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THE EFFECT OF SHORT-TERM GROUP  
COUNSELING AND COGNITIVE LEARNING  
ON A MEASURE OF SELF-ACTUALIZATION  
OF COUNSELORS IN TRAINING

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## ABSTRACT

### THE EFFECT OF SHORT-TERM GROUP COUNSELING AND COGNITIVE LEARNING ON A MEASURE OF SELF-ACTUALIZATION OF COUNSELORS IN TRAINING

By

Wayne Rowe

The primary purpose of this study was to assess the effect which short-term group counseling and a cognitive learning experience may have on the Personal Orientation Inventory (POI), a measure of self-actualization. It was suggested that influences other than those usually attributed to group counseling may account in part for changes previously found on devices of this sort.

Seventy-two counselor candidates were assigned to the following treatments: group counseling, leader theory consistent with self-actualization; group counseling, leader theory based on social-learning; seminar presenting self-actualization concepts in a favorable manner; placebo treatment; inactive control. Treatment was administered 14 hours during 8 sessions. Pre- and post-testing was carried out with the POI and Carkhuff's Discrimination Test.

Pre-test scores were used as covariates in a series of multivariate and univariate analyses of covariance. Treatment effects could not be demonstrated at the .05 level of significance using any of the scales which were employed.

An analysis of possible factors contributing to the obtained results included issues related to: theory, sampling, design and statistical treatment, measurement, and presentation and control of treatments.

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AND COGNITIVE LEARNING ON A MEASURE OF  
SELF-ACTUALIZATION OF COUNSELORS  
IN TRAINING

By

Wayne Rowe

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## CHAPTER I

### THE PROBLEM, RATIONALE, AND RELATED RESEARCH

#### Need

The recommendation that counselor trainees be provided with preparation and experience in group counseling has been set forth in both the policy statement of the American Personnel and Guidance Association (1961) and the position on standards for counselor preparation of the Association for Counselor Education and Supervision (1967). However, the particular value of such experience has not been explicitly stated. Purposes could reasonably be advanced which would range from strictly didactic goals, on one hand, to "deep" therapeutic objectives, on the other.

In their comprehensive appraisal of group counseling research, Gazda and Larsen (1968) conclude that "group counseling research is inconclusive (p. 64)." Yet many counselor training programs seem to take for granted that participation in group counseling will result in beneficial personality changes among counselors-in-training.

A commonly held position is that participation in group counseling enhances the potential of the prospective

counselor because of the type of presumed personality change likely to take place as a result of the group experience. Proponents of this general view have emphasized such points as emotional growth (Wirt, Betz, and Engle, 1969), personal growth (Hurst and Jensen, 1968), experiencing real self (McLain, 1969), and self-understanding (McKinnon, 1969). Support for this position is seen in research which has purported to assess such alterations through the use of a variety of personality instruments such as the Edwards Personal Preference Schedule, parts of the Minnesota Multiphasic Personality Inventory, self-concept Q-sorts, various projective devices, and the Personal Orientation Inventory.

However, since changes in behavior are not measured directly by these instruments, it is not clear whether score changes on such devices can be attributed solely to the therapeutic value of group counseling or if cognitive processes keyed to the implicit model of psychological adjustment may contribute to the measured effect. Therefore, there is a need to compare the effects associated with group counseling and a cognitive presentation on a typical personality instrument and other measures of relevance to the field of counseling.

#### Purpose

The primary purpose of the study was to assess the effect upon counselor trainees which three kinds of learning

experience may have on a measure of self-actualization. In addition, the effect of these experiences upon a measure of ability to discriminate counselor responses of varied therapeutic utility was investigated.

The experiences which were provided included participation in group counseling presented by leaders of two different theoretical orientations and participation in a lecture-discussion group. In one treatment the group leader had an orientation consistent with the concept of self-actualization. In another treatment the group leader had an orientation which was not consistent with the concept of self-actualization. In the third treatment, the content of the lecture-discussion sessions was chosen to present the concept of self-actualization in a favorable manner.

The objective was to determine if any of these experiences can be demonstrated to produce a significant effect on the measures employed when administered to subjects who are counselors-in-training.

### Theory

Fundamental to the notion that participation in group counseling has therapeutic utility in counselor education programs is the premise that counseling effectiveness increases as the counselor more closely approximates an "ideal" state of psychological well-being. Terms used

by theorists to indicate this model condition include fully-functioning (Rogers, 1963), authentic (Jourard, 1966), self-actualized (Maslow, 1967), and whole (Carkhuff and Berenson, 1967). In each case the effectiveness of the counselor is thought to be affected positively to the extent that his personality incorporates attributes of the construct which may be used.

Counselor preparation, from this point of view, ought to include some attempt to foster and guide the "personal growth" of the prospective counselor because of the presumed relationship between psychological well-being or fulfillment (approximation to the model) and counseling capability. Particular aspects of "personal growth" which have been cited as having potential beneficial effects for prospective counselors include: self- and other-acceptance, empathic understanding, and inter-personal sensitivity (Hurst and Jensen, 1968); self-knowledge and perceptive skills (Seegars and McDonald, 1963); self concept development (Wirt, Betz, and Engle, 1969); self-understanding (Anderson and Cabianca, 1970; Bonney and Gazda, 1966; McKinnon, 1969).

Group counseling, from this point of view, has as its major purpose the alteration of the self along these or other similar dimensions. While other more limited or specific purposes for group counseling have been advanced (Krumboltz, 1968; Muro, 1968; Orton, 1965; Zimpfer, 1968),

proponents of this point of view emphasize affective development, rather than cognitive learning focused upon group dynamics, leader roles, particular techniques, and the like. At issue is the question of whether changes of a therapeutic nature can be attributed to the kinds of evidence which has been gathered on counselor trainees.

### Review of the Literature

It is generally agreed that group counseling experience is often accepted as an element in counselor education programs in spite of little experimental evidence concerning the value of such activities (Betz, 1969; Wirt, Betz, and Engle, 1969). In a brief analysis of the literature, Betz (1969) identified several limitations, some of which include the following: (a) the literature is largely descriptive; (b) counselor educators and trainees evaluate group experiences positively; and (c) the measure of outcome employed in the few experimental studies reported is usually a pencil-paper device--an indirect measure of performance. This condition is unfortunate because any situation in which theoretical investments are heavy and tangible evidence is sparse may not be a climate that is hospitable to reason. Given (a) and (b), above, it is difficult to accept non-experimental evaluations of group counseling effects. In addition, the interpretation of data under (c) must be carefully examined. The survey reported below represents a

rather comprehensive review of the literature on group counseling with counselor trainees. Other reports of particular relevance are also included.

Several studies have attempted to determine whether participation in group counseling did, in fact, bring about some positive change in the personality structure of counselor trainees. Gazda and Ohlsen (1961) reported on 34 subjects who were given 14 hours of group counseling over a seven week period. Estimates of changes in subjects' "mental health" were made from an omnibus battery which included the following: a Picture Story Test, Brownfains's Self-Rating Inventory, a modified Behavior Rating Scale, and the Edwards Personal Preference Schedule (EPPS). Results at the post test interval indicated no change on the Picture Story Test, no change on the Self-Rating Inventory, less desirable scores on the Behavioral Rating Scale, and changes on four of 15 scales of the EPPS. At the six month follow-up interval no control group comparisons were available and results indicated non-significant gains on the Self-Rating Inventory, non-significant gains on the Behavior Rating Scale, and changes on three of the 15 scales of the EPPS. The Picture Story Test was not administered at this time. Fourteen months after the conclusion of the treatment, 27 of the subjects completed a questionnaire or were interviewed, and 14 subjects were available to take the Picture Story Test. Results on the latter showed significant

increase in self-acceptance, though no such gain in acceptance of others. Of the 27 subjects who completed the questionnaire, 22 reported that group counseling had been beneficial, two said it had not, and three reported that it had, in fact, hurt them. The authors conclude that, while strict interpretation of the hypotheses tested would prove negative, on the basis of the combined data, the evidence may be sufficient to prove the value of group counseling. The evidence, as reported above, clearly does not support this conclusion in any compelling fashion.

