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Client Preference for Psychotherapist: Authoritarianism Revisited

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CLIENT PREFERENCE FOR PSYCHOTHERAPIST: AUTHORITARIANISM REVISITED

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What is now proved was once only imagin'd.

William Blake, The marriage of heaven and hell.

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I dedicate this thesis to my parents, Lawrence and Loretta Kraus, whose encouragement and aid have helped me immeasurably in my academic pursuits. Your love is all that was necessary.

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CLIENT PREFERENCE FOR PSYCHOTHERAPIST:

AUTHORITARIANISM REVISITED

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The California F Scale served to distinguish among high-, medium-, and low-authoritarian graduate students who participated in a study of client preference for psychotherapist. The subjects viewed the film series, Three approaches to psychotherapy, and were asked their personal preference for a psychotherapist (Carl Rogers or Albert Ellis) and their perceptions on and consideration given to 12 dimensions of therapist style and behavior. Comparison of the high-, medium-, and low-authoritarian groups indicated that their choice of therapist was significantly different. Authoritarian subjects preferred the directive therapist (Ellis) whereas the nonauthoritarians choose the nondirective therapist (Rogers) at a rate significantly different from chance. Factor analysis of the perception scores on the 12 diemnsions of therapist behavior yielded two factors: a "good-guy"-competent-empathic factor and a directive-evaluative factor. These two factors were highly positively correlated for the high-F group and negatively correlated for the low-F group. Further analysis revealed that for all three groups, the global "good-guy" factor was most highly related to

a subject's choice of therapist. Factor analysis of the consideration scores on the same 12 dimensions of therapist behavior yielded three factors: an affective-competence factor, a similarity-attraction factor, and a directive-evaluative factor. Further analysis indicated no significant differences across all three groups in the consideration they assigned to these factors. Discussion centers on why high- and low-authoritarian subjects differed in their choice of therapist and the possible implications of this in actual therapy settings. A case is made for matching client and therapist on the basis of the client's level of authoritarianism.

Introduction

Client preference for a particular style of psychotherapy is an area of empirical investigation neglected in both outcome and process studies of psychotherapy. Investigators appear to be more concerned with the effects or the inner workings of psychotherapy while paying scant attention to client preference for type of therapy. This oversight is important as client preference for psychotherapist may be a viable avenue of exploration not only for questions regarding outcome of psychotherapy, but for the achievement of more beneficial therapeutic dyads.

A systematic review of the pertinent literature reveals that a strong case can be made for a correlation between the degree to which a client is attracted to a psychotherapist and subsequent client improvement. In a study of client dependency, Heller and Goldstein (1961) found that clients who are positively drawn to their therapist viewed themselves as becoming more independent as therapy progressed. Indeed, in his review of the literature on psychotherapeutic relationships, Gardner (1964) noted that clients who felt a closer relationship with their therapist reported significantly more favorable outcomes than did clients who felt a more aloof relationship. Snyder and Snyder (1961) reported a significant positive correlation between clients' attitudes toward their therapist (as

measured by the Client Affect Scale) and their consequent classification for change toward general adjustment and improvement ($r = .53$). Several measures which served as indices of improvement were: (1) amount of change on the Edwards Personal Preference Scale from first to last administration; (2) low scores on the Minnesota Multiphasic Personality Inventory; and (3) high ranking on rapport as noted by the therapist. Boulware and Holmes (1970) explain this relationship by suggesting that positive interpersonal attraction increases receptivity to interpersonal influence. They note that "Person A has more influence over Person B when B is positively attracted to A than when B feels neutral toward A or dislikes A" (p. 269). The relationship between interpersonal attraction and influence has been evidenced in overt behavior (Back, 1951; French & Snyder, 1959; Saplosky, 1960) as well as in attitude change (Mills, 1966; Mills & Aronson, 1965; Sigall & Aronson, 1967). Since the changes in behavior and feelings of a client which occur in psychotherapy to an extent are due to the interpersonal influence of the therapist, and because interpersonal influence is a function of preference (attraction), a position can be taken for matching clients with therapists who are attracted to them in significant ways.

Literature Review

Despite a paucity of research dealing with client preference for psychotherapist, several studies can be reviewed that concern themselves with this topic. In particular, certain investigations have looked at the relationship between client and therapist authoritarianism in regard to psychotherapist preference. In one of the earlier studies, Vogel (1961) studied the interaction of authoritarianism between client and therapist with the hypotheses that authoritarianism would find expression in client attitudes toward psychotherapy and behavior in therapy and that similarity in this trait would facilitate psychotherapy. The California F Scale and the Authoritarian-Equalitarian Therapy sort (constructed for this study) were administered to 62 subjects from two clinic populations as a measure of authoritarianism and preference for authoritarian-equalitarian therapy, respectively, prior to initiating psychotherapy. Group A was composed of 32 psychiatric inpatients seen by 32 senior medical students. Group B subjects were drawn from a university counseling center and were assigned to 17 therapists whose therapeutic experience varied from considerable to none. An Observor Rating Scale was constructed to assess client and therapist behaviors during selected segments of therapy by two judges, one of whom was the author. This instrument had a low, but signi-

