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ABSTRACT

To explore the relationship between pre-therapy information and perceptions of therapy by prospective clients, a total of 192 black subjects and white subjects, equally divided by race and sex, were presented pre-therapy information, observed an initial therapy session, and then rated the therapist and predicted the overall therapy duration. Manipulation involved the presence or absence of an introduction differentiating the roles of psychotherapist and client from physician and medical patient. Another variable involved the therapist presenting himself as either specially trained in minority issues or by standard means. It was hypothesized that role information and minority training would elicit higher therapist ratings and longer therapy predictions. Analysis of variance tests were performed with significance set at the .05 level. Although pre-treatment information caused no main effect differences, therapist ratings by blacks increased when therapy information was provided. An interaction effect of role and training information elicited higher therapist ratings and equalized blacks' and whites' predictions of therapy duration. (Author/AG)

BLACK AND WHITE DIFFERENTIAL RESPONSE TO PRETHERAPY INTRODUCTIONS

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Abstract

To explore the relationship between pre-therapy information and perceptions of therapy by prospective clients, black and white subjects were presented pre-therapy information, observed an initial therapy session, and then rated the therapist and predicted the overall therapy duration. Manipulation involved the presence or absence of an introduction differentiating the roles of psychotherapist and client from physician and medical patient. Another variable involved the therapist presenting himself as either specially trained in minority issues or by standard means. It was hypothesized that role information and minority training would elicit higher therapist ratings and longer therapy predictions. Analysis of variance tests were performed with significance set at the .05 level. Although pre-treatment information caused no main effect differences, therapist ratings by blacks increased when therapy information was provided. An interaction effect of role and training information elicited higher therapist ratings as well as equalized black and white predictions of therapy duration.

Black and White Differential Response to Pretherapy Introductions

Mental health professionals continually search for better ways to conduct the process of psychotherapy with majority and minority persons. A primary objective of this search is to find the means to bring the psychotherapy of clients to a satisfactory completion, i.e., with a positive treatment outcome. In pursuit of this goal, numerous studies have been done in which pre- and early-interview therapeutic techniques were correlated with their influence on outcomes. Two major areas of studies have been the treatment expectations of clients entering psychotherapy and the effect of therapist impression-management on the client.

Much of the research looking at pre-therapy expectations has been done by researchers who have shown that lower class and ethnic minority populations have the largest number of erroneous expectations of therapy (Goin, Yamamoto, & Silverman, 1965; Lorion, 1974), and are the most likely to drop out of treatment after the initial interview or terminate prematurely (Heine & Trosman, 1960; Overall & Aronson, 1963). The New Haven studies of Hollingshead and Redlich (1958) suggest, however, that all social classes have large percentages of persons who have inaccurate expectations of psychotherapy and there is growing evidence that these expectations are widespread among nearly all clients. Similar to going to a physician with a broken finger, clients were found to expect quick relief for the pain and a definite set of rules and directions to follow in order to get well.

Ongoing concern by mental health providers remains appropriate when outcome surveys register continuing deficiencies, and Leonard and Bernstein (1960) suggest that the major reason patients drop out of treatment is patients have

expectations of therapy discrepant from what they actually find. From their data they conclude that these misperceptions are due to clients lacking information of what is expected of them in therapy and of how therapy can help them. At least three other studies have shown that a discrepancy between patient and therapist treatment expectations as the independent variable correlates with an increase in the number of clients dropping out of treatment (Heine & Trosman, 1960; Korchin, 1980; Singer, 1977), but Holliday (1978) was unable to statistically verify the effects of such treatment variables on dropout rates.

