem solving in casework from problem solving as a purely intellectual process."²

Despite the continual emphasis on the importance of the relationship as noted above, the precise ingredients subsumed under the concept and the nature of its influence remain elusive. Perhaps this is because the concept is used to describe a quality of interaction which varies in intensity with the mode of intervention employed. For example, the relationship was the core of the functional approach in which the relationship between worker and client provided the vital experience through which a new level of psychic differentiation could be achieved.³ On the other hand, brief intervention approaches place greater emphasis upon quick engagement through the use of expertise and authority in a manner that supersedes affective qualities.

Social casework encompasses a variety of practice models with differing theoretical underpinnings. Objectives


include people changing, situation changing or a combination of both. Technical approaches range as far and wide as existentialism, psychoanalytic principles and the theories of behavioral modification. Despite this, regardless of the model or the theoretical orientation, casework practice, and indeed all of social work practice, is pervaded by an ethical commitment to become engaged with people in a manner that is responsive, empathic, caring and authentic in the deepest sense. Thus, the affective-expressive attitudinal dimension subsumed under the concept of relationship is a significant component of all casework practice. The specific practice objectives combined with theoretical explanations regarding the nature of behavioral change determine the relative emphasis placed upon relationship considerations.

"People-changing," a term coined by Ann Hartman,\(^1\) refers to social work practice in which the objective of enhanced social functioning is achieved through face-to-face interviews that have the goal of resolving barriers to psycho-social development. While the barriers are both within the person and in his immediate surround, interventions in either area have the therapeutic goal of promoting growth and change in people who are experiencing problems in their interpersonal relationships. Hollis's book, *Casework: A Psychosocial Therapy*, describes the therapeutic casework practice.

approach in which intervention takes the primary form of communications between client, worker, and significant others in the context of a positive relationship developed during fairly structured interviews.\(^1\) This model may be differentiated from casework practice which emphasizes the provision of individualized services.

In 1948, Austin\(^2\) made a similar division of casework into two major categories: social therapy and psychotherapy. For both, the worker-client relationship is the medium of help, with the intensity of the relationship being determined by the nature of the problem and the treatment goals. When the problem arose primarily from environmental stress, the optimal relationship was objective and supportive. When the aim is modification of the personality of the client, three forms of psychotherapy may be employed: supportive therapy, experiential therapy, and insight therapy. All of these involve a fairly intensive relationship with variations in the extent that transference components are either consciously exploited or interpreted. In 1964, Hollis\(^3\) characterized the relationship as a mode of communication and a set of attitudes in which realistic and unrealistic forces operate. The


\(^3\)Hollis, *op. cit.*, pp. 149-164.
casework literature has emphasized the need to distinguish between those components of the relationship that are realistic reactions to the activity of the worker and those which are based on unrealistic expectations derived from transferred attitudes originally experienced in childhood.

While the significance of transference is recognized by the writer, what follows primarily concerns the client's perceptions of the relationship in terms of his view of the actual attitudes and responses of the worker. The primary significance of the reality components of the relationship in casework is recognized by Hollis, who notes that regardless of the unrealistic components, the client must perceive the worker as a concerned person who likes and accepts him if the client is to continue in treatment.

The first task of treatment, then, is to find a way of communicating cues to the real nature of the worker's attitudes so that the client will gain some confidence in the worker as a therapist. With practically all clients there are periods in treatment when the realistic view of the worker is obscured by unrealistic reactions, but the client is carried over such periods by his previous positive perceptions, of which some part of him continues to be aware.

The psychologists, Strupp and Bergin, have delineated two sets of operations which the therapist must successfully

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1Ibid., pp. 156-157.

employ if he is to achieve therapeutic objectives. Their orientation is quite compatible with the stress Hollis places on the realistic components of the relationship.

a. He must create conditions which make the patient amenable to his influence. Usually this is spoken of in terms of a therapeutic relationship in which the patient experiences respect, trust, and acceptance which render him receptive to the therapist's suggestions, interpretations, and the like;

b. While these conditions are being created, the therapist employs a variety of technical procedures (desensitization, interpretations, etc.) to influence the patient in directions considered therapeutically desirable and ultimately intended to increase the patient's independence, self-direction, and autonomy.

On the basis of an extensive survey of relevant studies, Strupp and Bergin concluded that the personal qualities of the therapist have a significant influence on the therapeutic climate as well as on the selection of technical procedures employed. In their view, a view held in common in the casework literature, skill in fostering relationships is a highly personal matter, partaking of the quality of an art.¹

The emphasis in casework on the art component may have tended to foster the impression that skill in fostering positive relationships is an intangible quality that comes to the worker by nature and defies comprehension through objective empirical studies. While the emphasis upon the

personal nature of such skill is supported by the studies cited by Strupp and Bergin, this in no way implies that skill in using oneself is a topic that defies comprehension and is best left to develop by chance. It is the view of this study that skill in forming relationships can be enhanced through understanding the components that contribute to positive relationships. Through such understanding, gained by introducing the student to studies pertinent to the subject, skill in using relationships becomes a conscious process subject to the potential control of the worker.

In 1922, Mary Richmond similarly viewed the balance between personal qualities and training when she observed,

Even in our day the skill of the social caseworker who is able to effect better adjustments between the individual and his environment seems to many of us . . . to come by nature. To many, such casework is neighborliness and nothing more. There is a half truth in this neighborliness theory, for the good caseworker must be both born and made, but its element of error is the failure to recognize how much is being done to develop a native gift through training and specialized experience.1

Of recent, a number of studies2 generated by Hollis's3 classification of communicative procedures have examined the


second set of operations, that of technical procedures, delineated above by Strupp and Bergin. In these studies, while diagnostic considerations accounted for some of the variation in worker choice of procedures, the greater part of the variance was a function of "worker style." They lead to the conclusion that the particular blend of procedures selected by the caseworker for use with a particular client is, at least in part, a highly personal choice which cannot be accounted for fully on the basis of the scientific principles adhered to in the study, diagnosis, and treatment process. Since the use of technical procedures is so highly influenced by personal considerations, it is assumed that the more elusive ingredients of the relationship are subject to even greater personal influences.

The Ingredients of the Relationship

Fiedler\(^1,2\) has demonstrated that experienced therapists of divergent schools of psychotherapy agree on the elements of the ideal therapeutic relationship, which is characterized as being warm, accepting, and understanding. Experienced therapists of different orientations agreed more closely with each other on these qualities than they


did with beginning therapists of their own orientation, indicating that experience leads to an appreciation of the common relationship ingredients regardless of theoretical approach. Truax and Carkhuff,¹ in examining the psychotherapy literature, came to the following conclusions:

Despite the bewildering array of divergent theories and the difficulties in translating concepts from the language of one theory to that of another, several common threads weave their way through about every major theory of psychotherapy and counseling. . . . All have emphasized the importance of the therapist's ability to be integrated, mature, genuine, authentic or congruent in his relationship to the patient. They have all stressed also the importance of the therapist's ability to provide a nonthreatening, trusting, safe or secure atmosphere by his acceptance, nonpossessive warmth, unconditional positive regard, or love. Finally, virtually all theories of psychotherapy emphasize that for the therapist to be helpful he must be accurately empathic, be "with" the client, be understanding, or grasp the patient's meaning.

The relationship ingredients noted above also permeate the social work literature. These are among the central attitudinal qualities sought in selecting social work students and hopefully enhanced through training.

The client-centered psychologists have generated an extensive body of research and substantial data on the effective ingredients of the therapeutic relationship. Much of the client-centered research owes its impetus to

Carl Rogers' 1957 paper, "The Necessary and Sufficient Conditions of Therapeutic Personality Change." In this paper, Rogers succinctly stated that for constructive personality change to occur, the following conditions have to exist:

1. Two persons are in psychological contact.
2. The first, we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

According to this statement, no other conditions are necessary. The above conditions are in themselves sufficient, and, if fulfilled over a period of time, constructive personality change will follow. Rogers and his colleagues have refined the initial statement in a number of subsequent papers, but essentially their position remains virtually


the same.

The first two conditions are generally met in casework contact with voluntary clients. With involuntary clients, the initial task is to establish psychological contact and enable them to share their vulnerability and anxiety. Somehow, each must make some difference in the experiential field of the other. Without such contact, the person cannot be said to be a client. Incongruence means that there is a gap between what is consciously perceived and what is experienced at a more basic level of awareness. The client generally seeks help for himself or with his family because he experiences a gap between how he and others habitually respond and how he feels he or they ought to behave. In essence, the client comes because he experiences a sense of tension, discomfort or anxiety, which he hopes to alleviate via professional assistance.

According to Rogers, the three conditions of congruence, unconditional positive regard, and empathy which follow the conditions of psychological contact and client incongruence, are the primary relationship qualities that the helper must foster in order to promote constructive therapeutic change. These are referred to as the "therapist offered conditions." Since these conditions form the core of the therapeutic relationship, they will be described below in detail. Each description begins with Rogers' own statement from his initial paper.  

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1Rogers, op. cit., "The Necessary and Sufficient Conditions of Therapeutic Personality Change."
Congruence or Genuineness in the Relationship

The third condition is that the therapist should be, within the confines of this relationship, a congruent, genuine, 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. Certainly the aim is not for the therapist to express or talk out his own feelings, but primarily that he should not be deceiving the client as to himself.

Such genuineness implies that the worker expresses himself with a sense of authenticity and honesty while maintaining a professional commitment to his task. It implies that the worker is in touch with and integrated in his own experience since, should a gap exist, the worker would not be fully capable of relating openly. Theoretically, since in part the client seeks help with his own lack of congruence, the worker's model of integrated functioning is a prerequisite to helping the client in this area. To be genuine also implies a lack of defensiveness and an openness to direct personal encounters when such encounters are therapeutically indicated. It does not mean that the worker must overtly express all that he feels. It means that he does not hide nor does he deny what he feels by adopting a professional facade that conveys a lack of sincerity. In this sense his responses are integrated with his actual feelings and are not merely professional responses that fail to reflect his actual reactions.
Level of Unconditional Positive Regard

To the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being a part of the client he is experiencing unconditional positive regard. . . . 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 a caring for a client, but not in a possessive way or as simply to satisfy the therapist's own needs. It means a caring for the client as a separate person, with permission to have his own feelings, his own experiences.

Rogers subsequently divided this condition into two components, differentiating regard from unconditional positive regard. Level of regard refers to the general tendency of the therapist's various affective reactions to the client. It subsumes how much the therapist likes, cares for, values, and feels warmth for the client. Regard may be considered a composite of all the feeling reactions of worker to client, both negative and positive at any one point in time. Unconditional positive regard is primarily concerned with how little or how much variability there is in the worker's affective response to the client. It involves consistency in valuing the client as a person, separate from any evaluation of his behavior or thoughts, a prizing of the client for himself regardless of behavior. This does not mean that the worker sanctions destructive behavior. Rather, he appreciates the meaning that such behaviors have for the client instead of approving or disapproving of them. In social work, this is reflected in our emphasis on accepting
the client as he is and in respecting his right to self-determination. As Hollis\(^1\) notes, no matter what the form of treatment, the worker must have a positive attitude which includes a concern for the client's well being, a liking and respect for him, and an acceptance of him as an individual. Perlman\(^2\) also refers to this attitude in stressing the importance of "acceptance" that implies a liking and lending of the self to the other in order to meet the client's needs with a sense of respect for the client's right to retain his own identity.

**Accurate Empathic Understanding**

The fifth condition is that the therapist is experiencing an accurate empathic understanding of the client's awareness of his own experience. To sense the client's private world as if it were your own, but without ever losing the "as if" quality, this is empathy and it is essential to therapy . . . . When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware.

Of the three therapist-offered conditions, empathy has received the most attention in social work literature.\(^3\), \(^4\)

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\(^1\)Hollis, *op. cit.*, p. 156.


Empathy is a multi-dimensional concept containing affective and cognitive components. It involves the worker's entering into the feeling experience of the client as if it were his own, so gaining an emotional understanding rich in experiential meaning. To utilize this awareness, it is then necessary to regain a certain distance and subject experiential findings to objective and logical scrutiny. The process is one of oscillating between involved and detached positions. This is then used to communicate to the client the message, "I am with you although different from you," since it enables the worker to respond in a manner that fits the client's mood. When empathic understanding is low, the worker may be more related to his own feelings or needs than to those of the client, or he may be in touch with dynamics in a manner that is removed from the client's current feelings and concerns.

The four conditions—genuineness, regard, unconditional positive regard, and empathy—are logically interdependent. To be deeply sensitive to the experience of the client requires that he be accepted and respected, but neither the respect nor the sensitivity has any meaning unless they are genuine. The importance of these conditions has received support in a series of studies in which client outcome was positively correlated with the level of these conditions present, in the therapy of mildly disturbed
outpatients\textsuperscript{1,2,3} as well as with hospitalized schizophrenics.\textsuperscript{4,5} The most striking aspect of these studies is that not only do patients get better when therapeutic conditions are high, but they also get worse when conditions are low. For example, in a study of forty outpatients treated by resident psychiatrists, the findings suggested that the patients receiving high conditions tended to show positive change, while patients receiving low conditions tended to show negative change. While there was an overall improvement rate of 70\%, the therapists who provided high levels of conditions produced a 90\% improvement rate, while those who offered relatively low levels of conditions produced an improvement rate of only 50\%. Those with low conditions showed a significantly higher rate of deterioration.\textsuperscript{6}

\begin{itemize}
\item \textsuperscript{4}Rogers, op. cit., "The Findings in Brief," \textit{The Therapeutic Relationship}, pp. 73-93.
\item \textsuperscript{5}Charles B. Truax, Robert R. Carkhuff, and Frank Kodman, "Relationships Between Therapist-Offered Conditions and Patient Change in Group Psychotherapy," \textit{Journal of Clinical Psychology}, Vol. 21, No. 3 (July 1965), pp. 327-329.
\item \textsuperscript{6}Truax, et al., op. cit., "Therapist Empathy, Genuineness, and Warmth and Therapeutic Outcome."
\end{itemize}
Rogers' sixth and last condition is that the communication to the client of the therapist's empathy and regard must be to a "minimal" degree achieved. Since it is the client who is the focus of therapeutic influence, it is evident that at least on some level the attitudes of the therapist must be perceived by the client if they are to influence the relationship. The client's experience of the worker as well as the client's contribution to the therapeutic process are both vital, and yet Rogers' use of "minimal" tends to vitiate the significance of the client's role. This emphasis reflects or perhaps is even responsible for the tendency of investigators working in the client-centered approach to pay more attention to the helper and less to the client's influence on the relationship.

Who Determines Level of Relationship?

Client-centered psychologists initially emphasized their view that it is the therapist who determines the level of conditions. Therapists were viewed as possessing these qualities and maintaining a fairly stable level regardless of patient differences. The evidence was drawn from studies in which judges rated the level of conditions offered by listening to tapes, finding that there was generally greater variation between therapists than there was between patients being seen by the same therapist. While there is some evidence to indicate that the therapist's attitudes are
responsible for the major part of the variance,\(^1\,2\) recent studies have tended to emphasize the patient's contribution. Perhaps researchers in the client-centered approach, which neglects diagnostic considerations, tended to interpret their findings in the light of their own theoretical position. The relationship between therapist attitudes and outcome accounts for only a portion of the variance since some patients of therapists who provide high conditions fail to get better and some patients of those therapists providing low conditions get better. The conclusions in these studies were reached on the basis of general group trends and hence neglected individual effects.

