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AN EMPIRICAL INVESTIGATION
OF THE CONCEPT OF TRANSFERENCE

BY

CORNELIA E. FRANEK

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
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ABSTRACT

While extensive attention has been paid to the theoretical parameters of the concept of transference, there has been little experimental investigation of this psychoanalytic concept. The present study is an attempt to investigate transference in an empirical and normative fashion and to develop a means of measurement which may provide the basis for extensive further exploration of this central psychotherapeutic concept.

In this study, measurement and operationalization of transference phenomena is undertaken through the combined innovative use of two isomorphic interpersonal inventories, the Interpersonal Behavior Inventory (Lorr and McNair, 1967) and the Impact Message Inventory (Kiesler et al, 1976) by which early childhood perceptions of parental figures and perceptions of a stimulus therapist (in this case, on videotape) can be compared.

The hypotheses addressed by this experiment are summarized as follows: 1) There is variability in subjects' perceptions of the interpersonal and interactional style of a stimulus therapist; 2) This variability is related to the perceived interpersonal style of one of the subject's parents when the subject was between the ages of 0 and 7; and, 3) Individuals with parents perceived as having had

"extreme" interpersonal styles during the subject's early childhood have more "extreme" interpersonal perceptions of a present stimulus therapist.

Results of tests of the above hypotheses revealed that there was variability in individuals' perceptions of a constant stimulus therapist on videotape and that these perceptions could in fact be seen as related to perceptions of parental interpersonal behavior. While canonical correlation analyses seemed to mask this relationship, when an ipsative method of profile correlation (AVA profile analysis) was used, it was found that there was a high degree of correlation between the perceived interpersonal profiles of one of the subjects' parents and the perceived interpersonal profile of the stimulus therapist. These results suggest that transference phenomena may be most appropriately measured using ipsative approaches and calls for further exploration of such techniques. Finally, this study also found that individuals who perceived one of their parents as having had an "extreme" interpersonal style (particularly in the areas of hostility and dominance) also perceived the stimulus therapist as more interpersonally "extreme".

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INTRODUCTION

The concept of transference has been central to the development of the clinical practice of psychotherapy and to the theoretical understanding of psychopathology and its treatment. However, its empirical exploration has been negligible. Operationalization of the concept has been largely unsuccessful with the few existing attempts failing to adequately address both the perceptual and experiential nature of the phenomenon. Furthermore, a wider understanding of transference has remained hampered by an exclusively descriptive, idiographic, single case clinical approach. The present study is a unique attempt to begin to look at transference in an empirical and normative fashion and to develop a means of measurement which may provide the basis for extensive further investigation of this central psychotherapeutic concept.

A method for measuring aspects of the psychoanalytic concept of transference is explored involving the combined innovative use of two psychological inventories and experimental presentation of a videotaped therapist. Variability in perceptions of a particular therapist and the potential systematic relation of such variability to perceptions of interpersonal characteristics of individuals' parents as they are remembered from early

childhood will be investigated.

Theoretical Background of the Concept of Transference

There has been uncommonly wide usage of the term 'transference' in the clinical literature, with meanings ranging from simply an attitude towards other persons, to feelings about a therapist, and to, more specifically, unrealistic attitudes toward a therapist (Menninger, 1958). In fact, within the general psychiatric and psychological parlance, 'transference' has often come to be used as a loose designation for all aspects of the patient's feelings and behavior toward the therapist.

Transference was initially referred to by Freud, who in the process of developing the techniques of psychoanalysis, became more and more aware of the depth and complications of the relationship between physician and patient as it developed in psychoanalytic treatment. In his first systematic statement of transference (Dora: An Analysis of a Case of Hysteria, 1905), he wrote:

"What are transferences? They are new additions or facsimilies of the impulses and phantasies that are aroused and made conscious during the progress of analysis; but they have this peculiarity, which is characteristic for their species, that they replace an earlier person by the person of the physician. To put it another way a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment" (Freud, 1905, p.138).

Transferences were thus understood to constitute a special class of mental structures, derived from the past and experienced in the present with the analyst. They were not created by the psychoanalytic situation, but merely thus brought to light.

While experienced as real and contemporaneous by the patient, Freud noted that, in the eyes of the analyst transference feelings must be understood to be an "illusion" in the sense that they are in fact the unconscious expression of feelings and wishes of the past. Freud, however, also discovered that while being extremely complicated and volatile, since they involve the relationship between the patient and analyst so directly, the transferences provided a unique way of understanding the patient and could become a central tool for psychoanalytic treatment.

"transference, which seems ordained to be the greatest obstacle to psychoanalysis becomes its most powerful ally, if its presence can be detected each time and explained to the patient" (Freud, 1905, p.139).

The transference neurosis, the systematic crystallization of transference feelings towards the analyst, and its working through soon came to be seen by Freud as the path for resolution of psychopathology. As Langs (1976, p.27) so eloquently summarizes:

"Our main heritage from Freud lies in his remarkable discovery that many reactions within a patient toward his analyst have roots in the past history

and relationships of that patient and that the psycho-analytic resolution for this area is the main vehicle of the intrapsychic resolutions of the patient's emotional illness, as well as the greatest danger to this outcome".

Freud used the term transference in varied contexts over the years and at different times used the term to refer to different aspects of a patient's relationship to the analyst. This wide usage by Freud has led to considerable confusion and discord among subsequent psychoanalytic theoreticians about the definitional boundaries of the concept. The controversy has centered primarily around the issue of whether transference refers solely to the 'distorted' aspects of the analytic relationship or whether it also includes the more adaptive and 'reality-oriented' aspects of the relationship, and whether transference should be understood as exclusively a phenomenon occurring in the psychoanalytic situation or can be more widely understood as a part of all human relationships. In fact, all of these options or facets of the concept are addressed by Freud through the development of his theory and have served as catalyst for continuing debate.

The definitional debate which emerged over the past 50 years has, as mentioned earlier, focused primarily on the separation of reality from fantasy and transference manifestations from other categories of the patient's

responses to the analyst.

In 1937 Anna Freud defined transference as "all those impulses experienced by the patient in his relation with the analyst which are not newly created by the objective analytic situation, but have their source in early object relations and are now merely revived under the influence of the repetition compulsion" (A. Freud, 1937). Glover (1949, 1937) saw transference as the "capacity ... to repeat in the current situation ... attitudes developed in early family life".

During the same period of time, however, others such as Thompson were stressing the importance of separating the transference from the nontransference, reality from fantasy (Thompson, 1938). Thompson (1938) suggested that reactions to the analyst that are irrational and cannot be collaborated by others should be distinguished from responses to the analyst that are based in reality. This trend towards distinguishing the "real relationship" between analyst and patient from the transference relationship continued and remained a main topic of study through the 1950s.

Menninger in offering a fairly representative definition stated that transference is "the unrealistic roles of identities unconsciously ascribed to a therapist by a patient in the regression of the psychoanalytic treatment and the patient's reactions to this

representation derived from earlier experience" (Menninger, 1958, p.81). He thus, by definition, requires that transference be irrational or unrealistic, that the transference phenomenon occurs in association with the regression within the psychoanalytic treatment situation, and that its expression is derived from past experience.

Lowenstein (1969) went even a step further in making a case for separating "positive transference" (which Loewenstein felt was alliance between the analyst and the healthy part of the patient's ego) from the transference proper (Loewenstein, 1969, p.586). (see also Sterber, 1934; Zetzell, 1958, Greenson, 1965.)

In contrast, others, as did Glover, maintained a position more reminiscent of Freud's earlier works which focused on the ubiquity of the transference phenomenon. In "Beyond the Pleasure Principle", Freud claimed that the transference phenomena of neurotics also could be observed in the lives of "seemingly normal people" who, on the basis of early infantile influence, arrange repetitions of their fate. Silverberg (1948) further suggested that transference phenomena reflected intrapsychic disturbance only when it is used extensively, and that there was an adaptive, nonpathological aspect to transference in patients' attempts to master traumatic situations through the transference.

Langs (1976) counters, however, that the so called non-pathological forms of transference are more precisely identified as non-transference components. He states that "relatively undistorted aspects of the patient's relationship with the analyst as derived largely from relatively conflict-free and autonomous sectors of ego functioning" have "their own genetic heritage" separate from the transference proper (Langs, 1976, p.126). Thus while stating that both transference and nontransference phenomena have earlier antecedents, they should be distinguished on the basis of their level of autonomy, appropriateness and distortion.

Most recently, in his landmark work The Analysis of Transference (1982), Merton Gill has again formulated the dynamics of transference in a much wider scope. Rather than splitting the concept of transference between rational/irrational, conscious/unconscious, etc., Gill is a proponent of the view that transference is a more basic phenomenon that is ubiquitous in human experience and not in itself pathological.

Gill points out that Freud explicitly states that the "stereotype plate" of the person's way of relating includes an aspect which has "passed through the full process of psychical development", is "directed toward reality", and is available to the "conscious personality" (Gill, 1982, p.10 quoting from Freud, 1912). He also points out that

Freud included the conscious appropriate elements of the person's way of relating in his concept of transference (Gill, 1982, p.10). Gill, strikingly exclaims:

"Rather than finding Freud's use of 'transference' for both the conscious and repressed bases of the patient's way of relating "unjustified and confusing" (referring to Loewenstein), I believe it does grave violence to Freud's concept of transference and its major role in the analytic process to exclude its conscious "unobjectionable" roots" (Gill, 1982, p.11).

In stressing the ubiquitous nature of transference phenomena, Gill proposes what may be a radical adjustment to classical psychoanalytic theory. He clearly incorporates the 'real' interpersonal dimension of the therapeutic interaction into the concept of transference (a view he believes is loyal to Freud's intent) and further contends that transference cannot be viewed as solely a distortion of the present by the past but that it is "an amalgam of past and present" (Gill, 1982, p.177). This formulation is critical since it suggests that the analyst is not merely an observer but a "participant observer" (Sullivan's term). Transference from this view "is a resultant of the interaction between the patient and the analyst... and is ubiquitously present from the beginning of and throughout analysis" (Gill, 1982, p.177).

It is specifically through the resolution of the transference that Gill sees basic structural change as

possible. This has, of course, been part and parcel of the traditional psychoanalytic view. However, he goes beyond exclusively explaining the origin of that aspect of the transference which derives from the past, and contends that focusing on the "here and now" and the present interpersonal nature of the transference is an important and elucidating. Thus Gill has integrated a more definitive interpersonal dimension with a psychoanalytic perspective.

As Wachtel (1977) very clearly explicated, psychoanalysis actually does include the use of both intrapsychic and interpersonal models although it traditionally has been considered to have overemphasized the intrapsychic determinants of behavior in relation to the interpersonal determinants. Gill's work clearly balances this scale somewhat:

"The individual sees the world not only as his intrapsychic patterns dictate but also as he veridically assesses it. Furthermore, the two kinds of determinants mutually influence each other" (Gill, 1982, p.92).

He continues:

"The intrapsychic patterns not only determine selective attention to those aspects of the external world which conform to them, but the individual behaves in such a way as to enhance the likelihood that the response he meets will indeed confirm the views with which he sets out. This external validation in turn is necessary for the maintenance of these patterns" (Gill, 1982, p.92).

Wachtel suggests that it is in this last step (the understanding of the maintenance of intrapsychic patterns) where psychoanalytic theory postulates internal pressures without enough reference to the external world. It has, however, been the unique contribution of psychoanalysis to demonstrate the power and persistence of intrapsychic determinants. Gill, in my view, by struggling with the interaction with the interpersonal world, has been able to maintain this unique and powerful heritage without allowing them to become barren and artificial, and in fact has strengthened psychoanalytic theory. He has undertaken this feat by addressing the centrality of transference. It remains the most powerful tool since, as Gill formulates it, all behavior is built on the past as it is intrapsychically represented and will reflect this past, but at the same time "bear some relationship to a 'stimulus' in the present, however idiosyncratically interpreted" (Gill, 1982, p.86).

Assessment of Transference.

Although postulated to be central to psychoanalytic oriented treatment and the vehicle for the resolution of neurosis, transference has not been very well defined for research purposes, nor are there normative measures for its assessment. Luborsky and Spence (1978) rightly point out that "quantitative research on the patient's transference

response to the analyst is slight, even though clinicians have placed transference at the core of what needs to change in effective psychoanalytic treatment" (Luborsky and Spence, 1978, p.344).

The assessment of transference has been carried out primarily in the clinical setting as part and parcel of the therapeutic endeavor. In fact in this context, "assessment" of the quality and nature of the transference is the constant and central focus of therapy/analysis. Such assessment is, however, strictly idiographic, confined to the single case clinical experience and has not been attempted in a more systematic or normative fashion.

The tools for the assessment of transference within the therapeutic situation have traditionally been (1) the analysis of free associative material whereby derivatives of the transference can be interpreted, and (2) the analysis of countertransference feelings evoked by the patient in the therapist. (This is a much less traditional and more recent inclusion in part largely due to the influence of Sullivanian interpersonal theory where distinct and deliberate focus is given to the "pulls" created by the patient and their influence on the therapist.)

