

THE INFLUENCE OF LEADER EMPATHY
(AFFECTIVE SENSITIVITY),
PARTICIPANT MOTIVATION TO CHANGE
AND LEADER - PARTICIPANT RELATIONSHIP ON
CHANGES IN AFFECTIVE SENSITIVITY
OF T - GROUP PARTICIPANTS

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ABSTRACT

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by Steven J. Danish

Researchers in counseling have attempted to delineate counselor characteristics which contribute to successful counseling outcomes. Some research has also been conducted to discover either client characteristics or counselor-client relationship factors which contribute to successful counseling outcomes. However, research which takes into account the effect of all three variables in combination is sparse.

These variables deemed essential for effective counseling would seem to be prerequisite for other kinds of interpersonal encounters such as T-groups. Considerable attention has been given to the value of T-groups as an aid in increasing interpersonal effectiveness. Little research, however, has been directed toward determining the influence of these variables in T-group outcomes either independently or in combination.

The study was designed to determine: (1) the effects of the trainer's level of empathy (affective sensitivity) on the changes in empathy (affective sensitivity) of participants in a ten-day T-group; (2) the effects of the participant's perception of the quality of his

relationship with the trainer and the participant's motivation to change as factors which may also effect changes in empathy (affective sensitivity); and (3) the relationship between changes in participant's empathy and the combination of trainer empathy, participant's motivation to change and the quality of the trainer-participant relationship.

In order to test these hypotheses the Affective Sensitivity Scale was administered to 50 participants and 10 trainers during the first and last days of a ten-day T-group. A non-equivalent control group of 20 who were motivated to attend but who were not participating in a T-group also took the Affective Sensitivity Scale twice during a ten-day period. The T-group participants were also administered the Rokeach Dogmatism Scale, operationalized as a measure of participants' motivation to change, during the first day of the T-group and the Wisconsin Relationship Orientation Scale on the last day of the T-group. During the T-group lab the 50 participants were divided into 5 training groups with 10 participants and 2 trainers per group.

The data analyses included: t tests, a one-way analysis of variance, Pearson r's and a multiple R. Since there were two trainers per group, four trainer combinations were considered in several of the analyses. They were: the trainer with the highest A. S. S. score of the two trainers, the mean of the two trainers, the individual designated as trainer as opposed to co-trainer by the staff, and the most significant of the two trainers as rated by the subject's WROS ratings.

The findings of the study indicated that changes in the participants' A. S. S. scores were not a function of the trainer's initial A. S. S. score. Nor were these changes effected by the participants' motivation



to change or the quality of the trainer-participant relationship. However, changes in the participants' A.S.S. scores were related to the combination of the most significant trainer's initial A.S.S., the participant's motivation to change and the quality of the trainer-participant relationship. Furthermore, deletion of the R.D.S. score did not greatly reduce the accuracy of prediction. Therefore, the combination of the most significant trainer's initial A.S.S. score and the WROS rating given him were the best predictors of changes in A.S.S. scores made by the participants.



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CHAPTER I

INTRODUCTION

In the last few years counseling researchers have attempted to specify variables which are essential to effective counseling. Truax and Carkhuff (1967) have postulated that client improvement is determined by the counselor's skill in providing certain conditions which facilitate or retard constructive personality changes during counseling and psychotherapy. Truax and Carkhuff posit that the counselor's interpersonal skill in providing basic therapeutic conditions is the most important. Three such therapeutic conditions are defined: accurate and empathic understanding, non-possessive warmth, and genuineness. These conditions, according to Truax (1966), have wide acceptance as essential conditions across many theoretical positions.

Despite Carkhuff's contention that responsibility for change in human interactions rests more with the counselor's ability to provide the essential conditions than with client variables or relationship variables (Carkhuff, 1968), prior research has emphasized the importance of other variables. For example, changes in clients may be affected by the clients' perception of the quality of the relationship between counselor and client. The relationship is seen as an important variable in effective counseling regardless of orientation (Rogers, 1961; Patterson, 1968; Ullman and Krasner, 1964; Truax and Carkhuff, 1964, 1967).

Blocker (1968) and Kiesler (1966) have suggested that the role of client variables in counseling has generally been overlooked. One such variable is the client's motivation to change. Research by Adorno et.al. (1950) and Rokeach (1960) has delineated personality styles which react differently to new experiences. Two styles are differentiated by the person's ability to incorporate new information into his system (Rokeach, 1960). The flexible individual is accessible to new information, evaluating it from internal sources and resisting external pressures to conform. On the other hand, the rigid individual is more resistant to new information, evaluating it in terms of its sources rather than its values. Because of the preceived threat of the new information or experience, a rigid person will be extremely resistant to change.

Three sets of variables, then, have been identified as important in the counseling relationship, both in one to one and group counseling. These are: (1) the perceived relationship between client and counselors, (2) client variables, i.e. the client's motivation to change and (3) counselor variables, i.e. the counselor's skill in providing accurate empathic understanding, non-possessive warmth and genuineness.

These variables deemed essential for effective counseling would seem to be prerequisite for other kinds of interpersonal encounters. Sensitivity training is such an encounter (Bradford et.al., 1964). Many of the activities of a sensitivity training laboratory, often called a T-group, are designed to help the individual become more interpersonally effective.

Considerable attention has been given in recent years to the value of T-groups as a means of increasing interpersonal effectiveness. Little research, however, has been directed toward determining the influence of leader, participant and relationship variables. This study focuses on these three aspects.

Statement of the Problem

The major purpose of this investigation is to study the effects of the trainer's level of affective sensitivity on the changes in affective sensitivity of the participants of a ten-day T-group experience. A secondary purpose is to study the effects of the participant's perceived relationship with the trainer and the participant's motivation to change as factors which also may effect changes in affective sensitivity. Specifically, the major hypothesis is based upon the assumption that participant's affective sensitivity will vary as a direct function of the degree of affective sensitivity of their respective trainers.

Two secondary hypotheses are: (1) Changes in affective sensitivity will be effected by the participant's motivation to change. (2) Changes in affective sensitivity will be effected by the participant's perceived quality of the relationship.

Significance of the Problem

The following section includes three primary reasons for conducting the investigation:

1. Truax (1966) has summarized a number of studies which support the thesis that when the counselor's level of accurate empathy,

non-possessive warmth and genuineness are high the client improves. Carkhuff and Truax (1966) have extended their contentions that the conditions of accurate empathy, non-possessive warmth and genuineness are important not only in counseling but in other interpersonal learning situations such as teaching and parenthood. The present study provides an opportunity to investigate the effects of one of these conditions, empathy, as it relates to changes in a T-group.

2. Some research has failed to support the finding of Truax and Carkhuff. Resnikoff (1968) and Tosi (1968) both found that client and relationship variables influenced changes clients made despite the high level of facilitating conditions provided by the counselor. For example, regardless of the level of facilitating conditions some clients perceived these levels inaccurately and did not change. The present investigation attempts to assess the importance of client and relationship variables as it relates to change in T-groups.
3. In a prior study (Danish et.al., 1969) a number of questions emerged about the process of change among group members. By examining the number of different variables, i.e. leader variables, relationship variables, and participant variables some of these questions about the process of change may be answered and a better understanding of the T-group process will result.

Definition of Terms

Sensitivity Training--A process designed to increase one's under-

standing of the emotions of others, one's own emotions and one's impact on others. The process tries to create a climate encouraging learning, understanding, insights and skills in the areas of self and group.

T-Group--The method by which these goals are achieved. It is a group formed for individual learning purposes which creates through group interactions the data by which the individual group member learns and better understands the areas of self and group.

Trainer--The leader of a T-group who helps facilitate learning, understanding, and self-exploration of the individual group members.

Participants--The individual group member who seek sensitivity training not for relief of debilitating problems but who want to increase his capacity to understand and deal effectively with the areas of self and group.

Affective Sensitivity--That trait or characteristic which is measured by the Affective Sensitivity Scale (Form C). It is defined as "the ability to detect and describe the immediate affective state of another, or in terms of communication theory, the ability to receive and decode affective communication" (Kagan et.al., 1967).

Participant Motivation to Change--That trait or characteristic which is defined by the Rokeach Dogmatism Scale.

Leader-Participant Relationship--The extent to which the participant is willing to be self-disclosing to the trainer. This construct is measured by the Wisconsin Relationship Orientation Scale.

Basic Assumptions and Limitations

1. It is assumed that the instruments used in this study are accurately measuring the constructs defined. For example, it is assumed that the Rokeach Dogmatism Scale provides a measure of client motivation, that the Affective Sensitivity Scale measures affective sensitivity and that the Wisconsin Relationship Orientation Scale accurately assesses the relationship between leader and participant.
2. The concept of accurate empathy has been used in the studies of Truax and Carkhuff as one of the necessary leader variables. Although the concept of affective sensitivity which is used in this study is a somewhat different concept than empathy, it is assumed that enough overlap exists between the two concepts and the two instruments measuring these concepts to make affective sensitivity a viable leadership variable.
3. The study is limited in that it was conducted in the natural setting of a T-group rather than in a controlled environment. Since participants of the T-group chose to participate, they are in no way a random sample and the results of the study can be generalized only to this sample.
4. The study is further limited to the variables which have been investigated. For example, leader variables besides affective sensitivity might have been investigated. Some of these are: non-possessive warmth, genuineness, flexibility, and intelligence. Also, participant variables such as participant's demographic data or pathology might have been examined instead of participant's motivation to change. Finally, other criteria

besides changes in affective sensitivity might have been explored as criterion measures.

5. The T-group was limited to a ten-day experience. This short experience may be considered a limitation. It is suggested that further research using an ongoing T-group be conducted to test the effect of these independent variables upon changes in participants as a result of sensitivity training.

Overview

This chapter, has dealt with the need for, and the purpose of the study, and has provided a background of theory and a broad research hypothesis. Chapter II will contain previous research relevant to the problem under study in this research. Chapter III will contain a description of the sample of subjects, the research design, the methodology, and the instrumentation. In Chapter IV, results will be reported and interpreted. Chapter V will contain a discussion of the results, conclusions, and implications for the further use of the operational measures in counseling and sensitivity training.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

The review of the literature has been divided into three primary parts. The first part consists of a description and rationale of the T-group method. The second part presents a rationale for the use of affective sensitivity as a criterion measure. The third part consists of a review of studies dealing with the relationship between leader empathy, leader-participant relationship, and participant's motivation to change and changes made by participants in different helping relationships.

The Rationale of the T-group Method

The section includes a discussion of the goals, assumptions, and research about T-group.

Goals--The T-group or laboratory method of learning was first established in 1947 in Bethel, Maine, and was designed to help each individual to realize more fully his own potential for growth and to increase his ability to work effectively with others in a variety of situations (National Training Lab, 1967). The training laboratory tries to create a climate that encourages the individual to develop a greater degree of self-understanding about his behavior as he interacts with others in a group. The data for the group is created within the group experience itself (National Training Lab, 1967).

The distinction should be drawn between traditional group therapy and T-groups. The focus of traditional group therapy has been on individuals who have debilitating problems. The leader in such a group has a therapeutic function. T-groups, on the other hand, are designed for individuals who are functioning normally but want to improve their capacity for living within their own sets of relationship. The leader of this type of group has a facilitative function (Spivack, 1968). Most T-group experiences focus on improving a person's sensitivity to social phenomena, increasing his perception of difficulties experienced in interpersonal and group situations and improving his ability to act effectively and satisfyingly in harmony with others (Miles, 1960). The goal of T-groups is exploration and the orientation is self-education, rather than amelioration of psychopathology (Stoller, 1967).

