Psychotherapists’ Perceptions of Adjustment and Attractions Toward Children Described as in Therapy

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A consideration of the job requirements, training, and role of therapists and other service professionals led to the formulation of two hypotheses: that therapists will perceive more maladjustment than laymen in persons supposedly undergoing therapy, and that therapists will like them "clients" less than will laymen, because maladjustment is socially undesirable. A group of professional therapists and a matched group of lay persons were asked to describe two children portrayed in films. One child was actually in therapy; the other was not, but was described as such. Content analysis of the descriptions revealed greater attribution of maladjustment to the normal child by therapists and a tendency (but not significant) to like him less. Therapists also showed more child. These data were viewed as having implications for clients’ prognosis.

Some recent theorizing (Rosenthal and Jacobson, 1968), suggests that a person whose job is to help or guide others will be best served if he does not underestimate the potential of his charges. Under ideal conditions, he would recognize the strengths of those dependent upon him. The more favorable a benefactor’s evaluation, the more positive the self-concept of the person should be (cf. Hastorf, Schneider, & Pollick, 1970; Jones & Gerard, 1967) and presumably, the better his chances for improvement. However, it is often the benefactor’s job to look for weaknesses so as to help if so, and if he has been trained to do so, these same weaknesses would become salient and the client would be perceived as less well-adjusted and possibly less “likeable” than if his problems were less salient.

Teachers (Coletta, 1966; Beers, 1970), management (McGregor, 1957; Likert, 1961), and psychotherapists (Laing, 1965; Masche, 1968) are among the service professionals whose occupation demands that they examine others’ problems. With respect to therapists, who were the focus of this study, their training, and role are two additional factors which might lead to their client’s positive qualities being relatively less salient to them, than to, for example, laymen. Since the training emphasizes how to deal with psychological difficulties, they may graduate with a distorted view of how the normal individual reacts in different situations (cf. Cronbach, 1965), an overestimate of the number of people with serious problems, and a readiness to perceive problems in others.

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A consideration of the job requirements, training, and role of (psychiatrists and other service professionals led to the formulation of two hypotheses: that therapists will perceive more maladjustment than latency in persons supposedly undergoing therapy, and that therapists will like these "clients" less than will laymen because maladjustment is socially undesirable. A group of professional therapists and a matched group of lay persons were asked to describe two children portrayed in films. One child was actually in therapy; the other was not, but was described as such. Content analysis of the descriptions revealed greater attribution of maladjustment to the normal child by therapists and a tendency (not significant) to like him less. Therapists also showed the child. These data were viewed as having implications for clients' progress.

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justners in a child actually in therapy and also a normal child misleadingly
described as in therapy than would laymen. Since the latter child was known to be
normal, and in fact, unusually bright and well-adjusted, obtaining the predicted dif-
fERENCE between therapists and laymen in attribution of maladjustment could be
attributed to the therapists' perceptions rather than to the behavior itself. The
second prediction was that both children would be liked less by the therapists.
Two related hypotheses were tested at the same time.

1. Therapists will perceive a greater dif-
fERENCE between the two children than will laymen. The training of professional ther-
apists emphasizes the individuality of others. Therapists in training are taught to use
tests and other diagnostic techniques in order to differentiate among individuals.
As experts, they should find these differences. (A previous study is suggestive. Crow
(1957) found that medical students trained in "interpersonal judging accuracy"
failed to increase their accuracy—in fact, decreased it—because they predicted too
much variability among others.)

2. Therapists will be more confident of
their assessments than will laymen. Their training and professional role would lead
them to assume that they are more expert than others at judging people.

Method

Subjects

Two groups of subjects, therapists and lay-

persons, participated in the experiment. All sub-

jects were approached individually, and asked to

participate in a study investigating possible cor-

relations between children's behavior patterns and

their socioeconomic background. No subjects were

rejected.

Of 25 professional therapists, 9 had Ph.D. de-

grees, 16 had M.A. degrees, and 2 had M.S.W.
degrees. Eight were solely in private practice; the

remainder were associated with institutions. Thirteen

were females; 12 were males. All were located in

New York or Connecticut. Since it could be

shown that the sample was well-represented, with

non-Ph.D.'s, their data were compared on all

dependent measures to those of the Ph.D.'s. There

were no significant or near-significant differences

between these two groups; in fact, the Ph.D.'s

tended to be more different from laymen in the

directions predicted than were the non-Ph.D.'s.