Of recent, a number of studies have concluded that the patient contributes personality or other variables that evoke responses from the therapist and so influence the level of conditions. In a study intended to demonstrate the similarity of the therapist's behavior with more than one client, Barrington\(^3\) concluded that the behaviors measured are a function of the dyad and are only "minimally" influenced


by the therapist's habitual response pattern. In another study, three patients were seen by the same five therapists in an unusual design which permitted observations to be made of patient response to differing therapeutic styles. Findings suggest that levels of both therapist and client therapeutic behavior may influence outcome.\(^1\) Rogers himself,\(^1\) in his most recent statement, came to the following conclusion regarding the influences on the therapeutic relationship:

"The therapist's attitudes are clearly important, but the patient's characteristics appear to play a definite part in eliciting these qualities. High therapeutic conditions seem to be a product of interaction between the person of the therapist and the person of his client."\(^2\)

Despite discrepancies in points of view regarding what influences conditions, Rogers' conclusion seems eminently logical. The client and worker and their interaction contribute differing amounts of variance to the therapeutic relationship. Both bring to the relationship their experiences, attitudes, and styles of perceiving and relating that jointly determine the quality of the relationship and the eventual outcome of the helping process. The behavior of each participant influences the reaction patterns of the


\(^2\) Rogers, "The Findings in Brief," op. cit., p. 90.
other in the on-going context of a series of transactions.

Similar findings have been reported in studies which have an other than client-centered orientation. For example, Witkin, in a study that explored the behavior of therapist-patient pairs as influenced by cognitive styles, found that for each of the four therapists involved there was more interaction with their field-dependent patients than with their field-independent patients, indicating that patient variables influence the behavior of the therapist. The effect of interaction between both participants was particularly evident in the finding that combination of field-dependent therapist with field-dependent patients produced the highest frequency of interaction and the fastest tempo.

Lennard and Bernstein, in a study of patient-therapist interaction, report that patient-therapist pairs establish interaction ratio norms early in therapy, from which there is little variation throughout the course of treatment. Wide differences in interaction ratios were found to be a consequence of the characteristics of both participants.

These studies of specific effects clarify the manner in which the contributions of both participants influence


the therapeutic relationship as well as the therapeutic process. Similarly, the level of therapeutic conditions, genuineness, regard, unconditional positive regard, and empathy, are a function of influences jointly determined by the worker-client pair. This leads to the implication that workers possessing differing personality characteristics may have differential success in forming relationships with clients possessing varying personality characteristics.
CHAPTER II

RATIONALE AND RESEARCH HYPOTHESES

In the preceding chapter, the worker-client relationship, as defined in terms of the ingredients delineated by the client-centered approach, was viewed as the product of the interaction of the two participants with particular emphasis on the significance of the personal characteristics of both the worker and the client. The intent of this study is to explore the influence of a specific personal dimension, cognitive styles, on the client's perception of the level of the casework relationship. A discussion of the cognitive style dimension will follow later in this chapter after a consideration of the importance of the A-B therapist studies in understanding the influence of the personalities of the participants on the casework relationship. In addition, the influence of cognitive styles on the worker's choice of treatment procedures will be discussed.

The A-B Studies

In a series of studies (summarized by Betz, 1962)\(^1\)

designed to establish what in the patient-physician relationship makes a difference in determining improvement in hospitalized schizophrenic patients, Whitehorn and Betz\(^1\) concluded that the personality of the physician was the crucial variable differentiating successful (A therapists) from unsuccessful (B therapists) physicians. They found that the A's, who had improvement rates of over 75% with schizophrenic patients as compared to the 27% or less of the B's, were not simply better therapists but were better at working with schizophrenics since their improvement ratio with non-schizophrenic patients was about equal to that of the B physicians.

Clear differences were found between the two groups of physicians suggestive of two opposite sets of personal characteristics believed to be the primary variables influencing the pattern of patient outcome. A-therapists tend to be more active, expressive of feelings, form more mutual relationships with patients, establish trust, see problems in terms of human issues and social interaction, and show greater interest in and understanding of the other person's problems. B-therapists are more distant, being either directive in an instructional manner or passively permissive.

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They tend to focus on diagnostic concerns and pathology rather than on strengths and coping mechanisms. It was determined that subscales on the Strong Vocational Interest Inventory differentiate between type A and type B therapists. Type A-therapists were found to have interests like those of lawyers but not like those of mathematics-physical science teachers. B's resemble printers and mathematics-physical science teachers. Whitehorn and Betz developed a ten-item screening device, which was found to predict differences in therapist types with a high degree of accuracy. This device provided the instrument used to determine therapist types in a large number of studies of the nature of the A-B variable.

Further studies of the A-B variable have produced contradictory results. The differential success rates of therapists with schizophrenic patients is applicable primarily to the most seriously disturbed patients. Both types of therapists appear to be equally successful in treating the less seriously disturbed reactive schizophrenics. In contrast to these findings, the opposite effect was discerned in a study of neurotic patients treated by psychiatrists, psychologists, and social workers in an out-patient Veterans

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Administration clinic.¹ In this situation, B therapists had higher improvement ratios than the A therapists had. They more readily fulfilled the goals of the relationship and showed greater interest in and understanding of the patient’s problems. Differences in settings and patient-therapist variables make it difficult to draw direct comparisons among these studies. Stated with this caution, the A-B studies tend to suggest that helpers with differing personality attributes have differential rates of success when treating people exhibiting differing patterns of pathology and differing personal orientations. The A-B studies indicate that A's when paired with withdrawn, schizoid type patients and B's when paired with neurotic patients form more satisfying relationships and achieve higher improvement rates than when the pairs are reversed.

The efficacy of such pairings have been explored in a number of experimental psychotherapy analogue studies reviewed by Carson.² In these studies, students classified as A and B types interacted with persons--real or fictional--


who exhibited schizoid or neurotic orientations. These studies confirm the tendency of A and B types to respond differentially to persons exhibiting differing orientations although the most effective pairings remain elusive. While in some of the studies A's with schizoids and B's with neurotics tend more readily to fulfill the goals of the relationship and respond more actively in the relationship, in other studies the findings are opposite to that anticipated with A's in relation to schizoids and B's in relation to neurotics experiencing greater discomfort and difficulty in the relationship. These studies are based upon artificial situations using students who were neither patients nor therapists and consequently bear little resemblance to the actual events of psychotherapy. It is of interest that Carson reports that when only the studies involving extended engagements are reviewed, thus coming closer to the actual psychotherapy experience, the results are in the anticipated direction. A's with distrustful extrapunitive (schizoids) and B's with trusting intrapunitive (neurotics) respond with greater perceived collaboration, activity, and efficiency,

1These studies differentiated patient-types in accordance with the Phillips and Rabinovitch system of symptom classification. Three patterns of symptom classification were empirically devised. 1-Self-deprivation and turning against the self (neurotic). 2-Self-indulgence and turning against others. 3-Avoidance of others (schizoid). See Leslie Phillips and M. Rabinovitch, "Social Role and Patterns of Symptomatic Behavior," Journal of Abnormal and Social Psychology, Vol. 58, No. 2 (1958), pp. 181-186.

and appear to develop a greater sense that the other is behaving flexibly and cooperatively.

Pollack and Kiev did a study\(^1\) that provides a link between the A-B variable and the dimension of cognitive style. They hypothesized that a group of physicians with vocational interest patterns similar to A therapists could be differentiated from those with B therapist patterns by their characteristic cognitive styles as defined in the work of Herman Witkin.\(^2\) In accordance with their predictions, they found that B's consistently oriented themselves in an extremely field-independent manner, whereas A's were neither markedly field-independent nor field-dependent. These findings were replicated in an analysis of a student population that found a linear relationship between the A-B variable and cognitive style.\(^3\) These studies suggest that cognitive style and associated personality correlates may be an important component of the A-B dimension. If so, the contrasting approaches of Type A and Type B therapists may be viewed, at least in part, as a manifestation of the differing

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frames of reference that persons with varying cognitive styles employ in interacting with others and with the world about them.

The Dimension of Cognitive Style

Witkin has differentiated between global and articulated cognitive styles, and has demonstrated that these styles are manifested perceptually as field-dependence (FD) and field-independence (FI). The perception of people with global cognitive styles (FD) is dominated by the overall organization of the field, and there is a relative inability to perceive parts of the field as discrete. Conversely, for those with a more articulated cognitive style (FI), parts of the field are experienced as discrete from an organized background rather than as fused with it. Using a number of instruments to differentiate people with divergent styles, Witkin has found differences between the groups in a variety of psychological processes, including body concept, identity formation, defense mechanisms, forms of pathology and interpersonal relationships.

Gardner, et al.,\(^1,2\) have described a similar dimension of differing cognitive styles and consequent personality


correlates. Subjects who are FD exhibit the following characteristics. They are strongly dominated by the overall organization of the field, and parts are experienced as fused. They experience themselves globally and have a less articulated sense of identity and body image. Lacking a coherent and structured sense of self, they are particularly dependent upon external cues. For example, they are sensitive to faces, since faces are a major source of cues as to what others are thinking and feeling. Having a global orientation, they characteristically use "blotting out" defenses such as denial and repression, tend to forget dreams, and are more prone to shame reactions than they are to guilt. When there is pathology, it typically takes the form of dependency, severe identity problems, and hysterical reactions. Alcoholism, ulcers, and obesity are common. From the point of view of human relations, they are experienced by others as having assets which the extremely FI subjects conspicuously lack. They are perceived as affectionate, tactful, considerate, and particularly attentive to others.\(^1\)\(^2\) In psychotherapy, they show more transfer reactions of a clinging type and seem to prefer more active therapists, actually inducing their therapists to respond verbally three times as

much as FI subjects do.\textsuperscript{1} Since they have a greater need for structure and are more dependent, it has been suggested that they find an active and supportive treatment relationship the most helpful.\textsuperscript{2}

FI subjects have an articulated cognitive style and exhibit the following characteristics. They perceive parts as discrete from an organized background and are able to structure their own experience and impose organization on the extended field. They have a highly articulated sense of identity and body image. Since they experience themselves as highly structured, they have a greater awareness of their own attributes, tending to use their selves as a frame of reference for organizing experiences. Thus, they tend to be independent, self-absorbed and less open to external influence. They are prone to use specialized defenses, such as isolation, detachment, and intellectualization. When there is pathology, if often takes a form in which there is a struggle to maintain the core of identity they possess. Typical are obsessive-compulsive neuroses, paranoia, and extremes of withdrawal and grandiosity. In interpersonal relationships, they tend to be less involved, colder, and intellectualized. Their capacity for distancing and self-observation leads to a preference

\begin{itemize}
\item \textsuperscript{1}Witkin, Lewis, and Weil, \textit{op. cit.}, pp. 193-208.
\end{itemize}
for treatment which enables them to structure their own experience via self-exploration and introspection. ¹ Further, their more circumspect approach involves a greater filtering of what the therapist says in terms of their own frame of reference, creating a slower rate of exchange and longer intervals between the comments of therapists and clients. ²

Witkin has suggested that cognitive styles and perceptual orientations are tapping a broader underlying dimension of personality functioning which is manifested in the cognitive and perceptual spheres. He has postulated that the underlying dimension is extent of psychological differentiation. ³ In psychological systems, an initial global, undifferentiated state is gradually superceded by greater complexity as well as by specificity of functioning. With increasing differentiation, specific reactions are apt to occur in response to specific stimuli. As a consequence, parts of the perceptual field are increasingly experienced as discrete rather than as fused with the background. Out of the initial undifferentiated state, drives and psychic structures emerge, providing for the binding of energy and the channeling of more or less discrete feelings and needs. Another aspect of


²Witkin, Lewis, and Weil, op. cit., p. 203.

³Witkin, et al., op. cit., pp. 7-23.
differentiation is the separation-individuation process, wherein an initial global state of fusion between the mother and infant is gradually replaced by the infant's growing awareness of its own ego boundaries and sense of self. Thus, in diverse areas of psychological functioning, experiences become increasingly articulated and discrete as development proceeds. Using this frame of reference, the dimension of cognitive styles is viewed as one manifestation of psychological differentiation, with development proceeding from an initial global state to a relatively greater articulation of diverse aspects of psychological functioning.

While articulated functioning implies greater complexity and a higher level of development of specificity, qualities which are generally valued, such functioning has been found to be unrelated to adequacy of adjustment. Adjustment is viewed as a product of the effectiveness of integration. Adequate adjustments may occur at varying levels of differentiation. Thus, level of differentiation is not related to extent of pathology. Pathology may be present at any level of differentiation, but the form pathology takes is consistent with the individual's cognitive and perceptual style. As noted earlier, individuals with global cognitive styles exhibit gross reactions, such as hysterical neuroses, hebephrenic schizophrenia, or all-encompassing depression. Individuals with articulated cognitive styles exhibit specific reactions, such as obsessive-compulsive neuroses,
paranoid schizophrenia or depression associated with greater specificity of concern. According to this scheme, similar cognitive styles may characterize different individuals' orientations towards self and others regardless of the presence or absence of pathology. Such an approach is particularly useful in viewing the quality of the relationship as the product of the dyadic interaction between worker-client pairs. Workers and clients may be compared on a single dimension regardless of differences in effectiveness of functioning.

Implications Derived from Review of the A-B Studies and the Dimension of Cognitive Style

The dimension of psychological differentiation links cognitive styles to the developmental continuum, with analytic functioning implying a higher level of development than global functioning regardless of the presence or absence of pathology associated with effectiveness of integration. As noted earlier, type B therapists have been found to be highly field-independent whereas type A's are neither highly field-independent nor field-dependent. Shows reports a study by Bryant which demonstrates that process schizophrenics are


field-dependent, while reactive schizophrenics are more field-independent. Shows notes that Zigler and Phillips have shown that reactive schizophrenics tend to be characterized by the pattern of self-deprivation, turning against self (also associated with neurotics) whereas process schizophrenics fall into the other two categories—self-indulgence and turning against others, and avoidance of others (this is based on the Phillips-Rabinovitch system of classification). From their findings, Zigler and Phillips have suggested that the process-reactive distinction is reducible to a social maturity dimension, which, in turn, is applicable to all of psychopathology rather than to schizophrenia alone.\footnote{Edward Zigler and Leslie Phillips, "Social Competence and the Process-Reactive Distinction in Psychotherapy," \textit{Journal of Abnormal and Social Psychology}, Vol. 65, No. 4 (1962), pp. 215-222.} This emphasis upon developmental maturity parallels the emphasis of the dimension of psychological differentiation and suggests that cognitive style and its associated personality correlates may be a basic component of both the A-B dimension and the Phillips-Rabinovitch system of classification.

The evidence suggests that helper-client pairs having relatively similar cognitive styles are able to communicate more effectively and form more positive relationships than helper-client pairs with markedly dissimilar orientations. This follows from prior studies which indicate that type A therapists when paired with process-schizophrenics (both of
whom have been found to be relatively field-dependent), and type B therapists when paired with neurotics (both of whom appear to be relatively more field-independent) more readily fulfill the goals of the relationship, form more mutual relationships, and show greater interest in and understanding of the other person's problems. Shows also deduced a similar hypothesis which he tested in an experimental situation in which eighty undergraduate students selected by scores on the A-B dimension and the cognitive style dimension interacted in combinations of similar and dissimilar dyads.¹ The basic conceptual notion of greater effectiveness of communication and ease in relating among dyads with similar cognitive styles received some degree of support from the findings. Similarity in cognitive styles was associated with greater ease in talking, more interest in symptomatology, increased interpersonal attractiveness and more mutual understanding. In a comprehensive examination of the relationship between the A-B variable and cognitive style, Silverman² develops a composite description of the A and B therapists that provides support for a similarity hypothesis as well as an enhanced understanding of the manner in which perceptual orientations influence therapeutic effectiveness.