Although there are numerous views on what constitutes sensitivity training, the following factors (Campbell and Dunnette, 1968; Spivack, 1968; Bradford et.al., 1964) summarize the four basic broad objectives of the experience.

1. Increased self-insight or self-awareness concerning one's own behavior and its meaning in a social context. This refers to understanding one's impact on others and to gain insight into why one acts the way he does in certain situations.
2. Better understanding of group processes and increased skills in achieving group effectiveness. If the experience is to be really meaningful, a person should be able to implement some of these learnings in the larger social system.
3. Greater awareness of the dynamics of change. In essence, this

involves the process of learning how one learns. A person is encouraged to develop the ability to continually analyze his own personal behavior in order to achieve more satisfactory interpersonal behaviors.

4. Greater sensitivity to the behavior of others. An individual is taught to be more responsive to all emitted communicative stimuli, both verbal and non-verbal. Therefore, he should be better able to correctly infer what another is feeling--to be more empathic.

Conditions or Assumptions--The following requisite conditions are among those seen as necessary for assisting individuals to attain more effective interpersonal behaviors.

1. Self-Disclosure--the disclosure of self on which to base change.
2. Feedback--the reception of information regarding oneself from others' viewpoint.
3. Atmosphere--trust and non-defensiveness.
4. Experimentation--an opportunity to try out new patterns of behavior.
5. Practice--practice of these new patterns to gain confidence and security.
6. Application--learning and change applied to outside situations (National Training Lab, 1967).

Research in T-groups--Because of the difficulty in establishing a rigorous experimental design, research in T-groups has, until recently, been sparse. The following will be a brief summary of some of the

relevant issues and findings concerning T-groups.

One of the significant questions which critics of T-groups have raised is the effect of the experience on the participant behavior following the T-group. Campbell and Dunnette (1968) reviewed some 44 studies relevant to T-groups. They concluded that T-group training does induce changes among its participants following the laboratory as perceived by peers, subordinates and supervisors (Boyd and Elliss, 1962; Bunker, 1965; Miles, 1965). However, it has been difficult to specify the nature of change and some researchers (Bunker, 1965) have suggested that the nature of change is unique to the individual. Consequently, it is impossible to construct a lab experience which induces specific behavior change since no external dependent variable can be determined.

Other studies have focused on internal criteria of change. For example, studies have focused on changes in self-perception (Burke and Bennis, 1961; Gassner, et.al., 1964), personality changes as measured by the E scale (Kernan, 1964) and attitude change (Baumgartel and Goldstein, 1967; Miner, 1965). Campbell and Dunnette question whether T-groups lead to any significant internal changes and if these internal changes are related to specific goals of the T-group. One area of internal change that has been investigated which is particularly relevant to this study is the changes in sensitivity and accuracy of interpersonal perception associated with T-groups.

Two studies directly relevant to the "interpersonal sensitivity" of T-group participants attempted to assess whether T-group members would be better able to predict the behavior of their fellow participants

following a T-group experience (Bennis, et.al., 1957) or their fellow participant's responses to a questionnaire (Gage and Exline, 1953). Both studies yielded negative results. Neither group demonstrated any significant increase in interpersonal sensitivity. Campbell and Dunnette (1968) also report that although T-group participants tend to describe other people and situations in more interpersonal terms following T-group experience, this may be a function of the acquisition of a new vocabulary rather than increased sensitization to interpersonal events.

Contrary to the negative results discussed by Campbell and Dunnette, (1968) in investigations of changes in interpersonal sensitivity, a study by Danish et.al., (1969) concluded that changes in affective sensitivity did result following a T-group experience. The Affective Sensitivity Scale was administered to participants prior to and just following a ten-day T-group experience. Significant changes on the instrument were found for the group as a whole following the T-group experience.

There are several possible explanations for these contradictory findings. One possibility is that the quality of treatment (in this case, the T-group experience) differed in its impact among the subjects included in the different studies. Another alternative is the manner in which empathy has been operationalized. In a recent review of the literature on empathy Campbell (1967) noted that this construct has been defined in a number of ways and operationalized as a measure in even more ways. If the evidence concerning changes in empathy following a T-group were unequivocal because of the variety of definitions

of empathy, then a summary of the literature on empathy is in order.

The Rationale for Affective Sensitivity as a Criterion Measure

Affective sensitivity was chosen as a criterion measure for this investigation for two major reasons: (1) as a construct it is most congruent to the stated goals of T-groups; and (2) the instrument measuring the concept is most parsimonious and consistent with theoretical concepts of empathy.

Affective sensitivity has been defined as "the ability to detect and describe the immediate affective state of another... (Kagan, Krathwohl, and Farquhar, 1965). The construct is more restricted than the larger concept of empathy since its focus is on the immediate affective state of another. Empathy has primarily been conceptualized in broader terms as "putting yourself in the other person's position... anticipating his feelings, reactions and behavior" (Speroff, 1953). This broader concept of empathy involves taking the role of another and predicting his behavior. Buchheimer (1965) has questioned whether this is a diagnostic ability rather than empathy. Because one of the goals of sensitivity training is developing interpersonal sensitivity among its members, the more restricted trait of affective sensitivity which focuses on the immediate affective state of another seems a more appropriate criterion than the construct of empathy which is larger in scope.

Previous research has pursued the measurement of empathy in two basic ways: predictive tests and situational tests. Predictive measures have generally followed the form of Dymond's (1949) test. A

person, for example, attempts to empathize with another and to rate the other person's response to the Allport-Lindsey Study of Values. Empathy then is measured by assessing the degree of similarity between an individual's rating of others known to him and the other's actual rating. It is this approach that Bennis et.al., (1957) and Gage and Exline (1953) investigated in their T-group studies which were reported earlier and in which no significant changes in empathy were found. Campbell (1967) has been critical of the instruments measuring empathy by means of the predictive approach and contends that such procedures have failed to produce a reliable or valid instrument.

A second approach to measuring empathy has been defined as situational. This approach provides some type of real-life or simulated real-life situations involving combinations of stimuli to which the subject can attempt to respond empathically (Campbell, 1967). Situational tests employing typescripts and audiotapes (Stefflre, 1962; O'Hern and Arbuckle, 1964) and audio visual stimuli (Buchheimer, et.al., 1965; Rand, 1966) have been developed. Campbell (1967) supports this approach of measuring empathy as possessing more promise of isolating relevant components of the empathic process and producing instruments more consistent with the theoretical concepts of empathy.

The Affective Sensitivity Scale (A.S.S.) is a videotape situational test operationalizing the construct of affective sensitivity.¹

¹A copy of the instrument appears in Appendix A and reliability and validity data appear in Chapter III.

Danish et.al., (1969) found that participants involved in a ten-day T-group had increased A.S.S. scores following the T-group. These data provide some indication that the A.S.S. does respond to changes in affective sensitivity when associated with experiences designed to increase an individual's sensitivity to others. As a part of the same study it was concluded that changes in affective sensitivity would not take place as a result of mere passage of time or a placebo treatment. A control group was administered the A.S.S. twice in a ten-day span with an intervening placebo treatment. No significant changes in A.S.S. occurred during the ten days for the control group.

Thus, the rationale for using the Affective Sensitivity Scale as a criterion measure for the present investigation is two fold: the A.S.S. is consistent with the theoretical and instrumentation considerations of empathy, and the scale has been shown to be sensitive to changes made by T-group participants.

Factors Which Affect Change in Helping Relationships

The section includes a review of research relating to the relationship between leader empathy, leader-participant relationship and participants' motivation to change and changes made by participants in different helping relationships.

Leader Empathy--The section includes a review of studies relating the effect of the empathy of the professional (counselor, therapist, T-group leader, teacher) on changes in the non-professional (client, patient, T-group participant, student).

Truax (1961) has compared the level of accurate empathy provided

four hospitalized patients who showed clear improvement on a variety of personality tests and four who showed clear deterioration on these tests after six months of intensive psychotherapy. The findings indicated that the therapists of test-improved patients were rated consistently higher on accurate empathy as measured by the Truax Accurate Empathy Scale (AE) than were the therapists with test-deteriorated cases ($p < .01$). The initial finding relating empathy to therapy outcome was validated in a later study (Truax, 1963) involving 14 schizophrenia patients seen in intensive psychotherapy for periods ranging from six months to four and one-half years. Therapists of improved patients were rated significantly higher on AE ($p < .01$) than therapists of deteriorated patients.

A number of studies presented by Truax and Carkhuff (1967) have reported significant differences in various outcome criteria in favor of counselors with high levels of accurate empathy, non-possessive warmth and genuineness in both individual and group counseling. However, when these three conditions were analyzed separately the data suggests that accurate empathy is the least important of the variables and sometimes did not show significant differences by itself.

One research investigation (Underhill, 1968) used the Affective Sensitivity Scale (A.S.S.) to measure the relationship between supervising teacher affective sensitivity and changes in student teacher affective sensitivity. The A.S.S. was administered to 44 student teachers and their supervisors prior to the student teaching experience. At the end of a ten-week student teaching experience the A.S.S. was readministered to the student teachers. The pretest A.S.S. mean score

for the student teachers was significantly higher than the pretest A.S.S. mean score for the supervising teacher ($p < .05$). The 44 supervising teachers were divided in half with the top 22 constituting the high A.S.S. group and the lower 22 constituting the low A.S.S. group. The mean increase in A.S.S. scores for student teachers who taught with supervising teachers in the high group was .13 while the mean decrease for students who taught with supervising teachers in the low group was 4.05. The difference between the means was significant ($p < .05$). Student teachers as a whole tended to decrease in A.S.S. scores during the experience. The fact that the student teacher pre A.S.S. scores is significantly higher than the pre A.S.S. mean score of the supervising teacher may be related to the negative changes in A.S.S. scores made by the student teachers during this ten-week experience.

Further analysis indicated that: (1) High A.S.S. student teachers placed with high supervising teachers tend to increase in A.S.S. scores. (2) Low A.S.S. student teachers placed with low A.S.S. supervising teachers tend to decrease in A.S.S. (3) High A.S.S. student teachers placed with low A.S.S. supervising teachers made the greatest change of any group. Their scores decreased--4.37. (4) Low A.S.S. student teachers placed with high A.S.S. supervisors tended to decrease in A.S.S. scores. Only the latter group was not in the expected direction.

The studies reported have used two different measures of empathy: Accurate Empathy Test and the Affective Sensitivity Scale. In a construct validity study a correlation of .42 was found between the two instruments (Altekruse and McNeil, 1968). The correlation accounts



for only about 16 per cent of the variance and indicates that the two instruments are measuring different constructs.

Part of the difference between the two instruments is the manner in which the constructs are defined. Accurate empathy involves both the sensitivity to the affect of another and communicating understanding of this feeling to the client (Truax and Carkhuff, 1967). Affective sensitivity, on the other hand, is a more restricted state. It involves the detecting and describing of the affect of another but not communicating the understanding (Kagan et.al., 1967).

Another difference between the two instruments is the manner in which they measure the two constructs. Accurate Empathy is determined by rating brief segments of a counselor's responses to clients on audiotape. The A.S.S. is a videotaped situational test of client-counselor interactions. Because of need for tape recordings to use the Accurate Empathy Test it would seem that the A.S.S. might have more utility in the wide variety of interpersonal situations in which "empathy" would be of value, as in sensitivity training. It is for this reason that leader empathy in this study was measured by the A.S.S.

