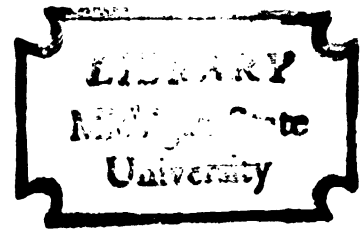THE COLLEGE UNDERGRADUATE AS PLAY THERAPIST:
A STUDY OF SELECTION AND
TRAINING TECHNIQUES

Thesis for the Degree of Ph. D.
MICHIGAN STATE UNIVERSITY
JAMES I. LINDEN
1968

THESIS
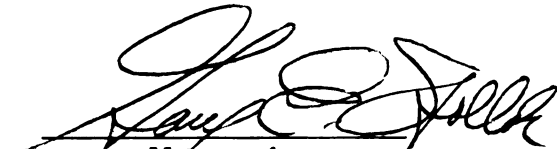
This is to certify that the

thesis entitled

The College Undergraduate as Play Therapist:
A Study of Selection and
Training Techniques

presented by

James I. Linden

has been accepted towards fulfillment
of the requirements for

___Ph.D.___ degree in _Psychology_

_____
Major professor

Date 6/6/68

O-169

ABSTRACT

THE COLLEGE UNDERGRADUATE AS PLAY THERAPIST:
A STUDY OF SELECTION AND
TRAINING TECHNIQUES

by James I. Linden

The purposes of this study were two-fold: first, to investigate whether either of two training techniques would be effective in training college undergraduates to play the role of the non-directive play therapist with young, "normal" children; and second, to measure the pre- and post-training validity of two selection instruments.

To analyze the efficacy of the training techniques, one group of students (N=12) observed each other play with children and was trained in a didactic fashion to play the non-directive role with children. They were instructed to reflect as much of the child's behavior as possible, both content and feelings, not to give any direction or unsolicited help to the child, not to restrict him unnecessarily and to ask as few questions as possible. The second training group (N=12) also observed each other play with children but was trained in an experiential, non-directive manner. The trainer told them none of the principles of non-directive therapy, but only clarified

and reflected their comments and discussion about the
process. The purpose of this method was to investigate
whether bright college students could figure out for
themselves through an experiential training process a
sensitive, therapeutic way of dealing with children.
Finally, a control group (N=24) received no training,
and their pre- and post-training behavior with children
was compared with that of the two training groups.

The validity of two selection instruments was also
examined. The Sensitivity to Children Test (STC) con-
sists of twenty situations involving a five- to eight-
year-old child and his parent. A typical item is "You
have just come upon your daughter, Susan, pinching and
throwing checkers at her six-month-old sister." The S
is instructed to write down how he would respond to the
child if he were the parent involved. Answers were
scored for reflecting the child's feeling (two points),
stating the parent's own feeling (one point) and offering
a constructive alternative where appropriate (one point).
The Sensitivity to People Test (STP) is a seventy-one item
objective test in which the S is presented transcripts of
interviews with three different people and is asked to
answer a series of questions about each person which the
interviewees have already answered. "Correct" answers
are those where the S answers the questions about the
interviewed person the way the interviewee, himself,
answered them.

Prior to training, the forty-eight Ss were divided equally into four "test groups": Group I scored high on both the STC and the STP; group II scored low on both tests; group III scored high on the STC and low on the STP; and group IV scored low on the STC and high on the STP. All forty-eight Ss were observed in two twenty-minute spontaneous play sessions with two different five- to eight-year-old children obtained from local nursery schools. Behavior of Ss was coded on scales adopted from Moustakas and Schalock (1955) consisting of categories such as "Reflection of Verbally Expressed Feeling," "Direction," "Non-attention," etc.

Following the pre-training play sessions, Ss were matched on the basis of amount of reflective behavior, and randomly placed into either the control group (N=24) or into one of the two training groups (N=12 in each). After six weeks of training, all Ss were observed again in two twenty-minute play sessions with two different children, as before.

Results

Neither the STC nor the STP, as used in this study, proved to have predictive validity; that is, Ss who scored high on one or both of the tests did not demonstrate behavior significantly different than Ss who scored low on one or both of the tests, either before or after training. However, of statistical and clinical

significance were differences in behavior due to train-
ing. Students trained didactically reflected signifi-
cantly more feeling and content of behavior of the
children than did control subjects or subjects trained
in a non-directive manner. Didactically trained sub-
jects also gave significantly less direction, asked
fewer questions, restricted less and gave less unsolicited
help than did the other groups.

Implications of the encouraging findings of the
didactic training technique were discussed, possible
reasons for the lack of test validity were explored, and
directions for future research in the area of selecting
and training sub-professionals to do mental health work
were suggested.

THE COLLEGE UNDERGRADUATE AS PLAY THERAPIST:

A STUDY OF SELECTION AND

TRAINING TECHNIQUES

By

James I. Linden

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Psychology

1968

"If we desire sincerely and passionately . . .
the welfare and the free development of the
talents of men, we shall not be in want of the
means to approach such a state."

Albert Einstein (1941)

". . . let us begin."

John F. Kennedy

ACKNOWLEDGMENTS

It is a unique experience for a graduate student in Clinical Psychology to be about to receive his doctorate. He looks back on a difficult, often tedious, four years of training and recalls the growing pains. He, of course, looks ahead, with excitement and some apprehension, to his future professional career as a psychotherapist and a teacher. For me, it is a wonderful experience, and I would like to express my sincerest feelings of appreciation to some of the people (both professionals and "non-professionals") who were most involved in making it so.

As Chairman of my Dissertation Committee, Dr. Gary E. Stollak's enthusiasm and his genuine but nonpossessive involvement in the research were invaluable. Although he spent many hours helping in various parts of the study, his belief in my capacity for creative self-expression allowed me the freedom to conduct and write the research as my own. I know I shall always appreciate it.

The members of my Dissertation Committee deserve special thanks: Dr. Donald Grummon, whose many constructive and thoughtful suggestions added significantly to the quality of the research; Dr. John McKinney, whose perceptive readings of the manuscript aided in clarifying the experimental design and making the reporting of it more intelligible; and Dr. Dozier Thornton, whose humility

TABLE OF CONTENTS

LIST OF TABLES

LIST OF APPENDICES

CHAPTER I

INTRODUCTION

Within the past ten years an increasingly abundant
literature has been accumulating on the inefficacies of
the mental health professions. The often scathing in-
dictments by writers such as Schofield (1964), Albee
(1963), Hobbs (1964), Truax and Carkhuff (1967), and
others have attacked psychology, social work and psychia-
try with equal vigor. Carkhuff's criticism is not an
atypical example. He comments that "professional train-
ing programs are highly complex, heterogeneous, often
apparently self-neutralizing admixtures of science and
art and research and practice, often with little to
bridge the yawning gap" (Carkhuff, 1968). However, not
only the kind of training that mental health professionals
receive, but the number of trained psychotherapists that
these programs produce has been said to be inadequate.
Indeed, Schofield warns that the rate of increase of de-
mand for psychotherapy in the next few years will exceed
the rate of population growth and will far exceed the
rate of increase of psychotherapists being trained at
the current rate. A recent study by the National

1

Committee Against Mental Illness reports that we need
more than 10,000 more psychiatrists alone than the 18,000
we currently have. In sum, the shortage of manpower has
emerged as the salient problem in mental health pro-
gramming (Eisdorfer and Golann, 1968).

In response to these pressing needs and to the
limited number of mental health workers currently being
produced, an intriguing and innovative idea has emerged:
that of using less than professionally trained persons
to treat certain types of emotional problems. Perhaps
high school or college students, mature women, the
indigenous poor, hospital attendants, retirees, or school
teachers could be taught to do limited types of psycho-
therapy with persons with certain types of behavioral or
emotional difficulties. There is, in fact, as Carkhuff
(1968) concluded in an extensive review of the literature
in this area, a great deal of evidence to indicate that

> . . . lay persons can be trained to function at
> minimally facilitative levels of conditions re-
> lated to constructive client change and that lay
> persons can effect significant constructive
> changes in the clients whom they see.

In this search for more expeditious training, a
number of programs have recently been created to equip
persons without prior professional training for roles
in what Eisdorfer calls "new professions." The pioneer-
ing work of Rioch (1963) and others provided the impetus
for this controlled investigation of the trainability of

one easily obtainable and highly motivated "non-professional," the college undergraduate. The students were trained to do non-directive play therapy with young children, but since this study was in many ways exploratory in nature, only normal children were used in the play sessions. The problem may therefore most accurately be stated as an effort to select and train college students to play the role of the non-directive play therapist with normal children.

CHAPTER II

HISTORY

The use of sub-professionals to do therapy or counseling has only recently come under the scrutiny of experimental study. This review of the literature of sub-professionals as therapists is necessarily incomplete and selective. There have been many studies, both systematic and impressionistic, which have been omitted. For a comprehensive summary, the reader is referred to Truax and Carkhuff (1967) and Carkhuff (1968).

Numerous anecdotal case studies are reported in the literature of the successful use of lay people as adjunctive or primary therapeutic agents. Most notable, using the psychoanalytic orientation, is Freud's use of little Hans' father as analyst-in-residence to help the young boy work through his phobia of horses (Freud, 1959). Bonnard (1950) also reports using psychoanalytic techniques in employing a boy's mother as his therapist in dealing with the child's obsessional neurosis.

Behavior modification techniques have been a popularly investigated form of non-professional therapy. Hart (1964) successfully trained teachers to systematically

apply reinforcement procedures to preschool boys who showed a high frequency of operant crying; in a similar vein, Becker et al. (1967) trained teachers to systematically apply their attention and praise to reduce classroom behavior problems. In a well-conceived study, Davison (1965) trained four undergraduates to be social reinforcers for autistic children. His results were most impressive: children seen by trainees increased their percentage of commands obeyed from 39 per cent in one case, and 55 per cent in another, to 89 per cent and 90 per cent, respectively. He concluded that

> . . . intelligent, highly motivated students can be trained in a very short time to execute a behavior control program that requires the application of learning principles to the manipulation of psychotic behavior in children.

While lacking somewhat in rigorous methodology, Margaret Rioch (1963) and her associates at the National Institute of Mental Health report highly encouraging results in a project in which eight women in their forties, married and with children, were trained for two years in various methods of psychotherapy. Efforts were made in their training not to make them simply "technicians" of therapy; they were told that there is no one right way to do therapy, and that they must choose the approach which best suits their philosophical orientation and personality. Their patients were of all ages and behavioral classifications, though most were disturbed

adolescents. Objective evaluation of the therapists and the patients was favorable, and even though her report is occasionally impressionistic, Rioch's work was the first major contribution to the area of training of non-professionals in psychotherapy.