A and B psychotherapists perceive various aspects of their physical and social worlds differently. They also perceive their patients differently. The A type, who is more successful in establishing a trusting relationship with his schizophrenic patient, is responsive to more stimulus attributes of the perceptual field including incidental social behavior cues. He is more receptive to the effects of seemingly irrelevant stimulation, and to changes in the organization of the perceptual field. He is also more capable of relaxing his orientation to reality and responding to hunches and intuition. The A therapist is, thus, more accepting of the "realness" of the schizophrenic patient's perceived unreality, his "spread of meaning," his depersonalization experiences and his awe and terror. Overall, the perceptual responses of the A-type therapist are more similar to those of the schizophrenic patient than are those of the B-type therapist. The dominant perceptual tendency of the B therapist is to counteract stimulus effects which interfere with articulated, reality-attuned cognitive activity. Problem-solving attempts are empirically oriented rather than intuitively oriented. . . .

The more formal, disciplined relationships of B-type therapists with their patients is sensible from a practical, goal-directed point of view. Therefore, it is little wonder that B therapists are more successful with neurotic than with schizophrenic patients. With schizophrenic patients, rational therapeutic interventions may appear to the patient as lack of empathy. B therapists usually communicate better with neurotic patients, since they share with these patients similar perceptions of reality and unreality. Understanding another person depends to a significant degree on perceiving the world from a similar frame of reference.

The evidence suggests that similarities and differences in the cognitive styles of worker-client dyads should influence the quality of the therapeutic relationship. When field-independent workers are paired with field-independent clients and when field-dependent workers are paired with
field-dependent clients there should be greater ease and satisfaction with the relationship than when the pairings are dissimilar. When similar, it should be easier for the worker to enter into the experience of the client and empathize with him. Greater ease will, on the one side, facilitate the worker's understanding of the client and on the other, will enhance the client's perception of the worker's communications. Ease in relating should lower defensiveness on the part of both participants and thus make for a higher level of genuineness and congruence. In addition, there will be an increase in the client's perception of the worker as being someone who likes, cares for, and has regard for him.

Cognitive Style and Worker Choice of Treatment Techniques

The major portion of this study deals with the influence of a particular personal variable, cognitive style, on the client's perception of the relationship. This portion will examine the worker's choice of treatment procedures and methods¹ as a function of worker-client cognitive styles.

As Reid and Mullen² have shown in their analyses of treatment interviews conducted by experienced caseworkers,

¹Casework classifications of procedures and treatment methods are discussed by Hollis, *Casework, op. cit.*, pp. 50-100.

the rules of correspondence between diagnostic variables and the application of treatment procedures are weak. While diagnostic considerations do account for a portion of the variance in use of treatment procedures, they found that the greatest source of variation was the personal style of the worker. Workers seemed to rely on the use of particular procedures regardless of diagnostic considerations. While there are variations within cases carried by a single worker, the greatest variation occurred between workers. For example, Mullen found that 70% of one worker's comments were exploratory-descriptive-ventilative, whereas communications of this type by five other workers ranged from 32% to 45%. In contrast to the above, Goldmeier,¹ using a simulated interview situation, obtained results to support his hypothesis that professional education minimizes the effect of the personality attributes of the worker on his decisions about the treatment process.

Since the relationship between diagnosis and treatment is colored by concepts of human behavior considered to be pertinent to explanations of problems in functioning, it follows that the accuracy of the process depends upon including as many relevant variables as possible. Since social workers are almost totally unfamiliar with the concept of

cognitive styles, it can be assumed that the cognitive style
dimension is not a part of the diagnostic process. Yet,
the evidence suggests that cognitive orientation has a sig-
nificant influence on the way in which a person uses the
therapeutic situation. Examples of this are discussed
earlier in the text on pages 29-31.

The possibility exists that despite the fact that
assessment of cognitive style is not included in the psycho-
social diagnosis, it may be an underlying dimension which is
considered in terms of its behavioral manifestations. For
example, such variables as identity formation, defense
mechanisms and styles of relating, all associated with
cognitive styles, are generally considered in making an
assessment. This assumption is given support by a study
of alcoholics done by Karp¹ which found that alcoholic
patients selected for insight psychotherapy were signifi-
cantly more field-independent than those not selected and
also were significantly more field-independent than those
selected for drug therapy. In addition, psychotherapy drop-
outs were more field-dependent than remainers whereas drug
therapy dropouts and remainers were not significantly
different. As with the social caseworkers included in this
current study, neither the persons who did the intake nor
the persons doing treatment were more than casually acquainted
with the concept.

¹Karp, et al., op. cit.
Research Hypotheses

Based upon the above conclusions, the following hypotheses will be tested:

1. Congruent worker-client cognitive styles will be positively associated with the client's perception of the levels of relationship conditions provided by the worker. When worker-client cognitive styles are congruent, the client will perceive the worker as offering relatively higher levels of relationship conditions than when worker-client cognitive styles are incongruent.

2. Since level of conditions is assumed to be a product of the interaction between worker-client cognitive styles, worker cognitive styles or client cognitive styles, when considered alone, will not influence the client's perception of the levels of therapeutic conditions.

3. There will be a significant difference between the choice of treatment methods employed by caseworkers when treating clients having differing cognitive styles, regardless of differences in worker styles. When field-dependent clients are seen, workers will place relatively greater emphasis on the use of supportive procedures. When field-independent clients are seen, workers will place a relatively greater emphasis upon the use of techniques which promote self-awareness.
CHAPTER III

METHODOLOGY

The Use of Perception to Evaluate the Relationship

The emphasis of this study is on relationship conditions provided by the worker and in turn perceived by the client. The use of the client's perception of conditions, as opposed to that of the ratings of judges and workers, is based upon the assumption that the client's view of the worker is a measure of interaction between the two participants. Given a reasonably intact client, one who has the ability accurately to perceive and to report, his report should take into consideration characteristics of the worker as he really is and as he is colored by the client's subjective experience. The client's perceptions may thus be viewed as the result of the interaction of his own personality characteristics and attributes that the worker manifests in relation to him. The client's perception is of particular significance since his experience of the worker may be the primary locus of therapeutic influence. It is what the client himself experiences that affects him most directly, and in turn influences the nature of the therapeutic experience, regardless of the accuracy or inaccuracy of his
perceptions. As Rogers\(^1\) has noted, "Unless some communication of these [the worker's] attitudes has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned, and the therapeutic process could not . . . be initiated."

In this study, client perception of the relationship will be assessed by the use of a questionnaire that asks the client to note how he actually experiences the worker. Although it is recognized that the client's conscious report represents only a portion of his total experience, the focus on this component of the experience is consistent with the conceptual orientation of this study, emphasizing the realistic aspects of the worker-client relationship. Regardless of distortions based upon transference reactions and other unrealistic expectations, if the client is to remain in the relationship and continue to work towards constructive change, it is assumed, he must have some conscious awareness of the worker as a person who respects him, cares for him, understands him, and is honest with him.

There are a variety of studies supporting the validity of client perception as a measure of therapeutic process. Lorr\(^2\) demonstrated that the patient's perception of the


therapist's understanding and acceptance is significantly related to self-improvement and the therapist's assessment of client satisfaction. A number of studies show a clear association between client perception of therapeutic conditions and outcome. Feitel reported that patients' ratings of conditions were more highly related to outcome than were the measures provided by either judges or therapists. In general, though, the most common finding in these studies of client perception and outcome is that client perceptions are better predictors of outcome and correlate more highly with judges' ratings than with the predictions of therapists.

**Instruments**

**Barrett-Lennard Relationship Inventory**

All of the studies mentioned above are alike in their use of questionnaires to evaluate the client's perception of the therapeutic relationship. The use of paper-and-pencil

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questionnaires is the traditional method in client-centered studies. The instrument used in this study is an especially modified version of the Barrett-Lennard Relationship Inventory.

Barrett-Lennard's original inventory was revised by him and in its final form it contained sixty-four items. It provides four subscores: level of regard, empathic understanding, unconditionality of regard, and genuineness, as well as a total score. The items contained in the questionnaire were derived by Barrett-Lennard from interaction between the theory and the operational expression of client-centered conditions.¹ The Inventory emphasizes the client's feeling about his helper's response to him, rather than his objective observations. There are three positive and three negative response categories, as follows: "I feel it is probably true" (or "untrue"); "I feel it is true" (or "not true"); and "I strongly feel that it is true" (or "not true").

For the purposes of this study a revision was made of the Barrett-Lennard Inventory following a pilot study in which it was observed that subjects found a number of items to be either ambiguous or confusing. Also, a number of items were eliminated because of redundancy. Items which were found deficient were reviewed by two judges, mental health professionals, and consensus was reached on which items were to be eliminated or retained. The final form used in this study contains forty items, half negative and

¹Barrett-Lennard, op. cit., pp. 6-7.
half positive evaluations of the worker, each rated by the client on a six-point scale of from plus to minus-3. The final score is derived from reversing the sign of the client's answers to the negative items, yielding subscores from plus-30 to minus-30, and a total score with a possible range of plus-120 to minus-120.

Reliability—On a sample of forty undergraduate students, who reported the perceived response of their parents, Barrett-Lennard obtained test-retest correlations for a two-to-six-week period of .86 to .92 for subscores and .92 for the total score. Mills and Zytowski obtained correlations ranging from .80 to .86 on the subscores, using a sample of seventy-nine undergraduate women students who gave responses regarding their relationships with their mothers twice during a three-week interval.

Validity—Barrett-Lennard states that the process by which the relationship inventory was developed seems to ensure that it could be regarded as either positive or negative expressions of the variables it was designed to represent. Items were carefully selected as representing the operational expression of client-centered theory. On the original form, a formal content validation procedure was performed. Formal directions and definitions were given to

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1G. T. Barrett-Lennard, "Technical Note on the 64-Item Revision of the Relationship Inventory" (Unpublished mimeo, University of Waterloo, December 1969). All references in the text to validity and reliability of this instrument are derived from this mimeo.
five judges, who were all client-centered counselors. The judges classified each item as either a positive or negative indicator of the variable in question. Neutral ratings were given to any item regarded irrelevant or ambiguous, and such items were eliminated. Direct criterion-based checks have not been possible due to the absence of alternative, established measures of theoretically equivalent dimensions. The positive findings reported in research studies support the underlying theory. As of December 1969, the Inventory was used in seventy-two studies. Positive correlations have been reported between Relationship Inventory scores and such variables as judges' ratings and patient outcome. Regarding the correlations between the Inventory and other measures, it is important to bear in mind that the varying perspectives would not coincide since each is a reflection of a different frame of reference.

It was not possible to evaluate formally the reliability and validity of the modified version of the Inventory used for this study. However, since no new items were added and only those items judged to be confusing, ambiguous, or redundant were eliminated, it is assumed that the revised Inventory is at least as reliable and as valid as Barrett-Lennard's own version.

**Embedded Figures Test**

Cognitive styles will be assessed by scores on the Embedded Figures Test and the Sophistication of Body-Concept Scale for the Evaluation of Figure Drawings.

The Embedded Figures Test provides a measure of the
extent to which perception is influenced by the context in which an item occurs. The Group Form used in this study requires that the subject identify and pencil in a simple figure embedded in a complex design. The score is the number of items correctly identified in two five-minute time periods. There is a possible score of from 0 to 18. Field-independent subjects, having an analytic orientation, are able to isolate the components and disembed the figures. Field-dependent subjects, having a global orientation, experience the figures as fused with their backgrounds and are unable to disembed them. In this study, the group form was adapted for individual administration. The individual form requires a lengthier and more complicated administrative procedure than was feasible for this study. The use of the group form for this study was recommended by Philip K. Oltman, an associate of Herman Witkin, who has specialized in designing instruments to assess cognitive style. He expressed the opinion that individual administration of the test should enhance its validity and reliability. The Group Form is closely modeled on the individual form with respect to mode of presentation and format. A split-half reliability of .82 was reported on a sample of 97 females. A correlation of .82 for male undergraduates and .63 for females is reported with the individual form of the Embedded Figures Test.

1This test was developed by Philip K. Oltman, Evelyn Raskin, and Herman A. Witkin. "The Group Embedded Figures Test Manual" (Palo Alto, California: Consulting Psychologists Press, 1971).
The Sophistication of Body-Concept Scale for the Evaluation of Figure Drawings

The person who cannot readily identify a simple embedded figure in a complex design also has difficulty perceiving his body as separate from a field. Articulated experience is expressed in the person's impressions of his body as well as in his impressions of a field. ¹ Persons with an analytical field approach tend to have an articulated body concept.

Those whose drawings reflect a relatively unarticulated body concept are likely to have a global approach.

The scale used in this study is taken from a manual which also contains sample drawings, a list of ratings assigned each drawing, and some comments on the basis of the ratings. ² Drawings are rated from a low of I (field-dependent) to a high of V (field-independent) on the basis of three dimensions: level of form, level of identity and sexual differentiation, and level of detailing.

Reliability and Validity—Reliability is reported on drawings of 49 schizophrenics and 49 non-schizophrenics rated by two judges independent of each other, who had an agreement of .79. On 16 male college students rated independently by

¹Witkin, et al., op. cit., pp. 115-133.

²"Sophistication of Body-Concept Scale for Evaluation of Figure Drawings" (Unpublished mimeo., New York: Downstate Medical Center, Psychology Lab, December 1965). This document is expanded from the account given in the above reference.
four judges who were psychiatrists without extensive experience with projective use of figure drawings, correlations of .83, .87, .88, .91, and .92 are reported between each pair of judges. Test-retest reliability was obtained from a group of 24 male college students at age 21, and again at age 24. Ratings of two sets of drawings correlated .86. A correlation of .97 was obtained by a group of 40 schizophrenic patients who underwent four hours of sensory deprivation between test and retest. For a group of 20 non-psychotic patients submitted to the same procedures, test-retest correlation was .93.¹

Discussion of Selection of Instruments to Evaluate Cognitive Style

The decision to use two measures was based on the following rational. In general, correlations reported amongst instruments used to determine extent of Field-dependence are only moderate. For example, the correlation for a sample of college women between the Group Embedded Figures Test and the evaluation of figure drawings is .57. Since this correlation only accounts for approximately 30% of the variance, while the two tests measure some common property, each is also tapping something not included in the other. As a consequence, a number of studies report significant findings using one or other of the instruments but do not get significance with an alternative measure.² The rod and frame

¹Ibid.

²For example, Shows and Carson, op. cit., reported that while the Rod and Frame Test differentiated between A and B therapists, the Embedded Figures Test did not.
test appears to be the most direct measure, the one least
influenced by distractions from the basic task of disembedding
an object from its context. Unfortunately, the rod and
frame is a cumbersome device and it was not feasible to use
it since it would have been impossible to lug it about to the
five participating family agency offices. Recognizing the
limitations of the other available instruments, the decision
was made to use two in order to increase the power of the
accuracy of the independent variable. Following the rod and
frame test, the Group Embedded Figures Test was the first
choice as the form of the test and process of administration
is fairly simple, standardized, and provides a relatively
broad and continuous scale. In addition, the evaluation of
figure drawings test was also included, but with some reluc­tance. Its limited scale of from one to five makes it
difficult to evaluate subtle differences. The assessment
of the drawings by judges involves relatively subjective
judgments on the basis of only two items per subject.