ficant, reliability coefficient of .38. The scale was intended to measure the quality of the relationship and client satisfaction as well as five dimensions of therapist behavior (aggressive-submissive, directive-nondirective, high-low anxiety, dominating-equalitarian, rigid-flexible) and five areas of client behavior (aggressive-submissive, dependent-self-sufficient, high-low anxiety, conventional-individualistic, rigid-flexible). In Group A, the hypothesis that equalitarian clients would tend to form better therapeutic relationships than those characterized as authoritarian was tested against the criterion measures of therapist's rating of the quality of the relationship and his evaluation of client satisfaction, and judges' composite rating of the quality of the relationship and client satisfaction. There were no significant differences between the high- and low-F subjects on the therapists' ratings, although the differences between subjects on the judges' ratings were in the predicted direction ($p < .01$). The same hypothesis was tested in Group B only against therapist rating of the quality of the relation and his estimate of client satisfaction. There were no significant differences between authoritarian and equalitarian subjects on these dimensions. The second hypothesis, that authoritarian clients would tend to form better therapeutic relationships with therapists similar in this trait, was tested on the same criteria measures as noted above. For both Group A and B, all differences were nonsignificant. The opposite

hypothesis, that equalitarian clients would tend to form better therapeutic relationships with equalitarian therapist, was not supported, and in fact, for Group B the results were in the opposite predicted direction. The notable absence of proof on the dimension of authoritarianism suggests its lack of relevancy in regard to the psychotherapeutic relationship. However, the lack of experience in the study's sample of psychotherapists might have influenced in no small way the relatively poor therapeutic relationships that developed between client and therapist. In addition, the low observer-rating scale reliability, although statistically significant, is uselessly low for empirical purposes. These limitations suggest caution when interpreting the author's results.

In a similar study, Wallach (1962) predicted that independent college students would select a therapist who encouraged self-reliance and that subjects who expressed a preference for a therapist giving more assistance or serving as a model to be imitated would tend to be more authoritarian. Three descriptive paragraphs describing therapists as either "Nurturant" (understanding, giving or assistance), "Model" (fine qualities of model person), or "Critic" (perceptive, allowing clients to arrive at their own conclusions and decisions) were presented to 216 subjects who were instructed to select a therapist. In his sample 82% (178) of the subjects expressed a preference for the "Critic" therapist while 33 subjects selected the "Nurturant" and five the "Model" therapist. The

mean F score of subjects preferring the "Nurturant" or "Model" therapists was significantly higher than those subjects who selected the "Critic" therapist ($p < .001$). There appears to be some degree of ambiguity in the author's descriptive paragraphs of therapists as a quick scan of his results suggests an outcome in an unintended direction, i.e., both groups preferred a nondirective therapist. If one assumes that "Nurturant" (giving or assistance) represents a directive style of therapy and "Critic" (allows clients to arrive at their own decisions) subsumes a nondirective orientation, then Wallach's findings are consistent with leadership studies that suggest authoritarians prefer high-status leaders who exhibit strong authority and direction (Secord & Bachman, 1964). This issue seems to be largely academic as the weakness of the design limits the validity of his conclusions. The author assumes, but does not verify, that his descriptive paragraphs do indeed reflect both a directive and nondirective style of therapy. A more important issue is the hypothetical nature of the study as the author presupposes that students would behave in the manner they indicated if they were in real need of psychological treatment.

Tosi (1969) studied the effects of different levels of therapist and client dogmatism on the clients' perceptions of the therapeutic relationship following a single session of therapy. Kerlinger and Rokeach (1966) report a range of correlations of .54 to .77 of the Rokeach Dogmatism Scale to

the California F Scale. In Tosi's study, scores on the Dogmatism Scale served to distinguish three levels of therapist and client dogmatism (high, medium, low). The author concluded that optimal therapeutic relationships occured when low-dogmatic therapists were paired with low- and medium-dogmatic clients. Conversely, he noted that the poorest relationships developed when high-dogmatic therapists were paired with medium- and high-dogmatic clients.

Fernbach (1973) attempted to avoid criticism of previous studies that tended to rely on subjects' mental imagery of therapists by visually depicting psychotherapists of different schools of thought interviewing the same client. In a pilot study 147 subjects viewed the film, Three approaches to psychotherapy, showing Carl Rogers, Albert Ellis, and Frederick Perls interviewing the same client. Subejcts were instructed to rate the therapists on the dimension of directiveness-nondirectiveness and the degree of liking they felt for the therapist. As anticipated, Ellis was rated as the most directive therapist and Rogers as the least directive therapist by the subjects. From an original sample pool of 300 subjects who completed the California F Scale, 30 high-F (authoritarian) and 30 low-F (nonauthoritarian) subjects were selected. An identical procedure to the pilot study was employed with the exception that subjects were asked only to rate the therapists on the dimension of liking they felt for each therapist. The analysis of variance revealed a significant Therapist X Authoritarianism interaction ($p < .01$).