In a recent study, Poser (1966) investigated outcome measures of five months of group therapy with 343 chronic schizophrenics, some seen by trained psychotherapists and others by female undergraduates, the latter with no training or experience in doing therapy. Although there were no differences in discharge rates among the groups, the patients seen by the untrained therapists showed significantly greater improvement on measures such as verbal fluency, rate of finger tapping, and visual response time.

An unusually extensive and comprehensive training program has been conducted by Truax and his colleagues (Truax and Carkhuff, 1967) in which they have been examining the trainability of non-professionals, including psychiatric aides, clinic trainees and dormitory counselors. Among their findings was that after less than 100 hours of training, graduate clinic trainees and lay persons communicated levels of "accurate empathy" equal to that communicated by highly skilled therapists (Carkhuff and Truax, 1965). In a related study, Berenson, Carkhuff and Myrus (1966) found that after

brief training college dormitory counselors demonstrated
significant improvement in empathy, warmth and genuine-
ness, the three essential variables in successful psycho-
therapy, according to Truax and Carkhuff. They con-
clude that

> . . . accurate empathy, non-possessive warmth
> and therapist genuineness are "teachable;" and
> that even non-professional persons lacking expert
> knowledge of psychopathology and personality
> dynamics can, under supervision, produce positive
> changes.

Recently, a new technique has been developed by
Guerney (1964) called "filial therapy." Filial therapy
evolved out of the belief that the disturbed child's own
parents might be the most effective and practical thera-
peutic agents to employ when dealing with mild childhood
disturbances. Guerney and his co-workers (Guerney,
Guerney and Andronico, 1966; and Stover and Guerney, 1967)
trained parents, in groups of six to eight, to conduct
play sessions with their distrubed children, using an
orientation and methodology modeled after client-centered
play therapy. After training, the parents conducted their
play sessions at home while continuing their weekly group
meetings. Stover and Guerney (1967) reported that par-
ents trained in filial therapy were able to play the
required role and that their children showed significant
behavior changes in the directions predicted. They con-
cluded "that the training phase of filial therapy did
move parents toward the goal of providing the necessary

climate for the improvement of interpersonal communication between mother and child." Using the same principles of client-centered play therapy, Stollak (1968) trained a group of undergraduates in the process of play therapy and found that students' reflective behavior during the sessions increased, as predicted.

Stollak (1968), Poser (1966) and Davison (1966) have tapped a heretofore untouched reservoir of potential mental health personnel: the college undergraduate. The present study was intended to add empirical evidence to the hopeful trends which have been emerging from the above research.

Major Problems

Given the recognized need for increased manpower, the next problems become those of selection and training. Since the problem of various training procedures was of interest, two different training techniques were employed as independent variables, one a didactic-intellectual and the other a non-directive or "experiential" approach. These techniques will be explained fully in Chapter III. To study the problem of selection, two interpersonal sensitivity tests were used as the second set of independent variables in an effort to assess their predictive validity in measuring sensitivity, or communicated empathy, to children. These, too, will be described in Chapter III.

Hypotheses

The Effects of Training

1. Ss trained in a didactic way will show a significantly greater increase in therapeutic behavior after training than either non-directively trained or untrained Ss. Therapeutic behavior was measured on a coding scale developed by Moustakas and Schalock (1955), described on p. 16.

2. Non-directively trained Ss will also show significantly more behavior change in a therapeutic direction than untrained Ss, but not as much as the first group.

3. Finally, untrained Ss will show little if any change in behavior over time.

Predictive Validity of the Tests

1. Ss who scored high on both tests will show significantly more therapeutic behavior both before and after training than the group which scored low on both tests.

2. Ss who scored high on one test and low on the other will demonstrate behavior significantly less therapeutic than the "high-high" group and more therapeutic than the "low-low" group, both before and after training.

Interaction Effects

Interaction of training group by test group was also examined, although no predictions were made.

Since this study used the medium of play therapy to test its hypotheses, the reader is referred to Appendix E for a description of the history, theory and rationales for play and play therapy as a method of treatment for disturbed children. Of special relevance in this section are Axline's eight principles for successfully creating a therapeutic relationship with children.

CHAPTER III

METHOD

Selection of Subjects

Notices were read in several undergraduate psycho-
logy classes requesting volunteers to learn about play
therapy with young children. Students were told that
participants in the research would receive two course
credits of undergraduate research. Two hundred and
sixty student volunteers completed the following two
sensitivity tests which were the basis of subject
selection.

The Sensitivity to Children Test (STC)

The Sensitivity to Children Test, developed by
Gary E. Stollak and James I. Linden, is a twenty-item,
openended questionnaire based in part on situations from
Ginott's Between Parent and Child (1965). Each item is
a hypothetical situation between a parent and a five-
to eight-year-old child in which the respondent is
asked to write what he would do or say if he were the
child's parent. Here is a typical item:

You and your husband (wife) are going out for the
evening. You both say "Good-night" to your son,
Frank. He begins to cry and pleads with you not
to go out and leave him alone even though there
is a babysitter.

Each item is worth a maximum of four points: two for
reflecting the child's feeling, one for stating one's
own feeling, and one for suggesting a constructive course
of action. Therefore, an "ideal" four-point answer on
this item might be: "I know you get angry and upset
when mommy and daddy leave you at home (reflection of
child's feeling), and I don't like to make you unhappy,
but daddy and I want to go out tonight (statement of
own feeling). Why don't you show the babysitter your
new toy (constructive alternative) and we'll tuck you
in when we come home." A copy of the test and a de-
scription of the scoring system is in Appendix B. Inter-
rater reliability between Stollak and Linden was computed
to be .85, indicating sufficient agreement in scoring.

The Sensitivity to People Test (STP)

The Sensitivity to People Test (called the PAP Test
by Shears, 1967) operationalizes sensitivity as "the
ability to make accurate predictions about another's
thoughts, feelings or actions in a given situation"
(see also Smith, 1966). The instrument consists of
seventy-one objective questions about three persons
about whom information is given through transcribed

interviews. The S is instructed to answer each question as he thinks the interviewee answered it. Since each of the interviewees did actually answer the questions, predictive accuracy was objectively computed. Following the interview with the first person, here is a typical question:

```
I could hate a person who . . .
(1) is a hypocrite and two-faced
(2) is cruel and ridiculous to others
(3) . . . I don't hate anybody
```

A copy of this test and an answer key may be found in Appendix B. Internal consistency reliability was .72.

The correlation of students' performances on the two tests was .05, indicating virtually no relationship between a student's score on one test and his score on the other. It seemed, therefore, that the two tests were tapping independent characteristics, perhaps different unrelated components of the global trait of "sensitivity" (see Smith, 1966, for a discussion of the component theory of sensitivity). Subjects were, therefore, chosen so as to determine which test would be a more valid predictor of sensitivity with children both before and after training. Forty-eight subjects were selected for the study, divided equally into four groups:

Group I subjects scored high on both tests, group II subjects scored low on both tests, group III subjects scored high on the STC and low on the STP, and group IV

subjects scored low on the STC and high on the STP. For
clarity, the groups will be called high-high, low-low,
high-low and low-high, with performance on the STC indi-
cated first. As shown in Tables 1 and 2, the means for
each "high" group were significantly higher than those
for the "low" groups on both tests.

TABLE 1.--Comparison of means on "high" groups and "low"
groups of STC as scored by Linden and Stollak. T-tests
for all comparisons indicate that "high" groups have
means significantly higher than those for "low" groups
(N=12 for each group).

Group	Linden's Scoring			Stollak's Scoring		
	Mean	t	p	Mean	t	p
I (high STC)	38.0			34.5		
II (low STC)	7.2	11.6	<.001	4.3	6.6	<.001
I (high STC)	38.0			34.5		
IV (low STC)	9.1	10.7	<.001	4.3	6.6	<.001
III (high STC)	27.8			19.2		
II (low STC)	7.2	9.7	<.001	4.3	8.3	<.001
III (high STC)	27.8			19.2		
IV (low STC)	9.1	8.4	<.001	4.3	8.6	<.001

TABLE 2.--Comparison of means of "high" and "low" groups on STP.

Group	Mean	t	p
I (high)	43.5	11.4	<.001
II (low)	27.2		
I (high)	43.5	12.3	<.001
III (low)	28.7		
IV (high)	45.4	12.1	<.001
II (low)	27.2		
IV (high)	45.4	13.4	<.001
III (low)	28.7		

The Coding Procedure

Ten student volunteers, unaware of the hypotheses of the study or of the subjects' characteristics, were trained for two weeks to code the behavior of college students interacting with children. The training procedure was divided into two parts. The first part consisted of two one-hour lecture-style sessions in which definitions and explanations of the behavior categories were given. The second part of the training consisted of ten one-hour practice sessions during which time the trainees observed the trainer (JIL) and a student volunteer role playing an undergraduate and a child in the Michigan State University Psychological Clinic playroom. Coders were given immediate feedback on their ratings, questions were answered and further explanation of the behavior categories was given. A twenty-second interval

time schedule was used, meaning that no category could be scored more than once within each twenty-second interval. An automatic timing mechanism emitted an audible click and a one-second light flash every twenty seconds. Since Ss played for two twenty-minute sessions, the maximum number of responses on any one category was 120 (three per minute for forty minutes).

The coding categories used were derived from those developed by Moustakas and Shalock (1955). Of their eighty-nine adult behavior categories, the nineteen most clinically relevant ones were used, e.g., "Reflection of the child's feeling, verbally or non-verbally expressed" and "Reflection of the verbal or non-verbal content of the child's behavior." Other behavior categories of clinical importance were "Giving Unsolicited Help," "Giving Direction," "Restriction" and "Seeking Information from the Child." A description of the nineteen categories is found in Appendix C. After training, reliability of each category was computed as a correlation coefficient between coders' ratings and the author's. The trainer (acting as "expert") coded one session with each of the ten coders. Different undergraduates and children were used for each session, and, of course, there was no communication between the coders and the trainer during coding. At this point, one of the original ten coders was encouraged to drop out of the project

because of a language difficulty which made it difficult
for him to code reliably. Correlations were then com-
puted between the "expert" and the other nine raters on
each of the nineteen behavior categories. These ranged
from .73 to .99 with the mean being .82. Reliabilities
for each category are found in Appendix C.