A second area of concern involves attempts to regulate the impressions of clients, with respect to the therapist. Ziemalis (1974) and Devine and Fernald (1973) found that clients have differing perceptions of therapists and definite preferences for certain therapists. Recent research on minority and majority clients has highlighted the possibility that client' perception of the therapist influences the outcome of therapy (Marziali, Marmar, & Krupnick, 1981; Padilla, Ruiz, & Alvarez, 1975). In support of this idea, researchers have manipulated the profile of the therapist and found it to influence the patient (Bloom, Schroeder, & Babineau, 1980). Singer (1977) and Snelbucker (1967) have shown that rating scales such as the Barrett-Lennard (1962) Relationship Inventory can be used by patients to rate perceived therapeutic qualities of psychotherapists. From the work of Frank, Hoehn-Saric, Imber, Liberman, and Stone (1978), it can be hypothesized that not only those clients who discover that therapy is different from their expectations but also those who fail to perceive their therapist as competent are likely to terminate prematurely. Boulware and Holmes (1970) believe that client' perceptions of therapist competence, and understanding of the client, may be important to successful treatment outcomes of both majority

and minority clients. Brabham and Thoreson (1973) found that clients may even prefer physically disabled therapists to those who are not, possibly due to expected increased sensitivity and empathy.

There is a recognizable waste of time and energy resources which occurs when a client terminates prematurely. The same waste is experienced when a client fails to utilize therapy because of possible poor impression management on the part of the therapist. Continued effort must be given to finding ways to increase the chances for success in treatment. The present study expands on previous research which shows that explication of various aspects of therapy has improved the outcome of therapy (Sloane, Cristol, Peppernik, & Staples, 1970) and facilitated a quicker cooperative working relationship (Orne & Wender, 1968). Patients' perceptions of the therapist as being competent to clarify and facilitate achievement of their goals were likely to increase the probability that the client would return to therapy and work while there. The present research attempted to further demonstrate that explaining therapy norms and role expectations of client and therapist to adults who could be potential clients would influence their perceptions of a therapist in a positive direction as well as help to aleviate the premature termination problem. Although this was expected to be optimally true for minority persons, majority persons were also expected to be similarily affected.

A second hypothesis was that a therapist perceived as trained and experienced in minority issues would get higher ratings than a standard trained therapist both from the perspective of additional training and increased potential for empathy. To the degree a correlation exists between positively perceived

therapists and termination rates, a minority emphasis was also expected to lengthen the predicted duration of therapy.

In keeping with some of the earlier research which has attempted to look at differences in utilization of therapy by a majority and non-majority clientele, some overall differences were expected between the majority/non-majority groups. It was hypothesized that majority persons would significantly differ from non-majority persons in their overall more positive ratings of a therapist using the Barrett-Lennard Relationship Inventory. Also bearing in mind that a non-majority clientele typically does not remain in therapy for as long as a majority clientele, it was hypothesized that a similar pattern would be observed in the predicted terminations of the research subjects.

Methodology

Subjects

The subjects were 48 male and 48 female white (majority) students and 48 male and 48 female black (non-majority) students enrolled in social science classes at two midwestern universities, one predominantly white and the other predominantly black. The participating subjects were randomly selected from a pool of students who volunteered to participate in the research. Subjects selected were United States citizens between the ages of 18 and 25 and all were registered as undergraduates in at least one social science course. Following their participation, subjects were assigned a socio-economic status rank of high, medium, or low based on the occupation of the head of their parental family and classified by the rating system developed by Hunt and Cushing(1970).

Apparatus

Two color-audio-visual tapes of a simulated psychotherapy interview were produced and shown on a 22-inch TV Monitor. The scripts were written by the

present investigator and two white male graduate students familiar with the procedure of psychotherapy were used to enact the roles of therapist and client. Only the therapist was shown in the two films; sitting at a 30 degree angle to the subject viewer. The sound recordings of the client were identical on both tapes and the client actor was never seen by the subjects involved in this research.

The main difference between the two performances of the therapist-actor was that in one tape he introduced himself as having been trained in minority issues, as having had a difficult time earlier in life, and as having had a wide background of experiences in understanding cultural and personal variables. The therapist in the other tape was depicted as having been trained only in a standard majority culture setting.

The therapy tape presented an anxious, depressed, and at times angry sounding young person participating in an initial therapy interview. Client statements were identical in both tapes. Therapist responses included questions, reflections, and occasional silence--and were identical in both tapes.