Classification of Casework Method

An instrument for rating casework methods and tech­
niques was derived from Reid and Shyne's version of the
Community Service Society system.¹ The CSS system dichoto­
mizes methods on the basis of the type of change in the

¹William J. Reid and Ann W. Shyne, Brief and Extended
Casework (New York: Columbia University Press, 1969),
pp. 69-74.
client that is anticipated as a result of treatment. The "supportive" method uses a constellation of techniques intended to help the client improve his functioning within the framework of established ego mechanisms of defense. The "modifying" treatment method uses a constellation of techniques intended to help the client improve his functioning through the modification of selected ego mechanisms of defense. Both methods subsume a range of techniques in common, such as reassurance and advice. The major factor differentiating the two is the predominant use of clarification in the modifying method and the relative absence of the use of this technique in the supportive method. Hollis\(^1\) has pointed out that the dichotomy in terms of goals is somewhat artificial since modifications in ego defenses occur when supportive techniques are used as well as when modifying techniques are used.

For the purposes of this study, no assumptions are being made in regard to treatment goals, and the difference between the two methods is viewed strictly as a convenient way of classifying the means used in treatment. In one cluster of techniques, "modifying," the emphasis is on a number of techniques that foster change through increased self-awareness. In the other cluster of techniques, "supportive," the emphasis is on a number of techniques that foster improved functioning without a deliberate attempt to improve client self-awareness. With this perspective,

\(^1\)Hollis, op. cit., pp. 55-63.
seven techniques were selected from the Reid-Shyne version of the CSS system and clusters were identified as modifying or supportive. Later, one of the initial seven, logical discussion, was deleted as it was already subsumed under "enhancing understanding of current interpersonal responses."
The final scheme is listed below:

**Self-Awareness**
Techniques that foster change through increased self-awareness

- Encouragement of self-examination to enhance understanding of current interpersonal responses.
- Encouragement of self-examination to enhance understanding of current intrapsychic dynamics.
- Encouragement of self-examination to enhance understanding of developmental origins of patterns of response.

**Support**
Techniques in which change is not associated with an increase in self-awareness

- Reassurance
- Advice and guidance
- Ventilation

In selecting the above techniques, a number of the items included in the Reid-Shyne system were eliminated. Since their classification was designed for a content analysis of tapes, it was essential to have categories that covered all of the possible worker interventions. In this study, classification will be based on worker judgments of the techniques perceived as being most significant in achieving casework goals with each client. Consequently, only those categories
that are directly related to the worker's efforts to change the client were included. Techniques such as exploration, structuring, and confrontation were eliminated since these were viewed as setting the stage for the use of other techniques rather than as being ends in themselves.¹

For each client, workers will receive a list of the techniques listed above. They will rate the relative importance of each technique in achieving casework goals with the client. This will be done by numbering the techniques from one to six. The technique which is most important is to be numbered 1, the next 2, then 3, and so on through 6. This procedure forces workers to make choices on a continuum. Classification according to treatment method will be determined by the single technique considered to be most important. When the primary technique is one in which change is not associated with an increase in self-awareness, then the case will be classified "supportive." When the primary technique is one in which change is fostered through increased self-awareness, then the case will be classified "self-awareness."

The rational for using the primary technique as the

¹A discussion of the differences between change oriented and other techniques is included in the Reid-Shyne study, op. cit., pp. 72-73. A description of each of the categories is given in Appendix C.
basis for classification is as follows. In working with any single client, the worker will utilize a blend or mix of techniques. The techniques included in this blend are a function of a number of variables, such as diagnostic considerations and the style of the worker. Regardless of the criteria for selecting techniques, the mix of techniques varies from case to case on a continuum of supportive and modifying approaches. By forcing workers to rate the relative importance of techniques, a measure of the significance they attribute to each technique in a particular case is obtained. The significance attributed to the primary technique is viewed as setting the tone for the approach used in a particular case. For example, in the case where encouragement of self-examination to enhance understanding of current intrapsychic dynamics is the primary technique and reassurance is the second technique listed, the main emphasis is on increasing self-awareness with reassurance being used to support the client through the process. In the case where reassurance is first and is followed by a technique that aims at increasing self-awareness, the reassurance is viewed as setting the tone of the process with self-awareness being considered secondary to a supportive approach.

Admittedly, a dichotomy such as this is a relatively crude instrument. By forcing workers to make choices, it is impossible to determine cases in which the method used is a combination of the two methods and no more of one method
than the other. Nevertheless, for the purposes of this study, this system of classification should provide pertinent information on workers' judgments of the treatment techniques and methods associated with clients having differing cognitive styles.

Sample

Workers

The final sample from which the data is compiled consists of 51 clients seen by 22 workers. The setting is five offices of two family agencies offering therapeutic casework services to individuals and families.

All of the workers who planned to see clients that met the criteria for inclusion in the study were asked to participate voluntarily. The plan of the study was first discussed with supervisors and then with the workers in small group meetings. Twenty-nine of the 30 workers who were eligible agreed to participate. In the small group meetings workers were told that the purpose of the study was to enhance understanding of the influence of cognition on the worker-client relationship. Each of these workers was then seen individually, at which time each was instructed on the details of participation in the study, each was administered the Embedded Figures Test and completed two figure drawings.

Of the 29 workers tested, 7 failed to participate further. Two of these soon left the agency, 2 had assignments
that excluded clients that met the study criteria, and the remaining 3 withdrew their cooperation. These 3 seemed concerned about self-disclosure, about the influence of the study on the client-worker relationship, and about involvement in a project that required additional work when they were already hard-pressed for time.

The 22 remaining workers were all graduates of programs offering a Master's degree in social work. Seventeen were females and 5 were males. The age range is from 25 to 60, with a mean of 44.7. Social work experience beyond the Master's degree ranged from 1 to 23 years, with a mean experience level of 9.9 years. Only 3 workers had less than 3 years' experience. Thus, the worker sample consists of 22 workers, primarily females, who are experienced practitioners in their middle years.

Clients

The workers were instructed to select clients from their caseloads who meet the following criteria: To assure a fairly uniform sample, only females between the ages of 21 and 60 are included. Cases had to be newly assigned women who voluntarily sought help with problems in interpersonal relationships. This includes marital, familial, and parent-child problems as well as situations in which there is emotional distress in the self or in other family members if the interpersonal component is a major concern. Clients who sought concrete help or were seen in exclusive
group treatment were excluded. Clients were also excluded when, in the judgment of the worker, there was evidence of an organic or psychotic reaction that would grossly impair perception or reality testing. Clients with visual defects that would interfere with testing procedures were also ruled out. Workers were urged to take clients in the order they came, in order to minimize selection on the basis of screening those clients who were easiest to work with.

The final sample of clients consists of 51 women, between the ages of 21 and 59, with a mean age of 34.8. Thirty-two are married, 16 separated or divorced, 2 widowed, and 1 single. The mean number of children is 2.1.

Table 1 contains a breakdown of the types of problems that led the clients to seek help. Each client was asked to check her major problem.

**TABLE 1**

CLASSIFICATION OF PRIMARY PROBLEM CLIENTS SOUGHT HELP WITH

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Problems</td>
<td>20</td>
</tr>
<tr>
<td>Family Difficulties</td>
<td>4</td>
</tr>
<tr>
<td>Parent-Child Difficulties</td>
<td>14</td>
</tr>
<tr>
<td>Emotional Distress in Self</td>
<td>10</td>
</tr>
<tr>
<td>Combination of Marital Difficulties and Emotional Distress in Self</td>
<td>3</td>
</tr>
<tr>
<td>Emotional Distress in Other Family Members</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
</tr>
</tbody>
</table>
Most of the women (32) listed their occupation as housewife. Four are teachers, 3 secretaries, and the remaining 11 are employed in a variety of semi-skilled jobs. Husbands' occupations were classified according to a revised form of the Warner occupational scale.¹ This scale classifies occupations into 7 categories of socio-economic status. Dimensions of income, behavior, responsibility, and prestige are considered. Table 2 lists the distribution of occupational ratings of the mates or former mates of the clients on a scale with a high of 1 to a low of 7.

TABLE 2

DISTRIBUTION OF HUSBANDS OF CLIENTS ON THE BASIS OF SOCIO-ECONOMIC LEVEL

<table>
<thead>
<tr>
<th>Socio-Economic Level</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
</tr>
<tr>
<td>X</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Eighty-eight per cent of the cases fall into levels 2, 3, and 4. Translating this into class dimensions, most of the clients seen in the study can be considered to be members of middle-class families.

Clients were seen in a variety of interviewing modalities. Twenty-eight were seen individually, 9 were seen exclusively in conjoint interviews with their spouses, and 14 were seen in a combination of the two.

Thus, the client sample consists of 51 women who are primarily middle class. Most are either married or have been married. There are a large number of housewives who came for help with marital and parent-child problems as well as for emotional distress within themselves. Over half were seen in individual treatment. The remainder were seen conjointly with their spouses or in a combination of individual and conjoint interviewing.

**Procedures and Design**

At the beginning of the study, each worker was individually administered the Embedded Figures Test and was asked to produce a figure drawing of each sex. The following procedures for administering the tests to the workers were also used when the clients were tested later. Workers were assured that individual test results would not be given, the final data to be in terms of group trends rather than in individual responses.

The Embedded Figures Test was administered in accordance
with instructions given on the first three pages of each test booklet. The administrator of the test asks the subject to read the instructions and complete two practice examples, offering feedback in order to enable the subject to understand the exact nature of the task he is to perform. On the back of the booklet there are eight simple figures. Within the booklet there are twenty-five complex figures, each with a letter corresponding to the letter of a simple form on the back of the booklet. The subject is asked to turn the pages of the booklet and do the problems in order. If a solution cannot be found, the subject advances to the next problem. The task is to find the simple form contained in the complex figure and so indicate this by drawing in the lines with a pencil. The test is divided into three parts and is timed. The subject is given two minutes to do the first seven problems, five minutes to do the next nine problems, and another five minutes to do the final nine problems. The first section is a warm-up and is not included in the total score, which consists of a count of all the problems that are completed correctly.

The administration of the Embedded Figures Test was problem-free, the test being a fairly simple and mechanical operation. The workers were totally unfamiliar with the test and the nature of the test is such that it is almost impossible to influence the results. The test involves a minimal degree of self-exposure so that workers were not
concerned about revealing personal attributes. They were very concerned about doing well on the test. Workers and clients were told to do their best. The workers were visibly distressed by low scores and some of them found the experience very frustrating. Of course, those who did the problems easily enjoyed the experience. Following the administration of the test to both the workers and the clients, subjects were told that there is no "correct" score, differences in scores being indicative of differing orientations towards parts and wholes. Subjects were told, by way of illustration, the saying, "He can't see the forest for the trees." "Well, some people are better at seeing parts [the trees], whereas others are better at seeing the whole [the forest]."

Workers and clients were handed two pieces of paper and given the following instructions for completing the figure drawings: "To get an idea of how you see things, I would like you to draw a full figure of a person. This is not a test of your drawing ability. The figure may be of either sex. Do not draw a stick figure." When the drawing is completed the subject is then asked to do another drawing of the opposite sex. As with the Embedded Figures Test, a similar explanation is given. Both explanations were given following the completion of the two tests.

In general, the workers were extremely anxious about revealing themselves through their figure drawings. Many of the workers were familiar with the use of figure drawings as a psychometric device. Some of them had administered
figure drawings to clients and had participated in seminars on the evaluation of drawings. While workers were unfamiliar with the Sophistication of Body-Concept Scale used in this study, some were knowledgeable about dimensions relevant to the scale, such as the importance of detail and sexual differentiation. Some workers shared their knowledge with the test administrator. All were requested to be as spontaneous as possible in order to aid test validity. Regardless of the sophistication of the worker, it seemed to be very difficult to influence radically the level of drawing although it was possible to do somewhat better than a spontaneous and naive response would be.

Workers were instructed to select those clients that met the criteria of the study. It was emphasized that they must involve all who meet the criteria in order to avoid self-selection, but there was no way to assure adherence to this request. They were to involve the clients in the study, to stress the voluntary and confidential nature of their responses, and to inform them that they would be seen for a research interview immediately following their fifth session with the worker. The choice of the fifth session for the initial client testing was based upon the assumption that by this time clients would know the worker well enough to make judgments regarding the quality of the relationship offered.

Following the fourth interview, workers mailed in
slips informing the researcher of the date and time of the scheduled fifth interview. Immediately following the end of the fifth interview, each client was seen individually by the researcher or his assistant. To assure candid responses, confidentiality and anonymity were stressed. Each client completed a face sheet requesting factual data. She was then given the Barrett-Lennard Relationship Inventory. The administrator of the research battery made certain that each client understood the questions as well as the method of scoring. Most of the clients enjoyed the experience of being asked their opinions. Some had difficulty understanding a number of the questions and were assisted in clarifying them. Interestingly, clients had the most difficulty with questions concerning the dimensions of regard and unconditional positive regard. They seemed surprised by the idea that the worker might have personal feelings about them, such as liking or caring. They also seemed to expect that workers should judge them and disapprove of some of their behaviors. Following this, clients were administered the Embedded Figures Test and completed the two figure drawings. These were administered in exactly the same manner as was described above for the workers. In general, the clients seemed less concerned than the workers and were less self-conscious about the figure drawings. After a brief discussion about the nature of the experience, clients were informed that they would receive a second questionnaire in the mail in three months.
In all, each worker saw from one to four clients. Five workers saw four clients each, four saw four; two saw three, two saw two, and five workers saw one client each. The first client was given the research battery in November 1970, and data on the fifth interview continued to be collected through June 1971. The original plan of collecting data on four clients per worker proved to be unfeasible. Three workers left the agency after a number of their clients had been tested. Two workers were transferred midway in the study to units where the clients did not meet the criteria of the study. One worker died. Other workers, who remained, had a large number of drop-outs prior to the fifth interview. Some had little turnover in cases, making it impossible to take on new cases.

Three months after each client received the research interview, each client was mailed another copy of the Barrett-Lennard Relationship Inventory with instructions to complete it and return it by mail in a self-addressed envelope. Twenty-five of the 51 clients returned the questionnaires, a total of 49%. Since the rate of return was so poor, introducing the probability of a biased sample and the initial research design did not include reference to data to be collected at a second point in time, the analysis of this data will not be included in the findings.

At the point the clients were mailed the second questionnaire, each of their workers was sent a form requesting that the worker rate the techniques used in achieving
casework goals with each client. Forty-nine of the 51 forms were returned by the workers, a total of 96%. The loss of two cases was due to the death of one worker and the inability to locate a worker who had left the agency.

Classification of Client-Worker Cognitive Style

The independent variable, cognitive style, was assessed by scores on two instruments, the Embedded Figures Test and the Sophistication of Body-Concept Scale. The distribution of scores on each test will be discussed separately.

