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Psychiatric Interviewing Techniques
A Second Experimental Study: Eliciting Feelings

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The effects of two experimental interview styles, designed to differ in the extent of their use of active feeling-oriented techniques but similar in their use of active fact-oriented techniques, were compared in initial diagnostic interviews with the mothers of children referred to a psychiatric clinic. The style that employed a higher level of actively responsive feeling-oriented techniques elicited more emotional expression and more often obtained certain feelings of potential diagnostic significance. The actively responsive style was more effective in increasing the amount of feeling expressed if mothers' spontaneous rate of expression was relatively low.

Interview methods constitute the primary diagnostic and therapeutic tool in psychiatry; yet there have been surprisingly few systematic investigations to test which interviewer actions have which effects, or of how particular interviewing styles determine whether interviews achieve their stated objectives (see Cox & Rutter, 1985). This paper reports the findings from the last step in a four-phase strategy designed to assess the consequences of different styles and tactics in the interviewing of parents of child psychiatric patients (Rutter & Cox, 1981). Since the earlier phases were reported, there have been a few further studies of doctor–patient interaction (e.g. Comstock *et al*, 1982; Inui *et al*, 1982; Goldberg *et al*, 1984). Some have examined interview effects on the emotions expressed by informants, but the focus has been on the results of training or on patient satisfaction and compliance rather than on how interviewing techniques elicit feelings, which was the focus of this last phase of our research. Such feelings constitute an essential part on the initial clinical appraisal because of their importance in the evaluation of family relationships and of parental attitudes to the child.

Earlier research in non-clinical settings (based on verbal conditioning concepts) had indicated that expressions of emotion were susceptible to interviewer influences, particularly in the use of reflections of feelings and inquiries about them (e.g. Merbaum & Southwell, 1965; Auerswald, 1974; Highlen & Baccus, 1977). A variety of systems have been developed to categorise interviewer and client behaviour (Russell & Stiles, 1979; Elliott, 1983) and some show considerable congruence with those used in the present studies (Hill, 1978). They have been employed principally in psychotherapy (e.g. Elliott, 1983; Stiles & Snow, 1984) and primary care medical interviews (e.g. Stiles *et al*, 1984), but not in such a way that it is possible to identify interviewing styles and techniques that influence client expression of affect. The study closest in approach is that by Dijkstra *et al* (1985), who compared a formal and a 'socio-emotional' style of interviewing to obtain social survey type data. They found that the latter style elicited more personal information, largely as a result of the immediate effect of person-oriented interviewer responses. However, there is limited comparability with the present research in that the interview was non-clinical in focus and narrower in scope.

The first phase of the present research comprised the development of reliable measures of types of interviewer behaviour and of informant responses (Rutter & Cox, 1981). In the second phase, there was a naturalistic study of the effects of the variety of interview approaches adopted by trainee psychiatrists in routine clinical practice (Cox *et al*, 1981*b*; Hopkinson *et al*, 1981). The third phase involved an experimental study in which interview styles were systematically varied in a clinical setting (Cox *et al*, 1981*a*,*c*; Rutter *et al*, 1981). Four styles were compared. These were designed to use techniques ordinarily employed in good interview procedures in the context of good clinical practice. However, also, they were devised to provide a contrast in their use of active techniques designed to elicit factual information and of active techniques designed to elicit feelings – as identified from the naturalistic study.

The experimental study was primarily arranged to allow a direct comparison, within informants, of techniques to elicit factual material. The results showed that systematic questioning was required to obtain good factual data. However, the ways in

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which systematic questioning was undertaken proved important. Experienced interviewers were more efficient in their use of probes and were more alert to factual clues than were trainee psychiatrists. In all four styles the experienced interviewers obtained more good quality data.

The design was such that the styles used to elicit feelings could be compared only between groups of informants rather than between paired repeat interviews with the same mothers. Nevertheless, the data suggested that a wide range of interview techniques was effective in eliciting feelings. All four interview styles were approximately equally effective, but it seemed that each style was effective for different reasons. Thus, emotional expression could be encouraged by the interviewer's response to emotional cues; by a reflective style with little cross-questioning; by the use of direct questions about sensitive topics; by optimal use of interpretations of feelings and expressions of sympathy; and by direct enquiries about feelings and emotions. Because of the large variation between informants in emotional expressiveness, the original design did not allow a comparison of the relative value of these different approaches; that was the prime purpose of this fourth phase in which there was a direct, within-informant comparison of two styles chosen because they had been shown to be effective for gathering factual information and because they differed in their approach to the eliciting of feelings.