Hurst and Jensen (1968) reported on six subjects who were given the Human Development Institute's Relationship Improvement Program along with ten weekly T-Group sessions. These subjects were compared with others who participated in a reading/discussion seminar or who received no treatment. Assessment devices included the Berger Scales of Acceptance of Self and of Others, the Attitude Toward Self (As) and Attitude Toward Others (Ao) scales of the MMPI, and Self-Acceptance and Other-Acceptance scales adapted from the Butler-Haigh Q-sort. In addition, pre and post-test measures were taken on counselees seen by the subjects to determine if any differential gains in academic achievement or personal and social adjustment were evident. Results indicated that the treatment group of interest made increases significantly higher on scores of the As and Ao scales of the MMPI. No other significant findings were reported.

Significant gains were reported (McKinnon, 1969) on one of five scales of a Thematic Apperception Instrument and one of five dimensions on a Counselor Response Scale by students who participated in group counseling while enrolled in practicum (N = 7). No such gains were found for counselor trainees in group counseling who were not in practicum, nor for those in practicum but not in group counseling. More important, no significant differences between treatments and control were found on any of the measures administered at post-test.

Wirt, Betz, and Engle (1969) investigated the effects of group counseling on the self concepts of counselor trainees. Seventeen subjects received 14 hours of group counseling over a fourteen week period. Statistical analyses revealed a positive change in the measured self concepts of the experimental group. However, differences between the experimental and control groups after treatment remained non-significant. An interpretation of the results is difficult in this case because scores of subjects who dropped out of the control group are included in the pre-test data and other data suggest a lack of initial equivalence between groups.

An attempt to compare changes in inter- and intra-personal functioning as the result of participation in T-Group activities and participation in a didactically oriented class was reported by Eiben (1971). An unspecified



number of beginning counselor candidates were given group counseling or traditional classroom instruction on group methods for two hours per week for approximately 14 weeks. Assessment of level of functioning was done using the Personal Orientation Inventory (POI). Comparison of mean scores at pre- and post-testing revealed significant gains on 11 of the 12 scales of the POI for the group participating in counseling. On the same basis, the group receiving didactic instruction showed significant gains on four scales. When gains between pre- and post-testing on each scale were compared between each group, four favored the didactic group and eight favored the counseled group--one of which reached significance. Inspection of the data indicates that this finding is the result of an unexplained, isolated decrease on this scale by the didactic group, rather than the result of positive gain by those in group counseling. Eiben's interpretation, that the concept being measured cannot be taught but must be lived, seems rather strained. No differences were apparent at post-testing between the two groups on any of the 12 scales.

Other less ambitious studies have been reported. Seegars and McDonald (1963) provided an "interaction group" experience to eight student counselors in an attempt to increase self knowledge and perceptive skills. While the gross data were in support of the expressed purposes, subjective evaluation of questionnaire responses

form the basis of their evidence. Role change during group counseling was studied by Gazda and Bonney (1965) using counselor trainees as subjects. After 20 hours of treatment during a seven week period, a significant increase was detected in the roles of information giver, interpreter, non-participant, and aggressor. Methodological problems restricted the implications which the authors were able to generate. Reddy (1970) tested to see if six students entering practicum would perceive each other as having greater levels of empathy, regard, and congruence as a result of four days of intensive group counseling. Further, would clients of these group members perceive these levels the same as other group members did? Considering the small number of subjects involved, the lack of controls, and the statistical procedures employed, little confidence can be placed on the findings suggested.

Several studies have pointed up issues which may have special relevance for the topic of this study. Personal report of benefits gained as a result of group counseling must be looked upon with caution. Prediger and Baumann (1970) reported a study in which 30 groups of students were given group counseling one 40 minute period per week for approximately nine months. Although no gains were found on any of the 30 outcome variables included in the design, subjects receiving the treatment condition consistently reported the experience as having greater benefit than did

subjects in the controls. This sort of problem is illustrated by the tortuous discussion in the Leib and Snyder (1967) study in which students who were removed from a required class for special treatment showed similar positive gains in psychological adjustment whether given group counseling or an academic lecture. The latency phenomenon ascribed to the Gazda and Ohlsen (1961) follow up data, it is suggested, may be a less parsimonious explanation of just this effect.

Another issue to be considered concerns the use of indirect measures of inferred psychological constructs. Inspection of the studies reviewed above shows the preponderance of self-report measures found in the literature. Two questions are pertinent. Is group counseling associated with changes in self-reports of counselors in training? Are changes in self-reports associated with predicted behavioral correlates? Apostol and Muro (1970) gave 20 prospective counselors approximately 50 hours of group counseling in 13 weeks with the purpose of increasing self understanding. Experimental and control subjects were pre- and post-tested on the EPPS and the Motivation Analysis Test (MAT). In addition, personality sketches were developed for each subject on the basis of the pre-test data. Findings indicated that subjects experiencing group counseling changed significantly more than control subjects on two of the 25 scales involved, results which could be

attained by chance. In addition, self understanding, operationalized as self recognition ability, was not changed when measured by the ability to correctly identify one's own personality sketch.

The same sort of problem recurs in a study reported by Culbert, Clark, and Bobele (1968). Two groups of university students were given 28 hours of group counseling over a 14 week period with the purpose of promoting authentic interaction and increased self-awareness. Assessment procedures involved the use of the POI and the Problem Expression Scale (PES), a measure of self-aware behavior. Significant changes toward improved psychological adjustment were found for one group, while the other group was found to be in an advanced state of adjustment on the pre-test and post-test. However, POI changes for individuals, regardless of group, did not correlate with indexes for measuring individuals' change on the PES. This would indicate a discrepancy between the way in which subjects report their self-percepts and report their behavior. This raises a serious question about the practice of using indirect measures to infer therapeutic growth or gain.

According to Bonney (1965), it would be poor judgment to ignore pressures toward conformity and to regard gains or growth through group counseling solely as the result of intrapsychic phenomena. Drawing from research in social psychology, he points out that the elements which

cause unusual susceptibility to conformity pressures, emotionality and novelty, are both present in the group counseling setting. In these situations an individual becomes highly dependent on group norms or authority statements for his response choice. One possible explanation for self-reports changing while behavior does not may be that the individual has been persuaded to describe himself in altered ways without the necessity for changing habitual patterns of acting.

The limited support which the studies cited supply to the notion that personality change of significance does indeed occur in group counseling with prospective counselors may be further questioned when the special characteristics of these subjects are considered. Counselors in training may be more sophisticated toward the nuances and implications of what transpires in the group than most participants. They may also recognize that, besides being a potent "growth" experience, the group may represent an evaluative procedure in which they are, in effect, on display. Furthermore, they may observe certain attitudes, values, statements, and styles of behavior reacted to positively, while others are punished or ignored. Kramer (1968) has reported a positive conditioning effect on three verbal response classes when reinforced concurrently by the leader in a small group setting. The relative sophistication of counselors would increase the likelihood that even subtle cues

could be discriminated. This would seem to point up the possibility that leaders of groups made up of counselor trainees may well be involved in shaping the verbal behavior of these individuals toward the acceptance of key attitude and value statements consistent with the model of psychological adjustment held by that leader, and on which the various measurement devices may be based.