Pre-training Play Sessions

Each of the forty-eight Ss was observed in two
twenty-minute play sessions with a child obtained from a
local nursery school. The Ss saw a different child for
the second play sessions. All sessions took place in
the Michigan State University Psychological Clinic play-
room, a twenty-foot by forty-foot room with a sandbox,
blackboard, doll houses, and numerous toys appropriate
for young children. The room is wired for sound and has
a one-way observation mirror through which coders ob-
served the sessions. The parents of the young children
were told the nature of the research and were allowed to
sit in the observation room to watch their children play.
Since many of the parents brought their nursery schoolers'
siblings, the average age of the children was five and a
half years. There were no significant differences in
the ages of the children among the four groups of sub-
jects.

The purpose of the pre-training play sessions was
to get a "base rate" of the nineteen behavior categories

and to see whether either of the personality tests would predict pre-training therapeutic sensitivity to children. An analysis of variance was performed among the four groups of subjects on all nineteen variables. Where appropriate, individual comparisons using t-tests were also employed (Hays, 1961).

The Training Procedures

Subjects were then matched on the basis of total amount of reflective behavior (categories 14, 15, 16 and 17 on the coding sheet) and placed either into one of the training groups or into the control group. Half of the Ss in each of the four test groups (high-high, low-low, high-low and low-high) were placed in the control group (N=24). The subjects were divided in half within each test group by their pre-training performance on the four "reflection" categories. The other twenty-four Ss were matched with each other on "Reflection" and placed into either the didactically trained group (E_1) or the non-directively trained group (E_2). Each of the training groups, then, had three Ss from each of the four test groups so that statistical interaction between test performance and training could be computed. Table 3 shows a breakdown of each of the three groups based on total amount of reflection in the pre-training sessions.

Group E_1 (N=12) was trained in six weekly hour and a half sessions by the writer, group E_2 (N=12) was

trained in the same length of time by Gary E. Stollak,

and the C group (N=24) received no training.

TABLE 3.--Means for the two training groups and the
control group of total amount of reflective behavior
in the two pre-training sessions.

	Training Group E_1 (N=12)[1]	Training Group E_2 (N=12)[2]	Training Group C (N=24)
Test grp I (N=3)	36.3	32.0	28.0
Test grp II (N=3)	19.7	37.7	37.2
Test grp III (N=3)	27.0	21.0	21.8
Test grp IV (N=3)	32.0	20.0	25.3
Overall Mean	27.5	27.8	27.08

Subjects in group E_1 were trained in a didactic,

lecture-style manner, in which the trainer told them the

principles of non-directive play therapy, demonstrated

them by role playing, played therapeutically with a

child, and observed each of the Ss playing with three

different children for five-minute sessions. After each

of the three practice sessions, Ss were given feedback

individually and as a group on their behavior. Dis-

cussion, criticism and questions were encouraged.

Following the paradigm of Axline (see Appendix A, p. 65).

Ss were instructed as follows:

1. Reflect or clarify as many of the child's feelings as possible, be they verbally or non-verbally expressed.

2. Reflect as much of the content of the child's behavior as possible, be it verbally or non-verbally expressed.

3. Give no direction or help or information to the child, unless he specifically requests it.

4. Do not bother the child with questions; ask as few as possible.

5. When praising the child, be sure to praise his behavior and not him as a person (see Ginott, 1965).

6. Obvious guidelines, but nevertheless stated, were to pay attention to the child at all times, restrict him only when he begins destroying something, and be as "unanxious" as possible.

Group E_2 was trained in a non-directive fashion.[*] This group of twelve Ss was informed that we were attempting to answer the question of whether twelve intelligent college students, playing with children, observing each other, and discussing among themselves what they have done and observed, would be able to figure out an ideal and sensitive way to deal with children. The leader's

---

[*]"Non-directive" training refers to a training technique in which there was no dissemination of information; it is not being used in the traditional sense as defined by Rogers (1951).

task was mainly to summarize and integrate the discussion, and generally reflect students' questions and comments.

During the first two meetings, the leader presented for discussion situations that could occur, e.g., "You go to the waiting room to pick up Johnny for his sessions and he refuses to go downstairs and hides behind his mother's skirt. What would you do and why? . . . While playing with Mary, who seems very angry about something, she starts hitting and kicking you. What would you do and why? . . . It's time to go, but Billy wants to stay and play in the playroom and refuses to leave. What would you do and why?" In the discussion which followed, the leader would only clarify or reflect what the group members said.

During the last four meetings, three different group members played with a five- to eight-year-old child obtained from a local married housing community for fifteen minutes each, with a forty-five minute discussion following the play activities. The discussions dealt with: (1) what the members who played that week felt, (2) differences among the participants, and (3) attempts to determine ideal and sensitive ways of dealing with children. Again, the leader offered no answers or information; rather he clarified the discussion and reflected the participants' feelings, in line with the experiential philosophy of training.

Post-training Play Sessions

In an exact repetition of the pre-training play sessions, all forty-eight Ss again played with two different children for a total of two twenty-minute play sessions in the playroom. Behavior was again recorded by the nine coders on the scale described above. A one-way analysis of co-variance (Hays, 1963) was done on all nineteen dependent variables for both differences among training groups and differences among test groups. Interaction effects and sex differences were also examined.

CHAPTER IV

RESULTS

Because a number of post-training dependent vari-
ables were highly correlated with each other (see
Tables 4, 5 and 6) a principle factor solution followed
by a varimax rotation factor analysis (Harman, 1962) was
performed on the nineteen dependent variables to deter-
mine if there were, in fact, any clusters of behavior
descriptions which hung together at statistically signifi-
cant levels. Table 7 indicates that there were at least
two clinically relevant factors. Factor A may be labelled
"Reflection" and includes behaviors such as "Reflection of
Feeling Verbally and Non-verbally Expressed" and "Reflec-
tion of Content of Behavior Expressed Verbally and Non-
verbally." Factor B includes variables subsumed under
the rubric "Unsolicited Intervention" such as "Unsolicited
Help," "Direction," and "Seeking Information."

To facilitate interpretation of the results, this
chapter will report findings for individual behavior
categories. In Chapter V, clinical and statistical
implications of the two clusters, Intervention and
Reflection, will be discussed. The following pages

TABLE 4.--Inter-correlations of the four "Reflection" categories, after training (N=48).

Category	Reflection of Verbal Feeling	Reflection of Non-verbal Feeling	Reflection of Verbal Content	Reflection of Non-verbal Content
Reflection of Verbal Feeling	---			
Reflection of Non-verbal Feeling	.72**	---		
Reflection of Verbal Content	.52**	.58**	---	
Reflection of Non-verbal Content	.24	.58**	.41**	---

*Significant at the .05 level.

**Significant at the .01 level.

TABLE 5.--Correlations between Intervention categories (Direction, Seeking Information and Unsolicited Help) and Reflection categories, Hostility and Verbal Recognition after training (N=48).

Category	Direction	Seeking Information	Unsolicited Help
Reflection of Verbal Feeling	-.009	.09	-.09
Reflection of Non-verbal Feeling	-.28*	-.28*	-.35*
Reflection of Verbal Content	-.26	-.31*	-.33*
Reflection of Non-verbal Content	-.41**	-.61**	-.46**
Hostility	.27	.21	.25
Verbal Recognition	.27	.45**	.45**

*Significant at the .05 level.
**Significant at the .01 level.

TABLE 6.--Inter-correlations among the Intervention categories (Unsolicited Help, Seeking Information and Direction) after training (N=48).

Category	Unsolicited Help	Direction	Seeking Information
Unsolicited Help	---		
Direction	.52**	---	
Seeking Information	.55**	.56**	---

*Significant at the .05 level.
**Significant at the .01 level.

TABLE 7.—Factor loadings of the two behavior categories after training.

Factor	Loading
Factor A (Reflection)	
Reflection of Verbal Feeling	.84
Reflection of Non-verbal Feeling	.85
Reflection of Verbal Content	.70
Reflection of Non-verbal Content	.57
Factor B (Unsolicited Intervention)	
Unsolicited Help	.69
Seeking Information	.76
Direction	.71

report the results in this order: the effects of training, the pre- and post-training validity of the STC and STP, interaction effects of training-by-test performance, and sex differences.

The Effects of Training

Table 8 presents a comparison among the three groups, E_1 (trained didactically), E_2 (trained non-directively) and C (not trained). Both statistically and clinically the most significant finding was that group E_1 Ss reflected significantly more content of behavior than either of the other groups. Reflections of non-verbally expressed feeling were greater for

TABLE 8.--Differences in means of behaviors on the nine-
teen dependent variables among the three groups.

Undergraduate Behaviors	Means of Groups			F*	p*
	E_1 (N=12)	E_2 (N=12)	C (N=24)		
Non-attention	0.2	3.0	5.1	4.83	.01
Observation, close	101.4	100.8	97.7	0.12	.89
Observation, far	18.0	20.2	24.1	0.27	.77
Verbal recognition	14.0	25.9	30.6	7.45	.002
State own emotion	0.2	1.5	0.6	1.20	.31
Solicited help	12.7	11.5	17.8	2.80	.07
Unsolicited help	7.5	19.8	27.2	15.14	<.0005
Seeking information	16.9	53.0	47.6	28.51	<.0005
Direction	1.1	8.4	8.4	8.07	.001
Restriction	0.7	1.2	1.3	0.60	.55
Granting permission	0.7	1.5	1.8	1.74	.19
Praising behavior	3.0	5.9	4.2	1.74	.19
Praising whole child	0.003	1.2	0.5	2.94	.066
Reflect verbal feeling	1.7	1.3	0.5	1.91	.16
Reflect motor feeling	3.8	0.98	0.5	11.50	<.0005
Reflect verbal content	43.2	16.97	20.1	8.72	.001
Reflect motor content	51.7	12.8	10.2	67.90	<.0005
Anxiety	2.2	1.3	1.9	0.63	.54
Hostility	0.006	0.17	0.4	1.2	.31

*Individual t-tests revealed that all significant
F and p values refer to differences between group E_1 and
group C, with the exception of "Solicited Help."

group E_1 Ss and a slight difference in the same direction, not statistically significant, was present in the category, "Reflection of Verbally Expressed Feelings."

