

# STIMULUS EQUIVALENTS OF THE PSYCHOTHERAPIST<sup>1</sup>

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The Freudian transference concept (3, pp. 312-322; 6) suggests the hypothesis that the patient in psychotherapy would liken the therapist to his father or mother, or at least someone from his early family situation (3, pp. 312-314). Other writers of various persuasions support Freud's contentions (e.g., 4, pp. 102-111).

The purpose of the present study was to obtain information relating to this hypothesis. In a previous study of the same problem Baker (1) found that psychologists were described as being similar to a wide variety of persons, mostly male and older than the patient, and only occasionally to either parent. Our hypothesis is that a patient will react toward his therapist according to general dispositions he has developed toward persons who, like the therapist, are professional persons, well educated, high in social prestige, mature, and devoted to the service of mankind.

## METHOD

The *Ss* were 28 hospital and 7 clinic patients (12 men and 23 women, aged 15 to 66 years, with a mean age of 34.5 years) who received some form of interview therapy which their therapist was willing to call psychotherapy (in 17 cases of the supportive type, in 18 cases of the interpretive type).

Eleven male therapists, aged 28 to 42 years, were involved. They had consented to their own and their patients' participation in the study. While the therapists were not highly experienced, several being psychiatric residents, they did the major portion of the therapy at two quite active institutions.

Most of the *Ss* were tested initially between the second and third therapy interviews, with only one *S* tested initially after as many as five interviews. The second test was scheduled, when possible, about six weeks later, or in the case of clinical patients at approximately ten interviews following the first test. The median number of interviews at the second testing was 13, and the median number of interviews between testing periods was 11.

Although by the time of the second test the *Ss* had obviously had only brief psychotherapy, in the opinions of their therapists a number of them had improved considerably. In fact, of the 28 hospitalized *Ss*, 15 were sufficiently improved that they had been or were about to be discharged from the hospital.

<sup>1</sup>Based in part on a dissertation submitted to the Ohio State University in partial fulfillment of the requirements for the Ph.D., and in part on a paper read at the American Psychological Association, Cincinnati, Ohio, September 1959. The writer wishes to express thanks to Dr. George A. Kelly for much help and thought in the planning of this study and to Dr. Douglas N. Jackson for a careful reading of preliminary versions of the paper.

The measure used was an adaptation of Kelly's (5) Role Construct Repertory Test. In this test the *S* is asked to fill out a role title list with the names of 16 persons known to him, in addition to his own name, 17 names in all. The 16 persons whose names are asked for are: father; mother; brother nearest in age; sister nearest in age (or names of persons most like any of these four); spouse or other-sex friend; minister, priest, or rabbi; personal physician or family doctor; closest same-sex friend; boss on most recent job; best liked teacher; person once liked but who later became disappointing; person who dislikes *S*; person with whom *S* feels ill at ease; adult male relative; disliked teacher; psychotherapist.

From the 17 names so obtained, *S* is then given three names at a time, and is asked to indicate ways in which two of the persons are alike, and different from the third person. E.g., *S* is given the names of his therapist, his mother, and his father, and is asked to think of some way important to him in which two could be distinguished from the third. The likeness *S* gives is called a *construct*; *S* is also asked to give the opposite of the construct which is called the *contrast*. Thus, one *S* reported that his mother and the therapist were both "calm", and gave as the opposite "blows up a storm." After having given the construct and the contrast, *S* is asked to go over the remaining 14 names on the role title list and check the individuals who have the characteristic which is the construct. Thus, in the example given, *S* was asked to indicate whether he himself, his brother, his sister, etc. could be accurately described as "calm." Each presentation of three names is called a *sort*. The form of the test used, which had 17 role titles, had 20 different sorts.

Stimulus equivalents of the therapist (degrees to which he elicits the same test response as each one of the 16 persons on the role title list) were obtained by counting the constructs attributed to him which he shared with any of the other 16 persons from the role title list. Thus, if both therapist and father were checked as being "nice guys," or if neither were checked, father would receive one point toward equivalence to the therapist. The equivalence score is the total number of points. Identical or nearly identical constructs were scored only once. E.g., if an *S* had given the constructs, friendly-unfriendly, pleasant-unpleasant, friendly-hostile, the last would not be counted. Since this procedure resulted in varying numbers of constructs for different *S*s, the raw scores were converted to within-subject ranks before analysis. The person least like the therapist was given a rank of 1, the next a rank of 2, and so on.

Because not all *S*s could give exactly fitting names for the 4 role titles next to the last (the therapist), and because the persons denoted by these titles seemed to be of only peripheral significance to most of the *S*s, the data for these 4 persons were averaged. The composite is referred to as peripheral persons.

Data consist of stimulus equivalence ranks for the therapist in the early (pre-therapy) and late (post-therapy) periods, and changes between the two times.