In short, influences other than those associated with simple group counseling may be operating to the extent that they constitute valid alternative explanations for the meager results currently available. Such explanations could provide hard data concerning the utility of group counseling for counselor education programs.

### Hypotheses

In view of the above, the following questions, as they apply to counselor trainees, were investigated. Are there different effects as a result of participation in group counseling or participation in lecture-discussions when the model of psychological adjustment used in the measuring instrument is: (1) consistent with the theoretical orientation of the group leader; (2) not consistent with the theoretical orientation of the group leader; or (3) explicitly taught in a lecture-discussion class. Further, are any effects shown to generalize to simulated counseling behavior on the kind of performance measure employed?

To investigate these items of interest the following hypotheses were tested:

- I. Subjects who receive any of the proposed treatments will receive higher scores on the self-actualization test than will control subjects.
- II. There will be no difference in the self-actualization scores of subjects between any of the proposed treatments.
- III. There will be no difference between subjects who receive any of the proposed treatments and control subjects on the discrimination test.

#### Overview

The organization of the study is as follows. In Chapter II, the experimental subjects, treatments, and instruments are described, along with a statement of the specific procedures which were employed. Testable hypotheses are developed and the research design is identified. In addition, the type of statistical treatment and the level of significance to be used are described. In Chapter III the results of the data analysis are reported. Chapter IV includes a discussion of these results and a summary of the study.

## CHAPTER II

### EXPERIMENTAL DESIGN AND METHODOLOGY

After consideration of the issues and hypotheses presented in the previous Chapter, organization of an experimental study was carried out.

#### Subjects

Students enrolled in the master's degree level counseling practicum at Michigan State University during the spring term of 1971 were the treatment subjects for this study. Of the 69 students initially available, 63 students became subjects of the study. Six students were excluded for the following reasons: unable to take the pre-test or post-test (2 Ss), reluctance to take part in the study treatment sessions (2 Ss), failure to meet the required attendance criteria for the treatment sessions (1 S), and termination of enrollment status (1 S). In addition, nine students were identified as being members of the same counselor training program, but were not enrolled in practicum. These subjects constituted an inactive control group.



The resulting group of experimental subjects consisted of 37 trainees in the school counselor program and 26 trainees in the rehabilitation counselor program. Included were 29 males and 34 females with ages ranging from 21 to 48 years, a median age of 24 years, and a mean age of 25.6 years.

Twenty-nine subjects had received bachelor's degrees from Michigan State University, 11 received their degree from other colleges or universities in Michigan, and 23 from colleges or universities outside the state. Psychology was the most common undergraduate major (15 Ss). Sixteen subjects were prepared in secondary education, with a variety of major fields represented. Other areas strongly represented were social sciences (12 Ss) and elementary education (8 Ss). Less common majors were art (2 Ss), foreign language (2 Ss), and business (2 Ss). Thirty-four subjects reported no teaching experience, fourteen had one year or less, and three had more than four years teaching experience.

### Treatments

Five treatment conditions were employed.

#### Treatment 1

Group counseling involving affective interaction was used to promote the personal development of group members. The leader was guided by the definition of Gazda,

Duncan, and Meadows (1967), which emphasizes interpersonal communication focused on conscious thought and behavior. In this model personal concerns are shared among individuals who are not debilitated by their problems. Attention is directed toward feelings rather than cognitive data. Permissiveness, orientation to reality, and affective disclosure are involved in a setting of mutual trust, understanding, and support. The theoretical orientation of the group leader was consistent with the construct of self-actualization as a model of psychological adjustment. The remarks of the group leader could be associated with a point of view in which an ideal model of psychological well-being is valued.

### Treatment 2

Group counseling involving affective interaction was used to promote the personal development of group members. The leader was guided by the definition of Gazda, Duncan, and Meadows (1967), which emphasizes interpersonal communication focused on conscious thought and behavior. In this model personal concerns are shared among individuals who are not debilitated by their problems. Attention is directed toward feelings rather than cognitive data. Permissiveness, orientation to reality, and affective disclosure are involved in a setting of mutual trust, understanding, and support. The theoretical orientation of the

group leader was not consistent with the construct of self-actualization as a model of psychological adjustment. The remarks of the group leader could be associated with a point of view in which social-learning theory is valued.

### Treatment 3

A seminar in lecture-discussion format was used to present content which emphasized the importance of ideal models of psychological adjustment and their relationship to positive counselor behavior. The time was divided about equally between leader presentations and group discussions. Printed material was handed out from Carkhuff and Berenson (1967), Bugental (1965), and Maslow (1967). Films were shown of Perls and Rogers interviewing a client and explaining their respective approaches. Concepts such as "fully-functioning," "authentic," "whole," and "self-actualized" were discussed. Research and opinion which related personality constructs such as these to favorable counselor performance was presented. The leader assumed a directive role, avoided focusing attention on affective comments, and emphasized the cognitive content involved.

### Treatment 4

A seminar in which varied activities were presented served as the active control treatment. Two criteria were used to eliminate inappropriate activities for this

treatment purpose: it should not require predominately affective interaction; it should not focus on any model of ideal psychological adjustment or related terminology. Representative activities which were presented include the following learning experiences: discussion of problems encountered in various practicum field settings; training in providing objective, helpful feedback for the improvement of counseling strategies; practice in using this skill in response to films, video tapes, and audio tapes presented by the leader and seminar members; instruction in specific techniques such as problem solving strategies, relaxation training, assertive training techniques, and behavior contracting; discussion of members' on-going counseling cases. The leader acted as an instructor and resource person.

#### Treatment 5

The inactive control group was made up of students from the same training program who were currently enrolled in some other university course but were not enrolled in practicum. No contact was made with these subjects other than for pretesting and post-testing.

Group counseling under Treatment 1 employed two separate leaders (one for each sub-group), both of whom were advanced doctoral students with considerable experience in group processes. The training of one was in

clinical psychology and his expressed theoretical orientation was Gestalt. The training of the other was in counseling psychology and his statement of theoretical persuasion indicated a commitment to the views of Perls, primarily and Rogers, secondarily, in terms of group procedures. The experience of the former included 110 hours as a group participant, 140 hours supervised training in group leadership, and 190 hours leadership of therapeutic and personal growth groups. The later reported some 400 hours as a group member, 96 hours supervised training in group leadership, and 160 hours leadership of group counseling sessions.

Group counseling under Treatment 2 was carried out by a leader with a doctorate in counseling psychology. His stated theoretical orientation was behavioral--based on Skinner, Bandura, and Ulmann and Krasner. The experience of this leader included 90 hours as a group participant, 75 hours of supervised leadership training at the post-doctoral level, and 900 hours of leadership of group counseling sessions.

To illustrate the differences in leader responses between treatment groups 1 and 2, the following excerpts have been selected from tape recordings which were made of the third, fifth, and seventh group sessions. The first three excerpts are from Treatment 1.

1. M: But I'm still here.  
M: humm. . . you know you could call this bullshit if you want to, but I really

do . . . ahh . . . I really do worry about what the other person's going to feel. That's in it, too . . . I know . . . even if I am going to check someone off my list, I won't, you know . . . maybe there's something about me in there, too . . . you know . . . I am sure, but I really do care about, you know, I don't want . . .

L: I am sure that that feels different for you to say that than it did the first time you said about not wanting to see someone crumble. Didn't that, the time you said it now, didn't it feel different to you?

M: Yeh.

L: Ok. So you know I believe you.

M: Hmm.

L: It's too bad that you had to be hammered that hard . . . to give up those real caring feelings that you do have for people.

M: Somehow I feel as though I've . . . there's an irreverant side to me . . . somehow I feel as though I've just been saved.

L: I expect you to call those feelings in you all kinds of dirty names. I really expect you to do that. You've been running from it for too damned long to face them flush right now. You can call them anything you want, I guess, but I . . . it won't shake my trust any.