Equally as important from a therapeutic point of view were differences in the three direction-intervention categories: Unsolicited Help, Direction, and Seeking Information. On all of these categories, Group E_1 had significantly lower scores than the other two groups. The distinction between praising the child as a person and praising his behavior was apparently learned by E_1 trainees, though the statistics were not exceptionally impressive. While none of the groups praised children as people extensively (e.g., "You're a wonderful boy" instead of "It was very thoughtful of you to bring me a present"), E_1 Ss used this less appropriate form of praise less often than the other groups (p=.07). On the category of "Non-attention," E_1 Ss had significantly fewer re-sponses than did either of the other groups (p=.01). Of little clinical relevance, although almost statistically significant, was the finding that both training groups gave less "Solicited Help" than did the control group (p=.07). Finally, a surprising finding significant in the opposite direction than expected, was for group E_1 Ss to have less "Verbal Recognition" than either of the other groups (P=.002). Possible reasons for this will be explained in Chapter V.

The Validity of the STC and STP

Pre-training Validity

Table 9 shows a comparison among the four test groups before training. These scores are an indication of whether either or both of the instruments used has predictive validity of students' pre-training sensitivity to children. As the table indicates, there was little evidence that either of the tests tapped the personality variable for which we were looking: communicated empathy (or reflection of children's behavior). The only clinically relevant variable on which there was significant differences was Restriction. Students who scored low on both tests had a mean number of Restriction responses three or four times greater than students in other groups $(p=.02)$.

Of little clinical relevance were the two other statistically significant findings: Ss scoring high on the STP and low on the STC (the "low-high" group) had significantly fewer "non-attention" responses than Ss scoring high on the STC and low on the STP (the "high-low" group) $(p=.04)$. Finally, Ss who scored high on both tests ("high-high" group) stood close to the child significantly less often than Ss scoring low on both tests ("low-low group") or Ss scoring low on the STC and high on the STP ("low-high" group) $(p=.04)$.

TABLE 9.--Differences in means of nineteen dependent variables among the four test groups before training. Group I scored high on both tests; II scored low on both tests; III scored high on STC and low on STP; IV scored low on STC and high on STP.

Undergraduate Behaviors	Means of Test Groups Before Training				F	p
	I (N=12)	II (N=12)	III (N=12)	IV (N=12)		
Non-attention	0.9	0.9	2.0	0.4	2.99	.04
Observation, close	103.0	113.3	107.5	114.7	3.08	.04
Observation, far	17.1	8.0	10.1	5.3	1.89	.14
Verbal recognition	30.5	25.0	30.1	27.5	0.37	.78
State own emotion	0.1	0.4	0.2	0.5	1.66	.19
Solicited help	18.9	17.5	13.0	17.4	1.14	.34
Unsolicited help	24.3	22.1	22.4	23.8	0.15	.93
Seeking information	35.0	34.6	43.2	38.6	0.67	.57
Giving direction	5.8	7.8	9.3	6.6	1.25	.30
Restriction	0.8	3.8	1.3	1.0	3.54	.02
Granting permission	2.0	3.0	1.4	2.0	1.00	.39
Praising behavior	6.3	6.3	3.4	4.9	0.93	.44
Praising child	0.6	0.4	1.4	0.8	1.07	.37
Reflect verbal feeling	0.6	0.5	0.2	0.4	0.83	.48
Reflect motor feeling	0.5	0.4	0.9	0.8	0.63	.60
Reflect verbal content	18.1	17.4	11.5	14.0	1.56	.21
Reflect motor content	15.4	11.9	10.1	11.8	1.02	.39
Anxiety	5.3	1.5	1.5	2.3	0.67	.58
Hostility	0.6	0.4	0.2	0.3	0.41	.74

Post-training Validity

      The primary purpose of the validation of these
two tests was to determine if they could predict "train-
ability" of students. That is, would students who
scored high on one or both of the tests be more able
to grasp and put to use the essentials of non-directive
play therapy? Were they more accessible to training?
Table 10 shows that neither test predicted trainable
sensitivity. That is, there were no differences among
means on any behavior categories significant at less
than the .05 level of confidence.

<div align="center">

Interaction Effects of Training
and Test Performance

</div>

      The question of whether training or basic person-
ality structure is the primary determinant of good
therapists was to be examined by analyzing interaction
effects of training groups by test groups. However, be-
cause neither test demonstrated predictive validity in
either pre- or post-training observations, interaction
effects were neither expected, nor found. Table 11
presents interaction effects on the nineteen dependent
variables after training.

TABLE 10.--Differences in means of nineteen dependent variables among the four test groups after training. Group I scored high on both tests; II scored low on both tests; III scored high on STC and low on STP; IV scored low on STC and high on STP.

Undergraduate Behaviors	Means of Test Groups After Training				F	p
	I (N=12)	II (N=12)	III (N=12)	IV (N=12)		
Non-attention	2.8	3.9	2.9	3.7	0.17	.92
Observation, close	93.2	100.7	94.7	109.0	0.89	.46
Observation, far	27.5	20.2	27.3	11.3	1.07	.38
Verbal recognition	28.8	29.2	22.5	20.6	1.37	.27
State own emotion	0.5	0.3	0.2	2.0	1.67	.19
Solicited help	16.5	14.2	15.8	13.4	0.31	.82
Unsolicited help	17.9	22.3	20.3	21.3	0.36	.78
Seeking information	38.7	42.7	40.9	42.8	0.23	.87
Giving direction	6.0	6.5	4.0	9.6	1.83	.16
Restriction	0.8	1.0	0.8	1.8	0.91	.47
Granting permission	2.2	1.9	0.7	1.0	2.02	.13
Praising behavior	4.1	6.3	3.6	3.2	1.53	.22
Praising child	0.7	0.5	0.3	0.7	0.22	.88
Reflect verbal feeling	0.2	1.3	1.3	1.3	1.07	.37
Reflect motor feeling	0.8	2.2	1.8	0.9	1.23	.31
Reflect verbal content	22.9	31.9	23.7	21.8	0.73	.54
Reflect motor content	20.2	23.1	24.2	17.3	0.92	.44
Anxiety	1.2	1.9	2.4	1.6	0.53	.66
Hostility	0.2	0.3	0.3	0.3	0.08	.97

TABLE 11.--F-scores and significance levels of inter-
action effects of training-by-test performance, after
training (N=48).

Category	F	p
Non-attention	0.85	.54
Observation, close	0.59	.73
Observation, far	0.69	.65
Verbal recognition	1.41	.24
State own emotion	2.11	.08
Solicited help	0.65	.68
Unsolicited help	0.56	.76
Seeking information	0.49	.81
Direction	0.21	.97
Restriction	1.99	.09
Granting permission	0.44	.84
Praising behavior	0.45	.84
Praise whole child	0.21	.97
Reflect verbal feeling	0.65	.69
Reflect motor feeling	1.27	.29
Reflect verbal content	0.45	.84
Reflect motor content	0.41	.87
Anxiety	0.72	.63
Hostility	.23	.97

Sex Differences

An analysis of variance was performed on the nine-
teen variables both before and after training to deter-
mine whether there were any significant differences in
behavior between sexes. Table 12 shows those behaviors
on which there were differences before training, and
Table 13 shows post-training comparisons on all nineteen
categories. As Table 12 indicates, males had signifi-
cantly more "Direction" (p.=.003), and "Praising of Be-
havior" (p=.02), while females gave significantly more
"Solicited Help" (p=.02) before training. Apparently,
the effects of training neutralized these differences,
as Table 13 shows only one sex difference approaching
significance after training, females having more "Re-
flection of Motor Feeling" than males (p=.06). The
tendency for males to reflect more behavior prior to
training was wiped out after the training process, as
on all four "Reflection" categories females had more
responses than males (although only "Reflection of Motor
Feeling" approached significance).

TABLE 12.--Comparison of means of males and females on the categories on which there were sex differences, before training.

Behavior Category	Means		F	p
	Males	Females		
Direction	10.4	6.0	10.0	.003
Praising Behavior	7.7	4.1	6.3	.02
Reflection of Motor Feeling	1.1	0.4	4.6	.04
Reflection of Motor Content	16.3	10.5	6.5	.01
Solicited Help	12.5	18.6	6.1	.02

TABLE 13.--Means of males and females on the nineteen
dependent variables, after training.

Category	Means		F	p
	Males (N=14)	Females (N=34)		
Non-attention	4.1	2.3	1.41	.23
Observation, close	102.8	97.8	0.07	.79
Observation, far	20.8	22.4	0.02	.89
Verbal recognition	23.2	27.3	0.37	.54
State own emotion	1.2	0.1	1.34	.25
Solicited help	15.2	13.5	0.44	.51
Unsolicited help	19.2	21.3	0.08	.77
Seeking information	36.8	46.7	1.92	.17
Direction	6.2	7.1	0.09	.75
Restriction	1.18	1.0	0.03	.86
Granting permission	1.1	1.2	0.42	.52
Praising behavior	3.8	5.2	0.77	.38
Praise whole child	0.62	0.4	0.31	.58
Reflect verbal feeling	0.8	1.4	0.66	.42
Reflect motor feeling	0.9	2.6	3.63	.06
Reflect verbal content	24.6	25.4	0.01	.95
Reflect motor content	19.2	23.7	0.41	.53
Anxiety	1.6	2.1	0.13	.72
Hostility	0.3	0.5	1.64	.21

CHAPTER V

DISCUSSION

What are the implications of these results? First, let us briefly summarize the findings, both statistically significant and non-significant, and then discuss what the results imply concerning the broader problem to which this study was addressed: that of making available more qualified persons to help in certain aspects of the mental health profession.

The most statistically and clinically significant results were the differences in behavior due to training. Students trained didactically (group E_1) reflected significantly more feeling and content of behavior of the children than did untrained subjects (group C) or subjects trained in a non-directive manner (group E_2). Didactically trained subjects also gave significantly less direction, asked fewer questions, restricted less, and gave less unsolicited help than did the other groups. A finding significant in the opposite direction than expected was that group E_1 Ss demonstrated less verbal recognition (for example, saying "uh-huh") than did either of the other groups.

Somewhat discouraging was the finding that neither of the two selection instruments proved to have any predictive validity of either pre- or post-training sensitivity to children. Partially as a result of this, there were no significant interaction effects between training groups and test groups.

Finally, of interest was the factor analysis which suggested two significant behavior clusters: Unsolicited Intervention (including giving direction, unsolicited help, and asking questions) and Reflection (of feeling and content of behavior). The following pages attempt to clarify the encouraging findings of the effects of training and explain the lack of pre- or post-training predictive validity of the two personality tests. Suggestions for further research in both the area of selection and training of non-professionals concludes this section.

