Spring 1967

The use of facts and verbal, affect, and content clues in clinical judgements from interviews

Nicholas Charles Anthony
THE USE OF FACTS AND VERBAL,
AFFECT, AND CONTENT CUES IN
CLINICAL JUDGEMENTS FROM
INTERVIEWS

by
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A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Arts,
in the Department of Psychology in
the Graduate College of the
University of Richmond

April 1967
ACKNOWLEDGEMENTS

The author wishes to express his gratitude to Dean Austin Grigg for his ideas that motivated this study.

Also, gratitude is expressed to Dr. William Feiss for securing the clients, conducting the interviews, and giving the clients the adjective check list.

Dr. William Leftwich deserves much thanks for his instructions in statistics that made the processing of all the data possible and less than a trauma.
TO MOTHER AND DAD
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CHAPTER I
INTRODUCTION

The clinical psychologist, experienced social worker, psychiatrist, and others, whose professions involve dealing with people who are experiencing life-problems, are frequently called upon to make judgements about these people. The basis of these judgements are almost always partially formed from interviews with the people they must judge. The interviewers form their judgements from different cues that the clients communicate to them during these interviews. The cues employed to form these judgements that have thus far been differentiated and investigated are visual, verbal, and content cues. This study is concerned with the latter two.

The Function of Verbal and Vocal Cues. Soskin (31) makes a functional differentiation between the verbal and vocal components of speech. He defines the verbal components of speech as the patterns of sounds which result in words, phrases, and the units of content. The vocal components of speech are defined as the remaining characteristics of sound which may be called voice quality. Thus, the verbal channel carries the potential semantic information and the vocal channel carries the potential affective information.
This distinction has been supported by Starkweather (33, 34), Thompson and Bradway (36), Davitz and Davitz (5), and Kauffman (15).

Starkweather (34) prepared interview selections under three conditions: (1) content-free recordings, by filtering out frequencies of speech under 100 and over 1,250 cycles per second; (2) normal recordings; (3) content only, by typescript of the interview. The targets were hypertension patients, whose speech often show verbal-vocal incongruence. Undergraduates made judgements of the patients on "aggressive" and "pleasant" scales. Judgements of content-free speech were related to both the blood pressure and the personality measure associated with high blood pressure. Judgements of normal speech were related only to the personality measure. This drop in accuracy reflected the confusion in the judgements caused by the incongruency of verbal-vocal aspects in the patients' normal speech.

Kauffman also demonstrated the separate functions of the verbal and vocal components of speech by manipulating their incongruence. The judges listened to content-free speech, which was rendered free of its verbal components by electronic removal of high frequencies. They then listened to the normal voice recordings which were arranged to have the verbal and vocal components incongruent. There
was less agreement among his judges that listened to the normal voice recordings than to content-free recordings.

Starkweather (34) suggests that these verbal-vocal incongruencies are characteristic of conflict states. He suggests that personality judgements should be made from just the isolated vocal aspects of speech. As the targets clinical judges are predicting are often in a state of conflict this mode would not allow for the incongruencies to be present and mislead judgements.

Thompson and Bradway used trainees in psychotherapy to engage in content-free communication. One student played the role of a client and another played the role of a therapist. They communicated by counting or using numbers in random sequence. A positive relation was found between the correctness with which observers described what was taking place and statements by the therapist and client of what took place. Forty statements about the five interviews were sorted by two psycholists to match the statements by the therapist and client. These sortings were significant at the .01 level. Thus content-free interviews give rise to feelings which can be communicated. It has also been demonstrated that vocal aspects of speech are of considerable importance in reflecting emotional states.
The Use of Information in the Judgement Process. The question that now must be asked is Can clinical judges use verbal and vocal cues to increase the predictive validity of their judgements? Interview presentations can be manipulated so that judges have access to the original interview, a re-inactment of the interview, or to only what was said during the interview. Thus the question may be stated as Does how the client responded increase the validity of predictions based solely on what the client said? The content of the interview is present in all of these modes of presentation. The content is the basis of the interview and the affect with which it is verbalized is an additional cue. Therefore, this question may be couched within the larger context of whether judges can increase the predictive validity of their judgements by responding to more than one cue, or additional information.

Soskin (32) had judges specify certain behaviors, characteristics, and attitudes of a subject. These judgements were made from: (1) biographical facts along; (2) either observation, role-playing, Rorschach, battery of objective and projective tests. The judges did not differ significantly in over-all accuracy regardless of the type of information on which their judgements were based.

Weiss (38) studied the effect of the amount of information upon predictions of responses of individuals in real-life
situations. Ph D clinical psychologists predicted significantly better than Ph D physical scientists when the judgements were made from only minimal descriptive material. However, when the groups made their predictions from the minimal data plus a typescript of a self-interview the physical scientists performed better. The use of additional data led to improvement in the predictions of physical scientists, but did not significantly effect the accuracy of the psychologists' predictions.

This result was duplicated in an earlier study by Luft.(20). Clinicians and non-clinicians both studied case conference records and made predictions to a personality questionnaire. Both groups predicted equally well. Luft then pitted the clinical psychologists against the physical scientists. Both groups listened to a recording of a one hour interview and made predictions to a sentence completion test and a personality inventory. The clinicians did not predict with more significant accuracy than the physical scientists.

Kostlan (16) had clinicians make true-false judgements on a list of psychological statements about clients. These judgements were made from the conditions of: I. Rorschach missing, Sentence Completion Test missing, MMPI missing, Social History missing, or only the face sheet. The batteries in which the Social Case Histories were missing allowed for no greater accuracy than judgements made with only the face sheet.
Huff (14) had 15 Ph. D. clinical psychologists make judgements from biographical data, complete WAIS results, and drawing of a person. These were presented to the judges in the 6 possible different orders. Judgements were made of a list of 11 intellectual, personality and social characteristics often assessed in psychodiagnosis. There was no overall effect of the order of presentation of the information. Judgements made from projective material were less reliable than those made from objective and biographical data. Adding information had no effect, except with projective data in which the agreement from projective data alone was lessened.

Horowitz's (13) study investigated the ability of 12 clinicians to do Q-sorts of patients from only biographical data and with additional data. The additional data was the Rorschach, TAT, and Michigan Sentence Completion test information. These were compared to Q-sorts of these patients as done by their therapists. The Q-sorts done after the biographical had a mean validity of .21. With additional data their mean validity increased to only .35.

A study by Sines (30) evaluated Q-sorts of 30 patients by 5 clinicians. The judges always received biographical information first and then MMPI profile, Rorschach protocol, and diagnostic interview data in varying orders. Q-sorts were performed after each item was received. Neither the MMPI nor the Rorschach increased the validity of the Q-sorts beyond that obtained with biographical data. Adding the inter-
view data early in the sequence increased the validity of the Q sorts whereas it did not when added later.

Powers and Hamlin (24) examined the size of the information units used in judgements. Fifty subjects were carefully screened into five groups: socially adjusted, anxiety neurotics, "latent" Schizophrenics, paranoid schizophrenics, and catatonic schizophrenics. Clinical psychologists placed the patient into one of the five categories by evaluating their Rorschach responses. The best results were obtained when larger units than signs were used and where samples of behavior sufficient to represent some degree of organization are used so that a clinical rather than a mechanical judgement is possible. Small, mechanically scored or judged units tended to give negative results, when correlated against outside criterion, as did the global judgements.

Holt's (12) recommendation of allowing for cross-validation of clinical predictions and a knowledge of the judgement criteria may be well taken in this area of research. Within this context, cross-validation would be giving the judges knowledge of results of their predictions. This would allow them to make any necessary adjustments in their weighing of the factors which comprise their internal predictive formulations.

