

INFORMATION TO USERS

This material was produced from a microfilm copy of the original document. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the original submitted.

The following explanation of techniques is provided to help you understand markings or patterns which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting thru an image and duplicating adjacent pages to insure you complete continuity.
2. When an image on the film is obliterated with a large round black mark, it is an indication that the photographer suspected that the copy may have moved during exposure and thus cause a blurred image. You will find a good image of the page in the adjacent frame.
3. When a map, drawing or chart, etc., was part of the material being photographed the photographer followed a definite method in "sectioning" the material. It is customary to begin photoing at the upper left hand corner of a large sheet and to continue photoing from left to right in equal sections with a small overlap. If necessary, sectioning is continued again — beginning below the first row and continuing on until complete.
4. The majority of users indicate that the textual content is of greatest value, however, a somewhat higher quality reproduction could be made from "photographs" if essential to the understanding of the dissertation. Silver prints of "photographs" may be ordered at additional charge by writing the Order Department, giving the catalog number, title, author and specific pages you wish reproduced.
5. PLEASE NOTE: Some pages may have indistinct print. Filmed as received.

Xerox University Microfilms

300 North Zeeb Road
Ann Arbor, Michigan 48106

74-29,777

**VILLENA, Julio C., 1941-
THE ROLE OF SOCIAL AGENTS IN THE RESOLUTION
OF INTERPERSONAL CONFLICTS.**

**The City University of New York, Ph.D., 1974
Psychology, general**

Xerox University Microfilms, Ann Arbor, Michigan 48106

© 1974

JULIO C. VILLENA

ALL RIGHTS RESERVED

THE ROLE OF SOCIAL AGENTS IN THE RESOLUTION
OF INTERPERSONAL CONFLICTS

by

JULIO C. VILLENA

A dissertation submitted to the Graduate
Faculty in Psychology in partial fulfillment
of the requirements for the degree of Doctor
of Philosophy, The City University of New York.

1974

- 3 -

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

July 31, 1974
date

Barbara Dohrenwend
Chairman of Examining Committee

JULY 31, 1974
date

Florence L. Denmark
Executive Officer

Prof. Barbara Dohrenwend

Prof. Bernard Seidenberg

Prof. Irwin Katz

Supervisory Committee

The City University of New York

- 4 -

Abstract

THE ROLE OF SOCIAL AGENTS IN THE RESOLUTION
OF INTERPERSONAL CONFLICTS

by

Julio C. Villena

Adviser: Professor Barbara Dohrenwend

The intent in this research was to study the interpretations and recommendations offered by professionals in three disciplines, lawyers, clergy, and psychotherapists, in relation to a marital conflict presented to them. The main hypothesis was that professional agents when consulted for exactly the same interpersonal conflict situation will interpret that situation in terms compatible with, or derived from, their occupational roles and suggest solutions accordingly. These selective interpretations and recommendations would place the client in different roles and evoke different internal psychic processes that have behavioral and attitudinal consequences.

Two confederates presented themselves as ordinary clients to 30 professional subjects, 10 for each discipline, in what was called the live consultation technique. The same conflict statement was presented to a matching group of subjects in written form as a hypothetical case by the investigator in what was called the interview technique. The reports of the consultations and answers to the written presentations were coded by independent coders. Tests and controls were instituted

to check the accuracy of the performance by the confederates.

For both experimental techniques psychotherapists construed the presented conflict as predominantly psychological. Clergymen construed the conflict as a spiritual problem more often than lawyers and psychotherapists combined; lawyers construed the conflict as legal or economic more often than the other two groups combined, but neither the clergymen nor the lawyers reached statistical significance. Lawyers attributed responsibility for the conflict more to the husband compared to psychotherapists; clergymen were in a more intermediate position. Clergymen and psychotherapists made intradisciplinary recommendations at a significant level. In the live consultation technique lawyers and psychotherapists emphasized areas of the presented conflict in their areas of expertise. There were qualitative differences between professionals of different disciplines in the way they pursued the discussion of the conflict situation.

It was concluded that differences in role perception among experts would be the intervening psychosocial factor in the differences in their responses to the same conflict situation when they appear.

ACKNOWLEDGMENTS

I am deeply obliged to my sponsor, Professor Barbara Dohrenwend, for her patient and valuable direction in the writing of this dissertation, and to Professors Bernard Seidenberg and Irwin Katz for their knowledgeable contributions and encouragement.

TABLE OF CONTENTS

	<u>PAGE</u>
Title Page.....	1
Copyright.....	2
Approval.....	3
Abstract.....	4
Acknowledgments.....	6
Table of Contents.....	7

TEXT

Introduction.....	8
Method.....	28
Results.....	43
Discussion.....	70
APPENDIX.....	101
REFERENCES.....	172

THE ROLE OF SOCIAL AGENTS IN THE RESOLUTION
OF INTERPERSONAL CONFLICTS

It is the intent in this study to focus attention on the ways in which members of three different disciplines, namely lawyers, psychotherapists, and clergy, construe a particular interpersonal conflict situation; these constructs may lead to important psychic and behavior consequences for individuals who consult the professional agents. I shall also discuss the context within which that influence would take place, including some sociopsychological factors that would determine the quantity and quality of the professionals' influence.

A more elaborate study of other sociopsychological factors, such as the determinants and antecedents of consultation with a particular type of professional, could be pursued. However, this study is intended only to obtain information regarding the results when one type of professional is consulted for possible courses of action, as opposed to results arising from consultation with another discipline's professional. The discussion is organized in two topics: Professional Role and Hypothetical versus Actual Behavior, which are the subject of the experimental investigation. A further issue, The Influence on the Individual, will remain in the contextual and hypothetical stage to be developed later, contingent on the results of the present research study.

The Professional Role

When an individual experiences interpersonal conflict, the way he and others define his feelings, behavior, and situation is in part a

social process leading to his assumption of a role. The attributes of that role have an important influence on his subsequent behavior. In that social process relevant members of the individual's psychological environment and formal agents would be influential elements.

Some observations I made several years ago in a small rural town of the Peruvian Andes are relevant to this generalization. The population of this town is approximately 5000 inhabitants, most of whom are natives who are highly integrated into western civilization according to the standards of the Peruvian Andes region. There is a small general hospital that is not overcrowded, and about six general practitioners who are not very busy. At the same time, pharmacists who attend natives for minor injuries and colds are very prosperous. No psychiatric facility of any kind is available, nor is psychiatric treatment part of the verbal culture. On the other hand, the town has more than 40 public notaries and lawyers' offices, which are always crowded. Many of the cases attended there are family crises or social systems crises that seem to be settled through legal actions. Subsequent observations of the behavior of similar people in larger towns, and even the behavior of the inhabitants of the same small town after they had migrated to larger towns, revealed that in similar life experiences their response was dramatically different. Instead of initiating legal actions they tended to become patients. They first attended general hospitals presenting somatic complaints, and then were referred to psychiatric departments where they verbalized very similar complaints to those that people in the small Peruvian town had presented to lawyers.

In the small town, once a client reached a lawyer his presenting conflict was more explicitly qualified by the lawyer's interpretations of his situation, and a legal solution was usually promised. It is at this point that the legal process took form and the person experiencing the conflict became a litigant. On the other hand, a patient attending a hospital facility in a large town was directed to a very different course of action; that is to take medication and/or examine himself in light of the conflict that he was confronting.

Another relevant observation was made in a neighborhood center that is sponsored by a hospital's mental health clinic in Brooklyn, New York, where only 15 percent of the cases handled by the center during a specific period of time were referred for treatment of any kind to the clinic. Looking at the records, it was apparent that most of the center's cases had been given a socioeconomic treatment concordant with the philosophy of the staff, such as housing, welfare, and so on, whereas nearly all the cases arriving at the clinic ended in some kind of psychiatric treatment. There is an element of logic in this observation: only people who feel ill would resort to a clinic, whereas anybody with a more general problem would approach a neighborhood center. However, joint discussions of some cases by the staff of the two facilities suggested that it could be possible for the same case to receive completely different interpretation, depending on which resource was first contacted by the person presenting the conflict. Straus et al. (1964) and Gerber (1968) found differences among practitioners of various disciplines in their interpretations of the behavior

of psychiatric patients in the wards.

These observations seem to illustrate different professional opinions of the nature of critical life events as forms of behavior qualification that take a formal character in the practice of case disposition and referrals. The Brooklyn observation also illustrates the lines along which mental health practices tend to be polarized. They present on one line a basically individualistic, psychopathological approach to interpersonal conflicts and other life events and on the other a basically socioeconomic approach. The result of this is that an individual who seeks professional mental health help may be treated as predominantly a "sick individual" or as a "social victim" according to the philosophical orientation of his interviewer or of the facility, especially if they tend to exclude as complementary the other orientation.

This polarization does seem to have its basis in philosophical orientations that tend to dominate the different training programs, which shape, in turn, the backgrounds on which professional roles are erected and carried through. Today, social workers, community organizers, and other socially oriented professionals are actively involved in the "treatment of patients," so that the impact of sociological theories of mental illness reaches beyond the academic discussions on the matter, influencing the practical management of cases.

Religion, law, and psychology have evolved historically as attempts to deal with human beliefs, behavior, and emotions, all of which are hardly separable in the human experience. Not only are beliefs, behavior,

and emotions difficult to separate, but these classifications are the result of attempts made by those developing a psychological science to systematize the study of unique and global human experience. The confusing assumption in professional practice often seems to have been that the three disciplines deal with completely separate subject matter in relation to one another, when in reality they may differ primarily in their methodological approaches and in their basic assumption systems. It is commonly understood, for instance, that lawyers deal with legal-economic problems, clergymen with spiritual matters, and clinical psychologists and psychiatrists with psychological problems. However, when and how a problem becomes a spiritual, legal, or psychological issue is not clear in a large number of cases.

Following the assumption that a particular problem falls under the jurisdiction of his discipline, the expert would tend to apply the techniques of his field and in doing so would have to select those elements of the situation that suggest such treatment. Along these lines, Goffman (1961) argues, in discussing the determinants of psychiatric hospitalization for a patient, that even though the kinds of offenses that lead to hospitalization are felt to differ in nature from those which lead to other extrusory practices, little is known about these differentiating factors, and that if actual commitments are studied, alternatives frequently have been possible.

Other authors have studied this topic in great detail and have advanced interesting hypotheses. Levine (1972) is one such author. He presents a broad spectrum of sociopolitical analysis beyond the limits

of this study but nevertheless relevant to the topic under discussion. He contends that the terms "crime" (legal), "mental illness" (psychological), "social deviance" (sociological), and "political dissent" (political), are becoming increasingly confused, and that the practical implications of this confusion are human injustice and the stalling of scientific progress.

Levine presents data that he interprets as supporting the idea that people are often likely to be labeled "mentally ill" when mental health professionals consider their behavior as threatening to the community. He adds that a survey in a large public psychiatric hospital in the United States showed that about 70 percent of the patients were there "primarily because they had committed a crime, if not for the legal criterion of intent"; in a similar survey in Britain, 30 percent of the patients had similar circumstances. Levine also points out that there was a significant correlation between the length of hospitalization and the time a patient would have had to serve in prison if he had been sentenced for a crime as a consequence of his illegal behavior. The implication of Levine's presentation seems to be that the margin between mental illness (psychological) and crime (legal) may be narrow.

This 70 percent of mental patients who broke the law in the survey, and the 30 percent in Britain appear representative of public mental hospitals, but certainly do not refer to people in forms of psychiatric treatment other than in such hospitals. However, one may argue that the margin between legal and psychological problems must grow smaller as we move from the more dramatic crime and mental illness issues to the

area of legal and psychological conflicts that do not reach the proportions of "crime" and "mental illness." One of the questions central to the present study is how a professional, as a representative of society, decides whether the nature of an interpersonal conflict is legal, psychological, or spiritual. This question is not to be confused with questions of etiology of mental illness, which will be discussed later, nor with legal or theological-moral issues.

As Levine noted (1962, p. 5) "the position taken by some psychiatrists that psychiatry is concerned only with illness and health...that legality and illegality of behavior is irrelevant...is unsatisfactory because it largely ignores the social context of behavior." The development of social psychiatry in recent years clearly acknowledges the validity of Levine's statement, in the sense that social psychiatry is increasingly involved with the social context of a patient's behavior and life, and in that political and economic matters often receive focal attention in mental health issues.

Both the lay public and professional people in the fields of law, politics, religion, ministry, and psychiatry, have fairly well defined ideas about what belongs to what field, and act accordingly. However, the basis of those ideas may, as Levine suggests, be the attitudes held by professionals or the social-political interests of certain groups in the social complex rather than any scientific data. Levine cites that Dr. Samuel Cartwright was reported by Swado (1941) to have discovered a "running away disease" which he called "drapetomania" among slaves in the antebellum south. As another example Levine cites Andrei Dmitriyevsk

Sakharov, a prominent nuclear physicist and academician, who quoted Professor Andrei V. Snezhkovsky, Chief Psychiatrist of the USSR Ministry of Health and Secretary of the Academy of Medical Sciences, as saying that "obsessive reformist delusions" are a symptom of mental illness requiring hospitalization (Levine, 1972, p. 9).

It is well known that not all cultures interpret behavior in the same way, and that the interpretations given to any social phenomena change through history. Consequently there are cultural and historical components common to all members of a given culture at a given time, by which they will react similarly to the same situation. However, there will also be individual and group variations (for example, those related to life experiences and style) within the context provided by the culture.

Dohrenwend (1962) found relevant differences in orientation to and experiences with mental illness among leaders in a community in relation to their occupational backgrounds. His study revealed that, in general, leaders of a community - religious, political, legal, educational, and economic - are asked for advice about problems of mental health more than the average citizen, and that they know more mental hospital patients than nonleaders.

Educational and religious leaders say more frequently than economic and political-legal leaders that they are asked for advice about mental problems. Religious and educational leaders are also more likely to say that their advice is sought as a product of their primary positions of influence. This difference between leaders seems to be an indication

of their perceptions of one aspect of their role, as well as a difference in perception of their role by the public.

Dohrenwend presented hypothetical cases to community leaders for their interpretation and reported that the tendency to perceive mental illness varied with the leader's profession. Specifically, it was higher in educational and political-legal leaders than in economic and religious leaders. A tendency to recommend that help be sought from mental health professionals paralleled this tendency. The implication is that the differences in interpretation and recommendation along the occupational lines are related to the frame of reference within which each profession operates. As Dohrenwend stated, "...the inference from the patterning of differences in both experience and orientation is that both can be attributed to contrasting values which govern activities in these orders and serve as major bases for the appraisal of deviant behavior" (Dohrenwend, 1962, p. 197).

The importance of common background for similarity of responses was also demonstrated in a study by Polak (1965) on both patients' and staff members' perception of patients' problems. At Dingleton Hospital in Scotland, patients and staff members of a psychiatric ward were asked to enunciate what they thought was the problem of each of the patients. It was found that staff members had similar appraisals among themselves, and that these appraisals greatly differed from the views of the patients of their own situations and the situations of other patients. The staff interviewed was a highly cohesive, close-working group whose background in the mental health field derived mainly from

their training in the ward by the same prestigious teacher. It is clear, then, that when a common conceptual background is provided to a group of mental health workers, the classic divergencies of opinions and diagnoses repeatedly found among mental health practitioners tend to diminish considerably. Katz (1965), commenting on a study of drug prescribing (Menzel and Katz), pointed out that the researchers found homogeneity in drug prescription behavior of sociometrically related physicians. That is, doctors who talked to each other socially and/or professionally frequently tended to choose the same drug when called upon to treat puzzling diseases. Furthermore, when the use of a new drug was studied, those physicians named as the most consulted ones were found to be the first ones to use the drug that later became popular.

It is from the living experiences of various social classes that some of the divergent attitudes toward everyday life problems emerge. Hollingshead and Redlich (1958) argue that the attitude of the psychotherapist toward the control of the course of events in one's life is a typical middle-class attitude, and that it has to do with having power in many life dimensions. Such power is usually absent in lower socioeconomic groups. They also suggest that differences in attitude toward deviant behavior in different socioeconomic classes are related to the differences in life experiences and learning.

The practical importance of studying the way in which agents construe a conflict situation and their recommendations resides, as I have said, in the dramatic attitudinal and behavioral differences that may result for a client who brings his conflict for consultation. For

instance, there is a tacit expectation that an individual whose interpersonal conflict is defined as psychological should accept the idea that a personal defect at some level of functioning is at least part of the problem and, therefore, is in need of revision and change. Although good clinical practice avoids value judgments or criticism, in order to take and maintain the role of patient the client assumes that in some way he is "wrong."

In contrast, a legal client is expected to operate on the assumption that he is "right" and somebody else is "wrong" in the interpersonal conflict. His public acceptance of being "wrong" would put him out of the role; the active assertion of his rights and his demands are requirements of his role. Further, in a religious client's role, an individual in interpersonal conflict may have to postpone the active assertion of his demands, not necessarily on the grounds of being "wrong," but in order to achieve higher goals that are considered in the realm of a different set of values.

These behavioral and attitudinal differences may evoke different internal psychic processes that have behavioral and attitudinal consequences. The expert "agents" may be the most immediate and direct reinforcers and, perhaps, determinants of their client's role-based behaviors, while also being the socially sanctioned interpreters of interpersonal conflicts. It is in this sense that a study of their actual operation in the appraisal of their client's interpersonal conflicts is of fundamental importance.

Hypothetical Versus Real Behavior of the Professional

In a pilot study that was conducted before the present study, professionals in psychiatry, psychology, social work, and community organization were given hypothetical cases for interpretation and recommendations. The results revealed a formal, conventional quality in their responses that varied from the behavior observed in the same professionals in their actual practices. It is possible that the professional agent's philosophy, centered in his role perception, may evolve more fully in the social acting of his role than when he is confronted with a hypothetical situation.

The demand characteristics of the two situations, the real and the hypothetical, are different. For one thing, in the real situation the professional is asked to perform a service - that is, to behave in a certain way - whereas in the hypothetical situation he is asked to give an opinion, to state his attitude toward the case in question. Studies on attitudes and behavior (La Pierre 1934; Rokeach 1932) repeatedly have illustrated discrepancies between the attitudes expressed by subjects and their actual behavior.

Rokeach (1932) argued that attitude is a relatively enduring organization of beliefs about an object or situation predisposing one to respond in some preferential manner. He argued further that the separation of the object from the situation and the lack of attention to attitudes toward the situation have resulted in poor and inconsistent predictions of behavior based only on measures of attitudes toward the object outside the contexts in which it would elicitate the predicted behaviors.

When a professional interprets a hypothetical conflict, he responds to it in a situation that is different from that of an actual professional action. Although an experienced agent may be able to place himself in the situation with great accuracy, situational elements will be absent in a hypothetical case that in a real interaction would contribute to his perceptions.

Other aspects relevant to the difference between the real and hypothetical situations for the professional are the differential demands placed on him by the identity of the interlocutor as perceived by him. In the real situation he is interacting with a client in need of assistance, and that need constitutes an immediate demand for the professional. In the hypothetical situation the professional will be responding to the interviewer, who will most likely be perceived as another professional in search of his opinion. This perception of the interviewer will tend to focus attention on the type of opinion volunteered by the professional and on the fulfillment of the specific demand in ways that results, for him, in a successful task accomplishment and in an acceptable image as a professional. In other words, the task of the professional is somehow different in each situation.

Freud (1948) was the first to call attention to the subtle aspect of the face-to-face relation between patient and therapist that he called transference, which represents a more emotional component of the relationship. Valuable research has extended Freud's ideas beyond the limits of psychoanalysis and has created a new conceptual dimension to the theory (E. Jones, 1962).

I want to call attention here to a more logically based component in the relationship between the client and the expert, which is introduced into it by the professional. When a client consults a professional, the latter not only gives opinions and recommendations about the case as a whole, but very importantly, he discusses different aspects of the conflict, giving them differential attention and emphasis. As he interprets the information provided by the client, using the frame of reference of his professional background, he brings to the discussion a qualitative aspect that is different from that provided by a member of another profession, and is something that may happen only in a real interaction. In other words, the differences between professions are not confined to the way professionals formally construe the conflict and their formal recommendations, but include more subtle qualitative differences of no less importance.

The suggestion here is that the differences found in studies conducted through questionnaires and hypothetical cases, for example among mental health practitioners, may not represent adequate enough assessments of what happens in the actual professional practice. Levine (1972) and others call attention to the need to bridge sociopsychological research with the real situation more efficiently as ways to obtain more valid indexes in those studies.