The Effects of the Two Training Procedures

Beyond reasonable statistical doubt, it was shown that didactic training in the methods of non-directive play techniques led to more reflective behavior in three of the four "reflection" categories than non-directive training or no training at all. The category of "Reflection of Feeling Verbally Expressed" showed a difference in the same direction, but significant only at the .16 level of confidence. The reason for this lack of

significance probably lies in the fact that the children
with whom the subjects were working emitted very few
feelings verbally which the subjects could reflect
(partly because they were not "disturbed"). It was much
more common, for example, for the child to be enjoying
himself while playing in the sandbox and for the under-
graduate to say "You really seem happy now," than for
the child to say, "I am happy" or "I am angry" and for
the undergraduate to reflect that. Despite the fact
that there was not statistical significance on this
particular variable, the findings point overwhelmingly
to the conclusion that undergraduates can be trained to
reflect both content and feeling of young children's be-
havior in a playroom setting. That this was not done with
the non-directively trained group will be discussed below.

Equally as important as being reflective in doing
non-directive play therapy is giving as little unsolicited
help, information, direction, or restriction as possible.
Seeking information or asking questions is also dis-
couraged. With the exception of "Restriction," the
didactically trained group had significantly fewer of
these Unsolicited Intervention responses than either of
the other two groups. It is probable that the same
explanation holds for lack of significance on "Re-
striction" as held for "Reflection of Verbal Feeling;"
that is, there were simply too few things the children

did which had to be restricted. Indeed, the mean for the two sessions for group E_1 was 0.7 and for the other two groups it was 1.2 and 1.3, so even though the difference was in the expected direction, the variances were too great for them to be significant. We may still conclude, however, that on the general factor of "Unsolicited Intervention," college undergraduates may be didactically trained to be significantly less directive than untrained or non-directively trained students.

Of the two other significant findings with respect to training, one needs little explanation, while the other is seemingly paradoxical. Didactically trained students had significantly fewer "Non-attention" responses than untrained students, with the average number of these responses for non-directively trained students falling somewhere in the middle, significantly different from neither one group nor the other. Not too surprisingly, then, college undergraduates can be trained to pay attention to children in a playroom.

The last finding, however, presents a problem for interpretation: students trained didactically emitted fewer "Verbal recognition" responses than other groups. The response, "uh-huh" or "oh" or "hmmm" is a common one for everyone, whether one is interacting with adults or children. It is not surprising, then, than untrained and non-directively trained subjects said this an average of

thirty-one and twenty-six times, respectively, during
the two sessions. Why did the didactically trained
subjects say it only half as often? Probably because
they were trained to reflect as much behavior as possible,
both verbal and non-verbal, and a "Reflection" was de-
fined to them as a restatement or clarification of what
the child did, said or felt. So when there was an
appropriate time to say, "uh-huh," the didactically
trained subjects would usually elaborate in an attempt
to reflect what the child said. An example would help
at this point. If the child were to say, "I love making
mud pies!" an untrained lay person might say, "Oh,"
whereas the didactically trained subjects were taught
to say something like, "You really enjoy making mud
pies." Since the trainees learned their reflective roles
so well, it left little time for simple "uh-huhs" or
"oh's" in their behavior repertoire. Hence, the signifi-
cant results in the opposite direction than expected.

An intriguing and clinically important finding was
that the non-directively trained group did not behave
significantly differently than the control group on any
variable except giving solicited help. On this category
they had about as many responses as the didactically
trained group. Since this category is basically a
reflection of how much help the child asked for, and
not of any child-independent behavior on the part of

the undergraduate, it does not seem to be a relevant
departure from the trend reported above: the non-
directively trained group behaved much the same as the
untrained group. The question, therefore, becomes why
didactically trained Ss behaved differently than non-
directively trained ones.

As discussed in Chapter III, the rationales behind
the non-directive or experiential approach to training
in non-directive therapy were two-fold: first, by
exemplifying the method with the trainees, they could
emulate their teacher in the playroom; and second, bright,
motivated college students (and especially those who
scored high on the sensitivity tests) should be able to
figure out for themselves how to behave in a sensitive,
empathic way with young children. Neither of these
assumptions was born out by the results. One or both of
two explanations may be responsible. Since the training
sessions lasted only six weeks, an hour and a half per
week, perhaps the trainees did not have enough time to
"figure it out." Had they been trained in the same
manner for fifteen or twenty weeks, they might very well
have arrived at the desired point; i.e., they might
have decided that a sensitive way to behave with a
child would be to communicate empathy and reflect his
actions and feelings.

Another and equally plausible explanation for the non-directively trained subjects' performance is that, no matter how much time they would have been given, the type of "sensitivity" desired--communicated empathy--is not something that even the most empathic or sensitive of us can figure out without being taught. This has enormous implications if it is true. It means, among other things, that rather directive, didactic supervision may be necessary in the training of naive, psychologically unsophisticated persons. Perhaps more important, the notion that some of us are brought up to be more sensitive than others is also brought into question. Probably some people are brought up to be more emphatic than others, but the ability to communicate it, which is essential to a helping relationship (Rogers, 1951), must be taught. Whether or not one can project or "put himself into another's shoes" (Dymond, 1950) is irrelevant for effective interpersonal sensitivity. The all-important variable is the communication of whatever empathy one feels.

As other possible explanations for differences between the two training groups, the question of "trainer variables" may be raised. It is conceivable, for instance, that the didactic trainer was a more effective teacher than the non-directive trainer. While there are no hard data either to support or reject this notion,

impressionistic observations indicate that this is highly improbable. Another trainer variable which may have affected the results was that the didactic trainer also trained the coders and therefore knew first hand which behaviors were scorable in the desirable and undesirable directions. While the didactic trainer did the actual training of the coders, both trainers collaborated on the construction of the coding scale and were equally familiar with it. In further refutation of this argument, the major purpose of the study was to examine whether students could be trained to behave in a precisely specified manner with children. Thorough knowledge of the dependent variables would therefore be essential for effective didactic training.

In summary, it seems that the most parsimonious and theoretically sound explanation for the differences in behavior between the two training groups is that students must be taught to communicate the empathy they feel. The feelings, themselves, may be there or may develop through experiential training, but expressing them clearly to the child must be taught. As a closing thought to this section, it is of more than passing interest to note that the problem of communicating direct messages of feelings to others is one common to many people. We often have the appropriate feelings, but the process of translating them into clear, unambiguous language often obfuscates their very impact.

Validation of the STC and STP

Although neither of the sensitivity tests demon-
strated appreciable predictive pre-training or post-
training validity, there is obviously no reason to con-
clude on the basis of these findings that sensitivity
to children is an unpredictable trait or ability.
There were a number of possible factors which could
have contributed to the results obtained in this part
of the study. The most pertinent of these with respect
to the STC was an inconsistency in the design of the
study. The STC was scored in such a way that responses
indicating empathy with or reflection of the child's be-
havior counted for only half of the four total possible
points on each question. The other two points were one
for stating the subject's own feeling, and a point for
suggesting constructive action. This is generally the
model put forth in Ginott's Between Parent and Child (1965),
from which most of the items were taken. However, in the
training of the subjects to be non-directive play thera-
pists, giving suggestions ("Direction") was de-emphasized
and stating one's own feeling was discouraged. Total
emphasis was placed on reflection of the child's behavior.
It is not surprising, then, that the "high" scorers on
the STC did not emit more reflective behavior in the
play sessions than the "low" scorers. Quite possibly,
they achieved their high scores by writing down a lot

of direction and statements of their own feeling! The reason for this irreconcilable inconsistency is that after the tests were scored and before training began, the author had a change of thinking and decided to train the students in the pure model of non-directive therapy, much the way Axline (1947) set it forth. The rationale behind this change of thinking was that if the subjects could learn the technique in its extreme form, modifications of it (as stated in Ginott, for instance) could also be taught.

Another possible explanation for the lack of relationship between test performance and playroom behavior is that all twenty items on the STC were "crisis type" situations (e.g., Frank crying when left with a babysitter). Partly because the children used for the study were "normal," there were very few, if any, conflict or crisis situations encountered. Therefore, the test measured behavior in different kinds of situations than were observed in the playroom.

Although the STC did not demonstrate predictive validity in its present form and with its present grading scale, the projective nature of it and the component of sensitivity it attempts to tap (communicated empathy) would make it worthwhile to refine the scoring procedure and to measure and improve the internal consistency reliability (see p. 50 and Appendix D for a report of exploratory efforts in this direction).

The poor validity of the STP was not totally un-
expected. It is a test, first of all, developed and
refined using adults as the objects of the testee's
sensitivity. Second, the trait of sensitivity, as
operationally defined by the originators of the test,
is different than "communication of empathy" as we
have defined it here. The STP tests for the ability
to predict what another will do, say or feel at a given
time (Smith, 1966). It was used in this study to see
whether this trait would be significantly related to
one's ability to communicate empathy to a child. That
it was not, in fact, confirms Cronbach's (1955) component
theory of interpersonal sensitivity. This states, in
essence, that there are several component traits of the
general trait of sensitivity to others. Among these
components are "Empathy" and "Interpersonal Sensitivity"
(Linden, 1965). Since the STP tested for interpersonal
sensitivity and this was unrelated to communication of
empathy, it suggests that these two factors are at least
semi-independent traits or separate components of sensi-
tivity to others.

Again, it should be emphasized that the lack of
significant relationships between how subjects performed
on the sensitivity tests and their behavior in the play-
room should not be totally discouraging. It does not
mean that our concept of sensitivity is unpredictable,
or that the STC, in particular, has no relevance for

the task of predicting it. It is quite possible that
both of these statements are true, but based only on the
evidence of this study, considering the inconsistency
in scoring and validating the STC, we do not have
enough evidence to either reject the test or abandon
the idea of developing a valid selection instrument
for training non-professionals in non-directive play
therapy.

Implications of the Results: New Directions

Indigenous to the problem of increasing the supply
of mental health workers is the assumption that we are
faced with a two-pronged problem: devising reliable and
valid selection procedures, and developing efficient
training techniques. Both facets of the problem,
selection and training, were researched in this study.
The empirical evidence has pointed to the feasibility of
didactically training college undergraduates to do non-
directive play therapy. The second training technique,
non-directive in nature, was not effective, either be-
cause it was not conducted for a long enough time or be-
cause students simply may not be able to figure out for
themselves how to communicate empathy to young children.
This is a legitimate question to be researched.