The major control group was a sample of 25

adults, 15 of whom were male, matched to the

children's behavior with their socioeconomic back-
ground. She said, "A large group of all kinds of

4-year-old male children has been filmed. Each

child is shown in situations as similar as possible
to every other child. (Children have been filmed in

nursery schools, in child guidance clinics, in

playgroups, ... )" The film was then passed over a

list, and asked if the children assigned to the

roles, and told them their names. The Scs were then

asked to observe the films closely so they would

be able to record their observations afterwards.

A "Guide for Recording" was distributed to "give

you an idea of the kinds of things ... to watch

for." The Guide given the Scs was a general

outline of behaviors and characteristics (e.g.,

motility, behavior function, expression) adapted

from one used in clinical diagnosis (Mundy, 1960).

This was used to lend credence to the request to

record the children's behavior, and to encourage

all theicture to their task.

Once the Scs had passed the Guide, two 9-min-

ute silent color films were shown to them: one was

a film of Erik, age 4; a severely disturbed child,

actually undergoing treatment; the other was

Scott, age 4; an unusually bright, well-adjusted

child (according to his nursery school records and

parents) with no previous record of emotional

disturbance. Both films placed the children in

several situations: playing alone and with other

children on a playground, eating cookies and

juice, painting in a schoolroom with a teacher;

present, playing with a large box and some

goods. The major differences in actual behavior

were that Scott sought out other children and

played cooperatively, whereas Erik always played

alone, and moved into the new situation unusually

alone. The film order was counterbalanced so that

each of the Scs in each group saw Erik first, and

bhalf saw Scott first.

After each film, a four-page questionnaire was
given to the Sc. Some was provided for writing a description of the child. The questionnaire also included an adjective check list and a psychiatric classification check list. When the Sc had viewed both films and completed the questionnaires, they were apprised of the real nature and purpose of the experiment. While all showed surprise (none had previously indicated suspicion), no Sc seemed worried, perhaps because all had correctly surmised that Eric was much more disturbed than Scott. Every Sc said he had believed that Scott was in therapy, though none said he should not be.

Propered Measures

The first part of the questionnaires consisted of four open-ended items asking the subjects to describe the fictitious child. These were: "Please describe the child as completely as you can." "Would you comment specifically on the social development and the emotional health of the child." "Did the child do anything in any situation which you consider of particular importance." "Do you have any feelings about what the child's background might be." The answer to these four questions were combined for analysis (most Scs responded with a number of statements to the first question, and answered the others with one or two sentences).

The adjective check list, adapted from Le-Franc's (1963) Interpersonal Check List, consisted of 72 socially desirable and undesirable adjectives (e.g., intelligent, likable, helpful, disagreeable, etc.). The adjectives used were only those which a pretest group of 50 Sc had rated as unambiguously positive or negative, and which were rated as not being a clinical label by two clinical psychologists. The Sc were asked to check the adjectives which best described the child. Another check list, constructed for this study, was presented as a list of "descriptive categories or choice of behavior sometime used for psychiatric evaluation." The Sc were told that, "if you feel it appropriate, check the relevant categories." "Thirteen types of disorders were listed, under three general rubrics, "transient situational personality disorders," "psychoneurotic disorders (common)," and "psychotic disorders (functional psychosis)." Some of the categories listed were conduct disturbance, schizoid reaction, depressive reaction, phobic reactions. Each Sc in the present study was assigned scores based on his responses to the questionnaires. The adjective check list was scored by simply counting the number of adjectives checked, and then by computing the proportion of these adjectives which were socially undesirable. The psychiatric check list was scored by counting the number of categories checked. A content analysis was executed on the answers to the open-ended questions. First, for each questionnaire, all assertions were counted. Then, every assertion was classified, and the number of assertions scored. The number of assertions was then divided by 10 to obtain a score for each dependent measure.

Identification information was removed from questionnaires before they were judged. One judge scored all of the questionnaires. A second judge scored a third of the open-ended questions, to check on reliability. These were only two disagreements for any of the measures, except for the (second measure and affect) where they were used. On these measures, one judge consistently used slightly more extreme scores, but not more than 1 and a very few measures. Therefore, ratings on all measures were then summed to obtain a score for each dependent measure.