Relationship to Sociological Critics of Mental Health Practices

It is necessary at this point to comment on the relation of this study to some sociological studies of mental illness. First, there are authors such as Scheff (1966), who believe that being mentally ill is

primarily to be playing a role determined by others labeling one's behavior or condition. He considers it easier to enter the "career" of being mentally ill than to exit from it because it constitutes an ascribed rather than an achieved status. It would be ascribed by others who label the individual's behavior mentally insane or "crazy." It is obvious that Scheff believes that there is a coercive aspect in the constant reinforcement of the role of being mentally ill by reward for conforming and punishment for refusing to assume the role.

This coercive character of the role applies primarily to those who have assumed the role unequivocally and whose status has been formally sanctioned by diagnosis and treatment, especially in the form of hospitalization. Caudill (1958) illustrates the point with overwhelming evidence in his brilliant study of the mental hospital. Caudill entered a mental hospital where he was believed to be a true patient by patients and staff, with the exception of the director, who co-authored the research plan. Later Caudill completed the study openly as participant observer. He narrated, impressively, how staff and patients had pressured him to behave "appropriately" to his being a patient.

Goffman (1961) argued that although society's official view is that inmates of mental hospitals are there primarily because they suffer from mental illness, they could be said to suffer not from mental illness but from "contingencies." Goffman calls career contingencies those events external to the individual that affect that individual's fate as if they were personal or behavioral. For instance, a psychotic man may be tolerated by his wife until she finds herself a boyfriend, or by his

children until they are old enough to move out from home; at this point, because of this career contingency, he could be hospitalized. The implication seems to be that if a person cannot be tolerated by a relative it becomes a public problem for which society provides institutions such as mental hospitals. To be fair, we may have to take into account the additional psychotic behavior that might be precipitated by the loss of support that the patient has suffered. Clinicians call these "contingencies" precipitating factors. In a more social-political posture Moffatt (1971) argued that in a state hospital he could find more "poor" people than "crazy" people.

Role playing is undoubtedly a prominent aspect of any behavior, including some symptoms of mental illness and even some reactions to the presence of physical illnesses. However, to reduce the etiology of mental illness or any psychological conflict to role playing is an oversimplification. The etiology of any behavior, mental illness and legal litigation included, is certainly multiple and complex. An individual who plays any particular role utilizes certain psychobiological equipment in doing so, and that determines or at least facilitates his choice for that role. At best, I think role playing is a highly relevant aspect of the etiology and evolution of a very complex behavioral process, understanding behavior in the broad sense of a biosocial function. But after an individual enters one role as opposed to another, his behavior will represent a reaction to social pressures and expectations unique to the role in which he has been identified. This part of the behavioral complex could be studied as much as the nonrole-based

aspects of the behavior. At the same time, the role-based aspects of the behavior could modify significantly the course of events in the life of the individual so as to relegate the primary effects of the interpersonal conflict to a secondary dimension.

In spite of statements to the contrary made by some sociological theories of mental illness, there is a tendency to exclude individual factors such as constitutional traits, developmental history, and physiopathological processes in the actual treatment of an issue. This, perhaps, is repeating in their own ground the same narrowness that characterizes the individualistic model. The purpose of the present study is not to offer an alternative sociological theory of mental illness, but to analyze the process of behavior qualification (labeling) that creates the role-playing aspect of the three forms of resolution of interpersonal conflict here discussed, including treatment. I do not attempt in this study to make a critical judgment of the operations of the disciplines involved, but to examine the role requirements under which the clients of each discipline are placed, perhaps regardless of the problem that brings them into consultation. If a person consulting different professionals is distinctively directed to behave in a different manner with respect to his/her conflict, it is logical to expect that the following of these different directives will bring different situational developments, which will affect the course of the conflict resolution. To the extent that the professionals involved become aware of the distinct demands that they make in the conflict resolution process of their clients, their professional practices might be

freer of discipline biases and more client conflict centered.

Finally, I am not concerned in this study with the validity of the interpretations and/or recommendations made by the professional subjects. The subjects are not expected, as in Rosenhan's study (1973) to discover fabricated clients. Rosenhan sent pseudo-patients to various psychiatric hospitals to gain admission by simulating psychiatric symptoms. Rosenhan's contention was that besides admitting the pseudo-patients with various psychiatric diagnoses, the staff would interpret as pathological the confederate's normal behavior in the wards and their normal histories. As many critics of the Rosenhan study have pointed out, (e.g., Liberman, 1973) the diagnostic process is one of evaluation of the information provided by the client and his environment, subjective (clients' reports of what they feel) and objective (what others can see about the clients and the circumstances). Clergy, lawyers, and psychotherapists are not required in this study to detect "researching" to use Liberman's expression, and distinguish it from a true conflict situation.

In the marital conflict presented in this study, a female client complains about her husband and marital situation (please see Method Section). Because this conflict situation may have multiple dimensions, I have not intended here to select one professional approach as superior to the others, but to study the different dimensions as they are selectively emphasized by one approach as opposed to the other, and the consequent role requirements on the client. If we can find variables that covary, or perhaps explain or precede, the differences in assessments

made by different professionals, we will have gone beyond simply saying that such differences exist.

Hypotheses

From the concepts and premises stated above, the following experimental hypotheses are derived:

1. When consulted for exactly the same interpersonal conflict situation, different professional agents will interpret that situation in terms compatible with, or derived from, their occupational roles, and suggest solutions accordingly: a lawyer will interpret the conflict and propose a solution in predominantly legal terms; a psychotherapist will do it in mainly psychological terms; a clergyman in essentially religious terms.

The specific predictions to follow this hypothesis are:

- a. Lawyers are expected to define the nature of the conflict presented to them as predominantly legal or economic, clergy as mainly spiritual, and psychotherapists as predominantly psychological.
- b. Because the interpersonal nature of the conflict is explicit in the case that I constructed, it is expected that subjects in all three professions will recognize this aspect in addition to aspects of their own professional areas.
- c. Assignment of responsibility for the conflict is also expected to vary along the lines of professional

affiliation. Thus lawyers are expected to attribute the responsibility for the conflict to the woman's husband (external orientation); psychotherapists are expected to be less externally oriented, placing the conflict more on the client (internal orientation); clergy are expected to be in a neutral position compared to the nonneutrality expected in lawyers and psychotherapists.

- d. Professionals are expected to make intradisciplinary referrals, including self-referrals.
- e. It is expected that when professionals recommended actions, other than referrals, to be carried out by the client, these actions will tend to be within their own disciplines. Thus lawyers are expected to recommend legal and economic actions; clergy spiritual actions; and psychotherapists psychological actions.
- f. Professionals are expected to focus discussions with the client on areas proper to their professional expertise through selective questioning. Thus lawyers are expected to ask questions predominantly in the legal-economic area, clergy in the spiritual area, and psychotherapists in the psychological area.
- g. Professionals are also expected to emphasize those aspects of the presenting problem that would fall into their areas of expertise. This form of emphasis is

predicted to be apparent in both the amount of time spent on certain topics and in the emphasis of them.

- h. It is expected that there is a correspondence between the defined nature of the conflict and the recommendation made by a professional, and that both center around his discipline.
 - i. It is expected that subjects attributing responsibility for the conflict to the husband would tend to recommend legal action, while those attributing responsibility to the client would tend to recommend psychological treatment for the client. Intermediate attributions would tend to involve intermediate recommendations such as involvement of the couple.
2. The selective interpretation of the conflict along disciplinary lines will diminish when the case is presented in hypothetical written form, as compared with the live consultation regarding the same case.

METHOD

Subjects:

The population sampled for this study were the professional lawyers, clergy, and psychotherapists (psychologists and psychiatrists) practicing in Brooklyn who serve clients of low-middle income or low income. The purposes of confining the study to professionals practicing in one borough were to facilitate access to them by physical proximity and to avoid complicating factors for a relatively small sample of

10 subjects in each professional category for each of the two experimental techniques to be described below. The socioeconomic level of clients was not important per se; however, it was desirable for all agents to serve clients of similar socioeconomic status. Because the experimental design called for payment of subjects' fees, as I shall discuss later, selective subjects who had moderate fees was also in the interest of keeping research expenses low.

There were two experimental techniques in this study, the live consultation technique, and the interview technique. For the recruitment of subjects for the live consultation experimental technique, the procedure was as follows. To obtain lawyers the telephone yellow pages were consulted. Numbers were assigned to the names listed, and those numbers were drawn, in a random manner, to complete a sample list. The list was gradually released to the confederates, whose role is explained below. As part of the experimental procedures, the confederate called the potential lawyers and asked if they consulted for family affairs (domestic), and inquired about the fee for the first interview. The confederate tried to obtain an appointment if the answer to the first question was positive and the fees did not exceed \$25.00. The rationale for the first requirement was directly determined by the fact that all subjects were to be consulted for a marital conflict; the fee limitation was a way to achieve the desired homogeneity of client population.

For the psychotherapist category the same basic criteria were applied. The procedure for random selection of psychotherapists was

the same as for lawyers, with the exception that a list of psychiatrists who accept Medicaid was used instead of a telephone directory. This was done because the telephone directory does not list psychiatrists separately from other physicians.

For clergymen, a list of churches was drawn from the telephone book. This source appears to be the most complete listing of all churches for Brooklyn, and it is the major source of information for the public. Churches, for the most part, serve their immediate geographical area; they were selected by location to represent areas of socioeconomic status similar to that of the clients of lawyers selected. The churches selected were affiliated with traditional denominations. From each denomination, as they are classified in the telephone directory, the first church was selected that served a low middle-income and low-income area. The procedure was continued until 10 churches were selected.

For the interview technique the recruitment of subjects had the same design. However, because lawyers refused to give appointments over the telephone for an experimental interview, the interviewer appeared at their office, where he encountered much less resistance to the interview.

Procedure:

Potential subjects were approached and asked for an interview with a "real client" (confederate) to be provided by the investigator, and were told that the client had agreed to allow the tape recording of the interview under anonymous conditions for illustration purposes in

training programs. From a sample contacted (six clergy, six lawyers, four psychotherapists), only two lawyers acceded to the request at all, even when offered a fee. The main objections were to the use of real clients for educational or experimental purposes, and to the use of recordings in that connection. Another strong objection that the subjects had was to being taped themselves, even for illustrative purposes in the role playing situation. They felt this way even when it was suggested that an actor might be used instead of a "real client." This situation determined that a partial deception was not possible; subjects had to believe that the client and the consultation were genuine.

Selection and Training of the Confederates:

Two female confederates, aged 23, black college students who had never met one another, were recruited through a school of speech and theater. In pilot work the confederates were trained through role-playing techniques to present themselves to the professional subject as a true client asking advice for an interpersonal conflict, in what was to be called the live consultation technique.

The conflict statement, prepared by the experimenter to be presented to the subjects in a standard form by the confederate, was the following: "I have been married for three years now, and I am having problems with my husband. It began the last few months. Before that it was a very nice marriage. Now the arguments are more, and are becoming worse. I find myself irritable at times and I think it is because of my husband. He has become intolerant, distant, and abuses me both mentally and physically. Nothing is okay for him and we don't have fun together

anymore. He refuses in different ways to let me know what our financial situation is and most of the time won't give me money when I ask for it. I'm worried about our financial situation. You see, I had inherited some money and we bought some bonds with it which he kept in a safe in his office. If I ask him about the bonds he gets offended and comes on with fresh or smart remarks.

I found out a few days ago that my husband has been seen many times with a woman. That makes sense for the way he has turned now and I'm afraid this is the reason for his change, and I don't feel like trusting him anymore. I'm feeling upset, sad, and can't seem to sleep well at nights worrying about my problems. I don't know what to do and I would like to have your advice."

Each of the confederates was instructed to learn the conflict story prepared by the investigator of the training sessions. The confederates were told that this was an experiment in extrasensory perception in which E.S.P. experts would try to influence the subjects while they were engaged in a formal task. (Please see Appendix for presentation of the experiment to the confederates.) The E.S.P. cover story for the confederates seemed a plausible story to disguise the real purpose of the experiment and avoid confederate induction because it created a rationale for using pseudo-clients and for the need of great accuracy in the standard presentation of the conflict story and in the reporting of the sessions. The actual training sessions were aided by a tape recorder. Each of the confederates was able to listen to her trials and make suggested modifications. She also became familiar and comfort-

able with the experience.

Data Collection by the Confederates:

The 10 subjects in each professional category were evenly divided between the two confederates. The confederates obtained appointments from the subjects and then proceeded like any ordinary clients. After the presentation of the conflict, each confederate limited herself to responding to questions asked by the subject, in order to avoid leading behavior on her part. A set of answers to possible questions was also prepared to standardize the stimulus and its presentation. For questions that related to identification and information about the individual client, such as family relations, age, and so on, each confederate responded according to her own life situation, in order to make the presentation as natural as possible. Finally, after each interview, the confederate completed a questionnaire (see Appendix for the questionnaire); the information contained in these questionnaires was the data for comparative analysis in the verbal presentation form (consultations).

The same stimulus and a standard form of stimulus presentation were essential parts of this experiment. The random sampling procedures employed for the subjects in the three categories were aimed to avoid systematic bias in the three subject categories that were not associated with the experimental variable, namely, professional affiliation.

In order to determine the validity of the controls for unbiased presentation of the stimulus, and to establish the accuracy of the postinterview reports by the confederates, pretest interviews were

conducted with the aid of a tape recorder. Four psychotherapists, two for each confederate, and one clergyman for one of the confederates, were asked to role-play their professions with a confederate being trained for future research. A lawyer agreed to allow the recording of an interview with a supposedly real client (one of the confederates) to illustrate interview techniques in a college course. After each testing interview, the confederate completed the data questionnaires and their reports were given to the professionals, with a request for a judgment of accuracy.

The analysis and comparison of the recordings and the questionnaires by three judges gave evidence of the following:

1. That the confederates were able to present the material (stimulus) in an appropriately standard form to different professionals, without apparent variations of significance.
2. That the confederates were able to recall and record accurately the relevant information about the interviews. The accuracy of the reports was checked against the tape recordings and with the five professionals, who considered the reports "very accurate."
3. That a confederate was able to make her presentation believable, having, in fact, convinced two separate professionals that she was a real client. The lawyer who was told that he was interviewing a real client was not able to detect the deception. One of the psychotherapists thought that he was being deceived into believing that he was interviewing a confederate and thought that she was a real client. Reassurance was necessary to convince

him that she was indeed a confederate.

This well-acted deception created a condition of naturalness and avoided a subjective experience related to an artificial client that might affect the professionals' response. One of the psychotherapists stated that he would find it difficult to react to a "story" because he reacts to "people" rather than to material, but that he would do it to assist me personally. The psychotherapist who thought he was being deceived commented, after clarification, that the confederate had sounded detached, which he had not said before.

In all, the pretest clearly indicated that the proposed method of research was not only feasible but an appropriately natural approach to the study of the phenomena.

Each confederate made 15 consultation visits to professionals, five for each profession. To further check the accuracy of the confederates' performance throughout the 15 consultations, experimental controls were introduced to ascertain whether the confederates were able to maintain the same level of performance. At approximately the sixth and twelfth subject for each confederate, control confederate-subjects were introduced. The confederate client believed she was setting up a regular experiment interview, when, in fact, she was visiting a confederate psychologist who had agreed to record the session.

The recordings of these sessions were compared with the reports given by the confederates and were estimated by the experimenter to be very accurate. To further check on the validity of the confederates' report, the recordings from the control sessions were coded by the

experimenter and the data questionnaires coded by an independent coder, according to the coding instructions explained below. Comparing the two codings, agreement was found in 35 of the entries for the four-control consultations, and disagreement in three of the entries. Accuracy of the confederates' reporting and nonbiased presentation of the conflict were then satisfactory. At the end of the entire experimental procedure, the confederates were debriefed, with disclosure of the real purpose of the experiment and the control procedures.

To test hypothesis 2, the same conflict statement was presented by the investigator in interviews with a second experimental group matched with the consultation group. The subjects were asked to answer a questionnaire evaluating the hypothetical conflict primarily in two dimensions: Definition of what they saw as happening to the person (problem qualification); and recommendations for actions or solutions. If hypothesis 2 were correct, the difference in qualification of the material through selective interpretation by subjects of different professional backgrounds was expected to be less than in the verbal presentations. This difference would also emphasize the role of verbal communication and the difference between responses to hypothetical and real situations.

Coding:

For the interpretation of results, there were two major sources of data: The post consultation questionnaire completed by the confederates; and the assessments made by the subjects in the written hypothetical case technique.

The protocols of both the consultation technique and the written

case interview technique were identified only by codes of combined letters and numbers. An independent coder, who was not informed about the experimental design, hypotheses, or discipline affiliation of the subjects, coded the 60 protocols, 30 for each technique. Her coding was then compared with the codings made by the experimenter. For those protocols in which there was no agreement, a third coder made a new evaluation. This third coder had no information about the discipline identity of the subjects, but did have knowledge of the experimental design. The coding of the protocols was carried out under the following guidelines.

DIRECTIONS FOR CODING:

1. a) What he or she recommends to the client to do next?

It may be a Referral to an agent, that is, client is directed to come back to see the same professional or is referred to some other professional: marriage counselor, psychologist, psychiatrist, lawyer, clergyman, etc. Or it may be other course of action, that is, the client is directed to do something other than to go to a professional as a first or unique step.

- b) If the answer to (a) is Referral to an agent, here you specify what type of agent; they can be lawyer or psychotherapist (psychologist, psychiatrist, social worker, lay marriage counselor), or clergyman (priest, pastor, reverend, priest counselor, etc.). Please specify in parentheses the professional's title when it appears.

- c) If the answer to (a) is other course of action, enter here the type of action classified as follows: legal or economic or interpersonal or psychological or spiritual. Please consult the criteria for each category as described below. If more than one type of action is recommended, classify each action separately:

Legal: You have to divorce, separate, denounce your husband, press charges, hire a detective, etc.

Economic: Get a job, get extra income, sell property, or bonds, adjust budget, borrow money, reduce living expenses, etc.

Interpersonal: Talk to husband in order to: come to an agreement, change his attitude, work out a compromise, discuss problems openly, confront him with his behavior and/or your feelings, treat your husband differently, ask him to do the same, change interaction, relationship habits.

Psychological: Think what you have done to provoke the change, try to change temper, change behavior, habits, life style.

Spiritual: Pray, offer sacrifice, covert, practice religion, read holy books, talk to husband about morals, religion, sin, virtue, etc.

- 1A. What else did he think you could do? Should complementary or alternative directives or suggestions appear, they should be analyzed in the same way as 1, that is a, b, c.

2. a) From the question: Did he think there was any problem and if so, what? A determination of what the professional thought was the problem will be made. The first two questions of the same second page of the questionnaire and/or the last question of page 3 can also serve to clarify, reaffirm, or complement the interpretation. Therefore they can also be used as bases for classification of this item.

The interpretation of the nature of the conflict can be:

Economic: that is, the conflict is mainly money, bonds, income, rent, housing, allowance, inflation, expenditure, budgeting.

Legal: that is to say the conflict is understood mainly as: bigamy as a legal entity, negligence, cruelty (physical or mental with legal implications), de facto null marriages, incompatibility, misappropriations of funds, desertion, legal status of bonds, legal status of property.

Interpersonal: communication, sexual relations, infidelity in the interpersonal sense, trust in each other, relationships between husband and wife, father-child, mother-child, with parents or in-laws, arguments, fights.

Psychological: personality of client or husband (please specify), attitudes, pathological behavior, excessive intoxication, psychological traumas, mental illness, family

antecedents of mental illness, jealousy, rage, inferiority complex, pathological suspiciousness (paranoia).

Spiritual: religious beliefs, religious practices, morals, faith or lack of it, intolerance, virtue or the lack of it, remorse or the lack of it, unwillingness to suffer, possession by spirits, influence by devil.

More than one can appear as basic interpretations of the conflict; if so, please list them all.

- b) Ascribed responsibility for the conflict. Here, please deduce from the interpretations and comments made by the professional, which of the couple is responsible for the conflict; classify as follows:

1. The conflict lies in the client. (-2)
2. The conflict lies in the client but husband may have a part. (-1)
3. The conflict lies equally in both client and husband. (0)
4. The conflict lies in husband but client may have a part. (+1)
5. The conflict lies in husband. (+2)

Please enter only one.

3. a) What topic took most of the time to discuss? Please classify the answer to this question in the same manner as 2a and use the same criteria and definition.

Answers to questions: Did he emphasize any point? If so, what? can be used as complementary indexes, especially when

the answer to the central question is confusing, vague, or irrelevant. Please list and classify as many topics as strongly suggested.

- b) For the first two questions of the protocol, classify answers in areas similar to 3a. Enter only those categories having predominant questioning; that is, at least three questions that fall into the same category. If more than 30 questions, lift the criteria to four questions in the area.

The 30 protocols completed by the confederates in the consultation technique were coded for all three items: nature of the conflict, recommendations, and emphasis, totaling 10 possible classifications by protocol.