Leader-Participant Relationship--The importance of the leader-participant relationship on outcomes in counseling and therapy has been examined in a number of studies. Many of these studies have focused on the therapist's viewpoint of the relationship (Hunt et.al., 1959; Gendlin et.al., 1960; Sapolsky, 1965). Fewer studies have attempted to assess the client's viewpoint of the relationship as a variable in the successful outcome of counseling or therapy.

Bown (1954) focused on the client-therapist relationship developed

in 20 therapy sessions. Q sort ratings of the relationship were obtained from each client-therapist pair involved in the study at four points during treatment. Bown reported that the quality of the actual relationship as perceived by both therapist and client for successful therapy was substantially different from the quality of the relationship of unsuccessful therapy. Parloff (1961) confirmed Bown's finding in a group psychotherapy context. He concluded that the better the relationship between client and therapist, the greater the symptomatic relief experienced by the client and the more positive the ratings he received by both his fellow group members and the research staff.

Goldstein (1962) after reviewing the literature on client-therapist expectancies in psychotherapy concluded that the therapeutic relationship has primary status in the overall therapeutic transaction. Yet, despite the importance of the relationship there is little agreement about the various definitions of relationship (Goldstein et.al., 1966).

Many researchers (Strupp, 1968; Fiedler, 1950) consider that it is the therapist and not the client who plays the major role in determining the nature of the relationship. Truax and Carkhuff (1967) have considered the cornerstone of the relationship to be the degree of empathy, warmth and genuineness provided by the therapist. In a study by Truax (1966) the levels of the accurate empathy, non-possessive warmth and genuineness of 8 therapists appeared to be independent of the 24 clients that were being interviewed. The ability to provide these facilitating conditions seemed to be part of the therapists' personality and not contingent on the clients' personality.

Van der Veen (1965), on the other hand, studied the effect of the relationship between client and therapist by analyzing the effect of each on the other's therapeutic behavior. The interviews of three clients each of whom was seen by the same five therapists were used. Short tape segments were rated on therapist and client behavior variables. It was found that rated interview behavior of the client was a function of the client, the therapist, and the particular therapist-client pair. The behavior of the therapist was found to be a function of the therapist and the client. It was concluded that both the client and the therapists significantly influenced each other's therapeutic behavior. The findings of Van der Veen are contrary to those of Truax reported above.

Patterson (1968) in a recent review of the importance of the relationship in the outcome of therapy partially supports Van der Veen. He concludes that the relationship is more complex than the dimensions outlined by Truax and Carkhuff. Patterson states:

Every therapy relationship is characterized by a belief on the part of the therapist in the possibility of client change, by the expectation that the client will change, by a desire to help, influence or change him, and, highly important, confidence in the approach or method which is used to achieve change. The client, for his part, also contributes to the relationship. He needs and wants help, recognizes this need, believes that he can change, believes that the counselor or therapist with his method, can help him change and finally he puts forth some effort or engages in some activity in the attempt to change. (1968 p. 228)

Thus, the relationship for Patterson, is defined in terms of reciprocal need patterns for client and therapist.

From the above statement by Patterson and the conclusions of the

Van der Veen study, it seems that it can not be assumed that relationships are dependent entirely on the therapist as Truax and Carkhuff have posited. Changes in affective sensitivity made by participants in the present investigation may be, in part, determined by the level of affective sensitivity of the leader. However, the leader-participant relationship as perceived by the participants may also influence change.

Participant Dogmatism or Motivation to Change--This section includes a review of research relating client dogmatism to outcomes in therapy. Research cited in the previous section gives credence to the hypothesis that a sound counselor-client relationship is related to successful outcomes in counseling. Many studies (cited by Truax and Carkhuff, 1967) have emphasized the counselor's ability to provide conditions of empathy, genuineness and warmth as a key determiner of successful outcomes. If these conditions are provided the counseling succeeds; if these conditions are not present then counseling fails. Few studies, however, have analyzed client variables which enhance or impede successful counseling.

One factor which may impede successful counseling is dogmatism. Rokeach (1960), for instance, has proposed that a person's belief-disbelief system (degree of dogmatism) influences his perception of experience. Kemp (1961) reported, "that the closed-minded do not approach a new experience openly, they are defensive, insecure, and threatened and have a tendency to distort it." Moreover, psychological openness refers to a relatively high degree of self-communication and the extent to which one understands the thoughts and feeling of others



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(Allen, 1967).

A number of studies have revealed that counselors who were less dogmatic established better relationships with their clients and tended to be more successful (Stefflre, King and Leafgren, 1962; Kemp, 1962; Russo, Kelz and Hudson, 1964; Cahoon, 1962). Few studies, however, have examined the level or significance of client dogmatism. In one study conducted by Kemp (1961) low dogmatic clients were found to be better adjusted, expressed fewer personal problems, and responded better to counseling than their high dogmatic peers. Tosi (1968) assessed the relationship between client dogmatism, with counselor dogmatism held constant, and the client's perception of the counselor's expression of unconditional positive regard, empathy, level of regard and congruence as measured by Barrett-Lennard Relationship Inventory (BLRI). Twelve counselors and sixty-nine clients served as subjects for the study. Both clients and counselors were administered the Rokeach Dogmatism Scale and were divided into high, medium, and low dogmatism. Each counselor conducted six initial interviews with two clients representing each of three levels of dogmatism. Tosi concluded that both low and medium dogmatic clients rated their relationship significantly better than did high dogmatic clients. His study provides some indication that despite the leader's level of affective sensitivity, it is possible that client dogmatism might distort the leader's level.

The Interaction of Leader Empathy, Participant Characteristics and the Leader-Participant Relationship

The purpose of the latter sections of this chapter were to indicate the importance of three factors which might possibly influence



changes in affective sensitivity made by participants following a T-group. The three factors have been dealt with separately rather than interactively. Cartwright and Lerner (1963) conducted one of the few studies that focused on interaction between various facets. They investigated the interactive effects of therapists' empathy and the clients' felt need for change during therapy. Cartwright and Lerner (1963) obtained improvement scores for all clients using Kelly's Role Construct Repertory Test and measures of therapist's empathy and client's need to change. The major finding was that therapy is short but successful when the client's need for change and the therapist's understanding of the client are high. When these two indices are low, clients leave therapy in an equally short time, but as unimproved. Therapy is long term when one of the indices is high and the other is low.

Summary

The review of the literature has focused on three major parts. The first part has consisted of a description of the T-group method. The second part presented a rationale for the use of affective sensitivity as a criterion measure. The third part consisted of a review of studies focusing on several factors affecting outcomes in therapy and T-groups. These factors are not inclusive. They include leader empathy, leader-participant relationship and participant dogmatism. The present study investigates the relationship of the interaction of the three factors and changes in empathy following a sensitivity group experience.



CHAPTER III

METHODS AND PROCEDURES

General Description

The study is an extension of a preliminary investigation previously cited (Danish et.al., 1969) which assessed changes in affective sensitivity as a result of a ten-day T-group laboratory experience. In addition, the present investigation examines differential changes in the sensitivity of the participants in relation to a trainer's affective sensitivity.

Participants of the Study

Three sets of participants took part in the study.

1. Fifty participants attending a sensitivity training laboratory were the experimental subjects of the study. The fifty were volunteers who had paid a fee to attend the laboratory. There were thirty-six males and fourteen females ranging in age from twenty-one to fifty-three with a median age of thirty. Twenty-four of the participants were employed in the schools, thirteen were graduate students, ten were in psychologically-oriented professions.
2. Ten trainers employed by the State of Michigan Training Lab (S.M.T.L.) took part in the study. Eight were male. Seven had the Ph.D. degree or an equivalent in psychology or education; two were students working toward their Ph.D. and the



other was a member of the clergy. All trainers were affiliated with N.T.L. and, therefore, had previous experience as trainers.

3. A group of twenty graduate students from Michigan State University and Southern Illinois University took part in the study as a control group. They included ten teachers, five counselors employed full time but attending graduate school at night and five full-time graduate students. The median age of this group was twenty-four.

Experimental and Control Groups

The fifty participants in the sensitivity training laboratory constituted the experimental group. The fifty were divided into five individual T-groups comprising ten participants and two trainers. In so far as possible, members were assigned to the groups on the basis of maximum heterogeneity within groups with regard to age, sex and occupation. The laboratory was a ten-day experience. The major activities of the lab included: T-groups for 8-10 hours per day, non-verbal exercises and some presentation of theory about sensitivity training.¹

The non-equivalent control group consisted of the twenty graduate students from the two universities. The group was obtained in the following manner. In an attempt to have the control and experimental groups as similar as possible in knowledge and motivation about

¹A more detailed discussion of goals and processes of sensitivity training has been presented in Chapters I and II.



sensitivity training, seventy graduate students were asked to read "The Process of the Basic Encounter Group" by Carl Rogers (1967). Of these, thirty-one expressed interest in being part of an experience such as a basic encounter group or a T-group, but only twenty were willing to serve as control subjects. These subjects were administered the A.S.S. (Form C) twice during a ten-day span. No specific treatment intervened between the two administrations.

Procedure for Gathering the Data

Both the trainers and the experimental subjects were administered the Affective Sensitivity Scale (Form C) by means of video-tape the evening of their arrival to the sensitivity training laboratory. Forty-nine of the fifty subjects also took the Rokeach Dogmatism Scale.²

The day before the laboratory ended the A.S.S. was readministered to forty-seven of the fifty participants and all of the trainers. The Wisconsin Relationship Orientation Scale (Steph, 1963) was administered on three occasions to forty-five of the fifty participants. The participants rated each trainer independently and then made a third rating of the two trainers in combination. The third rating of the trainers

²It was planned that these instruments would have been administered before any of the labs' activities began, but the labs administrators did not feel that this would set the proper atmosphere for the lab. Consequently, the administration of the A.S.S. was preceded by the introductory sessions of both groups as a whole and the five individual training groups. Harrison's (1967) views about the timing of data collection are compatible with the procedure that was followed. It is his opinion that the anticipatory anxiety of both staff and participants during a pre-laboratory experience significantly affects the direction and variability of responses to many kinds of instruments. He further advocates these concerns to be transitory and ubiquitous and therefore irrelevant to the realistic concerns which are experienced when the training begins.

as a pair included an additional question. The question asked the participants to rate which of the two trainers in their group had been the most influential in effecting change. Following the post-test the groups had one individual meeting and closing ceremonies the next day.³

Instrumentation

Three instruments were used: (1) the Affective Sensitivity Scale (Form C)⁴ which measures "the ability to detect and describe the immediate affective state of another, or in terms of communication theory, the ability to receive and decode affective communication" (Kagan et.al., 1967); (2) the Wisconsin Relationship Orientation Scale⁵ (W.R.O.S.) which measures the nature of the relationship existing between the trainer and the group member as perceived by the group member; and (3) Rokeach Dogmatism Scale⁶ which was assumed to be a gross measure of the participant's motivation to involve oneself in the process of examining his emotions. The following instruments are described below.

1. The Affective Sensitivity Scale (Form C) is a video tape situational test containing 34 scenes involving 11 different clients and counselors. The scenes were taken from actual counseling sessions of clients. One to six episodes for each client provided variable exposure to different clients and counselors. Both male and female clients are included. The scenes are

³It was planned that by administering the tests on the next to last day more subjects would take the test since many subjects leave on the last day prior to the completion of the lab.

⁴A complete copy of this instrument appears in Appendix A.

⁵A complete copy of this instrument appears in Appendix B.