Sechrist, Gallimore, and Hersch (27) studied the effect of both of these variables. Undergraduates made predictions of
the "anxiety" and "pleasantness" of 12 nursing students from the Rotter Incomplete Sentence Blank. Knowledge of the judgement criteria consisted of definition and examples of anxious responses, and a description of social pleasantness and how the targets were judged to this criterion. Feedback was telling the judge whether each prediction was right or wrong. Each judge received either information of criteria plus feedback, information, feedback, neither information nor feedback. Information plus feedback yielded the highest validity while no feedback or information yielded the lowest validity.

In the second part of their study Sechrist, Callimore and Hersch looked at changes with feedback across trials in regard to absolute and differential judgments. The undergraduates were asked to predict which of two protocols was given by a pleasant person and if a response is pleasant or unpleasant. In order to assure that the judges took the feedback into account in the following judgments an incentive factor was introduced. Groups received either feedback plus incentive, feedback, incentive, no feedback or incentive. Feedback was found to be the most important factor in facilitating accuracy of predictions; however, it was not found to improve judgments across trials. Feedback was therefore examined as to its operating as a motivational variable. The task was only the absolute judgment of part
two with the same materials. The judges were given either correct feedback, randomly correct feedback, incorrect feedback, or no feedback. The order of validity of the groups were correct feedback, randomly correct feedback, incorrect feedback, and no feedback, with the last two being inferior to the first two. Again there was no improvement across trials for the groups. Due to the similarity in performance of the correct feedback and randomly correct feedback groups and the failure to find an improvement across trials, the authors concluded that the importance of feedback is partially due to its operating as a motivational factor. However, feedback does have some information function.

In an unusual study Lee and Tucker (17) exposed the basic judgement process to laboratory analysis. Naive subjects had to identify X and non-X cards from the cues of color, size, shape, texture, and size of dots on the cards. This was held to be analogous to judging schizophrenics from Rorschach determinants. The subjects were given feedback on the correctness of each response. They were found able to learn to combine relevant cues and use these cues in terms of their validity in making judgements.

In the second part of their investigation Lee and Tucker found that judges were able to handle at least two relevant
cues in making predictions. Prior training with individual cues enhanced the judge's ability to use both together. However, the subjects in this task displayed a propensity to rely on a single cue when they were assured of a fair degree of accuracy in so doing. This persisted even though they were made aware that a second cue would enhance their predictive validity.

Rotter (25) expresses that there is the need for motivation, knowledge regarding the criterion, and feedback in the training of clinical psychologists and the improvement of practicing clinical psychologists. But the motivation should be how much one has to learn to achieve a respectable degree of predictive validity. The knowledge of the criterion should be relevant knowledge. The gathering of feedback should receive more time and effort from both the clinicians and students. These are all necessary if the profession is to improve its predictive techniques and there is to be real learning from experience.

Little (18) attacks the general trend of prediction validation studies. He charges that the use of other than practicing clinical psychologists to draw any conclusions regarding the predictive process is woefully inadequate. Undergraduate subjects represent a potential 1% of their number as graduate psychology students. The information
about the characteristics to be predicted is generally quite inadequate. The studies that do employ feedback do not allow a sufficient number of learning trials, as simple probability learning tasks use from 150 to 400 trials. Little suggests "if we wish to draw conclusions about the behavior of clinical psychologists we should examine them and not white Norway rats or college students, and examine them in their native habitats contentedly munching away at enormous masses of data."

The trend in these studies indicate that judgements do not become more accurate as more information becomes available. With few exceptions, exposing the judges to more information did not significantly increase the accuracy with which they could hit the judgement criteria. Even the manipulation of knowledge of results and information about the criteria did not conclusively demonstrate that clinical judges could use more than one cue to increase their predictive validity or that these two factors play a vital role in prediction. These findings relate to Daily's (4) observation that clinicians form their judgements early; thus not allowing additional data to enter into the basis for their judgements. This was supported in Soskin's finding that the judges observing the clients in role-playing situations merely confirmed their earlier conceptualizations formed from biographical information.

Rubin and Shontz (26) gave biographical data, taped
interviews, test reports, and social case histories for 25 patients in varying order to 24 psychologists. The judges did Q-sorts of the patients after each piece of information. The authors found that the judges formed a fairly complete clinical picture of the patient early in the diagnostic process. The basic conception changed in its details, but not in its basic configuration as more information was provided. The initial conceptions underwent more changes when the biographical data was presented than when the interview was presented first.

The Use of Verbal, Vocal, and Content Cues.
Weinstein (37) investigated the contribution of vocal cues to the task of predicting words which had been deleted from typescripts of spontaneous speeches. Undergraduates were presented with either the deleted context alone, deleted context plus two additional typescripts of two other speech samples, deleted context plus two recorded speech samples, deleted context plus both the typescripts and recorded speech samples and the addition of a deleted recording to a deleted context in all conditions. There was a positive relationship between increasing vocal and written information and the proportion of correctly guessed words. However, this was such a singular predictive task that any inferences drawn to clinical predictions must be very guarded.

Luft (19) examined predictions made from content or verbal cues. One group of students listened to clinical interviews
and another group read verbatim clinical interviews. Both groups had to predict the responses of the interviewees to different test material. The group judging from verbal cues, the listeners, and the group judging from content cues, the readers, did equally well in predicting the interviewees' objective test responses. However the small number of judges limited the generality of his findings.

Giedt (8) studied the effect of visual, auditory, and content cues on the prediction of personality rating scales and sentence completion items. Clinicians observed the interview situation by either silent film, written transcript, sound recording, complete sound film, or all conditions combined. The judges predicted the interviewees' test protocols with significant accuracy under the second, third, and fourth conditions. This indicated that they were relying primarily upon the content of the interview for making valid predictions. However, there was a trend for the predictions to improve as cues were added, from the second through the fourth conditions, though these differences were not significant. Thus Giedt concluded that visual cues lead judgment astray and that no definitely superior medium was found for recording interviews. This conclusion was supported by Segel (28). Segel also found that judges predicted interviewees' responses to test protocol equally well whether they saw a complete sound film of an interview, listened to it, or read a verbatim transcript of the interview.
Borke and Fiske (1) asked four clinical psychologists to predict a verbal Q-sort of self-description and a preference sort of pictures of four anxiety neurotics. The judges studied the patient-targets by either direct interview, seeing and hearing through a one-way screen, listening to a recording of the interview, or reading a verbatim transcript. They found no significant differences in accuracy of prediction made from the various experimental conditions. They concluded that the judges were relying primarily upon content cues, as what the client said during the interview was available under all conditions.

Grigg's study (11) emphatically reflected the importance of content cues and the unimportance of vocal cues. Ph. D. clinical psychologists, clinical trainees, and undergraduates were exposed to the actual recording of an interview with a client, the recording as reinacted by an actor, or an exact transcript of the interview selection. They then made predictions to how the clients had responded to Gough's Adjective Check List, self appraisal Q-sort, and a 25-item Self Report Questionnaire. The condition of the actor's voice, which was a disrepancy from the original speaker of the interview, lowered the accuracy of judgement for all the judges. By manipulating the content of the interviews it was found that the judges made their best predictions from interviews in which the clients were talking about subjects.
which were personal to them. The most accurate predictions were made from the script condition, which communicated only content cues.

With the exception of Weinstein's study, these findings indicate that visual cues pull judgements astray, voice cues pull judgements astray, voice cues rarely assist and can mislead judgements, and that valid judgements are primarily based upon content cues.

**Trait Model Versus Dynamic Model.** Clinical judges may employ these various cues within two general approaches to predicting the responses of any individual. The predictions may be made by using the trait model or the dynamic model (22). In using the trait model the judge classifies the target and then predicts the target's responses on the basis of the frequency of occurrence of that response within that classification. Employing the dynamic model requires attempting to understand how the target as an individual will respond. That is, he is considered as a unique personality rather than as a representative of classification.