Few attempts have been made to delineate the transferential aspects of the therapeutic relationship in an operationalized, scientific fashion. Chance (1952)

attempted to study the concept of transference operationally as the similarity between the patient's description of his or her "significant parent" and his or her description of the psychotherapist. While an admirable attempt to quantify a clinical and theoretical concept, there are clear difficulties with Chance's approach. The choice of descriptive similarities between the significant parent and therapist is a rather limited and superficial aspect of transference. As has been indicated by the previously cited literature, the critical aspects of transference are in the experience of the relationship and are thus much more affective and experiential than overtly descriptive.

Fiedler and Senior (1952) also attempted to construct an operational definition of transference by comparing the patient's description of the ideal person and his or her prediction of the psychotherapist's self description with similar measures filled out by the therapist. Again difficulties with this approach are evident. While highlighting the projective aspect of the patient's perception and contrasting it to "reality", Fiedler and Senior's definition lost the connection of such distortion with past experience.

Appelbaum (1958) had patients fill out special Q sort cards indicating his/her expectations of the therapist he

or she would be assigned although they had not as yet been introduced. All of these attempts at operationalization had serious difficulties based both on the quantitative methods and on the differing clinical conceptions of transference. In general, they were unable to capture the critical elements of the phenomenon by focusing on descriptive rather than on interpersonal experience.

Szasz (1963) points out another difficulty that those investigating transference ran up against; namely, that transference, similar to delusion or fantasy, is defined through a contrast with reality. Transference and reality are thus largely an outsider's judgement of the patient's behavior. In struggling with this problem, Szasz came to the conclusion that transference "is essentially a universal aspect of object relatedness" and further distinguished transference from transference neurosis by characterizing transference neurosis by a more extensive and coherent set of transferences. It seems, however, that Szasz, as well, gets caught in the trap of having to abandon ship in terms of operationalization since absolute objective reality cannot be separated from individual experience. What is needed is an approach which integrates and embraces the subjectivity of human experience and explores its parameters.

Other studies have explored the measurement of transference in the actual clinical context, studying

recordings of psychoanalytic sessions, rating the amounts of transference material, etc., but not addressing the experimental validation or normative issues (Luborsky et al, 1973; Luborsky et al, 1975; Graff and Luborsky, 1977).

A goal of this study is to have operationally defined transference in a way that is more loyal to the clinical phenomenon of transference so that (1) the phenomenon can begin to be experimentally validated, and (2) a method can be developed which will allow for further investigation of the phenomenon of transference which has been hampered by exclusively idiographic, single case, clinical descriptions of the psychoanalytic literature. It is in fact astonishing how little is known about the parameters of transference phenomena, its development, resolution, and varying expressions.

Interpersonal Approaches.

Interpersonal theories, while coming from a different theoretical orientation, provide the most closely allied approach to an understanding of the therapeutic interaction and of the concept of transference. The concept of repetition of interpersonal patterns is a central and paramount tenant of Sullivanian interpersonal theory. Sullivan, in fact, summarized the essence of human life as:

"the relatively enduring pattern of recurrent interpersonal situations" (Sullivan, 1953, pp. 110-111) and saw the individual, his perceptions, and his impacts on others as the driving force of these recurrences.

Thus, as in psychoanalytic theory, the importance of the act of perception, or rather perceiving, becomes central to interpersonal theory. The process of perceiving is integrally entwined in all interactions and in the very creation of a personal reality as well as in the creation of others responses to us. The central, far-reaching systemic consequences are clear. The importance of the individual act of perceiving is inherent in the interpersonal approach as it is seen as "the interpolation of whatever...outside reality is and what we have in our minds" (Sullivan, 1953, p.28). Sullivan in fact clearly states "what we have in our minds begins in experience" (Sullivan, 1953, p.28), and furthermore that distorted perception of current situations is a result of the intrusion and revival of experience with significant people in the past. He called this phenomenon "parataxic distortion", and saw "parataxic concomitants" as "permanent complicating factors in the patient's perceptions of significant other people" (Sullivan, 1940, p.235).

"The integration of a situation is parataxic when...besides the interpersonal situation as defined within the awareness of the speaker, there is a concomitant interpersonal situation quite different as to its principal in-

tegrating tendencies, of which the speaker is more or less completely unaware" (Sullivan, 1940, p. 42).

As Kiesler (1982) points out: within the therapeutic context, a parataxic distortion would "take the form of generalizing to the therapist as a present-day partner earlier experiences in interpersonal relatedness" (Kiesler, 1982, p.4). Thus the whole interpersonal concept of parataxic distortion, although differing in its formulation to some extent, can clearly be seen as referring to the phenomenon in the psychoanalytic literature described as transference. It is in this deeply interpersonal aspect of the therapeutic relationship that the psychoanalytic and interpersonal traditions come closest.

There have been attempts by interpersonal theorists to assess and measure these interpersonal concepts. The Impact Message Inventory (Kiesler et al, 1976) is one of these attempts which is specifically geared toward assessment of the therapeutic relationship.

The Impact Message Inventory.

The Impact Message Inventory (IMI) (Kiesler et al, 1976) is an inventory "designed to assess relationship behaviors in dyads"... "tapping momentary affective, cognitive, and behavioral covert engagements of one person by another during ongoing face-to-face communication" (Kiesler, 1979, p.363). The IMI is unique in offering a

standardized inventory for assessing covert affective and cognitive reactions to another, and as such "provides a valuable source of clinical information that could not be derived from previous assessment devices" (Wiggins, 1982, p.200).

As a basis for developing the IMI, Kiesler (1982) states that "a major set of cues for identifying the recurrent interpersonal climate a person produces are the distinct covert and overt responses the person elicits or "pulls" from others" (Kiesler, 1982, p.7). He believes that the best clues to a person's private conceptions of self are those covert engagements produced in others. This concept is deeply rooted in interpersonal social interactionist theory with its basic assumptions that "relationship is inevitable" and pervasive in human transaction, and its emphasis on "self presentations" and the resulting evoked reciproval responses (Kiesler, 1979).

While the focus of the IMI is on assessing the "pulls" evoked by one individual in another (the impact message), its design appears to have promise for assessing characteristic affective, cognitive, and behavioral perceptions of one individual of another as well.

The IMI asks questions grouped in three subclasses (direct feelings, action tendencies, and perceived evoking messages) under the general headings of (1) When I am with

this person he makes me feel...(direct feelings); (2) When I am with this person he makes me feel that...(action tendencies); (3) When I am with this person it appears to me that...(perceived evoking messages). Within each of these sections the respondent is required to rate his responses to an interaction with a target person. In the framework designed by Kiesler, this information is used to characterize the "evoking" style and messages of the target person. The contention of this study is that the IMI respondent's perception and interpretation of the interaction is as important a variable and that it may infact be specifically reflective of transference phenomena.

The IMI is based on the assumption that "(1) the therapist becomes perceived as a significant other, and (2) the client will communicate to the therapist in the same duplicitous, self-defeating way that he/she communicates with other important people in his life (i.e., that he will send the same rigid and extreme evoking messages to the therapist he sends to others)" (Kiesler, 1982, p.15). To this should be added: and perceive this significant other and his interaction in the same 'rigid and extreme' way he has others. These assumptions are, of course, notably similar to the assumptions underlying the psychoanalytic notion of transference.

To again quickly summarize how the IMI is used in less technical terms: Two individuals partake in an interaction

(for instance, therapist and client). After the interaction the IMI is filled out by one of the persons about the interaction with the other. (When I am with this persons, he makes me feel..., etc.). The responses to these questions are then analyzed and scored to determine the evoking style of the other person. In other words, the responses to the IMI by one person are used to characterize the other person, not the person who filled out the IMI.

This study suggests that the person filling out the IMI (the respondent) in revealing how he/she feels, thinks about, and perceives the interaction is giving us vital information about him/herself (as well as about the other). I believe he/she is giving us information about their own internal experience in relationships transference. Furthermore, the assumptions that respondents are bias-free, uncontaminated instruments in their ability to mirror back the qualities of the other person, without considering these perceptual biases seems rather simplistic.

Most of the studies done with the IMI up until this time have focused primarily on the "evoking style" of an interactant. Several authors have studied the interpersonal styles of obsessives and hysterics (Anchin, 1978; Kiesler and Federman, 1978; Chirico, 1977; Chirico, Kiesler, Carron and Baker, 1980). Other studies have focused on dominant vs. submissive interpersonal styles

(Schwaniger-Morse, 1979), differences in interpersonal impacts as a function of locus of control orientation (Thibodeau, 1978), conversational and social responses to depressive interpersonal behavior (Howes, 1979), and on the effectiveness of assertiveness training on the basis of its evoking responses (Reagan and Kallman, 1978; Reagan, 1979).

A few studies have attempted to look at "decoding differences". Chirico (1977), Chirico et al (1980) and Chirico (1980) studied differing decoding styles of obsessive and hysteric personalities. Chirico (1980) aptly pointed out that until very recently the differences among the decoders or the receivers of messages have been neglected in the research of the communication process. The broad conclusion of these three studies was that personality styles differ in decoding capabilities and further that the decoding of interpersonal relationships may reveal differential channel-input "dominance".

Kyle (1976) used the IMI to study personal perception after a brief interaction as a function of Hi vs. Low Inclusion scores. His study is also unique in his attention to both the encoding and decoding of an interaction...: "it is not the encoder or the decoder alone, but the interaction between them, that creates the impact and the basis for judgements" (Kyle, 1976, p.71). He concluded that "the measured impacts are systematically related to the personalities of the interactant (in this

case Hi vs. Low Inclusion scores), such that both encoders and decoders contribute to the impact experienced by each" (Kyle, 1976, p.71).

While these studies make an attempt to look at the "decoding" of the impact message, they do so exclusively as a secondary process, thus often failing to isolate the specific variables associated with decoding differences. This study hypothesizes that transference phenomena are a major variable in the perception of another within a dyadic interaction.

The IMI can be a particularly sensitive tool for evoking those aspects of the dyadic interaction which may be thought of as transference if it is used to assess the decoding of the interaction by the respondent as opposed to assessing the encoding characteristics of the target person by the respondent's responses to the interaction. In using the IMI in this way, the inquiry becomes indirect or projective, which is an important component for the measurement of transference phenomena. Rather than asking about the respondent's feelings and thoughts directly, the IMI format asks for an assessment of another's effect. I suggest the use of this assessment to characterize the respondent and his/her perceptions.

The indirect and projective quality of the inquiry with respect to the actual focus of the data seems

particularly apt since transference phenomena are characteristically described as being defended against (or in fact unconscious) and thus most easily exposed by projective and indirect techniques. Gill in fact claims that both the patient and analyst resist the implications of the transference and thus that it usually remains concealed. (He suggests that it is most often brought to light by allusion (Gill, 1982, p.178).)

The other critical aspect of transference that needs to be addressed is, of course, the correlation between present experience and perception of an interaction, and earlier experience with significant others. The IMI again offers a unique opportunity for exploring this phenomenon. The inventory was designed to be isomorphic with and structured on the Interpersonal Behavior Inventory by Lorr and McNair (1967). The Interpersonal Behavior Inventory (Lorr and McNair, 1967) was developed as a tool for assessing interpersonal behavior styles and classifying them. It outlines 15 dimension of interpersonal behavior in a circumplex ordering: 1)dominant, 2)competitive, 3)hostile, 4)mistrusting, 5)detached, 6)inhibited, 7)submissive, 8)succorant, 9)abusive, 10)deferent, 11)agreeable, 12)nurturant, 13)affiliative, 14)sociable, 15)exhibitionistic. The IMI classifies its results along these very same interpersonal dimensions. The parallel structure of the IMI and the IBI thus offer an opportunity

to assess the correlation of the interpersonal style of significant others in the past (as the subject saw them) and the present perceptions of a therapist which is so widely referred to in the clinical psychiatric and psychological literature.

In the present study subjects are asked to assess the interpersonal characteristics of significant others in their early lives on the Interpersonal Behavior Inventory and then to complete the Impact Message Inventory following an experimental situation in which they watch a video tape of a therapist introducing them to psychotherapy. The hypotheses addressed are: 1) that there is variability in subjects' perceptions of the interpersonal and interactional style of the stimulus therapist as measured by their responses to the Impact Message Inventory; 2) that the variability in the perceptions of the interactional and interpersonal style of the stimulus therapist is related to the perceived interpersonal style of one of the subject's parents (when the subjects was between the ages of 0 and 7) as indicated by subjects' responses to the Interpersonal Behavior Inventory; and 3) that individuals with parents categorized as having "extreme" interpersonal styles by the subject's responses to the IBI have "extreme" interpersonal reactions and perceptions of a present stimulus (the therapist on videotape).

METHOD

Subjects

Subjects were 167 male and female undergraduate students at the University of Rhode Island. There was no theoretical reason for selecting any particular mix of males and females for the subject pool of this study as transference is expected to be a ubiquitous phenomenon without sex differentiation.