The 10 possible entries were: type of recommendation, if referral; type of agent, if other action; type of action, type of alternative recommendation, if made; type of alternative referral; type of alternative action recommended, if any; nature of the presenting conflict; assignment of responsibility; predominant area of questioning; area of predominant emphasis. The 10 possible entries were finally translated into the following six indexes.

1. Nature of the conflict as perceived by the subjects, which served to test prediction (a) of hypothesis 1.
2. Assignment of various degrees of responsibility by the subjects to members of the couple in conflict. This index was used to test prediction (c) of the same hypothesis.
3. Referrals of the client to professional agents of different

professional affiliation to test prediction 1 (d).

4. Type of action recommended by the professionals other than referrals to an agent, to test prediction 1 (e).
5. For the live-consultation experimental technique only, areas of predominant question by the subjects, to test prediction 1 (f).
6. Again confined to the live-consultation technique, areas of the conflict emphasized by the subjects during the discussion, to test prediction 1 (g).

To test prediction 1 (h), index 1 was combined with indexes 3 and 4.

To test hypothesis 2, comparable indexes obtained from the data of the two experimental techniques were compared.

In 24 out of 30 protocols (80 percent) in the consultation technique, there was agreement in all classifications; the other six protocols were reviewed and settled by a third coder.

From the 30 protocols completed in the interview technique, in 22 protocols there was complete agreement and in two other protocols the third coder settled the differences. Two protocols were absolutely uncodable because the subjects were conspicuously evasive in their answers to the questions. Four other protocols could not be coded in some of the items for the same reason. For the purpose of statistical analysis, the partially coded protocols were included for the codable items. It was observed that the answers provided by many subjects in this interview technique tended to be rather evasive and ambiguous in spite of the fact that the questions were designed to directly provide

the information needed for this research study.

Table I presents the percentages of agreement between coders as index of reliability.

TABLE I
Percentages of Agreement Between Coders

Indexes	<u>Experimental techniques</u>	
	Live consultation	Interviews
Nature of conflict	88.63%	92.5 %
Ascribed responsibility	93.3 %	89.28%
Referrals	97.14%	100 %
Recommended actions	97.7 %	-
Predominant questions	100 %	-
Emphasis	91.7 %	-

RESULTS

Nature of the Conflict

The way in which a subject construed the presented conflict situation was codified according to the four categories described in the Method Section: legal or economic, spiritual, psychological, and interpersonal. Each subject was classified as present or absent in each of the categories, so that the number of subjects by discipline in each category would total 10. However, because some protocols in the interview technique could not be coded because of the avoidance of commitment by the subject, the n for this technique is less than 10 for each discipline.

According to prediction (a) derived from hypothesis 1, lawyers were expected to define the nature of the conflict presented to them as predominantly legal or economic, clergy as mainly spiritual, and psychotherapists as predominantly psychological. Prediction 1 (b) stated on the other hand that because of the interpersonal nature of the conflict explicit in this case, subjects in all three professions would recognize this aspect. These expectations, translated to Tables 2 and 3, would predict high frequencies on the diagonals, and low frequencies outside the diagonals. There would also be high frequencies for the interpersonal category across disciplines.

Table 2 presents the results for the live-consultation technique and Table 3 for the interview technique. The frequencies in each cell represent the number of subjects of a particular discipline who construed the conflict in a way corresponding to the category appearing on the row margin at the left. The p values appearing with each frequency indicate the probability of obtaining that frequency by chance in 10 possible cases. These probabilities were calculated by means of sign tests with $p = q = .5$.

TABLE 2

Nature of the Conflict: Consultation Technique

Nature of the conflict	<u>Discipline of subjects</u>					
	Lawyers		Clergy		Psychotherapists	
	f	p*	f	p	f	p
Legal or Economic	<u>5</u>	n.s.	3	.17	0	.001
Spiritual	0	.001	<u>3</u>	n.s.	0	.001
Psychological	1	.011	1	.011	<u>8</u>	.052
Interpersonal	8	.052	8	.052	5	n.s.
n of Ss by discipline	10		10		10	

*The p values appearing next to frequencies represent one-tailed ps by sign tests with $p = q = .5$. All in the expected direction.

TABLE 3

Nature of the Conflict: Interview Technique

Nature of the conflict	<u>Discipline of subjects</u>					
	Lawyers		Clergy		Psychotherapists	
	f	p*	f	p	f	p
Legal or Economic	<u>3</u>	n.d.	2	.052	0	.008
Spiritual	0	.004	<u>3</u>	n.s.	0	.008
Psychological	1	.035	1	.011	<u>7</u>	.008
Interpersonal	8	.011	10	.0009	3	n.s.
n of Ss by discipline	8		10		7	

*The p values appearing next to frequencies represent one-tailed ps by sign tests with $p = q = .5$. All in expected direction.

The results for both experimental techniques are very similar. Lawyers and clergy construed the presented conflict as interpersonal at statistically significant levels, whereas psychotherapists did not reach significance in this result. Interestingly, at the same time, psychotherapists did reach a statistically significant level in their tendency to construe the conflict as psychological - that is, in their own field - but clergy and lawyers did not reach the same level. Tables 2 and 3 also show that the frequencies in the diagonal, that is, in the area proper to subjects' disciplines, are in general larger than the frequencies outside the diagonal, with the exception of the interpersonal category. In fact, nearly all the disciplines showed a significant tendency not to construe the conflict as belonging to other disciplines, if we eliminate the interpersonal qualification.

A second aspect of how a subject construes a conflict was the attribution of responsibility for the conflict. Here the question was whether the subject placed the problem in the "client," in the husband, or equally in both. Prediction 1 (c) related to this index, suggested that lawyers would have an external orientation ascribing the responsibility for the conflict to the husband, whereas psychotherapists would move more toward an internal orientation, assigning responsibility to the client. Clergy were expected to be in an intermediate or neutral position. A scale was constructed ranging from -2, "conflict lies with client" to +2, "conflict lies with husband" (see the Method Section, p. 40 for description of the scale). Means were obtained for each discipline, and a test of significance of the differences between means of

lawyers and psychotherapists was carried out for each experimental technique. A t test was also applied for the difference between mean of lawyers and psychotherapists on one hand, and clergy on the other. This last test was intended to measure differences between a position of neutrality and one of no neutrality, independently of the direction. To calculate the combined means, negative values -1 and -2 were treated for their absolute values 1 and 2 respectively, for all the groups.

TABLE 4
Means of Ascribed Responsibility by Discipline

Discipline	<u>Ascribed responsibility</u>	
	Consultation Technique	Interview Technique
Lawyers	+1.20	+.66
Clergy	+ .50	+.33
Psychotherapists	+ .30	-.63
Combined lawyers and psychotherapists	1.25	.92
Clergy transformed	.90	.55
Lawyers vs. psychotherapists	t = 1.66, p (one tail) .10 df = 18	t = 1.99, p (one tail) .05 df = 12
Lawyers and psychotherapists vs. clergy	t = 1.06, p (one tail) .20 df = 28	t = 1.00, p (one tail) .20 df = 21

Table 4 presents the results for the two experimental techniques by discipline. The means give evidence of an external orientation among

lawyers +1.20, compared to psychotherapists. There was not a significant difference between the neutral position of clergy and the nonneutral position of lawyers and psychotherapists; $p .20$ in both experimental techniques. In general, in the live consultation technique the tendency seemed to be to place the responsibility for the conflict on the husband, more than in the interview technique. Means for the three disciplines are higher in the live consultation technique than those of the interview technique.

Recommendations

Other over-all experimental questions were whether professional subjects would tend to make recommendations within their own disciplines, suggesting as a result different courses of action in the resolution of the presented conflict. Recommendations were measured by two indexes, as explained in the Method Section: referrals and recommendations for actions other than referrals. Out of 60 subjects, 55 made some form of referral, although 24 out of 30 in the live consultation technique also made some form of recommendation for action other than referral. In the interview technique subjects seldom recommended other courses of action (no referral); for this reason this index was analyzed only for the consultation technique.

The first index, referrals, was classified in two categories: inside own discipline and outside own discipline. Prediction 1 (d) related to this index; it was expected that subjects would tend to make intradisciplinary referrals, including self-referrals, more than referrals across discipline. The data for this index are presented in

Table 5. Only primary referrals were considered.

TABLE 5

Proportion of Referrals to Own Profession
According to Experimental Technique

Referrals to	<u>Experimental techniques</u>			
	Live consultation		Interview	
	%	f	%	f
Own discipline	69.24	18	68.96	20
Other discipline	30.76	8	32.04	9
No referrals		(4)		(1)
Subjects making referrals		(26)		(29)

$z = 1.77, p(\% = 50) = .039 \quad z = 1.86, p(\% = 50) = .031$

Technique by referral to own vs. other discipline, $\chi^2 = .04 \text{ df} = 1, \text{n.s.}$

The category "own" includes only subjects who recommended that the client and/or the husband see a professional of his own discipline, including himself, after the initial consultation. Those subjects who suggested or made referrals across discipline, and those who made multiple referrals, including self-referral, were excluded from the "own" category.

Table 5 shows that for each of the experimental techniques, consultations and interviews, the percentage of subjects making intradisciplinary referrals was significantly greater than what could be expected by chance - $p = .039$ and $p = .031$ respectively. The null hypothesis by

which these results were tested was that there was a .50 probability that a professional subject would make an intradisciplinary referral as opposed to an out of discipline referral. However, each subject had more options when making out of discipline referrals than when making intradisciplinary referrals; thus a lawyer could refer a client to a clergyman or to a psychotherapist when making an across-discipline referral, but had only lawyers to select in an intradisciplinary referral. A 50 percent chance value, then, is a conservative criterion for testing significance of the percentage of referrals in the predicted direction. The z_c and p_c values represent a one-tail test of the significance of the deviation of the obtained frequencies from expected frequencies in the consultation technique. The z_i and p_i values correspond to the interview technique, significant in the expected direction.

The x^2 value represents the degree of association between direction of referral and experimental technique, which is clearly nonsignificant. The expectation was for some difference between the two experimental techniques, but in fact, there is virtually no difference at this quantitative level.

By breaking down the results of Table 5 by discipline in each of the experimental techniques, we have Tables 6 and 7. The criteria for classification of the referrals, of course, remains the same as in Table 5. Because of small expected frequencies in a number of cells, an over-all x^2 was not calculated. Instead, sign tests were used to test the hypothesis within each discipline separately. The subjects who did not make referrals are not included in this analysis, but they all made

a recommendation for other action and are included in later analyses.

Table 6 presents the referrals data by discipline for the live consultation technique, and Table 7 does so for the interview technique.

TABLE 6

Referrals by Profession: Consultation Technique

Referrals*	<u>Profession of the subjects</u>		
	Lawyers	Clergy	Psychotherapists
To own discipline	2	8	8
To other discipline	6	1	1
No referrals	(2)	(1)	(1)
n	8	9	9
p (sign test)	n.s.	.02	.02

*In case of multiple referrals, primary referral considered.

TABLE 7

Referrals by Profession: Interview Technique

Referrals	<u>Profession of the subjects</u>		
	Lawyers	Clergy	Psychotherapists
To own discipline	4	8	8
To other discipline	4	2	0
No referrals	(2)	(0)	(2)
n	8	10	8
p (sign test)	n.s.	.054	.004

It is apparent that for the consultation technique the major contribution to the "own" category derives from referrals made by clergy and psychotherapists. Eight out of nine professionals making referrals in each of these two disciplines directed the client to agents inside their own discipline. In the category "To other discipline" are included professionals whose primary referrals were multiple, including their own discipline, which makes the results even stronger. Of lawyers who did not show the same high tendency to make intradisciplinary referrals, two of the six referrals "To other discipline" were multireferrals, including lawyers.

The results for the interview technique are very similar to the results for the live consultation technique. Here again clergy and psychotherapists reached significant levels in the predicted direction.

For illustrative purposes, referrals are entered as frequencies in Tables 8 and 9 for each of the experimental techniques. These tables were constructed by entering each of the referrals made by the professional subject as one frequency. The resulting n is greater than the number of subjects because of the multiple referrals by some subjects. A statistical test was not attempted; the frequencies are not independent of one another because some of them were from the same subject. These tables illustrate the specific destination of referrals "to other disciplines." Some of these results will be discussed in detail in the next section.

TABLE 8

Source and Destiny of Referrals: Consultation Technique

Referrals to*	<u>Referrals from</u>			N
	Lawyer	Clergy	Psychotherapists	
Lawyer	<u>4</u>	1	1	6
Clergy	4	<u>9</u>	1	14
Psychotherapists	6	0	<u>9</u>	15
	<u>14</u>	<u>10</u>	<u>11</u>	<u>35</u>

*Each referral = 1 frequency.

TABLE 9

Source and Destiny of Referrals: Interview Technique

Referrals to*	<u>Referrals from</u>			N
	Lawyer	Clergy	Psychotherapists	
Lawyer	<u>5</u>	0	0	5
Clergy	0	<u>10</u>	0	10
Psychotherapists	5	4	<u>9</u>	18
	<u>10</u>	<u>14</u>	<u>9</u>	<u>33</u>

*Each referral = 1 frequency.

A second index, recommendations for action other than referral, was classified in the four areas described in the coding directions and appears in Table 10. In case of multiple recommendations, each action was classified under the corresponding area, but a subject was entered only once in each cell even if he recommended more than one action of the kind. The frequencies in each cell can be read then, as the number of subjects in a discipline who recommended a given type of action. The total n for each discipline represents the number of subjects who made a recommendation for an action other than referral. These ns were used to calculate the p values in the columns next to the frequencies. Subjects who did not make such recommendations were not included in the calculation, but they were all present in the first index, referrals.

Prediction 1 (e) relates to this index, suggesting that, when

recommending actions other than referrals, subjects would tend to recommend actions in their own disciplines and relate them to the resolution of the conflict.

Higher numbers in Table 10 represent tendencies by discipline to recommend the kind of action described on the left margin. These are expected along the diagonal. Lower numbers, in turn, represent tendencies not to recommend the specific type of action, and are expected off the diagonal. Interpersonal action appears separately because it was not linked with any discipline in particular in terms of predicted outcomes.

TABLE 10

Recommended Actions: Consultation Technique

Type of action recommended	<u>Recommending discipline</u>					
	Lawyers		Clergy		Psychotherapists	
	f	p*	f	p	f	p
Legal or economic	<u>5</u>	.254	1	.062	3	.35
Spiritual	0	.002	<u>7</u>	.008	0	.004
Psychological	0	.002	1	.062	<u>5</u>	.154

Interpersonal	9	.001	6	.062	7	.035
No action	(1)		(3)		(2)	
Total n of Ss recommending action	9		7		8	

*The p values appearing next to the frequencies represent one-tailed ps by sign test with $p = q = .5$. All are in the expected direction.

Results in Table 10 indicate that professionals in all disciplines tended to recommend interpersonal actions. They also show that the number on the diagonal are larger than numbers off the diagonal, as expected, except for interpersonal action; this suggests that subjects tended to recommend actions in the area of their own professional fields and tended not to recommend actions outside of their own discipline area.

In the interview technique most of the recommendations were of the referral type, and there were too few recommendations for other action to treat them quantitatively in any meaningful way.

Combining the two indexes, referrals and other recommended actions, we obtain an over-all measure of recommendations for the live consultation technique; results appear in Table 11. The criteria for classification into inside or outside own discipline categories was the primary or predominant recommendation. When the primary recommendation was multiple, the subject was classified as out of own discipline for a conservative approach. The recommendations for interpersonal actions were eliminated from this classification. The p values were computed by sign test, with $p = q = .5.$, one-tailed.

TABLE 11
Principal Recommendations

Direction of recommendations	<u>Recommending professionals</u>		
	Lawyers	Clergy	Psychotherapists
Inside discipline	5	8	9
Outside discipline	5	2	1
n	10	10	10

The data in Table 11 show the direction of the recommendations made by all 10 subjects in each discipline. The p values for psychotherapists and clergy are significant, indicating that these professionals tended to direct clients into seeing a professional of their field or making an action related to the professional's expertise. Lawyers did not exhibit this tendency. Five of 10 lawyer subjects recommended seeing a lawyer or taking legal action; one made a multiple recommendation, intradisciplinary and across discipline; and four made out of discipline recommendations. The results for clergy and psychotherapists confirm the experimental predictions for this index, whereas for lawyers they do not.

The absence of the second index of recommendations, other action, made unnecessary a combined table for the interview technique. Also, the recommendations in the interview technique were often ambiguous and in four protocols coding was not possible because of the evasive nature of the responses.

Emphasis

For the live consultation technique, the emphasis that the professional subject placed on different aspects of the presented conflict situation was measured. The emphasis measure had two indexes: areas of predominant questioning and emphasis as perceived by the confederate. From the confederates' reports of the consultations, areas in which questioning was predominant were tabulated for areas: legal or economic, spiritual, psychological, and interpersonal. Each subject was entered in each area as present or absent, so that for each discipline a maximum of 10 entries was possible. On the basis of these 10 possible frequencies, probabilities were calculated for the actual frequency in each area by discipline. Table 12 presents the frequencies for each area by discipline, and their probabilities after sign tests with $p = q = .5$, one-tailed. Prediction 1 (f) stated that subjects were expected to ask questions predominantly in areas of the conflict related to their speciality. This prediction, translated in the design of Table 12, would produce high numbers on the diagonal and low numbers outside the diagonal. High frequencies in Table 12 would indicate a tendency by the subjects in the discipline to ask questions in the area specified at the left row margin, whereas low frequencies would indicate tendencies not to question in the area. Seeking information in one area, as opposed to other areas, would draw the attention of the client and expert to the area, and focus the discussion on it.

TABLE 12
Predominant Questioning

Areas of questioning	<u>Discipline</u>					
	Lawyers		Clergy		Psychotherapists	
	f	p*	f	p	f	p
Legal or economic	<u>8</u>	.052	2	.052	2	.052
Spiritual	0	.0009	<u>6</u>	.282	0	.0009
Psychological	1	.011	0	.009	<u>8</u>	.052
Interpersonal	9	.011	8	.052	10	.0009
n of Ss	10		10		10	

*p values represent a one-tailed probability after sign tests with
p = q = .5.

The results show that subjects in all disciplines tended to ask questions in the interpersonal area. They also show that outside the interpersonal area frequencies on the diagonal are high and frequencies off the diagonal are small, indicating that subjects did tend to ask questions in their own fields rather than outside their fields.

Interestingly enough, the second index, emphasis, almost replicates the findings in the first index, questioning, supporting the contention that selective questioning, if not determining, at least corresponds to selective emphasis of a particular area or aspect of the presented conflict.

The confederate in the consultation protocols indicated the topic that was emphasized most by the professional subject and the topic in

which most time was spent during the consultation. We must remember that the confederates were not aware of the experimental hypothesis or the coding system to be employed. This index is subjective compared with the other measures, but it could reasonably be expected to parallel the subjectivity of any real client's perception.

Table 13 presents the results of this second index of emphasis. The coding and statistical analysis followed the same principles as those used in the index on questioning. The frequencies represent, then, the number of subjects in each discipline who emphasized the area of conflict appearing on the left row margin. Prediction 1 (g) stated that subjects would tend to emphasize those aspects of the presented conflict situation that were within their professional field.

TABLE 13
Emphasis as Perceived by Confederates

Emphasized areas	<u>Discipline</u>					
	Lawyers		Clergy		Psychotherapists	
	f	p*	f	p	f	p
Legal or economic	<u>8</u>	.052	1	.011	1	.011
Spiritual	0	.0009	<u>5</u>	.62	0	.0009
Psychological	2	.052	2	.052	<u>8</u>	.052
Interpersonal	8	.052	9	.011	5	n.s.
n of Ss	10		10		10	

*p values represent one-tailed probabilities after sign tests with $p = q = .5.$, all in the expected direction.

The results show that lawyers and psychotherapists tended to emphasize aspects of the conflict proper to their respective disciplines. Lawyers and clergy tended to emphasize the interpersonal aspects of the conflict, whereas psychotherapists did not reach statistical significance in this area as they did in the questioning index. Again the frequencies on the diagonal are large, and are small off the diagonal (excluding the interpersonal category), which indicates that subjects of all disciplines tended to emphasize aspects of the conflict in their own areas of expertise, more than aspects belonging to other fields. In fact, again, subjects in all disciplines tended not to emphasize aspects of the conflict belonging to other fields.

Table 14 presents an illustrative account of the relationship between conflict appraisals and recommendations, independent of the discipline of the subjects and in general terms, for the live consultation technique. The multiple category includes appraisals or recommendations that contain more than one area.