Method

Choice of style

In the first style, 'structured', there was main reliance on parents expressing feelings as they reported factual data. However, direct questioning techniques were used to elicit the informants' mental state and to inquire about emotionally sensitive topics such as marital difficulties or deviant behaviour (request for self-disclosure). Both direct questioning for facts and requests for self-disclosure often use an open question format (meaning questions that expect an extended factual response rather than a yes or no answer), a technique that our earlier studies had suggested was effective in encouraging informants to express feelings and attitudes. The second style, 'systematic exploratory', used these same techniques but, in addition, placed an emphasis on modes responsive to affect in which the interviewer used reflections of feelings (e.g. "that was a worrying thing to experience"), expressions of sympathy or concern, and interpretations (linkages with emotional connotations, e.g. "that sounds like the same way that your husband treats you" or "it must have been upsetting that that happened at the same time as your mother died"). Also, from the outset, the interviewer in this style aimed to convey to the informant an interest in emotions by the use of direct requests for feelings (e.g. "how did you feel about . . .?")

The two styles were similar in their approach to factual matters; the aim was to use direct questions to obtain a detailed specific account of actual behaviours and happenings. This meant frequent recourse to questions to elicit examples (e.g. "what did he actually do when he . . .?", "how did that come about?", or "can you give me an example of that happening recently?") Again, this use of open questions in both styles is likely to have had an effect in facilitating expression of feelings and attitudes. In both interview styles, the interviewers were expected to be warm, courteous, concerned, attentive and responsive to cues. The key difference lay in the use of emotionally responsive techniques and of a specific focus on feelings in the systematic exploratory style.

Experimental design

As in the previous experimental study, mothers were interviewed on their own on two occasions, two weeks apart. In one interview the structured style was used by one of the two trained interviewers and in the other the systematic exploratory style was employed by the other interviewer. The design was balanced so that the two interviewers did an equal number of first and second interviews and an equal number in each style. There were 16 mothers and 32 interviews. When a parent agreed to participate she was assigned to the next pair of interviews in a pre-set matrix. As before, the first interviewer aimed to keep the interview to one hour. The second interviewer tried, as far as possible, to match the length of the first interview. To maintain comparability, the interviewers were told to regard the same information areas as a priority in both styles. These were the list of child symptoms used in the previous studies, the type and quality of relationships in the nuclear family, the composition of the nuclear family and the characteristics of the home, the mental health of both parents, and the styles of child-rearing used.

Sample

In order to reduce heterogeneity that might interfere with the interview comparisons, referrals for a second opinion or for admission were excluded, as were cases of psychosis, organic disorders, mental retardation, or isolated educational difficulties. In addition, families were excluded when the parents were immigrants or where colloquial English was not the usual language spoken at home. There were 12 boys (75%) and four girls (25%). The age range was 10 years 9 months to 16 years 6 months, with a mean of 13 years 9 months. Eleven were referred by GPs; four came from the education service or schools, one from another specialist (not as a second opinion), and one was referred by the mother herself. Seven presented with conduct problems, four with emotional and five with mixed behaviour and emotional difficulties. The sample was somewhat atypical of referrals to the clinic in that almost all the children were of secondary school age; however, this meant they were more homogeneous from the point of view of contrasting interviewing techniques.

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TABLE I
Analysis of interviewer actions[1]

Interviewer actions	*Interview style*				*Analysis of variance: F ratio*	*d.f.*	*P*
	Structured		*Systematic exploratory*				
	Mean	*(s.d.)*	*Mean*	*(s.d.)*			
Interpretations, requests for feelings, expressions of sympathy[2]	21.2	(14.7)	41.1	(19.4)	40.26	1.12	<0.0001
% feelings expressed responded to by feeling-oriented technique	24.3	(19.5)	44.3	(16.7)	12.45	1.12	<0.005
Requests for self-disclosures[2]	16.4	(7.9)	16.4	(17.9)	0.0	1.12	NS
Closed questions[2]	78.8	(26.8)	62.8	(26.5)	11.1	1.12	<0.006
Open questions[2]	42.1	(18.0)	31.6	(13.6)	12.4	1.12	<0.005

1. All interactions statistically non-significant.
2. Means are mean counts across interviews prorated to 60 minutes.

Clinical procedure

The research interviews were integrated with the normal clinical procedures. Thus, carefully designed letters were sent to all selected mothers inviting their co-operation. Approximately half the mothers approached decided not to participate: these families were assessed and taken on for treatment in the usual way without going through the experimental interviews. The non-cooperation did not affect the study's ability to examine the effects of interview style because the aim was to compare effects of interview styles between respondents. Nevertheless, it could be argued that style effects might have been different in the non-co-operating group. The two experimental interviews took place during the normal waiting period for diagnostic appointment, with not less than one week and not more than three weeks between the two interviews. At the end of the second interview the father and referred child (plus other family members where relevant) were seen in the usual way by the regular clinic team. With the mother's consent in all cases, the data obtained during the experimental interviews were made freely available to the clinicians seeing each family.