Marks and Seeman (21) examined the effect of clinical training on the stereotypes held by psychologists and psychiatrists. The stereotypes held by psychology and psychiatry trainees of psychotics, neurotics, outpatients, and personality disorders were compared before and after training. The most stable stereotype was the psychotic, least stable was the outpatient. The authors found that
the trainees had already formed stereotypes when they began training and that they emerge from training with only a vague conception of personality disorder.

Borke and Fiske found that their judges relied on their stereotypes of "typical" anxiety neurotics in predicting the patients' responses. However, the verbal Qsorts were predicted more accurately by considering each patient as an individual.

Stelmachers and McHugh (35) investigated the effect of seven types of information upon predictive accuracy. Four of them were stereotype data and three consisted of more individualized data. Clinicians and nursing students made predictions about four different subjects on selected MMPI items and bipolar traits. Predictive accuracy was found to depend little on the type and amount of information provided. Judgements made from the stereotype data did as well or better than the individualized inputs. The judges would have significantly increased their over-all predictive validity if they had relied more upon response tendencies than their discriminatory powers. That is, their judgements would have been more valid had they not used the dynamic model approach, but relied upon the social desirability, normality, and assumed similarity response sets to predict how the subjects responded.

Gage's analysis (7) of the judgement process also supported the trait model approach. He found that as judges
began to consider the client as an individual, rather than as a representative of a classification, they abandoned the stereotype. This resulted in too great a shift from the "typical" and the judgement becomes invalid. The judge must learn to shift from his original "typical" concept only by the degree that the individual differs from the stereotype. Gage's "actual accuracy" involves the judge's correctly estimating the target's distance from the stereotype that the judge holds of that particular personality type.
Statement of the Problem. Studies that have compared the use of content cues, in the form of a typescript, and vocal cues, in the form of a recording, in making clinical predictions have been improperly controlled. In reading the typescripts the judges have been free to read very slowly and even re-read sections of the interviews. The recordings, however, have been listened to in one normal continuous exposure. To control this the typescripts of the interviews will be read from a reading pacier, set at the judge's reading speed.

To evaluate properly what vocal cues, or affect contribute to the accuracy of prediction it must be compared to recordings without affect cues. Each judge will be presented with a recording of the actual interview and a recording of another interview with the client's responses read in a monotone. Also comparing the monotone condition with the typescript will allow an evaluation of any differences between reading and listening to the content cues.

As the judge relies upon different cues for his predictions, across the three conditions, there could well be a shift in his ability to evaluate the client in different areas. Therefore the judges will predict to self-reference adjectives that the client chose to describe best his intelligence, interpersonal relations, emotions, and work efficiency.
The use of the trait and dynamic models has thus far been evaluated with the use of varying amounts and different types of information to predict different judgement criteria. This study will investigate their use across conditions, and therefore with content, verbal, and affect cues.

Specifically there will be five goals to this study:

1. To make a controlled comparison of the use of vocal and content cues;
2. To test the validity of judgements made of self-reference adjectives of intellect, emotions, interpersonal relations, and work efficiency from content, verbal, and affect cues;
3. To test which of these cues allows the judge to receive the most of the factual information the client presents;
4. To test if the factual information a client conveys allows for better prediction in any of the four areas;
5. To evaluate, by asking the judges, if they were predicting from the dynamic or trait model approach under the three different conditions.
CHAPTER II

METHOD

Subjects

The pool of clinical judges was composed of eighteen Ph. D. clinical psychologists, nine graduate student trainees in clinical psychology, and three social workers. Two of the Ph. D. psychologists, two of the trainees, and two of the social workers were females. They were obtained from the Research Unit on Aging and the Psychology Service Unit of the Veterans Administration Hospital at Hampton, Virginia, the counseling center at William and Mary College, and the Psychology Service units at the Perry Point, Maryland and Washington, D. C. Veterans Administration Hospitals.

Experimental Material

Three ten-minute selections from tape recorded interviews of male psychiatric patients at the Hampton V. A. Hospital were chosen. They were selected on the basis of the clients' expressing affect, while not divulging information upon which they could be easily classified in clinical categories. The therapist's original responses were recorded on another tape and the clients' responses were read by the experimenter in a monotone voice. These interview selections were also made into an exact typescript with pauses, pronunciations, stammerings, and therapist's "uh-huh"
responses being taken down exactly from the tape. See Appendix A. Each of the three clients' interviews was then prepared under three conditions: (a) a selection from the original tape recording of an interview with the client; (b) an exact typewritten transcript of the same interview selection to be read with a reading pace set at judges' comfortable speed; and (c) the same selection with the original therapist's responses and the client's responses read in a monotone voice by the experimenter.

Procedure

Just before the interviews, the clients were presented with four groups of three by five cards. Each card had an adjective with its definition printed on it. Each group of ten adjectives was chosen by an a priori rational analysis of the Gough Adjective Check List to be descriptive of intelligence, interpersonal relations, emotions, or work efficiency. (8, 9) The clients were instructed to "choose the four adjectives out of each group of ten that describes you best."

Sequence of Procedures

Each judge was randomly assigned to one of the three groups, which determined how he was exposed to each of the three clients' interviews. The distribution of the Ph.D.s, trainees, and social workers into the three groups was as even as possible. Table 1 presents the experimental
### TABLE I

**Experimental Procedure**

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<th>Exact Transcript</th>
<th>Monotone Recording</th>
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<td><strong>Group I</strong></td>
<td>Client 3</td>
<td>Client 1</td>
<td>Client 2</td>
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<tr>
<td><strong>Group II</strong></td>
<td>Client 1</td>
<td>Client 2</td>
<td>Client 3</td>
</tr>
<tr>
<td><strong>Group III</strong></td>
<td>Client 2</td>
<td>Client 3</td>
<td>Client 1</td>
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procedure. For example, Group 1 heard the original interview of client three, read the interview of client one on the reading pacer, and heard the monotone interview of client two. Before the judges read the interview on the reading pacer their normal speed of reading interviews was determined. They were given a sample interview and asked to adjust the reading pacer to the speed at which they normally read interviews. When this speed was determined they were given the interview they were to judge and read it at the speed determined from reading the sample interview. After being exposed to each interview selection, the judges were asked to predict the four best self-descriptive adjectives chosen by the client out of each group of ten. The judges were then asked if they arrived at their predictions from a dynamic or trait model approach. They were then given fill-in-the-blanks type questions concerning the factual content of the interview. All of these materials are in Appendix B.

The validity of the judges' prediction of self-descriptive adjectives was determined by the correspondence of the adjectives checked by the judge with the adjectives checked by the client, and not checked by the judge and by the client. For example, if the judge correctly predicted two of the four adjectives that the client chose, the judge received a score of six. A "yes" response to the
question regarding approach was determined as reflecting the dynamic model approach; a "no" response as reflecting the trait model approach. The information, or factual content score was determined by the number of blanks filled in correctly.
CHAPTER III

RESULTS

A priori tests on differences between the means of the Ph. D. clinical psychologists, graduate student trainees in clinical psychology, and social workers indicated no significant differences between these groups' predictive accuracy or information scores. They therefore remained in the groups to which they had been randomly and evenly assigned.

Adjective Check List

Between Conditions Comparisons. Table 2 presents the analysis of the three groups' predictions of the clients' self-descriptive responses to sections of the Gough Adjective Check List across all conditions. See Figure 1. The clients differed in their ability to be predicted (p < .01). The predictions differed in their accuracy according to the condition, or cues from which they were made (p < .05). This difference between the conditions occurred when the judgements were made from the original interviews and predicted the targets' responses with significantly more accuracy (p < .05) than predictions made from the typescript of the interviews, which were read from reading pacers.