TABLE 14

Relation of Conflict Appraisal to Recommendation

Recom- menda- tion	<u>Conflict appraisal</u>					N
	Legal or Economic only	Spiritual only	Psycholog- ical only	Multiple	Inter- personal only	
Legal or Economic only	1	0	0	0	0	1
Spiritual only	0	1	0	2	2	5
Psycholog- ical only	0	0	2	1	0	3
Multiple	2	0	3	6	10	21
Inter- personal only	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
N	3	1	5	9	12	30

Relating Table 14 to Table 2, it is apparent that of the 21 cases in which the conflict appraisal was construed as interpersonal, nine cases were accompanied by appraisals in the field of the professions of the subjects. It is also apparent that of the 21 conflict appraisals made in the areas of the studied professions, 42 percent were unique appraisals. This means this 42 percent did not have the copresence of appraisals in other professional fields, and did not show the inter-personal nature of the conflict explicit in the case presentation.

In terms of recommendations, it is clear that large numbers of the subjects made multiple recommendations, most of them including at least one in the interpersonal category. It is interesting to see that the professionals who made high intradisciplinary recommendations - clergy and psychotherapists - had relatively larger unique recommendations compared to the lawyers, who did not reach so high a level of intradisciplinary recommendations.

Because of the relatively high frequencies of the multiple category in each of the two variables, the relationship between conflict appraisal and recommendations appears complex.

Table 15, incorporating the discipline of the subjects and eliminating recommendations for interpersonal action, clarifies the relationship between the two variables. In Table 15 each subject was classified according to the direction of his appraisal of the conflict and recommendation, inside or outside his own discipline. The category multiple for nature of the conflict refers to the presence of appraisals of the conflict inside and outside own discipline, other than interpersonal. Interpersonal was not taken into account in this computation because it was not considered associated with any particular discipline and was explicit in the conflict statement. Instead, at the right-hand side of the table, those subjects who confined their appraisals of the conflict to interpersonal appear according to their recommendation. There were no subjects who confined their recommendations to interpersonal action, as shown in Table 14 so there was no need for such a category in the variable recommendations. The category multiple in this variable,

recommendations, has similar meaning to that for variable nature of the conflict.

TABLE 15
Conflict Appraisal and Recommendation

Recommendations	<u>Conflict appraisal</u>				N
	Inside own discipline	Outside own discipline	Multiple	Inter-personal only	
Inside discipline	<u>12</u>	1	1	(5)	19
Outside discipline	1	<u>1</u>	0	(3)	5
Multiple	1	0	<u>1</u>	(4)	6
N	14	2	2	12	30

Prediction 1 (h) suggested a correspondence between the appraisal of the conflict and the recommendation made by a professional, and that both would center around his discipline. Looking at the subjects who went beyond interpersonal appraisal of the conflict, it is evident that in 14 out of 18 cases there was a correspondence between the conflict appraisal and the recommendation. It is also clear that those subjects had a strong tendency to make both conflict appraisals and recommendations inside their own discipline. For this group of subjects prediction 1 (h) was confirmed. Subjects who confined their appraisals to the interpersonal area are not suited for this comparison.

Of the four cases in which the expected relationship was not apparent (off the diagonal), one was a case of multiple conflict appraisals but recommendation was intradisciplinary only. The same recommendation was made in a second case, in which the conflict was construed in an area outside the subject's field. In a third case there was partial correspondence: for an intradisciplinary appraisal of the conflict there was an intradisciplinary recommendation, but an across-discipline recommendation was added.

Table 16 illustrates the relationship between attribution of responsibility for the conflict and the discipline field in which the recommendation was made. For this table each subject was counted as unity. If a subject made recommendations in more than one discipline, the unit value was divided among the number of fields in which the recommendation was made. For instance, for a subject who made recommendations in the three fields, one-third of unity was entered for each field. Recommendations for interpersonal action was not considered because of its lack of relationship to any specific field. For the variable attribution of responsibility, the scale of responsibility attribution was entered as tabulated in the coding procedure. From left to right they are: responsibility in husband (+2); responsibility in husband but client may have part (-1); responsibility lies equally in both (0); responsibility lies in client but husband may have part (-1); responsibility lies in client (-2). Table 17 presents comparable data for the interview technique.

Prediction 1 (i) indicated that subjects attributing responsibility

to the husband would tend to recommend legal or economic actions, whereas subjects attributing responsibility to the client would tend to recommend psychological action for the client. Intermediate attributions would tend to involve intermediate recommendations.

TABLE 16

Attributions of Responsibility and Recommendations: Consultations

Area of Recommendations	<u>Attribution of Responsibility*</u>					N
	+2	+1	0	-1	-2	
Legal or economic	4.166	1.833	2	0	0	8
Spiritual	3.333	1.333	5	0	1	11
Psychological	<u>2.166</u>	<u>3.833</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>11</u>
N	10	7	9	1	3	30

*The +2 and +1 values assign responsibility to husband; the -1 and -2 values assign responsibility to client.

TABLE 17

Attribution of Responsibility and Recommendations: Interviews

Area of Recommendations	<u>Attribution of Responsibility</u>					N
	+2	+1	0	-1	-2	
Legal or economic	1.5	0.5	1	0	0	3
Spiritual	1	1.5	4.5	1	0	8
Psychological	<u>0.5</u>	<u>2</u>	<u>5.5</u>	<u>1</u>	<u>3</u>	<u>12</u>
N	3	4	11	2	3	23

Small ns in some cells do not permit statistical analysis. However, it is clear that for the extreme attributions the pattern of distribution of frequencies follows the predictions. In effect, complete attributions of responsibility to the husband (+2) tends to go with legal or economic recommendations more than with others. At the same time, as we move away from +2 we find less recommendations for legal or economic actions. In all but one of the cases in which the subject made a +2 appraisal and recommended psychological actions, the recommendation included the husband. This qualitative aspect for the bottom left cell in Table 16 makes the results even stronger.

At the other extreme of the scale, primary attribution of responsibility to the client (-2), recommendations tend toward the psychological field (in fact two were recommendations for psychotherapy for the client), even though small frequencies limit the power of the comparison.

For the primary attribution of responsibility to the husband with participation of the client (+1), there was an increase of recommendations in the psychological field involving both members of the couple as compared to the +2 category. For the primary attribution of responsibility to the client with participation by the husband (-1), the only recommendation was for psychological action for the client; that is, to try to change.

At the middle point of the scale, responsibility lies equally in both, the recommendations are more in the spiritual area, all of which include both members of the couple. This predominance of recommendations

in the spiritual area at this intermediate point contrasts with the predominance of recommendations in the legal or economic field at the +2 extreme and with the predominance of recommendations in the psychological field at the -2 end, as predicted.

Because of equivocation in the answers to the questions pertinent to the index of responsibility, seven subjects were not entered in this table. The frequency distribution is very similar to that for the live consultation technique, and even clearer in the two extremes of the scale +2 and -2, in favor of the predictions.

In another dimension of the relationship between responsibility attribution and recommendations, it was found in the live consultation technique that lawyers who made referrals included the husband in the referral five times out of eight, or 62.5 percent; clergy included the husband in the referral seven times out of nine, or 77.7 percent; psychotherapists included the husband in the referral three times out of nine, or 33.3 percent. If we recall that lawyers and clergy had higher means in the responsibility attribution scale (Table 4, responsibility more on the husband) than psychotherapists, we can say that the higher percentages of inclusion of the husband in the referrals by lawyers and clergy correspond with the results in the attribution of responsibility measure.

Finally, Table 18 presents an illustrative comparison of the percentage of expected results obtained by each of the confederates in the major indexes for this study. For each of the indexes the total number of expected entrances was considered 100 percent and on that basis the

percentage obtained by each of the confederates in the index was computed. The percentages clearly indicate that the expected results obtained were proportionately distributed between the two confederates.

TABLE 18

Percentages of Expected Results in Major Indexes by Confederates

Index	<u>Confederates</u>		Total %
	A	B	
Nature of conflict	50%	50%	100%
Responsibility attribution	40%	60%	100%
Recommendations	45%	55%	100%

In brief summary, the over-all results were: for both experimental techniques, psychotherapists construed the presented conflict as predominantly psychological. Clergymen construed the conflict as a spiritual problem more often than lawyers and psychotherapists combined; lawyers construed the conflict as legal or economic more often than the other groups; but neither clergy nor lawyers reached statistical significance. Lawyers and clergy interpreted the conflict also in interpersonal terms at a significant level (Tables 2 and 3).

Psychotherapists and lawyers behaved differently in their assessment of which member of the couple could be said to be responsible for the conflict; lawyers attributed responsibility more to the husband. Clergy took a neutral position (Table 4).

Clergy and psychotherapists made intradisciplinary recommendations at a significant level (Table 11).

In the live consultation technique, lawyers and psychotherapists asked questions predominantly in their own areas of expertise at a significant level. In their discussion of the conflict they also emphasized their own areas of expertise (Tables 12 and 13). There were qualitative differences between professionals of different disciplines in the way in which they focused the discussion of the interpersonal conflict presented to them.

DISCUSSION

The main thesis of the study was that a professional subject would tend to contrive a conflict situation presented to him in a way that would be related to his professional background and role and that, in turn, the way in which he construed the conflict would be related to the recommendations he made for the resolution of the conflict presented. The importance of such connections would reside in the effects that contact with a particular professional would tend to have in the destiny of the conflict resolution and in the client's life situation, which is to say, in the effect of the agent's discipline on the resolution of the conflict.

The results partially supported the experimental hypothesis. In the first place, the logical relationship expected between appraisal of the conflict and recommendations made by the subjects was found in subjects who did not confine their appraisals to the interpersonal area, as shown in Table 15. Subjects who made interpersonal appraisals only are not suited for this comparison.

Of the four cases in which the expected relationship was not apparent, in two cases the discipline of the subject seems to have been a factor in the direction of the recommendation, and in a third case there is a partial relationship between conflict appraisal and recommendation. In the only case in which conflict appraisal and the subject's discipline were apparently not related to the recommendations, the lawyer subject recommended to the client an economic action, according to the economic nature of the conflict as he perceived it, but because of practical limitations the action was to be delayed for a future time. This subject suggested that in the meantime the client might want to see a marriage counselor.

With these findings confirming the logically expected relationship, we can begin to examine the role of the professional affiliation of a subject in his appraisal of the conflict and in his recommendations. The fact that for the same conflict situation presented by the same confederates there was a variety of appraisals and recommendations opens the question of subject variables in their responses to the client. Furthermore, the similarity of the results obtained by two independent confederates should make a stronger case for the claim that the differences reside in the subjects.

The first matter to be examined is the way in which each discipline member tended to construe the conflict situation. The nature of the conflict, as intended by the experimenter, was interpersonal, with elements in it that could make a case for various interpretations. So it was expected that subjects would tend to recognize the interpersonal

nature of the conflict and at the same time to deviate its final appraisal to their own areas of expertise.

In effect, more than two-thirds of the subjects made interpersonal appraisals of the conflict in both the live consultation technique and the interview technique. This tendency was greater in lawyers and clergy than in psychotherapists, who made interpersonal appraisals of the conflict with about 50 percent frequency.

Some subjects made appraisals of the conflict in terms other than only interpersonal. It is important now to examine the behavior of such subjects.

The values in Tables 2 and 3 suggest that lawyers tended to construe the conflict as legal or economic more often than clergy and psychotherapists combined; clergy construed the conflict as predominantly spiritual more often than lawyers and psychotherapists combined; and psychotherapists made appraisals of the conflict in psychological terms more often than lawyers and clergy combined. This tendency of the subjects to construe the conflict in terms compatible with their professional affiliation, however, reached statistical significance only in the case of psychotherapists making psychological interpretations. The very conservative decision in setting up the null hypothesis was obviously a factor in the nonsignificant results. A closer study of the data clarifies the issue.

Analyzing the live consultation data on an individual basis, it appears that those subjects who went beyond or deviated from the interpersonal interpretations tended to construe the presented conflict in

the area of their own discipline, and in two cases when they did not, they did make intradisciplinary referrals. Psychotherapists made fewer interpersonal interpretations than clergy or lawyers, but made a higher number of interpretations of the conflict as lying inside their own profession than did lawyers or clergy, suggesting that the more a professional moves from the purely interpersonal interpretation, the more he tends to make an interpretation in his own field. Moreover, they tended to make recommendations or referrals inside their own professional field. It should be noted here, also, that each of the disciplines tended to score absent at a statistically significant level in the area of conflict interpretation proper to other disciplines. The only exception may be said to be clergy in the legal or economic area, where they are absent at only a p level of .17. None of the disciplines is, of course, absent at significant levels from its own area of interpretation, as defined by the experiment.

The implication appears to be that when a professional enters into an interpretive process concerning interpersonal conflict, the frame of reference he uses for that interpretation is indeed his professional background or field, as predicted in this study. However, not all the professional subjects of this study went beyond the description of the interpersonal conflict to its interpretation.

The next important matter to examine, then, is the behavior of those subjects who confined their appraisals of the conflict to the interpersonal area. There are 12 in the live consultation group and eight in the interview group, varying among disciplines. This aspect

of the study moves us more directly into the question of recommendations.

Psychotherapists had only two subjects who confined their appraisal to the interpersonal area. Their primary recommendations were referrals inside the discipline and suggestions to engage in interpersonal action, mainly to talk with the husband. Alternative recommendations by these two subjects included legal action and double referral, intradiscipline and out of discipline. It could be said that the data does not indicate major differences between psychotherapists who confined their appraisals of the conflict to the interpersonal area and those who went beyond just interpersonal interpretations. Furthermore, the copresence of interpersonal and psychological interpretations of the conflict did not differ in recommendations from appraisals of the conflict in only psychological terms. It would seem as though "interpersonal" did not have a much different meaning from "psychological" for psychotherapists. Qualitative analysis of the recommendations for interpersonal action, to be discussed below, seems also to support this conclusion. The over-all picture of recommendations for psychotherapists indicates a high tendency in this study to make intradisciplinary recommendations and conflict appraisals.

The five clergy subjects who confined their appraisals of the conflict to the interpersonal area did not behave differently in their recommendations from the other three subjects, who also construed the conflict as interpersonal in addition to spiritual, psychological, and economic. This pattern of recommendations resulted, for clergy, in an over-all significantly high frequency of intradisciplinary recommendations, both in terms of referrals and suggested actions, as shown in

Table 11. Consequently, clergy tended to make few across-discipline referrals, which is consistent with Dohrenwend's findings (1962). This result may derive from role perception as it will be discussed later. Clergy also recommended spiritual action at a statistically significant level ($p = .008$), suggesting that they saw such an action as helpful in the resolution of the conflict.

Lawyers presented a less clear picture in terms of the recommendations following interpersonal appraisals of the conflict. As pointed out above, lawyers who defined the conflict in legal or economic terms (five of 10 in the live consultation technique), tended to make recommendations inside their discipline. The copresence of interpersonal or other interpretations in this case did not markedly change the picture although in two cases they appeared with multiple referrals. From the five cases in which the interpretation of the conflict was confined to the interpersonal area among lawyers, three made referrals across discipline, one inside the discipline and one made multiple referrals, including self-referrals. This complex pattern, translated in the results appearing in Tables 3 and 11, basically conveys the following: lawyers construed the conflict and made recommendations in the legal or economic areas more often than clergy and psychotherapists, as expected, but not at statistically significant levels. At the same time, lawyers made more across-discipline referrals than clergy and psychotherapists, which was not expected. However, this finding is also consistent with Dohrenwend's finding that political-legal leaders tended to recommend professional psychiatric care more often than religious leaders. This result is

discussed further later on.

Analyzing the contents of the confederates' reports, it appears that when lawyers thought of the conflict as interpersonal and not leading toward the dissolution of the relationship, they perceived clergy and/or psychotherapists (especially marriage counselors) as the appropriate professionals to consult. There was an almost equal number of referrals to psychotherapists as to clergy, and in all the cases the lawyer subject suggested them as equal options, giving the client the choice. This would indicate that the lawyers perceived marriage counselors and clergy as equally equipped to handle the interpersonal conflict presented. Psychotherapists and clergy both thought themselves to be the appropriate professionals to handle the presented conflict. We could say that the lawyers agreed with each - clergy and psychotherapists - separately. Some psychotherapists recommended therapy for the client, whereas all the clergy who made referrals invited the client to bring the husband, or recommended that the husband be seen by another clergyman.

Quantitative data indicate that the subjects in the three disciplines tended, at a significant level, to recommend interpersonal actions. Qualitative analysis of the data, however, reveals important differences. Psychotherapists and lawyers tended to recommend that the client confront her husband with his behavior and/or the marital situation. Four psychotherapists of the seven recommending interpersonal action suggested that the client explicitly let her husband know what her feelings were. Lawyers who recommended that the client confront her husband suggested that she make explicit what was happening in the marriage and

how he was behaving. Four of the nine lawyers who recommended interpersonal action also suggested that if the husband did not change, the client might have to take legal action. On the other hand, clergymen who recommended interpersonal action suggested that the client talk to her husband with a "conciliatory" attitude and avoid worsening the situation by being understanding and calm.

It is apparent, then, that when psychotherapists, lawyers, and clergy recommended interpersonal action they were not necessarily suggesting or directing the same action. This may be said to be a particular instance of the differences in recommendations related to professional affiliation. Even if we do not accept the notion that a professional completely directs a client's behavior, it could certainly be argued that the types of interpersonal action recommended would influence the role and posture a client would take in the attempt at resolution of the interpersonal conflict.

The fact that the direction in which the responsibility for the conflict was assigned varied along the lines of the subject's profession, adds a very interesting dimension to this question of influence of the client in her perception of the conflict and its possible solutions. Furthermore, the fact that for the live consultation technique this index was scored from the reports given by the confederates of the consultation session strongly suggests that the professional's view is indeed communicated to the client. In effect, lawyers produced a higher mean than psychotherapists in a -2 (responsibility lies with the client) to +2 (responsibility lies with the husband) scale in both experimental

techniques. Clergymen, on the other hand, differed in their more neutral position from the nonneutrality exhibited by the other two professions. It could be said that the lawyers had a more external orientation, seeing the conflict in some way as advocate of the client, in spite of the fact that they did not reach significance level in recommending legal actions. Psychotherapists, on the other hand, showed a more intrapersonal orientation in both assignment of responsibility and recommendations.

The implications for the client of the different attributions made by the professional are important to discuss in light of these results.

Heider (1959) points out in his analysis of naive psychology that it is particularly important in the interpretation of social events whether an event is attributed to causal factors located in the person or to causal factors in his environment, because individuals have a history of learning such attributions. An individual often needs to validate beliefs, understandings, and conceptions about his own conflict situations; in Heider's terms this is a "social comparison process." Most often the social process takes place when attributions made by the individual have not been sufficient to interpret the situation. Festinger (1954) proposed that subjective evaluations of opinions are unstable when there is neither a physical nor a social basis for comparison. He further suggested that people evaluate their opinion by comparison with the opinions of others to the extent that nonsocial means of comparison are unavailable. More conclusively, Asch (1952) demonstrated that even when there are concrete nonsocial means of comparison or judgment available, that is, the length of lines shown to an individual,

social pressure or comparison with the judgment of others influenced opinions. There is good reason, then, to expect that in the case of opinion and interpretation of an interpersonal conflict the power of social influence will be considerable. Crutchfield's study (1955) of the Asch paradigm indicated that the influence of supposed group consensus was greater for poorly structured stimuli and opinions than for unequivocal stimuli. Crutchfield also reported that on an issue of appraisal of the self, 37 percent of the subjects succumbed to the pressure of the group.

The individual will search for and receive validation for his feelings. However, in the course of validating his feelings, beliefs, and/or understandings, he may learn different conceptions, interpretations, and attributions that might force him to change his attitude and behavior.

Festinger (1954) argues that the drive to evaluate accurately one's own opinions may paradoxically lead one to change them so as to make them more comparable to the opinions of others. The tensions resulting from an interpersonal conflict will certainly make it important for an individual to validate and find support for his perceptions and feelings. This motivating factor would then make him vulnerable to the influence of others, especially professionals. In a state of tension and discomfort an individual will not only need to achieve relief by obtaining support, but may feel he must change his opinions or position, at least in form, to obtain this support. This individual's tension will also generate a need to validate the appropriateness of his emotions.

Schacter (1961) has demonstrated in his experiments on affiliation that people under experimentally provoked emotional stress tended to search for affiliation with others experiencing the same situation to a greater degree than when emotional stress was low. Scheff (1966) points out that people who avail themselves of professional services in mental health are under considerable strain and tension, and that persons in such circumstances are highly suggestible, particularly in response to powerful sources such as professionals. Because an individual in conflict would have a strong need to validate his feelings, he would be vulnerable to the opinions of others, as Festinger's social comparison theory suggests.