⁶A complete copy of this instrument appears in Appendix C.

typical of counseling situations, varying in emotional depth and content of client concern. The counselors are both male and female, and represent various levels of skill. Most of the clients are high school students, although several scenes show married women as clients. The total time for administration of the test is about 1 hour.

Each showing of a videotaped sequence (later also transferred to kinescope) is followed by the subject's answering several multiple-choice items to describe the affective states which the client may "really" be experiencing. A subject must choose one sentence from each of two sets of three sentences: from the first set, that which most nearly defines what he, the subject, thinks each client feels about the content of client communication; from the second, that which describes the client's feelings about the counselor. (Kagan et.al., 1967 and 1968).

Form C of the Affective Sensitivity Scale (A.S.S.) is essentially the same instrument as Form B with the following exception: the time required to complete the test was decreased from 1½ hours to 1 hour to lessen the fatigue factor and to delete a number of non-discriminating items which theoretically increases both the reliability and validity of the instrument (Mehrens and Ebel, 1967).

Although no studies have been done to assess the reliability and validity of Form C, considerable research has been done with Form B (Campbell, 1967; Kagan et.al., 1967).

The reliability has been assessed in two ways: Internal consistency reliability coefficients range between .58 and .77. A test-retest reliability coefficient of correlation was .75 over a two-week period.

Concurrent, predictive and construct validity studies were carried out with Form B. In one concurrent validity study correlations of .35, .59, and .64 (when added together and averaged, $p < .01$) were obtained between therapist's rankings of group members' sensitivity to feelings and the members' scale scores. In a second study, correlations of .32 and .28 (when added together and averaged, $p < .06$) were obtained between supervisors' ranking of doctoral practicum students' sensitivity to feelings and student's scale scores. When this same group was ranked on counselor effectiveness by the supervisors, the correlation between this ranking and the scale scores was .31 and .32 (when added together and averaged, $p < .05$) (Campbell, 1967).

Another study examining the Scale's concurrent validity was carried out by Altekruze and McNeil (1968) who found that A.S.S. correlated .42 ($p < .05$) with Truax's Accurate Empathy Test. This latter test has been used by Truax to measure Accurate Empathy, one of the three necessary dimensions in counseling effectiveness (Truax and Carkhuff, 1967).

The A.S.S. (Form B) has been used in predicting counselor success. In a predictive validity study (Kagan et.al., 1967) an NDEA Counseling and Guidance Institute took the A.S.S.

during both the first and last week of a year-long institute. Following the institute peer group and staff ratings were obtained. The A.S.S. had a correlation of .43 with peer ratings and .52 with staff ratings.

Danish et.al. (1969) assessed the construct validity of the Scale. Participants in a ten-day sensitivity training laboratory were administered the A.S.S. on the first and last days of the lab. Sensitivity training is a process designed to increase one's sensitivity to others. The mean score of the participants significantly increased from pre-test to post-test which gives some indication that the A.S.S. did respond to changes in affective sensitivity associated with experiences designed to increase the sensitivity of an individual to others.

2. The Wisconsin Relationship Orientation Scale is a five point rating scale that purports to measure the degree of willingness of the rater to be self-disclosing in a relationship with the person being rated (Steph, 1963). Three independent judges were able to arrive at consistent ratings of subject's tape-recorded responses to eight hypothetical counseling situations. Steph was able to demonstrate both the reliability (inter rater reliability coefficients were between .86 and .97) and validity of the instrument. As criteria, Steph used three variables: ratings of counseling segments conducted by these subjects and peer and supervisors' ratings of the subjects (Steph, 1963). Validity coefficients ranged from .50 to .82.

Research has indicated that one's ability to establish a relationship with another is independent of paper and pencil measures of interest, achievement, personality and intelligence (Wasson, 1965). Therefore, the W.R.O.S. is measuring an ability which seems to be dissimilar to the other factors Wasson studied. Kagan et.al. (1967) also discovered that the W.R.O.S. was positively associated with effective counseling behavior as measured by a counselor verbal rating scale.

3. The Rokeach Dogmatism Scale (Form E) is an instrument "to measure individual differences in openness of closedness of belief systems" (Rokeach, 1960). The reliability of this scale has been assessed in two ways. Internal consistency reliability coefficients range between .68 and .94. A test-retest reliability coefficient of correlation was .71 with five to six months between administrations (Rokeach, 1960). Rokeach's (1960) validation procedure involved having college professors select high and low dogmatic graduate students. Significant differences on the RDS was found between these two groups in one study but not in another. Validity data, therefore, is limited to two studies. The promise of the instrument, however, seems to warrant its inclusion in the study. In Chapter II several studies were presented in which the RDS was used effectively (Tose, 1968; Kemp, 1961).

Hypotheses

The major hypothesis of this study is based upon the assumption

that participant's affective sensitivity varies as a direct function of the degree of affective sensitivity of his respective trainer. That is, those individuals whose initial A.S.S. scores are above their respective trainer's decrease in A.S.S. scores on the post-test while those individuals whose initial A.S.S. scores are below the trainer's increase on the post-test.

Regardless of the training group all subjects were regrouped according to their standing relative to their respective trainer's pre-A.S.S. score. Those subjects who scored higher than their respective trainer's A.S.S. score formed Group I; those who scored lower than their respective trainer's A.S.S. score formed Group II.

The following are the operational hypotheses and sub-hypotheses:

1. (a) H_0 : For Group I subjects there is no significant differences between the mean post-test A.S.S. scores and the mean pre-test A.S.S. scores.
 H_1 : For Group I subjects the mean post-test A.S.S. scores are significantly lower than the mean pre-test A.S.S. scores.
- (b) H_0 : For Group II subjects there is no significant differences between the mean post-test A.S.S. scores and the pre-test A.S.S. scores.
 H_1 : For Group II subjects the mean post-test A.S.S. scores are significantly greater than the mean pre-test A.S.S. scores.

Since the first hypothesis actually could occur due to regression, a non-equivalent control group was included to diminish this possibility.

2. (a) H_0 : There is no significant difference in A.S.S. change scores between subjects above their respective trainer's initial A.S.S. scores and the control group.
 H_1 : Subjects above their respective trainer's initial A.S.S. scores have a greater mean change score than

the control group in the direction of the trainer's score.

(b) Ho: There is no significant difference in A.S.S. change scores between subjects below their respective trainer's initial A.S.S. scores and the control group.

H₁: Subjects below their respective trainer's initial A.S.S. scores have a greater mean change score than the control group in the direction of the trainer's score.

It is expected that those trainers with high levels of sensitivity have a greater impact upon their respective training group. Therefore, it is expected that:

3. Ho: There is no significant relationship between pre-post gains made by the participant and the trainer's initial A.S.S. scores.

H₁: A significant positive relationship exists between pre-post gains made by the participant and the trainer's initial A.S.S. scores.

The next stage of the research involves the analysis of the inter-relationship between dogmatism and affective sensitivity. It is expected that participants who are high in dogmatism are rigid and likely to be responsive to experiences designed to increase affective sensitivity.

4. Ho: There is no significant difference in mean A.S.S. change scores between subjects who score in the lower third on the Rokeach Dogmatism Scale (R.D.S.) and subjects who score in the upper third on the R.D.S.

H₁: The mean A.S.S. change scores for subjects who score in the lower third on the R.D.S. are significantly greater than the mean A.S.S. gain scores of those subjects scoring in the upper third of the R.D.S.

It is expected that the first hypothesis which hypothesizes changes in A.S.S. for subjects in the direction of their respective

trainers is influenced by the quality of the relationship as perceived by the participants. Therefore,

5. Ho: There is no difference in mean change scores on the A.S.S. among subjects with different relationship scores on the WROS.

H₁: Subjects with lower relationship scores on the WROS have significantly lower mean change scores on the A.S.S.

Finally, it is expected that changes in A.S.S. scores for subjects are related to initial trainer A.S.S. score, mean A.S.S. change score for the trainer, subject's dogmatism and the perceived relationship between participant and trainer. Therefore,

6. Ho: There is no significant relationship between the participant's A.S.S. change scores and initial A.S.S. scores for the respective trainer, participant's level of dogmatism and the relationship score on the WROS as related by the participant.

H₁: A significant relationship exists between the participant's A.S.S. change scores and initial A.S.S. scores for the respective trainer, the A.S.S. change score for the respective trainer, participant's level of dogmatism and the relationship score on the WROS as rated by the participant.

Treatment of the Data

The data analysis has been designed to deal with the six hypotheses in the following manner:

Hypothesis 1--A t test was computed to determine whether there were significant changes in A.S.S. scores for the participants in Groups I and II in the direction of their trainer's initial A.S.S. score.

Hypothesis 2--A t test was computed to determine whether the changes in A.S.S. scores made by Groups I and II were significantly

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different from the changes made by the control subjects who scored above and below the mean of all the trainers.

Hypothesis 3--A Pearson product moment r was computed to determine whether a significant relationship exists between each subject's changes in A.S.S. scores for the entire sample across all groups and the trainer's initial A.S.S. score. This yielded an r . The t -statistic (Blommers and Lindquist, 1960) was determined to test the hypothesis.

Hypothesis 4--A t test was computed to determine whether the changes in A.S.S. scores for high dogmatic subjects were significantly different from changes in A.S.S. scores for low dogmatic subject. Only subjects scoring in the top and bottom thirds in the RDS were considered to maximize the probability that a relationship exists between dogmatism and changes in A.S.S. scores.

Hypothesis 5--A one way analysis of variance was computed with the treatments being defined as the ratings on the WROS the subjects gave the trainer to determine whether changes in A.S.S. differ significantly with different ratings on the WROS.

Hypothesis 6--A multiple r was computed which included trainer's initial A.S.S. scores, the participant's dogmatism and the WROS scores. The criterion was the participant's changes in A.S.S. scores.

Additional Analyses for the Hypotheses 1, 3 and 6--Because there are two trainers per group, a problem existed in determining what would be considered the level of trainer affective sensitivity. Some of the possible alternatives were: (1) if the trainers were equally influential in the group, the scores of the trainers could be averaged and

that mean could serve as the level of affective sensitivity; (2) either the score of the high trainer or the low trainer of the pair could be used; (3) among the trainer pairs one is considered the trainer, the other the co-trainer, if the trainer theoretically exercises more control over the group than does the co-trainer, the trainer's score could be considered as the level of affective sensitivity; (4) finally, if it could be assessed by questionnaire which of the two trainers were more influential to the group, this trainer's score could be used as the level of affective sensitivity. It was decided to analyze the results using all of these combinations so that the results might lead to some interesting considerations of the theory of leadership in sensitivity groups.

Summary

It was hypothesized that T-group participant's changes in affective sensitivity are influenced by the trainer's degree of affective sensitivity, the participant's motivation to change and the participant's perception of the relationship between the trainer and himself.

In order to test these hypotheses the Affective Sensitivity Scale was administered to 50 participants and 10 trainers during the first and last days of a ten-day T-groups. A non-equivalent control group of 20 who were motivated to attend but who were not participating in a T-group also took the Affective Sensitivity Scale twice during a ten-day period. The T-group participants were also administered the Rokeach Dogmatism Scale during the first day of the T-group and the Wisconsin Relationship Orientation Scale on the last day of the T-group

During the T-group lab the 50 participants were divided into 5 training groups with 10 participants and 2 trainers per group.