Relevant here is Truax's conjecture that experi-
ential training would be more effective in teaching

empathy, genuineness and warmth than the didactic-intellectual approach (Truax, and Carkhuff, 1967, p. 219). His argument is well taken, as there seemed to me to be a greater level of anxiety (though the data do not support this) and somewhat less "genuineness" and "warmth" by the didactically trained Ss (these categories were not coded). These Ss knew what they were supposed to do and not to do, and consequently said they felt under pressure to perform the role adequately when observed by the raters. The other two groups--experientially trained and untrained--obviously did not know what was expected and felt less pressure to perform. Combining an experiential process with concrete feedback and a clear, didactic communication of what is to be learned, would utilize the most effective parts of both approaches. This, of course, is a researchable problem.

Two points should be made here. First, this study showed that students can play the role of the "classical" non-directive play therapist, a la Axline. Today this extreme client-centered orientation is not the most fashionable, but there is no reason to assume that because subjects learned the method in its extreme, they could not learn other variations of it. This could also be a question for future research. Second, although the students showed they could play the role as taught with "normal" children, it is not being suggested that

they could see disturbed children without close, inten-
sive supervision by an experienced therapist. On the
contrary, they showed only that they could learn the
basic principles of playing therapeutically with normal
children. Whether they could deal with disturbed chil-
dren or at least with children with certain specific
behavior disorders is, of course, a most relevant and
important research question, and in the last analysis
will determine the worth of the present study.

Because of the inconsistencies in scoring the STC
and training the undergraduates mentioned above, pre-
dictive validity of the major selection instrument was
nil. The selection problem is such an essential one to
the larger issue of increasing manpower that further
efforts must be made to develop adequate selection instru-
ments. One conceivable approach would be to score the
STC only on the variable of Reflection. Surely, this
would be more in line with the philosophy of non-
directive therapy. As a preliminary exploration of
this idea, STC's of the twelve Ss in the didactically
trained group were re-scored, giving points only for
reflection of the child's feeling. While we would
theoretically expect a positive relationship between
reflective statements on a projective test and actual
reflective behavior, this was not the case with the
twelve cases so analyzed. That is, Ss with high

reflective behavior on the STC did not have significantly higher levels of "Reflection" in either the pre- or post-training play sessions. Preliminary impressionistic analysis of this way of scoring the STC was not suggestive of higher validity. However, further analysis of this method might reveal more encouraging trends (see Appendix D for further discussion of this idea).

Another research direction in the area of selection procedures would be to use the pre-training observations as the criterion of trainability. Would Ss who had the most reflective statements before training also have the greatest increase in reflective behavior as a result of training? To answer this question in a preliminary way, pre- and post-training scores on the four Reflection categories were compared for the didactically trained group. However, results of this exploratory analysis were also inconclusive: there was no indication of any trends between pre-training reflective behavior and increases in reflective statements due to training (see Appendix D).

An important and quite relevant research direction concerns long-range effects of training in sensitivity to children on students' behavior as parents. For instance, would it be feasible to expect college students trained in the methods of communicating empathy to behave more empathically in an observation playroom

with their own children five to ten years later? Some
of the difficulties of this type of research question
are recognized (e.g., innumerable uncontrollable vari-
ables) but its importance in furthering our philosophy
of preventive rather than curative approaches to mental
health make it one well worth exploring.

Finally, of utlimate importance is the general
problem of training the non-professional to do mental
health work. While no research has been reported using
laymen other than undergraduates and parents in the
techniques of non-directive play therapy, there is no
reason to believe that other motivated, reasonably sen-
sitive persons could not be trained in these techniques.
The innovative and creative work presently being
done by numerous people (e.g., Truax, Rioch, Guerney,
and others) with different populations using different
modes of therapy must be continued, but in quite differ-
ent directions. Specifically, new training programs
should be actively cognizant of the needs and demands of
the psychologically and financially poor. The social
conscience that our country is slowly developing should
be inclusive not only of providing jobs for the poor,
but also of dealing with the broader and more critical
problem of what Oscar Lewis aptly calls "the culture of
poverty." The wholly practical concept of training
those who speak the language of the poor in the

techniques of counseling has received too little atten-
tion from the mental health field (with some exceptions,
e.g., Riessman, 1964, and Patterson and Patterson, 1967).
Our notions that the culturally poor are not accessible
to therapy imply a rigidity in our thinking that allows
us to reject vast numbers of needy people because "they
aren't suitable for our methods." We must realize that
it is we who have not been fulfilling our obligation to
change our models and our ways of helping people in re-
sponse to the obvious fact that our present methods have
had relatively little impact on the majority of our
society. In this area of self-examination, behaviorists
and Rogerians have been more open-minded than others.

It is difficult to know whether our resistance to
training lay people has been motivated by professional
insecurity, by rigid conceptual models, or by a lack of
awareness of the extent of the problem. It would be in-
structive to know the reasons. Whatever they are, to
the extent that we continue to focus our energies on
training relatively few professionals to do therapy,
we are failing in our obligations to society. To the
extent that our methods continue to be effective mainly
with those of the YAVIS Syndrome (Young, Attractive,
Verbal, Intelligent and Successful), we are failing.
And to the extent that we ignore the pioneering work of
Riessman and Truax and others, we are not living up to

that goal which we expect of all our patients and which
they have a right to expect of us: that of realistic
and constructive change.

CHAPTER VI

SUMMARY

The purposes of this study were two-fold: first, to investigate whether either of two training techniques would be effective in training college undergraduates to play the role of the non-directive play therapist with young, "normal" children; and second, to measure the pre- and post-training validity of two selection instruments.

To analyze the efficacy of the training techniques, one group of students (N=12) observed each other play with children and was trained in a didactic fashion to play the non-directive role with children. They were instructed to reflect as much of the child's behavior as possible, both content and feelings, not to give any direction or unsolicited help to the child, not to restrict him unnecessarily and to ask as few questions as possible. The second training group (N=12) also observed each other play with children but was trained in an experiential, non-directive manner. The trainer told them none of the principles of non-directive therapy, but only clarified and reflected their comments and discussion about the

process. The purpose of this method was to investigate whether bright college students could figure out for themselves through an experiential training process a sensitive, therapeutic way of dealing with children. Finally, a control group (N=24) received no training, and their pre- and post-training behavior with children was compared with that of the two training groups.

The validity of two selection instruments was also examined. The Sensitivity to Children Test (STC) consists of twenty situations involving a five- to eight-year-old child and his parent. A typical item is "You have just come upon your daughter, Susan, pinching and throwing checkers at her six-month-old sister." The S is instructed to write down how he would respond to the child if he were the parent involved. Answers were scored for reflecting the child's feeling (two points), stating the parent's own feeling (one point) and offering a constructive alternative where appropriate (one point). The Sensitivity to People Test (STP) is a seventy-one item objective test in which the S is presented transcripts of interviews with three different people and is asked to answer a series of questions about each person which the interviewees have already answered. "Correct" answers are those where the S answers the questions about the interviewed person the way the interviewee, himself, answered them.

Prior to training, the forty-eight Ss were divided
equally into four "test groups": Group I scored high on
both the STC and the STP; group II scored low on both
tests; group III scored high on the STC and low on the
STP; and group IV scored low on the STC and high on the
STP. All forty-eight Ss were observed in two twenty-
minute spontaneous play sessions with two different five-
to eight-year-old children obtained from local nursery
schools. Behavior of Ss was coded on scales adopted from
Moustakas and Schalock (1955) consisting of categories
such as "Reflection of Verbally Expressed Feeling,"
"Direction," "Non-attention," etc.

Following the pre-training play sessions, Ss were
matched on the basis of amount of reflective behavior, and
randomly placed into either the control group (N=24) or
into one of the two training groups (N=12 in each). After
six weeks of training, all Ss were observed again in two
twenty-minute play sessions with two different children,
as before.

Neither the STC nor the STP, as used in this study,
proved to have predictive validity; that is, Ss who
scored high on one or both of the tests did not demon-
strate behavior significantly different than Ss who
scored low on one or both of the tests, either before
or after training. However, of statistical and clinical
significance were differences in behavior due to training.

Students trained didactically reflected significantly more feeling and content of behavior of the children than did control subjects or subjects trained in a non-directive manner. Didactically trained subjects also gave significantly less direction, asked fewer questions, restricted less and gave less unsolicited help than did the other groups.

Implications of the encouraging findings of the didactic training technique were discussed, possible reasons for the lack of test validity were explored, and directions for future research in the area of selecting and training sub-professionals to do mental health work were suggested.

BIBLIOGRAPHY

BIBLIOGRAPHY

Albee, G. W. American psychology in the '60's. Amer.
    Psychol. 1963, 18, 90-95.

Allen, F. H. Psychotherapy with children. New York:
    W. W. Norton & Co., 1942.

Axline, V. Play therapy. Boston: Houghton-Mifflin,
    1947.

Becker, W. C. et al. The contingent use of teacher
    attention and praise in reducing classroom behavior
    problems. Unpublished manuscript.

Berenson, B. G., R. R. Carkhuff, and Pamela Myrus. The
    interpersonal functions and training of college
    students. J. Counsel. Psychol. 1966, 13, 4.

Bonnard, Augusta. The mother as therapist, in a case
    of obsessional neurosis, in Ruth S. Eissler et al.
    (eds.), The psychoanalytic study of the child,
    volume 5. New York: International Universities
    Press, Inc., 1950.

Carkhuff, R. R. Differential functioning of lay and
    professional helpers. J. Counsel. Psychol.
    1968, 15 (2), 117-126.

Carkhuff, R. R., and C. B. Truax. Training in counseling
    and psychotherapy; An evaluation of an intergrated
    didactic and experiential approach. J. Consult. Psychol.
    1965, 29, 333-336.

Carkhuff, R. R., and C. B. Truax. Lay mental health
    counseling: The effects of lay group counseling.
    J. Consult. Psychol. 1965, 29, 426-431.

Cronbach, L. J. Processes affecting scores on "under-
    standing of others" and "assumed similarity."
    Psychol. Bull. 1955, 52, 177-193.

Davison, G. G. The training of undergraduates as social
reinforcers for autistic children, in L. Ullmann
and L. Krasner (eds.), Case studies in behavior
modification. New York: Holt, Rinehart & Winston,
1966, pp. 146-148.

Dymond, R. Personality and empathy. J. Consult. Psychol.
1950, 14, 343-350.

Einstein, A. The common language of science, in A.
Einstein, Out of my later years. New York:
Philosophical Library, 1941.

Eisdorfer, C., and S. E. Golann. Principles for the
training of "non-professionals" in mental health.
Accepted for publication in Community Mental Health.

Erikson, E. Childhood and society. New York: W. W.
Norton & Co., Inc., 1950.

Freud, A. Introduction to the technique of child
analysis. Nerv. Ment. Dis, Monogr., 1928, No. 48.