Authoritarians exhibited a significant preference for Ellis when compared to the nonauthoritarians while the nonauthoritarians demonstrated a similar preference for Rogers. When analyzed separately the authoritarians as a group preferred Ellis over Rogers ($p<.05$) and the nonauthoritarians tended to select Rogers over Ellis ($p<.10$). The author recognized the confounding of therapist and dimension of directiveness and properly raised the question of to what extent subjects were responding to the therapist's technique or to some unknown aspect of his personality or bearing. This limitation suggests a need for the replication of this study with additional measures to probe for the specific therapist characteristics which may have determined the subjects' choice. A further criticism appears to be the lack of emotional involvement of the subjects in the Fernbach study in that they were unable to experience the genuine encounter and confrontation necessary in psychotherapy. Thus, any replication should make greater efforts to emotionally involve the subjects in the study so as to elicit their full cooperation and attention. The present investigation sought to replicate, clarify, and extend the Fernbach findings in the direction suggested above.

It was hypothesized that in regard to the selection itself there would be a significant main effect for Authoritarianism. It was predicted that authoritarians would be more likely to prefer a directive therapist (Ellis) than would nonauthoritarians and that nonauthoritarians would be more likely to select a nondirective therapist (Rogers) than would au-

thoritarians. Furthermore, it was hypothesized that authoritarians as a group would prefer Ellis over Rogers; this prediction was reversed for the nonauthoritarians as it was believed that they would choose Rogers over Ellis as the preferred therapist. This investigation also sought to explore the determinants of choice and their relative importance in regard to preference. As this was an exploratory study, no advance predictions were made in regard to the specific therapist characteristics which might have influenced a subject's particular choice of therapist.

Method

Subjects

Approximately 135 adults served as subjects. The members of this sample were predominantly school teachers who returned to Western Kentucky University during the summer session for completion of advanced degree programs. However, one class of 25 police officers was included in the sample.

Procedure

The experimenter conducted the entire experiment in classrooms during regular class meetings. Five classes were used for the experimental procedure and required approximately 75 minutes each in administration.

The California F Scale (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950) was used to discriminate among high-, medium-, and low-authoritarian subjects (Appendix A). Each question on the F Scale was scored +1, +2, +3 for the three degrees of agreement, or -1. -2. -3 for the three degrees of disagreement. As the scale is composed of 30 items, it is possible for F scores to range from +90 to -90. This instrument has been standardized on such diverse populations as university students, prison inmates, military personnel, and psychiatric patients. Reliability coefficients have ranged from .81 to .97 with an average reliability of .90 (Adorno,

et al., 1950).

The film series, Three approaches to psychotherapy (published by Psychological Films, Santa Ana, California, 1965), depicting Carl Rogers, Albert Ellis, and Frederick Perls interviewing the same client was used in part. Only those segments of the film showing the actual therapy by Ellis and Rogers were employed; the Perls interview and the introduction and discussion sections of the film were omitted.

Although all 135 subjects completed the entire experimental procedure, only selected subjects who were high, moderate, and low on the F Scale were drawn from the original subject population for comparative analysis. The high-F group consisted of 18 subjects who scored more than 1.0 standard deviation above the mean of the present sample and the low-F group was comprised of 18 subjects who scored more than 1.0 standard deviation below the mean. The 18 subjects who scored closest to the mean were used as the moderate-F group.

After completing the F Scale, subjects were read standardized instructions prior to viewing the film (Appendix B). They were told that recent statistics in mental health research indicate that one out of three people in society today require the services of a psychotherapist at some time in their lives, for a variety of reasons, and that it may be to their advantage to know something about psychotherapy and its practitioners. Subjects were told they would have the opportunity to learn about psychotherapy by watching a film of two

famous psychotherapists interviewing the same client. They were instructed that after viewing the film, they would have to complete a short rating sheet evaluating both therapists. Subjects were further instructed not to discuss the film among themselves until the experiment was over. To prevent an order effect of therapist presentation, approximately one-half of the classes saw Rogers first, then Ellis; the remaining classes viewed Ellis working with the client, then Rogers.

At the conclusion of the film, the experimenter distributed the Therapist Rating Scale (TRS; Appendix C). This instrument was developed to assess the subjects' choice of therapist, their perceptions of each therapist, and the consideration they gave to each perception in making their choice of therapist. The subjects expressed their preference for a therapist by circling points on five nine-point Likert items with the end points labelled "Strongly prefer Dr. Ellis" and "Strongly prefer Dr. Rogers." These items were checked for internal scale consistency and were summed for a single measure of therapist preference. The coefficient alpha was .96 for all 135 subjects.