Subjects were recruited from several introductory psychology courses and were encouraged to volunteer for a study as part of their course or receive additional credit for participation. Because of the strong encouragement and/or requirement for participation in an experimental study in the courses from which subjects were recruited, it does not appear that those biases associated with the self selection of true volunteers are of particular concern in this study.

Instruments

Three instruments were used in this experiment. They include: 1) the Interpersonal Behavior Inventory (IBI) Form 4 (Lorr and McNair, 1967); 2) the Impact Message Inventory (IMI) Form II (Kiesler et al, 1976); and, 3) a demographic Family Composition Questionnaire. These instruments are

provided in Appendices B, C, and D respectively.

The Interpersonal Behavior Inventory (IBI). The Interpersonal Behavior Inventory, Form 4 is a 140 item inventory designed to assess and categorize interpersonal behavior. The IBI postulates 15 circumplex-ordered dimensions of interpersonal behavior. The dimensions identified by Lorr and McNair as comprising the interpersonal circle are (in circular order): 1)dominant, 2)competitive, 3)hostile, 4)mistrusting, 5)detached, 6)inhibited, 7)submissive, 8)succorant, 9)abasive, 10)deferent, 11)agreeable, 12)nurturant, 13)affiliative, 14)sociable, 15)exhibitionistic. Definitions of each of these categories are included in Appendix E.

The IBI has been used primarily by mental health professionals to categorize the interpersonal behavior of patients, initially having been designed to expand on the work of Leary and others on interpersonal systems of personality diagnosis. The IBI has undergone considerable revision through the years culminating in the IBI - Form 4 (see Lorr and McNair, 1963; Lorr and McNair, 1965; Lorr and McNair, 1966)) It has developed into "a useful clinical device for assessment of patient characteristics...both on substantive and psychometric grounds" (Wiggins, 1982, p.192).

Although developed from professional ratings of patient samples, similar psychometric structure was

obtained when college students were asked to rate acquaintances (Lorr and McNair, 1965). The use of untrained raters was thus shown to be possible as was the assessment of normal as well as neurotic populations. (Norms for both psychiatric and normal populations are provided for the IBI.) In this experiment, subjects completed the IBI twice, rating each of their parents' interpersonal actions.

Each item of the IBI provides a statement to be endorsed on a four point scale (1-not at all, 2-occasionally, 3-fairly often, 4-quite often). Scores for each interpersonal dimension are obtained using a key provided by Lorr and McNair. These scores are then collapsed into four "cluster" scores of four interpersonal types identified by Lorr and McNair (1965).

Type I : inhibited - abasive - submissive

Type II : agreeable - nurturant - sociable

Type III : hostile - mistrustful - detached

Type IV : competitive - dominant - exhibitionistic

These four interpersonal types have been shown to not only be distinct and meaningful categories theoretically (Wiggins, 1982) but have been shown to be consistent and reliable isomorphic structures between the two instrument used in this study (the Interpersonal Behavior Inventory and the Impact Message Inventory) (Kiesler, personal

communication). Studies have also shown that these four interpersonal clusters reliably classify psychiatric groups (Lorr, Bishop, McNair, 1966; McNair and Lorr, 1965).

The Impact Message Inventory (IMI). The Impact Message Inventory (Kiesler et al, 1976) is a 90 item inventory "designed to assess relationship behaviors in dyads, including counselor/client"... "tapping momentary affective, cognitive, and behavioral covert engagement of one person to another during ongoing face-to-face communication" (Kiesler, 1979, p.363). In offering a standardized inventory for assessing covert affective and cognitive reactions it "provides a valuable source of clinical information that could not be derived from previous assessment devices" (Wiggins, 1982, p.200).

The IMI was designed to take the categories of interpersonal behavior outlined by Lorr and McNair and to build an instrument measuring subjective reactions elicited by such interpersonal behaviors. The IMI was thus designed to be statistically isomorphic to the IBI. Extensive item analyses were conducted to produce 6 items for each of the Lorr and McNair 15 interpersonal scales and to provide item sets that would yield a circular ordering in two dimensional space parallel to the IBI.

The IMI asks questions grouped in three subclasses (direct feelings, action tendencies, and perceived evoking messages) under the general headings of (1) When I am with

this person he makes me feel... (direct feelings); (2) When I am with this person he makes me feel that ... (action tendencies); (3) When I am with this person it appears to me that... (perceived evoking messages). Within each of these sections the respondent is required to rate his response to an interaction with a target person. Responses are rated on a four point scale (1-not at all, 2-somewhat, 3-moderately so, 4-very much so).

As previously mentioned, the IMI (as does the IBI) produces scores for the 15 circumplex interpersonal dimensions established by Lorr and McNair. High levels of internal consistency reliability were obtained for the IMI subscales with coefficients ranging from .80 to .99. In a matrix of Q coefficients only 10 of the 82 values were below .80, and only 4 below .70, with the lowest being .57. Perkins et al's (1979) data further provided support for the predicted circumplex ordering of the 15 interpersonal categories, but suggested that 3 factors are involved.

The IMI data can also be analyzed in terms of four "cluster" scores (as the IBI). Kiesler (1984) indicates that the cluster cores provide "an economical representation of the variance present among the 15 scales and indices of the 2 axes, control and affiliation, that underpin the interpersonal circle". They also address a criticism by Wiggins (1982) that a lack of

distinctiveness exists among several of the 15 scales and thus "that a number of them could be combined into more reliable and distinctive measures" (Wiggins, 1982, p.200). The cluster scores possess very high degrees of internal consistency reliability (with alphas ranging from .839 to .890) relative to a single scale score (Kiesler et al, 1982). As mentioned earlier the IMI cluster scores were also found to be consistent with the IBI clusters derived by Lorr and McNair (1966) and were thus used in this study.

The cluster scores are calculated according the following formula:

Dominant= Exhibitionistic + Dominant + Competitive/3

Hostile= Hostile + Mistrusting + Detached/3

Submissive= Abasive + Submissive + Succorant/3

Friendly= Agreeable + Nurturant + Affiliative/3

Norms for the IMI are still incomplete in part because the transactional nature of the instrument leads to great variation in the way the instrument has been used. Respondents as well as target persons have varied greatly (from experimental confederates, to significant others, to videotaped interactants, etc.). The norms for the standardization of the instrument were based on responses to stylistically pure written descriptions and are thus actually probably indicators of "ceiling values" rather than usable norms for other studies (Kiesler, 1984). Kiesler (1984) in his soon to be published research manual for the

IMI does, however, provide a listing of mean scores for various sample groups reported in IMI studies to date. Most studies report mean scale scores for groups ranging from 1.22 to 2.64 (about a 1.4 range on a 4 point item scale) and cluster means between 1.26 and 2.58. Kiesler also notes that lower range mean scores were obtained in studies where respondents were strangers to Actors, which is the case in this study.

Similarly, reliability figures for the IMI have been difficult to obtain. Only 6 of the 40 available IMI studies known by Kiesler report reliability information (Kiesler, 1984). In fact the conventional measurement of reliability has proven to be problematic because of the transactional nature of the instrument, where both actor and respondent, and their particular interactive fit all contribute to the "true" variance of the resulting scores. It would thus be conceptually false to consider variance attributable to IMI respondents as exclusively "error" variance. In fact, it the very purpose of this study to have addressed this variance and to have hypothesized a systematic basis to it. As a result of the problematic nature of reliability measurement for the IMI, Kiesler (1984) suggests that generalizability analysis along the lines suggested by Cronbach, Glese, Nanda, and Rajaratnam (1972) is an appropriate alternative to be pursued.

Family Composition Questionnaire. A Family Composition Questionnaire designed for this study, was used to determine the demographic composition of the families of subjects during the subjects' childhood (age birth to seven) and to indicate the identity of the individuals indentified as "parent" in the completion of the Interpersonal Behavior Inventory. The Family Composition Questionnaire was attached to the two IBIs completed by the subject.

Procedure

Volunteers were recruited from several introductory undergraduate psychology courses by presenting a short description of the most general focus of the experiment and requirements for participation to the classes. The experiment was described as being concerned with the nature of therapist/client relationships, particularly the explorations of how to match therapists and clients. It was further stated that the investigator was interested in some background information about their experience in their families and then was also interested in their feedback about how a particular therapist "came across to them".

The only requirement for participation was availability for two periods of time with at least a weeks spacing in between the two times. The first administration required approximately 45-60 minutes and the second, 20-30

minutes. No financial remuneration for participation was involved. However, participation obtained credit towards course requirements. Potential participants were assured that all information given during their involvement in the experiment would be kept anonymous and in absolute confidence.

At the first meeting each participant was asked to complete an Informed Consent Form (Appendix A) and then to complete a Family Composition Questionnaire (Appendix D) clearly specifying the composition of their family which the subject was between the ages of 0 and 7. The questionnaire also indicated the identity and presence of significant others who may have been influential caregivers in lieu of parents. On this questionnaire, as well as other, subjects were asked to use a four digit code designated by themselves to identify their forms and by which anonymity and confidentiality were maintained. There was no need for personal identification of any of the forms, but there was a need to know which forms had been filled out by the same individual. The four digit code was used for the purpose of matching the various instruments completed by the same individual.

After completing the Family Composition Questionnaire, subjects were asked to fill out the Interpersonal Behavior Inventory - Form 4 (Lorr and McNair, 1967). Subjects

filled out the IBI about each of their parents. (Each IBI requires approximately 25 minutes to complete.) "Parents" referred to those individuals who were in parental caregiving roles for the subject between the ages of 0 and 7. They thus need not be biological parents. If more than one "father" or "mother" is identified by the subject during those years (for instance as a result of divorce and remarriage) the subject will be asked to fill out the IBI for that individual who lived with the subject during those years.

The second phase of the experiment was commenced one week after the completion of the IBIs. This period of time was been set aside to avoid any reactivity between the responses to the IBI and IMI and was planned to coincide with school vacation. Following the one week period, the subjects were asked to view a short videotape introducing them to psychotherapy. The videotape was specifically designed to remain quite neutral and not to "pull" for definitive affective or cognitive reactions but rather to be a vehicle for projective processes. An attempt was thus made to control for extraneous interpersonal interaction and to, as much as possible, provide an experimental "blank screen" without forfeiting the quality of an actual human interaction which would be characteristic of a therapeutic situation.

The videotape was preceded by short introduction by the investigator intended to 1) focus the subject on the task, 2) induce a situation or state of mind which might be comparable to that surrounding a therapeutic appointment, 3) heighten the subject's preparedness and interest for the task of making judgements about how they might feel interacting with the person on the videotape. This introduction was approximately as follows:

You are about to meet a therapist via videotape. I am going to be very interested in how you assess this person. In other words, how he comes across to each of you individually.

So that you can begin to really imagine what it would be like to really be with this person and to see them as someone you might have as a therapist, I would like you to take some time to think about a specific problem or concern that you may have which you might talk to a therapist about if you had a chance.

I'd like to take a couple minutes before we start for everyone to identify a particular problem that you might speak to a therapist about and to spend time thinking about that so that you are in the right "frame of mind" to really tell me how the therapist you're going to see might be to talk to, and how he comes across to you.

(three minutes duration)

Good, I hope you have all thought about a specific problem that you might speak to a therapist about. We're going to watch the videotape now, and I would like you imagine what it would be like to really be interacting with this person and how he might make you feel.

The videotape was made using an actual male therapist who was chosen by consensus of several psychologists as being an individual with rather neutral appearance (i.e. not showing any overt visual cues of particular group or philosophical affiliation). The therapist was chosen to be middle-aged (40) and to not suggest either a significantly youthful or paternalistic appearance. The choice of a male therapist was made simply on the grounds that sex was going to be held constant in this experiment, and given that fact and the fact that the IMI uses male pronouns and a large part of the theoretical literature assumes that the treating person is male, it was most expediant and consistent to use a male. It is hoped that further studies will compare the use of a female therapist.

Following the viewing of the videotape, the subjects completed the Impact Message Inventory "imagining how it would be to be actually interacting with the therapist on the videotape". As mentioned earlier, the Impact Message Inventory is an instrument designed to tap the covert affective, cognitive, and behavioral pulls of an individual in an interaction in the present. In response to the instructions: "Imagine you are in this person's presence, in the process of interacting with him. Focus on the immediate reactions you would be experiencing...", outlined by the IMI, the subjects rated their reactions in three categories: "When I am with this persons he makes me

feel...", "When I am with this person he makes me feel that...", "When I am with this person it appears to me that...". The IMI-Form II takes approximately 15 minutes to complete.

The hypotheses addressed by this experiment can again be summarized as follows:

1) There is variability in subjects' perceptions of the interpersonal and interactional style of the stimulus therapist as measured by their responses to the Impact Message Inventory.

2) Variability in the perceptions of the interactional and interpersonal style of the stimulus therapist (as measured by the IMI) is related to the perceived interpersonal style of one of the subject's parents (when the subject was between the ages of 0 and 7) as indicated by subject's responses to the IBI.