2. L: . . . parts of you. That you kind of gave up when you did that change.

M: uh huh.

L: Umm, do you know what those are? . . . I think they are the things that glow out of her, too.

M: Might be.

L: 'Cause . . . ahh, you know, appreciation for music sounds to me like kind of one of those things . . .

M: Yea, I had that pulled out of me, too. Except I realized the guy that did that to me, and I've never really forgiven him for that. 'Cause that was my one way that I . . . you know, when we talk about that self-actualization thing, that was the one thing that I ever did that I really self-actualized on. 'Cause I was an all-state band type thing. And, ahh, like, you get all of those instruments around you, you

know . . . and it's like a feeling . . .  
like it's wierd . . . you have to do  
it . . . and somehow I had that pulled  
out of me, too.

L: You meant when you were playing it was  
really an emotional thing for you.

M: Yea. Right.

L: And you felt good at it. You were good  
at it.

3. M: You know, I either trust them, or I don't,  
you know. And I do shut people off. If  
I find out that someone has done some-  
thing to me, that's it. It is a self pre-  
servation thing.

L: How in the hell do you know? Like . . .  
how can you make sense out of that situa-  
tion, and know what her intent was and  
know how much the other chick distorted  
it to you. You can't ever know that.  
And unless you go back to her with the  
feelings you've got about her, and get  
that straight . . . there's nothing you  
can be clear about. The only thing you  
can be clear about is what is between  
the two of you.

M: Ok, it's not right, but it works.

L: Oh, shit. It works to what end?

M: It keeps . . . like everybody who is  
around me I can trust because of the pro-  
cess. If I can't trust them, they're not  
around me. Maybe it's your . . .

L: Do you completely ignore her? Since  
then . . . I want you to see what you're  
saying is crap, because you haven't ignored  
her.

M: No, no, no. It's in here. That's where  
it happens.

L: Ok, well . . .

M: And it's not at all fair, you're right.

L: The sad part is that it is not fair to you.  
I mean, it's not going to kill her. But it  
is not fair to you. I mean, because you  
got scared once, you know, you never risk  
again with her of having something. You  
shut the door to her forever.

M: Hmm.

L: And so you get cheated out of whatever you  
could have with her.

The following three excerpts are from Treatment 2:

1. L: Well, I like it. Ah . . . my wife . . . she likes it. My daughter likes it. I get a lot of reinforcement there. And uhh . . . if I don't . . . ahh . . . I . . . I am still struggling with it as you can see, because to keep it looking what I think is nice you ought to wash it about every two to three days, which, I get busy doing other things and I don't like to wash it that often. When my wife reinforces me, she tells me, "It really doesn't take that much time. And you look so nice after you've done it . . . keep your hair washed." It's not dirty . . . it just gets . . . oily. And I guess it is dirty, too, but not real dirty. Ah . . . this . . . as I was saying, is me, ah, was a contrived thing. I thought this out. How can I change myself to where I liked myself better, and part of it was clothes, uhh . . . physical appearance, uhh, but this changed me internally too . . . because I felt very good about myself, ahh . . . in terms of you know . . . ahh . . . I get enough stroking from other people about it, especially from my family. That's enough really . . . so I changed myself.
 

M: Yes, but you must have thought about it, you know, like before you went ahead and actually, it came consciously. There must have been something that was starting to bother you and grate and irritate underneath.

L: There are no little people inside of me, as I said,

M: Oh.

L: causing things to happen. I learn; I relearn; I unlearn. There are no devils; there are no angels. There are no little men. There's nothing inside of me.
2. M: . . . in the school system where they came in every morning with a clipboard and demanded to know what I had done the week before trying to teach human relations.
 

M: Who's they?

M: The supervision, the principal and the administration. They bugged the heck out of me. Because I don't think you teach



- human relations, anyway. I felt a great deal of pressure there . . . and I might add a great deal of hostility.
- L: So you are your prior learning history. You right now feel a particular way toward Mary . . . which you can intellectualize . . . but you can't really own your own feelings.
- M: You know she's too . . . to me too . . .
- L: Well, why are you giving us this history then for?
- M: I don't know.
- L: You trying to tell Mary something?
- M: I really don't know.
- M: Probably trying to explain to me why you are like you are.
- M: Don't you think he's trying to tell himself something? He's trying to put it all together for himself . . .
- L: You know, I can't tie this in with being sensitive to people. I think you're deluding yourself.
3. L: Something different everyday?
- M: Ok, but I think so far I'm not particularly fond of . . .
- L: It's all right.
- M: I'd like to find out if there is something that I would like.
- L: Does that matter? Do you have to be fond of us?
- M: Do I have to be.
- L: Yah.
- M: Before I make the judgment that he's a no good guy I'd like to find out if there is something there.
- L: Keep watching each week, maybe you'll find something. (laughter) Maybe you can shape him . . . find the way you like and reward him somehow.
- M: Maybe I like him.
- L: What's your word for it?

Although different leader viewpoints between Treatments 1 and 2 were assumed, no systematic assessment of such differences was attempted. However, it was of critical importance that affective interaction be similar in all groups involved in group counseling, both under Treatment 1 and

Treatment 2. An experimental check adapted from Betz (1963), was employed for this purpose. Tape recordings of one and one-half hour duration were made from the third, fifth, and seventh group sessions. Six units of analysis were randomly selected from each session for each group. The individual unit selected for analysis was a group leader's response along with the member(s) response which immediately preceded and precipitated the leader's remark (Appendix A).

This procedure produced 72 member-leader response units, 36 from Treatment 1 and an equal number from Treatment 2, which were randomly assigned a location number (1 to 72) and converted to typescripts. The typescripts were submitted to two judges (advanced Ph.D. candidates) with instructions to identify the leader response as likely to promote affective or cognitive interaction (Appendix B). Ratings of the judges were in agreement on 61 of the 72 items (85%). Comparison of evaluations assigned to each treatment group was done for combined judge's ratings by using a chi-square test with a two-way contingency table (Hays, 1963). A significant chi-square was interpreted as evidence that leader responses differed on the affective-cognitive dimension between treatment groups 1 and 2.

Table 2.1 Test for Difference in Leader Responses

Observed Chi-square	Necessary Chi-square	df	p
3.836	3.842	1	N.S.

As shown in Table 2.1, no significant differences were found. It was concluded from these data that the level of affective response provided by the leader under either treatment condition was not different.

### Procedures

All students enrolled in the counseling practicum were randomly assigned to one of the active treatment groups. Thus, the class was divided into four activities, corresponding to the treatments, which were carried on simultaneously throughout the term. Since there was a morning and an afternoon section of this class, each treatment consisted of two sub-groups, ranging from seven to ten members.

Pre-testing on the POI and the Discrimination test was done during the first class meeting. During the second and ninth class meeting treatment activities of one hour duration were held. During each of the six intervening weekly classes, treatments of two hours duration took place. Therefore, each group was treated for fourteen hours over an eight week period. Post-testing on the POI and Discrimination test was done immediately after the eighth treatment session.

### Instruments

Assessment of subjects' level of psychological well-being was done using the Personal Orientation Inventory

(POI), an instrument developed by Shostrom (1966) to measure the self-actualization level of subjects. It is a 150 item questionnaire of forced dichotomous choices involving behavior and value judgments. Scores are reported on two major scales involving time orientation (Tc) and other/inner motivation (I). The sum of Tc + I represents the total self-actualization level.

Ten sub-scales, each of which is considered to be an important conceptual element of self-actualization, are also provided.