Immediately before the first interview, the interviewer explained that the aim of the project was to find out which ways of talking with parents were most helpful. In order to do this, each mother would be interviewed twice by different interviewers. The procedures were described to the mothers, whose written consent for video-recording was obtained. At the end of each experimental interview, one of the research team (not an interviewer) gave the mother a questionnaire that asked for her perceptions of the interview and her feelings about it. When the questionnaire had been completed after the second experimental interview, the mother was encouraged to make free comments contrasting the two approaches and, whenever possible, expressing a preference.

Training of interviewers

The method of training interviewers by role-play and feedback was outlined by Rutter *et al* (1981). The two interviewers were the same as in the first experimental study. Both were given explicit instructions on the techniques to be employed and those not to be used in each style and both had several practice interviews with each style. These interviews were videotaped and feedback was given to ensure that each interviewer was indeed interviewing in the prescribed fashion, with sufficient differentiation between the two styles. Unwanted differences between interviewers had been noted in the first experimental study. These differences were fed back to the interviewers, who adjusted their styles during further pilot interviews, as judged by unquantified observations.

Measures

The interview measures were obtained by scoring videotapes and audiotape transcripts of the interviews (see Rutter & Cox, 1981). Measures of interviewer style included assessments of interviewer activity and talkativeness, directiveness, types of questions and statements, and interventions designed to elicit or respond to feelings. Measures of informant response and of interview outcome included assessments of the range and depth or quality of factual information and the amount and type of expressed emotion. Any factual material relating to the mental health of immediate family members, sexual, violent or criminal behaviour, family discord or tension, and parental self-criticism or guilt, was designated a self-disclosure. Because all interviewer actions were categorised, the relationship between material produced by the informant and the preceding and succeeding interviewer actions could be examined. Thus, it was possible to analyse which interviewer behaviours most frequently preceded expressions of feeling or self-disclosures.

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TABLE II
Differences between interviewers A and B

Interviewer actions	*Interview style*								*F ratio between interviewers*	*d.f.*	*P*
	Structured				*Systematic exploratory*						
	A		*B*		*A*		*B*				
Feeling-oriented techniques[1]	30.9	(13.0)	11.5	(8.8)	53.0	(19.5)	29.3	(10.2)	47.1	1.12	<0.0001
Request for self-disclosure	13.8	(6.9)	19.0	(8.5)	12.0	(3.7)	20.8	(8.6)	9.1	1.12	<0.02
Open questions[2]	31.1	(15.5)	53.0	(15.5)	28.4	(12.0)	34.9	(15.1)	22.9	1.12	<0.0005

1. Structured style, interviewer A *v.* systematic exploratory style, interviewer B: $t=8.0$, $P<0.001$.
2. Structured style, interviewer B *v.* systematic exploratory style, interviewer A: $t=5.5$, $P<0.01$.
Other differences between paired interviews statistically non-significant.

Idiosyncratic factual material of clinical significance (Cox *et al*, 1981*c*) was also scored separately. Such items were those that could not be expected to be revealed by structured questioning directed to predetermined symptoms or topics. They included items such as the death of a close friend at school, or the fact that the mother's best friend was overtly lesbian. In practice, many of these clinically significant items were also categorised as self-disclosures.

Satisfactory interrater reliability was established before the naturalistic study and re-established before the first experimental study. It can be reasonably concluded that this reliability was maintained, since findings for facts, sequential findings for feelings and overall levels for feelings were very comparable with those obtained in the first experimental study.