It is known by clinicians that there are clients who systematically resist any attempt to influence them, but they will most likely do so by terminating the relationship with any professional who manifests opinions contrary to their expectations, possibly to avoid dissimilarity in Festinger's terms. In their relationships with professionals they will make a peregrination from one to another until they can find a professional who sanctions their claim. This group, being less influenceable, would reduce the importance of professional opinion. However, I believe this is not true in the majority of the client population. In the client population that professionals like subjects in this study would most frequently service, the possibilities of shopping around may be restricted by economic limitations.

In this study it was interesting to find certain correspondences between the ascribed responsibility and some aspects of recommendations.

In the consultation technique, for example, lawyers tended to include the husband in their referrals and/or recommended that the client make her husband aware of his behavior, even when they did not recommend legal action. At the same time, they tended to place the responsibility for the conflict on the husband. Clergy also tended to include the husband in the referral, but suggested a more conciliatory position for interpersonal action. Psychotherapists, with the lowest mean of the three groups, included the husband the least in their referrals.

The findings in Table 16 also illustrate the importance that attribution of responsibility has for the recommendations that professionals make for a case. In general, those results indicate that subjects who placed the responsibility completely on the husband tended to recommend legal action or to include the husband when the recommendation was in the psychological or spiritual fields. In the three cases in which the responsibility was placed completely on the client, the recommendations were really referrals for the client alone, two to psychotherapists, and one to a clergyman. Moving from the two extremes, the recommendations were more for involvement of both partners in a process of change. In the middle of the scale, where responsibility lies equally in both, the recommendations were for spiritual action, including seeing clergymen who, we noticed, exhibited a position of neutrality compared to lawyers and psychotherapists combined.

It could be said at this point that it appears that professionals go through an attribution process, and that their conclusions are passed on to the client, who then must contend with the information.

Lawyers tended to discuss legal courses of action with the client as shown by the results in the emphasis section (p.60), although the confederate client only asked for advice in a general sense, claiming not to know what to do. These subjects at the same time explained the complications, costs, or difficulties that could result from taking legal action. Often lawyers who did not recommend legal actions cited such actions as minor alternatives, but made clear why they were not the most desirable solutions. Many of them explained the hardships of obtaining a divorce, economically and otherwise, and appeared to regard legal action as a serious matter. This observation may be taken into account in interpreting Table 6, where lawyers appear with low frequency of referrals to their own discipline as a first step.

The third item measured in the consultation interview, emphasis, gave further evidence of qualitative differences in behavior, with respect to the conflict, between professionals of different disciplines.

The high emphasis that lawyers placed on the legal and economic aspects of the conflict corroborates the observation made above, that they did indeed discuss legal and economic aspects to a greater degree than would be suggested by the number of lawyers who construed the conflict as legal or economic, or than would be suggested by lawyers who made legal referrals. As noted, clergymen did emphasize the spiritual aspects of the conflict, and psychotherapists the psychological aspects.

If professionals tend to emphasize different aspects of the conflict situation according to their professional affiliation in their discussions with a client, the client certainly will receive certain versions

of the situation in feedback to her own version, as suggested by the content of the protocols completed by the confederates after each consultation, samples of which are included in the Appendix Section. So, besides the specific recommendations each professional makes, there is the no less important verbal interchange that also influences the client's perception of his conflict situation. Transcripts of two recorded consultations which appear in the Appendix Section illustrate the point. Each of the subjects produced distinctive interviews even though they both were faced with the same problem and by the same confederate. These illustrations show differences that could easily be traced to conceptual orientations appropriate to the disciplines of the subjects involved, namely, law and psychology. It is from this type of experience that the client in interpersonal conflict may tend to choose the appropriate role and behavior to follow in the resolution of his conflict. It might be argued that the fact that a client selects one type of professional and not another may already indicate that he has a pre-conceived idea about the nature of his conflict. However, as stated in the introduction that idea would be a product of a social process through which the individual is lead to view his conflict situation in a particular fashion. The professional would be a most influential part of that social process, confirming or contradicting the preconsultation perception of the conflict situation. The assumption on the part of a lawyer, for instance, that the client who seeks legal consultation needs legal advice may result in social compliance rather than in scientifically based detection of the area in which the client really needs assistance. It

is recognized, however, that what takes place is not a mere process of assimilation to the opinions of the professionals, but one of influence. In this sense, it is not strictly a labeling phenomenon on the part of the professional, but rather an attitude-formation process on the part of the client.

Psychotherapy illustrates this process very well. It is only when a patient incorporates the messages about himself that the psychotherapist gives him that he begins to respond behaviorally. Psychotherapy, it must be noted, is a situation that allows for great freedom in that respect, because it is usually accepted beforehand that the process takes time. The patient can take all that time to hold some of his views without major consequence. When the interpretation or labeling has immediate and practical consequences, the role assumption tends to be immediate and more total, as in the case of involuntary commitment to a mental hospital.

In searching for advice from a member of one discipline as opposed to another the individual, although not necessarily forced into an immediate role assumption, under coercive circumstances, would have to assume the role of client of that particular discipline, at least partially, if he wanted to continue to receive the assistance of the expert.

It is important to remember at this point that the question of the validity of the subjects' explanatory theories of the interpersonal conflict, and their recommendations, is not the issue at all in this study. In fact much of what has been found is part of the expectations that society in general has about the functions of these professionals, and

theories and advice can always be controversial. It is the practical and theoretical importance of the differences between the messages that professionals transmit to clients that is the final objective of this research. To be able to find variables that correlate with these differences seems to be crucial to their conceptualization.

Professional affiliation appears partially related to the differences found in this research study. However, professional affiliation in itself would have limited explanatory powers if we did not translate it into psychosocial processes that would be the ultimate vehicle of the differences.

We have already seen that the conceptual background proper to a discipline, usually called the body of knowledge, seems to be the conceptual frame of reference used by the professional when he interprets the nature of an interpersonal conflict beyond the explicit. Another aspect of professional affiliation encountered in this study was the perception of professional role. Subjects in general, and particularly psychotherapists and lawyers, explicitly stated what their role was, although the question was never asked of them. In the interview technique, for instance, many lawyers stated that if a person consulted them it was because the client wanted legal advice and had intentions of initiating legal action. In practice, the subjects obviously did not confine themselves to strictly legalistic procedures, but usually discussed legal action whether they recommended it or not. It is interesting to see that lawyers recommended legal action with higher frequency than clergy or psychotherapists, even though they did not reach statist-

ical significance. Many psychotherapists, on the other hand, contended that if a person went to a psychotherapist it meant she had the feeling that a psychological problem was underlying the presented conflict. Accordingly, psychotherapists construed the conflict as predominantly psychological at a statistically significant level.

One obvious interpretation of these findings could be that lawyers are for legal counsel, and psychotherapists are for psychological counsel, but this view ignores the fact that when there are many aspects to a problem, focusing on one influences the perception of the entire situation. Rosenhan (1973) reported that after pseudo-patients were admitted to a psychiatric hospital their ordinary behavior or histories were interpreted in accordance with their admitting diagnoses. He also reported that other patients recognized the researchers' "sanity," whereas staff did not. Is it possible that staff members missed the point because they perceived their function as one of recognizing pathology, while patients did not think they had to do so?

Certainly a valid objection to Rosenhan's study is that there is nothing surprising in the "normal" behavior of psychiatric patients soon after admission. An experienced clinician would not be surprised by it at all. It is the difference between the patients' perception and the staff's perception that is interesting to me. It appears that a person in a role tends to find what he or she more or less is supposed to find, or perhaps what he or she and others expect him or her to find; and that occasionally the role-centered perception may be misleading. In spite of this technification of the role, both confederates were impressed by

the warmth and concern that subjects displayed in their interviews, especially the clergymen.

In another dimension of role perception, it was found in the interview technique that lawyers persistently expressed skepticism about the way in which the other lawyers would treat the case. The typical comment implied that this respondent was different from other professional lawyers, who most likely would try to make a legal case out of it for their own benefit. One subject, in fact, said that his statistics were exceptional in terms of the number of cases in which he was able to save the marriage. Another subject said she was a member of a Matrimonial Association for Lawyers and so could understand the conflict differently than general lawyers, who might rush into action. It seemed as though subjects were trying to be helpful to the investigator, explaining things to him about law practice that he was not encountering in a particular interview. Nonetheless it was surprising to find that there was so much warning inside the discipline. Some subjects in other disciplines who recommended that the client consult a lawyer also warned her to be careful with whom she dealt and whom she selected. All this seems to point to a general discredit of the legal profession, beginning inside the discipline.

Comparing Experimental Techniques

Subjects in the interview technique tended to qualify their answers to the interview questionnaire, making the coding of the data difficult at times. In particular, some lawyers and psychotherapists were clearly

evasive in their answers, stating that to a hypothetical case they could only give hypothetical answers in basically conditional terms; that is, if what she is saying is true then..., but if it is not true then..., and so on. Clergymen tried to be more cooperative, and actually answered all the questions in the interview, but usually observed that without the other side of the history (the husband's version) it was not possible to make a valid appraisal of the conflict and its causes.

In general, subjects found the hypothetical nature of the conflict difficult to relate to, in spite of the fact that they all recognized the themes of the case as familiar in their practices. Professionals who tested the confederates, and those who assisted in the experimental controls on the confederates, also indicated after the interviews that they had experienced certain uneasiness and some strangeness, knowing that the case was fiction. One of them said, "I felt silly talking to a fiction." Having been reassured that they were not the subjects of the experiment, and that on the contrary they were helping to test the confederate, they apparently felt more comfortable and centered their attention and after-interview comments on the confederates' role playing. These professionals were able to produce complete and interesting interviews, venturing opinions to a greater extent than subjects in the interview technique were willing to do. Although the limited information provided in this technique was probably a factor in this difference, it is likely that a more critical factor was the feeling of the testers that they were not subjects, whereas professionals in the interview technique presumably understood that they were the subjects.

Evidence for such interpretation was also seen in the fact that when professionals were asked to role play in an interview for illustration purposes, only two of more than 15 approached acceded to the request. Furthermore, when potential lawyer subjects were asked an interview, only one of more than 20 lawyers called agreed to be interviewed. A large number of psychotherapists also refused to be interviewed. None of the clergymen contacted refused to cooperate, but clergymen were particularly reluctant to allow any tape recording. Lawyers agreed to be interviewed only when the experimenter went to their offices; in a face-to-face relationship they were less resistant to participation.

The over-all impression was that the interview technique produced limited and not highly reliable data, and obviously was not very appropriate for this type of study. The incomplete nature of data produced by simulating groups was also found by Coe, Kobayashi, and Howard (1973) in their study on criminal behavior induced under hypnosis.

The interview technique provided, instead, interesting information at a qualitative level. One clergyman, commenting on the case, stated that young people tend to run away from the problems, through divorce, as soon as they appear. He thought that courts were protective to the woman in a case, especially if she were young, attractive, and blonde, and believed what she said. Interestingly enough, a lawyer subject openly said that if the story were presented by a native white North American, he would know that it was true, whereas with a black, Spanish, or Jewish woman, he might consider it a matter of hysterics. He went on to elaborate his point of view. This corroboration by a lawyer of

the clergyman's contention certainly cannot be enough evidence to draw any conclusions, but opens questions about the ethnic dimension in the evaluation of an interpersonal conflict statement. The confederates who participated in the consultation technique were both young black girls and therefore did not provide differential information in this respect.

In the interview technique there were fewer referrals to clergy from lawyers, and more referrals to psychotherapists from clergy, than in the consultation technique. There were also more clergymen making psychological appraisals of the conflict. It is possible that those subjects were partly responding to the interviewer, who identified himself as a graduate student in psychology. Remarks of caution to their opinions, in every respect, also suggested that subjects were particularly apprehensive in revealing biases.

The Professionals as Source of Influence

In this study I have dealt with the process of consultation with professionals of three disciplines and have gathered data about the professionals' input in the interaction. I have presented theoretical and relevant research material to support the contention that a professional's assessment of the situation and his recommendations have practical implications for the client. In this section I wish to elaborate further, in light of current sociopsychological theories, on why the professional agent is to be considered as a source of influence on the client.

The wisdom and knowledge that is attributed to any person has great importance for in the degree of influence that this person will have in the final interpretation and resolution of an interpersonal conflict. In turn, persons viewed by an individual as more knowledgeable among the available ones will be approached first and will exert a great influence on that individual. Katz (1965), in discussing the actual state of the Two-Step Flow of Communication Theory, concluded that it was apparent that opinion leadership could not be viewed as a trait that some people possess. Instead it seemed that "...the opinion leader is influential at certain times and with respect to certain substantive areas by virtue of the fact that he is 'empowered' to be so by other members of his group" (Katz, 1965 p. 201). He pointed out in his review of The People's Choice (Lazarsfeld, Berelsonn, and Gaudet, 1948) that the latter study showed that people were influenced in their political opinions by others with whom they had face-to-face communication and whom they indicated as being their source of information and opinion on the political matter at issue.

Both group dynamics and attitude change studies have demonstrated that prestige of the source of a communication is directly correlated with the effects of the communication. In group interaction the leadership function is based as much on the prestige of the leader as it is on his ability to conduct the group. Prestige seems to prepare members' receptiveness for the leader's action.

Bion (1961) explained how this receptiveness acts at an emotional level as a "basic assumption" in the functioning of a group. The group

would begin, according to Bion, with complete dependency on the leader and with the members' expectations that the leader would conduct them happily through their task to a successful end, which might not be clearly visualized. The group would have an irrational belief in the magical powers of the leader, to whom they assigned a great expertise value. The group would not accept a leader who was not seen as possessing special powers or skills. Bion suggested that prestige of the leader as perceived by the group was a key factor in the leadership role and in the influence that his communication would have on the group. Several studies on group dynamics have indicated that a member's status and prestige in a group generally had a positive correlation with his influence on the group. Lippitt, Polansky, Redl, and Rosen (Carthwright and Zander, 1968) specifically concluded in their research study that "the group member is more likely to contage from the behavior of a high power member" and that "the group member is more likely to accept the induction attempts with high attributed power," among other conclusions.

In the area of attitude change studies generally agree in the conclusion that high-prestige sources can communicate rather effectively messages discrepant with the attitude held by the subject, whereas low-credibility communicators have a very limited persuasive effect and at times, a negative effect (Aronson, Turner, and Carlsmith, 1963); Bochner and Insko, 1966. It was also contended that the content of a communication had an effect on the perception of the source by the subject, so that a too-divergent message would reduce the credibility of

the source (Bochner and Insko, 1966). However, a highly prestigious communicator to some degree could extend the latitude of acceptance of the subject.

Another aspect relevant in persuasion studies is the degree of emotional involvement that a subject has with the communicator and communication. The conclusion is that a high degree of ego involvement with the communicator on the part of the subject denotes a higher degree of attitudinal change or persuasion in the direction of the communication.

For a person experiencing interpersonal conflict, the opinions and advice communicated by others will come charged by positive or negative elements of source prestige and ego involvement that will influence the effects of the communication. However, as suggested above, the person in conflict will search for advice among people he perceives as having high value, either in terms of credibility (attributed expertise), or of emotional (ego) involvement. All of this will determine that this conflicted person will be highly influenced by these communications, and the influence will finally crystallize in how he construes his situation and his appropriate reaction.

If we think of the professional as a source of influence in the opinion and attitude formation and modification processes for an individual in conflict, we find that the professional agent has specific and powerful characteristics that form his role. For one thing, he is recognized by the individual as having expertise that is sanctioned formally by society. Because this expertise in the matter is equivalent to prestige, the professional communication has a high-prestige communicator,

with a consequent high degree of influence on the receptor of the communication. If the communication made by the agent is highly dissimilar to the position held by the client, the latter may discard the communicator and assign him a low credibility value. This operation, however, would make it impossible for the client to continue in the relationship with the agent as an expert, because low credibility and expertise are mutually exclusive. The result would then be the client's dropping out of the relationship because of this dissonance. The alternative, of course, would be for the client to change his own opinion to make it more similar to that of the agent. At a later phase of the agent-expert relationship, the agent usually gains emotional value, which tends to give him a greater power of influence, even in the case of dissimilarity of opinion.

Contextual Sociopsychological Factors

There is certainly a natural psychosocial environment that includes the primary group and larger social systems, such as work groups, social groups, and so on, in which a person experiences conflict and tries to resolve it until he finally reaches a professional agent. Subsequent to his encounter with the professional, the client's primary group continues to exert influence on him and even facilitates or obstructs the proposed solutions that agent and client may be trying to implement.

In the Peruvian village cited in my Introduction, there is a cultural component and that responds to the more concrete sociological, political, economic, and religious circumstances. The physical nonavailability of psychiatric facilities in a native's town does seem to pre-

clude the possibility that interpersonal conflicts are formally seen as psychological problems to be dealt with by experts in psychological matters. The fact that the Catholic Church, like any other religious order, is perceived by the native as foreign to his own basic culture seems to determine that clergymen are seldom, if ever, used by him as counselors. The lawyer's office, on the other hand, is more readily available and accessible to a native in his town; not only is the facility physically available, but the native can also afford the lawyer.

An urban situation for such a native is different in many respects. For one thing, the native has a lower socioeconomic status, which makes the lawyer's office somewhat inaccessible for economic reasons. Subjectively, a lower socioeconomic status would also give him a sense of relative powerlessness in the larger social structure. This is poorly concordant with the role of complainant, who must have the feeling that he has a social system that backs him in his claims. In these circumstances a public hospital becomes psychosocially and economically more accessible than a lawyer's office. In the case of natives migrating from town to city, it is not only a difference in status, but also the loss of it, that seems to set an important basis for behavioral differences. Loss of status seems to be a critical element in the adaptational difficulties of a disadvantaged migrating group, especially when its loss cannot be outweighed by net economic or cultural gains. It is also apparent that when different types of facility are physically available, their psychosocial accessibility for any group or individual becomes very important for the destiny of conflict resolution.

The situation in the small village determines that the lawyer functions as gatekeeper of interpersonal conflicts, including marital discord. This role does not apply to lawyers in larger cities, nor does it in New York. Although it was observed that lawyers tried to resolve all the conflicts presented to them in the village situation, the present study and Dohrenwend's findings have indicated that lawyers or legal leaders in New York make referrals to other professionals with relatively more frequency. Although the availability of resources for referral is paramount in this difference, there may be other components involved in the different behavior of lawyers in the two locations.

Again, Dohrenwend's study, as well as the present one, have indicated that religious professionals tend not to refer their clients to other facilities or professionals. At the same time, in "Americans View Their Mental Health," Gurin, Veroff, and Feld (1960) found that North Americans tended to consult clergymen for their mental health problems more often than any other professional group. Extrapolating those results, it might be possible to hypothesize that professionals who are viewed in a given culture as the gatekeepers of certain kinds of problems may be reluctant to direct those problems into other channels, even when that is feasible.

There is a changing historical trend in the role of physicians that may help to illustrate this type of difference in professional role perception. The progressively less well-known type of physician called general practitioner was, at one time, and partly still is, consulted for a great variety of problems. He would treat a patient for cardiac

problems as readily as he would serve as obstetrician, pediatrician, orthopedist, and so on. Furthermore, the general practitioner was often asked to serve as marriage counselor, or to help parents in the control of nonconforming behavior of their children, or even to be a confidante in personal matters for their patients. Even when specialized resources began to develop, this practitioner would seldom make referrals to other professionals, probably because his perception and people's perception of his role was still that he was the one to handle all those types of problem. The fact that such physicians still exist argues for the contention that role perception for a professional is more than just a matter of availability of alternative resources, even though the latter is a very influential factor.

In our present times of great complexity in the medical field, a cardiologist, for instance, not only does not get involved in such peripheral matters to the medical profession as premarital counseling, but also refuses to treat patients with problems other than those associated with his speciality as he sees it. Consequently, he makes large numbers of referrals to other specialities. The key point here is the differences in their role perceptions of two physicians who are placed in two different social contexts, in this case because of a process called specialization. Role perception could then be said to be the sociopsychological function through which a given social reality operates in the individual. Parsons (1939) described three specific characteristics of professions as he saw the functioning in contemporary society: Rationality, Functional Specificity, and Universalism. The Functional Specificity refers to

the fact that a professional is held to be an authority only in his field. Naturally, when a matter is viewed for whatever reason, to fall into the field of a professional he becomes the one to handle it. However, the process of assigning an interpersonal conflict to one field of expertise would be a social process, which outcome would depend upon the way it is perceived by those involved in the definition of the nature of the conflict, and upon the perception of the role of the experts; that is, their Functional Specificity in a given society.

The individual experiencing the same type of conflict will, then, be faced with different sets of circumstances in each situation, to which he will also respond differently. Several authors, for example Milgram (1970), point out that the contrast in behavior reflects the responses of similar people to very different situations. The professional agent becomes part of those different situations when, in actual contact with the client, he ignores the circumstantial elements of the presenting problem and chooses to apply to its resolution standard professional concepts.