To determine the subjects' perceptions of each therapist, they responded to 12 dimensions concerning individual therapist style and behavior. These 12 items were modeled on the therapist expectancy scale developed by Boulware and Holmes (1970). For example, the subjects responded to the statement "I believe that Dr. Rogers would understand my personal pro-

blems and feelings" by circling a number on a nine-point continuum labelled at the end points "Strongly Disagree" and "Strongly Agree." A parallel item in the exact wording addressed the same issue in regard to Dr. Ellis. On each of the 12 dimensions, a single score was calculated by subtracting each subject's evaluation of Rogers minus his rating of Ellis. For example, if a subject assigned a value of 9 to Rogers and a rating of 1 to Ellis, then his difference score of +8 would indicate the degree to which he perceived Rogers as higher than Ellis on that dimension.

Consideration scores were derived as follows: the subjects responded to a second nine-point continuum on each item for each therapist labelled at the end points "Not considered in making my choice" and "Considered very much in making my choice." The consideration scores assigned to each therapist on each item for all 135 subjects were highly correlated on all 12 dimensions ($p < .001$). The correlations ranged from .43 to .79 with a median of .61. The two consideration scores on each dimension were summed for a single measure of how much that item was considered by the subject in making his choice. Space was provided at the end of the instrument for subjects to note what factors, if any, not mentioned on the TRS, might have influenced their choice.

Data Analysis

The relationship between authoritarianism and choice of therapist was investigated by one-way between subjects

analysis of variance with the three levels of authoritarianism serving as the independent variable and subjects' preference scores as the dependent variable. Within each level of authoritarianism, Chi square analysis was employed to determine if one therapist was chosen over the other therapist at a rate significantly different from chance.

The 12 perception scores of therapist style and behavior were analyzed by principal components analysis with oblique rotation (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1970). The factor scores for the subjects at each level of authoritarianism were placed in separate stepwise multiple regression equations to assess which factors were most highly related to choice within the three groups. To determine if the subjects at different levels of authoritarianism differed in their perceptions of the therapists, the factor scores on each factor were analyzed by separate one-way analyses of variance. The consideration scores assigned to each therapist were analyzed by the same method as the perception scores.

Results

For the present total sample the California F Scale had a mean value of -8.71 with a standard deviation of 30.22. Subjects selected for the low-F group had scores of -40 and below; the moderate-F group was comprised of subjects who scored between -4 and -13; the high-F group consisted of subjects who scored +22 and above.

The hypothesis that authoritarians are more likely to prefer a directive therapist (Ellis) than are nonauthoritarians and that nonauthoritarians are more likely to select a nondirective therapist (Rogers) than are authoritarians was confirmed. The analysis of variance on preference scores was significant ($F=3.54$, df 2/53, $p<.035$). The Omega squared value indicated that authoritarianism accounted for 12% of the total variance in therapist preference.

Within each level of authoritarianism, Chi square analyses revealed that for both the high- and low-F groups their choice of one therapist over the other was significant. The preference scores of the TRS were dichotomized at the neutral point for these tests. In the high-F group, 14 of 18 subjects preferred Ellis over Rogers ($X^2=5.89$, $p<.01$ one-tailed); while in the low-F group 13 of 18 subjects expressed a preference for Rogers over Ellis ($X^2=3.55$, $p<.05$ one-tailed). The moderate-F group was more evenly divided in their choice

of therapists as 11 subjects selected Ellis as the preferred therapist while the remaining 7 opted for Rogers (X^2=.89, ns).

The principal components analysis of the 12 perception scores yielded two factors. Table 1 presents the factor matrix after rotation of the item loadings with Factors 1 and 2. Factor 1 appears to be a halo "good-guy"-empathic-competent factor. It is defined by such items as a mutual interpersonal attraction between the subject and the therapist (items 6, 7, 10, 12), the professional competency of the therapist (items 3, 4, 5), and the subject's belief that the therapist would empathize with him and understand his personal problems and feelings (items 1, 11). Factor 1 accounted for 79.7% of the explained variance. Factor 2, defined as the directive-evaluative factor, pertains to the therapist's willingness to take charge of the discussion and offer specific advice to the subject (items 2, 8), as well as to make moral judgments of the subject's behavior (item 9). As in the Fernbach study, there is apparent general agreement that Ellis is more directive-evaluative than Rogers. On items 2, 8 and 9 the 135 subjects rated Ellis higher than Rogers an average of 4.25, 4.24, and 1.21 points, respectively.