Embedded Figures Test

The scores on the Embedded Figures Test covered the full range from 0-18. The combined distribution of EFT scores for clients and workers was dichotomized at the median. Scores of 0-7 were considered Low (Field-dependent), and scores of 8 or more were considered High (Field-independent). When the distributions of client and worker scores were examined separately, the two groups were found to be comparable with regard to their respective medians (7.5), as well as to their means. The mean EFT score for the 51 clients was 7.47 and that for the 22 caseworkers 7.86 (t = 0.3097, df = 71, p = N.S.). This serves to demonstrate that the EFT scores were not influenced by the client-worker status of the subjects. Both groups taken as wholes are comparable on this measure of cognitive style.

To determine whether there was any bias in the assignment of clients to workers, for example, that Low clients
would be assigned to Low workers, the workers were dichotomized into a Low and a High group. The EFT scores of the clients assigned to each group of workers were compared and a t test was computed to determine whether there was any significant difference between the groups. The results indicate that the mean EFT score of the clients assigned to the Low workers (7.62) was comparable to the mean EFT score of the clients assigned to High workers (7.32; t = 0.2052, df = 49, P = N.S.). According to this, as far as can be ascertained, the matching of cognitive styles was not a consideration in assigning clients to workers.

Figure Drawings

The figure drawings were rated independently by a psychologist and a guidance counselor, both of whom had considerable experience in the evaluation of psychometric tests. Neither of the judges was involved in the administration of the tests and therefore had no knowledge of subjects' performance on other parts of the research battery. Both studied the guide for evaluation presented in the manual and did sample ratings to assure proficiency in using the scale. In accordance with the criteria in the manual, both judges independently rated all of the sets of figure drawings, placing them into five categories. Inter-rater reliability was very high, r = .9055. There was disagreement

1"Sophistication of Body-Concept Scale for Evaluation of Figure Drawings," op. cit.
in only 14 of the 73 pairs of drawings, and in no instance did disagreement exceed one category. In the case of disagreement, the assignment to a category was made on the basis of consensus between the judges.

The ratings of the figure drawings covered the full range of categories I through V. The median score for clients and for workers was 2.5, although the distribution of each was skewed towards the lower scores. As in the EFT, the two groups were thus comparable in cognitive style.

Since the figure drawings were sorted into five categories, the lack of a more highly differentiated scale made it impossible to dichotomize the Low and High groups precisely at the median of 2.5. The optimal point was to dichotomize the distribution into a Low group (I-II) and a High group (III-V). Using this system, 29 clients were Low while 22 clients were High, the result being that a considerably larger group of clients were categorized as Low when compared with the number categorized as High.

To determine whether there was any bias in the assignment of clients to workers, the figure drawing scores of clients assigned to Low and High workers were again compared as was done with the EFT. The results indicate that the mean figure drawing score of the clients assigned to the Low workers (2.15) was statistically similar to that of the clients assigned to the High workers (2.37, t = 0.6213, df = 49, P = N.S.). Once again the analysis of the distribution demonstrates that the client and the worker groups
have a similar distribution of cognitive styles and that clients had been assigned without consideration of the cognitive style dimension.

Comparison of the Two Measures

The two measures, EFT and figure drawing, were compared to determine whether or not they were measuring the same thing. An r of .57 was obtained for the two sets of scores. This is very close to the r of .55 reported in the GEFT manual.\(^1\) Since the primary hypotheses are concerned with congruence or incongruence of client-worker cognitive style, the distribution of the two sets of scores was studied to determine whether or not congruence or incongruence of scores on one test bore a relationship to congruence or incongruence of scores on the other test. The results shown in Table 3 demonstrate that the distributions of the two measures are not comparable. For example, 10 of the 25 pairs that had congruent scores on the EFT had incongruent scores on the figure drawing test. Similarly, 15 of the 26 pairs that were incongruent on the EFT had congruent scores on figure drawings.

The rather low correlation of .55 reported in the manual and the difficulty in dichotomizing the figure drawings at the median may help to explain the lack of agreement between the two measures. Since the two measures did not

\(^1\)Witkin, Oltman, and Raskin, op. cit.
result in comparable classifications of client-worker pairs, the research hypotheses will be tested separately for each of the measures of cognitive style.

**TABLE 3**

CLIENT-WORKER PAIRS COMPARED ACCORDING TO CONGRUENCE AND INCONGRUENCE OF SCORES ON TWO TESTS, EMBEDDED FIGURES AND FIGURE DRAWINGS

<table>
<thead>
<tr>
<th>Embedded Figures Test</th>
<th>Congruent</th>
<th>Incongruent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Figure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drawing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Congruent</strong></td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>29.4</td>
<td>29.4</td>
</tr>
<tr>
<td><strong>Incongruent</strong></td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>19.6</td>
<td>21.6</td>
</tr>
</tbody>
</table>

\[\text{Phi} = 0.0234, \ p = \text{N.S.}\]

For the purpose of analysis of data, the distribution for each of the measures of cognitive style was divided into four groups of worker-client pairs: a congruent group consisting of worker-client pairs with scores of Low-Low and High-High and an incongruent group consisting of worker-client pairs with scores of Low-High and High-Low. When classified as above, the distribution of worker-client pairs was fairly equal for the Embedded Figures Test but was less uniform for the figure drawings. (See Table 4.)
**TABLE 4**

**DISTRIBUTION FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS, TWO CONGRUENT AND TWO INCONGRUENT**

<table>
<thead>
<tr>
<th>Embedded Figures Test</th>
<th>Worker Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Scores</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total N = 51</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Figure Drawings</th>
<th>Worker Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Scores</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total N = 51</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Seventeen of the twenty-two workers saw more than one client. Consequently a single worker may be represented in more than one cell. There was some concern that this arrangement might violate the concept of independence. Actually it does not. There are fifty-one separate client scores for each of the measures of cognitive style. Each of these scores is derived from observations independent of one another. Since only cognitive style scores, the independent variable, are of concern, each of the worker-client pairings are independent of one another. This is particularly evident in that there was no bias in the assignment of clients to workers, the scores of clients assigned to the High workers being statistically similar to those assigned to Low workers.

In addition, there is the possibility that the effects produced may be a product of each of a few workers being paired with four clients having similar cognitive styles. These workers may be particularly skillful or particularly unskilled. In either case, differences between groups of worker-client pairs might represent the contributions of a few workers rather than the trend of most worker-client pairs in a particular group. The distribution of workers in each cell was examined. Ten workers were represented in one cell, nine in another, and eight in the remaining two. This fairly even distribution suggests that the workers were spread fairly evenly. Most workers tended to be paired with clients representing Field-dependent and Field-independent perceptual orientations. Thus the findings to be reported do not appear to be unduly weighted by the input of a few workers, but, rather, is representative of group trends.
Distribution of Client Scores on the Barrett-Lennard Relationship Inventory

The distribution of scores on the subscales and on the total relationship scale was fairly homogeneous and bunched at the positive side. Table 5 indicates that the scores were distributed consistently throughout most of the upper or positive half of the theoretical scoring range, while only one score fell below the mid-point of the theoretical range. What is evident is that the distribution of scores reflects differences in more or less positive perceptions that the clients have of their workers. This trend is consistent with the findings of Barrett-Lennard.¹ Since there is no way of determining what scores are indicative of a negative as opposed to a positive perception of the worker, comparisons can only be based upon relative differences between clients or groups of clients.

<table>
<thead>
<tr>
<th>Relationship Condition</th>
<th>Variance</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regard</td>
<td>24.61</td>
<td>23.53</td>
<td>4.96</td>
<td>5-29</td>
</tr>
<tr>
<td>Empathy</td>
<td>40.27</td>
<td>18.82</td>
<td>6.34</td>
<td>1-30</td>
</tr>
<tr>
<td>Unconditional Regard</td>
<td>60.65</td>
<td>16.70</td>
<td>7.79</td>
<td>-1-30</td>
</tr>
<tr>
<td>Genuineness</td>
<td>43.24</td>
<td>23.14</td>
<td>6.58</td>
<td>0-30</td>
</tr>
<tr>
<td>Total</td>
<td>421.84</td>
<td>82.14</td>
<td>20.54</td>
<td>27-110</td>
</tr>
</tbody>
</table>

CHAPTER IV

RESULTS

Hypothesis I

The first hypothesis predicts that congruent worker-client cognitive styles would be positively associated with client perception of the relationship. When worker-client cognitive styles are congruent, the client will perceive the worker as offering relatively higher relationship levels than when worker-client cognitive styles are incongruent. This hypothesis is to be tested by studying client perception of the relationship as a function of cognitive style pairings on the basis of two measures, the Embedded Figures Test and the evaluation of figure drawings.

Client perception of the relationship will be determined by scores on the Barrett-Lennard Relationship Inventory. The association between client perception of the relationship and cognitive style pairings will be studied separately for each of the measures of cognitive style, the Embedded Figures Test and figure drawings. For each of the measures of cognitive style, analysis of variance and t tests will be used to test the significance of differences between scores on The Relationship Inventory of the congruent groups (Low-Low, High-High) and the incongruent groups (Low-High, High-Low).
Embedded Figures Test

The analysis of variance for client perception of the total relationship yielded a significant interaction effect in the predicted direction, $F = 5.2900$, $p < .025$. The mean score for the congruent group, 88.72, is significantly higher than the mean score for the incongruent group, 75.81, as summarized in Table 6. Thus, in accordance with the hypothesis, client ratings of the total relationship were significantly higher when worker-client EFT scores were congruent than when they were incongruent.

An inspection of Table 7 indicates that the analysis of variance for client perception of regard yielded a significant interaction effect in the predicted direction, $F = 4.1835$, $p < .025$. The mean score for the congruent group, 24.92, is significantly higher than the mean score for the incongruent group, 22.19. Thus, in accordance with the hypothesis, client ratings of regard were significantly higher when worker-client EFT scores were congruent than when they were incongruent.

Table 8 indicates that the analysis of variance for client perception of empathy yielded a significant interaction effect in the predicted direction, $F = 4.0840$, $p < .025$. The mean score for the congruent group, 20.64, is significantly higher than the mean score for the incongruent group, 17.08. Thus, in accordance with the hypothesis, client ratings of empathy were significantly higher when worker-client EFT scores were congruent than when they were incongruent.
### TABLE 6

**CLIENT SCORES ON TOTAL RELATIONSHIP FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON THE EMBEDDED FIGURES TEST, TWO CONGRUENT AND TWO INCONGRUENT**

<table>
<thead>
<tr>
<th>Worker Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\bar{x}$</td>
<td>$N$</td>
</tr>
<tr>
<td>Low</td>
<td>89.31</td>
<td>13</td>
</tr>
<tr>
<td>High</td>
<td>73.38</td>
<td>13</td>
</tr>
</tbody>
</table>

**Summary of Analysis of Variance***

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>178.6698</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>3.2762</td>
<td>1</td>
<td>3.2762</td>
<td>0.1043</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>9.2416</td>
<td>1</td>
<td>9.2416</td>
<td>0.2942</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>166.1520</td>
<td>1</td>
<td>166.1520</td>
<td>5.2900</td>
<td><em>0.025</em>*</td>
</tr>
<tr>
<td>Error</td>
<td>1476.1980</td>
<td>47</td>
<td>31.4085</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used. (The use of a one-tailed $F$ test is appropriate to the hypothesis that the mean for the congruent group will be higher than the mean for the incongruent group. This is particularly appropriate when the degrees of freedom for the between-group term is one. In this situation, $F$ is equal to the square of the two-tailed $t$ value. In fact, since in all of the tests only the significance between two means is being tested, a $t$ test would have been just as appropriate and would have produced the identical levels of significance reported for $F$.)**
TABLE 7
CLIENT SCORES ON REGARD FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON THE EMBEDDED FIGURES TEST, TWO CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Worker Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\bar{X}$</td>
<td>$N$</td>
</tr>
<tr>
<td>Low</td>
<td>24.93</td>
<td>13</td>
</tr>
<tr>
<td>High</td>
<td>21.15</td>
<td>13</td>
</tr>
</tbody>
</table>

**Summary of Analysis of Variance**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>9.6435</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>1.0713</td>
<td>1</td>
<td>1.0713</td>
<td>0.5790</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>1.0921</td>
<td>1</td>
<td>1.0921</td>
<td>0.5902</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>7.4801</td>
<td>1</td>
<td>7.4801</td>
<td>4.0426</td>
<td>$&lt; .025^{**}$</td>
</tr>
<tr>
<td>Error</td>
<td>86.9654</td>
<td>47</td>
<td>1.8503</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
TABLE 8

CLIENT SCORES ON EMPATHY FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON THE EMBEDDED FIGURES TEST, TWO CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Worker Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Scores</td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>Low</td>
<td>21.31</td>
<td>13</td>
</tr>
<tr>
<td>High</td>
<td>16.54</td>
<td>13</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance*

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>143.8115</td>
<td>47</td>
<td>3.0598</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>0.0241</td>
<td>1</td>
<td>0.0241</td>
<td>0.0079</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>1.5253</td>
<td>1</td>
<td>1.5253</td>
<td>0.4985</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>12.4961</td>
<td>1</td>
<td>12.4961</td>
<td>4.0840</td>
<td>&lt; .025</td>
</tr>
<tr>
<td>Error</td>
<td>143.8115</td>
<td>47</td>
<td>3.0598</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
Table 9 indicates that the analysis of variance for client perception of unconditional positive regard failed to achieve a significant interaction effect although the means of 18.37 for the congruent group and 15.55 for the incongruent group were in the direction predicted. Thus, while the trend was in the direction predicted, client ratings of unconditional positive regard were not significantly higher when worker-client EFT scores were congruent than when they were incongruent.

Table 10 indicates that the analysis of variance for client perception of genuineness yielded a significant interaction effect in the predicted direction, $F = 3.4995$, $p < .05$. The mean score for the congruent group, 24.88, is significantly higher than the mean score for the incongruent group, 21.46. Thus, in accordance with the hypothesis, client ratings of genuineness were significantly higher when worker-client EFT scores are congruent than when they are incongruent.
TABLE 9
CLIENT SCORES ON UNCONDITIONAL POSITIVE REGARD
FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS
ON THE EMBEDDED FIGURES TEST, TWO
CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Worker Scores</th>
<th>Low</th>
<th></th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \bar{x} )</td>
<td>( N )</td>
<td>( \bar{x} )</td>
</tr>
<tr>
<td>Low</td>
<td>17.31</td>
<td>13</td>
<td>15.15</td>
</tr>
<tr>
<td>High</td>
<td>15.15</td>
<td>13</td>
<td>19.42</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance*

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>( F )</th>
<th>( p^{**} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12.5623</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>1.1131</td>
<td>1</td>
<td>1.1131</td>
<td>0.2316</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>1.1131</td>
<td>1</td>
<td>1.1131</td>
<td>0.2316</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>10.3361</td>
<td>1</td>
<td>10.3361</td>
<td>2.1510</td>
<td>N.S.</td>
</tr>
<tr>
<td>Error</td>
<td>225.8500</td>
<td>47</td>
<td>4.8053</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Analysis of Variance for Disproportional Subclasses,
George W. Snedecor, Statistical Methods (Ames: Iowa State
University Press, 1956).