1. Self-Actualizing Values (SAV): affirmation of values held by self-actualized persons.
2. Existentiality (Ex): reported ability to react situationally without rigid adherence to principles.
3. Feeling Reactivity (Fr): reported sensitivity to responsiveness to one's own feelings.
4. Spontaneity (S): reported preference to react spontaneously rather than cautiously.
5. Self-Regard (Sr): affirmation of self because of one's worth or strength.
6. Self-Acceptance (Sa): affirmation of self in spite of weakness or deficiencies.
7. View of the Nature of Man (Nc): reported constructive view of the nature of man.

8. Synergy (Sy): reported perspective which avoids dichotomies.
9. Acceptance of Aggression (A): reported preference for owning one's aggressiveness rather than a denial or repression of one's aggressiveness.
10. Capacity for Intimate Contact (C): reported preference for developing intimate relationships with others which are characterized by a lack of mutual expectations or feelings of obligation.

Validity data for the POI has usually been of two sorts. In one kind, groups of subjects are identified as being well adjusted or poorly adjusted on a basis such as clinical judgment (Shostrom, 1964), process in therapy (Shostrom and Knapp, 1966), or the fact of hospitalization. Results indicate that mean scores of such groups differ in the hypothesized directions from the comparison groups that were used. Another kind of study has attempted to establish the concurrent validity of the POI through the relationship with other personality tests. Results indicate that relationships exist between POI measures and the Social I.E. (Si), Depression (D), and Psychastenia (Pt) scales of the MMPI (Shostrom and Knapp, 1966) and between POI measures and the construct of neuroticism employed in the Eysenck Personality Inventory (Knapp, 1965).

Test-retest reliability coefficients of .71 and .84 for the Tc and I scales, respectively, have been

reported (Klavetter and Mogar, 1967). Reliability of the POI with the subjects of this study, as estimated by the Kuder-Richardson (KR-20) formula, was .89 and .90 for pre-test and post-test administrations, respectively.

Of secondary interest, the ability to correctly identify the potential effectiveness of various counselor responses was assessed using the Carkhuff (1969) Discrimination Test (D/T). This device consists of sixteen client stimulus items, each of which is followed by four hypothetical counselor responses. The subject rates each counselor response on a nine point scale in terms of potential effectiveness. A score is derived on the basis of the summed absolute deviation from the correct rating, a value determined by expert consensus. For purposes of this study, the task presented by this instrument, rapid evaluation of a counselor response, may be regarded as a simulation of the decision process encountered during actual counseling when the counselor is formulating a response to a previous client remark.

Carkhuff (1969) has suggested that the ability to discriminate responses of potentially greater effectiveness from those of lesser facilitative utility is a necessary, though not sufficient, element in the ability to communicate effectively with clients. Studies of discriminative ability (Carkhuff, Collingwood, and Renz, 1969; Carkhuff, Friel, and Kratochvil, 1969) indicate that subjects rated

high in facilitative communication are high in discriminative ability, although discriminative level is not directly related to communicative ability. Consistent with this thinking and the concept of the "whole" person (Carkhuff and Berenson, 1967), improved intra-personal functioning would be reflected in increased discriminative skill.

In addition, subjects were asked to evaluate the activity (treatment) in which they took part. An evaluation form (Appendix C) was provided as a means to systematize the responses on the dimensions of value, enjoyment, and as a specific learning experience.

Finally, subjects receiving group counseling were asked to keep a log of their reactions to each session. This was done to generate data for non-controlled post-hoc analysis.

### Testable Hypotheses

In order to determine the differential effect of the treatments which were used on the measures employed, it was necessary to demonstrate, first, that differences existed after treatment between experimental and control groups. Should such a difference appear, it would require that differences between experimental treatments be investigated.

To examine these relationships the following hypotheses were formulated:

$$1. \quad \frac{T_1+T_2+T_3}{3} - \frac{T_4+T_5}{2} = 0 ; \quad \frac{T_1+T_2+T_3}{3} - T_4 = 0$$

There is no difference in post-test scores between subjects in groups receiving experimental and control treatments.

If not, then

$$2. \quad T_1 - \frac{T_2+T_3}{2} = 0$$

There is no difference in post-test scores between subjects in groups receiving Treatment 1 those receiving Treatment 2 and 3.

$$3. \quad T_1 - T_2 = 0$$

There is no difference in post-test scores between subjects in groups receiving Treatment 1 and Treatment 2.

Since inactive control subjects ( $T_5$ ) were not administered the D/T, hypothesis 1 on this measure was formulated in the alternative form given above.

### Design and Statistical Analysis

The study was intended to compare differences between groups after, and as a result of, participation in one of three experimental treatments. A 5 x 2 matrix, with groups nested within treatments, was utilized. The design, a



variant of the pre-test, post-test, control group pattern described in Campbell and Stanley (1966), may be graphically represented as shown in Table 2.2

Table 2.2 Graphic Representation of the Research Design

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R	$0_1$	$T_1$	$0_6$	Key:
R	$0_2$	$T_2$	$0_7$	$0_1 \dots 0_5 =$ Pre-test
R	$0_3$	$T_3$	$0_8$	$T_1 \dots T_3 =$ Experimental treatment
R	$0_4$	$T_4$	$0_9$	$T_4 =$ Placebo treatment
	$0_5$	$(T_5)$	$0_{10}$	$(T_5) =$ Inactive control
				$0_6 \dots 0_{10} =$ Post-test

---

The initial statistical treatment was a multivariate analysis of covariance using planned comparisons in which pre-test scores were used as covariates. Post-test scores and all POI scales were the dependent variables. Analysis was across treatments, with groups nested.

Following this, the most pertinent measures, Tc, I, and D/T score, were subjected to overall univariate ANCOVA analysis for main effects due to treatment. In the former case the alpha level was .05. However, since separate tests were used in the univariate analysis, the alpha level was set at .017 in order to maintain the integrity of the test.

Summary

Counselor trainees were assigned to one of five treatment conditions:

1. group counseling in which the leader's model of psychological adjustment was consistent with the measurement device
2. group counseling in which the leader's model was not consistent with the assumptions of the measurement device
3. a seminar in which the model of adjustment implicit in the measurement device was given a favorable presentation
4. a placebo treatment
5. an inactive control group.

Pre- and post-testing on the Personal Orientation Inventory and the Discrimination Test was carried out.

A 5 x 2 design matrix was adopted and provision made to test the dependent variables by both multivariate and univariate analysis of covariance. The basic hypothesis, that experimental subjects would receive higher scores after treatment than control subjects, was presented.

## CHAPTER III

### ANALYSIS OF RESULTS

Statistical analyses were calculated at the Michigan State University Computer Center on the Control Data 3600 computer system. Data reported below were generated by a multivariate analysis of covariance program developed by Finn (1967).

#### Preliminary Data

Mean scores at pre- and post-testing on the two major scales of the Personal Orientation Inventory (POI) and on the Discrimination Test (D/T) for all treatment groups are shown in Table 3.1

Complete POI sub-scale scores are reported in Appendix D. Mean, variance, and standard deviation of all measures for all subjects are listed in Appendix E.

An initial test of the relationship between the dependent variable and the specified covariates was performed in order to determine the appropriateness of the covariance model. For the POI, multiple regression coefficients ranged from .60 to .86 for predicting each variable from the set of covariables. The overall chi-square test of the hypothesis of no association between the dependent

Table 3.1 Summary of Pre- and Post-test Scores of Major Interest.