The correlation coefficients for the three groups on Factors 1 and 2 were enlightening. Whereas the overall correlation between the two factors was .05 (ns), there was a high positive correlation for the high-F group (r=.54, $p<.001$), and the low-F group had a highly negative relationship

Table 1

Factor Loadings

of the TRS Perception Scores

Item Number:	Factor 1	Factor 2
1.	.72	.06
2.	.15	.50
3.	.59	.26
4.	.67	.04
5.	.67	.07
6.	.74	-.15
7.	.72	-.32
8.	.04	.65
9.	.01	.46
10.	.75	.04
11.	.66	.09
12.	.68	-.10

Factor	Eigenvalue	% of variance	Cumulative %
1	4.32	79.7	79.7
2	1.09	20.3	100.0

($r=-.68$, $p<.001$). Within the moderate-F group there was little relationship between the two factors ($r=.09$, ns). This suggests that directive-evaluativeness was positively regarded by the authoritarian group, but viewed as a negative trait by the nonauthoritarians.

Table 2 presents the Multiple R, degrees of freedom, and F values for the three levels of authoritarianism. For all three groups, Factor 1, the global "good-guy" factor, relates most highly to subjects' choice of therapist. As evidenced by the minute increase in the Multiple R, adding Factor 2 to the regression equation contributes little to the percentage of explained variance for any group.

Due to the high correlations between Factors 1 and 2 for both the high- and low-F groups, a second regression analysis was performed in which Factor 2 was forced into the equation first. Table 3 depicts the Multiple R, degrees of freedom, and F values for the three groups. Summarizing the two regression analyses, it appears that for the high- and low-F groups, the variance common to Factors 1 and 2 appears to have been the major determinant of choice. This is particularly true for the high-F subjects. For the moderate-F group only Factor 1 significantly predicted choice.

The analyses of variance on the perception factor scores revealed that subjects differed only on Factor 1 ($p<.01$). Thus, the subjects did not differ in their perceptions of which therapist was directive and which therapist was nondirective, but they differed significantly in their perceptions

Table 2

Stepwise Multiple Regression of Preference Scores on Factors 1 and 2

	Low-F group	Moderate-F group	High-F group
		Step 1	
Multiple R	.64 (Factor 1)	.69 (Factor 1)	.67 (Factor 1)
df	1/16	1/16	1/16
F value	11.38*	15.15*	13.09*
		Step 2	
Multiple R	.66 (1 + 2)	.70 (1 + 2)	.70 (1 + 2)
df	2/15	2/15	2/15
F value	5.86**	7.17*	7.05*

* $p < .01$

** $p < .05$

Table 3

Stepwise Multiple Regression of Preference Scores on Factors 1 and 2*

	Low-F group	Moderate-F group	High-F group
		Step 1	
Multiple R	.33 (Factor 2)	.01 (Factor 2)	.54 (Factor 2)
df	1/16	1/16	1/16
F value	1.91	.002	6.48**
		Step 2	
Multiple R	.66 (2 + 1)	.70 (2 + 1)	.70 (2 + 1)
df	2/15	2/15	2/15
F value	5.86**	7.17***	7.05***

* Factor 2 forced into the equation first

** $p < .05$

*** $p < .01$

of which therapist was the "good-guy"-empathic-competent therapist. The mean standardized perception factor scores appear in Table 4. These results suggest that the higher the subject's level of authoritarianism, the more likely he is to see Ellis as the global "good-guy" therapist.

The factor analysis of the 12 consideration items is presented in Table 5. Three factors emerged from these items and are labelled Factor A, affective-competence (items 1, 3, 4, 5, 6, 12); Factor B, similarity-attraction (itmes 7, 10, 11); and Factor C, directive-evaluativeness (items 2, 8, 9). Factor A accounts for 67.7% of the explained variance. The main difference between the perception and consideration factor structures is that items on Factor 1 for perception scores are divided into two factors for the consideration scores. Specifically, the dimension of similarity-attraction is separated from the halo "good-guy"-empathic-competent dimension.

Regression to the subjects' preferences scores on the three consideration factor scores was employed in a regression equation. Table 6 depicts the Multiple R, degrees of freedom, and F values for the consideration factors. None of the obtained F values were significant in relationship to therapist preference.

As seen in Table 7, the subjects did not differ in the consideration given to each factor in their choice of therapist as a function of authoritarianism. However, there was a

Table 4

Mean Standardized Perception Factor Scores as a Function of Authoritarianism

	Factor 1	Factor 2
Low-F Group	.19*	-.09
Moderate-F Group	.08*	.14
High-F Group	-.68*	-.02

* these means differ significantly ($p < .05$)

Table 5

Factor Loadings

of the TRS Consideration Scores

Item Number:	Factor A	Factor B	Factor C
1.	.46	-.27	.15
2.	.33	-.31	.27
3.	.57	-.20	-.07
4.	.73	-.26	-.17
5.	.68	-.29	.05
6.	.68	-.08	-.37
7.	.59	.31	-.07
8.	.37	-.05	.57
9.	.43	.19	.36
10.	.50	.55	.16
11.	.50	.40	-.09
12.	.68	.11	-.19