Looking into the forces that are closer to the individual in conflict, we find that in the individual's most immediate environment dynamic relations also take part, which, together with or beyond his pathological or nonpathological behavior, create a role for him, part of and basis for his subsequent behavior. Jones (1962) and Polak (1970) stressed in their writings the process by which a member of a family, or of any other group, is scapegoated into the role of mentally ill. In accordance with the prevalent thinking in group-centered family

psychotherapy, Jones and Polak viewed the symptomatic crisis of a mental patient as an expression of his group's pathology, an acting out of his group's tensions. The concept basic to the group-centered approach is that the members of any active group, the family being one, tend to assume roles complementary to each other in the course of problem solving.

Tension and conflict resolution is one task for which roles would be assigned through group pressure on its members. One such role would be that of a "sick person" on whom most of the family's problems were blamed. It is often accepted that the selection of a member for that type of role is facilitated by traits of the individual, but once the role is assigned to him the group's tensions are shifted to him, and he must act according to the group's attributions, which then become expectations for his behavior. The acting out of the group's tensions by one member of a family permit certain equilibrium and low tension in the rest of the system; maintenance of this state is the motivational element for the group's pressure on the individual.

When the group system's routine coping mechanisms cannot handle the system's disturbances, an outside expert of accepted prestige is called, often with the aim of pressuring the "disturbed" member to play his role without disrupting the equilibrium in the rest of the system. Certain professional actions, such as psychiatric diagnosis of the sick, hospitalization, court admonition, warning, and so on, would be interpreted and used by the primary group as the expected sanction of his role (abnormality). All this would take place under the most benevolent and well-intentioned actions by the group most of the time, according to Polak.

If the interpretation of the conflict situation by the agent is contrary to the expectation of the individual or his group, a strain of forces will occur whose outcome will depend on several factors. For instance, if the individual and the group disagree in views and goals, the professional agent may be seen as an ally by the individual and gain the disapproval of the group. If the individual and the group are on one side, and the agent on another, the resistance to the agent would be more solid. In any case, the permeability and flexibility of the group and its key members would be a decisive factor for the outcome of the agent-client relationship. The primary group, then, has an antecedent, concomitant, and subsequent influence on the individual in professional consultation that can be a subject of a study in itself.

A P P E N D I X

PRESENTATION OF RESEARCH TO CONFEDERATE

This is a study in extrasensorial perception and is directed to see if the performance of a profession could be influenced by the ESP method. I also want to know if certain professions are more susceptible than others to ESP influence.

To do this I have to study each profession in question in its natural form. I will need a person that performs as client and at the same time can give me information about the professional's responses. You can understand that I cannot use just any client for it may interfere with the real purpose of her interview with the professional. At the same time, the professional cannot know about the study or else he will erect defenses.

It is very important that you act in the same exact way with each professional so that there will be no direct influence on him from your part that might confound the results. It is also important that after each interview you remember to put in writing the information about the interview that can tell us whether we were able to influence the professional's responses, as accurately as possible. We do not believe it can be done, but have to prove it experimentally.

- 103 -

LIVE CONSULTATION PROTOCOLS

What did he recommend or direct you to do next?

What else did he think you could do?

What questions did he ask you first?

What other questions did he ask you?

- 104 -

What comments did he make about the case you presented to him?

Did he explain anything to you, and if so what?

Did he think there was any problem, and if so what?

Did he emphasize any point?

- 105 -

If so, what?

How?

What topic took most of the time to discuss?

What other things do you recall from his conversation?

INTERVIEW TECHNIQUE QUESTIONNAIRE

What do you think of this case?

What is the nature of the problem if it exists?

Who is the cause of the problem if anyone?

What are your recommendations for this case?

REPORT OF THE CONSULTATION WITH A PSYCHOTHERAPIST

Subject Number D-27

Confederate Number One

What did he recommend or direct you to do next?

To come and see her on a regular basis for psychotherapy.

What else did he think you could do?

There was the possibility of my husband and myself seeing a marriage counselor, although she said she had no experience in that field.

What questions did he ask you first?

1. How did you come to me?
2. What made you feel you should seek help?
3. Who was it that referred you to me?

What other questions did he ask you?

1. You're feeling immobilized, aren't you?
2. How old are you?
3. When did you first notice feeling of immobilization?
4. Have there ever been times when you have felt immobilized in other situations?

5. You say you're confused; can you remember another time when you felt this way?
6. You were feeling angry, weren't you? Also violent?
7. How would you describe your mother?
8. Would you say she is concerned about you?
9. What about your father?
10. What did he do for a living?
11. What does your mother do?
12. How many brothers and sisters do you have?
13. Is your brother older or younger?
14. What is the connection between your leaving school and getting married?
15. What are you interested in?
16. When you say your husband is cold towards you, how is he cold?
Is it sexually?
17. How is he intolerant?
18. Can you give me an example of an exchange between you and your husband about the money?
19. Can you come see me on Mondays at around 9:30?
20. How old are you?
21. How old is your husband?
22. How long did you know your husband before you were married?
23. What does your husband do for a living?
24. Have you confronted him with your knowledge of this other woman?
25. How did you find out about it?
26. Do you feel your husband is being taken away by this other woman;

that she is taking him away from you?

27. How, and in what ways, have you become more mature and understanding since your marriage?
28. When have you felt confused, unable to make a decision before?
29. Have you given up; are you hopeless?
30. How have you changed since your marriage?
31. Describe your relationship with your husband previously?
32. Why did you marry him?

What comments did he make about the case you presented to him?

She felt that I definitely needed psychotherapy, and that she wanted me to come in again so I could see how it goes.

Did he explain anything to you and, if so, what?

She explained how the sessions work and that it takes time for a thing to work itself out. She said she usually charges \$35 a session but she would only charge me \$25 because of my financial situation.

Did he think there was any problem and, if so, what?

Yes. She said I appeared to be a very spontaneous person, but that I was holding back. She said my reactions to the situation seemed very intense.

Did he emphasize any point?

Yes.

If so, what?

That she felt what psychotherapy was about was interrelating and being able to see where perhaps we had done things in the past that were affecting things presently, and perhaps we could find out what I had not known before.

How?

By underlining interrelationships in her conversations with stars, asterisks, bells, whistles, etc.

What topic took most of the time to discuss?

My remembering back into my past; relating old feelings then to current ones presently. Her discussion of what psychotherapy was and how she operated.

What other things do you recall from his conversation?

She said that my dropping out of college was the ultimate act. She said that I had murdered it (educational experience); that I had done away

with it by just dismissing it.

At various points she told me I was various things such as immobilized, angry, swimming in a sea of feelings. She said that I felt my husband had denied me the flow of understanding and communication that we had had previously.

She told me her credentials. She said she started out in social work and then went on to the American something or other of Psychotherapy and that she felt this and some other institution named were good in her field.

She said some people feel embarrassed by being in a strange environment and that maybe that's why I was holding back. She asked if I was embarrassed. She wanted to know if I was ever curious (that's not the word, but something like that) about new things, new situations, etc. She asked me to recall some for her.

She said she hoped I would give her a call.

The material contained in protocol D-27 was coded as follows:

1. Principal recommendation

- a. Type of recommendation: referral to an agent
- b. Type of agent of referral: psychotherapist

1A. Other recommendations

- a. Type of recommendation: referral to an agent
- b. Type of agent of referral: psychotherapist

2. a. Nature of the conflict: psychological

- b. Assignment of responsibility: -2 conflict lies in client

REPORT OF THE CONSULTATION WITH A LAWYER

Subject Number 428-A

Confederate Number One

What did he recommend or direct you to do next?

He suggested that I talk to my husband again and tell him I had seen a lawyer.

What else did he think you could do?

He thought that I should seek a legal separation; then he offered me the other options of a divorce and an annulment.

What questions did he ask you first?

1. Tell me something about your situation.
2. Your name, husband's name, your maiden name.
3. Date of births of husband, child, myself in addition to date of marriage.
4. Address and phone number; whether phone was at business or home.

What other questions did he ask you?

1. How much does your husband make?
2. What does he do for a living?
3. Do you live in an apartment, house, condominium?
4. How much rent do you pay?

5. Has your husband beaten you?
6. Do you have sexual relations with your husband?
7. Have you had any marriage counseling?
8. Does your husband have a lawyer?
9. Does your husband stay out late?
10. How long have you been having problems?
11. Do you try to talk to him about things?
12. Does he flaunt the other woman in your face?
13. Has your husband had money problems?
14. Has your husband been moody?
15. Have you asked him what was the matter?
16. How did you pick me out?
17. Does he give you money?
18. Do you have a joint bank account?
19. A checking account?
20. Do you work?
21. Do you have anything you would like to ask me?

What comments did he make about the case you presented to him?

He said it was obvious to him that I should seek a legal separation since my husband abused me and has another woman; that it was serious and the atmosphere of the marriage seemed unhealthy.

Did he explain anything to you and, if so, what?

He explained the three legal options I had:

- a. Divorce
- b. Legal separation
- c. Annulment

He also explained the implications thereof and how presenting legal summons to people (i.e. then legal separation) often gives them a jolt and wakes them up. He also said that until July 1, 1973 there had been a thing called a term of reconciliation or conciliation which brings two parties together and something is worked out there and then. This is no longer in effect.

Did he think there was any problem and, if so, what?

Yes, he did. He thought the problem was my husband.

Did he emphasize any point?

Yes.

If so, what?

He was very strong on my seeking a legal separation and somewhat less emphatic about my confronting my husband again and telling him I had seen a lawyer.

How?

He reiterated this option about three or four times.

What topic took most of the time to discuss?

The legal separation; how it works; what it would mean for me and what it might help do.

What other things do you recall from his conversation?

He thought I wanted the marriage to last but since my husband was abusive, noncommunicative, and straying, he didn't see that I had any choice but to separate. He discussed the financial implications of a legal separation for my husband; there would have to be maintenance of separate residences and that he (husband) wouldn't have much money left after supporting me and the child. He said from his experience these problems don't change by themselves; it usually takes some kind of action to change things. He said I appeared to be intelligent and very sensitive and that he hoped things would work out. He was surprised (pleasantly) when I told him I'd gotten his number from the phone book and he said that had never happened to him before. Personally he felt when a husband becomes abusive and has been seeing another woman for three to four months, that things are not healthy. He also said if the husband has been acting this way for a week, he would tell me to go on home and forget it but since the situation has gone on longer than that, he felt it

was serious. He said basically that I was in a dilemma. On the one hand things couldn't go on the way they were and, on the other, that I seemed to want the marriage to work out (I think that's what he said about the latter part of last statement). He said he had to ask the question about sexual relations because if we were having them, there would be no grounds for either the annulment or the divorce. Also he said I could sue for divorce on the grounds of mental cruelty.

The material contained in protocol 428-A was coded as follows:

1. Principal recommendation

- a. Type of recommendation: action other than referral
- b. Type of action recommended: interpersonal

1A. Other recommendations

- a. Type of recommendation: action other than referral
- b. Type of action recommended: legal

2. a. Nature of the conflict: legal

- b. Assignment of responsibility: +2 conflict lies in husband

3. a. Area of predominant questioning: interpersonal, legal,
and economic

- b. Areas emphasized: legal

REPORT OF A CONSULTATION WITH A CLERGYMAN

Subject Number 4-C

Confederate Number One

What did he recommend or direct you to do next?

He suggested that I have a talk with my husband after he had eaten to find out what was the matter.

What else did he think you could do?

1. Think about the possibility of the marriage being over and that I might have to get a divorce.
2. Suggested that my husband and I see a marriage counselor.
3. Become more independent myself and develop outside interests.
4. Pray to God for guidance and strength to help me through my problems.

What questions did he ask you first?

1. How old is your husband; how old are you?
2. What does he do?
3. How much schooling has he had?
4. How much schooling have you had?
5. Do you have children?
6. Does he come home every night?
7. Have you seen him with this other woman?

What other questions did he ask you?

1. Is your husband close to anyone that you could ask to talk to him?
2. Did he hit you when the two of you were arguing?
3. What do you think about what I've said?

What comments did he make about the case you presented to him?

That there was absolutely nothing I could do to change my husband. All I could do was create a climate at home which would make him want to be there. I should let the affair (if it existed at all) run its course, and not argue.

Did he explain anything to you and, if so, what?

He explained that I should not try and throw myself at my husband. He said that no one likes being pursued. He said since I couldn't do anything about the situation I should be very understanding, firm, loving, independent and, above all, refuse to get into any arguments with him.

Did he think there was any problem and, if so, what?

Sort of, not really - that I had to create a climate at home that would make him want to be there. Also that he might be in love with this other person and I had to do things to make him realize he loved me too,

if I still did.

Did he emphasize any point?

Yes, two or three.

If so, what?

1. That I should avoid all attempts on his part or mine to argue or fight.
2. That I should, above all, not pursue my husband.
3. That I shouldn't try and attempt a discussion before he had eaten.
4. I should look to God for strength.

How?

By the deliberateness with which he spoke, and his repeating these things a few times.

What topic took most of the time to discuss?

How men do not like to be pursued and how my arguing would accomplish absolutely nothing.

What other things do you recall from his conversation?

He related a story to me by Tolstoy which, in essence, said that no matter how long you live with a man and do things for him, you cannot make him love you or want to be around. All that I could do was act restrained, hold my emotions in, and develop a source of inner strength with the help of God. He thought I should go out with girl friends to the movies or the ballet, and develop my own interests so as to become independent and not have to lean on my husband that much. He felt if I acted more aloof, this might intrigue my husband and make him take interest in me again. He suggested that if I needed any more advice, that I should come back to him, or call at any time, and that we could bounce a few ideas back and forth between us. He said a man wants nothing better than to come to a home where he feels at rest, peaceful, secure, etc., but that I should not go in the opposite direction and just become a doormat to be walked on by him. If I did that, he said, my husband would have no respect for me. For the sake of all involved (me, husband, child) we should try and come to an understanding and see if we could make it better. He also said crying fits, threatening to commit suicide, all matters of emotional histrionics, would only turn him off.

The material contained in protocol 4-C was coded as follows:

1. Principal recommendation

- a. Type of recommendation: action other than referral

b. Type of action recommended: interpersonal

1A. Other recommendations

a. Type of recommendation: action other than referral

b. Type of action recommended: interpersonal, psychological, and spiritual

2. a. Nature of the conflict: interpersonal

b. Assignment of responsibility: 0 conflict lies in both

3. a. Areas of predominant questioning: interpersonal

b. Areas emphasized: interpersonal and spiritual

REPORT OF A CONSULTATION WITH A PSYCHOTHERAPIST

Subject Number 19-D

Confederate Number Two

What did he recommend or direct you to do next?

If I decided on it, he felt that I was the type of person who could use psychotherapy. If so, he said to call him and make an appointment.

What else did he think you could do?

He offered no other alternatives.

What questions did he ask you first?

1. What is the problem?
2. How long has this change been going on?
3. Do you remember anything that happened that might have caused this?
4. What do you argue about?
5. Are you depressed?

What other questions did he ask you?

1. How old is your husband?
2. You said over the phone you were 23?
3. What does your husband do?

4. What do you do? Do you work?
5. Do you think this other "gal" had anything to do with this change?
6. How did you find out about this other woman?
7. When did your friend tell you?
8. Under what circumstances did she see them?
9. Around the neighborhood or near his job?
10. How did you feel when you found out?
11. Does your husband know you're seeing me?
12. How would he react if you told him?
13. Have you confronted him with this other woman? Are you afraid to?
14. How long did you know your husband before you married?
15. Where do you live?
16. Have you always lived in the city in Harlem?
17. Has your husband always lived in the city?
18. What is his family like; does he come from the same middle-class background as yourself?
19. Did you have the feeling you were marrying beneath you when you married him?
20. Have you ever been involved in psychotherapy before?
21. Is your husband undergoing any psychotherapy?
22. In what other ways has your relationship changed?
23. Does he come home late?
24. What are you thinking? (two times)
25. How far did you go through school?
26. Why did you drop out?

27. Did your husband complete school (college)?
28. How would you feel if a week from now your friend told you she saw your husband and this other woman going up to a hotel?
29. Do you usually get angry?
30. When was the last time you were good and angry?
31. Do you get angry when you argue with your husband?
32. Do you throw things at him or do you hit him?
33. Are you always like this with other people?
34. Do you ever curse?
35. Do you feel uncomfortable?
36. Tell me about yourself, whatever comes to mind.
37. Did you drop out of school because you were a part of the political protest or because the political protest was interfering with your education, or because of some other factors?
38. What type of work did your father do?
39. You said he was a social worker; did he do psychotherapy?
40. What does your mother do?
41. Do you want your marriage to continue?
42. How do you feel about me?
43. Would you feel more comfortable seeing a woman, or a black person?
44. Can I tell you anything?
45. What do you want to do?
46. How do you feel about your husband?
47. How do you feel about him when you are angry?
48. How do you feel about your marriage?

What comments did he make about the case you presented to him?

He thought I could use psychotherapy to find out about myself in terms of my marriage. He said because I came to him I must be thinking the problem is with me, but what I was talking about and saying was that I felt my husband was the one, the problem.

Did he explain anything to you and, if so, what?

Yes.

1. About how he proceeds with psychotherapy.
2. That he felt my marriage was not his business really; that he could not tell me what to do or promise that he had a solution for me, or that psychotherapy was going to work out or not.

Did he think there was any problem and, if so, what?

He didn't say outright "Well this seems to be the problem." He did mention that I seemed to be very calm and matter-of-fact on the surface, but underneath he felt this tension and anger.

Did he emphasize any point?

A few.

If so, what?

About how he felt psychotherapy went, and the practice in general.

How?

By bodily emphasis; widening of the pupils, shifting of body positions, taking his feet from off the ottoman, lighting a cigarette - things like that.

What topic took the most time to discuss?

His explaining to me what psychotherapy was, and how things progress or don't progress.

What other things do you recall from his conversation?

He said or explained to me what he felt psychotherapy could do. He said he saw it in terms of going places depending upon how much the person, patient, client opened up. He said you get a feeling inside when it's working and you and the patient usually know when you have gone as far as you can go with it. He said some people really start to see things in six weeks, and with other people it might take years. Some people it might take 10 years. He said "You know and I know people who have been through it and haven't changed a bit." He said he couldn't promise me that in a certain amount of time I would see results. He said the

whole process was pretty much of an uncertainty. He wanted to know why I was laughing at something; when I told him he hooked that up into saying that it went along with some sort of doubt I had expressed earlier of it not being a hocus-pocus situation. He said there was no hocus-pocus involved. He said that if I had to think that long of the last time I got angry then I don't usually get angry. He said I was probably much more than "sorta hurt" when I found out about my husband and this other woman. He felt that it usually didn't make a difference with him in psychotherapy that he wasn't a woman or a black, but wanted to know if I felt uncomfortable with him because of it. He wanted to know when I wanted another appointment. He said I could call him; that he was usually in all day Tuesdays (until 10 PM) but that he was usually out. He said he would call me after getting the message from his answering service. He asked if my husband answered the phone, could he say Dr. Lasky called.

The material contained in protocol 19-D was coded as follows:

1. Principal recommendation
 - a. Type of recommendation: referral to an agent
 - b. Type of agent of referral: psychotherapist
- 1A. Other recommendations - None
2.
 - a. Nature of the conflict: psychological
 - b. Assignment of responsibility: -2 conflict lies in client
3.
 - a. Areas of predominant questioning: interpersonal and psychological
 - b. Areas emphasized: psychological

REPORT OF A CONSULTATION WITH A CLERGYMAN

Subject Number 13-C

Confederate Number Two

What did he recommend or direct you to do next?

That my husband and I should come in to speak with the Priest to find out what the problem really is, by speaking separately with the Father, then together. Also that I should convert to being a Catholic because it is not good to have different religious beliefs in a marriage.

What else did he think you could do?

To go home and talk out our problems with each other and come to a mutual understanding. This is the only way to accomplish our goals together. He also told us to pray to the Father above to give us both strength to overcome our problems. He also suggested that the family go to mass every Sunday and God would help change my husband for the better.

What questions did he ask you first?

1. How can I help you?
2. Are you of the Catholic faith?
3. Is your husband Catholic?
4. Are these arguments very bad? Does he hit you?

5. Are there any children?
6. What church do you attend? Do you intend to convert to Catholicism?

What other questions did he ask you?

1. What type of work does your husband do?
2. Does he provide for you and your child?
3. Has he ever acted this way previously?
4. Does your husband know you're here? Why?
5. Do you know this woman?
6. How frequently did your relative see your husband with this woman?
7. Does he work late often?
8. Has he stayed away from home at any time?
9. What excuses does he give you?

What comments did he make about the case you presented to him?