3) Individuals with parents categorized as having "extreme" interpersonal styles by the subject's responses to the IBI have more "extreme" interpersonal reactions and perceptions of a present interactional stimulus as measured by the IMI.

RESULTS

The stated hypotheses in this study were generally supported by the results. Hypothesis 1 - there is variability in subjects' perceptions of the interpersonal and interactional style of the stimulus therapist as measured by their responses to the Impact Message Inventory - was clearly supported. Results of the tests of the second hypothesis provided mixed results. It was found that when ipsative measures were used the variability in the perceptions of the interactional and interpersonal style of the stimulus therapist (as measured by the IMI) was related to the perceived interpersonal style of one of the subject's parents (when the subject was between the ages of 0 and 7) as indicated by subject's responses to the IBI. However, when measures collapsing data from the whole sample were used (canonical correlation), significant results were not obtained. Hypothesis 3 - individuals with parents categorized as having "extreme" interpersonal styles by the subjects's responses to the IBI have more "extreme" interpersonal reactions and perceptions of a present interactional stimulus as measured by the IMI - was supported. Subjects who gave extreme positive cluster

ratings to one of their parent's past behavior (particularly on hostility and dominance) indicated more extreme responses to and perceptions of the stimulus therapist. Details of all the results are presented below.

DEMOGRAPHIC DATA

The Family Composition Questionnaire administered to the subjects of this experiment provided the following information. The final sample of undergraduate psychology students included 34.13% males, 62.27% females, and 3.59% students who did not identify their sex. The age of these students ranged from 17 to 35, with a mean of 19.8 years of age. Thirty-five percent of the subject sample was 19 years of age, and 88% of the subject sample was 21 years of age or younger. The female sample was slightly younger than the male population.

Ninety-seven percent of the subjects participating in this study identified their biological mother as their primary mother figure during the years 0-7. An adopted mother was identified as the primary maternal figure by 1.8% of the subjects, and there were only two cases (less than 2%) which identified a step-mother or other relative as the primary maternal figure during the years 0-7.

Similarly, 95% of the subjects identified biological fathers as their primary paternal figure during the ages of 0-7. Adopted fathers were identified as primary paternal

figures during these years by 2.4% of the subjects, and again less than 2% identified stepfathers or other relatives as their primary paternal figures during the ages of 0-7.

Ninety-eight percent of the subjects indicated that they were with their primary maternal figure for all the years between ages 0 and 7. Ninety-four percent of the subjects indicated that they were with their primary paternal figure for all the years between ages 0 and 7. The remaining 2% and 6%, respectively, were with their primary maternal or paternal figure for a variety of years between the ages of 0 and 7.

Only 6.6% of the subjects indicated that they had a second maternal figure between the ages of 0 and 7, and only 4.8% indicated having a second paternal figure during those years.

Eighty-seven percent of the subjects indicated that the composition of their family was presently the same as it had been when they were between the ages of 0 and 7. The remaining 13% indicated changes ranging from death of a maternal or paternal figure, to divorce, or to their own marriage.

RESULTS OF THE INTERPERSONAL BEHAVIOR INVENTORIES (IBI):

The Interpersonal Behavior Inventory (IBI) was completed by 166 subjects. One hundred sixty-five subjects completed an Interpersonal Behavior Inventory about their father (primary paternal figure) and one hundred sixty-six subjects completed the Interpersonal Behavior Inventory about their mother (primary maternal figure). Results of the completed IBIs were tabulated and converted into "cluster" scores. The mean scores and standard deviations obtained are as follows:

TABLE 1
IBI CLUSTER SCORE MEANS AND STANDARD DEVIATIONS

CLUSTER	FATHER SCORES		MOTHER SCORES	
	MEAN	SD	MEAN	SD
Hostile	1.728	.43	1.692	.42
Dominant	1.860	.45	1.712	.35
Friendly	2.709	.48	2.855	.42
Submissive	1.648	.31	1.796	.36

These results appear to be consistent with the norms provided by Lorr and McNair (1968) for the IBI. They listed the average mean cluster scores as: Hostile: 1.79; Dominant: 1.98; Friendly: 2.38; and, Submissive: 1.85.

As indicated by the above results, fathers were perceived as having been predominantly friendly, followed by dominant, hostile, and finally submissive. Mothers, on

the other hand, were perceived as having been predominantly friendly, but then as submissive, then dominant, and lastly hostile.

For exploratory purposes, the interaction of sex of the respondent and responses to the Mother and Father IBIs was examined. A summary of the results is as follows:

TABLE 2
IBI CLUSTER SCORE MEANS AND STANDARD DEVIATIONS
BY RESPONDENT SEX

	FATHER SCORES		MOTHER SCORES	
<u>MALES</u>				
Hostile	1.764	.42	1.677	.36
Dominant	1.913	.44	1.690	.34
Friendly	2.748	.46	2.854	.43
Submissive	1.658	.35	1.797	.32
<u>FEMALES</u>				
* Hostile	1.700	.44	1.698	.45
Dominant	1.840	.46	1.720	.37
Friendly	2.713	.48	2.846	.42
Submissive	1.634	.29	1.802	.39

Both males and females saw their mothers as more friendly and submissive and their fathers as more dominant. A MANOVA comparing the cluster score means revealed no statistical significance between the male and female groups.

Although the demographic composition of this sample resulted in only a very small percentage of subjects (N=24) whose family composition had undergone some major change

since they were ages 0-7, the opportunity was used to identify this group and to simply look at their response characteristics for informational purposes. Their means and standard deviations are summarized below and compared to the rest of the sample.

TABLE 3
IBI CLUSTER SCORE MEANS AND STANDARD DEVIATIONS
BY FAMILY COMPOSITION STATUS

	FATHER SCORES		MOTHER SCORES	
<u>INTACT FAMILY</u>				
Hostile	1.705	.39	1.652	.37
Dominant	1.843	.42	1.695	.33
Friendly	2.729	.47	2.884	.40
Submissive	1.638	.31	1.802	.36
<u>DISRUPTED FAMILY</u>				
Hostile	1.879	.60	1.929	.58
Dominant	1.973	.61	1.817	.48
Friendly	2.581	.54	2.689	.52
Submissive	1.713	.33	1.761	.35

Taking the limited sample into careful consideration, some interesting differences are noticed in the responses of the subjects who have had some change in the family between the ages and 7 and the present. Mothers were identified as more hostile than they were in any of the other subject groups. While in all other groupings, mothers are seen, in rank order, as 1) friendly, 2) submissive, 3) dominant, 4) hostile, in this group of subjects mothers are seen as 1) friendly, 2) hostile, 3) dominant, and 4) submissive. It

is also the only group in which mothers are seen as more hostile than fathers. Mothers in the disrupted group were also seen as more dominant and hostile than the mothers in the intact group and less submissive. Fathers as well were seen as more hostile and dominant as well as more submissive by respondents from disrupted family than by respondents from intact families. Similarly, both mothers and fathers were seen as less friendly by the disrupted group than they were by the intact group.

As mentioned in the Method section, the IBI uses a response rating scale of 1 through 4. The responses obtained on the IBIs in this sample of college students utilized the full spectrum. Response range for the various clusters are as follows:

TABLE 4
AVERAGE RESPONSE RANGES FOR IBI CLUSTER SCORES

	Mother Scores	Father Scores
Hostile	2.66	2.16
Dominant	2.48	2.00
Friendly	2.12	2.16
Submissive	1.63	1.89

When the sex of the respondent and family composition are examined the ranges are as follows:

TABLE 5

AVERAGE RESPONSE RANGES FOR IBI CLUSTER SCORES BY
RESPONDENT SEX AND FAMILY COMPOSITION STATUS

FATHER SCORES

	Male	Female	Intact	Disrupted
Hostile	1.68	2.66	2.17	2.48
Dominant	2.28	2.48	2.36	2.42
Friendly	2.01	2.12	2.11	1.84
Submissive	1.49	1.58	1.62	1.38

MOTHER SCORES

	Male	Female	Intact	Disrupted
Hostile	1.76	2.16	2.16	1.98
Dominant	1.70	2.00	1.71	1.96
Friendly	1.88	2.07	1.67	1.91
Submissive	1.58	1.89	1.89	1.54

Males appear to use a narrow response range in responding to both IBIs as compared to females. The greatest variability occurs in female's perceptions of their fathers, and the least in males perceptions of their mothers.

RESULTS OF THE IMPACT MESSAGE INVENTORY (IMI):

The Impact Message Inventory (IMI) was completed by one hundred sixty three subjects after viewing a short videotape of a psychotherapist introducing them to psychotherapy. As with the IBIs, results were tabulated and converted into "cluster" scores. The mean scores and standard deviations are as follows:

TABLE 6

IMI CLUSTER SCORE MEANS AND STANDARD DEVIATIONS

CLUSTER	MEAN	SD
Hostile	1.439	.42
Dominant	1.539	.35
Friendly	2.585	.46
Submissive	1.624	.29

These mean cluster scores fall within the range of cluster scores reported by Kiesler (1984) in his research handbook. As indicated above, the therapist was perceived as predominantly friendly, followed by submissive, dominant, and hostile. (It will be remembered that this is the same profile the was given to mothers on the Interpersonal Behavior Inventory.)

Again, as was the case with the IBIs, the interaction of sex of respondent and responses on the IMI was explored. A summary of the results are as follows:

TABLE 7

IMI CLUSTER SCORE MEANS AND STANDARD DEVIATIONS
BY RESPONDENT SEX

CLUSTER	MALES		FEMALES	
Hostile	1.507	.48	1.403	.38
Dominant	1.569	.35	1.522	.35
Friendly	2.634	.44	2.563	.47
Submissive	1.722	.35	1.577	.24

Both males and females produced the same ordering of

clusters in rating the therapist. Males, however, scored all of the clusters higher than did females. A MANOVA comparing the cluster score means did indicate a statistically significant difference between the male and female scores on the submissive cluster. The practical significance of this difference may be small given the actual differences in the means and their position on a four point rating scale. However, it may indicate a trend that may be worth exploring further in other studies.

When the average range of the ratings on each cluster is considered, notable are particularly the restricted range for males on the dominant cluster and the restricted range for females on the submissive cluster.

TABLE 8
AVERAGE RESPONSE RANGES FOR IMI CLUSTER SCORES
BY RESPONDENT SEX

CLUSTER	MALES	FEMALES
Hostile	2.11	2.00
Dominant	1.28	1.83
Friendly	1.78	2.11
Submissive	2.00	1.22

Since the degree of variability of responses to a constant stimulus therapist was one of the major exploratory questions of this study, an analysis of the distribution of cluster scores was undertaken. After

converting the cluster scores to standard scores the following characteristics of the entire response distribution was ascertained. Ratings of the therapist on the hostile cluster were within one standard deviation above or below the ipsative mean for Hostile cluster scores 77.6% of the time. 16.8% of the ratings were between 1 and 2 standard deviations from the mean, and 5.6% were more than 2 standard deviations above or below the mean. For the Dominant cluster, 73.3% of the ratings of the stimulus therapist were within one standard deviation of the mean. 21.1% were between 1 and 2 standard deviations, and 5.6% were ratings greater than 2 standard deviations from the mean. For the Friendly cluster, 62.7% of the ratings of the stimulus therapist were within 1 standard deviation of the mean. 36% were between 1 and 2 standard deviations, and 1.2% were more than 2 standard deviations from the mean. Finally, for the submissive cluster, 80.7% of the ratings of the therapist were within 1 standard deviation of the mean. 14.9% were between 1 and 2 standard deviations and 4.3% were greater than 2 standard deviations from the mean.

The more specific distribution of cluster scores can be seen by plotting the cluster score frequencies (see Table 9).

TABLE 9
IMI CLUSTER SCORE FREQUENCIES

The interaction of family composition status (i.e. whether or not there had been changes in family composition since the respondent was 7 years of age) was again explored, as with the IBI, for informational purposes. As mentioned previously the sample was largely represented by individuals with family which stayed intact to the present. Only 23 individuals who completed the IMI identified their family composition as having changed. A summary of results taking this interaction into consideration is as follows:

TABLE 10

IMI CLUSTER SCORE MEANS AND STANDARD DEVIATIONS
BY FAMILY COMPOSITION STATUS

CLUSTER	INTACT		DISRUPTED	
	MEAN	SD	MEAN	SD
Hostile	1.424	.41	1.530	.47
Dominant	1.526	.34	1.617	.41
Friendly	2.599	.47	2.502	.41
Submissive	1.623	.28	1.629	.34

TABLE 11

AVERAGE RESPONSE RANGES FOR IMI CLUSTER SCORES
BY FAMILY COMPOSITION STATUS

CLUSTER	INTACT	DISRUPTED
Hostile	2.11	1.61
Dominant	1.83	1.50
Friendly	2.11	1.67
Submissive	2.00	1.22

Subjects from disrupted families rated the therapist as more hostile and more dominant than did subjects from intact families, whereas subjects from still intact families rated the therapist as more friendly than did subjects from now disrupted families. Taking the range of ratings into consideration, it is also noted that a greater range is used by subjects from still intact families, whereas subjects from disrupted families use a more restricted range in their rating of the therapist, on all clusters.