Procedure

Ninety-six subjects in the majority group were randomly assigned to one of four experimental conditions (I, II, III, and IV), with equal numbers of males and females in each. Ninety-six minority subjects were similarly divided. Black and white male and female subjects participated in separate groups of approximately eight persons. This separation allowed the investigator to present the client voice as potentially nonsignificant with respect to sex as well as to race. Each subject completed a brief demographic questionnaire, followed by the experimental conditions which included viewing one audio-visual tape. The subjects

were told to assume, for the duration of the experiment, they were the client being interviewed by the therapist. They were told, however, that the client voice they heard would enact their lines for them. They needed only to watch the therapist and listen to the lines being spoken.

Experimental group I then observed Tape #1 which showed an enactment of a standard trained therapist in session with a client. Experimental group II was first presented with a brief lecture which highlighted client expectations of therapy possibly discrepant from the professional community. The group then observed Tape #1. Experimental group III observed Tape #2 depicting a therapist allegedly trained and experienced with minority issues. Experimental group IV received the brief lecture on possibly discrepant expectations and observed Tape #2.

Following the interview observation, each group was asked to rate the therapist on the Barrett-Lennard Scale, Relationship Inventory, depicting therapist traits of empathy, congruence and regard (Barrett-Lennard, 1962). In all cases, the higher the score, the more positive was the assessment of the therapist. Subjects were then asked to state their determination of whether they, as client, would return for therapy and for how many sessions, using a termination scale constructed by the present investigator. The possible selections were coded with a score of "8" meaning the person would terminate therapy after the first session and "1" meaning termination would not occur until the therapist suggested it. Values in between stood for incremented lengths of time for therapy varying from one session to one year.

Design

The experimental design was a 2 (sex) x 2 (race) x 2 (introduction)

x 2 (training) factorial design consisting of the two experimental factors of therapy introduction versus no therapy introduction and minority issues training versus standard training and the classification factors of sex and race. A four-way fixed-effects analysis of variance was used to test for main effect differences due to race and sex, as well as simple main effects on each of the treatment factors across race and sex. Significance was determined by comparing the F statistics against a .05 probability for a Type I error. Interactions were also tested with respect to the effect of race combined with the treatment factors. When interactions were found to be significant following the analysis of variance, further tests of significance were determined in a post hoc fashion.

Results

The analysis of the data is presented in two sections. The first analysis assesses the influence of the independent variables of sex, race, introduction to therapy, and training background on the Total Score rating of therapeutic traits which included empathy, positive regard, and congruence. The second section looks at termination prediction as the dependent variable.

A final introductory statement must be made with reference to the sociocultural status of the sample population. A Chi-square test was performed to determine if sociocultural differences occurred in the research sample, between sex groups and race groups. In terms of upper, middle, and lower status, no differences existed between male and female subjects, $\underline{X}^2 = 1.08$, $\underline{p} < .58$. Between the black and white race groups, there was a significant difference, $\underline{X}^2 = 15.74$, $\underline{p} < .001$. Even though there was a similar number of middle status subjects in each group, there were significantly greater numbers of lower status black than whites, as well as fewer upper status black than whites. As a result of this finding, comments made throughout the results section with reference to race also

imply a sociocultural difference in status between the two groups. In this case, minority or non-majority references will include not only the race factor but also a factor due to occupational status in the family.

Assessment of Therapist Traits

The overall analysis of variance for the total sum of the combination of variables used to rate the therapist is shown in Table 1. The main effects of therapy introduction and training impression management were not found to be significant in the overall design. Thus the general research hypothesis that, by themselves, introduction and training would effect change in the subjects was not upheld. The classification variable of race was found significant with white subjects rating a therapist more positively ($\bar{x}$ = 50.99, s.d. = 29.79) than black subjects ($\bar{x}$ = 36.09, s.d. = 33.07). The higher Total Score mean for white subjects was in support of the hypothesis that white subjects would rate a white therapist more positively than their black counterparts.