He said it seemed as if my husband had either something on his mind and is keeping it from me because he is afraid to tell me, or there is another woman and she has influenced him in one way or another. This happens many times in marriages when the couple is young because sometimes the man may not be ready for marriage and still wants to see other women. It is up to the wife to guide him down the right path.

Did he explain anything to you and, if so, what?

He said that many times in a marriage of mixed religion problems arise because of the different beliefs of the couple. There are conflicts, and this is why we say not to marry outside your own religious. These conflicts do arise and ruins the marriage and the communication between the two people.

Did he think there was any problem and, if so, what?

Yes. There is a conflict between us because of our different religious beliefs, and the evils of the street have influenced him. These problems can only be alleviated through prayer and confession.

Did he emphasize any point?

He emphasized mainly that the problem is caused by lack of communication and the difference of religious beliefs; that if my husband and I would pray and confess our sins, God would forgive and correct the differences we are having and everything would be as it was before.

If so, what?

Through prayers and confession our problems would be wiped away and our marriage made whole again; by both of us seeking advice about our marriage problems, we would have taken the first step to bettering our

our relationship.

How?

He also said that if my husband sees me reading the Holy Bible and praying for His blessings, my husband would gradually change his attitude and seek help from the Father above to change him.

What topic took the most time to discuss?

The topic that took the most time to discuss was our religious differences and how a young marriage of this kind can develop problems and conflicts that the two people can't handle. Therefore the husband or the wife is diverted from the right road that builds a good foundation for the marriage.

What other things do you recall from his conversation?

1. How do you feel about your situation?
2. Has your feelings of frustration in this situation affected your child in any way?
3. Do you think your husband would come in to see me?
4. What do you do to relieve your tension?

The material contained in protocol 13-C was coded as follows:

1. Principal recommendation

- a. Type of recommendation: referral to an agent and action other than referral
- b. Type of agent of referral: clergyman
- c. Type of action recommended: spiritual

1A. Other recommendations

- a. Type of recommendation: action other than referral
 - b. Type of action recommended: interpersonal and spiritual
2. a. Nature of the conflict: interpersonal and spiritual
- b. Assignment of responsibility: 0 conflict lies in both
3. a. Areas of predominant questioning: interpersonal and spiritual
- b. Areas emphasized: spiritual

REPORT OF A CONSULTATION WITH A LAWYER

Subject Number 245-A

Confederate Number Two

What did he recommend or direct you to do next?

That I confront my husband at an opportune moment with the fact that he has changed so suddenly. Explain to him that he doesn't take me out anymore, that our sexual relationship has decreased, and that our communication has fallen apart. He also said that I should couple this with the fact that people have been telling me about his being seen with another woman.

What else did he think you could do?

If he doesn't care for me anymore, then I should ask him what he plans to do about it and find out where I stand. After that I should take legal steps, but that if there was any chance to save the marriage I should, of course, do so.

What questions did he ask you first?

1. How old are you?
2. How old is your husband?
3. Are there any children?
4. What type of work does he do?

5. Does he stay out late?
6. What does he do when he comes home?
7. Has he given any excuses as to why he stays out late?

What other questions did he ask you?

1. Does he hit you?
2. Do you have long conversations?
3. Do you think he is using his money on the other woman?
4. Are the bonds in both your names?
5. Was he always a quiet man?
6. Do you believe what they say about another woman?
7. How did he behave towards you before this change in his actions?

What comments did he make about the case you presented to him?

He commented that it seems as if my husband has something on his mind, and it may be that he is mixed up with another woman, or that there is something else he is keeping to himself. By him not being open with what is bothering him, he is hurting you as well as himself. Because this is what can break up a marriage, unless it is brought out into the open, it can cause a separation between us and, eventually, bring about a divorce.

Did he explain anything to you and, if so, what?

He explained that this is why I should confront my husband with what I feel in a nice, but firm manner. He said I should tell my husband that I don't want to go on being abused physically and mentally. He added that we were young and that there was no sense in ruining our lives by not dealing with the problem headon. He said that many marriages and lives have been ruined because the couple didn't want to face the facts. The main fact they could not face was that they couldn't make it together being married to one another.

Did he think there was any problem and, if so, what?

Yes, that there is definitely a problem and it must be dealt with right away or it would ruin our marriage. He also felt that my husband was very much tied up in a problem which he would not divulge and it was breaking down our communication system, which is most important in a good marriage.

Did he emphasize any point?

He emphasized that because my husband may be having an affair, of which there is no proof, a lack of communication was building between us, and that there was also a problem in the limiting of funds for miscellaneous. This, he felt, has caused pressure to be put on me which is mental cruelty on my husband's part.

If so, what?

What are grounds for divorce today. Many women would not bother to go through all these emotional abuses; they would just come right out and ask where they stand and ask if I'm your wife or not. Then they would either resolve the problem right at that moment, or tell their husband that they are going to take legal action.

How?

By speaking to my husband and asking him why he has changed so suddenly, and say that I have been told that he has been seen with another woman, and ask him where I stand with him. I should also tell him that everything, coupled with how he has been treating me, and the decrease in our sexual and social activities, has caused me to think that there might be some truth in the rumors.

What topic took most of the time to discuss?

Mainly we conversed about what the causes were leading up to the change, and that my husband acted as if he has a problem and it is causing a breakup between us, and how it will eventually ruin our marriage if steps are not taken right away.

What other things do you recall from his conversation?

He said I obviously wanted to save my marriage and bring peace into my home. But he said I might put demands on my husband because if I continue to be easy with him, he will eventually take more and more opportunities and do whatever he wants to me. This is not a basis for a marriage since I'm still young and I should make a place for myself in the marriage and protect my rights as his wife.

The material contained in protocol 245-A was coded as follows:

1. Principal recommendation

- a. Type of recommendation: action other than referral
- b. Type of action recommended: interpersonal

1A. Other recommendations

- a. Type of recommendation: action other than referral
- b. Type of action recommended: legal

2. a. Nature of the conflict: interpersonal, legal, and psychological

- b. Assignment of responsibility: +2 conflict lies in husband

3. a. Areas of predominant questioning: interpersonal and economic

- b. Areas emphasized: interpersonal and legal

TRANSCRIPT OF A CONSULTATION WITH A LAWYER

Lawyer: Suppose you tell me in your own words what your problem is.

Client: I've been happily married for three years...

Lawyer: I'll interrupt you from time to time. When were you married?

Client: In 1970, July.

Lawyer: Where were you married?

Client: In New York.

Lawyer: And you're a resident of New York State?

Client: Yes

Lawyer: How long have you resided in New York State?

Client: All my life.

Lawyer: Was your husband a resident of New York State at the time when you married him?

Client: Yes.

Lawyer: Alright. Please go ahead.

Client: In the last few months the situation has changed between us. We've been arguing and fighting more than we've ever been before and the arguments are getting worse and worse. My husband refuses to let me know what our financial situation is, and when I ask him for money, most of the time he won't let me have it. And our financial situation really worries me because with some money that I had inherited we bought some bonds that are kept in a safe deposit in his office, and whenever I ask him about what's happening to them he becomes offended and

won't answer me. And, as sort of a last straw, I found out he's seeing another woman on the side and the whole situation has me so upset that I'm finding it hard to sleep at night and I've noticed that I'm quite irritable most of the time and very unhappy.

Lawyer: Do you have a child?

Client: Yes.

Lawyer: And this is a child of yourself and your husband?

Client: Yes.

Lawyer: How old is the child?

Client: She'll be two in September.

Lawyer: Apart from the complaints that you've just given to me, how has your husband's attitude been towards you? Has he been abusive to you? Has he used any physical force or violence?

Client: Yes, he's been mostly mentally abusive to me, but occasionally there's been physical abuse.

Lawyer: When you say mostly mental, what do you mean?

Client: I mean when I ask him things he becomes very cold and distant, or he refuses to answer me or if he does, it's usually a smart answer.

Lawyer: Did you say there were some incidents of physical violence?

Client: Yeah.

Lawyer: What were they?

Client: He's hit me a few times.

Lawyer: With his hand?

Client: Yeah.

Lawyer: When you say a few times, on different occasions?

Client: Yeah.

Lawyer: Did he inflict any pain or injury when he did hit you?

Client: Pain but not injury.

Lawyer: Was it with any great force?

Client: Yes.

Lawyer: Are you afraid of him?

Client: I'm not afraid of him, but I've noticed that we're growing apart.

Lawyer: Well this growing apart and his seeing another woman, do you think that relates perhaps to the arguments that you and your husband are having concerning finances?

Client: I don't really know since he won't say anything.

Lawyer: Let me ask you this, what's his attitude toward the child?

Client: It's distant also, he loves her, I can see that.

Lawyer: You know that?

Client: Yes.

Lawyer: He brings her toys, plays with her?

Client: Yeah.

Lawyer: Cuddles with her?

Client: Yeah.

Lawyer: Concerned if she doesn't feel well?

Client: Yeah.

Lawyer: Isn't this problem something that could be resolved by either a frank discussion if you could have one with your husband, or the

intervention of some party who might be trained in the field of administering to husbands and wives who are having difficulties in their marriage?

Client: Do you think that's what this situation calls for?

Lawyer: Well I hardly think that; from what you've told me, the situation is serious enough to really consult an attorney or to even institute any legal actions with respect to it. I think that you've only been married, let's see now, three years, and in the first five years of married life, take it from an old married man, problems, difficulties, disputes arise between husband and wife, with some frequency too, which must be resolved. There's a period during which time husband and wife must sort of mesh gears together, and you come from different families, and you're different people, and you have different educational backgrounds I assume, and even if you don't, certainly the very fact that you've been brought up in different households and have encountered different environments, different friends, different upbringings, will inevitably cause some sort of conflicts to arise, and frequently these conflicts, at the beginning anyway, are not of a tremendously serious nature as require the intervention of legal talents, or courts or official agencies to dispose of. I'm looking at you and speaking to you. I don't see a person who is very abused in front of me. But you appear to be very, very unhappy. You look like you have a problem, but I don't think at this particular stage

your problem involves a resort to legal efforts. I think rather it requires a resort to friends of the family, the intervention of your church, priest or minister as the case may be, family friends who could get together and speak. Or it might be that you yourself must make an effort, believe it or not, to corner your husband and say, "Husband, dear, apparently you may have a financial problem that you're trying to hide from me, or keep from me. I'm your wife, your problems are my problems, my problems should be your problems. Let's chase this thing out into the open and see." Do you work?

Client: No, I don't.

Lawyer: You're a housewife, pure and simple.

Client: Yes.

Lawyer: Your husband is engaged in some line of activity; work.

Client: Right.

Lawyer: What does he do?

Client: He's in insurance.

Lawyer: He's an insurance salesman or is he in the actuarial department?

Client: He's a salesman.

Lawyer: A salesman. How does he do?

Client: He does fairly well.

Lawyer: Well what is his annual income roughly, approximately, as far as you know?

Client: I think it's about \$8,000 plus commissions.

Lawyer: \$8,000 plus commissions. And what does a commission amount to, to your best guess?

Client: I'd say about five hundred to seven hundred a year.

Lawyer: A year. So altogether his income is below \$9,000. What is your rent?

Client: About \$200 a month.

Lawyer: \$200 a month. And then you have gas, electric, telephone. You have clothing for yourself, clothing for him, clothing for the child. You have medical expenses for the child and perhaps for each of you. It is not an easy burden for a man to carry all by himself on that kind of an income today with the rate of inflation the way it is. You go out and do shopping. You go shopping for the meals and what do you think about the price of food today?

Client: It's outlandish.

Lawyer: What do you get a week from your husband?

Client: About \$60 a week.

Lawyer: And what does that take care of?

Client: The food and clothing and child's needs.

Lawyer: And it would only take care of basic clothing, right?

Client: Yes.

Lawyer: Do you go out at night with your husband?

Client: Not anymore, no.

Lawyer: Is it because he doesn't want to go out with you, or because of an attempt to save money?

Client: He comes home late.

Lawyer: You say that he's been seeing another woman.

Client: Yes.

Lawyer: Have you seen him with another woman yourself?

Client: No. A friend of mine has seen them together quite frequently.

She told me.

Lawyer: Was that in the night or in the day?

Client: It was in the night.

Lawyer: Where did she see them?

Client: She'd see them in the street.

Lawyer: Walking?

Client: Yes.

Lawyer: What were they doing apart from walking?

Client: She said they were talking to each other.

Lawyer: Well how does she know that this is a "girlfriend?" It might be a client or it might be a cousin, or it might be someone he knows. Has she seen them on more than one occasion?

Client: Yes.

Lawyer: How many times?

Client: I'd say about four times.

Lawyer: And did she follow them? Did she see where they went?

Client: She didn't follow them. She seen them.

Lawyer: Was that in your neighborhood?

Client: Yeah.

Lawyer: And where were you at the time?

Client: I was home.

Lawyer: Did you ask him about this?

Client: No, I haven't confronted him.

Lawyer: You haven't approached him about it?

Client: I find it very difficult to talk to him.

Lawyer: Was she a young lady, or an older woman, or what?

Client: She said she was young.

Lawyer: Was she pretty?

Client: Yeah.

Lawyer: You know sometimes it's not unusual, it's not right but it's not unusual for a man to go out with another lady when he's having problems at home. He may feel that he's misunderstood. Is it possible?

Client: It's possible.

Lawyer: When you married were the two of you very much in love?

Client: Yes.

Lawyer: How old is he?

Client: He's 28.

Lawyer: How old are you?

Client: I'm 23.

Lawyer: Well that's in the age bracket when you should be able to understand each other. I would not advise you to have an attorney approach him at this stage. Has he indicated to you that he wants to leave home?

Client: No.

Lawyer: What is your relationship with him apart from the fact that you've been arguing about money matters? I take it that's what the arguments are about, is that right?

Client: Usually, yes.

Lawyer: What else would the arguments be about?

Client: About the fact that we don't seem to communicate much anymore.

Lawyer: In what respect?

Client: We don't talk like we used to.

Lawyer: You don't laugh, you don't joke?

Client: No.

Lawyer: Formerly, did you go out at night with your husband on occasion?

Client: Yes.

Lawyer: Where did you go?

Client: We went to nightclubs and movies.

Lawyer: Was that before the birth of your baby or after?

Client: Before and after.

Lawyer: And when you went out, what did you do with the baby?

Client: We had a baby sitter, or I'd leave her with my mother.

Lawyer: When was the last time you went out on a Saturday night with
your husband?

Client: It's been a few months.

Lawyer: Have you asked to go out with him?

Client: Yeah, I've tried, but...

Lawyer: What does he say?

Client: He either says nothing or he says I don't want to.

Lawyer: Does he go out then by himself?

Client: Yeah. He leaves the house.

Lawyer: For any length of time?

Client: Yeah.

Lawyer: For how many hours?

Client: I'd say over five.

Lawyer: Then he comes home late in the morning or late in the evening,
or the early hours of the next day?

Client: Yes.

Lawyer: Well, have you found lipstick on him?

Client: No, I haven't found any lipstick.

Lawyer: Or anything that would arouse your suspicions with respect to
the fact that he might be carrying on an affair with someone?

Client: Well, from what my friend said and the fact that his behavior
is so different now.

Lawyer: Do you have a circle of friends?

Client: Together?

Lawyer: Together.

Client: Yeah.

Lawyer: Had it been your habit to meet with these friends from time to
time?

Client: Yes.

Lawyer: Do you meet with them now?

Client: No.

Lawyer: Did they visit you at your home?

Client: They did, yes.

Lawyer: And did you visit them at their homes?

Client: Yes.

Lawyer: Well, why has that stopped?

Client: I guess it's because the fact that my husband and I are not getting along, so that tends to keep people away.

Lawyer: Well, how violent are the arguments? How would they start? Would you ask him for some extra money?

Client: Yeah, or I'd ask him about how our finances were.

Lawyer: What would his reply be to you?

Client: Well, sometimes he'd say "I give you enough," or "You should be glad with what you have," or most of the times he won't say anything, he'll shrug it off and just turn away.

Lawyer: Does he buy expensive things for himself, or relatively expensive things for himself?

Client: Not that I've seen.

Lawyer: And if you require something does he give you money to buy it with?

Client: He begrudges it to me now.

Lawyer: How about the child?

Client: It's getting to that point.

Lawyer: But has not?

Client: But has not, no.

Lawyer: Has he been married before?

Client: No.

Lawyer: Have you?

Client: No.

Lawyer: Well, I could understand very well your emotional feelings and being disturbed at this situation, but I think that at this

stage the best advise that I can give you, but unfortunately I am not a psychiatrist or psychologist, would be to try to sit him down and speak about your problems with him and tell him about the high cost of living, ask him if he can afford to do such and such, and such and such. Ask him to let you in on his end of the marriage bargain. That is, how he's getting along, how he's making ends meet, if he's got problems making ends meet and what you can do to help or assist him in that direction. Many people today find that it's necessary for the woman to take a part time job or even a full time job to support a house. It's not easy today. Maybe he's carrying that resentment inside of him and doesn't want to ask you, or tell you to help at this time. Do you think that might be possible?

Client: Yeah, it could be possible.

Lawyer: These bonds that you speak of that you inherited from your mother, what do they amount to?

Client: I inherited some money and we bought some bonds.

Lawyer: Alright. In whose name did you buy the bonds?

Client: In both our names.

Lawyer: How much do they amount to?

Client: I'd say around \$700.

Lawyer: \$700. No great big fortune, you know.

Client: No.

Lawyer: And he keeps them in his office safe?

Client: Yeah.

Lawyer: You don't think that he's disposed of them, do you?

Client: That's what I don't know. I ask him about them...

Lawyer: Do you have a joint account apart from that?

Client: A bank account?

Lawyer: Bank account.

Client: No. It's in his name.

Lawyer: Do you have a checking account of your own?

Client: No.

Lawyer: Have you ever worked before?

Client: Yes.

Lawyer: What did you do?

Client: I worked in a library and in day care centers.

Lawyer: I see. Well, you're a pretty young lady and apparently an educated young lady with a good head on your shoulders. Do you love your husband?

Client: Yes.

Lawyer: You do. And you want to preserve your marriage, not break it, is that right?

Client: I'd like to, yes.

Lawyer: Well then, rather than rush to the courts for any kind of relief, I would rush to my husband. Did you discuss the matter with your family? Do you have a family living here in New York?

Client: Yeah, my mother. I haven't approached her as yet, no.

Lawyer: And what kind of woman is your mother?

Client: She's understanding and strong.

Lawyer: She is. Sensible?

Client: Yeah.

Lawyer: I ask you that because sometimes the older people are out of step with the younger people. What kind of family does he have? Mother? Father? Brothers or Sisters?

Client: Yes, mother, father, a brother, and a sister.

Lawyer: Do they live in the general area?

Client: His parents do, but his brother and his sister don't live in New York anymore.

Lawyer: How do you get along with his parents?

Client: Pretty good.

Lawyer: Did you have a large wedding?

Client: It was small.

Lawyer: You had friends and family?

Client: Yes.

Lawyer: Do you see his parents often?

Client: Yes. I take the child to see them.

Lawyer: How often?

Client: I'd say a few times a month.

Lawyer: How about his father, what kind of a man is he?

Client: He's very kind and he's gentle I'd say.

Lawyer: And his mother?

Client: She's about the same.

Lawyer: And you think that they like you?

Client: Yeah.

Lawyer: Even, perhaps, instead of going to your own mother, why don't you go visit his parents with the child one day this week. Don't let the thing drag. Tell them about how unhappy you are and tell them how much you love their son and ask them to, well maybe they can help in this situation, or do you think that this will drive him into a fury or a rage?

Client: I really don't know at this point. It might if they told him, if they approached him about it.

Lawyer: I would soft-pedal the business about being seen with another woman at this time because that, I don't think, is the nub of your problem. I think your problem stems from this other situation of the arguments and the fights, and I think those arguments and fights, as you've said, stems from money. When a man loves a woman if he can give her things he gives it to her, but suppose he loves her and he can't give her things and she demands it. Now how does he feel?

Client: I guess he'd feel bad.

Lawyer: He feels pretty badly about it, I would think, because that's the nature of the beast. You give to those you love and you feel very badly if you can't give to those you love. So I would soft-pedal this other thing because I don't think it's meaningful at this time. That might not be the relationship that's breaking up your marriage. It could be. It could be that he needs money to take out someone but I don't have enough to go on. I would discuss the matter with his parents,

especially his father seems kindly and I guess fathers-in-law are more disposed to daughters-in-law, am I right?

Client: Yeah.