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Results

Analyses of variance were performed on the data from the 14 dependent measures. To test the major hypothesis, 2 X 2 X 2 analyses were performed, for each stimulus child, with therapists and laymen on one dimension and film order on the other. Other analyses assessed the differences in perception of the two children, and the differences between therapists and students.

Effects of the Experimental Procedure

As described earlier, the procedure was designed successfully in that all Ss thought they were describing two children at present undergoing treat-
ment for emotional disturbance. However, the Ss did perceive a great difference between the children's behavior, and attributed much more disturbance to the child who actually was disturbed. For example, on the three measures of maladjustment (to be described below), therapists and laymen together attributed significantly more abnormalities to the actually disturbed child (p < .01). The films, then, were informative to some extent.

For all groups, film order also had systemic effects. Generally, showing the disturbed child first made the normal child seem more normal and more likeable. When the disturbed child was viewed first, both therapists and laymen were less likely to assert that the normal child was maladjusted (F(1,46) = 7.71; p < .01), to check socially undesirable adjectives about him (F(1,46) = 8.46; p < .01), and to express negative affect for him (F(1,46) = 8.68; p < .01). These results could be attributed to a perceptual contrast, where seeing a very disturbed person makes others seem quite normal by comparison. Another effect of seeing the disturbed child first was to increase the use of psychological jargon in describing him and the normal child (F = 18.36, 8.37; p < .01). Perhaps a "psychologizing" response disposition was aroused by his portrayal.

As the Ss seemed to take their instructions equally seriously, there were no significant differences among therapists and adult laymen in either the total number of adjectives checked on the list, or in the total number of assertions made on the open-ended items, as one would expect if there were no group differences in involvement or perception of the E's requests.

Major Hypotheses

Two predictions were made. The first was that therapists would be more likely than laymen to perceive maladjustment in a disturbed child and a normal child when both were described as being in psychotherapy.

The results of the content analysis for maladjustment assertions should be the primary dependent measure used to test this hypothesis. It will be recalled that such assertions were counted independently of desirability assertions, and only when jargon or psychiatric terminology was not employed.

Table 1 (I) presents the data for this measure of perceived maladjustment. The hypothesis was confirmed for assertions about the normal child. Therapists alleged greater maladjustment than did laymen (F(1,46) = 5.20; p < .05). Assertions about the disturbed child were in

| TABLE 1 | MALADJUSTMENT PERCEIVED IN CHILDREN "TREATING THERAPY" BY PROFESSIONAL THERAPISTS AND ADULT LAYMEN: MEAN SCORES ON ITEMS REQUIRING DESCRIPTION OF A NORMAL AND DISTURBED CHILD |
|---|---|---|---|---|
| | Normal | Group | Disturbed |
| | Therapists | Laymen | Therapists | Laymen |
| I. Content analysis: | | | | |
| Proportion maladjustment assertions | 29 | .12 | .64 | .34 |
| II. Content analysis: | | | | |
| Number psychiatric classifications | 21 | .01 | 1.54 | .44 |
| III. Psychiatric check list: | | | | |
| Number categories checked | 60 | .16 | 1.12 | .76 |

* N = 25 in each group.
* Therapists vs. Laymen, p < .05.
### TABLE 2

<table>
<thead>
<tr>
<th>Dependent measures</th>
<th>Child observed</th>
<th>Normal Group*</th>
<th>Disturbed Group*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Therapists</td>
<td>Laymen</td>
<td>Therapists</td>
</tr>
<tr>
<td>I. Content analysis of open-ended items:</td>
<td>2.68</td>
<td>2.30</td>
<td>3.66</td>
</tr>
<tr>
<td>Rated affect toward child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Adjective check list:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion undesirable adjectives</td>
<td>23</td>
<td>14</td>
<td>38</td>
</tr>
</tbody>
</table>

* N = 25 in each group.

The two other measures described in Table 1 indicate that therapists attributed more negative affect to the disturbed child (II; F(1,46) = 6.65; p < .05) and checked more disorders on the Psychiatric Check List (III; F(1,46) = 3.80; p < .05) when describing the normal child. In addition, other comparisons were in the same direction. One would expect therapists to use psychiatric classification to a greater extent, as these latter data must be considered of minor interest. However, they did parallel the data from the content analysis.