ANALYSIS OF INDIVIDUAL RESPONSE PROFILES

Individual profiles of cluster scores for the IMI and IBI responses were graphed and compared visually and using a schema and correlation procedure borrowed from Activity Vector Analysis (W.V. Clark Associates, 1958). Using this method each profile was given an ipsative coding which allowed profiles to be compared and to be given a correlation coefficient reflecting their similarity (in terms of shape). The profile obtained by a subject's rating of the stimulus therapist on the IMI, was compared with each of the profiles obtained for the subject's ratings of their parents using the IBI. (Copies of the graphic representations of each subject's three profiles may be obtained from the author.)

Correlation coefficients obtained by such comparisons ranged from $-.75$ to $+1.00$ and are listed in Appendix F. Of the two correlation coefficients produced (IMI and Father IBI, IMI and Mother IBI), the larger value was chosen and used in the canonical correlation analysis. Seventy-four percent of the "chosen" IBI profiles received a correlation coefficient of $.80$ or greater when correlated with their IMI response profile. Using the profile analysis, 62% of the IMI profiles were found to be more similar to the profile produced by the subject's responses on the IBI characterizing their mother, while the other 38% had more similarity between their IMI profiles and the IBI characterizing their father.

Analysis of the profiles revealed very vividly several trends that already have been made note of in reviewing the other results. For instance, the clear dominance of the Friendly cluster in the profiles is remarkable. This was very consistent in responses to both the IMI and IBI. Furthermore, when viewed graphically, the high congruence between the shape of the profiles of IMI and IBI responses for a large proportion of the subjects is remarkable. There are, however, also those very interesting examples (25%) where this high congruence is lacking and where it becomes clear that there is distinct variability in how parental figures and the stimulus therapist are perceived.

Studying the graphic presentation of the individual IMI profiles was also particularly revealing as it again visibly pointed out the individual variability in how a constant stimulus was perceived. This was particularly noticeable in this format where the data was not reduced to group means. Differences were evident not only in the differential quantitative values given to the clusters but also in the differential relative ordering of clusters for some individuals. Some individuals thus saw the therapist as, for instance, being predominantly hostile while the overwhelming concurrence on the part of the group was radically different.

RESULTS OF THE CANONICAL CORRELATION ANALYSIS

A canonical correlation analysis was performed between subject's ratings of a constant stimulus therapist on the Impact Message Inventory (IMI) and the most highly correlated set of ratings of a parental figure on the IBI. The intra and intercorrelation coefficients of the IMI and the IBI scores used in the canonical correlation are presented below.

TABLE 12
CORRELATION MATRIX OF IMI AND IBI CLUSTER SCORES

	X1	X2	X3	X4	X5	X6	X7	X8
X1	1.0000 (162) P=.	.8120 (162) P=.000	-.5103 (162) P=.000	-.3877 (162) P=.000	-.1939 (162) P=.007	.1009 (162) P=.101	-.0592 (162) P=.227	.3600 (162) P=.000
X2		1.0000 (162) P=.	-.2923 (162) P=.000	.4040 (162) P=.300	.1803 (162) P=.011	.0723 (162) P=.180	-.0660 (162) P=.202	.3462 (162) P=.000
X3			1.0000 (162) P=.	.1214 (162) P=.062	-.0965 (162) P=.111	.0706 (162) P=.186	.1514 (162) P=.027	-.2325 (162) P=.001
X4				1.0000 (162) P=.	.1096 (162) P=.082	.2359 (162) P=.001	.0617 (162) P=.218	.0065 (162) P=.467
X5					1.0000 (162) P=.	.4862 (162) P=.000	-.2936 (162) P=.000	.2836 (162) P=.000
X6						1.0000 (162) P=.	.0161 (162) P=.419	-.1367 (162) P=.041
X7							1.0000 (162) P=.	-.0789 (162) P=.159
X8								1.0000 (162) P=.

(COEFFICIENT / (CASES) / SIGNIFICANCE)

The canonical correlation analysis performed between the IMI and the most highly correlated parental IBI can be summarized as follows:

TABLE 13
SUMMARY OF CANONICAL CORRELATION ANALYSIS OF
IMI AND IBI CLUSTER SCORES

Canonical Variate	Lambda (λ)	Canonical Correlation	Bartlett's χ^2	df
1	0.16719	0.40889	42.58	16
2	0.7710	0.27766	13.94	9
3	0.00795	0.08918	1.39	4
4	0.00089	0.02977	0.14	1

A $p < .01$ criterion level of significance reveals that only one of the canonical correlations is statistically significant. This canonical correlation, representing the maximum relationship between the canonical variates IMI and IBI profiles, resulted in only a 16.72% shared variance.

The canonical structure vectors associated with the significant canonical variates for the IMI and IBI are as follows:

TABLE 14
STRUCTURE VECTORS OBTAINED FROM CANONICAL CORRELATION
ANALYSIS OF IMI AND IBI CLUSTER SCORES

	Canonical Variate 1		Canonical Variate 1
IMI-Hostile	.934	IBI-Hostile	.434
IMI-Dominant	.840	IBI-Dominant	.041
IMI-Friendly	-.594	IBI-Friendly	-.241
IMI-Submissive	.089	IBI-Submissive	.969

As indicated above, an examination of the magnitude and direction of the structure coefficients associated with the IMI revealed a profile marked by a low Friendly cluster, followed by the Submissive cluster, a rather high Dominance cluster, and a peak on the Hostile cluster. Similar examination of the structure coefficients associated with the IBI reveal a profile again with a low point on the Friendly cluster, but followed by Dominance, Hostility, and a peak on the Submissive Cluster.

An analysis of the amount of redundancy between the IMI and IBI reveals the following information:

TABLE 15
SUMMARY OF REDUNDANCY ANALYSIS BETWEEN
IMI AND IBI CLUSTER SCORES

Canonical Variate	Rc	² Rc	Aver. Sq. Loading	Redundancy
IMI 1	0.40889	.16719	.48474	.08104
IMI 2	0.27766	.07710	.27392	.02112
IMI 3	0.08918	.00795	.13986	.00111
IMI 4	0.02977	.00089	.10149	.00009
IBI 1	0.40889	.16719	.29688	.04964
IBI 2	0.27766	.07710	.26883	.02073
IBI 3	0.08918	.00795	.32035	.00255
IBI 4	0.02977	.00089	.11394	.00010

RESULTS OF THE MANOVA COMPARING EXTREME AND NON-EXTREME GROUPS

A MANOVA was performed comparing individuals who rated their parents as having a more extreme interpersonal interaction style and those who did not, to determine whether or not these differences in perception (and perhaps experience) of parental interpersonal behavior were related to how the subject perceived and rated a stimulus therapist in the present.

Lorr, Bishop, and McNair (1965) had identified individuals whose mean scores on the IBI were at least one

standard deviation above the norm as being "extreme" and found that this classified somewhat less than half of all patient profiles. In the sample of IBI scores obtained in this study, it was found that if the eight cluster scores (four for mother and four for father) were considered, a cut off point of three cluster scores (of the eight) one standard deviation or more above the group means was needed to establish extreme and non-extreme groups. The two sets of IBIs were considered together (therefore eight cluster scores) since there was no theoretical reason to suggest that "extreme" interpersonal characteristics of one or another parent were more important. The MANOVA comparing these two groups found that there were no significant differences in the group's ratings of the therapist using the IMI ($=.51$). Careful consideration of these results raised the question of whether "extremeness" in one direction or another was more important theoretically in terms of the hypothesized impact on present perception, and whether or not including "extreme" scores in either direction "washed out" statistical results.

A second MANOVA where "extremeness" was more specifically defined as two or more cluster scores (of eight) one standard deviation or more beyond the mean in the positive direction (e.g. greater hostility, greater dominance, etc.) yielded significant results. The overall

MANOVA was significant at the $\leq .05$ level. An F statistic of 3.07 with 4 and 155 degrees of freedom was obtained. Univariate ANOVAs were also performed. The obtained summary statistics are as follows:

TABLE 16
SUMMARY STATISTICS FOR UNIVARIATE ANALYSES

		F	df	p
HOSTILE	SS=24.833912 MS=0.15717666	5.23	1, 158	0.0235
DOMINANT	SS=18.663850 MS=0.11812563	11.24	1, 158	0.0010
FRIENDLY	SS=33.393225 MS=0.21134952	0.00	1, 158	0.9864
SUBMISSIVE	SS=11.097623 MS=0.7023812-01	1.75	1, 158	0.1872

It was thus found that both the hostile and dominant cluster scores were significant indicating that subjects who perceived their parents as more extreme in the hostile and dominant categories also rated the therapist more extremely.

DISCUSSION

Several hypotheses have been addressed in this study, all concerned with the nature of the perception of therapists and the variables associated with such perception. The variables associated with the perception of a therapist and the experience of an interaction with a therapist have been dealt with extensively within the psychoanalytic tradition. The concept of transference as explicated in that tradition maintains that the perception of a therapist within the psychoanalytic situation: 1) differs with individuals; 2) is related to previous behavioral, cognitive and affective experiences with significant others; and, 3) provides the most succinct and lasting avenue for change.

The experimental situation provided by this study offered a way of beginning to explore some of these aspects of transference and therapist perception and to assess a potential method for operationalizing the concept for further study. The degree of variation in how a large sample of normal individuals (college students) would perceive the same therapist was explored, as was the possible correlation of such variation in perception with the recalled parental interpersonal style during early childhood.

The results obtained in testing the various hypotheses were generally supportive and have fulfilled the exploratory nature of this study as well as suggesting many further lines of investigation which would not have been clearly demarkated without the information collected from this study. More specifically, to review, hypothesis one, which addressed the variability of subjects' perceptions of a therapist, was clearly supported and indicated that there is considerable variability in how a therapist is perceived. Secondly, the relationship between this variability in perception across individuals and the perception of individuals' parents as they were remembered as being during early childhood (hypothesis two) was found to be supported when comparisons of ipsative profiles of subjects' cluster scorings of their perceptions of the therapist and of their cluster scorings of their parental figures were made. However, a discrepancy between these ipsative results and insignificant results of a canonical correlation analysis of the cluster scores suggested a need for further exploration both of the theoretical construct of transference and of the methods of measurement and analysis. Finally, tests of hypothesis three found that individuals who perceived one of their parents as having had an "extreme" interpersonal style (particularly in the areas of hostility and dominance) did indeed also perceive the stimulus therapist as more interpersonally "extreme".

As indicated by the already completed theoretical discussion of the concept of transference, the existence of variability in the perception of a therapist is at the very core of the concept and is in fact axiomatic. The nature of the variability and the point at which it occurs is something to be further studied. The purpose of this study was to lay some groundwork and perhaps provide a framework for an understanding of the concepts involved. Thus, in this study, the initial exploratory question of the degree of variability in how one therapist is perceived is a central one both for this study and for an understanding of the nature of therapist perception and the more involved concept of transference discussed in the psychoanalytic literature. In this study it was found that given a constant stimulus of a therapist introducing psychotherapy on a videotape, there was considerable variability in the range of responses.

As discussed earlier, the Impact Message Inventory, which was used to assess subject's perceptions of the stimulus therapist, is an instrument which focuses on the covert affective, cognitive, and behavioral engagements which individuals produce in each other. Thus, the subjects in this study were characterizing the therapist by how he would "make them feel", what they thought he would feel and think about them, and in general how they

perceived him as coming across as a person and therapist. Because of this unique approach towards assessment of the interpersonal style of a target person, valuable information about the perceptual framework of the respondent, or in transference terms, about the inherent individual variance or 'distortion' in how each individual construes another and their interaction with them, can be obtained. This experiment, in holding the target stimulus constant, allows for a more careful exploration of this phenomenon.

Results of the IMI assessments of the target therapist indicated an overall assessment of the therapist by the group of subjects as predominantly friendly, followed by submissive, dominant, and hostile. These results are consistent with findings obtained by some other studies using the IMI although in very different designs. Hudgins and Chirico (1983) found psychotherapy interns when rated, peaked on the Friendly cluster, followed by Submissive, and then weaker impacts on the Hostile and Dominant clusters. (High Friendly cluster scores were also found among assertive individuals (Labe-Sloan, 1982; Reagan, 1978, 1979) and are also normatively found on the Interpersonal Behavior Inventory, upon which the IMI is based.)