Freud, S. Analysis of a phobia in a five-year-old boy.
In, Collected papers. New York: Basic Books,
1959, pp. 149-289.

Ginott, H. G. Between parent and child. New York:
The MacMillan Co., 1965.

Guerney, B. G., Jr. Filial therapy: description and
rationale. J. Consult. Psychol., 1964, 28, 304-310.

Guerney, B. G., Jr., Louise Guerney, and M. Andronico.
Filial therapy. Yale Scientific Magazine, 1966,
40, 6-14.

Harmon, H. H. Modern factor analysis. Chicago: Univ.
of Chicago Press, 1962.

Hart, Betty, Eileen K. Allen, Joan S. Buell, Florence R.
Harris, and M. M. Wolf. Effects of social rein-
forcement on operant crying. J. Exper. Child
Psychol. 1964, 1, 145-153.

Harvey, L. V. The use of non-professional auxiliary
counselors in staffing and counseling services.
J. Counsel. Psychol. 1964, 11, 348-357.

Hays, W. L. Statistics for psychologists. New York:
Holt, Rinehart, & Winston, 1963.

Hobbs, N. Strategies for the development of clinical psychology. Amer. Psychol. Assn., Div. Clin. Psychol. Newslr. 1963, 16, 3-5.

Kennedy, John F. Inaugural speech, delivered in Washington, D. C., January, 1961.

Klein, M. The psychoanalysis of children. London: Hogarth, 1938.

Lewis, Oscar. The children of Sanchez. New York: Random House, 1961.

Linden, J. The self-centered orientation in interpersonal relationships. Unpublished Master's thesis, Michigan State University, 1965.

McLuhan, M. Understanding media. New York: McGraw-Hill, 1964.

Moustakas, C. E., and H. D. Schalock. An analysis of therapist-child interaction in play therapy. Child Develop. 1955, 26, 143-157.

Mussen, P. H., J. J. Conger, and J. Kagan. Child development and personality. New York: Harper & Row, 1963.

Patterson, N. B., and T. W. Patterson. A companion therapy program. Commun. Ment. Health J. 1967, 3 (2), 133-136.

Piaget, J. Play, dreams and imitation in childhood. New York: Norton, 1951.

Poser, E. G. The effect of therapist's training on group therapeutic outcome. J. Consult. Psychol. 1966, 30, 283-289.

Riessman, F., J. Cohen, and A. Pearl, eds. Mental health of the poor; new treatment approaches for low income people. New York: Free Press of Glencoe, 1964.

Rioch, M. J., E. Elkes, A. A. Flint, B. S. Usdansky, R. G. Newman, and E. Silber. National Institute of Mental Health pilot study in training mental health counselors. Amer. J. Orthopsych. 1963, 33, 678-689.

Rogers, C. R. Client-centered therapy. Boston: Houghton-Mifflin, 1951.

Schofield, W. Psychotherapy: The purchase of friendship.
    New York: Prentice-Hall, 1964.

Shears, A. O. The development and analysis of a criterion
    of the ability to understand people. Unpublished
    Master's thesis, Michigan State University, 1967.

Smith, H. C. Sensitivity to people. New York: McGraw-
    Hill, 1966.

Stollak, G. E. The experimental effects of training
    college students as play therapists. Psychother:
    Theory, Research & Practice, in press.

Stover, L., and B. Guerney. The efficacy of training
    procedures for mothers in filial therapy.
    Psychother: Theory, Research & Practice.
    1967, 4, 110-116.

Taft, J. The dynamics of therapy in a controlled relation-
    ship. New York: MacMillan, 1933.

Truax, C. B., and R. R. Carkhuff. Toward effective
    counseling and psychotherapy, training and practice.
    Chicago: Aldine Publishing Company, 1967.

APPENDICES

APPENDIX A

THE SENSITIVITY TO CHILDREN TEST

AND ANSWER KEY

Name _____Age _____ Sex (M or F)_____ Date _____

Instructions

A series of situations will be found on the following pages. You are to pretend or imagine that you are the parent (mother or father) of the child described. All the children in the following situations are to be considered between five and eight years old. Your task is to write down how you would respond to the child in each of the situations, in a word, sentence or short paragraph. Write down your exact words or actions. It is not necessary to explain why you said or did what you described. Please be as honest as possible in describing what you would (and not what one ideally should) do or say.

1. Your son, Robert, has just been handed a wrapped Christmas gift by Aunt Patricia. He begins to open it without saying "Thank you."

2. You are talking to your friend who is visiting you. Your son, Carl, rushes in and begins to interrupt your conversation with a story about a friend in school.

3. Your daughter, Mary, doesn't like to get out of bed in the morning. Every day she tries to stay in bed for a few endless minutes more.

4. You and your husband (wife) are going out for the evening. You both say "Good-night" to your son, Frank. He begins to cry and plead with you both not to go out and leave him alone even though there is a babysitter.

5. While visiting Aunt Jane, your son, Jimmy, starts jumping up and down on the sofa.

6. Your daughter, Barbara has just come home from school; silent, slow and dragging her feet. You can tell by her manner that something unpleasant has happened to her.

7. You are absolutely sure that your son, Bob, has stolen some money from your pocketbook (wallet).

8. You have just come upon your daughter, Susan, pinching and throwing checkers at her six month old baby sister.

9. You want your son, Gary, to go to bed at 7:30 PM. He wants to stay up and play.

10. You notice that there is a mustache of sugar on the face of your daughter, Judy. After checking, it becomes clear that she has eaten cookies from the forbidden jar.

11. John and Lisa are visiting your son, Larry, in your home. You have just noticed how quiet it has become, and that the door to Larry's room where they have been playing is closed. You open it and find John and Larry with their pants down, Lisa with her dress up and the children fondling each others sexual parts.

12. While cleaning out the basement you come upon the broken remains of a toy you had given your son, David, two weeks ago.

13. The family is eating dinner and your son, Martin, has just accidentally spilled his glass of milk on the table.

14. You have been ill with a cold for a few days and your daughter, Alice, gives you a get-well card she has made in school.

15. Your son, Lee, wants a candy bar. It is too near dinner time and so you say "No" to his request. He begins to kick and hit you.

16. Your daughter, Marian, has been playing in the school yard with her friends. You go to pick her up to take her home. She says: "I like it here, I am not going home now. I am going to stay another hour."

17. You are helping your daughter, Ruth, with her homework and she seems to be having difficulty. She exclaims: "I am so stupid. I never know the answers to any of the questions the teacher asks. Susan and Mary know everything and I know nothing. They're prettier and smarter than I am. Anybody would like them better than me."

18. While sitting and watching television your son, Fred, comes over to you and asks: "Do you love me?"

19. Your son, Albert, has come home from school full of anger. His class had been scheduled to go to the zoo for weeks in advance and he was very eager to go. However, when the day to go finally came, it rained, and the trip had to be called off. He exclaims: "I hate that school. Just because it rained we couldn't go."

20. Your son, Joe, tells you about how his friend Mark was pushed into a dirty, rainfilled gutter by some bullies. They were just walking home from school when all of a sudden three eighth graders ran up from behind and shoved him into the gutter.

Answer Key to STC

These answers are only typical ways of receiving the total of four points per question. The reader will undoubtedly think of other ways to answer the questions within the framework of giving two points for a reflection of the child's feeling, one point for a statement of the parent's own feeling and a point for suggesting an alternative way of handling the situation. In many cases, too, other things besides the suggested answer would be appropriate as an elaboration to the answer, but the skeleton answer of four points was all that was scored for.

1. Two points: "You look really excited to get a gift from Aunt Patricia." (Reflection of child's feeling)

   One point: "Perhaps you could tell Aunt Patricia how much you appreciate the gift." (Alternate suggestion)

   One point: "I'd like you to learn good manners." (Statement of parent's own feeling)

2. Two points: "I can see you're really anxious to tell us about what happened to your friend." (Reflection)

   One point: "But I'd rather you didn't interrupt me while I'm talking to my friend." (Statement of own feeling)

   One point: "After I'm through talking we'd be glad to hear your story." (Alternate suggestion)

3. Two points: "I know you like to stay in bed in the morning."

   One point: "I don't like to have to keep waking you up."

   One point: "Why don't we buy you an alarm clock so you can be responsible for getting yourself up?"

4. Two points: "I know you don't want mommy and daddy to leave you at home. You're angry and upset because we're going out."

   One point: "I don't like to make you unhappy, but daddy and I want to go out tonight."

   One point: "Let's show the babysitter your new toy; you can have a good time playing with her and I'll come up and tuck you in as soon as we get home."

5. "Jimmy, I can see you want to jump and play around now, but it makes me angry when you jump on a couch or furniture. How about going in the back yard and playing there for a while?"

6. "You look like the world's caving in on you, dear. I hate to see you unhappy; how about telling me about it?"

7. "Bob, I see some money's missing from my wallet. It upsets me to know that you took money without asking. Perhaps you didn't want to ask me for it, or were afraid to, but I'd much rather you would ask me than to just take it."

8. "Susan, stop hurting your sister; it makes me horribly angry when I see you do that. I know sometimes you get angry at her, but when you do either come and tell me about it or pretend one of your dolls is your sister and spank it."

9. "I know you'd rather stay up later tonight, but if you don't get enough sleep I'll worry that you may get sick. If you really want to stay up late tonight, you can stay up until 8:00, but only on very special occasions."

10. "Looks like you were too hungry to wait until dinner! I wish you wouldn't take cookies without asking; if you were hungry I'd have given you something that wouldn't spoil your appetite."

11. "You kids are pretty curious, aren't you?   If
    you have any questions about differences between
    boys and girls, Larry, I'll be glad to answer
    them, and I'm sure John and Lisa's parents will
    do the same. I'd rather you found out about
    these things by asking me."

12. "David, I found that toy broken in the basement.
    It looks like you didn't like it too much! You
    can tell me after this if you don't like something
    we give you; it's a better idea than to break it."

13. "Oops! Someone had an accident! Maybe we can pour
    you a half glass of milk next time. Here's a sponge
    so you can help clean it up."

14. "Thank you so much for the card, Alice. It really
    makes me feel much better to know that you were
    thinking of me. It was very thoughtful of you."

15. "Lee, I know you're angry but that's not the way to
    tell me about it. I'd much rather that you had a
    good dinner than just a candy bar. You can have the
    candy for dessert."

16. "I know you're having a good time and would rather
    stay, and I'm happy you enjoy playing here. But I
    have to take you home now because it's time for
    dinner. I'd also rather you asked instead of told
    me what you are going to do."