The second major hypothesis was that therapists would like the stimulus children less than laymen would. Again, the best measure is from the content analysis, where desirability was scored independently of maladjustment and jargon. This measure is the mean rating of affect for all assertions but those concerned with maladjustment or jargon (see Table 2 (II)). The hypothesis was confirmed for the disturbed child, therapists' assertions being more negative (F(1,46) = 4.92; p < .05); it was not confirmed for the normal child, but the difference was in the predicted direction.

Another measure described in Table 2 is the proportion of undesirable adjectives checked on the adjective check list (II).

For the disturbed child, therapists used undesirable adjectives relatively more often than laymen did (F(1,46) = 4.78; p < .05), and for the normal child the difference was in the same direction but not significant. These data replicate those derived from the content analyses.*

#### Other Findings

There was only slight evidence that the therapists perceived a greater difference between the two children than did the laymen. On the adjective check list, therapists were not more likely to use different adjectives to describe the two children. Otherwise, on the measure of using psychiatric classifications (Table 1), there was a significant interaction of group by child, whereby the therapists attributed a greater difference in psychiatric disorder between the two children than did laymen (F(1,46) = 6.65; p < .05). However, their relatively greater use of classification for the disturbed child primarily accounts for the interaction. No other interactions were obtained. It should be noted, however, that the measures used in this study were not appropriate for a strong test of the hypothesis.*

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*This measure must be interpreted with caution because undesirability in the JCL check list is not independent of extremity, which in turn should be correlated with maladjustment.
TABLE 3

<table>
<thead>
<tr>
<th>Child observed</th>
<th>Partial correlations</th>
<th>Coefficient of partial determination (R²)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proportion maladjustment</td>
<td>Affect toward child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number categories-checked on personality list</td>
</tr>
<tr>
<td>Normal</td>
<td>.46</td>
<td>.28</td>
</tr>
<tr>
<td>Disturbed</td>
<td>.56</td>
<td>.36</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The major results obtained in the present experiment were that (1) therapists perceived greater maladjustment in a normal child than the dysphoric one, and (2) therapists liked a disturbed child less than did the laymen. With some reservations, then, we suggest that therapists will be more likely than laymen to perceive maladjustment in “normal” persons who enter therapy, and will be less attracted to those with obvious emotional disturbance. The first finding is not particularly surprising and merely confirms that therapists do what they are supposed to do, i.e., look for problems. Given no reason to doubt the E, both children were perceived as in need of help. The disturbed child, whose problems were readily apparent to anyone, was perceived as equally maladjusted by both laymen and therapists. But therapists “read” more into the film of the normal child.

The maladjustment data may point to a necessity for more caution by therapists. The misleading label for the normal child used in the present study did have a significant effect on therapists; the same situation could occur in real life. Given that the therapists did perceive the normal child as relatively maladjusted, perhaps therapists’ diagnoses are sometimes worse than they should be. One cannot conclude from the data that therapists perceive everyone as more maladjusted than laymen do (since...
there was no child described as "normal"), but one can tentatively propose that clients referred by other professionals or by experts in other fields, or people diagnosed as disturbed, may have a poor chance of being dismissed as normal. In the case of children, this may have severe implications for their futures.

The second finding, of relatively little attraction to the disturbed child by therapists, was predicted from the assumption that maladjustment has negative implications for a person's likability. Since therapists were predicted to see more maladjustment, they should like the child less, too. This finding also has implications for therapists' behavior in real therapy situations. Receiving the client as less likable may hinder the client's progress. A person who is not liked should be less attractive to the therapist, conforms less, and would be more likely to "escape" the relationship, or pay less attention (cf. Kiesler and Kiesler, 1969). One might note that commitment to the therapist would be important. If the client were highly committed to therapy, lack of attraction to the therapist might make him more likely to cooperate and conform to therapist suggestions in the hopes of increasing acceptance (Kiesler and Corbin, 1965). Many clients are not so self-committed, however. Perhaps therapists might obtain better treatment outcomes if their skill at detecting maladjustment were deemphasized. Receiving a client as more like others should indirectly enhance the client's self-concept and make him appear more likable. At least, therapists ought to be aware that the perception of maladjustment has implications for other attributions and evaluations which are made. The present data, for example, suggest that "positive regard" for disturbed clients may be difficult to attain.

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