	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>	T <sub>4</sub>	T <sub>5</sub>
<b>Pre-test</b>					
Tc	17.81	16.13	16.06	17.73	18.78
I	88.81	89.88	88.75	89.40	89.00
D/T	53.50	49.12	55.37	45.10	--
<b>Post-test</b>					
Tc	17.63	17.88	17.63	18.20	18.22
I	94.50	98.69	95.86	94.60	93.67
D/T*	45.00	44.90	44.40	40.67	--
<b>Gain</b>					
Tc	- .18	1.75	1.57	.47	- .56
I	5.69	8.81	7.11	5.20	4.67
D/T	8.50	4.32	10.97	4.43	--

\*Note: Decreased D/T scores indicate gain.

variables and covariates produced a value of 351.2 which, with 144 degrees of freedom, is significant beyond .0001. For the D/T the multiple regression coefficient was .59 for predicting post-test score from pre-test score. Hence, in both cases, it was concluded that ANCOVA was appropriate.

### Treatment Effects

#### Hypothesis 1:

There is no difference in post-test scores between subjects in groups receiving experimental and control treatments.

Results of the multivariate analysis of hypothesis 1 using POI scores are shown in Table 3.2. Since a significant F-ratio was not obtained, the hypothesis of no difference remains in effect. This is interpreted as indicating that no difference exists after treatment between experimental and control subjects as measured by the set of POI scales taken as a whole.

Table 3.2 Multivariate Test of Hypothesis 1: POI Scores

F-ratio	df	p
.484	12,39	<.91

Given this result, it was decided that the scales of secondary importance be eliminated from further investigation and that the basic scales of the POI, Tc and I, be subjected to an overall ANCOVA analysis to determine whether any treatment effects were present in the data. As shown in Table 3.3, results were negative. This would indicate that no difference exists after treatment between any combination of treatment groups, as measured by the major scales of the POI.

Results of the overall ANCOVA analysis of the D/T data are shown in Table 3.4. No significant effects were found. This would indicate that no difference exists

after treatment between any combination of treatment groups, as measured by the Discrimination test.

Table 3.3 Overall ANCOVA Analysis of Major POI Scales

Scale	MS Between	MS Within	F	p
Tc	3.19	4.63	.688	<.604
I	115.28	46.01	2.506	<.0515
				df = 4, 60

Table 3.4 Overall ANCOVA Analysis of Discrimination Test

MS Between	MS Within	F	p
51.76	129.34	.40	<.753
			df = 3, 54

In total, these data confirm that no treatment effects could be demonstrated in this study using the measures which were employed. Therefore, hypotheses 2 and 3 are answered in the negative by default and require no further data.

### Non-experimental Data

It should be clear that further data do not speak to the empirical questions which were investigated. They may, however, provide some basis for improving future investigations.

### Pre- and Post-test Comparison

Casual observation appeared to indicate an increase in POI scores over all subjects between pre- and post-testing. In addition, a similar decline in D/T scores was noted. Whether this difference represented chance variation was tested by ANOVA for D/T and combined I and Tc scores. As indicated in Table 3.5, a significant increase had occurred in both cases.

Table 3.5 Test for Pre- and Post-test Differences.

	MS Between	MS Within	F	p
D/T	3087.00	161.54	19.11	<.0001 df = 1, 62
PØI	3741.13	70.79	52.35	<.0001 df = 1, 71

### Group Counseling Logs

Participants in group counseling were asked to keep a log of their reactions to group sessions. Although

they were assured anonymity and were asked not to sign their name, they were also informed that handing in this material was voluntary. Unfortunately, two of the four groups turned in such few returns that comparison of reactions was ruled out. Subjective appraisal of the limited responses seemed to confirm a sequence of stages or phases in group development similar to those described by Foley and Bonney (1965), and Tuckman (1965). Also, the effect of a recognized set number of sessions on member reactions, as noted by Mahler (1971), seemed present. Thus, while the intention of presenting logs as voluntary was to avoid an atmosphere of coercion, the result was to eliminate the log as a source of useful information.

### Subject Evaluation

Three weeks following the termination of treatments, subjects were contacted in another setting and asked to evaluate the activity in which they took part. Forty-nine of the 63 subjects (78%) were located and responded to a standardized questionnaire (Appendix C). Thirty-five indicated that their activity (treatment) was a valuable learning experience; eleven did not. Thirty-six felt that it was enjoyable; eleven said no. To a global evaluation of the benefit which they attributed to the activity, 21 indicated it to have had much worth, 20 stated it was somewhat worthwhile, and eight felt it to be of little value.



Marked differences appeared when these results were analyzed on a group basis. Group 1 under Treatment 1 and group 7 under Treatment 4 had decidedly negative evaluations. For instance, they accounted for five of the eight opinions that their activity was of little worth and eight of the eleven reactions that it was not a valuable learning experience. The remaining six groups expressed strongly positive opinions.

### Summary

Evidence indicating a correlation between dependent variables and specified covariates was found, thus supporting the intention to use ANCOVA as the statistical model.

No evidence of difference after treatment between experimental and control subjects was found using the POI scales in a multivariate analysis of covariance. Further, no difference between any treatment groups was evident using the two major scales of the POI in an overall ANCOVA test. In addition, no difference between any treatment groups was found at post-test on the D/T using an overall ANCOVA procedure. Concluding that no treatment effect could be demonstrated, hypotheses 2 and 3 were not tested.

Non-experimental data was also reported. One source, group counseling logs, appeared to lose any utility due to the small number which were returned. However, gains over

all subjects between pre- and post-testing were noted on both total POI score and D/T score. Subject evaluation of participation in the various treatment conditions was generally positive, with apparent differences between groups.

## CHAPTER IV

### SUMMARY AND DISCUSSION

#### Summary

The purpose of this study was to assess the effect which short-term group counseling and a cognitive learning experience may have on a measure of self-actualization and, secondarily, on a simulation of counselor performance. Much of the existing literature in counselor education seems to accept the notion that group counseling has utility in counselor education programs because of the affective learning or reorientation which may take place, rather than development of more specific competencies. Changes on various personality measures, of which the Personal Orientation Inventory (POI) is representative, are considered sufficient evidence to support this position.

It was suggested that influences other than those usually attributed to group counseling may account in part for changes found on the measures which have been used. If so, the basis for determining the utility of group counseling in counselor education programs would need to be re-examined.

Subjects of the study were 72 master's degree candidates in counseling at Michigan State University. Three experimental conditions were developed. In one, subjects participated in group counseling in which the leader's views were consistent with the model of adjustment on which the POI is based. In another, subjects participated in group counseling in which the leader's views were inconsistent with this model. In the third, subjects participated in a lecture-discussion seminar in which the model of adjustment on which the POI is based was presented in a favorable manner. Placebo treatment and inactive control conditions were included. Treatments were maintained for 14 hours over eight sessions. The objective was to compare the effects which would result from a cognitive presentation and from experience in group counseling with and without the opportunity for extraneous learning which would tend to improve scores on the measure which was employed.

A 5 x 2 design matrix was developed, with groups nested within treatments. Pre-test scores were used as covariates and provision was made for both multivariate and univariate analyses. The basic hypothesis was that experimental subjects would receive higher scores after treatment than would control subjects. Secondary hypotheses were designed to determine the effect of each experimental treatment.

Preliminary analysis revealed the ANCOVA model to be appropriate. However, no differences were apparent at the .05 level between experimental and control subjects with POI scores used in a multivariate test. Further investigation using the major scales of the POI and the Discrimination Test showed that no significant differences existed between any of the treatment groups on these measures. Hence, it was concluded that no effects due to treatment could be demonstrated.

### Discussion

The present study showed no significant treatment effects. Although some factors may remain hidden and interactions between known elements may remain undiscovered, recognized sources of potential error can be usefully reviewed in retrospect. The results obtained may be attributed, at least, to the following possible contributory factors: theory, sampling, design and statistics, instrumentation, and treatment. Each will be considered below.