Given this overall average assessment of the target stimulus therapist by the group, there was important variability which was identified both individually and on a

group level. A viewing of the range and distribution statistics indicates that the identical stimulus was infact perceived as markedly different by some subjects. Furthermore, the individual plotting of ipsative profiles of the cluster scores revealed very graphically that there were differences both in terms of the level of cluster score ratings, and also in the cluster orderings for individuals. Thus, not only did individuals differ in how relatively friendly or hostile they felt the therapist was, but in some cases differed radically from the group in their overall characterization of him by, for example, seeing the therapist as predominantly hostile. Such differences and the speculation about the reasons for their existence are at the very basis of the concept of transference. It has, of course, been hypothesized from the psychoanalytic viewpoint that the nature of the perceptual process within the therapeutic relationship is deeply influenced by early experiences with primary figures (early object relations).

For exploratory purposes, it was questioned whether sex or family composition of the respondent appeared to be a factor in the variability which was obtained in IMI ratings. Male and female differences appeared to be negligible, although there were found to be statistically significant differences on the submissive cluster with

males rating the stimulus therapist as more submissive than females, perhaps suggesting that as a group, males were particularly sensitive to this stereotypically more female trait in a male. These differences have to be considered extremely carefully however, because the differences are very small and males on the whole tended to give higher scores on all the clusters. Males also had the most restricted range (perhaps indicating the highest congruence) on the Dominant cluster, while females, on the other hand, had a much more restricted range on the Submissive cluster. Interestingly enough, these two clusters might be thought of as the clusters which could be most clearly tied to stereotypic sexrole characteristics. Male and female subjects in this experiment appear to have the most congruence and definition within their sex in rating a target person within these dimensions. Thus while there are no indications of practical significance between the sexes in their perception in this experiment, some trends which might be watched in further research have been noted.

Stability of family composition into the present was also considered as a variable (on an exploratory basis) in investigating the variability in the perception of the target therapist. While the overall pattern of assessment of the therapist did not differ, when this variable was considered there were some small trends which were of

interest and might suggest further investigation although they could not be definitively addressed in this study. It was found that subjects from families whose family composition had been disrupted since the subject was age 7, rated the stimulus therapist as higher on the Hostile and Dominant clusters and lower on the Friendly cluster than did their counterparts. These subjects had a narrower range in their responses on all clusters, suggesting a greater concurrence in their specific pattern of perceptions which might be related to membership in this group. One might hypothesize, of course, especially from a transference point of view, that individuals from families who have undergone some disruption have introjected the qualities associated with major disruptions amongst those that one loves (greater hostility and dominance, and less friendliness) and now are more prone to project these feelings and perceptions onto a neutral other and see them as more hostile, dominant, and less friendly.

While both the factors of sex and stability of family composition suggest some interesting interactions, the variation seen purely in the realm of individual differences also remains most compelling. As mentioned earlier, while some of these differences are lost in a group analysis, the intersubject variability remains clear, particularly when viewing the frequency distributions of

cluster scores and the ipsative profiles and orderings of cluster scores. The psychoanalytic concept of transference maintains that these individual differences in perception can be seen as relating at least in part to the interpersonal experience of the individual with their "primary objects" (parental or caregiving figures) during early childhood. This study attempted to look at this explanation for individual variation in the perception of a therapist by gathering information about how the subjects remembered seeing their parents interpersonally when they were young, categorizing it in the same dimensions provided by the IMI (the four cluster scores), and exploring a correlation between the two.

The two ways in which the interpersonal characteristics of the subjects' parents (as they were remembered as being when the subjects were between the ages of 0 and seven) and the interpersonal characteristics perceived in the presented therapist were compared produced somewhat conflicting results. While a visual analysis of the IMI and IBI cluster score profiles and correlations obtained by coding and comparing the correlations obtained by coding and comparing the shape of the profiles yielded what appeared to be a high correlation, the canonical correlation analysis indicated that there was very little correlation or overlap between the results obtained using the two instruments. These differing results instill some

confusion in the study at hand and require careful consideration.

One possible explanation for the discrepancy of these results may be in the nature of the types of analyses. The graphing and coding of the cluster score profiles was only performed secondarily to determine the relative degree of correlation between the mother or father IBIs and the IMI profile. The visual representation of the profiles was however quite compelling as was the degree of correlation obtained for the large majority of sets of profiles. It must be remembered, however, that these are relatively less sophisticated methods of analysis as compared to the canonical correlation analysis. The AVA coding technique and resultant correlation, for instance, only take into account the shape of the profiles, while the other properties are neglected. On the other hand, there exists a certain degree of face validity in this approach in that: 1) it uses an ipsative level of measurement which has a certain consistency with the concept of transference as it is understood clinically and theoretically; and, 2) the concentration on the shape of the profile of cluster scores seems to infact also be intuitively the most critical element in consideration of the concept of transference, since it suggests the replication of patterns or relative perceptual importance assigned to interpersonal traits.

Height and of the profiles would seem to be of less significance to the concept. For these reasons, when there appeared to be a major discrepancy in the degree of correlation suggested by the two methods, results of the isipative approach were not completely disregarded as might have been done in other circumstances.

The canonical correlation analysis, on the other hand, provides a very statistically exacting way of determining the degree of linear relationship between linear combinations of variables (the clusters) in the IMI and IBI. The approach is, however, very different in that it is a procedure utilizing sample statistics as opposed to purely individual, ideographic data. As indicated above, the results utilizing the canonical correlation analysis indicated that there is in fact very little correlation between the dimensions being measured by the two instruments, and that given the responses from one of the instruments, little can be predicted about responses on the other.

These results are disappointing. Most directly they suggest (at least when using this method of analysis) that the perceptions or ratings of the impact of the stimulus therapist are not related to the ratings of parents as the subjects remembered them to have been during early childhood. It had, of course, been hoped that a correlation between these two ratings would offer a means

of looking at what has been defined as transference phenomena.

However, several aspects of transference need to be considered when reviewing these results. Transference has been traditionally spoken of within the context of the psychotherapeutic relationship and seen as an outgrowth of the development of that relationship. Credence has, however, also been given the the existence of an initial transference reaction which is not dependent on the full development of a therapeutic relationship but is rather an initial perceptual construal of the therapist. The question for this study has remained whether such a reaction could in fact be measured using statistical techniques. The results in this study are mixed in this respect. One possibility that has to be considered is that in fact the transferentially influenced perception that could be measured by this study would have to be quite extreme and constant to be picked up statistically. There are two potential variables which could affect such a possibility: the nature of the respondents or the nature of the stimulus.

Clinical and theoretical knowledge about transference would suggest that although the process is a ubiquitous one, the degree of distortion or rigidity in its expression would vary depending on the degree of psychopathology.

Thus, the potential for obtaining enough distortion for statistical significance may have been underestimated given this normal population. My long term intent of experimenting with the use of the IBI and IMI has been to use it to study transference and its development and resolution with an actual clinical population. One might expect that such a population would provide for more perceptual distortion. However, it was hoped that some baseline information both about the concept of transference and the instrumentation could be obtained by the present study.

Another factor potentially related to the possibility that "extreme" enough results were not obtained may be the use of a one-time videotaped presentation. As mentioned above, the nature of the transference to be "picked up" by an initial impression is in itself different although equally valid. The additional factor of this being a videotaped stimulus may, however, have made the reactions a bit more muted. Kiesler (1984), in his research handbook suggested that ratings of actor/strangers on videotape seem to have produced the lowest impacts in some studies.

The results of the MANOVA comparing subjects with extreme scores on their parental IBIs to those without extreme scores seem to suggest that if taken as a whole, no clear relationship can be seen between results of the IBI and IMI. However, when further specification is made about

the nature of the "extremeness" a direct relatedness was established. In fact the results of the MANOVA fit very closely with the clinical predictions that would be made regarding transference phenomena. Not only does it indicate that extreme interpersonal style on the part of a parent may be internalized and projected by the individual onto a person (therapist) in the present, but even more specifically that greater than average perceived hostility and dominance on the part of parents are central elements in the transmission of extreme interpersonal perceptions or distortions in the present. This finding appears to be highly consistent with a great deal of clinical knowledge and theory. This may be a rare instance of its experimental validation.

In conclusion, the somewhat mixed results about the correlation between subjects' perception of the therapist on the videotape and their perception of their parents leave us with many questions that would have to be addressed in further research. The theoretical and clinical concept of transference about which I have sought to both gather some basic information and for which I have explored a method of measurement apparently remains a difficult one to capture. I would like to suggest, however, that some important information has been gained in conducting this study which will hopefully provide further

much needed groundwork for approaching the concept of transference and its measurement. Several very important facts have been established: 1) that even with a stimulus held totally constant, individual differences in perceptual construal style can be picked up; 2) that there appear to be individual ipsative similarities in a large number of the perceptions of parental interpersonal style and the projected interpersonal style of a therapist; and, 3) individuals with extreme ratings of their parents interpersonal style (particularly extreme hostility and dominance) see the stimulus therapist in the present as having more extreme an interpersonal style and impact.

This study also indicated difficulties in measuring the concept of transference as operationalized in this experimental design. Further study is needed to more accurately determine the reasons for this difficulty (whether they be inherent in the concept or in the measurement) and to determine the measureable parameters of the concept of transference. Transference has remained one of the most important clinical and theoretical concepts within the psychoanalytic tradition and has widely influenced the theory and practice within numerous other psychotherapeutic approaches. The clinical phenomenon of differential perception and distortion of the therapist and its relation to the process of clinical change has furthermore appeared to have been addressed, even if under

very different names, by most every therapeutic endeavor. Therefore, rejection of this widely validated clinical finding, even with the difficulties in measurement, appears rash. Further refinement in the measurement of this important concept is needed to appropriately explore a subtle but extremely important phenomenon.

Future studies might utilize a psychiatric clinical population to begin to ascertain whether the ambiguity in the present findings may relate more directly to the nature of the normal population and their relative lack of distortion. The use of different stimuli rather than the videotape used in this study might also be explored, although the control inherent in the use of the videotape is quite desirable for the collection of baseline data. One of the most important steps that might be taken, however, would be to compare the results obtained from a similarly designed study to this with the results obtained from a study using clients engaged in a therapy relationship. The results of such a comparison could provide further information about the degree to which an involvement in a therapeutic relationship heightens the perceptual processes inherent in the concept of transference.

The present study also provides some important information about the Impact Message Inventory. By

utilizing extreme stimulus control, the design of this experiment allows for a unique assessment of the actual variation in "decoding" processes in an inventory primarily designed to use the decoder as an objective instrument by which to classify a target person.

Most studies using the IMI have been designed using groups of individuals as stimuli, for instance, obsessives or hysterics, and thus the variability that was present in response to these groups could more easily be understood as error variance as a result of the individual differences of the stimuli. The present study is thus unique in its use of a totally controlled constant stimulus to be perceived by a large number of normal subjects. (The other explanation for decoder variance has been that differences existed in the respondent population, e.g. normal vs. psychiatric populations). The design of this study thus allows for the decoding variation of a normal population to be very directly examined as has not been the case in the other exploratory studies using the IMI. The only studies where this degree of control was actually obtained was in the validation studies of the IMI where written paragraphs of interpersonal styles were used. Results in this study clearly indicate that decoder variability is an important aspect of the responding process to the IMI. Further test-retest administrations would be very important to more specifically anchor and quantify this aspect of the

variance. More information about both the encoding and decoding contributions to the variance of responses obtained on the IMI would be extremely important for the instrument and would also be a very useful contribution to the general understanding of person perception and related concepts of interest.

Finally, the results obtained in the present study can be seen as offering some extremely important inferences for clinical work. Distinct variability in individual responses to even the most constant or neutral interpersonal situation appears from this study to be very important. However, this fact is often forgotten and attention is too often focused on the person/stimulus or the nature of the situation rather than on the person perceiving.

Within this clinical spectrum the deep importance of the individual's perceptual construction and experience of the world around him and of the unique tool provided by acquired understanding of this process has been a central focus of psychoanalytic theory within the construct of transference. This tradition has thus provided clinically a way of understanding the enormous complexities of any individual's perceptions and his inextricably related experience of the world and others. An enormous area exists, however, for further and more specific exploration

of the parameters of these concepts. This study has been only a first step in this direction, but will hopefully be one which has cleared the path for further investigation. An acknowledgement of the variability in how one as a therapist may be perceived remains paramount not only in the ability to establish a therapeutic alliance, but also as a rich way of coming to understand a client and his view of the world and ultimately thus in being able to assist clients in their ability to change their lives. Furthermore, the potential for the understanding of past critical experiences by their embodiment in present experience is again suggested by this experiment although the parameters of this phenomenon beg for further exploration.

APPENDIX A

RESEARCH CONSENT

I freely consent to participate in this study.

I understand that I will be asked to complete several background information forms: 1) a form indicating the composition of my family when I was 0-7 years old, 2) a form about each of my parents when I was 0-7 years old.

I also understand that I will be asked to view a short videotape of a therapist introducing me to psychotherapy, and that I will be asked to fill out a form indicating how I felt about this particular therapist and how they "came across" to me.

I recognize that the purpose of this research is to understand more about how therapists are perceived.

I have been assured that all information that I give in this experiment will be anonymous and will be kept confidential.

My questions have been answered to my satisfaction and I am aware that I may withdraw from this study at any time.