Judgements of how the client described himself emotionally were significantly better (p < .01) when made
### TABLE II

**Overall Accuracy of Predictions of Self-Descriptive Adjectives Across All Conditions**

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<tr>
<td>Ss Within Groups</td>
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<td>Within Ss</td>
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<td>10.52***</td>
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<td>(Conditions x Clients)(^1)</td>
<td>2</td>
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<td>Error</td>
<td>54</td>
<td>21.11</td>
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* is .05 level of confidence; ** is .001 level of confidence.
FIGURE 1  The Prediction of Self-Descriptive Adjectives from All Conditions

ACCURACY OF PREDICTIONS

INTelligence
INTERPERSONAL RELATIONS
AREAS PREDICTED

EMOTIONS
WORK EFFICIENCY

ORIGINAL RECORDING
MONOTONE RECORDING
EXACT TYPESCRIPT
after hearing the original recording of the interviews than after reading exact typescript of the same interviews. The predictive validity for self-reference adjectives of work efficiency and interpersonal relations was best when made from the typescript of the interview. The intellectually self-descriptive adjectives were predicted best from the monotone condition, and noorest from the typescript condition. See Table 3.

Within Conditions Comparisons. An analysis was performed of predictive accuracy to each of the four areas within each condition. See Figure 1. Judgements made from the original interview recordings shown in Table 4, differed in predicting the clients' choices of self-reference adjectives of intelligence, interpersonal relations, emotions, and work efficiency ($p<.001$). The predictions of the clients' emotionally descriptive adjectives were more accurate than predictions to the other three areas ($p<.01$). The clients' work efficiency adjectives were predicted more accurately than their interpersonal and intellectual adjectives ($p<.01$). Judgements of the interpersonal adjectives were more accurate than the intellectual adjectives ($p<.01$). The clients differing in their ability to be predicted from the original interviews interacted with the four areas predicted ($p<.01$).
TABLE III

Validity Means of Predictions of Adjective Check List
Where: I=Intelligence, IR=Interpersonal Relations,
E=Emotions, WE=Work Efficiency

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<th>Exact Typescript</th>
<th>Monotone Recording</th>
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<td>I  TR  E  WE</td>
<td>I  TR  E  WE</td>
</tr>
<tr>
<td>Groups I</td>
<td>6.8  7.4  7.6 7.6</td>
<td>6.6  7.0  7.0  8.2</td>
<td>6.8  6.4  8.2  8.0</td>
</tr>
<tr>
<td>Group II</td>
<td>5.4  7.2  8.8 8.6</td>
<td>4.8  7.0  7.6  6.4</td>
<td>6.2  6.2  6.6  6.6</td>
</tr>
<tr>
<td>Group III</td>
<td>6.6  6.6  9.0 7.2</td>
<td>5.4  6.0  7.4  5.2</td>
<td>6.4  7.4  8.6  8.8</td>
</tr>
</tbody>
</table>
### TABLE IV

Accuracy of Prediction of Self-Descriptive Adjectives from Original Recording

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>ms</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Ss</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients</td>
<td>2</td>
<td>1.30</td>
<td>1.60</td>
</tr>
<tr>
<td>Ss Within Groups</td>
<td>27</td>
<td>2.60</td>
<td></td>
</tr>
<tr>
<td>Within Ss</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas Predicted</td>
<td>3</td>
<td>0.82</td>
<td>24.88***</td>
</tr>
<tr>
<td>Clients x Areas Predicted</td>
<td>6</td>
<td>7.59</td>
<td>5.27**</td>
</tr>
<tr>
<td>Ss Within Groups x Areas Predicted</td>
<td>81</td>
<td>1.14</td>
<td></td>
</tr>
</tbody>
</table>

** is .01 level of confidence  
*** is .001 level of confidence
With the monotone recording, the clients differed in the accuracy to which they could be predicted \( (p < .01) \), and this interacted with the four areas judged \( (p < .05) \). See Table 5. This difference was caused by the predictions of the emotional adjectives being significantly more correct \( (p < .05) \) than predictions of the intellectual adjectives.

After reading the interview selections, there was an interaction between the clients and the areas being predicted \( (p < .05) \). Accuracy of predictions after reading the typescripts differed in the four areas \( (p < .05) \). See Table 6. The intellectual adjectives were missed more often than the other three areas \( (p < .01) \).

**Factual Content**

The judges differed in their ability to answer questions about factual content of the interview, depending upon how they were exposed to the interview \( (p < .05) \). See Table 7. Listening to the monotone re-inactment or reading the typescript of the interview allowed for answering more of the information questions correctly than listening to the original interview \( (p < .05) \). Also, the judges' ability to answer questions correctly about the facts the clients presented during the interviews differed as a function of the client being judged \( (p < .01) \).

Rank orderings of the judges' predictive accuracy of self-descriptive adjectives and their information accuracy
TABLE V
Accuracy of Prediction of Self-Descriptive Adjectives from Monotone Recording

<table>
<thead>
<tr>
<th>Source</th>
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<th>ms</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Ss</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients</td>
<td>2</td>
<td>39.44</td>
<td>7.60**</td>
</tr>
<tr>
<td>Ss Within Groups</td>
<td>27</td>
<td>5.19</td>
<td></td>
</tr>
<tr>
<td>Within Ss</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas Predicted</td>
<td>3</td>
<td>10.52</td>
<td>2.02*</td>
</tr>
<tr>
<td>Clients x Areas Predicted</td>
<td>86</td>
<td></td>
<td>0.86</td>
</tr>
<tr>
<td>Ss Within Groups x Areas Predicted</td>
<td>81</td>
<td>3.61</td>
<td>0.45*</td>
</tr>
</tbody>
</table>

* is .05 level of confidence  ** is .01 level of confidence
### TABLE VI

**Accuracy of prediction of Self-Descriptive Adjective from Exact Typescript**

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>ms</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Ss</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Clients</td>
<td>2</td>
<td>14.70</td>
<td>1.39</td>
</tr>
<tr>
<td>Ss Within Groups</td>
<td>27</td>
<td>10.60</td>
<td></td>
</tr>
<tr>
<td>Within Ss</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas Predicted</td>
<td>3</td>
<td>15.32</td>
<td>7.93**</td>
</tr>
<tr>
<td>Clients x Areas Predicted</td>
<td>6</td>
<td>6.92</td>
<td>3.59*</td>
</tr>
<tr>
<td>Ss Within Groups x Areas Predicted</td>
<td>81</td>
<td>1.93</td>
<td></td>
</tr>
</tbody>
</table>

* is .05 level of confidence; ** is .01 level of confidence
### TABLE VII

Information Scores Across All Conditions

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>ms</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Ss</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td>2</td>
<td>.24</td>
<td>.05</td>
</tr>
<tr>
<td>Ss Within Groups</td>
<td>27</td>
<td>.98</td>
<td></td>
</tr>
<tr>
<td>Within Ss</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditions</td>
<td>2</td>
<td>17.50</td>
<td>.83*</td>
</tr>
<tr>
<td>Clients</td>
<td>2</td>
<td>25.84</td>
<td>7.14**</td>
</tr>
<tr>
<td>(Conditions X Clients)¹</td>
<td>2</td>
<td>8.23</td>
<td>2.27</td>
</tr>
<tr>
<td>Error</td>
<td>54</td>
<td>3.62</td>
<td></td>
</tr>
</tbody>
</table>

* is .05 level of confidence; ** is .01 level of confidence
scores were correlated under each of the interview conditions. This correlation was significant with judges operating from the original condition \( (r_s = -0.30, p < .10) \) and from the monotone condition \( (r_s = 0.24, p < .10) \). There was no significant correlation under the typescript mode of interview presentation.

