

International perspective

Gender-role stereotypes and interpersonal behavior How addicted inpatients view their ideal male and female therapist

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Abstract

This study focuses on the influences of self-perceived interpersonal behavior of addicted inpatients ($n = 107$) on the stereotypes of their ideal male and female therapist. Based on the interpersonal model of personality patients were asked to describe their ideal male and female therapist. Perceptions of interpersonal behavior of the ideal therapist are determined by the self-perceived interpersonal behavior of the patients rather than by their gender. Ideal therapists are described as managerial-autocratic and sociable-extravert, which is in almost perfect accordance with the self-perceptions of therapists. Although most of the patients prefer a female therapist, the interpersonal behavior of a male or a female therapist does not differ significantly. The results are discussed from the viewpoint that mutual expectations and preferences between patients and therapists are thought to be of crucial importance for the outcome of therapy. In the process of matching patients and therapists, these expectations should not only be assessed, but also used to improve the final matching. © 2000 Elsevier Science Inc. All rights reserved.

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1. Introduction

Although addiction can be viewed as a chronic condition, there are many successful therapeutic interventions for patients with substance abuse disorders. A high incidence of treatment drop-out for patients in substance abuse programs (50%), however, concerns many researchers and clinicians (Copeland & Hall, 1992; Wallen, 1992). Studies on the effectiveness of psychotherapy revealed that the therapeutic relationship plays a central role in determining the outcome of therapy. Emphasis was placed on the need for a collaborative relationship between therapist and patient, which includes emotional bonding, a sense of warmth and openness, and mutual expectations of both tasks and goals of therapy (e.g., Barrett-Lennard, 1962 cited in Marziali & Alexander, 1991; Connors et al., 1997; Orlinsky & Howard, 1986; van Winkel & Hoogenstrijd, 1995; Vervaeke et al., 1997; Walborn, 1996). Because therapy involves just the interaction between the therapist, the specific approach to therapy as well

as the patient (Bergin & Garfield, 1994), it could be argued that compliance of patients to substance abuse programs is a result of this interaction. Connors et al. (1997) revealed the independent contribution of the therapeutic alliance to treatment participation and outcomes among alcohol-dependent outpatients. De Jong et al. (1993) studied this interaction while focusing on attitudes and behavior of therapists toward male and female alcohol-dependent patients from the interpersonal perspective as presented by Kiesler (1986). Their study pointed out that the male alcohol-dependent stereotype could be summarized as friendly submissive.

This study will be complementary to that of De Jong et al. (1993) and will focus on the stereotypes held by male and female substance-dependent or pathological gambling patients toward their (imagined) ideal male and female therapist, thereby suspecting preconceived ideas about male and female therapists forming these stereotypes. On the other hand, descriptions of the ideal male and female therapist are probably the result of differences in prescribed interpersonal behavior according to the interpersonal theory (Kiesler, 1986) possibly evoking a social reaction (interaction hypothesis).

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The question to be answered in this article, therefore, is: what are characteristics of the ideal male and female therapist when asking substance-dependent or pathological gambling patients; and does this characterization have a stereotypical determination or is this merely the result of an interaction between actual differences in interpersonal behavior?

2. Method

2.1. Subjects and procedures

One hundred and seven voluntary subjects were recruited from four Dutch centers for substance abuse treatment participated in this study. Participants had to meet the criteria of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*; American Psychiatric Association, 1994) for a current diagnosis of alcohol or drug abuse or dependence, or met the criteria for pathological gambling.

The study was approved of by the North-Brabant Ethical Board of Human Research and the Central-Holland Ethical Board of Human Research. Participants were informed about the goals of the project and invited to cooperate on an anonymous and voluntary basis by one female researcher. Participants signed a written informed consent and were given the booklet with questionnaires for completion in the first week of admission or, in case of detoxification, in the third week.

2.2. Instruments

The Interpersonal Checklist (ICL; La Forge & Suczek, 1955) was used to measure both self-perceptions of interpersonal behavior by the patient (ICL-R), as well as perceptions of interpersonal behavior of the ideal male therapist (ICL-M) and of the ideal female therapist (ICL-V). The extended version of this self-report scale (De Jong & Van den Brink, 1991; Van den Brink, 1989) includes 160 dichotomous items related to interpersonal style. These items may be separated into 10 (16-item) octant scales, each of which taps one of the conceptual styles of interpersonal strategy described by Leary (1957): PA, managerial-autocratic; BC, narcissistic-competitive; DE, sadistic-aggressive; FG, rebellious-distrustful; nFnG, silent-reserved; HI, masochistic-self-efficacing; JK, dependent-docile; LM, cooperative-conventional; NO, hypernormal-responsible; nNnO, sociable-extravert. These interpersonal styles are arranged in a circumplex along two orthogonal dimensions of Control (Dominance-Submission) and Affiliation (Hostility-Friendliness), representing an interpersonal profile. Each style is a blend of the two axis dimensions reflecting mathematically weighted combinations of Control and Affiliation.

Additional information was gathered on patient's preferences for gender, age, and history of substance abuse by the ideal therapist. In a written motivation, patients could indicate whether gender of the therapist would be a crucial factor for their treatment compliance.

3. Data analysis

Several raw scores and summary indices were used in this study. ICL scale scores were calculated for self-perceived interpersonal behavior of male and female patients (ICL-SM/ICL-SF) and for the interpersonal behavior of the ideal male and female therapist (ICL-IM/ICL-IF). Together, these scale scores and their circular arrangement form an interpersonal profile. Three interpersonal scales ([1] Dominance (PA + BC + DE + nNnO), Cronbach's alpha .78; [2] Complaisance (JK + LM + NO), Cronbach's alpha .80, and [3] Dependence (FG + nFnG + HI), Cronbach's alpha .72) were constructed using Principal Component Analysis, explaining 76% of variance in the ICL-scores. The stereotype hypothesis was analyzed using *T*-tests for differences (two-sample and paired) on the ICL-SM/SF and ICL-IM/IF. Step-wise regression analysis was performed in analyzing the interaction hypothesis, using patients' gender, Dominance, Complaisance, and Dependence to predict the interpersonal profile of the ideal male and female therapist.

4. Results

After initial screening of the data, excluding respondents who had missing values on parts of the research battery, a total of 93 participants were included in the analysis. Seventy-five percent was male, mean age was 36 (*SD* = 9.0) years. The main drug of abuse was alcohol (53%), heroin (19%), or cocaine (7.5%). Four (4%) participants were pathological gamblers. Sixty-one percent used two or more drugs. Fifty-one percent had a history of previous treatments.

4.1. Stereotype hypothesis

Mean ICL-scale scores for male and female patients are presented in Table 1. Differences were found in the narcissistic-competitive (BC), sadistic-aggressive (DE), and sociable-extravert (nNnO) scales. Furthermore, female patients see themselves as less dominant than male patients.

In the lower section of Table 1, mean ICL scores are shown of ideal male and female therapists. There is a strong correspondence between preferences of interpersonal behavior styles of the ideal male and ideal female therapist, leaving only small differences in interpersonal profile, although ideal female therapists are perceived as relatively more masochistic-self-efficacing (HI) and dependent-docile (JK) than their male counterparts. The ideal interpersonal profiles of the therapists are situated between managerial-autocratic (PA) and sociable-extravert (nNnO) leaving a relatively dominant, but friendly image.

4.2. Interaction hypothesis

Using the three interpersonal scales of self-perceived interpersonal behavior (Dominance, Complaisance, and Dependence), it was found that patients with a relatively high Dominance score view male therapists as relatively sadistic-aggressive (DE), managerial-autocratic (PA), narcissistic-

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