**One-tailed test of significance used.
### TABLE 10
CLIENT SCORES ON GENUINENESS FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON THE EMBEDDED FIGURES TEST, TWO CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Client Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>Low (0-7)</td>
<td>25.85</td>
<td>13</td>
</tr>
<tr>
<td>High (8+)</td>
<td>20.69</td>
<td>13</td>
</tr>
</tbody>
</table>

**Summary of Analysis of Variance***

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>14.6504</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>0.0576</td>
<td>1</td>
<td>0.0576</td>
<td>0.0175</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>3.1684</td>
<td>1</td>
<td>3.1684</td>
<td>0.9618</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>11.5288</td>
<td>1</td>
<td>11.5288</td>
<td>3.4995</td>
<td><strong>.05</strong></td>
</tr>
<tr>
<td>Error</td>
<td>154.8362</td>
<td>47</td>
<td>3.2944</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
Since the analysis of the data produced significant effects as predicted when the Embedded Figures Test was the measure of cognitive styles, it was then necessary to rule out alternative explanations as a consequence of background effects. It may be possible that the difference in relationship levels between the congruent and the incongruent groups is not produced by cognitive style pairings but instead, for example, is an effect attributable to the possibility that the clients differ in presenting problems or that the workers in one or other of the groups have more experience. To rule out the possibility of such an effect or to locate alternative explanations for the findings, a number of important characteristics of the two groups were compared. Comparisons were made for the following variables: presenting problem; form of treatment (whether client was seen individually, conjointly, or in a combination of the two; mean age of clients; mean age of workers; mean level of worker experience; sex of worker (five were males and the remainder were females). On all of these characteristics the two groups were almost identical, with differences not even beginning to approach statistical significance.
**Figure Drawings**

An inspection of Table 11 indicates that the analysis of variance for client perception of the total relationship failed to yield a significant interaction effect although the mean scores were in the predicted direction, congruent $\bar{x} = 84.25$, incongruent $\bar{x} = 77.18$. Thus, while the trend was in the predicted direction, client ratings of the total relationship were not significantly higher when worker-client figure drawings were congruent than when they were incongruent.

An inspection of Table 12 indicates that the analysis of variance for client perception of regard yielded a significant interaction effect in the predicted direction, $F = 4.1835$, $p < .025$. The mean score for the congruent group, 24.53, is significantly higher than the mean score for the incongruent group, 22.10. Thus, in accordance with the hypothesis, client ratings of regard were significantly higher when worker-client EFT scores were congruent than when they were incongruent.

Table 13 indicates that the analysis of variance for client perception of empathy failed to yield a significant interaction effect, congruent $\bar{x} = 19.80$, incongruent $\bar{x} = 17.07$. Thus, while the trend was in the predicted direction, client ratings of empathy were not significantly higher when worker-client figure drawings were congruent than when they were incongruent.
<table>
<thead>
<tr>
<th>Client Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (1-2)</td>
<td>83.00</td>
<td>85.38</td>
</tr>
<tr>
<td>High (3+)</td>
<td>68.88</td>
<td>85.50</td>
</tr>
</tbody>
</table>

**Summary of Analysis of Variance**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>189.94</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>86.83</td>
<td>1</td>
<td>86.83</td>
<td>2.52</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>49.00</td>
<td>1</td>
<td>49.00</td>
<td>1.42</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>54.11</td>
<td>1</td>
<td>54.11</td>
<td>1.57</td>
<td>N.S.</td>
</tr>
<tr>
<td>Error</td>
<td>1621.49</td>
<td>47</td>
<td>34.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
### TABLE 12

CLIENT SCORES ON REGARD FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON FIGURE DRAWINGS, TWO CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Client Scores</th>
<th>Low (1-2)</th>
<th>High (3+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Worker</td>
<td>24.25</td>
<td>13</td>
</tr>
<tr>
<td>Client</td>
<td>20.00</td>
<td>14</td>
</tr>
</tbody>
</table>

**Summary of Analysis of Variance**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>141.1065</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>3.9801</td>
<td>1</td>
<td>3.9801</td>
<td>2.026</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>1.9183</td>
<td>1</td>
<td>1.9183</td>
<td>0.977</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>8.2081</td>
<td>1</td>
<td>8.2081</td>
<td>4.1835</td>
<td>.025**</td>
</tr>
<tr>
<td>Error</td>
<td>92.2145</td>
<td>47</td>
<td>1.9620</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
TABLE 13
CLIENT SCORES ON EMPATHY FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON FIGURE DRAWINGS, TWO CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Client Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \bar{X} )</td>
<td>N</td>
</tr>
<tr>
<td>Low</td>
<td>18.56</td>
<td>16</td>
</tr>
<tr>
<td>High</td>
<td>15.38</td>
<td>8</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance*

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>( p^{**} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>16.7688</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>8.8804</td>
<td>1</td>
<td>8.8804</td>
<td>2.6977</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>0.1600</td>
<td>1</td>
<td>0.1600</td>
<td>0.0486</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>7.7284</td>
<td>1</td>
<td>7.7284</td>
<td>2.3478</td>
<td>N.S.</td>
</tr>
<tr>
<td>Error</td>
<td>154.7141</td>
<td>47</td>
<td>3.2918</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
An inspection of Table 14 indicates that the analysis of variance for client perception of unconditional positive regard failed to yield a significant interaction effect. In this case, the trend of the mean scores was not in the predicted direction, congruent $\bar{x}$ 16.13, incongruent $\bar{x}$ 16.77. Thus, client ratings were not significantly higher when worker-client figure drawings were congruent than when they were incongruent.

Table 15 indicates that the analysis of variance for client perception of genuineness failed to yield a significant interaction effect although the mean scores were in the predicted direction, congruent $\bar{x}$ 23.55, incongruent $\bar{x}$ 22.10. Thus, while the trend was in the predicted direction, client ratings of genuineness were not significantly higher when worker-client figure drawings were congruent than when they were incongruent.
TABLE 14
CLIENT SCORES ON UNCONDITIONAL POSITIVE REGARD FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON FIGURE DRAWINGS, TWO CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Worker Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>17.31</td>
<td>16</td>
</tr>
<tr>
<td>High</td>
<td>14.62</td>
<td>8</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance*

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11.8889</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>1.1327</td>
<td>1</td>
<td>1.1327</td>
<td>0.2190</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>10.4579</td>
<td>1</td>
<td>10.4579</td>
<td>2.0219</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>0.2983</td>
<td>1</td>
<td>0.2983</td>
<td>0.0577</td>
<td>N.S.</td>
</tr>
<tr>
<td>Error</td>
<td>243.0918</td>
<td>47</td>
<td>5.1722</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
TABLE 15

CLIENT SCORES ON GENUINENESS FOR FOUR TYPES OF WORKER-CLIENT PAIRINGS ON FIGURE DRAWINGS, TWO CONGRUENT AND TWO INCONGRUENT

<table>
<thead>
<tr>
<th>Worker Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>High</td>
<td>22.88</td>
<td>16</td>
</tr>
<tr>
<td>Low</td>
<td>19.88</td>
<td>8</td>
</tr>
</tbody>
</table>

Summary of Analysis of Variance*

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12.7994</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>8.2944</td>
<td>1</td>
<td>8.2944</td>
<td>2.2730</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>2.4026</td>
<td>1</td>
<td>2.4026</td>
<td>0.6580</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>2.1024</td>
<td>1</td>
<td>2.1024</td>
<td>0.5761</td>
<td>N.S.</td>
</tr>
<tr>
<td>Error</td>
<td>171.5071</td>
<td>47</td>
<td>3.6491</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
Summary of Results for Hypothesis I

Hypothesis I received mild but consistent support from the data. Although the findings differed according to the particular measure of cognitive style employed, trends were generally in the predicted direction. When the Embedded Figures Test was used as the measure of cognitive style, client perception of the total relationship, as well as regard, empathy, and genuineness, all achieved significantly higher levels when worker-client EFT scores were congruent than when they were incongruent. When the figure drawings were used as the measure of cognitive style, the results were not so positive. Client perception of regard was significantly higher when worker-client pairs were congruent than when they were incongruent. While the levels of the total relationship, as well as empathy, and genuineness, were in the predicted direction, they failed to achieve statistical significance.

Secondary Analysis of the Data for Hypothesis I

The first hypothesis was concerned with single comparisons, and only differences between congruent and incongruent client-worker pairs were tested. The data were analyzed separately for the two measures of cognitive style, the Embedded Figures Test and the figure drawing test. In each instance, the data from four cells were compressed into two. For example, in the analysis of data in which
congruent pairs were compared with incongruent pairs, the congruent group included the High-High pairs as well as the Low-Low pairs. While this analysis was completely appropriate for testing the hypotheses, it did result in the loss of information concerning possible differences between the mean levels of each of the four cells. It is possible that one of the sets of incongruent pairs is associated with higher relationship levels than the other. For example, Table 6, Low clients apparently do not disapprove of High workers as much as High clients disapprove of Low workers; means are 78.23 and 73.38. Perhaps this is because clients rated Low react more favorably to the structure provided by the High workers, whereas the High clients do not appreciate the global style of the Low workers.

Since significant findings were reported between congruent and incongruent worker-client cognitive styles on a number of the tests, it is appropriate to do further analysis of the data in hope of finding some interesting relationships between individual means.

A multiple range test\(^1\) was done for each of the variables on which significant findings had been obtained. This consisted of the data on the Embedded Figures Test

ratings of regard, empathy, genuineness, and the total relationship as well as the figure drawing data on regard. In all instances, differences between individual means failed to achieve significance.

Once again significant results were limited to differences between the pairs of congruent and incongruent cognitive styles. Thus, the search for additional sources of variance only tends to lend further support to Hypothesis I. Significant variances have been obtained only when the interaction between cognitive styles is considered.

Hypothesis II

The second hypothesis predicts that since the level of the relationship is assumed to be a function of interaction between worker-client cognitive styles, when worker cognitive style or client cognitive style is each considered separately, client perception of the relationship will not be influenced. When client perception of the relationship is compared according to contrasting worker or contrasting client cognitive styles (High vs. Low), there will be no significant differences between groups.

This hypothesis will be tested by studying client perception of the relationship as a function of worker scores and client scores on the Embedded Figures Test and on figure drawings. The data will be analyzed separately for each of the cognitive style measures.
Embedded Figures Test

An inspection of Table 6 demonstrates that client perception of the total relationship is not significantly influenced by differences in either the EFT scores of the workers or of the clients. The mean scores for client perception are all fairly similar. The analysis of variance for workers fails to achieve a significant F. Similarly, the analysis of variance for clients is insignificant. Thus, as far as client perception of the total relationship is concerned, contrasting worker EFT scores and contrasting EFT scores are not associated with differing scores on the Relationship Inventory.

An inspection of each of the data for each of the subscores, regard, empathy, unconditional positive regard, and congruence, indicates a similar effect. For each of the subscores, Tables 7, 8, 9, 10, the analysis of variance indicates that there are no significant differences in client perception of the relationship as either a function of differing worker EFT scores or of differing client EFT scores.

Figure Drawing Test

An inspection of Table 11 demonstrates that client perception of the total relationship does not vary significantly when either the two client groups or the two worker groups as differentiated by High and Low scores on the
Figure drawing test are compared. Clients with contrasting scores do not perceive the relationship differently. Clients of workers having contrasting scores also do not perceive the total relationship differently. In both instances the $F$ ratio fails to achieve significance.

An inspection of the data for each of the relationship subscores, Tables 12, 13, 14, 15, reveals a similar effect for regard, empathy, unconditional positive regard, and genuineness. There are no significant differences in the relationship as a function of differing cognitive styles when the figure drawings of either workers or clients are evaluated.

**Summary of Results for Hypothesis II**

Hypothesis II is a null hypothesis and as such cannot be proven but can only be disproven. The analysis of the data serves to support the hypothesis since it has not been disproven. Differences in worker cognitive styles do not appear to influence client perception of the relationship. Similarly, differences in client cognitive styles do not appear to influence client perception of the relationship. Thus, since there is no data to disprove the hypothesis that worker cognitive style or client cognitive style, each considered alone, will not influence client perception of the relationship, the hypothesis can be accepted provisionally.
Hypothesis III

Hypothesis III predicts there will be a significant difference between the choice of treatment methods employed by workers when treating clients with differing cognitive styles, regardless of differences in worker styles. When field-dependent clients are seen, workers will place relatively greater emphasis on the use of supportive techniques. When field-independent clients are seen, workers will place relatively greater emphasis on the use of techniques which promote self-awareness.

The data will again be analyzed separately for each of the measures of cognitive style, the Embedded Figures Test and the figure drawings. For each measure, the distribution will be divided into four groups (Low-Low, High-High, Low-High, High-Low). A two-way analysis of proportions will be used to test the significance of differences.

Embedded Figures Test

The analysis of variance (Table 16) indicates that there is a significant difference in the predicted direction for type of treatment method used with clients having differing EFT scores (Low vs. High), $F = 6.59, p<.01$. Modifying treatment was received by 43.9% of Low clients and supportive treatment by 56.1%. The more striking difference was in the High clients, with 78.0% receiving modifying treatment and only 22.0% receiving supportive treatment.
TABLE 16

PER CENT OF MODIFICATION USED BY WORKER-CLIENT SCORES ON THE EMBEDDED FIGURES TEST

<table>
<thead>
<tr>
<th>Client Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Low</td>
<td>46.2</td>
<td>13</td>
</tr>
<tr>
<td>High</td>
<td>83.3</td>
<td>12</td>
</tr>
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</table>

Summary of Analysis of Variance*

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
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<tbody>
<tr>
<td>Worker</td>
<td>233.59</td>
<td>1</td>
<td>233.59</td>
<td>0.28</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>5408.90</td>
<td>1</td>
<td>5408.90</td>
<td>6.59</td>
<td>.01**</td>
</tr>
<tr>
<td>Interaction</td>
<td>42.64</td>
<td>1</td>
<td>42.64</td>
<td>0.05</td>
<td>N.S.</td>
</tr>
<tr>
<td>Error</td>
<td>820.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.
<table>
<thead>
<tr>
<th>Client Scores</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Low</td>
<td>66.7</td>
<td>15</td>
</tr>
<tr>
<td>High</td>
<td>75.00</td>
<td>8</td>
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</table>

**Summary of Analysis of Variance**

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>p**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker</td>
<td>1900.08</td>
<td>1</td>
<td>1900.08</td>
<td>2.31</td>
<td>N.S.</td>
</tr>
<tr>
<td>Client</td>
<td>2198.71</td>
<td>1</td>
<td>2198.71</td>
<td>2.68</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction</td>
<td>709.50</td>
<td>1</td>
<td>709.50</td>
<td>0.86</td>
<td>N.S.</td>
</tr>
<tr>
<td>Error</td>
<td>820.70</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**One-tailed test of significance used.**
A further inspection of Table 16 indicates that there was not a significant worker effect (Low vs. High) nor was there a significant interaction effect (Low-Low, High-High, vs. Low-High, High-low).

Figure Drawings

The analysis of variance (Table 17) indicates that the use of differing treatment methods was not associated with figure drawing scores. Although client trends were in the right direction, with 72% of the FI clients receiving modifying treatment as opposed to 50% of the FD clients, these differences failed to reach statistical significance. In addition, there was neither a significant worker effect (Low vs. High) nor was there an effect due to interaction between congruent and incongruent figure drawing pairings (Low-Low, High-High, vs. Low-high, High-Low).
Summary of Results for Hypothesis III

Once again, the results differed according to the particular measure of cognitive style used. The analysis of the data on the basis of the Embedded Figures Test supported the hypothesis. There was a significant difference between the choice of methods workers employed in treating clients with differing cognitive styles. When field-independent clients were seen worker placed more emphasis on modifying methods, and when field-dependent clients were seen there was more emphasis on supportive methods. Differences in worker cognitive style did not have an effect. The analysis of the data on the basis of the figure drawings failed to support the hypothesis. Although client trends were in the right direction, with a higher proportion of field-independent clients in modifying treatment and a higher proportion of field-dependent clients in supportive treatment, the differences did not approach statistical significance.