**Dynamic Versus Trait Model Approach**

Of the thirty judges, the majority of them used the dynamic model approach. Under the typescript condition twenty-two judges chose this approach \( (X^2 = 5.53, p < .02) \), twenty-three under the monotone presentation \( (X^2 = 8.53, p < .01) \), and nineteen under the original interview presentation. However, neither the dynamic nor trait model approach was significantly superior to the other, either in the prediction of self-descriptive adjectives or answering questions concerning the factual content of the interviews. Ten of the thirty judges shifted their approach once during the two changes from one mode of interview presentation to another and two judges shifted both times. However, there was no definite pattern to these shifts and they appeared to be due to a client and condition interaction.
CHAPTER IV
DISCUSSION

The experimenter anticipated no learning effect so the judges served as their own controls. However, during the typescript and monotone conditions the judges may have enjoyed the advantage of being able to anticipate what type factual questions they would later be asked. This could have served a part in explaining the significantly lower factual content scores from the original recording, always heard first. However, it may also have emphasized a conflict of purposes. That is, as the judges were listening from the monotone recording or reading for this information their ability to predict to self-descriptive adjectives was lessened. This is discussed in more detail later.

Clinical judges listening to original interview recordings made predictions of self-descriptive adjectives chosen by the interviewees which were significantly (p < .05) more valid than those predictions made by other judges from typescripts of the same interviews read from the reading pacers. This finding indicates the necessity of equating the amounts of time the judges are exposed to the interview materials. In previous studies, wherein judges read the typescripts of interviews, no controls were employed for the judges' reading pace or selective re-reading. These studies found the typescript condition allows for as good or better
predictions than listening to an original recording of the interview. This equality or superiority of reading the interview was found to be due to allowing the judges longer and repeated exposure to the interview. Both conditions were equated in this aspect by forcing the judges to read the typescript in one continuous exposure on a reading pacer set at their normal reading speed for this material. Thus these modes were listened to or read in one continuous exposure at their normal speed of intake. Under this procedure, hearing the original interview recording provided more valid judgements than reading typescripts of the same interviews.

The factual content of the interview was recalled better when the judges heard the monotone or read the typescript of the interview than if they heard the original recording of the interview. This, coupled with the facts that information scores were negatively correlated with adjective prediction when the judges were predicting from the original interview, and the original interview condition allowed for the best prediction of self-descriptive adjectives, leads to a picture of a conflict in tasks. That is, the condition which allowed for the best prediction of self-reference adjectives (original interview recording) was also the condition from which the factual content was most poorly recalled. It appears that the introduction of affect cues allows for more valid predictions of self-reference.
judgements. However, either the normal speech patterns
do not communicate content as well as a monotone or
typescript, or the availability of being able to learn
how the client responded pulled the judges from what
the client was saying. Thus, hearing the affect cues
led to significantly more valid prediction of self-
reference adjectives than reading content cues. However,
how much of this treatment variance is due to differences
between reading (the intake of the typescript) and hear-
ing (the affect and normal mode of intake of interviews)
cannot be exactly established. Hearing the content cues
did not allow for significantly more accurate predictions
than reading the content cues, although the trend was in
this direction. Also, hearing the content cues plus
the affect, rather than hearing just the content did not
allow for significantly more accurate predictions, but
the trend was in this direction. So both hearing the
interview, as opposed to reading it, and the addition of
affect cues to content cues made contributions to the
judges' task of predicting self-reference adjectives.
Therefore, the significantly more accurate judgements
from the original interview in comparison to a typescript
of the interview appears to be caused both by the usual
hearing of the interview and the addition of affect cues.
No significant differences were found in the ability to predict to self-reference adjectives of intelligence, interpersonal relations, and work efficiency from reading content, hearing content, or hearing content plus affect cues. However, the predictions of the clients' emotionally self-descriptive adjectives were significantly more accurate from the hearing content plus affect cues condition than from reading the content cues. That the addition of affect cues was converted into significantly more valid predictions when the judges were concerned with emotional self-description nicely supports Soskin's notion (31). Soskin suggests that voice quality carries potential affective information; the addition of how the client responded communicated the emotional states. That the judges converted this affective information into significantly more valid judgements about the clients' emotions was an encouraging finding. Both hearing the interview, instead of reading it, and the addition of affect cues to content cues differentiate these two modes. So until a valid estimate of how much of the treatment variance is due to a different intake of the information, a proper evaluation of what exactly can be attributed to the addition of affect cues cannot be determined.

All judges would have increased their predictive accuracy if they had predicted by the "social desirability" response set. Of the forty different adjectives that composed the
entire adjective pool, only twelve different adjectives were used by the clients to describe themselves. Of these twelve, only four were not of a socially desirable nature. Of the sixty-four responses that the three clients chose as self-descriptive, only six were of a derogatory nature. Thus, 91% of the total number of adjective responses given as self-descriptive were socially desirable.
CHAPTER V
SUMMARY AND CONCLUSIONS

The contributions of reading content cues, hearing content cues, and hearing content plus affect cues to the task of making predictions from interviews were investigated. Selections which were 10 minutes long were chosen from interviews with male psychiatric patients. The judges were eighteen Ph. D. clinical psychologists, nine graduate student trainees in clinical psychology, and three social workers. Each judge listened to a recording of a client's original interview, then read the transcript of another client's interview on a reading pacer set at the judge's reading speed, and listened to a recording of another client's interview with the client's responses being read in a monotone voice by the experimenter. After being exposed to each interview, the judge was asked to make predictions as to which four adjectives out of each four groups of ten adjectives the client chose to describe himself best. The four groups of ten adjectives were grouped by an a priori rational analysis of the Gough Adjective Check List as being descriptive of intelligence, interpersonal relations, emotions, and work efficiency. The judge answered a question which reflected the use of a dynamic or trait model approach in formulating his predictions. The judge
then had to answer questions concerning the factual content, or information that the client communicated during the interview.

The findings were:

(a) A controlled comparison of content and affect cues, found the affect cues allowed for significantly better predictions of self-descriptive adjectives.

(b) The clients' emotionally self-descriptive adjectives were predicted significantly better from the original interview than from the typescript of the interview. Self-reference adjectives of work efficiency and interpersonal relations were predicted best from the original interview, next best from the monotone interview, and poorest from the typescript of the interview. Predictions of intellectually self-descriptive adjectives were most valid from the monotone condition, next best from the original recording, and least valid from the typescript condition.

(c) The monotone condition was best in allowing the judge to recall the information the client presented during the interview, the typescript condition was best in this regard, and the original recording allowed the judge to recall the least amount of the factual content the client presented during the interview. The difference between the monotone and the original recording information scores was significant.
(d) Information scores were positively correlated with self-descriptive adjective predictions made from the monotone condition and were negatively correlated with predictions made from the original recording.

(e) A significantly larger number of judges chose the dynamic model approach but there were many shifts in approach across conditions. However, neither the dynamic nor trait model approach was significantly superior to the other in self-descriptive adjective prediction or information scores and there was no definite pattern to the shifts in approach.

(f) Affect cues allowed for the best prediction of self-descriptive adjectives and the poorest intake of factual information. Both hearing the interview and the introduction of how the client responded contributed to significantly better prediction.
NOTE: T is therapist. C is client.

CLIENT #1

T: Well, I haven't seen you for some time ha?
C: Yes, about three weeks.
T: How are you doing?
C: Very good. Very well, other than I'm getting a little jumpy. You know, from having to stay in here. Because I'm uh ... sort of an outside man and I like to get out and do things. Things that are constructive.
T: Being an active person uh ... it's not an easy thing for you to have to be kept up in the hospital.
C: That's right. That's it. That's it. That's very true. I like to do things that are constructive, that are unbuilding to other people and unbuilding to myself in character, integrity, and faith, you might say. Faith in other people. Faith in within my body. Faith in the human race.
T: You've always had some pretty idealistic objectives, haven't you?
C: That's correct. Always ... always looking into the future to see where investments can be made. You know, good investments. And uh ... wanting to work at that time on things to come. Rather than waiting for other people to do the thinking and make all the money. Now, as my job as a government employee, I try to compete with other people and try to get there first if I can, in ideas ... ideas and thoughts. To get my ideas and thoughts into the making
as soon as possible, rather than just sitting back and being a non-thinker. I like to think (clears throat) when I'm (clears throat) when I'm doing things. I like to think, "How can I improve this? How can I do it faster and how can I do it more efficiently?" And by doing that I've developed some good procedures in the office . . . uh, where I'm employed. And it makes it easier for other people too, because they do similar tasks, like tasks. And if I can come up with a good idea that will save me time and save efficiency, then I'm helping those people also.