Results

Implementation of prescribed styles

The main difference between the two styles was intended to lie in the frequency with which active feeling-orientated techniques (interpretations and emotional reflections, expressions of sympathy and requests for feelings) were used. The two interview styles were found to follow that prescribed differentiation; such techniques were used twice as often in the systematic exploratory style as in the structured style (see Table I). Equally, the two styles were not meant to differ in the use of requests for self-disclosures; again, the videotape analyses confirmed that this was borne out in practice. Because the structured style followed a less responsive mode, it was anticipated that it would involve a greater use of closed questions; in practice it did so. However, it also involved an increased rate of usage of open questions – an unanticipated difference, and one likely to reduce the contrast between styles in expressed feeling. However, the interviewer actions analyses confirmed that in most respects the two styles differed in the ways prescribed.

Differences between interviewers

Because the repeat-interview design involved comparisons across interviews as well as across styles, it was necessary to check between-interviewer consistency. As required, both interviewers successfully used the two experimental styles in the prescribed fashion with the required differences between styles (Table II). However, there was found to be an unintended difference between the interviewers in their overall levels of usage of the various techniques. Interviewer B used the feeling-orientated techniques significantly less often, and open questions and requests for self-disclosure more often than did interviewer A. It had been expected that there would be less use of open questions in the structured style, but in the event, the instruction to get detailed examples led to more use, this difference being substantial in the case of interviewer B. As a consequence of these findings, the clearest test of differences between styles may be achieved by comparing the structured style of interviewer B with the systematic exploratory style of interviewer A. This might seem to involve a confound of style and interviewer effects, but in fact it provides a valid style comparison because it involves pairs of interviews with the same mothers, and the two interviewers did not differ significantly overall in the levels of emotion they elicited from informants or in the factual material obtained. Accordingly, results will be presented in this way, as well as by the comparison of all interviews of both interviewers.

Differences between styles on factual data

As intended, the two styles did not differ in the frequency with which the interviewers raised new topics (with respect to child behaviours or family matters); nor was there any difference in the number of clinically significant symptoms or family problems detected. Similarly, the styles were equally effective in obtaining good quality data (operationally defined in terms of information on various key features – such as frequency, severity and context – required for clinical judgements on significance; see Cox *et al* (1981*b*) for details). Nevertheless, the *structured* style did involve a greater number of probes per child symptom and a greater number of requests for detailed descriptions (Table III). In that equally good data were obtained in the two styles, the implication is that when the more responsive interviewing style was employed, informants were more likely to give the information required with less extensive detailed probing.

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TABLE III
Factual data

	Interview style				*Paired t*	*Analysis of variance F ratio*	*d.f.*	*P*
	Structured		*Systematic exploratory*					
	Mean	*(s.d.)*	*Mean*	*(s.d.)*				
Number of problems with good quality data	5.9	(1.8)	5.8	(1.8)	—	0.01	1.12	NS
Number of clinically significant items	29.4	(20.5)	30.1	(19.3)	−0.35	—	30	NS
Number of probes per child symptom	11.58	(4.0)	8.11	(3.3)	—	17.72	1.12	<0.002
Number of requests for detailed descriptions	10.1	(5.5)	6.1	(4.3)	—	14.95	1.12	<0.003

TABLE IV
Context of interviewer actions and feelings expressed (first 30 minutes of all interviews)

	Informant response	
	Preceded by own expression of feeling	*Not preceded by own expression of feeling*
	% with feeling	*% with feeling*
Request for feelings	88.8 (*n* = 36) ***	70.5 (*n* = 17)***
Request for self-disclosure	69.2 (*n* = 107)**	57.5 (*n* = 73)***
Open questions	76.4 (*n* = 301)***	61.4 (*n* = 254)***
Sympathetic statements	82.7 (*n* = 197)***	73.5 (*n* = 34)***
Interpretations	92.6 (*n* = 95)***	82.8 (*n* = 29)***
Closed questions	55.1 (*n* = 439)	29.3 (*n* = 495)
Closed, multiple choice and double questions, checks, structuring statements and redirecting questions that change topic	54.3 (*n* = 821)	28.9 (*n* = 909)

Comparison with closed questions or with all other categories: **$P<0.01$, ***$P<0.001$.