Factor	Eigenvalue	% of variance	cumulative %
A	3.75	67.7	67.7
B	.97	17.6	85.3
C	.81	14.7	100.0

Table 6

Stepwise Multiple Regression of Consideration Scores on Factors A, B, and C

	Low-F group	Moderate-F group	High-F group
		Step 1	
Multiple R	.32 (Factor C)	.15 (Factor A)	.42 (Factor B)
df	1/16	1/16	1/16
F value	1.80	.38	3.44*
		Step 2	
Multiple R	.42 (C+B)	.20 (A+C)	.44 (B+C)
df	2/15	2/15	2/15
F value	1.63	.32	1.78
		Step 3	
Multiple R	.44 (C+B+A)	.25 (A+C+B)	.45 (B+C+A)
df	3/14	3/14	3/14
F value	1.09	.30	1.19

* $p < .10$

Table 7

Mean Standardized Consideration Factor Scores

as a Function of Authoritarianism

	Factor A	Factor B	Factor C
Low-F Group	-.47*	-.21**	.09
Moderate-F Group	-.14*	-.41**	-.10
High-F Group	.16*	.31**	.02

* these means differ significantly ($p < .15$)

** these means differ significantly ($p < .10$)

nonsignificant tendency for the high-F group to give more consideration to affective-competence and similarity-attraction than did subjects lower in authoritarianism.

Discussion

The fact that the high-F subjects selected as their therapist Ellis over Rogers came as no surprise. The literature on the authoritarian personality (Adorno, et al., 1950; Davis, 1955) suggests that authoritarians tend to rely on structure, guidance, orders, and in certain situations, display an antipathy for ambiguity. In viewing the film, Three approaches to psychotherapy, it is readily apparent that Albert Ellis, by his straightforward approach to problem-solving, e.g., offering of specific advice to the client, is in charge of the therapeutic discussion.

The result that the nonauthoritarian subjects preferred the nondirective therapist (Rogers) may be explained by the low-F group's response to the individual freedom, "permissiveness," and nonjudgmental atmosphere of the client-centered approach in psychotherapy. The high negative correlation on the two perception factors for the low-F group suggests that this explanation may be viable.

Authoritarianism as a predictor variable for therapist preference appears to be fruitful only when looking at the extreme ends of the continuum. The data clearly showed that only the high- and low-F groups preferred a certain type of therapist with a high degree of consistency.

The regression analysis on the perceptual factor scores

indicates that for all three groups, Factor 1, the global "good-guy" factor, was most strongly related to subjects' choice of therapist. That is, within each level of authoritarianism, the subjects believed that they would like the chosen therapist, that this positive affect would be reciprocated, and that the therapist would be able to help them with their personal problems and concerns. Furthermore, the subjects were in agreement that Ellis is the more directive-evaluative therapist than Rogers. Perception Factors 1 and 2 differ in that subjects' judgments on Factor 2 represented concrete, tangible observations of the therapists' degree of directive-evaluativeness. Evaluations on Factor 1 were less palpable and more inferential. This implies that a linear relationship may exist among Factors 2, 1, and therapist choice. Factor 2, very plausibly, may be a major determinant in the formulation of Factor 1, the "good-guy" factor, for both the high- and low-F groups. Hence, directive-evaluativeness may be indirectly related to therapist preference as it seems to be an influence on Factor 1. There was agreement among all groups in their concrete perceptions of the therapists, but different values were attached to these perceptions so that their less tangible perceptions varied as a function of authoritarianism.

There were no significant differences among all groups on the consideration factors in relationship to therapist choice, though there was a nonsignificant tendency for the authori-

tarians to pay more attention to the affective-competence and similarity-attraction dimensions than did other groups. The lack of significance in relationship to choice may be explained by the nondirectionality of these scores. That is, the subjects were asked only to indicate the degree of consideration assigned to the dimensions of therapist style and behavior. The consideration scores do not specify which therapist is preferred.

The practical implications of this study are believed to relate to actual therapy settings, e.g., community mental health centers, where scant attention is paid to client preference for psychotherapist. Therapist case assignment is often a function of that worker's current caseload, type of professional training, and experience in a therapist role. Little preference is paid to unique client personality variables or to personal preference for type of available psychotherapy. Admittedly, it would be impractical to line up staff therapists for selection each time a new client came to the clinic, but the present investigation suggests other possibilities. For instance, given the increased popularity of video tape equipment, it may be feasible to show new clients selected excerpts of staff therapists working with previous clients and allow them freedom of choice. The data clearly suggest that authoritarian clients may be most attracted to a directive style of psychotherapy and that nonauthoritarian clients exhibit similar preference for a nondirective therapy. Arbitrary assignment of client to therapist is not consistent with

the democratic principles inherent in the philosophy of modern psychotherapy.