T: You have always felt that you've been able to come up with good ideas.

C: That's right. In fact out at work I've submitted something like uh . . . 7 or 8 suggestions. And 1 of which was adopted. But the others were adopted not 100%, but say 60 or 70. And even if I got 60 or 70 or even 50 for that matter it would be an improvement over what we had, because other people have ideas and thoughts too. They've more experience than I and when they see my idea they see some fallacies there that they've experienced. And they say, "Well, we'll buy this segment over here." So I've always been, like you said originally, idealistic, in wanting people to like me because of these ideas. Because it's going to mean some savings to them, either time or making it more efficient, making their job go 1, 2, 3, 4. Well, just like this place. It's very regimented and if you do things in a
regimentation I uh... way it makes it... I think that uh... this causes efficiency. It has to cause efficiency rather than confusion. You just can't have people coming in here any time they wanted to rather than, say 9:00 in the morning. If I came here at 8:30 this is going to throw your schedule and demand it to come in. If I said nothing it would be different. But if I said something then it would throw your office out of kilter and out of balance.

T: You can demonstrate therefore that uh... you can keep to a schedule.

C: Yes sir! Yes sir. I believe in efficient operation.
And I think that y'all have one of the finest here in the hospital that I've ever witnessed. I've learned by being in here, rather than (3 seconds) not learning. I've been learning from old people, 70, 80 years experience in some things. And boy that's more than my 10 or 12 you know. Since I um... well 18 up to 32.

T: You like to show that you can benefit from experience.

C: That's right. (3 seconds) I'm just like Abraham Lincoln's words, "I've never met a person that I didn't like and I've never met a person that I didn't learn something from." I've learned a little bit, just (2 seconds) a bare fraction of what you do.

T: Yet at the same time you like people to appreciate the things you can do.
C: That's right. When I do something all they have to do is say "Thank you." Or "Yes, this is well done, this is well thought out."

T: You say that thanks is the only recognition you want.

C: That's all. Just a mere thank you. (3 seconds) And I try to reciprocate in the same manner when they come up with a good idea or thought. I always say "Thank you," to the person that contributed his idea and thought.

--- An 8 minute discussion of the adjective check list and his brother at this point in the interview was edited. ---

T: It's very important for you not to be just average.

C: That's right.

T: But far superior perhaps.

C: Well, not far superior, but . . .

T: Certainly above average.

C: Yeah, certainly above.

T: Why is that?

C: Why is that? (3 seconds) Because I came from a very meek background, just like Abraham Lincoln. And he had goals in mind too, he became . . . he became a lawyer. Then he became President of the United States back in the summer of 1861. And he was assassinated, I think in 1865. But uh . . .

I always like people that have had meager beginnings, and meek and humble beginnings you might say. And then striving to
better (3 seconds) which is like my father. He was a coal miner. And I don't want to be identified (2 seconds) a pick and axe man.

T: You don't want to be a nothing like your father.

C: Well, he was (2 seconds) he was something. He makes more money today than he ever made in his life, since he's in the restaurant business.

T: He's better than you are?

C: He's better than I am today. Yes sir, money wise. And he retired at 55. He's 68 today. Thirteen years from the date of retirement he makes more money today than he ever made in his whole life, or had.

T: Makes more than you?

C: Yes, he makes more than I do.

T: Even without a degree.

C: Even without a degree. He had a sixth grade education. You know people that were born, well in the late 1800's like my father, 1898, you only went to the eighth grade.

T: Is it pretty hard to show them up?

C: No, I don't like to show him up. I'd never show up my dad. If . . . if I did that then uh . . . I would be worth nothing, physically and characteristically.

T: Why would you be worth nothing?

C: Well, because I don't believe in showing up people, or proving them to be so low and me so high. I even associate
with ditch diggers. I can learn from a ditch digger. If he's digging a ditch along there and I've never dug a ditch before, I can watch him and do it with him.

T: But it has been important to demonstrate that you're better than they think you are.

T: What's your father think of you?

C: He thinks very highly of me, very highly. And he's very proud that I have attained the goals that I've attained now, and hopes to see me go higher.

T: He hopes to see you go higher?

C: Yes, the same as my brother. All of our family is just like that Dr. _______. We're intertwined by blood and . . .

T: They all have great aspirations for you.

C: Right.

T: And you have great aspirations for yourself.

C: Yes sir.

T: I guess you feel these must be very admirable qualities.

C: They are. Very definitely.

T: But they've gotten ya locked up in a mental hospital haven't they?

C: That's right. Just too many irons in the fire at one time. But I'll tell ya, I've learned a lesson from this experience. And that is to take one thing at a time, rather than 2 or possibly 3. That is what this has taught me. Take one thing at a time.

T: Have you made any decisions about what that one thing is going to start out to be?
C: Back to work, I hope. (2 seconds) Well number 1 is to be released. Number 2 is to get back to work.

T: To where will you return to work?

C: NASA, Langley Field.

T: Are you going back to your same job?

C: Yes sir, because they did not accept my resignation. I submitted my resignation about 10 A.M. Monday morning the 12th of December, when I came in here. I came here about 5:00 and I was arrested downtown by ... just like a criminal in a bank.
T: How do you feel about all this planning you're attempting to make?

C: Uh... -stammers for 3 seconds - I'm scared... -stammers for 2 seconds - I'm nervous about it. I am.

T: You're a bit uncertain about it.

C: Well, it's not that I'm uncertain. I know definitely that I want to go to college, and uh... uh... Like I said, I'm nervous about it, but uh... I'm pretty... like I said, it's getting to be pretty important to me.

T: Have you any ideas why you're nervous about it?

C: I'm uh... uh... uh I think everybody when they're first starting out on something new, something that's going to affect their whole life, completely different, you see I think everybody has the tendency to be nervous about something. Just like the first time you go on television, you don't know what to expect you know. But you're, you know, you're cautious and uh... a little scared you might make the wrong boo-boo, and you don't want to do that. I mean you... you're slowly feeling your way out, you know.
T: Sort of like on television, people are going to be watching you.

C: Uh-huh. Yeah. - 5 second pause - Well I'm not worried about people watching me, like I said. Uh...
stammers for 3 seconds - Like I said you're always nervous when starting your... starting on something new, where uh... like I said, it's going to be something important to you. And uh...

T: And no doubt your nervousness will disappear once you get your feet on the ground.

C: I think once I get started... then I was the same way when I started in high school. Each year I was scared. I was nervous how... how I was going to take courses and everything. Then after the first week or two weeks I was already in with things and I had already established contacts and was studying the material pretty well. And like I said uh... I got along quite good after the first couple weeks. I think it happens to everybody. Once you get the feel of it. I remember the first time I went on television, I was scared out of my wits. And I might of stumbled worse than I do right now talking to you. And I'll tell ya, after the second or third time on T. V. I wasn't nervous at all. You see?
T: Do you get nervous talking to me?

C: No. I mean it's not nervousness. It's ... it's I don't know how to describe it best. It's that I don't get sleep over here at night. See... uh I'm a real light sleeper. With the first noise I'm wide awake like that. I'm very alert at night when I'm sleeping, because... mainly because of my family life. You know, when I was living with my mother an awful lot. Uh... uh I had to listen... I'll tell you one thing, my brother used to sneak out at night and go visit his girl friend before he married her. And uh... - laughs - I had to listen for him to come back. You know, he'd... he'd tap on the screen so that it wouldn't wake up my grandparents. I mean not my grandparents, but my mother. And uh... so I'd have to get up and go unlock the door. That's why I said I'm very alert to any little noise. Like that little latching on that door right there.

T: Yeah, well that become irritating when the wind blows it open.