Effectiveness of feeling-orientated techniques

Before considering differences between styles regarding the eliciting of feelings, it is necessary to examine the effectiveness of feeling-orientated techniques on a moment-by-moment basis. This may be done, as in the earlier experimental study, by determining for each type of interviewer action the frequency with which the informant's next response included an expression of emotion. Because the expression of emotion may be influenced by whether or not feeling was manifest in the *informant's* last floorholding (i.e. an episode of speaking with limits defined by the immediately preceding and succeeding utterances by the other person), as well as by the interviewer's immediately preceding action, it was necessary to analyse responses taking both into account. It is evident (see Table IV) that the five interviewer actions previously found to increase the likelihood that informants would express emotion, not having done so in their last floorholding, did so in this study. Whereas closed questions and the like were followed by emotional expressions in some 29% of cases, the five feeling-orientated techniques were followed by emotion in some 57–83% of cases. It should be noted that the two most frequently used techniques, namely open questions and requests for self-disclosure, were ones that were allowable in both styles. There was a similar, but less marked, tendency for the same actions to lead to a perpetuation of expression of feelings. The effect was less marked, however,

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TABLE V
Expression of feelings

	Interview style				*Analysis of variance: F ratio*	*d.f.*	*P*
	Structured		*Systematic exploratory*				
	Mean	*(s.d.)*	*Mean*	*(s.d.)*			
Feelings expressed in first 30 min	53.6	(16.6)	58.2	(18.2)	1.40	1.12	NS
Feelings expressed in whole interview (prorated to 60 min)	98.8	(24.2)	119.5	(26.2)	16.11	1.12	<0.002
Feelings expressed per floorholding	0.58	(0.21)	0.77	(0.23)	31.95	1.12	<0.0002
Self-disclosures	24.4	(13.0)	26.8	(8.5)	1.62	1.12	NS

not because there was a lesser likelihood that the specific actions would be followed by feelings, but rather because there was a considerable self-perpetuating effect. When informants had *not* expressed feelings in their last floorholding, they did so in their next response following a closed question in 29% of cases, but the rate was 55% when the last response *had* included expressions of feelings.

For the most part, the techniques were fairly similar in the types of emotions elicited. However, there were some relative specificities. Expressions of sympathy were more likely than other actions to be followed by the mother expressing negative feelings (especially anxiety, unhappiness or guilt) about herself ($\chi^2 = 15.3$; 1 d.f.; $P < 0.01$). On the other hand, negative feelings about the spouse were most often expressed after requests for self-disclosure ($\chi^2 = 171.4$; 1 d.f.; $P < 0.001$).

Differences between styles on expression of feelings

A comparison of expression of feelings is shown in Table V. Looking at the whole sample, the systematic exploratory style was associated with a significantly higher rate of expression of feelings when the interview as a whole was considered. Because the interviews varied somewhat in length, this measure was expressed in terms of a proration to a rate per 60 minutes. However, the mean length of the systematic exploratory style (69.3 min; s.d. = 9.8) did not differ from that of the structured style (72.2 min; s.d. = 10.2). It is interesting that this difference between styles did not apply to feelings expressed in the first 30 minutes. This may be because individual differences between informants predominate over interviewer effects early in the interview. In any event, as in our earlier studies, marked individual differences that persisted across styles were found. The correlation across styles for amount of expressed feelings was 0.63 for the whole interview but higher (0.74) for the first 30 minutes, consistent with the suggestion of greater informant effects initially. The finding of strong and consistent informant differences also emphasises the need for a research strategy that takes these into account when assessing interview effects (as the repeat interview design does).

The mean number of feelings expressed per floorholding was also greater with the systematic exploratory style. In order to prevent any bias due to the repeated expression of emotions during a long floorholding, the rule used was that any given type of feeling could be scored once only during any single floorholding.

As predicted, both from the findings in the earlier study and from the similar rate of requests for self-disclosures in the two styles, the styles did not differ in their rates of self-disclosure of emotionally laden factual information.

Feelings were categorised according to their target (child-patient, spouse, self, etc.), and whether positive or negative. The style differences did not vary systematically according to target or valence.

Nevertheless, it was notable that certain feelings were more likely to be expressed after other feelings, rather than at the beginning of an utterance. These were positive feelings about the child, the spouse, or some 'other' person (apart from the immediate family); and negative feelings about 'other' persons. It seems that the encouragement of sufficiently long emotionally expressive utterances may be particularly important for eliciting ambivalent emotions.

As noted above, because of interviewer differences in overall use of feeling-orientated techniques, there are advantages in comparing the structured style of interviewer B with the systematic exploratory style of interviewer A in order to highlight effects of style. Although statistically significant, the between-style differences in amount of feelings expressed were quite small when considered in the sample as a whole. The more restricted comparison is shown in Table VI, which indicates that, even with this extreme comparison, the style effects were of moderate degree only. It should be added that in spite of the interviewer differences, the systematic exploratory style of interviewer B elicited more emotions than the structured style of interviewer A (a mean of 111 for 60 min *v.* 99), but not significantly so.