### Theory

A possible cause of the outcome of the study might be an error in, or misinterpretation of, the literature. In regard to interpretation, it seems clear that the literature, for the most part, takes for granted that personality may be affected by group counseling. Whether persons can be

measurably affected by group counseling, is difficult to assess. However, research reported in Chapter I suggests that some success with personality devices such as the POI has been demonstrated with counselor trainees. Since sufficient evidence is not available, this source of error must remain a possibility.

### Sample

Sampling problems tend to be more severe in survey studies than in experimental research. However, the pertinent question here concerns whether the subjects of this study differ systematically from those in earlier reported studies in any characteristic which might affect their performance on the measures which were employed. Unfortunately no direct comparison can be made.

It is known that Michigan State University had no special selection criteria in effect when this class of candidates for the master's degree in counseling was admitted. Inspection of the data in Chapter II reveals no apparent discrepancy on the demographic dimensions reported which would indicate these subjects to be unrepresentative of counselor candidates at other universities. In sum, there is no evidence which would appear to indicate the presence of characteristics which would make these subjects a unique group.

### Design and Statistical Treatment

The general concern in this respect is whether any effects could have been distorted or obscured because of the way the study was organized or analyzed. There are at least two considerations relating to design and statistical matters which warrant comment.

First, as indicated by the degrees of freedom which are reported, the individual subject has been treated as the experimental unit of analysis in this study. Although this cannot properly be justified, the procedure has become a convention in group counseling research at this stage of its development because doing so may allow weaker effects to be noticed. Therefore, to have done so in this study could have acted to cause spurious effects to appear, rather than acting to obscure real effects.

Second, since Treatments 1 and 4 employed two leaders and Treatments 2 and 3 used only one, in the latter case treatment and leader are confounded. This is unfortunate because, particularly in Treatments 1 and 2, it is likely that the effectiveness with which individuals can deliver such a treatment may vary considerably. For instance, leader ineffectiveness could depress subject gains in some treatments, perhaps obscuring overall treatment effects. In this case, however, inspection of mean gain for Treatments 2 and

3 does not seem to support this suspicion. In fact, no group x treatment effect was discovered in any of the tests reported in Chapter III.

It is concluded, then, that no factors related to the design or statistical procedures have been identified which would act to obscure real treatment effects.

### Instruments

The discussion of problems associated with measurement will be limited to the POI since that instrument was the main concern of this study. The reliability of the POI with this group of subjects, as reported in Chapter II, seems adequate indeed. However, the use of a self report of this type with subjects sophisticated in respect to the concepts involved needs to be explored.

For example, what might account for the general increase in scores which was observed? One possibility could be some change in the expectancy set of the subjects. Contrary to published results on the fakability of the POI (Foulds, 1971), preliminary results of a study in progress by this author indicate the POI to be highly susceptible to differential instructions given to beginning teacher candidates. If this, indeed, be the case, changing expectancy, desire to please, or other similar sets could substantially alter post-test scores. A provocative consideration may be the fact that the two groups identified in



Chapter III as not valuing their treatment experience may be seen in Appendix D to have the least observed gain in total POI score. Other groups compared against these, in fact, would be significantly different.

Such speculation is tempting. However, the question, often raised in the literature, of whether devices such as these are capable of measuring the kind and extent of change which might be expected from group counseling with counselor trainees remains unanswered.

### Treatments

Under this rubric such concerns as the adequate presentation or control of the treatment conditions ought to be considered.

A recurring issue, often invoked to explain a lack of anticipated findings, involves the necessary time for group counseling to have some measurable effect. The studies cited in Chapter I ranged from 50 to 14 hours of treatment administered over 14 weeks to four days. Zimpfer (1968) states that most group counseling research has been conducted with from 8 to 16 sessions. Gazda and Larsen's (1968) survey of group counseling research through 1967 found the average treatment to consist of 17 hours and 17 weeks. Reporting mean rather than median quantities is somewhat misleading because the existence of a few long-term studies acts to inflate the figures given. The

presentation of treatment in this study, 14 hours over 8 sessions, is probably of less duration than the typical study reported. Therefore, this must be considered a possible factor contributing to the lack of treatment effects reported in Chapter III.

Control of treatment conditions has been a serious and persistent problem in group counseling research. For purposes of this study a more precise description of group counseling was undesirable in terms of restricting the leaders to predetermined roles with prearranged activities. Instead, the intent was to allow them flexibility within the boundaries which were provided. This was done in an attempt to provide a modal kind of treatment as a ground against which the other aspects of the experimental manipulation could be contrasted. On the other hand, while non-specific description of treatment does not preclude obtaining an effect, it acts to cast suspicion on the power of the treatment conditions if no effect is found.

Contrary to what might be expected, the major problem of controlling treatment conditions may have occurred not within the counseled groups, Treatments 1 and 2, but within the placebo control, Treatment 4. As this study was originally conceptualized, no problem was foreseen in controlling the affective interchange level within Treatments 3 and 4. Therefore, no attempt was made to monitor this dimension as was provided for with Treatments 1 and 2. However, subjects

in group 2 under Treatment 4, initially reluctant participants, were found on the Activity Evaluation Form to be particularly strong advocates of the personal qualities of their seminar leader. It seems possible then that this group became another, unidentified, experimental treatment. Interestingly, gains made by this group were noticeably higher than those of other groups designated as being controls.

It therefore seems possible that problems associated with the presentation and control of treatments were encountered and may have contributed to the outcome of this study.

### Conclusion

The essential question asked by this research concerned whether cognitive learning might account for changes on personality measures used in group counseling studies with counselor trainees and, thereby, constitute a viable alternative explanation to the inference that psychological adjustment had taken place. Unfortunately, no answer is forthcoming since this study was unable to demonstrate differential levels of measured psychological well-being as a result of the treatments which were provided.

The direct conclusion to be drawn on the basis of the results of this study is that participation in group counseling or the cognitive learning experience, as presented,

caused no additional increment on the measures which were used. Thus, in this case, treatment was no more effective than no treatment. While consideration must be given to the matters presented in the discussion above, it may also be true that group counseling is an ineffectual experience for purposes which depend upon personality assessment. Results such as those reported here have brought the suggestion from Apostol and Muro (1970) "that group counseling as a practical procedure cannot be justified on the basis of important personality changes in prospective counselors. Perhaps, however, it may be justified on other grounds, such as contributing to effective training in group counseling skills through actual participation in the process, (p. 62)."

The issues presented point up the difficulty of research in counselor education as attempts are made to evaluate the kinds of experiences provided in training programs. The basis for the utility of group counseling with counselor candidates remains unclear.

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**APPENDIX A**

**Typescript of Leader-Member Interactions**

Typescript of Leader-Member  
Interactions

1. M: And if I--if you could just convince these people, you know, "Forget it! I like you the way you are. You do what you do best." Being a housewife is sometimes just as artistic and just as great as being a college professor or having a degree.  
L: But, I think maybe Betty can identify with this. There are unique those certain people who really grind it into you. You know, and it is kind of traumatic and you remember those kinds of people.
2. M: I guess, cause I was laying on the ground, and the floor wouldn't let go, and I wouldn't be . . . on the floor, I don't know how this thing is related to trust. Whereas, like falling, I think, to me it seems more--well, you'd better be there, I trust you to be there. If you're not, I'm going to hurt myself.  
L: O.K., want to do a falling exercise?
3. M: That there's more effective ways for me to behave, like if I get very angry or, ah, very hurt I'll cry. And that doesn't help. I should do something different from that. Because it--it doesn't help anything. And I've got to change that kind of . . . If I just sit there and cry rather than tell people what I feel . . .  
L: But that's hard to do if you feel like if you get angry that it's your fault, and you did something bad. The crying must mean guilt or something. . .
4. M: I guess I feel like, I don't care who drops out or anything. It's just like you make up your own mind and the rest of us can get started.  
L: I guess that this is kind of difficult for me in the sense that, um, well in the sense that there was no intent or plan or reason for being together in a group providing this kind of treatment. So its kind of a hodge-podge of a lot of people put together.
5. M: That was another thing I just remembered. What reinforced that was after the group then you went to Joe and began at a different level again. I said . . . you just reinforced my distrust. That's some feelings and reactions . . .  
L: I guess I have a feeling that, Dick, you have a lot of difficulty understanding how I can blast a guy and then--and still at the same time like him and be friends with him.