There is a significant two way interaction of race with introduction to therapy (see Table 1). Analysis of variance on the simple main effects with regard to introduction shows that when there was no introduction given, white subjects rated a therapist significantly more positive than black subjects, F (1, 176) = 14.826, $p < .01$. When an introduction to therapy was given, these two race groups were not different, F (1, 176) = .698, n.s. Looking at this effect with regard to race, when black subjects were given an introduction to therapy and then asked to rate a therapist in a simulated therapy scene, they rated the therapist more positively than when they were given no introduction, F (1, 176) = 4.83, $p < .05$. White subjects, on the other hand, did not show a significant difference when introduced to therapy norms and when dealing with a therapy experience unprepared, F (1, 176) = .667, n.s. This interaction

result is in support of the hypothesis that black subjects would be affected by the experimental manipulation of an introduction to therapy even though white subjects were not.

Insert Table 1 about here .

On the overall or Total therapist rating variable, the final interaction which proved significant was the interaction between the therapy norm introduction and training reference. When looking at the simple main effects at the two levels of the introduction variable, when no introduction was given, subjects in general rated a therapist more positively when they were also told he had a background dealing with minority issues, F (1, 176) = 4.58, $p < .05$. In the case where an introduction to therapy was given, the additional effect of the therapist claiming training with a minority emphasis had no effect, F (1, 176) = .425, n.s. When analyzed from the perspective of change on the minority pitch variable, the results again are basically similar. In a situation in which the therapist claimed no specialized background in minority issues, subjects told what to expect in a therapy experience rated a therapist more positively than did subjects given no such introduction, F (1, 176) = 4.36, $p < .05$. This particular interaction result between introduction and training shows support for the hypothesis that therapy expectations and presentation of specific therapist credentials would effect subjects' ratings of a therapist, but only when both variables were considered together.

Assessment of Predicted Termination

The final dependent variable of the present research was measured as the length of time subjects predicted they would stay in therapy. The hypothesis

that blacks would predict termination of therapy earlier than whites was not statistically upheld although there appears to be some suggestion in the data of a trend in that direction (see Table 2). As main effects, an introduction to therapy and training background were not found significant. The main effect of sex was found to be significant in the overall analysis of variance (Table 2). Female subjects predicted that on the average, they would return to therapy for about six months whereas male subjects predicted on the average, a return of around three months. With regard to the actual way these selections were scaled, the mean response for females was 3.26 and the mean for males was 4.35.

Insert Table 2 about here

One two way interaction was found to be significant on the termination variable. A race by introduction to therapy interaction (see Table 2) was further analyzed in order to assess the effect of an introduction to therapy at the two levels of race. As discovered from the analysis, whether or not black subjects were given an introduction to therapy did not effect their predicted willingness to remain in therapy, F (1, 176) = .867, n.s. For whites on the other hand, when given an introduction to what therapy might be, they significantly decreased their predicted length of time in therapy, F (1, 176) = 7.14, $p < .01$. When given no introduction they predicted a mean length for therapy of 2.7 which is a bit over six months. When an introduction was given, the mean jumped to 4.1 which translates into approximately three months. In this case, not only was the original hypothesis that an introduction would increase the

predicted length of time in therapy not upheld, but in the case of white subjects the reverse was found to be true.

Another way of looking at the two way interaction of race by introduction is that considering race characteristics at each level of the introduction, there is a significant mean difference between white and black subjects when no introduction was given (F (1, 176) = 9.98, $p < .01$), but none when an introduction was given (F (1, 176) = 0.20, n.s.). With no introduction to either group, black subjects predicted a briefer length of time in therapy with a mean of 4.4 than did white subjects with a mean of 2.7. In terms of months, black subjects predicted continuation in therapy for approximately three months, and whites, longer than six months. With an introduction, both groups predicted the length of time in therapy to be around three months. In this case, the hypothesis that a non-majority group would terminate therapy earlier than a majority group was upheld, but only when both groups were given no explicit introduction to the format of therapy.