Differential effects of interview style

The findings considered thus far apply to overall levels of feelings expressed. Some informants were naturally very expressive of emotions, and it might be supposed that interview effects with respect to increasing emotional expression might be most evident with individuals who tend

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TABLE VI
Expressed feeling: style and interviewer (whole interview prorated to 60 minutes)

Interview style				*Paired t*	*P*
Systematic exploratory		*Structured*			
Interviewer	*Feelings expressed: mean (s.d.)*	*Interviewer*	*Feelings expressed: mean (s.d.)*		
A	128.5 (28.2)	B	99.6 (30.8)	−3.79	<0.01
B	110.5 (22.2)	A	98.0 (17.7)	−1.78	NS

TABLE VII
Rate of emotional expression

Interview type	*15–60 minutes: emotional expression*		*P*[1]
	High	*Low*	
High expressors 0–15 minutes:			
Systematic exploratory	7	2	NS
Structured	4	5	
Low expressors 0–15 minutes:			
Systematic exploratory	4	3	0.01
Structured	0	7	

1. Fisher's exact test.

to express emotions at low levels. Moreover, the main interview effect is likely to be evident in changes after the first quarter of an hour (when informant effects are likely to be at a maximum). This possibility was tested by categorising mothers as low or high expressors of emotion according to a median split. The results are shown in Table VII.

There was no significant effect of interview style in mothers who were high expressors, although there was a non-significant tendency for the structured style to be more likely to be associated with a drop in expressiveness as the interview progressed. For low expressors there was a significant style effect (Fisher's Exact Test; $P<0.01$). Four of the seven mothers changed to high expression of emotions in the later parts of the interview when given the systematic exploratory style, but none of these same seven mothers did so when given the structured style.

When the rates of emotional expression are considered in terms of the interview after the first 15 minutes, the rate dropped in 6 out of the 8 mothers who had the structured interview second, but in none of the 8 who had the systematic exploratory second (Fisher's Exact Test; $P<0.01$). The finding is particularly striking in view of the interviewer differences in overall levels of the techniques used. The style effect when assessed in this way suggests that some of the effect stems from the overall impact of the style pattern rather than from the moment-by-moment effect from particular interview techniques.

A style that is effective in eliciting feelings might be expected also to be more effective in the identification of particular patterns of feelings. This possibility could be tested to some extent through the comparison of styles, on a subject-by-subject basis, according to whether or not particular feelings (negative or positive) were expressed about individual family members. If the same feelings, or no feelings, were expressed in both styles of interview, the styles were regarded as equivalent. If specific feelings were expressed in one style but not the other, the style in which such feelings were shown was deemed more 'successful'.

In the 16 pairs of interviews there were five possible 'targets' of feelings: the informant's spouse, the index child, the informant herself, others and current circumstances (in four pairs there were six targets because the child's father and the spouse were different). The feelings could be positive or negative. Taking each type of feeling in turn, the difference in the amount of feeling between the paired interviews was computed. The 16 within-pair differences were ranked and the Wilcoxon sign rank sum test was applied. In no instance did the structured style perform better than the systematic exploratory style. In negative feelings about the spouse ($P<0.05$) and about others ($P<0.02$), the systematic exploratory achieved a significantly better ranking. From a clinical standpoint, useful levels of expressed feeling can be considered more relevant than total amounts. Arbitrary criteria of adequacy were selected: five expressions for feelings about self or index child, and two for other feelings. Scores of 0 or 1 were assigned according to whether the criteria were reached, and the sum was obtained for each interview. Differences between pairs were ranked and the Wilcoxon sign rank sum test was applied. The systematic exploratory style scored better in 12 pairs of interviews, the structured in only one ($P<0.01$).

The post-interview questionnaire consisted of open questions and items where the mother rated her response on a five-point scale. There were 16 questions whose answers were rated, ranging from "Did you understand the questions the interviewer asked?" to "Did the interview change how you see the problem?" The final open questions were "What was your impression of the interviewer?" and "In what way would you have liked the interview to be different?" After the second interview, the person administering the questionnaire probed to discover which of the pair of interviews the mother preferred. The responses to the questionnaire were analysed in two ways: by scoring which of the pair had the highest overall rating summing

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across the scales, and which was preferred judging from the response to the final open questions.