If these suggestions prove impractical and/or threatening to service delivery administrators, the data implies that better-than-chance client-therapist rapport may be obtained by case assignment as a function of client authoritarianism. Given the attraction of authoritarians to directive therapy and nonauthoritarians to nondirective therapy, it may be salubrious to match clients with the appropriate therapeutic orientation. An eclectic therapist might adjust his therapeutic style and techniques to match the client's level of authoritarianism.

There are, however, two major limitations to the present study. The first is the artificiality of the laboratory method. The utility of our data requires replication in actual therapy settings. Control field studies could be conducted with pre- and post-measures of client expectation and satisfaction. The perception section of the TRS could be modified so as to provide a measure of the changes in client perception during therapy.

Finally, this investigation provides no direct evidence that authoritarians would, in fact, achieve greater progress in psychotherapy with a directive therapist, or that a nonauthoritarian client would obtain a more favorable outcome with a nondirective therapist. Since the changes in behavior and attitude of a client in therapy may be related to attraction

to the therapist, and because certain types of clients seem to be attracted to different styles of psychotherapy, it is plausible that better therapeutic dyads may occur if appropriate matching is performed. However, this awaits further investigation.

Appendix A

F-Scale: Forms 45 and 40

Student I.D. # or
S.S. # _____ Age _____ Sex _____ Class _____

The following statements refer to opinions regarding a number of social groups and issues, about which some people agree and others disagree. Please mark each statement in the left-hand margin according to your agreement or disagreement as follows:

+1: slight support, agreement
+2: moderate support, "
+3: strong support, "

-1: slight opposition, disagreement
-2: moderate opposition, "
-3: strong opposition, "

____ 1. Obedience and respect for authority are the most important virtues children should learn.

____ 2. A person who has bad manners, habits, and breeding can hardly expect to get along with decent people.

____ 3. If people would talk less and work more, everybody would be better off.

____ 4. The business man and the manufacturer are much more important to society than the artist and the professor.

____ 5. Science has its place, but there are many important things that can never be understood by the human mind.

____ 6. Every person should have complete faith in some supernatural power whose decisions he obeys without question.

____ 7. Young people sometimes get rebellious ideas, but as they grow up they ought to get over them and settle down.

____ 8. What this country needs most, more than laws and political programs is a few courageous, tireless, devoted leaders in whom the people can put their faith.

____ 9. Nobody ever learned anything really important except through suffering.

____10. No sane, normal, decent person could ever think of hurting a close friend or relative.

____11. What the youth needs most is strict discipline, rugged determination and the will to work and fight for family and country.

____12. An insult to our honor should always be punished.

____13. Sex crimes, such as rape and attacks on children, deserve more than mere imprisonment; such criminals ought to be publicly whipped, or worse.

____14. There is hardly anything lower than a person who does not feel a great love, gratitude, and respect for his parents.

____15. Most of our social problems would be solved if we could somehow get rid of the immoral, crooked, and feeble-minded people.

____16. Homosexuals are hardly better than criminals and ought to be severely punished.

____17. When a person has a problem or worry, it is best for him not to think about it, but to keep busy with more cheerful things.

____18. Nowadays more and more people are prying into matters that should remain personal and private.

____19. Some people are born with an urge to jump from high places.

____20. People can be divided into two distinct classes: The weak and the strong.

____21. Some day it will probably be shown that astrology can explain a lot of things.

____22. Wars and social trouble may someday be ended by an earthquake or flood that will destroy the whole world.

____23. No weakness or difficulty can hold us back if we have enough will power.

____24. Most people don't realize how much our lives are controlled by plots hatched in secret places.

____25. Human nature being what it is, there will always be war and conflict.

____26. Familiarity breeds contempt.

____27. Nowadays when so many different kinds of people move around and mix together so much, a person has to protect himself especially carefully against catching an infection or disease from them.

____28. The wild sex life of the old Greeks and Romans was tame compared to some of the goings-on in this country, even in places where people might least expect it.

____29. The true American way of life is disappearing so fast that force may be necessary to preserve it.

____30. The trouble with letting everybody have a say in running the government is that so many people are just naturally stupid or full of wild ideas.

Appendix B

Instructions for
Data Collection Procedure

Recent statistics in mental health research indicate that one out of three people in our society today will require the services of a psychotherapist for a variety of reasons that may include such areas as personal problems, marital difficulties, or family counseling. It is in your best interest to know something about the nature of psychotherapy and its practitioners. To help you in this matter, you are going to have the opportunity to watch two famous psychotherapists from different schools of thought working with the same client. We are interested in your reactions to the film so please pay careful attention to what is going on. At the end of the film, I will distribute a short rating form requiring you to evaluate both psychotherapists. Please do not discuss the film among yourselves until the entire experiment is over.