Discussion

The issue of both therapeutic outcome and training of therapists to conduct psychotherapy continues to be relevant at a time when the federal government is making decisions concerning funding for delivery of mental health services to specific groups, and for types of mental health training programs. The present research deals with questions raised by majority and minority researchers concerning the need of the mental health community to adapt to present reality issues in service and training. Results from the present research lend support to the work of such researchers as Overall and Aronson (1963) who believe minority persons respond differently to therapy than do majority persons and that

utilization of therapy is manipulable. In support of previous research, the present study upheld that race alone differentiated a subject pool on overall rating of a therapist. Other differences also occurred within the context of an interaction of race and an introduction to therapy.

With respect to the ongoing question of whether an introduction to therapy is beneficial to the client, the present research offers no conclusive answer. In and of itself, the fact that subjects were told what therapy consisted of and what things they might expect did not create an automatic increase in a subject's positive evaluation of a therapy situation. It is true, however, that explaining therapy to black clients did effect a change in the direction of more positive ratings of a therapist. It did not influence the determination of how long they would remain in therapy. For white subjects, an introduction did not change their ratings of a therapist. One suggestion from looking at this result is to recognize that using an introduction to combat lack of knowledge is likely to effect change only in the situation where in fact there is lack of knowledge. Even though Garfield (1971) assumed from evaluations of his sample population, all prospective clients regardless of race are unfamiliar with the structure of therapy, perhaps this is not always so. It may be the white subjects used in the present research had a fairly realistic understanding of what therapy consisted of whereas the black subjects did not. Such learning could have occurred through university courses in psychology and other personal experience. In this case, giving white subjects redundant information would not be expected to change their views of a therapist.

When blacks were told about the process and procedure of therapy, they rated a therapist more positively. In fact there was no significant difference

on therapist rating when black and white subjects were provided opportunity for at least a temporarily similar understanding of what psychotherapy consisted of. Under the particular conditions of the present research, therapist ratings did not significantly decrease when therapy was explained to either black or white subjects. This finding suggests that no harm is elicited by introducing a clientele to therapy even in situations where it does not necessarily benefit them. Further significance in such a finding may lie in the possibility that if black clients are extended knowledge concerning psychotherapy, they may feel as positively towards any given therapist as would a white client. Consequently, the informed black client may be less prone to terminate therapy after the first session and use therapy effectively while there.

Even though blacks increased their rating of a therapist when told what to expect in therapy, they remained stable in their prediction of length of time they would remain in therapy. The average amount of time the black sample predicted for remaining in therapy was about three months, whether or not their perceptions of therapy were manipulated. It may be important to note, however, that one of the generally accepted notions that most clients only remain in therapy for 3 to 13 sessions (Affleck & Garfield, 1961; Dodd, 1971) was supported empirically in this study when looked at from the point of prediction. The actual dropout rate after about three months may be a message to psychotherapists that, for many people, an average of three months is approximately the amount of time they have to work with any given client. It may be significant that black subjects believed mental health problems could be effectively dealt with in three months regardless of their understanding of therapy. With more positive feelings towards a therapist resulting from a better understanding of therapy, more effective work could possibly take place. If this is the case, perceptions

of the dropout-from-therapy doing more poorly in life (Baekeland & Lundwall, 1975) may have to be tempered by the hypothesis that this is more likely in the case where the client drops out of therapy following the initial interview. If the hypothesis of Boulware and Holmes (1970) is correct, it may be true that the most important determinant of a successful therapy outcome once the client has decided to attend for three months, is the degree to which positive attitudes exist between therapist and client.

An introduction to therapy, to demystify therapy and provide an outline of format and structure, was found to be consistently advantageous to more positive therapist ratings. A minority pitch, on the other hand, was advantageous only when no introduction was given and there remains a question whether an advantage is gained by claiming such training, especially in reference to the minority target population. White subject's more positive response to claims of minority training may have simply signified recognition of the "more is better" theory. Therapists who have gone out of their way to pick up specialty training in addition to standard training may have been perceived as more motivated, expert, and likeable due to their extra effort in training. It may also be important to realize that even though white subjects in general rated a therapist more positively than blacks, when both groups were subjected to clarification of their therapy expectations, both groups rated the therapist essentially equal.