The data analysis included: (1) a t test to determine whether there were significant changes in A.S.S. scores for the participants in the direction of their respective trainer's initial A.S.S. score; (2) a t test to determine whether pre-post changes in A.S.S. scores made by the participants in the T-group were significantly different from pre-post changes made by the control group; (3) a Pearson r to determine whether a significant relationship exists between each subject's changes in A.S.S. and the trainer's initial A.S.S. score; (4) a t test to determine whether pre-post changes in A.S.S. scores differ significantly for participants high in dogmatism as opposed to participants low in dogmatism; (5) a one-way analysis of variance to determine whether changes in A.S.S. score differ significantly with different ratings on the WROS; and (6) a multiple r including trainer's initial A.S.S. scores, participant's level of dogmatism and the participant's WROS rating in an attempt to account for changes in participant's A.S.S. scores.

A detailed analysis of the data is presented in Chapter IV.

CHAPTER IV

ANALYSIS OF THE DATA

This chapter presents the analysis of the data obtained from the statistical treatment. To analyze the data, t tests, Pearson *r*'s, a one way analysis of variance and multiple *r*'s were conducted. These techniques were discussed in detail in Chapter III. Differences were considered to be significant when they reached values at the five per cent level of confidence. No attempt is made here to draw conclusions or make substantive influences about these data, since Chapter V treats the topic in some detail. The results of the study are presented below.

Null Hypothesis 1

- (a) There is no significant difference between the mean post-test A.S.S. scores and the mean pre-test A.S.S. scores for Group I subjects, those subjects above their respective trainer's A.S.S. scores.
- (b) There is no significant difference between the mean post-test A.S.S. scores and the mean pre-test A.S.S. scores for Group II subjects, those subjects below their respective trainer's A.S.S. scores.

It was hypothesized that changes in A.S.S. scores would be in the direction of the trainer's initial A.S.S. score. Since there were two trainers in each group, separate analyses were done for four different trainer variations: (1) the trainer of the two who scored higher on the A.S.S., (2) the mean of the two trainers, (3) the individual designated by the T-group staff as the trainer rather than the co-trainer, (4) the trainer rated as most significant by the participants on the WROS. A total of eight t tests were conducted for the first hypothesis.

The t tests comparing pre-post differences for Groups I and II are presented in Table I.

There were no significant differences between the mean post-test A.S.S. scores and the mean pre-test A.S.S. scores for either Group I or Group II under any of the four trainer variations. Therefore, it was not possible to reject the null hypothesis.

Null Hypothesis 2

- (a) There is no significant difference in A.S.S. change scores between subjects scoring higher than their respective trainer's initial A.S.S. scores and those subjects in the control group whose A.S.S. scores were higher than the mean of all the trainers.
- (b) There is no significant difference in A.S.S. change scores between subjects below their respective trainer's initial A.S.S. scores and those subjects in the control group whose A.S.S. were below the mean of all the trainers.

If the changes in A.S.S. scores for Groups I and II in Hypothesis 1 were in the hypothesized direction, a number of explanations are possible. Besides the possibility of the changes occurring by chance, the changes could be a result of the treatment or could be due to regression toward the mean. In order to diminish the possibility of the regression hypothesis, a t test was computed between Group I, those subjects who scored higher than their respective trainer in A.S.S. scores, and the control group subjects who scored higher than the mean of all the trainers in A.S.S. scores. A t test was also computed between Group II, those subjects whose A.S.S. scores were below the scores of their respective trainer and the control group subjects scoring below the mean of all the trainers in A.S.S. scores. These t tests are presented in Table II.

Table I. The t test of differences (pre-test minus post-test)
of participant's A.S.S. changes by the four variations
of trainer's initial A.S.S. scores

Trainer Variation	Participants Mean A.S.S.		Participants Variance		t	df
	Pre	Post	Pre	Post		
1. Highest Trainer						
a. Group One (Initial score higher than trainer) (N = 5)	43.800	41.800	20.160	70.160	.565	4
b. Group Two (Initial score lower than trainer) (N = 42)*	35.976	36.095	42.261	70.068	-.128	42
2. Mean of Trainers						
a. Group One (N = 13)	43.923	41.769	11.147	38.485	1.325	12
b. Group Two (N = 34)*	34.088	34.764	32.198	72.885	-.639	33
3. Designated Trainer						
a. Group One (N = 12)	41.833	42.250	14.805	26.187	-.303	11
b. Group Two (N = 35)*	35.085	34.800	44.706	75.131	.255	34
4. Most Significant Trainer						
a. Group One (N = 12)	41.444	41.000	16.469	20.444	.287	13
b. Group Two (N = 31)**	35.464	35.285	51.320	76.846	.152	32

*3 of the 50 failed to complete the post-test.

**2 of the 47 who completed both pre and post A.S.S., failed to
complete WROS.

Table II. The t tests between the experimental group subjects whose A.S.S. scores are above and below the mean of their respective, designated trainer and the control group subjects whose A.S.S. scores are above and below the mean of all trainers

Group	Pre A.S.S. Mean	Post A.S.S. Mean	Change	t	df
Experimental a. Scoring Above Trainer (N = 11)	41.833	42.250	.416		
Control a. Scoring Above Trainer (N = 4)	41.631	40.965	-.666	.337	13
Experimental a. Scoring Below Trainer (N = 34)	35.085	34.800	-.285		
Control a. Scoring Below Trainer (N = 16)	33.827	33.710	-.117	.121	50

There were no significant differences between the change scores between either of the experimental groups or for the control groups. Therefore, it was impossible to reject the null hypothesis. It seems evident, then, that the changes taking place in both experimental and control groups were random.

Null Hypothesis 3

There is no significant relationship between pre-post gains made by the participant and the trainer's initial A.S.S. scores.

To test whether the trainers having high levels of sensitivity had a greater impact upon the participants in their group, a Pearson r was computed between each subject's change score and the trainer's initial A.S.S. score. The resulting correlations for the four trainer variations are presented in Table III.

The correlations between the A.S.S. pre-test score for both the trainer having the higher A.S.S. score and the most significant trainer and the A.S.S. change scores for the subjects was significant ($p < .05$). The correlations for the pre-test A. S. S. scores for both the designated trainer and the mean of the trainers and the A.S.S. change scores for the subjects were not significant. Therefore, the null hypothesis was rejected for two trainer variations and not rejected for the other two trainer variations.

Null Hypothesis 4

There is no significant difference in mean A.S.S. change scores between subjects who score in the lower third on the Rokeach Dogmatism Scale (R.D.S.) and subjects who score in the upper third on the R.D.S.

In the first three hypotheses the leader variable of sensitivity

Table III. Pearson r between the pre-post change scores
of the subjects and the initial A.S.S. score
for the four trainer variations

Trainer Variation	r	df
High Trainer	.309*	45
Mean Trainer	.180	45
Designated Trainer	.231	45
Most Significant Trainer	.357*	43 ¹

¹Two subjects who completed the pre-post A.S.S. did not complete the WROS.

* $P < .05$

df = 40 To be significant at .05 level requires $r = .257$.

df = 45 To be significant at .05 level requires $r = .243$.



was examined. This hypothesis explores the effect the subject's dogmatism has on changes in A.S.S. scores. The t test comparing changes in the high dogmatic group and the low dogmatic group is presented in Table IV.

There were no significant differences in A.S.S. change scores between subjects scoring in the top and bottom thirds on the Rokeach Dogmatism Scale. Therefore, it was not possible to reject the null hypothesis.

Null Hypothesis 5

There is no difference in mean change scores on the A.S.S. among subjects with different relationships scoring on the WROS.

The hypothesis examines the third variable being studied, the participant's perception of the quality of the leader-participant relationship. To test whether changes in A.S.S. scores were influenced by the participant's perception of the relationship between the leader and himself, a one-way analysis of variance was conducted using the WROS ratings for the most significant trainer as the treatment and A.S.S. change scores as the criterion. The results of this analysis are presented in Table V.

There were no significant differences found between the ratings given the most significant trainer by the subjects and the A.S.S. change score for the subject. Therefore, it was not possible to reject the null hypothesis.

Null Hypothesis 6

There is no significant relationship between the subjects' A.S.S. change scores and the initial A.S.S. scores for the

Table IV. A t test of changes in A.S.S. score
between subjects scoring in the upper and lower thirds
on the Rokeach Dogmatism Scale (RDS)

Group	Mean A.S.S.		Change	<u>t</u>	df
	Pre	Post			
High RDS					
N = 16	36.000	35.313	-.687	.445	30
Low RDS					
N = 16	41.500	41.812	.312		

Table V. A one-way analysis of variance
between the WROS rating for the most significant trainer
and the A.S.S. change scores for the subjects

Source	Mean Square	df	F-ratio	P
Total	.7404	44		
Group	.3798	4	.489	.746
Error (G)	.7765	4		

four trainer variations, the subject's level of dogmatism and the relationship score on the WROS as perceived by the subject.

This hypothesis includes all of the variables studied in an attempt to account for changes in A.S.S. scores, the criterion measure. A multiple linear regression model was used (Kelly et.al., 1969). In the correlation computed for the third hypothesis (See Table III), it was found that a significant relationship existed between the initial A.S.S. scores for two of the trainer variations and the subjects' A.S.S. change scores. The correlation for the high trainer was .309 ($p < .05$) which accounts for 9.5 per cent of the variance. The correlation for the most significant trainer as rated by the WROS was .357 ($p < .05$) which accounted for 12.7 per cent of the variance. In the analysis presented in Table VI, subjects' level of dogmatism and WROS ratings, were included with the trainer initial A.S.S. score in an attempt to account for changes in subjects' A.S.S. scores.

The multiple linear regression analysis for the most significant trainer was significant ($p < .05$). The three variables included in this analysis accounted for 24.3 per cent of the variance. The analyses for the three other trainer variations were not significant. Therefore, the null hypothesis for the most significant trainer was rejected. The null hypothesis for the other three trainer variations was not rejected.

The variables in the analysis for the most significant trainer were then considered separately and in all possible combinations to determine whether any of the variables could be deleted without any significant loss of knowledge. The results of this analysis are presented in Table VII.

Table VI. Multiple linear regression for the initial A.S.S. for the four-trainer variation, the subject's RDS score, the WROS ratings given, the trainer variations with the A.S.S. change scores

Criterion	Predictors**	R ²	F-ratio	df
A.S.S. Change Scores	1,2,3,4	.2083	2.21	4,41
	1,3,5,6	.1274	1.43	4,41
	1,3,7,8	.1056	1.21	4,41
	1,3,9,10	.2435	3.30*	4,41

*P < .05

df = 4,40 to be significant at the .05 level requires an F = 2.84

**Predictor Key:

- 1 = A.S.S. pre-test for subjects--this is the constant.
- 2 = High trainers initial A.S.S. score.
- 3 = Subjects RDS score.
- 4 = WROS rating for high trainer.
- 5 = The mean trainers initial A.S.S. score.
- 6 = WROS rating for the mean of the trainers.
- 7 = Designated trainer's initial A.S.S. score.
- 8 = WROS rating for the designated trainer.
- 9 = Most significant trainer's initial A.S.S. score.
- 10 = WROS rating for the most significant trainer.



Table VII. Multiple regression analysis
for the predictors of A.S.S. change scores

Criterion	Predictors*				R ²
	1	2	3	4	
A.S.S. Change Scores					.2435
				1	.021
				2	.1271
				3	.0039
				4	.0391
			1	2	.1276
			1	3	.0277
			1	4	.1006
			2	3	.1301
			2	4	.2283**
			3	4	.0383
		1	2	3	.1302
		1	2	4	.2360
		1	3	4	.1009
		2	3	4	.2302

*Predictor Key:

- 1 = A.S.S. pre-test for subjects--this is the constant.
- 2 = Most significant trainer's initial A.S.S. score.
- 3 = Subjects' RDS score.
- 4 = WROS ratings for most significant trainer.