Signed _____

Date _____

APPENDIX B
INTERPERSONAL BEHAVIOR INVENTORY
(FATHER VERSION)

1 - NOT AT ALL

3 - FAIRLY OFTEN

2 - OCCASIONALLY

4 - QUITE OFTEN

1. Makes decisions like what to do or where to go when with another person. _____
2. Seizes opportunities to rival and surpass others. _____
3. Ridicules, belittles or depreciates others. _____
4. Seeks hidden reasons or motives in the actions of others. _____
5. Avoids people who try to become close or personal with him. _____
6. Shows discomfort and nervousness when people watch him at work or play. _____
7. Lets others assume charge of things even though the responsibility is his. _____
8. Tries to get others to make his decisions for him. _____
9. Apologizes when criticized or blamed regardless of fault. _____
10. Shows respect for persons in authority by attitude and manner. _____
11. Contributes positively as a member of some team or group. _____
12. Listens sympathetically to others talk about their troubles. _____
13. Exhibits an open trust and faith in others. _____
14. Goes out of his way to be with people. _____
15. Draws attentions to himself in a group by telling jokes and anecdotes. _____
16. Dominates conversations; interrupts, "talks others down". _____
17. Avoids sharing credits for achievement with others. _____
18. Displays a "chip on the shoulder" attitude towards others. _____
19. Mistrusts or questions indications of affection from others. _____
20. Engages in solitary recreation and amusement. _____
21. Shows signs of self-consciousness with strangers. _____
22. Gives way when someone insists on a point. _____

APPENDIX B, CONT.

1 - NOT AT ALL	3 - FAIRLY OFTEN
2 - OCCASIONALLY	4 - QUITE OFTEN

23. Avoids or refuses to take the initiative even when he should. _____
24. Blames himself when interpersonal friction with others occurs. _____
25. Speaks favorable of persons over him. _____
26. Gains rapport and liking from others. _____
27. Gives help or counsel to people who are having difficulty. _____
28. Shows affection and closeness to members of his family. _____
29. Takes the initiative in making new acquaintances. _____
30. Monopolizes conversations by talking about himself (illness, exploits, travel). _____
31. Bosses his friends and associates around. _____
32. Volunteers for jobs that gain him the attention of others. _____
33. Belittles or criticizes the successes and strengths of others. _____
34. Says people misinterpret his acts or intentions. _____
35. Acts business-like and impersonal with co-workers. _____
36. Keeps silent when in a group. _____
37. Shows no irritation or anger even when justified. _____
38. Goes to others for help and reassurance when in difficulty. _____
39. Apologizes for not having done better when he completes a task. _____
40. Makes himself useful to persons he admires or respects. _____
41. Relates to and treats people as equals. _____
42. Reassures and comforts others when they are feeling low. _____
43. Says something favorable about nearly everyone he mentions. _____
44. Avoids activities in which he might be alone. _____
45. Dramatizes and elaborates when recounting events in which he has participated. _____

APPENDIX B, CONT.

1 - NOT AT ALL

3 - FAIRLY OFTEN

2 - OCCASIONALLY

4 - QUITE OFTEN

- 46. Uses, exploits or manipulates others for his own ends. _____
- 47. Reacts competitively to others even in friendly social situations. _____
- 48. Criticizes or defies persons in authority. _____
- 49. Says he is not accorded the credit due him for his accomplishment. _____
- 50. Turns down invitations to social affairs. _____
- 51. Avoids actions in public which might make him conspicuous. _____
- 52. Goes out of his way to avoid an argument. _____
- 53. Seeks out people who show concern and sympathy for him. _____
- 54. Accepts or assumes blame when things go wrong. _____
- 55. Carries out orders of his superiors with zest. _____
- 56. Carries out his share of common tasks or assignments. _____
- 57. Lends things he values to his friends. _____
- 58. Shows a real liking and affection for people. _____
- 59. Works hard at being popular and accepted. _____
- 60. Makes startling remarks that attract attention. _____
- 61. Volunteers advice and information when people have decision to make. _____
- 62. Neglects group goals to achieve individual prominence. _____
- 63. Shows impatience or intolerance of others' mistakes or weaknesses. _____
- 64. Says people criticize or blame him unjustly. _____
- 65. Shows emotional reserve and restraint in relating to others. _____
- 66. Shows signs of discomfort or self-consciousness in the presence of authority figures. _____
- 67. Agreeable and conciliatory when differences arise. _____
- 68. Gets opinions from others for even minor decisions. _____

APPENDIX B, CONT.

1 - NOT AT ALL	3 - FAIRLY OFTEN
2 - OCCASIONALLY	4 - QUITE OFTEN

- 69. Makes unnecessary apologies for his appearance or conduct. _____
- 70. Chooses friends who have superior positions or greater prestige. _____
- 71. Seeks work where he joins other members of a team with a common goal. _____
- 72. Puts aside his own work or pleasure if someone asks for help. _____
- 73. Says he finds it easy to like people on short acquaintance. _____
- 74. Encourages friends to drop in informally at his home. _____
- 75. Speaks up at meetings whether he has anything to say or not. _____
- 76. Talks his friends into doing what he would like. _____
- 77. Sets difficult goals for himself and tries to achieve them. _____
- 78. Shows anger or irritability in his dealing with others. _____
- 79. Mistrusts the intentions of others toward him. _____
- 80. Avoids discussion of his personal affairs with associates. _____
- 81. Keeps shyly in the background in a social gathering. _____
- 82. Yields to the wishes and plans of others. _____
- 83. Borrows money and things of value from friends. _____
- 84. Talks at length about his faults and failures even in a group. _____
- 85. Copies the behavior of admired or successful persons. _____
- 86. Expresses his opinions to others tactfully and diplomatically. _____
- 87. Obliging and cooperative when asked to perform little services or favors. _____
- 88. Acts close and personal with people. _____
- 89. Invites friends and acquaintances to his home. _____
- 90. Turns conversations in the direction of his ideas, accomplishments, misfortunes. _____
- 91. Seizes opportunities to instruct or explain things to others. _____

APPENDIX B, CONT.

1 - NOT AT ALL	3 - FAIRLY OFTEN
2 - OCCASIONALLY	4 - QUITE OFTEN

92. Directs the attention of others towards his accomplishments.	_____
93. Manifests an attitude of contempt towards others.	_____
94. Shows reluctance to trust or confide in others.	_____
95. Keeps aloof from his neighbors.	_____
96. Reports discomfort in close face-to-face individual contacts.	_____
97. Gives in rather than fight for his rights in a conflict.	_____
98. Dumps his troubles and problems on others.	_____
99. Expresses inferiority in relation to others.	_____
100. Readily accepts advice of superiors.	_____
101. Considers the feelings and needs of others before speaking or acting.	_____
102. Does favors for others without being asked.	_____
103. Expresses affection openly and directly through words, gestures and contact.	_____
104. Mixes widely at a social gathering.	_____
105. Acts the clown or amuses others at a party.	_____
106. Takes charge of things when he's with people.	_____
107. Strives for symbols of status and superiority to others.	_____
108. Tells people "off" when they annoy him.	_____
109. Expresses suspicion when someone is especially nice to him.	_____
110. Stays away from social affairs where he will have to meet new people.	_____
111. Yields docilely when his opinions are questioned or challenged.	_____
112. Asks for help on jobs he could handle himself.	_____
113. Underrates his own skills or accomplishments as contrasted with those of others.	_____

APPENDIX B, CONT.

1 - NOT AT ALL	3 - FAIRLY OFTEN
2 - OCCASIONALLY	4 - QUITE OFTEN

114. Subservient or ingratiating to persons of greater power, skill or authority. _____
115. Expresses desire to "fit in" and do what is expected. _____
116. Manifests a genuine interest in the problems of others. _____
117. Drops in to visit friends just to socialize. _____
118. Openly describes his personal affairs even to casual acquaintances. _____
119. Directs the activities of one or more clubs or associations to which he belongs. _____
120. Contrasts unfavorably the accomplishments of others with his own. _____
121. Makes unfavorable or hostile remarks about his peers. _____
122. Accuses others of prying into his affairs. _____
123. Acts cool and distant towards others. _____
124. Appeases others; makes concessions to avoid unpleasantness. _____
125. Asks others to look after his interests. _____
126. Expresses more than ordinary gratitude for help or favors. _____
127. Takes the role of helper or supporter of authority figures. _____
128. Responds to others' faults in a helpful, accepting manner. _____
129. Attends or helps organize parties, dances, celebrations and reunions. _____
130. Seeks membership in clubs and associations which have high prestige. _____
131. Uses a sarcastic or biting type of humor. _____
132. Misinterprets minor comments by others as unfavorable towards him. _____
133. Avoids involvement or participating in group efforts. _____
134. Lets his friends or spouse push him around. _____
135. Seeks favors from friends even when he can't reciprocate. _____

APPENDIX B, CONT.

1 - NOT AT ALL	3 - FAIRLY OFTEN
2 - OCCASIONALLY	4 - QUITE OFTEN

136. Defers to the judgement of older individuals in making decisions. _____
137. Exhausts his energies being helpful to others. _____
138. Tries to be included in most of his friend's activities. _____
139. Spends his free evenings at home with a hobby, book or T.V. program. _____
140. Seeks to have others choose or select for him jobs, clothes, food, and even recreation. _____

APPENDIX C.

IMPACT MESSAGE INVENTORY

IMPACT MESSAGE INVENTORY

(IMI - FORM II - 1976)

Sex _____

Subject number _____

This inventory contains words, phrases and statements which people use to describe how they are emotionally engaged or impacted when interacting with another person.

You are to respond to this Inventory by indicating how accurately each of the following items describes your reactions to the particular person under consideration. Respond to each item in terms of how precisely it describes the feelings this person arouses in you, the behaviors you want to direct toward him when he's around, and/or the descriptions of him that come to mind when you're with him. Indicate how each item describes your actual reactions by using the following scale: 1-Not at all, 2-Somewhat, 3-Moderately so, 4-Very much so.

In filling out the following pages, first imagine you are in this person's presence, in the process of interacting with him. Focus on the immediate reactions you would be experiencing. Then read each of the following items and fill in the number to the left of the statement which best describes how you would be feeling and/or would want to behave if you were actually, at this moment, in the person's presence.

At the top of each page, in bold print, is a statement which is to precede each of the items on that page. Precede the reading of each item with that statement; it will aid you in imagining the presence of the person described.

There are no right or wrong answers since different people react differently to the same person. What we want you to indicate is the extent to which each item accurately describes what you would be experiencing if you were interacting right now with this person.

Please be sure to fill in the one number which best answers how accurately that item describes what you would be experiencing. For example, if an item is Somewhat descriptive of your reaction, fill in the number 2 for Somewhat descriptive:

2

Thank you in advance for your cooperation.

The Impact Message Inventory was developed by Donald J. Kiesler, Jack C. Anchin, Michael J. Perkins, Bernard M. Chirico, Edgar M. Kyle, and Edward J. Federman of Virginia Commonwealth University, Richmond, Virginia.

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APPENDIX C, CONT.

		1—Not at all	3—Moderately so
		2—Somewhat	4—Very much so
WHEN I AM WITH THIS PERSON HE MAKES ME FEEL THAT . . .			
1.	☐	I want to tell him to give someone else a chance to make a decision.	17. ☐ I should do something to put him at ease.
2.	☐	I should be cautious about what I say or do around him.	18. ☐ I want to point out his good qualities to him.
3.	☐	I should be very gentle with him.	19. ☐ I shouldn't hesitate to call on him.
4.	☐	I want him to disagree with me sometimes.	20. ☐ I shouldn't take him seriously.
5.	☐	I could lean on him for support.	21. ☐ I should tell him he's often quite inconsiderate.
6.	☐	I want to put him down.	22. ☐ I want to show him what he does is self-defeating.
7.	☐	I'm going to intrude.	23. ☐ I should tell him not to be so nervous around me.
8.	☐	I should tell him to stand up for himself.	24. ☐ I could ask him to do anything.
9.	☐	I can ask him to carry his share of the load.	25. ☐ I want to ask him why he constantly needs to be with other people.
10.	☐	I could relax and he'd take charge.	26. ☐ I want to protect myself.
11.	☐	I want to stay away from him.	27. ☐ I should leave him alone.
12.	☐	I should avoid putting him on the spot.	28. ☐ I should gently help him begin to assume responsibility for his own decisions.
13.	☐	I could tell him anything and he would agree.	29. ☐ I want to hear what he doesn't like about me.
14.	☐	I can join in the activities.	30. ☐ I should like him.
15.	☐	I want to tell him he's obnoxious.	
16.	☐	I want to get away from him.	

Do Not Write Below This Line

☐	☐	☐	☐	☐	☐	☐	☐	☐
31	32	33	34	35	36	37	38	39

APPENDIX C, CONT.