## RESULTS

1. The data in Table 1 indicate that at both points in therapy the therapist is most likely to be described as similar to the physician, then the minister, then the liked teacher. He is far less likely to be

TABLE I. MEAN RANKS OF STIMULUS EQUIVALENTS FOR THERAPISTS, EARLY AND LATE IN THERAPY, AND OF CHANGE FROM EARLY TO LATE

Persons (stimulus equivalents for therapists)	Mean ranks early in therapy <sup>a</sup>	Mean ranks late in therapy <sup>a</sup>	Mean ranks of change <sup>b</sup>
1. Self	4.33	5.59	8.51
2. Father	5.88	5.49	6.28
3. Mother	5.13	4.69	5.93
4. Brother	6.29	5.66	5.79
5. Sister	5.53	6.28	7.50
6. Spouse	6.16	6.66	7.72
7. Minister	10.17	10.23	7.11
8. Physician	10.38	10.51	7.52
9. Best friend	7.76	8.15	7.72
10. Boss	7.74	7.12	6.76
11. Liked teacher	9.11	8.78	6.81
12. Disliked teacher	6.97	6.12	5.86
13. Peripheral persons	5.62	5.79	7.48
$\Sigma(\Sigma R)^{2c}$	834307.5	831151.0	790716.5
$\chi^2$	101.84	95.89	19.71
df	12	12	12
p	<.001	<.001	<.05

<sup>a</sup>High rank indicates that person ranks high as stimulus equivalent for therapist.

<sup>b</sup>High rank number indicates large and consistent change in direction of greater similarity to the therapist.

<sup>c</sup>Test of significance by the Friedman two-way analysis of variance by ranks (8).

described as similar to either parent, the self, a brother, etc. The observed consistencies are highly significant. Thus, the reactions of the patient to the therapist are consistent with those to other well-educated, admired, professional persons.

A coarse analysis based on the mean number of parent-therapist "matches" for all 20 constructs indicates that neither parent is likely to be more similar to the therapist than would be expected by chance.

2. All other persons listed by each patient on his role title list, including peripheral persons, were categorized as *similar* or *not similar* to the therapist in terms of sex (male), age (within 10 years), and occupational status (professional, managerial, executive). Mean person-therapist similarity scores were then determined for each patient for the two groups of persons: those similar to the therapist in age, sex, or occupation; and those not similar. Separate calculations were made for each of these three objective attributes and for each of the two testing occasions (early and late), resulting in six sets of scores. (In all cases constructs specifically relating to sex, age, and

occupational status were eliminated from consideration.) For all of the six tests the results were significant by the Wilcoxin matched-pairs, signed-ranks test (8), and in the expected direction, in that the therapists were described as similar to those persons whom they did in fact resemble in sex, age and occupational status.

3. To determine changes in therapist description from the early to the late therapy period, scores for initial similarity of a person to the therapist were subtracted from later similarity scores. But, as shown in Table 1, these changes are not significant. It must be concluded that across all the persons the therapist description does not change. On the other hand, in line with previous investigations (e.g., 2, 7), ascribed similarity between self and therapist increased during therapy (Wilcoxin matched-pairs, signed-ranks  $T = 2.04$ ,  $p < .05$ ).

#### DISCUSSION

The Freudian transference hypothesis, namely that psychotherapy patients will perceive the therapist as being similar to some family member, was not supported by this study. Instead, it was found that the therapist is particularly likely to be described as similar to the patient's family physician and minister. These results are in accord with those of Baker (1) who found that the psychologist working with a patient was only infrequently thought of as being like either parent.

Obviously the transference hypothesis may be thought of as relating to unconscious tendencies rather than those revealed by the Role Constructs Repertory Test, and one might also argue that the therapy period was much too short to permit transference to develop. In answer to the first argument it can be said that the similarity measure used did not preclude the operation of unconscious tendencies and did not involve a direct report, but was inferred from similar descriptions. To the second point one may reply: (a) that transference presumably begins almost immediately in therapy (3, pp. 342-365), and (b) that the present investigation concerns the kind of therapy now widely conducted.

The goodness or pleasantness of the relationship between the therapist and the patient is proposed as a concept in the place of transference. If one can assume that physicians and ministers are favorably regarded, having found that the therapist is most likened to these would justify the conclusion that the initial conceptions of the therapist are also likely to be favorable.

The findings with respect to age, sex, and occupational level would indicate that responses to psychotherapists are often elicited by his most obvious stimulus characteristics. The facts that the therapist is a man, is about 35 years old, has the title "Doctor," etc.; all these have a high probability of eliciting particular forms of response. This is not to say that early experiences with parents have no significance. But more recent experiences seem to offer more appropriate dimensions of stimulus similarity.

#### SUMMARY

By means of Kelly's Role Construct Repertory Test 35 psychotherapy patients noted similarities between psychotherapists and various persons from their environments. In general, therapists were described as being similar to those persons whom they did in fact resemble in age, sex, and occupational status, e.g., physicians, ministers. Therapist similarities to family members were not marked. This pattern did not change over the course of therapy. Thus the Freudian transference hypothesis was not supported.

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