**The best two variable predictor.

It is evident from Table VII that the most significant trainer's initial A.S.S. score and the WROS ratings given him account for 22.8 per cent of the variance. The deletion of the subject's R.D.S. score and the constant reduce the predictive accuracy negligibly.

In summary, the only analyses in which significance was found were those which measured the relationship between the independent variables and the criterion measure. An examination of the changes in A.S.S. scores made by the subjects indicated that the initial A.S.S. score of the most significant trainer, the subjects' score on the R.D.S. and the WROS rating for the most significant trainer accounted for 24.3 per cent of these changes. The correlation between the subjects A.S.S. change scores and these three predictor variables was .494 ($p < .05$). Furthermore, the deletion of the R.D.S. score for the subjects did not greatly reduce the accuracy of predicting change scores. The most significant trainer's initial A.S.S. score and his WROS rating accounted for 22.8 per cent of the variance.

CHAPTER V

SUMMARY, DISCUSSION, AND IMPLICATION

The study was designed to determine: (1) the effects of the trainer's level of empathy (affective sensitivity) on the changes in empathy (affective sensitivity) of participants in a ten-day T-group and (2) the effects of the participants' perception of the quality of relationship with the trainer and the participant's motivation to change as factors which may also effect changes in empathy (affective sensitivity).

The following general research hypotheses were tested:

1. Participant's affective sensitivity varies as a direct function of the degree of affective sensitivity of their respective trainer. The Affective Sensitivity Scale (Form C) (Kagan et.al., 1968) was used to measure affective sensitivity.
2. Changes in the participant's affective sensitivity are effected by the participant's motivation to change. The Rokeach Dogmatism Scale was used to measure motivation to change.
3. Changes in affective sensitivity are effected by the participant's perceptions of the quality of the relationship between himself and the trainer. The Wisconsin Relationship Orientation Scale was used to measure the quality of the relationship.
4. Changes in affective sensitivity are effected by the interaction of the trainer's degree of affective sensitivity, the

participant's motivation to change and the quality of the relationship.

In order to test these hypotheses the Affective Sensitivity Scale was administered to 50 participants and 10 trainers during the first and last days of a ten-day T-group. A non-equivalent control group of 20 who were motivated to attend but who were not participating in a T-group also took the Affective Sensitivity Scale twice during a ten-day period. The T-group participants were also administered the Rokeach Dogmatism Scale during the first day of the T-group and the Wisconsin Relationship Orientation Scale on the last day of the T-group. During the T-group lab the 50 participants were divided into 5 training groups with 10 participants and 2 trainers per group.

The data analysis included: (1) a t test to determine whether there were significant changes in A.S.S. scores for the participants in the direction of their respective trainer's initial A.S.S. score; (2) a t test to determine whether pre-post changes in A.S.S. scores made by the participants in the T-group were significantly different than pre-post changes made by the control group; (3) a Pearson *r* to determine whether a significant relationship existed between each subject's changes in A.S.S. and the trainer's initial A.S.S. score; (4) a t test to determine whether pre-post changes in A.S.S. scores differed significantly for participants high in dogmatism as opposed to participants low in dogmatism; (5) a one-way analysis of variance to determine whether changes in A.S.S. score differed significantly with different ratings on the WROS; and (6) a multiple *R* including trainer's initial A.S.S. scores, participant's level of dogmatism and the participant's WROS

rating in an attempt to account for changes in participant's A.S.S. scores.

Since there were two trainers per group, four trainer combinations were considered in several of the analyses. They were: the trainer with the highest A.S.S. score of the two trainers, the mean of the two trainers, the individual designated as trainer as opposed to co-trainer by the staff, and the most significant of the two trainers as rated by the subject's WROS ratings.

The Effect of Trainer Affective Sensitivity

Truax and Carkhuff (1967) have stressed the importance of three basic conditions which are necessary for effective interpersonal encounters. They are high levels of empathy, non-possessive warmth and genuineness offered by the counselor and/or leader of these encounters. Furthermore, Carkhuff (1967) has hypothesized that persons with high levels of these conditions can help persons at lower levels to achieve higher levels but that persons with lower levels of these conditions can not help persons with high levels. It is this hypothesis which formed the basis of the major hypothesis in this study.

It was hypothesized that changes in participants' affective sensitivity following a ten-day T-group would be in the direction of the trainer's level of affective sensitivity. As indicated in Table I the hypothesis was not confirmed. There were no significant differences between pre-test and post-test A.S.S. scores for subjects either above or below their respective trainer. It is evident, then, that in the present investigation changes in participants' affective sensitivity

levels did not vary as a function of the degree of trainer's affective sensitivity.

However, a significant relationship was found between the changes made by participants in A.S.S. scores and the trainer's initial A.S.S. score.* The r between the high trainer's initial A.S.S. score and the participant's change score accounted for 9.5 per cent of the variance of the criterion. The r between the most significant trainer's initial A.S.S. score and the participant's change score accounted for 12.7 per cent of the variance of the criterion.

Therefore, while participant's A.S.S. change scores are not a function of the trainer's initial A.S.S. score, changes in the participant's scores are related to the trainer's initial score.

Several explanations for the disparity in the results are possible. One possibility is the instrument used. Carkhuff et.al. (1968) have attempted to distinguish between communicative and discriminative skills. The Affective Sensitivity Scale is a test which requires the subject to discriminate the immediate affective state of another. No attempt is made for the subject to communicate his perceptions to the other individual. Perhaps a test which focused on both aspects of empathy, i.e. Truax's Accurate Empathy Test (1961), would distinguish trainers who would have a more direct impact on their groups.

However, no research using the Accurate Empathy Test has focused on the influence of an individual therapist's empathy on changes in his

* A significant relationship was found for two of the four trainer's variations. The relationship for the high trainer and the most significant trainer was significant; the relationship for the mean of the trainer and the designated trainer was not.

group. The procedure usually followed by Truax and Carkhuff has been to assign randomly a number of therapists, some with high facilitative conditions and others with low or moderate facilitative conditions to a large number of groups. The results of most of these studies have been that clients seen by therapists offering high facilitative conditions changed more on the psychological instruments than did clients seen by therapists offering lower facilitative conditions (Truax, 1966). However, these conclusions are based on a compilation of all clients seen by the two different kinds of therapists. No attempt has been made to relate the changes made by the individual group members to their group therapist. The approach used by Truax and Carkhuff provides considerably more variability and less control.

No research, then, has supported Carkhuff's theoretical formulation that changes made by clients or T-group participants in their level of empathy are a direct function of the level of empathy of their leader. Perhaps, this lack of support is due to factors other than leader empathy. The participant's motivation to change may be one such factor.

The Effect of the Participant's Dogmatism

The Rokeach Dogmatism Scale (RDS) was used as a measure of the participant's motivation to change. Prior research has found that low dogmatic clients respond better to counseling than do high dogmatic clients (Kemp, 1961). Low dogmatic clients also have been found to establish more positive relationships with their counselors than have high dogmatic clients (Tosi, 1968). Consequently, it was hypothesized that changes in A.S.S. scores would be influenced by the participant's

level of dogmatism. However, there was no significant differences in A.S.S. scores between subjects in the upper and lower thirds on the RDS as indicated in Table IV. Consequently, the hypothesis was rejected. Furthermore, as indicated in Table VII, the RDS score for the subjects accounted for less than one per cent of the variance.

The results indicate that either motivation to change is not an important factor in participant change or that the RDS in this study is not accurately measuring the concept of motivation to change.

A number of researchers have focused on the need for clients readiness as a factor in counseling success (Heilbrun, 1962; Grant and Grant, 1950). This readiness or motivation is more than just the process of volunteering for counseling. It is a willingness to communicate problems and feelings to others; to be self revealing and self exploring (Truax, 1966). Although the importance of client motivation to change as a variable in successful outcomes in counseling has been documented, motivation, as measured by the RDS in the present study, has not contributed significantly to participant changes.

One possible explanation is that the T-group participants are not as dogmatic as the average individual. In other words, the volunteer participant is more motivated to change than the typical client. No data is available on the client's RDS scores in either study reported above. However, RDS normative data on seven sample groups is presented by Rokeach (1960). It was noted that the mean RDS score for all seven groups was higher than the mean score for the T-group participants.

Another possible explanation exists for the inability of the RDS to account for change in participant scores or to be related to changes

made by the participants. One of the basic assumptions of the study is that the RDS is a measure of motivation to change. It seems likely that this is an untenable assumption. Consequently, it seems reasonable that although participant motivation to change seems to be a relevant variable in T-group studies, the RDS might not accurately measure this construct.

The Effect of the Leader-Participant Relationship

Goldstein (1962) after reviewing the literature on client-therapist expectancies in psychotherapy concluded that the relationship has primary status in the overall therapeutic transaction. The role of the relationship as an important variable in successful therapeutic outcome has been studied considerably (Goldstein, et.al., 1966). Consequently, it was hypothesized that the leader-participant relationship would effect changes in the participants A.S.S. scores. As indicated in Table V, the hypothesis was not confirmed.

Perhaps the major reason for the non-significant results rests with the design of the study. There was very little variability in ratings on the WROS among the subjects. Most subjects rated the relationship as either 4 or 5 on the five-point scale. This restricted range compounded with the small N in each group (10) limits the power of the statistical test.

Another possible explanation for the non-significant results is the fact that the relationship by itself does not effect change. It may be that its importance is increased in combination with other variables. For this reason the final analysis included all the variables.

The Interaction of Leader Empathy, Participant Dogmatism and Leader-Participant Relationship

Three distinct variables have been studied as factors which could influence changes in participant's A.S.S. scores. Prior research reported in earlier sections of this chapter has focused the importance of each of these variables in influencing outcomes in counseling.

It seems reasonable to question whether these variables if considered in combination might account for more change in A.S.S. scores for participants than when considered independently. Consequently, it was hypothesized that changes in participant's A.S.S. scores would be related to the interaction of these three variables. As indicated in Table VI, a significant relationship was found and the hypothesis was confirmed.* In addition the variables were considered individually and combination to determine whether any of the variables could be deleted without any significant loss of knowledge. As indicated in Table VII the most significant trainer's initial A.S.S. and the WROS ratings given him accounted for 22.7 per cent of the variance of the criterion. The addition of the RDS scores for the participants failed to yield any appreciable change in the accuracy of prediction of participant's A.S.S. changes.

It is concluded that for the present study more than one variable is useful in accounting for change. Truax and Carkhuff (1967) have delineated three conditions offered by the therapists which are necessary for client growth. Empathy is one of these. Further, Carkhuff

*This was found with only one of the four trainer combinations; the most significant trainer.

(1966) has hypothesized that counselors having a high degree of one of these conditions can help individuals with lower levels to achieve high levels. This hypothesis has not been substantiated. Factors other than this condition seem important. In fact, it was the most significant trainer and not the trainer with the highest A.S.S. score who contributed most to the analyses. Unfortunately, nothing is known about what factors are rated in the WROS. Therefore, at this point nothing can be said about factors other than trainer affective sensitivity which relate to changes in affective sensitivity among participants in T-groups.

Implications

1. It seems evident from this study that factors other than trainer affective sensitivity contribute to changes in affective sensitivity made by T-group participants. The factors are perceived by the participants in the rating of their willingness to be self disclosing to the trainer. These factors which contribute to the relationship should be explored and defined.
2. Although a significant relationship exists between the three variables studied and the criterion measured, only about 25 per cent of the variance is accounted for. Research should be conducted to identify other variables which might contribute to changes in affective sensitivity. Research is especially necessary on client variables, i.e. motivation to change, socio-economic class. There is increasing recognition of the

influence of client variables on change (Blocher, 1967), yet research has not made significant headway at identifying them.