Although the results from this study cannot be generalized to the entire academic or therapeutic community, they may have implications for training and for practice. If a therapist assumes that better therapeutic progress can be obtained when the client feels most positively towards him or her, it may be advantageous to give the client, prior to therapy, some idea of what he or she

can expect. In the case of non-majority clients--even if unidentifiable as such, this may result in more positive feelings towards the therapist. With any given sample, more positive feelings may be engendered by such an introduction, especially in the absence of a therapist claiming a specialty background with minority training. Since few majority psychotherapists are trained in minority issues, this condition may be rather common. As a means of seriously confronting black/white subject differences in their utility of psychotherapy, a pre-therapy introduction may help equalize majority and non-majority therapeutic status.

Another implication from the present study is that with respect to the academic mental health training program curriculum for psychology graduate students, the emphasis on minority-issues training may not be without question. It appears that a non-majority client is not automatically going to think more highly of the therapeutic qualities of a white therapist simply because he or she comes from a disadvantaged background and has had professional training in minority issues. Although in some cases it may positively influence a therapy client, it may not effect change greater than does an introduction explaining the psychotherapeutic structure.

One final implication from the present study deals with the average amount of time clients expect to be in therapy even after being told what therapy consists of. Even though such an introduction may shorten the amount of time clients expect to be in therapy, the average time clients expect to be in therapy hovers around three months. The implication follows, that even though a certain percentage of clients will continue to attend therapy for extended periods of time, therapists can be trained to realistically expect some therapy to terminate in three months. If therapists have three months to facilitate resolution of

problems or issues, they might spend at least a significant amount of their time during training learning therapeutic procedures geared towards short term therapy for both majority and non-majority clients. Realistic perceptions may include the knowledge that females in general anticipate staying in therapy longer than males and that most black and white subjects, when told what to expect, remain in therapy for approximately three months. Through sensitivity to these issues, a therapist may have a better means of evaluating his or her own effectiveness.

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Table 1

ANOVA of the Effects of Sex, Race, Introduction, and Training on the Overall Rating of a Therapist

Source	SS	df	MS	F
A (Race)	10650.52	1	10650.52	10.98 **
B (Sex)	2836.69	1	2836.69	2.92
C (Introduction)	927.52	1	927.52	0.96
D (Training)	1073.52	1	1073.52	1.11
A X B	2.08	1	2.08	0.00
A X C	4408.33	1	4408.33	4.54 *
B X C	44.08	1	44.08	0.05
A X D	2914.08	1	2914.08	3.00
B X D	1260.75	1	1260.75	1.30
C X D	3780.75	1	3780.75	3.90 *
A X B X C	0.02	1	0.02	0.00
A X B X D	25.52	1	25.52	0.03
A X C X D	117.19	1	117.19	0.12
B X C X D	77.52	1	77.52	0.08
A X B X C X D	60.75	1	60.75	0.06
Error	170728.33	176	970.05	
Total	198907.67	191		

**p less than .01.

*p less than .05.

Table 2

ANOVA of the Effects of Sex, Race, Introduction, and Training on the Predicted Length of Therapy Before Termination

Source	SS	df	MS	F
A (Race)	23.38	1	23.38	3.68
B (Sex)	57.42	1	57.42	9.04 **
C (Introduction)	9.63	1	9.68	1.52
D (Training)	1.17	1	1.17	0.18
A X B	0.88	1	0.88	0.14
A X C	41.26	1	41.26	6.49 *
B X C	18.13	1	18.13	2.05
A X D	2.75	1	2.75	0.43
B X D	13.55	1	13.55	2.13
C X D	11.50	1	11.50	1.81
A X B X C	4.38	1	4.38	0.69
A X B X D	16.92	1	16.92	2.66
A X C X D	6.38	1	6.38	1.00
B X C X D	3.25	1	3.25	0.51
A X B X C X D	1.17	1	1.17	0.18
Error	1118.08	176	6.35	
Total	1329.87	191		

**p less than .01

*p less than .05