Addendum--

In viewing the data on client perception of relationship levels, it was felt that it would be interesting to see if clients with contrasting cognitive styles manifest this via differences in homogeneity or heterogeneity of scores on each of the subscales of the Relationship Inventory. Basically, what is being asked is does client cognitive
style influence the level of globality or specificity of client perception of the worker. Although this was not part of the original study, since the data was on hand it seemed simple enough to do a further analysis of the data to see what additional information might be gleaned. It was predicted that clients who were relatively field-independent, having a discrete perceptual approach, would have more differentiated responses between subscales than would relatively field-dependent clients, characterized by a global perceptual approach.

An inspection of Table 18 indicates that the analysis of data tends to offer mild support for the prediction. On the mean differences, five of the six measures are in the predicted direction. One of the measures, the mean difference between unconditional positive regard and genuineness achieves statistical significance, $t = 2.24$, $p < .05$.

Thus, the analysis of the data mildly supports the prediction that client cognitive style would influence homogeneity of responses. Apparently, more field-independent clients have a slightly more differentiated view of their workers than do more field-dependent clients.
TABLE 18
ANALYSIS OF DIFFERENCE SCORES ON SUBSCALES OF THE RELATIONSHIP INVENTORY FOR CLIENTS ACCORDING TO EMBEDDED FIGURES TEST RATINGS

<table>
<thead>
<tr>
<th></th>
<th>R-E</th>
<th>R-UR</th>
<th>R-C</th>
<th>E-UR</th>
<th>E-C</th>
<th>UR-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Mean</td>
<td>6.99</td>
<td>7.43</td>
<td>5.28</td>
<td>7.22</td>
<td>5.57</td>
</tr>
<tr>
<td></td>
<td>Variance</td>
<td>17.42</td>
<td>43.42</td>
<td>23.29</td>
<td>44.21</td>
<td>25.58</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Mean</td>
<td>8.24</td>
<td>7.22</td>
<td>8.51</td>
<td>9.61</td>
<td>8.68</td>
</tr>
<tr>
<td></td>
<td>Variance</td>
<td>25.72</td>
<td>42.94</td>
<td>95.01</td>
<td>43.51</td>
<td>86.99</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(t)</td>
<td>1.05</td>
<td>0.11</td>
<td>1.51</td>
<td>1.28</td>
<td>1.49</td>
</tr>
<tr>
<td></td>
<td>(p^*)</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
</tbody>
</table>

\(df = 49\)

*Two-tailed test of significance used.
CHAPTER V

SUMMARY AND DISCUSSION

In therapeutic casework, the worker's engagement with the client involves two central operations:

1. He creates conditions which foster a climate that facilitates the client's acceptance of his influence.

2. Building on this climate, he uses a variety of technical procedures which have the aim of influencing the client in therapeutically desirable directions.

The manner in which he performs both sets of operations is assumed to flow from mutually selected goals and from the diagnostic process. This study is primarily concerned with the first set of operations—the casework relationship; but in addition, a secondary portion deals with the use of technical procedures. In both instances, the investigator is interested in exploring the influence of the cognitive-perceptual styles of both participants, worker and client, on the relationship as well as on the choice of treatment procedures.

Casework practice is pervaded by an ethical commitment to become engaged with people in a manner that is responsive, empathic, caring and authentic in the deepest
sense. Moreover, it is assumed that the quality of the client's level of engagement is proportionate to the sense of trust, concern, rapport and professional commitment conveyed by the worker. Regardless of unrealistic expectations and attitudes, subsumed under the concept of transference, the client must perceive the worker positively if he is to continue in a therapeutic process which often has moments of strain and discomfort. It is the conscious ego that assesses reality and enters into a working relationship with the worker. The focus of this study, then, is not on the unrealistic components of the relationship. Rather, the investigator is interested in the reality component—how the worker understands the client, respects him and is authentic with him.

Rogers' formulation of the necessary and sufficient conditions of constructive personality change\(^1\) provided an operational definition of the ingredients of the relationship that formed the basis of the Relationship Inventory used in this study. The ingredients of a positive relationship are categorized into four scales which encompass the range of qualities which are optimally included in a positive relationship: regard, empathy, unconditional positive regard, and genuineness. Acceptance of the importance of these

\(^1\)Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change," \textit{op. cit.}
qualities or conditions does not mean that the investigator is in agreement with the notion, stated by Rogers, \(^1\) that high levels of these conditions are sufficient to produce constructive personality change. Rather, as stated earlier, relationship conditions are one of two sets of operations employed by the worker. In the context of a positive relationship, the worker also employs a variety of technical procedures, such as support or reflection, that have the goal of influencing the client or overcoming resistances to constructive change.

The question of who determines the level of relationship conditions has received considerable attention. While earlier research suggested that the helper determined the level irrespective of client differences, \(^2\) more recent studies indicate that the characteristics of the client influence the performance of the worker. \(^3\) Viewing the worker as an open system, the quality of his empathy, regard, regard, regard,

\(^1\)Ibid.

\(^2\)For example, see Charles B. Truax, "The Sampling Interview," \(\text{op. cit.}\), or Truax, et al., "Therapist's Contribution to Accurate Empathy, Non-Possessive Warmth, and Genuineness in Psychotherapy," \(\text{op. cit.}\).

\(^3\)For example, see Ferdinand Van der Veen, "Effects of the Therapist and Patient on Each Other's Therapeutic Behavior," \(\text{op. cit.}\), or Carl R. Rogers, "The Findings in Brief," \(\text{op. cit.}\), p. 90.
and genuineness is bound to be influenced by the attitudes and reaction patterns of the client.

This study is based upon the premise, often cited in the literature¹ and stated by most clinicians, that most workers are more successful in working with certain types of clients than they are with others. While it is eminently desirable for caseworkers to be able to establish rapport and communicate effectively with as wide a range of clients as possible, the reality is, as is true of all relationships, we do get along better with some people than we do with others. Professional education provides the knowledge base for understanding clients and for developing awareness of use of self. While such understanding will not resolve all relationship difficulties, it does provide the worker with tools for evaluating the forces that influence his reactions.

A worker's capacity for experiencing high levels of empathy, regard, and genuineness will be all for nought if his client fails to perceive these qualities as being communicated to him. This study is based on the assumption that it is what the client himself experiences that affects him most directly and in turn influences the nature of the

therapeutic process, regardless of the accuracy or inaccuracy of his perception. This view suggests that while the worker may bring to the relationship sensitivity and the capacity for rapport, such qualities are only useful if the client perceives them at least to a minimal degree. As Rogers has noted, "Unless some communication of these, the worker's attitudes, has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned, and the therapeutic process could not . . . be initiated."¹

The client and the worker and their interaction contribute differing amounts of variance to the casework relationship. Both bring to the relationship their experiences, attitudes, and styles of thinking and perceiving, creating an atmosphere that is the joint product of the contributions of the participants. In fact, interaction patterns create an atmosphere which is something more than the input of the particular contributions of the participants. Conceptualized as a system, worker and client together participate in a series of transactions out of which emerge patterns of relating that are unique.² Accepting the view that, as in all relationships, the personal characteristics of the participants influence the

¹Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change," op. cit.

²For example, see Lennard and Bernstein, op. cit., also Witkin, Lewis, and Weil, op. cit., pp. 205-208.
nature of the system, it follows that workers possessing differing personal characteristics may have differential success in forming relationships with clients possessing differing personal characteristics.

The A-B studies were reviewed since the emphasis in these studies served to support the notion that the personal characteristics of the participants is a salient determinant of therapeutic process and outcome. Type A and type B therapists, possessing differing personal characteristics and frames of reference, have differential rates of success with patients who have differing forms of pathology. In actual clinical studies and in extended psychotherapy analogues A therapists, characterized by their active involvement and expressiveness, form more effective relationships with schizoids and process schizophrenics. B therapists, who are more directive or passively permissive, appear to be more successful in working with neurotics and reactive schizophrenics.¹

A link has been established between the A-B studies and the dimension of cognitive-perceptual styles as conceptualized in the work of Herman Witkin.² Witkin has differentiated between global and articulated cognitive styles.

¹For comprehensive reviews of this work, see Razin, op. cit., and Carson, op. cit.

²Pollack and Kiev, op. cit.
styles, and has demonstrated that these styles are manifested perceptually as field-dependence and field-independence. These styles are believed to be associated with extent of psychological differentiation and are manifested with some consistency in body concept, identity formation, defense mechanisms, forms of pathology and modes of interpersonal relationships.¹

Although actual clinical research is sparse in this area, there are indications that dyads consisting of persons with markedly differing cognitive styles will have difficulty communicating and as a consequence will experience greater discomfort in the relationship than will the members of dyads having more similar cognitive styles.² This forms the basic conceptual notion to be tested in this study. If such differences exist, then they should be manifested in the levels of relationship conditions—regard, empathy, unconditional positive regard, and genuineness. Since there is no evidence to suggest that workers with a particular cognitive style are more or less successful in establishing relationships or that clients with a particular cognitive style elicit higher relationship levels, it was hypothesized that when each is considered independently, differences in the styles of workers and differences in the styles of

¹Witkin, et al., op. cit.

²For example, Shows, op. cit., or Silverman, op. cit.
clients would not influence client perception of relationship levels.

The second portion of this study is concerned with the worker's choice of treatment modalities as a function of the cognitive-perceptual style dimension. The diagnostic casework model is based upon the principle that the choice of treatment procedures is systematically related to the psychosocial diagnosis. Since the accuracy of the process is dependent upon the inclusion of an assessment of all relevant dimensions, social workers' lack of familiarity with the dimension of cognitive-perceptual styles is of concern, particularly since the evidence indicates that differences in style have implications for the differential use of treatment techniques. For example, in psychotherapy field-dependent patients seem to depend more upon their therapists, prefer more active therapists and find supportive, structured techniques most helpful. The capacity of the field-independent person for distancing and self-observation leads to a preference for techniques that enable them to introspect and create their own structure. Based upon the work of Karp, et al., it was suggested that despite the

1Witkin, Lewis, and Weil, op. cit.; also Witkin, "Psychological Differentiation and Forms of Pathology," op. cit.

2Karp, Kissin, and Hustmyer, op. cit.
lack of consideration of the cognitive-perceptual dimension by social workers, this still might be an underlying dimension which is considered via some of its behavioral manifestations. For example, such variables as identity formation, defense mechanisms, body concept, and styles of relating, all associated with the cognitive style dimension, are generally considered in making an assessment and determining a treatment plan and consequent choice of treatment techniques. This led to the hypothesis that there will be a significant difference between the choice of treatment methods employed by caseworkers when treating clients having differing cognitive styles, regardless of differences in worker cognitive styles.

In addition, while not stated in the form of a research hypothesis, data were analyzed to determine if contrasting client cognitive orientations would be manifested in differences in the homogeneity of subscores on the Relationship Inventory. On the basis of theoretical considerations, it was predicted that clients who were relatively field-independent, having a discrete perceptual approach, would have more differentiated responses between subscores than would field-dependent clients who are characterized by their global approach.

As was reported in the findings, the conceptual notions of this study received mild but consistent support from the data when the Embedded Figures Test was used as
the measure of cognitive style. Client perception of the
total relationship, as well as levels of regard, empathy,
and genuineness, was significantly more positive when clients
were paired with workers having congruent cognitive styles
than when they were paired with workers having incongruent
cognitive styles. As predicted, the interaction effect was
the only significant effect, with neither differences in
worker styles nor differences in client styles having an
independent effect. Differences in worker styles were not
associated with differences in client perception of relation-
ship levels. Differences in client styles were also not
associated with differences in client perception of relation-
ship levels. In addition, the cognitive-perceptual
orientation of the client was associated with differences
in his mode of perceiving the worker. Field-independent
clients were more specific in differentiating qualities of
the worker whereas field-dependent clients had a more global
approach.

As predicted, there was a significant difference
between the choice of methods workers considered to be most
influential in achieving casework goals with clients having
contrasting cognitive styles. With field-independent clients,
workers placed greater emphasis on self-awareness. With
field-dependent clients, workers stressed supportive tech-
niques.
Since the Embedded Figures Test and the evaluations of figure drawings were supposed to be measuring the same dimension, the inconsistency between the distributions of the two tests merits some discussion. A worker-client pair rated as congruent on one test was about as likely to be incongruent as congruent on the other test. As was noted earlier in the discussion on instruments, the correlation between the Group Embedded Figures Test and the Sophistication of Body Concept Scale is .57, a rather moderate relationship which only accounts for approximately thirty per cent of the variance. This leaves considerable leeway for an individual's scores to differ on the two measures. This difference is further compounded when the groups are divided at the median. As noted in the discussion on instruments, the Embedded Figures test was the preferred measure, so the failure to achieve significant findings on the basis of figure drawings was consistent with the assumptions of the study. In addition, the figure drawing scores, having a narrow range of five categories, proved to be particularly ill suited to the form of statistical analysis used. It was impossible to divide the distribution at the actual median of 2.5. Consequently the distribution was dichotomized into a Low group consisting of categories I and II and a High group containing categories III, IV, and V, with the result being that a number of cases were arbitrarily forced into category II when they belonged between II and III.

Since there were significant findings for client perception of relationship levels on all scales except
unconditional positive regard, one wonders what differentiates this variable from the others, particularly since the mean score was the lowest of all the scales and the standard deviation was the largest, indicating a differential response pattern. Clients had the most difficulty understanding the meaning of items relevant to this scale on the questionnaire. For example, clients had difficulty distinguishing whether the following question implies a positive or a negative response on the part of the worker. "Whether the ideas and feelings I express are good or bad seems to make no difference to his feelings towards me." As with a number of the unconditional positive regard items, the worst of which were deleted in my revision, it is difficult to differentiate between consistency in caring and indifference. Clients tended to interpret some of these items as indifference since it is logical to assume that if the worker cares, it would matter to him when the client feels good or bad. It was this investigator's impression that clients did not seem to expect that workers should avoid making value judgments regarding the appropriateness of their behavior. While the population was primarily middle-class, for the most part they did not seem to be a psychologically sophisticated group. Many expected the workers to give advice and to take an active role in doing something to correct their unsatisfactory interpersonal relationships. While an attitude conveying unconditional positive regard may be an important
component of the relationship, it may be that many clients, having a different view of the helping process, would prefer to know where the worker stands.\textsuperscript{1} Thus, it is the impression of the investigator that the lack of significant findings on the scale of unconditional positive regard were due to conceptual difficulties in constructing appropriate questions to tap the dimension as well as due to differences in perspective between client expectations and theoretical emphases.

While the basic conceptual notions of this study were supported by the findings, it is important to note the limitations of this study.

The sample was restricted to female clients and, consequently, there is no basis for generalizing to a male population, since sexual differences influence the therapeutic experience.