3. Research on T-groups has not been extensive. It seems reasonable to conclude that certain conditions exist which are more favorable than others for successful T-group experiences. Research needs to be done to identify these variables. The present study was preliminary attempt.
4. Finally, the study provides additional support for the use of the Affective Sensitivity Scale as a measure of empathy. Further, the A.S.S. seems to be a relevant variable in relating to changes in T-group participants. More research is necessary to assess the difference of communicative and discriminative empathy (Carkhuff et.al., 1968) and its effects on influencing change.

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APPENDICES

Appendix A

AFFECTIVE SENSITIVITY SCALE Instructions

You will be viewing short scenes of actual counseling sessions. You are to identify what feelings the clients have toward themselves and toward the counselors they are working with.

Although in any one scene a client may exhibit a variety of feelings, for the purpose of this instrument you are to concentrate on identifying his last feelings in the scene.

On the following pages are multiple choice items consisting of three responses each. Most scenes have two items, but a few have one or three items. After you view each scene, you are to read the items and ask yourself the following question:

If the client were to view this same scene, and if he were completely open and honest with himself, (i.e., if he could identify his real feelings) which of these three responses would he use to describe his feelings?

After you decide which response accurately describes what the client is actually feeling either about himself or the counselor he is with, indicate your choice on the answer sheet.

Here is a sample item:

CLIENT I
Scene 1

Item 1

1. This exploring of my feelings is good. It makes me feel good.
 2. I feel very sad and unhappy.
 3. I'm groping and confused; I can't bring it all together.
-

After you had viewed Scene 1 for CLIENT I, you would read these three statements (Item 1) and would then decide which one best states what the client would say about his own feelings after viewing the same scene. For example, if you decide number two best states what the

client is feeling, you would then find the number 1 on your answer sheet and darken in the space for number two.

1. 1 ==== 2 3 ==== 4 ==== 5 ====

We will only make use of the first three answer spaces following each item on your answer sheet.

Remember you are to concentrate on the latter part of each scene in determining the most accurate description of the client's feelings.

After you view the appropriate scenes, you will have thirty seconds to answer each of the first twelve items. For each of the remaining items, you will be allowed twenty seconds.

CAUTION: The item numbers on your answer sheet go across the page, not down the page as you would usually expect!

AFFECTIVE SENSITIVITY SCALE REVISED FORM B

CLIENT I
Scene 1

Item 1

1. I feel sorry for my husband and the relationship we have.
2. I don't really understand what I feel. Yet, I do feel guilty about creating pain in others which returns to me.
3. I feel pleased at seeing a possible relationship between my feelings of anger and pain.

Item 2

1. He (counselor) doesn't have to like me. I just want him to agree with me and tell me I'm right.
 2. I'm trying to please you. Do you like me?
 3. He's really understanding me now.
-

CLIENT I
Scene 2

Item 3

1. I feel calm and collected. I just want to think for a while.
2. Yes, that is when I get angry. I see it all clearly now.
3. I feel anxious and stimulated.

Item 4

1. I'll pretend I'm agreeing with him (counselor), but I don't see the connection at all.
 2. I like what he's doing. I don't feel as uncomfortable now.
 3. I wish he would stop pushing me in this direction.
-

CLIENT II

Scene 1

Item 5

1. I'm pleased, happy; I feel good all over!
2. It was brought right back, that amazes me, but it hits quite bad too. It hurts!
3. I'm not bothered by this. I can handle it. I'm confident.

Item 6

1. He's (counselor) caught me; careful, I'm not sure I want that.
 2. I like him. He's trying to make the situation a little lighter and made me feel better about it.
 3. I don't feel he understands. He's sarcastic. I don't like that.
-

CLIENT II

Scene 2

Item 7

1. I feel a little uneasy and self-conscious, but not much.
2. This scares me. I feel frightened!
3. I feel flirtatious. I like this!

Item 8

1. I feel a little bit embarrassed, but that's all right as long as I can keep my composure.
2. I have a feeling of sadness.
3. I feel flustered and embarrassed.

Item 9

1. He's asking for some touchy material, but that's all right. It's about time he knew.
 2. He's being very frank and open! I'm not sure I want that.
 3. I want him to leave me alone--I want out of here. I don't like this.
-

CLIENT II

Scene 3

Item 10

1. I'm getting so much attention. I really enjoy this. It makes me feel good.
2. I'm scared by what I'm feeling. I feel embarrassed and threatened.
3. I have the feeling that what I wanted was wrong, and I'm a little ashamed of myself.

Item 11

1. This is good. We're really moving into my feelings.
 2. He's too perceptive; he's looking right through me.
 3. He's getting a little sticky; I'm not sure I like that.
-

CLIENT III

Scene 1

Item 12

1. I feel protective and defensive of what people may think about my family.
2. All this seems so pointless! I'm puzzled and bored.
3. We're having a nice conversation. Some of these things really make me think.

Item 13

1. This guy (counselor) embarrasses me with the questions he asks.
 2. The questions he asks really make me think. I'm not sure I like that.
 3. I can't follow this guy's line of thought. What's he trying to do?
-

CLIENT IV

Scene 1

Item 14

1. I'm concerned about my physical condition. I'm worried about it.
2. I want pity. I want her to think "oh, you poor boy".
3. I feel ~~good~~ nothing's bothering me, but I enjoy talking.

Item 15

1. She's too young to be counseling, and she's a girl. I'm not sure I like this.
 2. She likes me; I know she does.
 3. I'd like her to think I'm great.
-

CLIENT IV

Scene 2

Item 16

1. I'm a little annoyed with my family's ambitions for me.
2. That's a hell of a lot to ask! It makes me mad!

3. I feel sorry for myself, and I want others to feel the same.

Item 17

1. She (counselor) really understands me! She's with me now.
 2. I don't feel much either way towards the counselor; she's not important to me.
 3. I wonder if she appreciates the pressure that's put on me?
-

CLIENT IV
Scene 3

Item 18

1. This whole thing just makes me feel sad and unhappy.
2. It kind of angers me that they don't appreciate me when I feel I did my best. I wish I could tell them off.
3. No matter how well I do, I'm always criticized. It doesn't bother me too much though because I know that I did my best.

Item 19

1. I can tell she understands what I'm saying. She's really with me.
 2. I wish I could get out of here; I don't like her.
 3. Understand what I'm saying; I want her to know how I feel.
-

CLIENT IV
Scene 4

Item 20

1. I really want to be successful, and somehow I know that I can be.
2. That makes me feel kind of sad, unhappy. I don't want to believe that it's true--I want to be good.
3. I don't know what I feel here. It's all very confusing.

Item 21

1. I feel neutral towards her here. I'm not paying any attention to her.
 2. Please feel sorry for me and try to help me. I wish she would praise me.
 3. I like talking to her. She can be trusted even to the point of telling her how I really feel about myself.
-

CLIENT V
Scene 1

Item 22

1. I feel rejected and empty inside. Am I unloveable?
2. I feel a little lonely. I want my boy friend to pay a little more attention to me.
3. I really don't feel much here; I'm just kind of talking to fill up space.

Item 23

1. Please say it isn't fair, Mr. Counselor.
 2. He really understands me. I can tell him anything.
 3. I'm not sure I care what he says. It's kind of unimportant to me what he feels about me at this time.
-

CLIENT V
Scene 2

Item 24

1. I'm afraid of marriage--insecure; it might not work out, and I'd be lost.
2. I really can give him all the affection he needs, I feel I'm a worthwhile person to be desired. He wouldn't dare step out on me.
3. I'm really not too worried; it'd all work out in the end even if we have to go to a marriage counselor.

Item 25

1. I don't care if he (counselor) can help me or not. I'm not sure I want his help.
 2. He's so sympathetic. That makes me feel good.
 3. Can you help me?
-

CLIENT V
Scene 3

Item 26

1. I feel I have some need to be liked, but it's not real strong.
2. I'm not loveable; I don't really like myself.
3. I'm a good person; I'm loveable. Down deep I know I am.

Item 27

1. I feel dejected, kind of insecure. I want to be likeable!
2. My main concern is that it's hard for me to take criticism. I usually think of myself as perfect.
3. I feel a little sad about all this; I do kind of want people to like me.

Item 28

1. He thinks well of me; I know he does, I can tell.
 2. I want the counselor to really like me, but I'm not sure he does.
 3. I like it when he asks questions like that. They make me really think about deeper things.
-

CLIENT V
Scene 4

Item 29

1. I wouldn't want to be treated like he treats Mother, but I don't mind him (stepfather) too much.
2. I feel very little emotion about anything at this point.
3. I hate him (stepfather)!

Item 30

1. Boy, I'm happy that he (counselor) agrees with me. He sympathizes with me. I feel completely accepted.
 2. I'm embarrassed to tell the counselor how strong my feelings really are.
 3. I'm not sure he'll be able to help me much after all. I'll just have to work this out by myself.
-

CLIENT V
Scene 5

Item 31

1. I'm kind of feeling sorry for myself, but I'm not really too worried.
2. I want to move out of the house as soon as possible. I feel I would be better off on my own.
3. My own parents don't want me; I feel cut off and hurt.

Item 32

1. I don't feel he's (counselor) helpful at all, and if he can't help me and see my side, I'm not going to like him either.
 2. He's got me in a spot, but I feel I can still get him to see me as a good girl who is persecuted.
 3. I wish the counselor were my father. He's listening; he understands how I feel.
-

CLIENT VI
Scene 1

Item 33

1. Disapprove! She'd kill me!
2. I feel jovial; this is real interesting.
3. I'm not sure how she would feel but the whole idea of her finding out excites me.

Item 34

1. He (counselor) understands me completely. He certainly is relaxed and comfortable.
 2. I really don't care what he feels about me. I just want someone to talk to--anyone will do.
 3. I was wondering how he would feel about me and what I'm saying.
-

CLIENT VI
Scene 2

Item 35

1. I think my brother is O.K. We have fun together.
 2. I don't know what I'm saying here. I'm little mixed up and confused.
 3. I'm saying something that's important to me. I like Doug.
-

CLIENT VI
Scene 3

Item 36

1. This is very confusing for me. I'm not sure I understand what is going on.
2. This is how I really feel, I'm kind of starting to be myself.
3. I'm just talking to be talking here; this really doesn't mean much to me.

Item 37

1. I guess he's (counselor) all right, but I'm still not sure he understands me.
 2. Let's get going. I'm impatient! I want to move to more important matters.
 3. I feel comfortable with him. He understands me.
-

CLIENT VI
Scene 4

Item 38

1. I love my brother, but not romantically. We just have a good brother-sister relationship.

2. I don't know about feeling this way about Doug;
it feels so good, but it concerns me too.
 3. I feel better about my relationship with Doug now.
It helps to get it out in the open. Now I feel
it's all right.
-

CLIENT VI
Scene 5

Item 39

1. I'm not feeling much of anything here. I'm just
kind of talking to be talking.
2. I'm mad at everyone at this point and don't know
which way to turn; I guess I'm mad at myself too.
3. Now I'm talking about things that are real. I'm
not on stage anymore. She is a louse!