C: I was taking ... I was taking that test over there and the door kept opening and shutting. You know, and I thought I would scream. - laughs -
A 6½ minute discussion of the adjective check list, living with his grandparents, and starting into college at this point in the interview was edited.

C: If you don't feel like you're wanted or anything like that then uh.

T: Have you ever had those feelings?

C: Well uh... when I was a child, because I didn't never have a... my mother wasn't around a lot of the time. And uh... I didn't have anyone to turn to. And finally my art teacher was one of the first people I ever uh... leaned on. Let's put it that way. And she took us to uh... college exhibitions, and she took us to art shows, and she helped form an art club, and uh... we did things for the school. I'm... I'm to her... to me she was taking the place of my mother. But I'm... like I said, I didn't depend on her all my life. But if I had a problem I'd go and ask her how I could solve it, you know, and then I'd go out on my own. But of course she had problems, she'd come and ask me about. See? And it was a mutual relationship. Uh... type of situation where you have respect for the other's opinion. Do you see what I mean?

T: Uh-huh.

C: All right. Sometimes it's smarter to ask an older person. Like I come to ask Dr. _____ how to do this.
Because, like I said, he's had more with this. And there are situations where I... I've had a little bit more experience, like with Miss (art teacher) there. And us... I mean if I can help her that way, it's a feeling of mutual respect is what I feel. Because that's what this world needs a little bit more of, is a little bit of respect for the other person and their rights.

T: You feel there is a bit lacking in this world?

C: There's quite a bit lacking in this world, because... I mean I could point out several incidents. Because we have... we're fighting a war over there in Vietnam because... uh, the Communists don't want to give the people a chance to voice their own opinions. And yet take over in Israel, the Israelis want to form their own country and live a happy life. Yet the Syrians and the Egyptians are always cursing them, and attacking them, and border wars like that. And the same thing happened in Berlin, at the Berlin war... wall I mean. The Berlin Airlift, they wanted to shut off the people and things like that. It's... uh it's because people don't uh... let others have their own way. Some people feel like they should... they know it, and they should rule everything, you see. It's uh... it's something I don't like. I know I'm not the best and I'm not Solomon. It's so uh... there isn't a Solomon.
T: But it does appear you've thought deeply about these things.

C: Uh-huh. I mean, they strike me as something funny. I mean uh... I look at it like... it's like I said, if people are given a chance to live their own life and think their own views without being forced to conform to others at times. I'm sure there are laws you have to conform to at times. I mean uh... like, I don't know how to describe it. It gets so confusing to me at times, because uh... uh the way I feel and the way others feel are sometimes completely opposite. And yet at times I feel the same way as others do.

T: Sometimes it's just hard to put into words.

C: Correctly. I mean I know a lot... -stammers - I mean, I have a good vocabulary and everything like that, but I uh... At times you just can't put your thoughts into words right. I uh... 

T: Sometimes although you know a lot of things and have pretty good use of vocabulary, it's just difficult to express it.

C: Right. I feel that way. I mean uh... sometimes you have an idea about something and uh... you know what you're thinking of, and you have to put it into terms where other people can understand it also. Because not everybody thinks along the same lines as you do. Each person is an independent island to
themselves. And uh... what we need is one great big continent and not a bunch of milling little islands running around like that, you know. That's the way I feel. It's true that uh... - 3 second pause - Like I said, if we had a little bit of respect for each other instead of uh... conceit, saying I know it all and I'm better than you. I look at it this way: I'm no better than anybody else and nobody's better than me. See that way I'm not saying I'm better than you, but I'm saying you aren't better than me also.

T: But there are some things you can do better than other people.

C: That's true. Yet there's many things you can do better than me. See?

T: I see.

C: I'm saying as a person they aren't better than me. There's skills they can do better than me and I have skills I can do better than them. But I'm saying as a human being, and that's supposed to be according to uh... Declaration, I mean the Gettysburg Address. We said that all men are created equal. True they're created equal, but the way they form their lives is... is completely different.

T: That's very true

C: When they first start off they're all children and they
all start off the same way. True some of them are defects . . .

T: Well, now you can take a more active part in determining your life. Can't you?

C: I feel I can, because I uh . . . I've had a lot of help here from Dr. _______, Dr. ________. . . I mean you, Dr. ________ and that female doctor. I never can remember her name. So help me I can't. The blonde over there. She's across the hall now. And uh . . .

Dr. . . . I mean Miss ________ has helped me and Miss ________ and Dr. ________. . . I mean . . .

I mean y'all showed me some things that uh . . . I probably wouldn't have learned for a while yet. Uh . . . it's helped me to uh . . . revise my standards and uh . . .

T: I guess you've had an awful lot of people telling you what to do.

C: That's true. - stammers - I guess we all have to take rules in our life. I mean, you have to take orders from Dr. _______, even if you don't like them at times. And yet you do have to take them. But like I said, you have your own ways and uh . . .

T: Well do you have one person who will sort of coordinate all these things? Do you not have one person who you can look to, that'll coordinate all these efforts for you?

C: Well, like I said, I'm depending on Dr. ________ more or less right now.
T: He's going to be the one who apparently can help you this way?

C: Like I said, I have a lot of respect for him, an awful lot of respect for him. And I think he can help me. And because he can help me uh... it's going to help my mind.
C: As ... The way things stand ... Well maybe we'd better start back whenever ... It's been about 5 or 6 years ago I went to the hospital, in Norfolk General. Had a lapse of memory for about 4, 5 day there. I didn't know anybody or anything. Dr. treated me on it. And it started out, I'd been at work that day and I come in home and on ... I think it was on a Friday.

T: How long ago did you say this was?

C: It's been about 5 or 6 years ago. I was working on the LST Ashaland and - 5 second pause - I had a rang of tubes and cables and stuff to pack and square away for an air test. And I never could get 'em to hold. And things piled up on me so that I just went erratic. I don't know what it ... I was just sitting there talking to my wife, I'd ... she'd fixed these pies and I'd eat and had a couple drinks of whiskey, which I came in and brought the whiskey with me. And uh ... the next thing I knew, about 4 or 5 days later, I found myself up in the hospital. She said I got to the point where I didn't know her -2 second pause - and didn't know anyone else around me. And -2 second pause - it seems like whenever I get excited or worried or something like that, it just seems -3 second pause - at times I get to a blank where I don't remember what I'm doing. With my kids, I fuss and argue with them, lose my temper with them. If I had to punish one of them, if I
had to whip one of them, why it takes me 2 or 3 hours to get over it, because I get nervous and I sit down my head starts hurtin'. And uh... and... well it... it gets me tore up so bad that I... I just have to get off my feet completely. And... I slapped my boy in the face here about -2 second pause - oh, I guess about a month ago. Which I've never done, and I hope to God I never have to do it again. And it happened so fast that I don't even know what - 2second pause - what brought it on. It... and... my wife and I, we went out one Sunday. And I still don't remember where the devil we went to, and I wasn't drinking at the time that we went out. And come back in home and sit down and my back bothers me too at the same time. And... half second pause - every time I'd try to do anything, or start to do anything, why I'm... I've been scorned at and jumped down the throat at. I took my boy out. One of my boys out to try to learn him to drive on the dirt road and... come back in he was talking about it, and I caught the devil for that. And it just seems...

T: He caught the devil from who?

C: Well, my brother, my wife. Since I've been out of work I've tried 15 or 18 places to get a job and I can't get one, due to the reason of my back. And everybody else around there is saying, well they wanted to... trying to run my business and butt in. And I don't know, it's been piling up so that... I don't know just what happened.
I went out Saturday, Saturday morning, carrying the boys down to where my oldest boy was camping. They wanted to have some fun with him, and I went down to the camp site. And the next thing I knew I was coming to myself over here in the admittin’ room. I had a wreck with my car. Smashed up, due to runnin’ into the back of another one. And I still don’t remember what happened.

T: When was that?