	1-Not at all		3-Moderately so
	2-Somewhat		4-Very much so
WHEN I AM WITH THIS PERSON IT APPEARS TO ME THAT . . .			
1.	☐	he wants to be the center of attention.	17. ☐ he's nervous around me.
2.	☐	he doesn't want to get involved with me.	18. ☐ whatever I did would be okay with him.
3.	☐	he is most comfortable withdrawing into the background when an issue arises.	19. ☐ he trusts me.
4.	☐	he wants to pick my brain.	20. ☐ he thinks other people find him interesting, amusing, fascinating and witty.
5.	☐	he carries his share of the load.	21. ☐ he weighs situations in terms of what he can get out of them.
6.	☐	he wants me to put him on a pedestal.	22. ☐ he'd rather be left alone.
7.	☐	he'd rather be alone.	23. ☐ he sees me as superior.
8.	☐	he thinks he can't do anything for himself.	24. ☐ he's genuinely interested in me.
9.	☐	his time is mine if I need it.	25. ☐ he wants to be with others.
10.	☐	he wants everyone to like him.	26. ☐ he thinks he's always in control of things.
11.	☐	he thinks it's every man for himself.	27. ☐ as far as he's concerned, I could just as easily be someone else.
12.	☐	he thinks he will be ridiculed if he asserts himself with others.	28. ☐ he thinks he is inadequate.
13.	☐	he would accept whatever I said.	29. ☐ he thinks I have most of the answers.
14.	☐	he wants to be helpful.	30. ☐ he enjoys being with people.
15.	☐	he wants to be the charming one.	
16.	☐	he's carrying a grudge.	

Do Not Write Below This Line

☒ 31
 ☐ 32
 ☐ 33
 ☐ 34
 ☐ 35
 ☐ 36
 ☐ 37
 ☐ 38
 ☐ 39

APPENDIX C, CONT.

1-Not at all		3-Moderately so			
2-Somewhat		4-Very much so			
WHEN I AM WITH THIS PERSON HE MAKES ME FEEL . . .					
1.	☐	bossed around.	17.	☐	embarrassed for him.
2.	☐	distant from him.	18.	☐	frustrated because he won't defend his position.
3.	☐	superior to him.	19.	☐	loved.
4.	☐	important.	20.	☐	taken charge of.
5.	☐	entertained.	21.	☐	defensive.
6.	☐	impersonal.	22.	☐	curious as to why he avoids being alone.
7.	☐	like an intruder.	23.	☐	dominant.
8.	☐	in charge.	24.	☐	welcome with him.
9.	☐	appreciated by him.	25.	☐	as important to him as others in the group.
10.	☐	part of the group when he's around.	26.	☐	like an impersonal audience.
11.	☐	cold.	27.	☐	uneasy.
12.	☐	forced to shoulder all the responsibility.	28.	☐	as though he should do it himself.
13.	☐	needed.	29.	☐	admired.
14.	☐	complimented.	30.	☐	like I'm just one of many friends.
15.	☐	as if he's the class clown.			
16.	☐	annoyed.			

Do Not Write Below This Line

31	32	33	34	35	36	37	38	39
☐	☐	☐	☐	☐	☐	☐	☐	☐

APPENDIX D FAMILY COMPOSITION QUESTIONNAIRE

YOUR CODE: _____

FAMILY COMPOSITION QUESTIONNAIRE

Please indicate the parental figures who lived with your family when you were BETWEEN THE AGES OF 0 and 7.

If there were more than one "mother" or "father" (for example if your parents got divorced and remarried), please indicate what age you were when each individual lived with you.

MOTHER		FATHER	
	your age		your age
biological mother	_____	biological father	_____
step mother	_____	step father	_____
father's girlfriend	_____	mother's boyfriend	_____
grandmother or other	_____	grandfather or other	_____
relative	_____	relative	_____
other caregiver	_____	other caregiver	_____
other: _____	_____	other: _____	_____
_____		_____	

Please indicate your present age: _____

Is the information above still accurate: yes no

If "no", how is it different? _____

Please choose the person in the "mother" and "father" category who lived with you longest when you were between the ages of 0 and 7 and circle them above.

APPENDIX E

SUMMARY DEFINITIONS OF THE 15 INTERPERSONAL CATEGORIES OF THE IMPACT MESSAGE INVENTORY AND THE INTERPERSONAL BEHAVIOR INVENTORY

Table 1. Summary definitions of the 15 Interpersonal
Categories of Lorr & McNair's Interpersonal Behavior

Inventory: Form 4 (1967),* and of Kiesler et al's (1975, 1976) IMI.

THE PERSON TENDS TO . . .	
1. Dominant	lead, direct, influence and control others
2. Competitive	seek and compete for recognition and status
3. Hostile	criticize, ridicule, punish or agress against
4. Mistrusting	doubt or suspect the attitudes, feelings and intentions of others
5. Detached	be aloof, withdrawn and seclusive from others
6. Inhibited	withdraw from attention and be shy with others
7. Submissive	be passive and docile and appease others
8. Succorant	get others to help and to take the lead with his problems and decisions
9. Abasive	accept blame, belittle himself and apologize to others
10. Deferent	support and serve a person who is superior or a leader
11. Agreeable	be cooperative, helpful, considerate and equalitarian with others
12. Nurturant	actively support, be sympathetic towards and give helpful advice to others
13. Affiliative	show liking, warmth, and friendship to others
14. Sociable	be gregarious and join groups
15. Exhibitionistic	seek attention, notice and approval from others

*definitions are adapted from Lorr & McNair's (1965) report
and are listed in circular order around the Interpersonal Circle

APPENDIX F

INDIVIDUAL IMI AND IBI PROFILE CODES AND CORRELATION COEFFICIENTS

Subj.#	Therapist Profile (IMI)	Father Profile	corr. w/IMI	Mother Profile	corr. w/IMI
001	3395	7931	-.65	7481	.37
002	4295	4493	.84	3494	.88
003	3494	2495	.96	2495	.96
004	3494	3395	.96	3395	.96
005	6167	3494	.18	4592	-.13
006	1694	7148	-.59	5591	.61
007	4394	3494	.95	7481	.62
008	3395	3395	1.00	3395	1.00
009	3494	5771	.44	5186	.63
010	7661	9551	.90	6392	.62
011	7184	3494	.51	9281	.85
012	3494	6491	.69	2495	.96
013	3593	3692	.97	8192	.46
014	3593	3197	.52	4493	.96
015	3593	6167	-.09	6581	.72
016	3593	3494	.96	2594	.96
017	3395	3395	1.00	3395	1.00
018	4295	6293	.57	6392	.54
019	3494	4295	.88	2693	.90
020	3395	3593	.83	4394	.96
021	3395	3593	.83	3692	.67
022	8471	9245	.47	3395	.15
023	9533	5681	.08	2279	-.79
024	3296	7661	-.27	2594	.75
025	3494	4592	.88	3494	1.00
026	3494	4781	.62	5591	.75
027	4394	----		5294	.96
028	3593	4781	.82	3395	.83
029	3791	4396	.52	3593	.90
030	3494	5393	.87	5195	.75
031	3494	4493	.95	4394	.95
032	3494	7751	-.09	4196	.77
033	3395	3692	.67	3395	1.00
034	4394	3791	.61	4187	.74
035	3494	4394	.95	5393	.87
036	2495	3494	.96	3494	.96
037	3494	3494	1.00	3494	1.00
038	3494	3494	1.00	3494	1.00
039	3494	4187	.62	3395	.96
040	4394	3494	1.00	3494	1.00
041	3395	3494	.96	3494	.96

Subj. #	Therapist Profile (IMI)	Father Profile	corr. w/IMI	Mother Profile	corr. w/IMI
042	3494	3494	1.00	3593	.96
043	5393	3395	.83	3395	.83
044	5933	7841	.82	3494	-.44
045	3494	3494	1.00	3494	1.00
046	3494	3395	.96	3395	.96
047	3494	2693	.90	4493	.95
048	3494	2693	.90	3494	1.00
049	----				
050	3494	3692	.86	3494	1.00
051	3296	6194	.78	3395	.97
052	3494	8291	.51	9353	-.17
053	3395	4493	.87	3494	.96
054	4394	5195	.90	4592	.84
055	5861	5393	.24	6176	-.59
056	5591	4493	.90	5294	.69
057	5195	3692	.39	5591	.50
058	1595	7391	.22	3593	.87
059	3395	3593	.83	3395	1.00
060	4394	3494	.95	5591	.75
061	4493	5294	.88	4394	.95
062	3494	3593	.96	3593	.96
063	2396	3296	.97	3593	.75
064	3494	2198	.69	3494	1.00
065	3494	4592	.88	3395	.96
066	3593	4196	.56	3395	.83
067	2396	3593	.75	3494	.90
068	1396	3593	.77	2693	.78
069	1595	5294	.55	9335	-.87
070	3395	4394	.96	3494	.96
071	6932	8831	.92	9812	.85
072	4592	5177	.08	3593	.96
073	3494	7661	.14	3197	.74
074	3197	5933	-.90	5198	.81
075	3593	4961	.49	7166	-.09
076	3395	3494	.96	3296	.97
077	4493	3593	-.72	3494	-.59
078	5393	1397	.52	4493	.96
079	3494	3494	1.00	3395	.96
080	3395	9723	-.17	5168	.48
081	4493	3494	.95	3494	.95
082	4394	2396	.86	8741	-.27
083	5195	5591	.50	4394	.90
084	3494	3395	.96	6491	.69
085	3395	4592	.72	8471	.15
086	3395	3395	1.00	3395	1.00
087	3494	5771	.44	3395	.96
088	3593	3494	.96	3494	.96
089	3692	6851	.47	4295	.54

Subj. #	Therapist Profile (IMI)	Father Profile	corr. w/IMI	Mother Profile	corr. w/IMI
090	2495	3692	.75	3593	.88
091	2494	4493	.95	3494	1.00
092	----				
093	5771	5195	.00	2693	.67
094	----				
095	5393	5195	.87	4493	.96
096	3494	4493	.95	2297	.80
097	3395	4493	.87	4493	.87
098	2594	3593	.96	2891	.80
099	3494	7139	-.40	7751	-.09
100	3593	2594	.96	3494	.94
101	1487	4394	.62	2396	.93
102	3395	5591	.58	3494	.96
103	5591	2396	.39	3692	.90
104	6392	3494	.74	3296	.56
105	3494	3692	.86	3494	1.00
106	3593	3692	.97	3494	.96
107	3593	3494	.90	3494	.90
108	9533	5393	-.17	2792	-.46
109	2396	5393	.67	4394	.86
110	----				
111	3494	5591	.75	4295	.88
112	3692	5393	.75	4592	.97
113	8651	3494	-.13	6149	-.57
114	3494	3494	1.00	3494	1.00
115	3494	3395	.96	7715	-.96
116	3494	3494	1.00	4394	.95
117	3494	3395	.96	3395	.96
118	4493	3494	.95	4493	1.00
119	9731	4494	-.20	5393	-.13
120	3593	3494	.96	3494	.96
121	3494	9452	-.17	3188	.59
122	3494	3395	.96	3395	.96
123	3593	4178	.15	6581	.72
124	9812	3791	-.13	4187	-.88
125	3494	3494	1.00	3494	1.00
126	9461	8381	.92	3395	-.07
127	3494	5591	.75	3395	.96
128	3494	5861	.21	4394	.95
129	3395	3692	.67	3494	.96
130	3494	3494	1.00	8291	.51
131	3296	3593	.67	3296	1.00
132	3494	3395	.96	5195	.75
133	3197	3494	.74	7481	.12
134	3395	3494	.96	3395	1.00
135	3494	4394	.95	6194	.69
136	3395	5861	-.08	3395	1.00
137	9191	4394	.64	3395	.41

Subj. #	Therapist Profile (IMI)	Father Profile	corr. w/IMI	Mother Profile	corr. w/IMI
138	3494	3593	.96	3494	1.00
139	3494	3593	.96	3692	.86
140	3494	4592	.88	5681	.63
141	3395	3593	.83	3395	1.00
142	3395	5771	.17	2594	.88
143	5519	3593	-.87	3494	-.75
144	3494	3593	.96	2396	.90
145	4493	4781	.74	5186	.59
146	5591	2198	.10	9191	.71
147	3494	3881	.59	2198	.69
148	5591	8921	.10	4493	.90
149	2495	3494	.96	2594	.96
150	3395	2693	.75	4592	.72
151	3494	----		5393	.87
152	6392	9362	.70	3395	.67
153	9371	4592	.50	3494	.20
154	2396	6581	.18	1397	.98
155	3395	6392	.67	3593	.83
156	3494	4394	.95	4394	.95
157	3395	4493	.87	3494	.96
158	3494	4493	.95	4493	.95
159	7175	3593	.17	3395	.50
160	3494	3296	.86	3296	.86
161	4493	5771	.61	3197	.61
162	3494	3593	.96	2693	.90
163	3494	4493	.95	4493	.95
164	3494	3494	1.00	3494	1.00
165	4394	5393	.96	3494	.95
166	3494	4592	.88	3593	.96

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