Appendix C

Therapist Rating Scale

Student I.D. # or
S.S. # _____ Age _____ Sex _____ Class _____

Directions

Directions for Part I

In the first part of this booklet is a series of statements that pertain to your specific choice of therapist. Read each sentence carefully and decide which therapist (Dr. Ellis or Rogers) is best suited for the question. Answer the question by circling from 1 to 9 that number which best represents your true feelings. For instance, you may decide that Dr. Ellis is your choice, in which case you would circle a 1, 2, 3, or 4 depending on how strong your preference is; or you may decide that Dr. Rogers is your choice, in which case you would circle a 6, 7, 8, or 9 depending on how strong your preference is. Remember that the scale goes from 1 to 9, with 1 being a strong preference for Dr. Ellis and a 9 being a strong preference for Dr. Rogers, and the other numbers falling between the two. Answer the questions as honestly as possible and do not discuss your choice with your neighbor.

Directions for Part II

In Part II of this booklet is a series of twelve statements that deal with the therapists' style and behavior that

you have just viewed. Each statement requires that you not only indicate your agreement-disagreement with the item, but also how important that factor is in your choice. Answer the question by circling from 1 to 9 that number which best represents your true feelings. There is an item on each of the twelve dimensions of therapist style and behavior for both Dr. Rogers and Dr. Ellis. Be sure to answer for both therapists on each question in regard to your agreement-disagreement and its importance for you in your choice of therapist. Answer the questions as truthfully as possible and do not discuss the test until the experiment is over.

Part I

1. If I had personal problems and wanted to talk to someone about them, I would choose as my therapist:

Strongly prefer Dr. Ellis		Mildly prefer Dr. Ellis		I have no preference	Mildly prefer Dr. Rogers		Strongly prefer Dr. Rogers	
1	2	3	4	5	6	7	8	9

2. If my best friend were in need of psychotherapy, I would tell him to choose as his therapist:

Strongly prefer Dr. Ellis		Mildly prefer Dr. Ellis		I have no preference	Mildly prefer Dr. Rogers		Strongly prefer Dr. Rogers	
1	2	3	4	5	6	7	8	9

3. In my opinion, Gloria (the client) has the best opportunity of solving her problems if she chooses as her therapist:

Strongly prefer Dr. Ellis		Mildly prefer Dr. Ellis		I have no preference	Mildly prefer Dr. Rogers		Strongly prefer Dr. Rogers	
1	2	3	4	5	6	7	8	9

4. If a stranger asked me to help him in his choice of therapist, I would advise him to go see as his therapist:

Strongly prefer Dr. Ellis		Mildly prefer Dr. Ellis		I have no preference	Mildly prefer Dr. Rogers		Strongly prefer Dr. Rogers	
1	2	3	4	5	6	7	8	9

5. In my opinion, people with problems would get the best help if they choose as their therapist:

Strongly prefer Dr. Ellis		Mildly prefer Dr. Ellis		I have no preference	Mildly prefer Dr. Rogers		Strongly prefer Dr. Rogers	
1	2	3	4	5	6	7	8	9

Part II

1a. I believe that Dr. Rogers would understand my personal problems and feelings.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis would understand my personal problems and feelings.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

2a. I believe that Dr. Rogers would give me specific advice and tell me how to solve my problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis would give me specific advice and tell me how to solve my problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

3a. I believe that Dr. Rogers is very capable in the handling of his own personal problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis is very capable in the handling of his own personal problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

4a. I believe that Dr. Rogers has had much experience in helping people with their own problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis has had much experience in helping people with their own problems.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

5a. I believe that Dr. Rogers is familiar with the most recent information concerning that different ways my problems could be solved and the means of finding the most satisfactory solution.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis is familiar with the most recent information concerning the different ways my problems could be solved and the means of finding the most satisfactory solution.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

6a. I believe that Dr. Rogers would like me as a person.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis would like me as a person.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

7a. I believe that I would like Dr. Rogers as a person.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that I would like Dr. Ellis as a person.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

8a. I believe that Dr. Rogers would take charge of the discussion and decide what I would talk about.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis would take charge of the discussion and decide what I would talk about.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

9a. I believe that Dr. Rogers would make a moral evaluation of my behavior.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis would make a moral evaluation of my behavior.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

10a. I believe that Dr. Roger's interests and attitudes are like my own interests and attitudes.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis' interests and attitudes are like my own interests and attitudes.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

11a. I believe that Dr. Rogers has experienced the same problems that I have experienced.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis has experienced the same problems that I have experienced.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

12a. I believe that Dr. Rogers would accept me as a person.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

b. I believe that Dr. Ellis would accept me as a person.

Strongly Disagree 1 2 3 4 5 6 7 8 9 Strongly Agree

Not considered in making my choice 1 2 3 4 5 6 7 8 9 Considered very much in making my choice

This space is provided for you to write down anything you feel that may have influenced your choice that was not mentioned in this booklet. Regardless of how important or unimportant it may seem, if something you noticed about the therapists influenced your decisions, please write it down. You may also write what comments, if any, you have about this experiment and your part in it. Thank you for your cooperation and help.

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