C: That was uh... when I came in here. That was the 30th. Saturday was a 30th, I believe it was.

T: Of December?

C: Uh-huh. - 3 second pause - And my wife told me that they carried me down to Norfolk General Hospital, and said that uh - 4 second pause - I fell off the table down there. Come off the table down there, giving the doctors and nurses a bad time down there. So they carried me from there to the jail. And they didn’t examine me whenever they first carried me over there. And whenever they called her, she said they called her, and told her to come down there to the jail and get me as quick as she could. And she come down, and when did... did give $2.00.

I’m out on a personal bond on it. As to actually what happened there I’d... I still don’t know what happened. I don’t remember giving those people a bad time, and I don’t bein’ down there in the jail house.
T: And - clears throat - and you say you weren't drinking?

C: I'd had a couple drinks, yes. I'd had a couple drinks and sit and watch the T. V. whenever ... whenever the kids wanted to ... one of them said, "Well, let's go down and give Billy a bad time or to have some fun out of him."

And I got up out the chair. Well, there was Michael, Mike ________, Larry ________ and another boy with me. And we went down there. We never did find just exactly where they were campin'. And -3 second pause - as I said, comin' back, why ... I still don't remember just exactly what happened. - 3 second pause - I ... the uh ... I don't know, I ... just as I told my wife, I don't know what uh ... the score is on it. - 3 second pause - Whether it's uh ... I'm going out of my mind or what I'm doing, or anything else. But uh ... I want to get something. I want ... I want some help on it.

- 11 second pause -

T: Review with me just, if you will, about this camping trip. I couldn't quite follow exactly what happened there.

C: Well it was ... You see my boys ... my oldest boy, he's in the Explorers, Troop ___ And the next to my oldest boy, he's in the Troop ___ in the Scouts. And they go on camping trips - 2 second pause - and ... they wanted to go down there. He was on the camping trip, Friday night. They wanted to go down there and, you know, have some fun with him.
T: Who wanted to go down?
C: My boys. Vick's my oldest boy, and these other two, two friends of his.
T: I see. And who was on the camping trip?
C: My oldest boy, Billy.
T: All right. Then he already was down there.
C: Yes, he was already there.
T: I see. Now, who was it that wanted you to go down there and have some fun with him?
T: Are these friends of yours, you mean?
C: They're friends of my boys.
T: Oh, these are other boys?
C: Uh-huh.
T: I see. They weren't on the camping trip?
C: No, they was not.
T: Uh-huh.
C: See the Explorers go on a campin' trip one time, and the Scouts they go on a campin' trip.
T: Uh-huh.
C: And they more or less like to raze each other whenever they get on these trips, if they can find 'em. They like to, you know, sneak in and pull tricks on them or fun with 'em.
T: So they wanted you to take them down there?
C: I took them down there.

T: Uh-huh, okay, so what happened down there?

C: Well, we didn't find where they were at. And coming back - 3 second pause - I remember coming into the project - 3 second pause - and from there why . . .

Well, I remember two automobiles and my hand hurt.

And that . . .

T: You were in a wreck?

C: Yes.

T: Was anybody hurt.

C: No. Nobody, exceptin' myself. I broke this middle finger here and fractured this thumb and . . .

T: Who was in the car with you?

C: My wife said that uh. . . Mike was in the car with me. Said I'd went to the house and let the other boys out, and that he went with me. Now as to where I was going, what I was going to do . . . I don't know.
APPENDIX B
Instructions:

(1) Say: "You are going to learn about three clients who are patients in a psychiatric ward. You will learn about one of the clients by listening to a ten minute selection from a psychotherapeutic interview. You will learn about another client by listening to a ten minute selection from a psychotherapeutic interview, with the client's responses being read by another person in a monotone. You will learn about the last client by reading an exact transcript of his psychotherapeutic interview on a reading nacer. After you have learned about each client you will be asked to postdict which adjectives he chose as self descriptive, from the Cough Adjective Check List. You will also be asked questions about the information, or facts which he presents during the interview.

(2) To introduce Original Tape condition, say: "Now you will listen to an original ten minute tape selection from a psychotherapeutic interview. After listening to this you will be asked to indicate how he responded to sections of the Cough Adjective Check List, which he took immediately before the interview you will listen to. And you will also be asked questions concerning the factual content of the interview."
(3) To introduce Monotone Tape condition, say: "Now you will listen to a ten minute tape selection from a psychotherapeutic interview, with the client's responses being read by another person in a monotone voice. After listening to this you will be asked to indicate how the client responded to sections of the Cough Adjective Check List, which he took immediately before the interview you will hear read. And you will also be asked questions concerning the factual content of the interview."

(4) To introduce Script condition, say: "Now you will take the reading pacer and the single sheet marked "sample interview" on the top. Move the bar on the reading pacer all the way to the top and place the sheet onto the table directly beneath it. Now release the bar and adjust the speed with which it moves down the sheet with the dial on the left. You should set the dial at the setting which allows the bar to move down the page with enough speed so that you are just reading ahead of it. When you have the dial adjusted to your appropriate reading speed you will please leave it at that setting. Now you will take the transcript of the psychotherapeutic interview and place onto the reading pacer. You will read this transcript at the reading
speed the racer is now set at, and do not drop behind
the movement of the bar in your reading and do not go
back over any section once you have read through it
with the racer. After reading this transcript you
will be asked to indicate how the client responded to
sections of the Gough Adjective Check List, which he
took immediately before the interview you will read.
And you will be asked questions concerning the factual
content of the interview."

(5) Adjective Check List: "Just before the client
was interviewed he was presented with the four groups
of ten adjectives that you have before you. He was
asked to choose the four adjectives that best described,
out of 'each group of ten.'"

(6) "Turn the adjective check list over and check the
question on the back."

(7) Information Questionnaire: "You are to fill in the
blanks in the statements from the information the client
presented in the interview. All of the missing information
was supplied during the interview."
Did you predict how the client responded as an individual, rather than as a representative of a certain classification or stereotype? Yes____ No____
Client #1

The client had not seen the therapist for about ________.
The client is presently employed by ____________________.
The client has submitted _____ suggestions at work, _______ of which was/were accepted completely.
The client is _________ old.
The client labeled his father's former position as ______
__________________
The client's father is _______ old.
The client was formerly employed by ____________________.
In return for his ideas, the client wants ________________.
The client was brought into the hospital on (date) _______
__________________.
Client #2

The client had to unlock the door in the middle of the night for ______________________, so ____________ would not be awakened.
The client draws the analogy that each person is ____________
and instead there should be ____________.
The client cannot recall the name of ____________.
Two examples of the world not having enough respect for the other person and their rights are ______________ and ______________.
The client said that he was nervous when he first started into ____________ and ______________.
One of the first people the client ever "leaned on" was ______________.
Client #3

The client was first admitted to the hospital for lapse of memory ________________ ago.

The client says he cannot get a job because of __________.

The client's boy was scolded by __________ after the client was out teaching him to drive.

After the auto accident the client was taken to __________ and then to __________.

The client ______drinking when he was involved in the auto accident.

The client was currently admitted to the hospital on (date) __________.

The client's oldest boy belongs to __________ and his youngest boy belongs to ____________.

The client was on his way to __________ when he was involved in the auto accident.
BIBLIOGRAPHY


Vita

The author's name is Nicholas Anthony. He was born in Pittsburgh, Pennsylvania on August 24, 1943. Upon graduation from Central Catholic High School in June, 1961, he began his undergraduate studies at Duquesne University. His major course of study was in Psychology. He completed his studies at Duquesne University in June, 1965 and received a reserve commission in the United States Air Force upon graduation. He began his graduate studies in the Department of Psychology at the University of Richmond in September, 1965. Having completed the requirements for the Masters of Arts degree from the University of Richmond he must fulfill a four year military obligation. Upon completion of military service, he intends to enter into a doctoral program in Clinical Psychology.