6. M: And we don't even know what you're thinking--you're just keeping it in your head and twirling it round and round inside you.  
M: Yah. Well, I'm sure there's nothing there that . . .  
L: It's either that, or you really don't just give a shit about us.
7. M: You were severely stressing my ability to accept human difference, which I've always . . .  
L: I'd like some just personal things. Did I overdo it today?
8. M: Yah, it was coming out in a game all the time.  
L: How is it supposed to be? Is it supposed to be not fun?
9. M: I guess that's something I never even considered.  
(Laughter)  
M: How about that.  
L: (I wonder) Did you find that you were able to look at yourself alot or were you still holding back in some way?
10. M: I never hurt so much in my life as during those times. Since that time it has really gotten . . . I've got someone to care me and what more do I want.  
L: Did you marry your wife just to have a companion?
11. M: I don't think it's--you're as much aware of it when you make that decision to start out with. I think it comes a little bit later. At least it did with me.  
L: Does it come--I guess I heard you say--like we could--you're speaking about work or . . . eventually we'll freak out or something. I guess essentially you're pulling up, away from a group of friends, going somewhere else where you don't have to do this all again and make friends, make a place. This is the thing you would like to avoid?
12. M: No one else ever has guts enough to say things like that.  
L: Pardon?  
M: No one else ever has guts enough to say things like this and probably may people have felt that way.  
L: But, you know, . . . I said I was feeling that way but it doesn't necessarily mean that's the way she was feeling.

13. M: I guess it's the whole newness of the situation that gets me very upset and takes me a long time to establish myself.  
L: Especially if you don't approach, especially if you hold back.
14. M: I don't understand why the other ones left.  
L: Um, I do--and I don't understand either.
15. M: And that really kind of bothers me, too. You know, cause I don't want to--I want to contribute, but I just don't have--I don't know what to contribute.  
L: I think that's kind of putting yourself down.

Total script contains 72 units of analysis.

**APPENDIX B**

**Instructions to Judges**

## Instructions to Judges

Here are 72 counselor responses from group counseling sessions to be judged. Each member or group statement (M) is followed by the group leader response (L) made to that statement.

If the group leader's response:

Focuses on interpersonal or group feelings,  
Reflects the expression of affect (feeling),  
Would tend to elicit affective responses, or  
Would tend to cause examination of feelings,

Then: Write "A" following the number corresponding to the member-leader statement being considered.

If the group leader's response:

Focuses on content produced by an individual or the group,  
Reflects the expression of cognitive material (content),  
Would tend to elicit cognitive responses, or  
Would tend to cause examination of content,

Then: Write "C" following the number corresponding to the member-leader statement being considered.

**APPENDIX C**

**Activity Evaluation Form**



Activity Evaluation Form

To what extent do you feel that your small group activity during spring Practicum was worthwhile to you?

Much \_\_\_\_\_ Somewhat \_\_\_\_\_ Little \_\_\_\_\_

Was it enjoyable?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was it a valuable learning experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Group Leader \_\_\_\_\_

A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Comments:

**APPENDIX D**

**Mean POI Sub-scale Scores**

Table A.1 Mean POI Sub-scale Scores

	Group 1		Group 2	
	Pre	Post	Pre	Post
	<u>Treatment 1</u>			
I	84.00	86.86	92.56	100.44
Tc	16.29	15.71	19.00	19.22
SAV	21.14	22.14	20.56	21.22
Ex	20.43	22.00	24.00	27.44
Fp	16.00	15.86	17.11	19.11
S	12.43	12.71	13.11	15.11
Sp	12.00	13.14	13.33	13.56
Sa	14.71	14.43	18.44	20.56
Nc	11.00	11.57	12.11	11.56
Sy	6.86	7.29	7.44	7.78
A	16.00	17.00	17.78	19.44
C	17.57	18.86	19.44	23.44
	<u>Treatment 2</u>			
I	89.71	97.29	90.00	99.78
Tc	15.14	17.57	16.89	18.11
SAV	20.86	21.29	19.89	22.33
Ex	23.14	25.14	23.78	27.56
Fp	17.57	18.29	17.00	19.11
S	12.71	13.57	13.11	14.89
Sr	11.71	12.86	12.11	13.11
Sa	17.00	18.29	16.56	18.33
Nc	12.14	13.14	12.89	13.33
Sy	7.29	7.71	7.00	8.22
A	16.71	17.86	18.00	19.33
C	19.14	21.71	20.00	21.56

Table A.1 (Cont.)

	Group 1		Group 2	
	Pre	Post	Pre	Post
<u>Treatment 3</u>				
I	93.50	100.00	84.00	91.75
Tc	17.00	17.50	15.13	17.75
SAV	21.00	21.75	20.00	20.38
Ex	23.38	25.75	20.63	23.37
Fp	18.88	19.13	15.50	17.25
S	13.00	15.38	12.75	13.88
Sp	12.88	13.13	12.25	12.13
Sa	16.75	18.75	13.63	18.13
Nc	12.75	12.38	12.25	12.63
Sy	7.88	7.75	7.25	7.25
A	18.62	20.50	16.00	17.13
C	20.63	22.13	17.88	19.39
<u>Treatment 4</u>				
I	86.44	89.78	93.83	101.83
Tc	17.11	17.44	18.67	19.33
SAV	20.44	21.33	20.67	22.00
Ex	22.89	25.00	24.00	27.50
Fr	17.00	16.44	17.17	18.83
S	12.44	13.56	14.00	14.67
Sp	11.44	11.44	14.67	13.33
Sa	16.33	16.44	18.00	19.33
Nc	11.56	12.00	12.50	12.00
Sy	7.67	7.22	7.67	8.17
A	14.56	16.22	19.17	20.50
C	20.00	20.00	20.00	23.50

Table A.1 (Cont.)

	Group 1		Group 2	
	Pre	Post	Pre	Post
	<u>Treatment 5</u>			
I	90.80	94.00	86.75	93.25
Tc	18.00	17.20	19.75	19.50
SAV	21.00	20.80	20.75	20.50
Ex	24.60	25.00	21.50	23.25
Fr	15.40	16.60	17.25	17.00
S	13.60	14.40	12.50	12.75
Sr	12.60	12.80	13.50	13.50
Sa	19.00	19.00	15.50	19.00
Nc	11.00	12.80	12.25	12.25
Sy	7.00	7.00	7.75	8.00
A	15.80	17.40	15.00	17.00
C	22.20	21.60	19.25	20.00

**APPENDIX E**

**Mean, Variance, and Standard  
Deviation of All Variables**

Table A2. Mean, Variance, and Standard Deviation of All Variables.

Variable	Mean	Variance	S.D.
I	95.65	41.61	6.45
Tc	17.89	4.38	2.09
SAV	21.43	3.74	1.94
Ex	25.36	4.76	2.19
Fr	17.86	3.70	1.92
S	14.18	2.99	1.73
Sr	12.85	2.71	1.65
Sa	18.18	6.42	2.53
Nc	12.36	3.07	1.75
Sy	7.64	1.31	1.14
A	18.31	4.61	2.15
C	21.25	5.61	2.37
D/T	43.79	129.34	11.37

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