Lawyer: I would talk to them and I'd make them know that you love your husband and, of course, the child and that you're a dutiful and devoted wife, and that you've always been good and kind and loving, and ask them to see what it is that you have not been able to discuss the basic problems with your husband because he immediately retreats into a shell or gets angry and goes out, and see where you go from there. If, after you speak to them, probably you might have a discussion with Robert, or they may speak to him first and then you all may get together and talk, but I would talk more from the end of his family rather than your mother speaking to both of you because he might resent that more deeply than his own parents speaking to him. And I think that if you could drive out into the open what is bothering him with respect to your household, you might arrive at a solution which would mean happiness to you, to him, and to your child, rather than a solution in the courts, because a solution in the courts for a person in your situation is not a very pleasant one. Why do I say that? I'll tell you why. Your husband is not a man of any great means financially, and you don't have any means financially. The \$700 can blow away on the wind, it's nothing. And you have a child two years old. So if this thing were to break up, number one, it would leave an emotional

scar on you. Correct?

Client: Yeah.

Lawyer: Number two, it would leave your child basically without a father because the father would only visit the child on occasions and the child would grow up without really having a father's hand and today I think every child needs a father's hand. Needs two, mother's and father's hands. The court would examine your husband's finances and say well, he's got to live, you've got to live, your child has to live. How much would they have to take from him for the support of you and your child? It would not leave very much. Two households, him living separately, you living separately, two rents, and you would not be any further advanced financially, as a matter of fact you'd retreat financially. You'd no longer have a husband to help you and to love you or the chance to have a husband help you or love you. And you'd be out on the, not on the streets, but you'd be looking around. The next man that comes along might not be anywhere near as good as your husband. Good, he could be better, but a girl that has a child has something in addition. A man thinks twice about that too. Don't you think so?

Client: Yes.

Lawyer: He may say well you're pretty and you're nice, you're everything he likes, but heck there's another man's child hanging around. He might want to have his own. And you're young, you have a chance of course to meet someone and to form a valuable and

vital attachment but you have one now. And you could have problems with the next one too and those could be worse problems. Your husband, does he drink to excess?

Client: No.

Lawyer: He doesn't. Does he use any narcotics of any kind?

Client: No.

Lawyer: This is almost a rarity today alone. You get my point?

Client: Yes.

Lawyer: He continues to give you the money that you referred to, \$60 a week?

Client: Not \$60, it's less now.

Lawyer: How much does he give you now?

Client: About \$45.

Lawyer: Why the difference? Why were you cut down?

Client: I don't know.

Lawyer: Do you make meals for him every night?

Client: Yeah.

Lawyer: Does he have breakfast at home?

Client: Yes.

Lawyer: Well how does he expect you to pay for this?

Client: I don't know.

Lawyer: Do you run out of money before the week is over?

Client: Yes.

Lawyer: And when you do, what happens?

Client: I ask him for more.

Lawyer: Does he give it to you?

Client: Most of the times not now.

Lawyer: Well how are you going to get, for example, milk for the child?

Client: I don't know. I try and talk to him.

Lawyer: But if he doesn't give you the money how is the child going to be fed?

Client: I don't know.

Lawyer: Well this requires a serious talk with his parents first. If all this fails and he's adamant and he doesn't want to listen to reason or talk reason, or discuss the problems with you and only wants a place where he can come sleep and have a couple of meals and go galavanting around again, then it would be time for you to make your move. Then you can't do worse. But at this stage I think that you must give your marriage a try and the way to do it is to have a meeting with his parents and have a meeting with him. Or you can do it in reverse order. Try to sit him down and talk to him, show him the economic facts, show him that you love him. I'm sure that you do, but show him again that you're not trying to bleed him but that you're trying to make a go of this marriage. Then see his parents. Or you can do it in any order that you think would be best or helpful to you to preserve your marriage. I hate to see a marriage break and so many of them do break. Many of them don't. And the ones where they break the woman doesn't go away very happy, the children are most unhappy. And you love your child?

Client: Yeah.

Lawyer: I don't think you're up to the point of legal action at this time. You're up to the point of legal action if after making every effort to preserve your marriage and to resolve this financial difficulty, because I think that's the main thing, again I may be wrong. He could possibly be in love with someone else, but I'd give him the benefit of the doubt at this time. Try to preserve that if you can, and if you're on such a level of poverty because of how he treats you financially, then you would have no recourse. You can't do any worse. How does that sound to you?

Client: Sounds reasonable, yeah.

Lawyer: That's what I would do. If you're successful, I'd like to know about it. I'd be happy to know about it.

Client: Okay.

Lawyer: If you're not successful, then you should return to this office. Call, make an appointment, return to this office and we'll take it up from there.

Client: Alright.

Lawyer: How many rooms do you have?

Client: We have two bedrooms.

Lawyer: How is it furnished?

Client: Semi-sparsely at this point.

Lawyer: Did he do the furnishing?

Client: Yes.

Lawyer: From what he had?

Client: Yeah.

Lawyer: I take it that when you got married you didn't have very much to bring into the financial pot. Is that right?

Client: No.

Lawyer: Do you receive family assistance, welfare?

Client: No.

Lawyer: You do not. Never thought of making an application for it.

Client: No.

Lawyer: Does he carry any insurance for you or for the child?

Client: I think he does through the job.

Lawyer: Do you have a car?

Client: No.

Lawyer: Does he?

Client: No.

Lawyer: What's your education?

Client: Two years in college, then I dropped out.

Lawyer: What school?

Client: City.

Lawyer: And your husband's?

Client: He went through City.

Lawyer: He graduated from City College?

Client: Yes.

Lawyer: Very nice. I went to City College myself. So you're two intelligent people. Certainly you're from the average level.

There's no reason why you can't make a go of this. Do you have any bad habits that you've noticed?

Client: Not that I've noticed.

Lawyer: That's what I said. Or anything that offends or might be offensive to him?

Client: Well, he thinks I nag him.

Lawyer: Well, nag him about money. Do you nag him about anything else?

Client: Not really.

Lawyer: Let me ask you something. You're sexual habits between yourselves, has that altered?

Client: Yes.

Lawyer: Drastically or just moderately?

Client: I'd say drastically.

Lawyer: Does he avoid you, is that what you're trying to tell me?

Client: Yeah.

Lawyer: Refuses you?

Client: Or if not, it's like...

Lawyer: Half-hearted?

Client: Yes, doing me a favor.

Lawyer: I see. That's peculiar. No, but it isn't peculiar either because to make love you have to be in the mood for it, not angry with everybody, with your partner, or not worried. And he might be worried. Is there anything else that might be bothering him? Could he be in trouble with the authorities or anything?

Client: I don't know since he won't tell me.

Lawyer: Well, do you give him mail?

Client: Yes.

Lawyer: What is the nature of the mail?

Client: I don't read his mail.

Lawyer: But you see who it comes from?

Client: Yeah. It doesn't seem anything other than bills.

Lawyer: Do you have a telephone?

Client: Yeah.

Lawyer: Does he get any telephone calls that you don't recognize people
calling who you might not know?

Client: No.

Lawyer: Is he secretive about his telephone calls?

Client: He doesn't really receive any at the house.

Lawyer: Okay. Do what I've asked you to, please. Then let me know.

Client: Okay.

Lawyer: How long will that take you? About a week or so?

Client: Yeah, I guess so.

Lawyer: Do you know my name?

Client: Yes. Mr. Adams.

Lawyer: And you know my phone number?

Client: No, I don't have the phone number.

Lawyer: Let me give you this so that you can get in touch with me.

Alright? Is there anything that you want to ask me?

Client: No, not at this point.

- 161 -

Lawyer: Is there anything that you want to tell me that we haven't
discussed or gone over?

Client: No. Thank you very much.

Lawyer: My pleasure.

TRANSCRIPT OF A CONSULTATION WITH A PSYCHOTHERAPIST

Doctor: What can I do for you?

Client: I am having some problems with my husband. We have been married for about three years and we had a very happy life before five months ago. We are starting to have more arguments and they are getting worse, and I am continuously feeling very irritable, and it seems like everything I do is not enough for him, and he is continuously abusing me mentally and physically and I just want things to be the way they were. I ask him constantly about our financial situation and he denies telling me, he puts off telling me about it and I am starting to wonder about it. I am wondering about our financial situation because I had inherited a small amount of money which we had put into bonds.

Doctor: Who is "we?"

Client: My husband is an insurance salesman, and he put the bonds into his safe and when I ask him questions about it he gives me smart answers or smart remarks, and shuts the whole question of the bonds, you know, away from me, and I am beginning to have doubts about him, and also he has been seen with a certain woman many times and I think this may be the reason for him changing, and I would like to have your advice on it.

Doctor: Have you discussed any of this with your husband?

Client: Not really, because we hardly speak with each other, we are so distant from each other, not like it used to be. We used to be

very free with each other with talks and everything.

Doctor: Did you ever talk to your husband?

Client: Yes, we spoke, but it is not the same, like I can't come out and express how I feel. I feel that he is just keeping me away from him and just shutting me away and it is just making me feel very odd, and I can't put it why he is doing it because he's never done this before.

Doctor: How old are you?

Client: I am 23.

Doctor: I want to be sure we will not be interrupted again.

Doctor: Were you able to communicate with your husband before?

Client: Yes, very freely.

Doctor: And how long ago did this stop?

Client: About a few months before.

Doctor: And you just stopped like this, all of a sudden?

Client: Yes.

Doctor: You had no warning about this?

Client: No.

Doctor: What about this other woman, do you know her?

Client: No, I don't. Some of my friends and relatives have seen him with her. I don't know this other woman.

Doctor: How has your relationship been with him in other ways? Up until that point was it fine?

Client: Yes, we had a very happy life, we enjoyed everything together, but now everything has turned, and I just don't know why all

this is happening.

Doctor: How old is your husband?

Client: He is 24.

Doctor: So he was 21 when you married, and you were 17 or 18?

Client: I was 18.

Doctor: How did you meet him?

Client: Well, we lived in the same area, East New York in Brooklyn, and we got to know each other through friends. We were drawn to each other, we had common interests and we enjoyed being together and we had very happy times and were free with everything. You know, we communicated, he told me how he felt and I told him how I felt.

Doctor: Was he the first man you knew?

Client: No.

Doctor: You had been going out with others before?

Client: Yes.

Doctor: What happened then?

Client: Well he had gone away and came back. I was young, it was just puppy love, as you call it, but when I met him it was different.

Doctor: Have you any children?

Client: Yes, I have one, a girl one year old.

Doctor: How does he feel about the child?

Client: He is very happy about her.

Doctor: This money that you came about, was it a little money or much money?

Client: It was about \$2,000.

Doctor: That is not a big amount, is it?

Client: No.

Doctor: And you put it, you say, into bonds in both of your names?

And you both have to sign to take the money out?

Client: Yes.

Doctor: So he can't really touch it?

Client: I don't believe he can because as far as I know we both have to sign.

Doctor: So he is not really trying to get away with your money?

Client: No..., this is what I was wondering about.

Doctor: How can he if both have to sign it?

Client: I guess that is logical, yes.

Doctor: Other than that, you mention the finances. Why are the finances coming up at this point?

Client: Well, I don't know. All of a sudden when I asked him he denied me, as before he was very free, I barely had to ask him, beg him, but now...

Doctor: He is working and you are going to school, is that it?

Client: No, I am no student. I was going to school before I had my daughter, but I dropped out to raise her.

Doctor: I see, you stay home and take care of her and he gives you an allowance, is that it?

Client: Yes.

Doctor: Do you discuss the needs in the household at all?

Client: Well, like he gives me \$60 a week for the food and he pays the rent and everything else. He has a checking account.

Doctor: Is that enough?

Client: Yes. Well, it was enough but now he is starting to shift, he is giving me less sometimes, and I am wondering, you know. He used to give me \$60 every week and then we used to go to \$50, and when I ask him what happened with the other \$10, he says "Well, isn't that enough," and things like that.

Doctor: And what do you say?

Client: And I say, or I inquire what is happening to the money, why can't you give me what you were giving me before, and he doesn't give me any answer, he just gives me a smart remark and goes away.

Doctor: Do you suspect that he gives the money to the other woman?

Client: Yes.

Doctor: It must be a pretty harmful feeling, your husband's fooling around with another woman.

Client: Yes, it is, very much, because...

Doctor: How does it make you feel?

Client: It feels very bad. I don't know, since there is another woman I feel very rejected when he is around, I feel like I can't stand being near him.

Doctor: Do you like your husband?

Client: I love him very much, but this is what I want to find out, exactly why he is treating me like that, and I want it to be like

it was before.

Doctor: Well, relationships change as you grow with it, it will never be like it was before, it might be better.

Client: Well, better but not...

Doctor: But not worse. It would seem to me that one of the first things that has to happen is that you and your husband get together and have a discussion of what is going on with each other. You can do it alone, or you can do it by having him come to see me with you. Get into communication with each other.

Client: Well, if he is willing to do that, maybe next week, because he doesn't know I am here.

Doctor: Are you afraid of him?

Client: No, I am not afraid of him, but our communication is not what it used to be and I am feeling more away instead of closer.

Doctor: How are your sexual relationships?

Client: That is the of the, we still have relationships, but it is not as before.

Doctor: You feel it is a reflection of the kind of communication?

Client: Yes.

Doctor: Is there anything that happened this time that would tend to alienate him?

Client: Nothing I know of.

Doctor: You think he may be in love with this other woman?

Client: I am trying not to think that, but...

Doctor: What if he does?

Client: Well it would hurt me because I still love him, but what can I do if this is true, but I don't know if it is, that is what I want to find out.

Doctor: And how are you going to find out?

Client: I guess I will have to talk with him, but the communication is so...

Doctor: Don't you see if you keep everything open you stand a better chance of everything coming up clean, no matter which way it goes. For example, if you were going to hire a detective, or play detective yourself and sneak out and observe him, and if he found out he would probably be very angry. Whereas if you came out openly and ask him about what is going on, point blank, you know, and discussed with him openly, then maybe he will be upset, but he can't be angry because you are honest. I find that, I can't put a percentage, but the majority of any percentage, 60, 70, 80, or 90 percent of the problems in a marriage have to be a disturbance in the communications between two people and that when they are able to communicate with each other and talk about things, the problems which seemed to be so enormous tend to get less and less and at least they are able to work out some kind of way of living together, or not living together, according to how they decide to live their lives.

Client: So if I talk with my husband and he is still, if he ignores me and doesn't want to talk, what should I do?

Doctor: Well, either he wants to be with you or he doesn't and you have

to know that somehow, somewhere along the way, maybe you have to put him in the way. You can't live the way you are living now.

Client: No, I can't, I can't go on like this because I am losing so much sleep thinking about the problem and it is really getting to me.

Doctor: And you are also losing confidence in yourself as a woman.

Client: Yes, a little of that too because the sexual relations and the communication.

Doctor: So if you can't live this way you have to force a change naturally and the only way to do that is to confront him.

Client: So I just come out, even if he ignores me, just come out and say our marriage...

Doctor: You are assuming that he is going to ignore you. He may not ignore you. He may be just as interested in doing something about the situation as you are. From what you are saying he doesn't seem to be like a bad guy, otherwise why do you love him? If he is a decent kind of a guy then maybe he is having a problem too, he just doesn't know what to do with it and he would welcome an opportunity to talk with someone together with you to see if they can straighten out what is messing him up already.

Client: So you are saying that maybe it might be something that is not the woman that he is worrying about?

Doctor: I don't know. You are the one that said the woman, I didn't. I don't know, but you may find out that it is not the woman, or

it is, maybe something, maybe some business reverses, and maybe he doesn't want to tell you or he can't tell you about it because it bothers him to tell you about it. Maybe he doesn't want you to worry about it. Maybe his not being around has to do with all the things he has to do in order to keep business on its feet. Maybe he is not going to bed with you has to do with the fact that he is very upset and worried and maybe he can't.

Client: Then I am going to try.

Doctor: There is the possibility that it is true, as much as there is the possibility that he is going around with another woman. But just because someone saw him with another woman doesn't mean that he is going to bed with her, or that she is his mistress. She could be a business associate. Have you ever gone to lunch with another guy?

Client: Yes.

Doctor: Is he your lover?

Client: No.

Doctor: So someone saw you have lunch with this guy and is planning to tell your husband you are going out. That is possible. It is also possible that you may have a lover. But the only way I know to find out is to talk about it, see what is going on.

Client: I am going to try. I am going to speak to him and hope things come out well.

Doctor: Has this been helpful to you?

- 171 -

Client: I think it has set my mind in the right path because I was thinking all kinds of things, you know, coming to my mind, I didn't know which way to turn. I was so puzzled, but now that I have spoken to you it sort of put things in its perspective, and I think I'll do as you advise and I think, I am hoping, that things come out well.

Doctor: You just call and make an appointment. We will get together and see if we can work things out, and see where things are at, okay?

Client: All right.

Doctor: Nice meeting you.

Client: Nice meeting you.

REFERENCES

- Aronson, Turner, and Carlsmith: "Communicator Credibility and Communication Discrepancy as Determinants of Attitude Change," Journal of Abnormal and Social Psychology, 1963-67.
- Asch, Solomon: Social Psychology, New York, Prentice Hall 1952.
- Bion, W. R.: Experiences in Groups, New York, Basic Books 1961.
- Bochner and Insko: "Communicator Discrepancy, Source Credibility and Opinion Change," Journal of Personality and Social Psychology, 1966, Vol. 4.
- Caudill, William: The Psychiatric Hospital as a Small Society, Harvard University Press, Cambridge, Mass. 1958.
- Clark, David: The Therapeutic Community, Tavistock Publications, London.
- Cartwright, D., and Zander, A.: Group Dynamics, Research and Theory, Harper and Row Publishers, New York, Evoston, and London 1968.
- Coe, W., Kobayashi, K., and Howard, M.: "Experimental and Ethical Problems of Evaluating the Influence of Hypnosis in Antisocial Conduct," Journal of Abnormal Psychology, 1973, Vol. 82, No. 3, p. 476-478.
- Dohrenwend, Bruce: "Some Aspects of the Appraisal of Abnormal Behavior by Leaders in an Urban Area," American Psychologist, 17, 1962.
- Festinger, Leon: "A Theory of Social Comparison Processes," Human Relations, 7, 1954, p. 117-140.
- Freud, Sigmund: "The Dynamics of Transference in Psychoanalytic Technique," Collected Papers, Vol. II, Editorial Biblioteca Nueva, Madrid 1948.
- Gerber, Irving: "Behavioral Characteristics of Patients as Perceived by Mental Health Practitioners," CMH Journal, October 1968.
- Goffman, Irving: Asylums, Anchor Books, Doubleday and Company, Inc., Garden City, N. Y. 1961.
- Gurin, G., Veroff, J., and Feld: Americans View Their Mental Health, Basic Books, New York 1960.
- Heider, Fritz: The Psychology of Interpersonal Relations, Witey and Sons, New York 1958.
- Heider, Fritz: "On Perception, Event Structure and Psychological Environment," Psychological Issues I, No. 3, 1959.

Hollingshead, A. B., and Redlich, F. C.: Social Class and Mental Illness, Witey and Sons, New York 1958.

Jones, Maxwell: Social Psychiatry, Charles Thomas Publishers, Illinois 1962.

Katz, Elihu: "The Two-Step Flow of Communication," an up-to-date report in Proshansky and Seidenberg, Society for the Psychological Study of Social Issues, Holt and Rinehart 1965.

La Pierre, T. R.: "Attitudes Versus Actions," Social Forces, Vol. 13, 1934.

Levine, David: Crime, Mental Illness, and Political Dissent, University of Nebraska, Lincoln 1972.

Milgram, Stanley: "The Experience of Living in Cities," Science Vol. 167, American Association for the Advancement of Science March 13, 1970.

Polak, Paul: "Social Systems Intervention," - unpublished paper, Fort Logan Mental Health Center, Denver, Colorado.

Rokeach, M., and Kliejunas, P.: "Behavior as a Function of Attitude Toward Object and Attitude Toward Situation," Journal of Personality and Social Psychology, 1972, 22.

Rosenhan, D. L.: "On Being Sane in Insane Places," American Association for Advancement of Science, Science Vol. 179, January 19, 1973, p.250-8.

Letters: American Association for Advancement of Science, Science Vol. 180, April 27, 1973, p. 361-9.

Schacter, Stanley: The Psychology of Affiliation, Stanford University Press, Stanford, California.

Schatzman, Straus: Psychiatric Ideologies and Institutions, Free Press 1964.

Scheff, Thomas: Being Mentally Ill: A Sociological Theory, Aldine Publishing Company, Chicago, Illinois, 66.

Laing, R.D., and Steterson: Sanity, Madness and the Family, Tavistock Publications, London.

Jones, Ernest: Desarrollos en Psicoanalisis, Buenos Aires, Horme 1962.

Polak, Paul: Presentation to the Staff, Dingleton Hospital, Melrose, Scotland, 1965.

Parsons, Talcott: "The Professions and Social Structure," (1939),
Essays in Sociological Theory, The Free Press, Glencoe, Illinois 1958,
p. 34-49.