Mothers more often expressed a preference for second interviews ($F=5.9$; d.f. 1.12 : $P<0.04$) and overall they rated them more favourably ($F=4.4$; d.f. 1.12 : $P<0.06$). The more favourable ratings included the mother's understanding of questions, and degree of tension during the interview, and the extent of the interviewer's understanding of the problem and the mother's feelings about it. The response to the open questions also indicated a preference for the structured style ($F=5.9$; d.f. 1.12 : $P<0.04$). There was no difference in the preference for interviewers A and B and there were few differences in informant responses; however, mothers tended to feel interviewer A more understanding of their feelings and interviewer B more helpful in talking about their problems (neither difference reached statistical significance).

Discussion

Much previous research on clinical interviewing has been concerned with the identification of 'good' and 'bad' techniques and with the evaluation of attempts to teach trainees improved interviewing skills. Our aim here has been different; namely, the study of the differential effects of particular interview approaches. Previous phases of our research served to delineate the techniques that are most effective for eliciting factual information. In this investigation the focus was on techniques for encouraging the expression of feelings and emotions. For this purpose we chose to compare two interview styles that are known to work well in the ordinary circumstances of clinical work and which are of proven (and equal) effectiveness for gathering factual data. Because people vary greatly in their spontaneous expression of feelings, it was crucial to take this into account through the use of a repeat-interview experimental design in which the same individuals (the mothers of newly referred child psychiatric patients) were exposed to both the experimental interview styles. Possible order effects were taken into account by means of a balanced allocation in which each of the two styles, and each of the two interviewers, had an equal number of first and second interviews. Detailed videotape and audiotape transcript analyses of interviewer actions confirmed that the two styles did indeed differ in the specific ways intended. Both styles included two techniques thought to encourage emotional expression: the use of open questions, and direct requests for self-disclosures about emotionally laden factual matters. However, the systematic exploratory style differed from the structured style in the use of emotionally responsive techniques such as interpretations, emotional reflections and expressions of sympathy, as well as in a focus on emotions as indicated by direct questions about the informant's feelings.

The experimental findings showed that the systematic exploratory style produced significantly higher rates of expressions of feelings. The fact that this difference derived from an experimental study in which the differences in amount of emotional expression were for the same mothers but for different styles argues strongly for a causal effect. The finding that a similar difference applied with both interviews supports this inference, as does the fact that the difference was manifest in the later, rather than the earlier, portions of the interview. The between-style differences in amount of feelings expressed were not large, but the more detailed case-by-case analysis supported the interview style effect, and also showed that the effect of the systematic exploratory style in raising the rate of expression of feelings was marked only in the case of mothers with spontaneously rather low rates of expression. Our data on the effects of the two styles in allowing a discriminating differentiation of emotional patterns were limited, but they supported the overall superiority of the systematic exploratory style for that purpose.

Nevertheless, it would not be correct to view the structured style as inefficient for the purpose of eliciting emotions. It was, moreover, somewhat more often preferred by informants. Subjects interviewed with this style expressed a considerable range of feelings, albeit somewhat less on average than they did with the other style. Moreover, the sequential analysis of informant responses following different interviewer actions showed that the structured style included two techniques well designed for eliciting emotions, namely the use of open questions and direct requests for self-disclosures of emotionally laden factual information. With an emotionally expressive informant, their use may be entirely adequate to elicit an adequate range of feelings. However, some more extended informant floor-holdings may be desirable to elicit ambivalent or complex emotional patterns. With less expressive informants, interviewers may need to include some direct requests for the informant's feelings in order to indicate an interest in these matters, and may need to add the use of the more emotionally responsive techniques of interpretation, emotional reflection, and expression of sympathy. Expressions of sympathy are most likely to elicit expressions of informant distress or guilt, whereas direct questioning on sensitive areas is more likely to elicit criticism of the spouse or partner.

It is not always desirable to increase the expression of feelings; with very expressive informants,

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interviewers may need to use techniques to reduce expressions. These techniques include closed and ple-choice questions; structuring statements regarding the information required or regarding clinic procedure; redirecting questions that change the topic; and checks for clarification or to indicate that information given has been understood. A brisk highly controlling style in which the interviewer firmly directs the interview's range of coverage is likely to be effective in reducing emotional expression.