Item 40

1. He (counselor) feels she's a bad person too. I
can tell; he agrees with me.
 2. Don't you agree with me? I want to know what you
think.
 3. He thinks this all sounds petty. He doesn't
understand.
-

CLIENT VII
Scene 1

Item 41

1. I felt angry with my mother, but this made me
feel guilty. I needed to make an excuse for her.
2. I'm really not angry with mother. It's not her
fault.
3. I'm in a very passive mood. I'm just relaxing
and talking about things that interest me.

Item 42

1. This counselor is all right. I feel I can confide
in him.
 2. I feel uncomfortable. I'm not sure what this
counselor wants me to do.
 3. I feel he wants me to talk about myself, but I
don't care. I'm going to talk about what I
want to talk about.
-

CLIENT VII
Scene 2

Item 43

1. I'm very sensitive; I'm very easily hurt.

2. I'm somewhat sensitive and easily hurt, but not deeply so.
3. I'm not sensitive or easily hurt at all. I just like to make people think I am.

Item 44

1. That makes me mad, I can do it--I know I can, but things just keep getting in my way.
2. It's really all his fault, if he just wouldn't have been such a joker.
3. This makes me feel guilty; I need to blame someone else instead of blaming myself.

Item 45

1. I'm neutral towards the counselor. I don't care what he feels about me.
 2. I'm afraid he doesn't like me and what I'm saying about myself. I don't want him to be harsh with me.
 3. He's easy to talk to. He understands what I'm like, and he still likes me. I can confide in him.
-

CLIENT VIII

Scene 1

Item 46

1. Say, this is all right. I like this.
2. I'm not feeling anything deeply. I know what I need!
3. It's embarrassing and difficult. I feel a little annoyed.

Item 47

1. I feel I can rely on this guy, so I'll let him talk and I'll just answer his questions.
 2. I wonder what you think about this--please respond. Give me some help!
 3. The counselor is a good guy. I like his questions; they make it easier for me.
-

CLIENT VIII

Scene 2

Item 48

1. I feel very unhappy about what I may eventually have to do.
2. I don't know what I feel; I'm confused about what I feel.
3. I'm damned uncomfortable; it's so confusing. I feel kind of 'blah' about it all.



Item 49

1. He's (counselor) missing the point. He bugs me.
 2. I can't really tell about this guy. I don't know how I feel about him.
 3. He seems like a good guy. He asks nice questions. I like him.
-

CLIENT IX
Scene 1

Item 50

1. I'm not sure how I feel about this counselor. I don't feel one way or the other about him.
 2. I like the counselor very much--he makes me feel good.
 3. He understands me pretty well and is trying to help. I guess I kind of like him.
-

CLIENT IX
Scene 2

Item 51

1. Goody, goody people don't really know any better, so I can't be too disgusted with them but it does make me angry.
2. I don't really mind people feeling superior to me. It just makes me a little angry.
3. It tears me up inside when people think they're better than I am. I want people to be the same as me.

Item 52

1. I'm every bit as good as they are. I really feel I am. I know I am.
2. I kind of wished they liked me, but I can live without being a member of their group.
3. Those smart kids make me feel stupid.

Item 53

1. I feel sorry for them; they just don't realize what they're doing to people like me.
 2. I feel I'm not as good as they are, and it really hurts when people act that way.
 3. It makes me a little angry. I'm every bit as good as they are.
-

CLIENT IX
Scene 3

Item 54

1. I feel a little insignificant, and this makes me a little unhappy.
2. I'm a nobody. I'm always left out.
3. I'm unhappy with school. That's what is really bothering me.

Item 55

1. He (counselor) doesn't quite understand, but I don't care. It doesn't matter.
 2. I don't feel one way or the other towards this counselor, we're just having a nice talk.
 3. He (counselor) is really listening to me, and I feel he understands what I'm feeling.
-

CLIENT X
Scene 1

Item 56

1. I'm feeling scared, concerned. Is this for me?
2. I just feel uncertain about what to talk about. If I once get started, I'll be all right.
3. I feel very deeply depressed.

Item 57

1. He (counselor) seems to be listening--can he understand how I feel?
 2. He's really with me. I can tell he understands me.
 3. He doesn't keep things moving enough. I don't like that.
-

CLIENT X
Scene 2

Item 58

1. I'd like to think I could make it, but I'm not sure. I feel inadequate.
2. I just have an I-don't-care feeling; that's my real attitude towards all of this.
3. I'm confused here. I really don't have any definite feelings.

Item 59

1. I want to impress the counselor. I want him to believe I can do it.
 2. He believes me; he thinks I can do it; I can tell.
 3. I really don't care what the counselor thinks. It's not important to me.
-

CLIENT X
Scene 3

Item 60

1. What's the use of looking ahead? I'm scared to think about it.
2. I can accept my situation. Really, things aren't so bad. Things may bother me a little, but really not much.
3. I enjoy just living for today.

Item 61

1. He's (counselor) all right. He really understands me.
 2. Nobody can really understand this. I don't think he will be any different.
 3. I don't care what he thinks or feels; he's not important to me anyway.
-

CLIENT X
Scene 4

Item 62

1. I feel somewhat unhappy. I don't like to feel this way.
 2. There's something about me; I just don't fit in, and that makes me feel real inadequate.
 3. In some instances, I'm unsure of myself. I'm afraid I'll do the wrong thing, but I can handle this just by avoiding these situations.
-

CLIENT XI
Scene 1

Item 63

1. I'm unhappy about all this, but I'm afraid to make a change.
2. It's not that I don't like school, it's just that I want to do the things I like most.
3. I'm not the student type. School bores me, but it embarrasses me when I say it.

Item 64

1. The counselor is a nice guy. I like him, and I think he likes me.
 2. I wonder what the counselor thinks of me. He'll probably think less of me for saying this.
 3. I don't care what he thinks of me. It doesn't really matter to me.
-

CLIENT XI

Scene 2

Item 65

1. I've found some new dimensions. I like to feel that I can have some excitement, but this kind of scares me too.
2. This doesn't really mean much. I'm not feeling much of anything.
3. This makes me feel very guilty; I'm very ashamed.

Item 66

1. I suppose he'll (counselor) tell me that's wrong, too. I'm not sure he understands me very well.
 2. He's O.K.; he's listening to what I have to say. He really understands me and my feelings.
 3. I don't care what he thinks or feels; it's not important. I don't have any feelings towards the counselor.
-

CLIENT XI

Scene 3

Item 67

1. He's really with me; he understands just how I'm feeling.
2. I'm not concerned about what he feels or thinks about me. It doesn't matter to me one way or the other.
3. I'm afraid of what he'll think or feel about what I'm saying.

Appendix B

Name _____

Trainer's Name _____

WISCONSIN RELATIONSHIP ORIENTATION SCALE

DIRECTIONS: Check the item which best describes your feelings toward the trainer.

- _____ 1. I would attempt to avoid any kind of interaction or relationship with this person.
 - _____ 2. If no one else were available, I might consult this person for specific information of a factual (e.g., educational or vocational) nature, but I would avoid any personal exposure.
 - _____ 3. I would be willing to talk with this person about factual (e.g., educational or vocational) concerns and some of the personal meanings connected with these.
 - _____ 4. I would be willing to talk with this person about many of my personal concerns.
 - _____ 5. I have the feeling that I could probably talk with this person about almost anything.
-
- _____ 6. Which trainer in your group do you believe to be most influential in effecting change within you?

Appendix C

ROKEACH DOGMATISM SCALE

The following is a study of what the general public thinks and feels about a number of important social and personal questions. The best answer to each statement below is your personal opinion. We have tried to cover many different and opposing points of view; you may find yourself agreeing strongly with some of the statements, disagreeing just as strongly with others, and perhaps uncertain about others; whether you agree or disagree with any statement, you can be sure that many people feel the same as you do.

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one.

Write +1, +2, +3, or -1, -2, -3, depending on how you feel in each case.

+1: I AGREE A LITTLE

-1: I DISAGREE A LITTLE

+2: I AGREE ON THE WHOLE

-2: I DISAGREE ON THE WHOLE

+3: I AGREE VERY MUCH

-3: I DISAGREE VERY MUCH

- _____ 1. The United States and Russia have just about nothing in common.
- _____ 2. The highest form of government is a democracy and the highest form of democracy is a government run by those who are most intelligent.
- _____ 3. Even though freedom of speech for all groups is a worthwhile goal, it is unfortunately necessary to restrict the freedom of certain political groups.
- _____ 4. It is only natural that a person would have a much better acquaintance with ideas he believes in than with ideas he opposes.
- _____ 5. Man on his own is a helpless and miserable creature.
- _____ 6. Fundamentally, the world we live in is a pretty lonesome place.

- ___ 7. Most people just don't give a "damn" for others.
- ___ 8. I'd like it if I could find someone who would tell me how to solve my personal problems.
- ___ 9. It is only natural for a person to be rather fearful of the future.
- ___ 10. There is so much to be done and so little time to do it in.
- ___ 11. Once I get wound up in a heated discussion I just can't stop.
- ___ 12. In a discussion I often find it necessary to repeat myself several times to make sure I am being understood.
- ___ 13. In a heated discussion I generally become so absorbed in what I am going to say that I forget to listen to what the others are saying.
- ___ 14. It is better to be a dead hero than to be a live coward.
- ___ 15. While I don't like to admit this even to myself, my secret ambition is to become a great man, like Einstein, or Beethoven, or Shakespeare.
- ___ 16. The main thing in life is for a person to want to do something important.
- ___ 17. If given the chance I would do something of great benefit to the world.
- ___ 18. In the history of mankind there have probably been just a handful of really great thinkers.
- ___ 19. There are a number of people I have come to hate because of the things they stand for.
- ___ 20. A man who does not believe in some great cause has not really lived.
- ___ 21. It is only when a person devotes himself to an ideal or cause that life becomes meaningful.
- ___ 22. Of all the different philosophies which exist in this world there is probably only one which is correct.
- ___ 23. A person who gets enthusiastic about too many causes is likely to be a pretty "wishy-washy" sort of person.
- ___ 24. To compromise with our political opponents is dangerous because it usually leads to the betrayal of our own side.

- ____ 25. When it comes to differences of opinion in religion we must be careful not to compromise with those who believe differently from the way we do.
- ____ 26. In times like these, a person must be pretty selfish if he considers primarily his own happiness.
- ____ 27. The worst crime a person could commit is to attack publicly the people who believe in the same thing he does.
- ____ 28. In times like these it is often necessary to be more on guard against ideas put out by people or groups in one's own camp than by those in the opposing camp.
- ____ 29. A group which tolerates too much differences of opinion among its own members cannot exist for long.
- ____ 30. There are two kinds of people in this world: those who are for the truth and those who are against the truth.
- ____ 31. My blood boils whenever a person stubbornly refuses to admit he's wrong.
- ____ 32. A person who thinks primarily of his own happiness is beneath contempt.
- ____ 33. Most of the ideas which get printed nowadays aren't worth the paper they are printed on.
- ____ 34. In this complicated world of ours the only way we can know what's going on is to rely on leaders or experts who can be trusted.
- ____ 35. It is often desirable to reserve judgment about what's going on until one has had a chance to hear the opinions of those one respects.
- ____ 36. In the long run the best way to live is to pick friends and associates whose tastes and beliefs are the same as one's own.
- ____ 37. The present is all too often full of unhappiness. It is only the future that counts.
- ____ 38. If a man is to accomplish his mission in life it is sometimes necessary to gamble "all or nothing at all."
- ____ 39. Unfortunately, a good many people with whom I have discussed important social and moral problems don't really understand what's going on.
- ____ 40. Most people just don't know what's good for them.

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