The data were collected at single points in time. Clients responded to the Relationship Inventory following the end of the fifth interview. This raises questions regarding the quality of the relationship prior to and following the end of the fifth interview. Since it has been reported that 55\% of family agency clients drop out prior to

\textsuperscript{1}While the following study dealt with a lower-class population and this deals with a middle-class population, some of the findings appear to be relevant. John E. Mayer and Noel Timms, "Clash in Perspective Between Worker and Client," \textit{Social Casework}, Vol. 50, No. 1 (January 1969) pp. 32-40.
the second interview, and the high drop-out rate continues through the fourth interview and then tapers off,¹ the client sample used in this study was highly selective. It can be assumed that amongst the people not included in this study were some who dropped out because of difficulty in getting along with their caseworkers. It would have been valuable to have included all clients who came to the agency. In essence, this study is only about female clients who felt well enough about the experience to continue.

As was noted in the text, the distribution of scores for client perception of relationship conditions was fairly homogeneous and bunched towards the positive end. Only one score on unconditional positive regard fell below the midpoint of the theoretical range. The similar pattern found in the distribution of scores in the Barrett-Lennard study,² suggests that this response is not idiosyncratic to this sample, especially since Barrett-Lennard also used the fifth interview for his initial data collection. In light of the positive bunching, differences in client ratings of relationship conditions are indicative of more or less positive


perceptions rather than of positive versus negative perceptions.

While a significant interaction effect was found, the actual differences between means is not great. For example, on the total relationship scale the actual difference between group means is thirteen points. Thus, while clients paired with workers having congruent cognitive styles perceive their workers more positively than those paired with incongruent workers, the difference between the two groups is not very dramatic. Since the difference is in the predicted direction, one might speculate that a greater difference might have been found with a more heterogeneous sample and more powerful measures of relationship conditions and cognitive styles.

Regardless of the strength of the differences, questions remain as to who is producing the differences. This study was based upon the assumption that the client's perception of the relationship is a measure of the interaction between worker and client, taking into account the client's personality characteristics as well as the attributes that the worker manifests in relation to him. Actually, there is no way of knowing if the relationship scores are reflecting the joint contributions of both participants or if they are primarily a product of the conditions offered by the worker on the one side or of the responsiveness
of the client on the other side.

It may be that congruence of cognitive styles primarily increases the worker's regard for, responsiveness to, and openness towards the client. These qualities are in turn perceived by the client and reflected in higher relationship scores. On the other side, it may be that congruence of cognitive styles primarily increases the client's comfort in the relationship, his responsiveness to the worker, his openness and feeling of being understood by the worker. Thus, his perception of the worker is reflected in higher relationship scores, somewhat apart from the actual level of conditions offered by the worker.

The conceptual notions of this study suggest that it is extremely difficult to determine who is producing the effect since the relationship is viewed as the joint product of the participants, with each in turn influencing the reactions of the other. Still, it is possible that in some instances congruence of cognitive styles may have a primary influence on the worker whereas in others the primary influence is upon the client, with the mean relationship levels reflecting the averaging out of the two. This suggests an avenue for further research directed towards locating the actual locus of the influence of congruence and incongruence of cognitive styles.

The investigator recognizes that this study is limited to a concern with certain effects involving crucial
aspects of the casework process. Data on treatment outcome was not collected, and the issue of the effectiveness of treatment has not been dealt with. While the predicted associations between cognitive styles and relationship levels were confirmed, evidence was not presented regarding the influence of this association on client outcome. Since this was not an intrinsic part of the study design, the lack of such data cannot be considered a criticism of the study, but, nevertheless, the question remains as to whether or not the higher relationship levels associated with congruence of worker-client cognitive styles ultimately pay off in more positive treatment outcomes. While the issues raised by this question go far beyond the scope of this study, a brief discussion might help to provide a more meaningful context for viewing the findings presented.

In Chapter I (pp. 11-14), a series of client-centered studies were cited in which a positive correlation had been reported between the levels of relationship conditions and client outcome. For example, Truax\textsuperscript{1} has concluded that not only do patients get better when relationship conditions are high, but they also get worse when conditions are low. Thus, there is some evidence to suggest that when relationship conditions are high, the effectiveness of the treatment process is enhanced.

\textsuperscript{1}Truax, et al., op. cit.
When this study is viewed in the context of the above cited client-centered studies a problem emerges. As noted earlier, clients in this study tended to perceive workers as providing fairly positive relationships, with differences between the congruent and incongruent groups being indicative of more or less positive perceptions rather than of negative versus positive perceptions. Since the relationship between outcome and level of conditions reported in the client-centered studies tend to be based upon more extreme differences, this raises the question of whether or not the findings of the client-centered studies can be used to support an association between level of conditions in this study and treatment outcome. A major limitation of the client-centered studies is that they deal with group trends and not with individual differences. While patients receiving relatively high conditions fare better in treatment and patients receiving relatively low conditions fare worse, the correlation between level of conditions and outcomes, while positive, is far from perfect. A considerable portion of the variance must be attributed to other influences.

Since, in this current study, the differences between groups was far from dramatic, the possibility increases that factors other than relationship conditions might play a more decisive role. At any rate, it would be unrealistic to conclude that the congruent group, having somewhat higher
relationship levels than the incongruent group, would of necessity end up with more positive client outcomes.

Perhaps there is yet another way of looking at the effectiveness question. While not included in the conceptual underpinnings of this study, perhaps similarity in itself is associated with treatment effectiveness, regardless of its influence on relationship levels. In a comprehensive review of studies dealing with the effect of therapist-patient similarity, Meltzoff and Kornreich\(^1\) state that while it is reasonable to expect that therapists who have had similar experiences as their patients will be more understanding and empathic, it is also reasonable to expect that similarity might interfere with effectiveness as a consequence of too much involvement and the inability of the therapist to help the patient find new approaches to coping with problems. In these terms, while similarity of cognitive styles are associated with higher relationship levels, it is possible that the lower relationship levels of dissimilar worker-client pairs might be more productive of therapeutic movement. Having a degree of incongruence, but not enough to create communication problems, a more field-dependent worker might do better in helping the field-independent

client to give up some of his need for structure, whereas
the more field-independent worker might do better at helping
the field-dependent client structure his experience. Since
there is no hard evidence in support of this view as opposed
to the similarity hypothesis, at this point all one can say
is that while similarity of cognitive styles is associated
with higher perceived relationship levels, the precise
influence of the levels on outcome is yet to be determined.

The finding that worker choice of treatment methods
was associated with differences in clients and not with
personal characteristics of the workers is commensurate
with Goldmeier's\(^1\) conclusion that professional education
minimizes the effect of the personal attributes of the
worker on his decisions about the treatment process. On
the other hand, the findings appear to be contradictory to
those of Reid and Mullen,\(^2\) both of whom reported that worker
style was a more salient influence on worker choice of
treatment procedures than was diagnostic considerations.
Since all of these studies had different designs, it is
difficult to make comparisons. The Reid and Mullen studies
used objective judges who evaluated choice of procedures by

\(^1\)Op. cit.

listening to tapes of actual interviews. Goldmeier used a simulated interview situation, an analogue, to which worker subjects indicated the techniques they considered appropriate to a given case. In this current study, workers rated the techniques they believed to have been important in achieving casework goals but there was no actual measure of how much use was made of particular techniques relative to others. A major difference amongst the studies is the extent to which the rating is derived from what actually occurs in an interview as opposed to what workers say they do or ought to do. When workers make judgments outside of an actual interview, they may say what they have learned are the appropriate procedures to be used in association with particular client characteristics. This choice may be relatively free from personal predilections. When the performance of the worker is studied by viewing the actual interview, his choice of procedures may be more potently influenced by his idiosyncratic personal predilections as influenced by the actual give and take of the two participants.\footnote{For example, in the following study it was found that there was a discrepancy between the techniques workers said they used and those observed by judges listening to tapes of the same interviews. William J. Reid and Ann W. Shyne, \textit{Brief and Extended Casework} (New York: Columbia University Press, 1969), pp. 82-95.}

On further reflection, there may not be a contradiction between the findings of this study and those of Reid and Mullen. The finding that there is a moderate association...
between client cognitive styles and worker choice of treatment techniques is consistent with Mullen's findings since in his first report,¹ he had also found some significant relationships between diagnostic variables and worker choice of treatment techniques. Reid,² in an analysis based on an interview simulation reported weak to moderate associations between "directive," "probing," and "insight-oriented" responses and diagnosis. Since Mullen found that supportive techniques tended to be used more when clients were rated low in intellectual functioning, adaptive defenses and overall ego functioning, the possibility exists that there is a commonality between these characteristics and the dimension of a cognitive style. Individuals with global cognitive styles, characterized by their general diffuseness, use of relatively primitive defenses such as denial, and their less distinct sense of body ego and identity, might well be characterized as having less adaptive defense mechanisms and lower overall ego functioning.

In addition, significant correlations have been reported between cognitive styles and intellectual functioning as measured by scores on the Wechsler Intelligence Scale for Children. Witkin et al. have demonstrated that the relation


between cognitive style and IQ is carried specifically by portions of the WISC, which, like the perceptual tests themselves, involve the requirement of analytical functioning in overcoming embeddedness; i.e., Block Design, Picture Completion, and Object Assembly. It is his view that the relation is best explained on the basis of the expression of a general cognitive style in both. Nevertheless, there is some overlap between the components of intelligence and the cognitive style dimension, leaving the possibility that the significant association between cognitive styles and choice of treatment procedures as well as the association between styles and relationship levels, might be, at least in part, a function of intelligence. Since subjects were not rated on intellectual functioning, this possibility cannot be ruled out.

The major difference between Mullen's and Reid's findings and those of this study have to do with the relationship between worker style and choice of treatment techniques. They reported that the "style" of the worker seemed to account for the largest amount of variation in the use of techniques, representing a greater portion of the variance than could be attributed to diagnostic considerations.\(^2\) Reid and Mullen did not define the components of style. The


\(^2\)This differs from the findings in this study since worker cognitive style was not associated with the use of differing technique clusters.
term was used to encompass differences between workers in their characteristic preference for using particular techniques regardless of diagnostic considerations. The lack of an association, as was predicted, between contrasting worker cognitive styles and the use of differing technique clusters suggests that the cognitive style variable may not be a component of the term "style" as used by Reid and Mullen.

Taken as a whole, the findings derived from this study highlight the relevance of the cognitive style dimension in enhancing our understanding of the casework process. In looking at a number of specific effects, the cognitive styles of the participants influences perception, the quality of the relationship, and the choice of treatment methods. Certainly, cognitive style only contributes to a moderate portion of the variance and there are a host of other forces that contribute to the effects studied. On the basis of these findings though, it is suggested that content on cognitive style be included in foundation courses in human behavior and social environment sequences in schools of social work. Also, the inclusion of this content in casework courses would aid in alerting students to the influence of the personal characteristics of the participants on the casework process while adding another dimension to enrich the diagnostic process. Since the variable is relatively simple to assess, either individually or in groups, research sequences might do further studies in this area as well as introduce students to relevant studies.
APPENDIX
APPENDIX A

RELATIONSHIP QUESTIONNAIRE

Client's name__________________________ Date____________

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

Please consider each statement with reference to your present relationship with your caseworker.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every statement. 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 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 it is not true.

1. He respects me as a person.
2. He wants to understand how I see things.
3. He is comfortable and at ease in our relationship.
4. He feels a true liking for me.
5. I feel that he puts on a role or front with me.
6. He is impatient with me.
7. Depending on my behavior, he has a better opinion of me sometimes than he has at other times.

8. I feel that he is real and genuine with me.

9. His feeling toward me doesn't depend on how I feel toward him.

10. It makes him uneasy when I ask or talk about certain things.

11. He is indifferent to me.

12. He usually senses or realizes what I am feeling.

13. He finds me rather dull and uninteresting.

14. His own attitudes toward some of the things I do or say prevent him from understanding me.

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

16. He wants me to think that he likes me or understands me more than he really does.

17. He cares for me.

18. Sometimes he thinks that I feel a certain way, because that's the way he feels.

19. He likes certain things about me, and there are other things he does not like.

20. I feel that he disapproves of me.

21. He usually understands the whole of what I mean.

22. If I show that I am angry with him, he becomes hurt or angry with me, too.

23. He expresses his true impressions and feelings with me.

24. He is friendly and warm with me.

25. He just takes no notice of some things I think or feel.
How much he likes or dislikes me is not altered by anything that I tell him about myself.

He appreciates exactly how the things I experience feel to me.

He is willing to express whatever is actually in his mind with me, including any feelings about himself or about me.

At times he thinks I feel a lot more strongly about a particular thing than I really do.

He is openly himself in our relationship.

I seem to irritate and bother him.

He does not realize how sensitive I am about some of the things we discuss.

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

There are times when I feel that his outward response to me is quite different from the way he feels underneath.

He understands me.

Sometimes I am more worthwhile in his eyes than I am at other times.

He is truly interested in me.

I don't think that anything I say or do really changes the way he feels toward me.

What other people think of me does (or would, if he knew) affect the way he feels toward me.

I believe that he has feelings he does not tell me about that are causing difficulty in our relationship.
Dear

Your client, , completed a questionnaire following her fifth interview. At that time, she was informed that she would receive another in three months. This questionnaire and a return envelope are contained in the sealed envelope. Since I do not know the name and address of your client, please address the envelope and mail it to her.

At the same time, please answer the following questions and mail this back to me in the self-addressed envelope included.

a. Highest level of education achieved by client

b. Number of interviews held through the fifth:

   Individual

   Conjoint

c. Number of interviews held following the fifth:

   Individual

   Conjoint

d. Check which of the following are applicable to your client:

   (1) Still in treatment with you.

   (2) Terminated with your agreement.

   (3) Terminated against your advice.

   (4) Case transferred.

   (5) Case now on waiting list for re-assignment.
e. For the following list of treatment techniques, indicate which ones you feel were most significant in achieving casework goals with this client.

The technique considered most important should be so indicated by numbering it 1, the next 2, and so on through numeral 7.

Reassurance
Advice and guidance
Ventilation
Logical discussion

Encouragement of self-examination to enhance understanding of current interpersonal responses.

Encouragement of self-examination to enhance understanding of current intrapsychic dynamics.

Encouragement of self-examination to enhance understanding of developmental origins of patterns of response.
APPENDIX C

DEFINITIONS OF CASEWORK TECHNIQUES

1. Reassurance

Overt expressions of understanding, sympathy, concern, general encouragement, and appreciation of the client's abilities or qualities.

2. Advice and Guidance

Recommendations designed to influence the client's decisions and behavior in specific directions.

3. Ventilation

The caseworker's eliciting the client's expression of emotion attached to persons and situations in his past and current experiences.

(Categories 4, 5, and 6 are self-explanatory)

4. Encouragement of self-examination to enhance understanding of current-interpersonal responses. (This is analagous to logical discussion in the Reid-Shyne system.)

5. Encouragement of self-examination to enhance understanding of current intrapsychic dynamics. (This is the same as clarifying current intrapsychic causation in the Reid-Shyne system.)

6. Encouragement of self-examination to enhance understanding of developmental patterns of response. (This is the same as Clarifying Developmental Causation in the Reid-Shyne system.)

\[1\text{Definitions are primarily those provided by Reid-Shyne, op. cit., pp. 69-74.}\]
e. For the following list of treatment techniques, indicate which ones you feel were most significant in achieving casework goals with this client.

The technique considered most important should be so indicated by numbering it 1, the next 2, and so on through numeral 6.

Reassurance

Advice and guidance

Ventilation

Encouragement of self-examination to enhance understanding of current interpersonal responses.

Encouragement of self-examination to enhance understanding of current intrapsychic dynamics.

Encouragement of self-examination to enhance understanding of developmental origins of patterns of response.
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