Two qualifications need to be added regarding the broader implications of our findings. Firstly, the structured style did *not* follow the no-nonsense, highly controlling approach, with lists of closed questions, often adopted in questionnaire-style structured interview formats. Rather, the interviewers were expected to be attentive to informant needs and concerns and responsive to emotional cues. Extensive use was made of open questions and requests for descriptive examples of actual happenings. Our findings on the relative effectiveness of the structured interview for eliciting emotions, at least in expressive informants, cannot be generalised to such questionnaire-style interviews. Secondly, the findings all apply to interviews with the mothers of newly referred clinic patients; most of the families had sought help and hence were likely to be expecting to be forthcoming about personal problems and about their own feelings and emotions. It cannot be assumed that the same levels of emotional expression would be obtained with research interviews conducted with general population samples. Nevertheless, it is likely that our findings as to which techniques have which effects can be generalised to some extent to other situations, but different patterns or levels of usage of such techniques may be required to obtain the same effects.

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References

AUERSWALD, M. C. (1974) Differential reinforcing power of restatement and interpretation on client production of affect. *Journal of Counseling Psychology*, **21**, 9–14.

COMSTOCK, L. M., HOOPER, E. M., GOODWIN, J. S. (1982) Physician behaviors that correlate with patient satisfaction. *Journal of Medical Education*, **57**, 105–112.

COX, A., HOLBROOK, D. & RUTTER, M. (1981*a*) Psychiatric interviewing techniques – VI. Experimental study: eliciting feelings. *British Journal of Psychiatry*, **139**, 144–152.

——, HOPKINSON, K. & RUTTER, M. (1981*b*) Psychiatric interviewing techniques – II. Naturalistic study: eliciting factual information. *British Journal of Psychiatry*, **138**, 283–291.

——, RUTTER, M. & HOLBROOK, D. (1981*c*) Psychiatric interviewing techniques – V. Experimental study: eliciting factual information. *British Journal of Psychiatry*, **139**, 29–37.

—— & —— (1985) Diagnostic appraisal and interviewing. In *Child and Adolescent Psychiatry: Modern Approaches* (eds M. Rutter & L. Hersov), 2nd edn. Oxford: Blackwell Scientific.

DIJKSTRA, W., VAN DER VEEN, L. & VAN DER ZOUWEN, J. (1985) A field experiment on interviewer–respondent interaction. In *The Research Interview: Uses and Approaches* (eds M. Brenner, J. Brown & D. Canter). London: Academic Press.

ELLIOTT, R. (1983) "That in your hands" – a comprehensive process analysis of a significant event in psychotherapy. *Psychiatry*, **46**, 113–129.

GOLDBERG, D. P., HOBSON, R. F., MAGUIRE, G. P., MARGISON, F. R., O'DOWD, T., OSBORN, M. & MOSS, S. (1984) The clarification and assessment of a method of psychotherapy. *British Journal of Psychiatry*, **144**, 567–575.

HIGHLEN, P. S. & BACCUS, G. K. (1977) Effect of reflection of feeling and probe on client self-referenced affect. *Journal of Counseling Psychology*, **24**, 440–443.

HILL, C. E. (1978) Development of a counselor verbal response category system. *Journal of Counseling Psychology*, **25**, 461–468.

HOPKINSON, K., COX, A. & RUTTER, M. (1981) Psychiatric interviewing techniques – III. Naturalistic study: eliciting feelings. *British Journal of Psychiatry*, **138**, 406–415.

INUI, T. S., CARTER, W. B., KUKULL, W. A. & HAIGH, V. H. (1982) Outcome-based doctor–patient interaction analysis. *Medical Care*, **20**, 537–549.

MERBAUM, M. & SOUTHWELL, E. A. (1965) Conditioning of affective self-references as a function of the discriminative characteristics of experimenter intervention. *Journal of Abnormal Psychology*, **70**, 180–187.

RUSSELL, R. L. & STILES, W. B. (1979) Categories for classifying language in psychotherapy. *Psychological Bulletin*, **86**, 404–419.

RUTTER, M. & COX, A. (1981) Psychiatric interviewing techniques – I. Methods and measures. *British Journal of Psychiatry*, **138**, 273–282.

——, ——, EGERT, S., HOLBROOK, D. & EVERITT, B. (1981) Psychiatric interviewing techniques – IV. Experimental study: four contrasting styles. *British Journal of Psychiatry*, **138**, 456–465.

STILES, W. B. & SNOW, J. S. (1984) Dimensions of psychotherapy session impact across sessions and across clients. *British Journal of Clinical Psychology*, **23**, 59–63.

——, ORTH, J. E., SCHERWITZ, L., HENNRIKUS, D. & VALLBONA, C. (1984) Role behaviours in routine medical interviews with hypertensive patients: a repertoire of verbal exchanges. *Social Psychology Quarterly*, **47**, 244–254.

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