17. "Sometimes you feel like you just don't know any-
    thing; like everyone is smarter than you. But I
    don't think that's true at all. And even though
    you may not feel you're pretty, I think you're a
    very pretty girl. How about it if I buy you that
    pink dress you've been wanting? And we can work on
    the homework a little bit harder for the next few
    days until you get it."

18. "I love you very much. Sometimes you may feel that
    I don't, but I always love you. How about sitting
    on my lap and watching TV, and then we'll go out for
    some ice cream."

19. "I don't blame you for being angry--I'd be too if I
    couldn't go somewhere I wanted to go. If the trip
    isn't rescheduled, we can go with some of your
    friends in a few days."

20. "You must have been angry and a little scared, too.
    That makes me angry that those kids would pick on
    someone younger than they are. If it ever happens
    to you, I'll call the school or the boys' parents
    and make sure it doesn't happen again."

APPENDIX B

THE SENSITIVITY TO PEOPLE TEST

AND ANSWER KEY

The PAP Test

DIRECTIONS: This is a test of your ability to make accurate predictions about
people. You will be given information about Mr. George, Mr. Walter, and
Mr. Allen. Your task is to use this information to make judgements about
them; that is, to predict their behavior. Correct answers have been ob--
tained from attitude and personality scales filled out be each man, and
from ratings and sketches made on each man by his friends and relatives.
The test is divided into two parts:

Part I: Individuals
Part II: Comparisons

***

PART I: This part consists of brief interviews with three men followed by
questions about their behavior. Follow the directions given at the be-
ginning of each section. The interviews are given in the order:

(1) Mr. George
(2) Mr. Walter   (
(3) Mr. Allen

THE CASE OF MR. GEORGE:

Your task is to make accurate predictions about Mr. George. Mr.
George is a middle-aged, married man with one child. As part of a re-
search project on understanding people, he was given a brief interview.
A typescript is given below.

Psychologist: "What sort of person are you?"
Mr. George: "Just an average person. I like the normal things most people
do. I like sports, I like to dance and play around that way. Of course,
I don't run around, I'd say I was getting into a stable class. I'm over
the younger fling."
Psychologist: "What would you consider your greatest personality handicap?"
Mr. George: "Well, maybe too reserved."
Psychologist: "In what way?"
Mr. George: "Well, especially in business. I think I take too much of what
the boss says, and do it. And, though maybe I can do it better, I do it
the way he says to avoid trouble. In other words, I try to get along
with people, which is good. But maybe sometimes I should say more about
it to maybe help me and the others."
Psychologist: "Assert yourself a little more?"
Mr. George: "Yes."
Psychologist: "Do you ever lose your temper?"
Mr. George: "Well, very seldom with the person. I may become upset. I try
my best not to let them know it."

(over)

Psychologist: "What would you do if someone told a lie about you?"
Mr. George: "Well, what kind of a lie--that I did something I didn't?"
Psychologist: "Yes. A lie that perhaps would be damaging to your character."
Mr. George: "Well, I don't know, but I imagine I'd try and find out why the person said it. Maybe, as far as he knew, he was telling the truth."
Psychologist: "Would you go to him and talk to him about it?"
Mr. George: "If it was of importance, otherwise I would forget it."
Psychologist: "What sort of hobbies do you particularly enjoy?"
Mr. George: "Well, I like to make things. Woodwork and hunting are the main things."
Psychologist: "How important do you feel religion is to people in these times?"
Mr. George: "I don't go in for religion too much. I believe that it is neces-sary for everybody to have a basic belief. As far as the religious part goes, in my own living I don't place that as a major issue."
Psychologist: "Then religion is not too important to you personally?"
Mr. George: "No."
Psychologist: "But you do feel that people should have some sort of basic faith?"
Mr. George: "Yes, they have to have a code to live by, and that's the best one I can think of."

The Case of Mr. George

DIRECTIONS: Mr. George has checked one alternative on each of the statements below to describe himself. You are to check the alternative you think he checked. Use spaces 1-6.

1. When I make a mistake I...
   _____ (1) don't "give a damn"
   _____ (2) am embarrassed
   _____ (3) laugh it off

2. I could hate a person who...
   _____ (1) is a hypocrite and two-faced
   _____ (2) is cruel and ridicules others
   _____ (3) ...I don't hate anybody

3. When I'm criticized, I...
   _____ (1) defend myself
   _____ (2) take it
   _____ (3) appreciate it

4. When my conscience begins to bother me...
   _____ (1) I'm ashamed
   _____ (2) I analyze myself
   _____ (3) I try to do the right thing

5. I boiled up when...
   _____ (1) I was criticized unjustly
   _____ (2) I was cheated
   _____ (3) I saw people hurting others

6. When they offered me help I...
    ____ (1) was somewhat embarrassed
    ____ (2) thanked them but refused
    ____ (3) accepted

***

THE CASE OF MR. WALTER:

Your task is to make accurate predictions about Mr. Walter. Mr. Walter is a young married man with two children. As part of a research project on understanding people, he was given a brief interview. A typescript follows.

<u>Psychologist</u>: "What sort of a person are you?"

<u>Mr. Walter</u>: "That's hard to determine. I'm one person to myself and another type of person to society. I'd have to give two definitions to answer that correctly--how I am to myself, and how I am to people who know me."

<u>Psychologist</u>: "What sort of person are you to yourself?"

<u>Mr. Walter</u>: "Well, I think I'm a person of probably over-average intelligence, with ambitions to be able to better myself and my society."

<u>Psychologist</u>: "What sort of person do you feel you are to other people?"

<u>Mr. Walter</u>: "Well, I hope I'm pretty nearly the same kind of person to other people as I am to myself. I get along well with most people, I don't have a great many friends; I have a few intimate friends, and with these people I'm quite close. I get along well with these people. And, I can be pretty compatible with most people."

<u>Psychologist</u>: "What do you feel is your greatest personality handicap?"

<u>Mr. Walter</u>: "The fact that I try too hard to do things, I believe. This hinders me from being able to do things--by being under certain tensions."

<u>Psychologist</u>: "Do you ever lose your temper?"

<u>Mr. Walter</u>: "Rarely."

<u>Psychologist</u>: "What sort of thing would cause you to lose your temper?"

<u>Mr. Walter</u>: "Well, never having lost my temper completely--I've always been able to hold my emotions pretty well in check--it would have to be a fairly devastating thing, I think, to make me lose it, or to become completely out of control of myself."

<u>Psychologist</u>: "What sort of hobbies do you particularly enjoy?"

<u>Mr. Walter</u>: "Golf, music, spectator sports--I am not too athletic--tennis, things such as this."

<u>Psychologist</u>: "How important do you feel religion is to people in these times?"

<u>Mr. Walter</u>: "That's a pretty deep subject. Not being a deeply religious man myself, it isn't too important to me. The moral teachings of religion help man be able to live better with himself, and with other people in society. I think today it's quite important for most people--not for the supernatural aspects of it, but for the moral teachings."

<u>Psychologist</u>: "You don't feel that it's necessary for you?"

<u>Mr. Walter</u>: "Not necessary, no."

(over)

7 8 A

The Case of Mr. Walter

DIRECTIONS: Mr. Walter has checked one alternative on each of the statements below to describe himself. <u>You are to check the alternative you think he checked</u>. Use spaces 7-13.

7. I would go mad if...
   ____ (1) somebody nagged me all the time
   ____ (2) I had nothing to do
   ____ (3) I thought there were no purpose in life

8. I enjoy...
   ____ (1) great music
   ____ (2) being with people
   ____ (3) sports

9. At the party, I was...
   ____ (1) a little shy and reserved
   ____ (2) the life of the party
   ____ (3) quite smooth and polished

10. Sex is...
    ____ (1) too often considered as filthy
    ____ (2) great
    ____ (3) reserved for marriage

11. My philosophy of life is...
    ____ (1) "Whatever you do, do well."
    ____ (2) "Enjoy today, think of tomorrow."
    ____ (3) "Do unto others as you would have them do unto you."

12. When I meet people, I generally feel...
    ____ (1) indifferent
    ____ (2) uneasy and self-conscious
    ____ (3) at ease and genial

13. Religion seems to me...
    ____ (1) unnecessary
    ____ (2) a problem
    ____ (3) necessary and important

***

THE CASE OF MR. ALLEN:

Your task is to make accurate predictions about Mr. Allen. Mr. Allen is a young, single man. As part of a research project, he was given a brief interview. A typescript follows:

Psychologist: "Just what sort of a person are you?"
Mr. Allen: "Well, I guess an easy-going one. I'm easy to get along with."

Psychologist: "Well, what else can you tell me about yourself?"

Mr. Allen: "Well, I guess that's about all. I have some temper--not much."

Psychologist: "What would you consider your greatest personality handicap?"

Mr. Allen: "Well, I guess just paying attention when there are people talking to me. Just paying attention to them."

Psychologist: "Do you have difficulty paying attention when people talk to you?"

Mr. Allen: "No, no, I don't have no difficulty, it's just that whenever I walk into a place, I just don't speak, I'm quiet."

Psychologist: "Do you have difficulty making friends?"

Mr. Allen: "No, no, I don't find no difficulty making friends."

Psychologist: "After you once get to know them, then. But to begin with, you feel a little reserved, is that it?"

Mr. Allen: "Yuh."

Psychologist: "Well, do you ever lose your temper? What about?"

Mr. Allen: "Once in a great while. It has to be something pretty mean, I guess, or something pretty big. One I guess is just--I don't know--couldn't tell you that until I lost my temper. Well, for instance, my little brother taking off with my car."

Psychologist: "That would make you unhappy?"

Mr. Allen: "Yuh."

Psychologist: "What would you do if someone told a lie about you?"

Mr. Allen: "I guess that would make me a little sore too, if it wasn't true."

Psychologist: "What would you do, go to the person and talk to him about it?"

Mr. Allen: "I wouldn't do nothing. Just sort of keep it to myself."

Psychologist: "What sort of things do you do in your spare time?"

Mr. Allen: "Oh, usually drive around; I like to drive around quite a bit."

Psychologist: "Do you participate actively in sports, or are you a spectator?"

Mr. Allen: "No, I participate in it. Basketball, for instance."

Psychologist: "How important do you feel religion is to people in these times? How is it important to you?"

Mr. Allen: "Yes, I really do think that religion is important. I don't know, I guess just being good, people go out, and that ain't so bad, just going out and partying, but after that, the way they gather..."

Psychologist: "And you think that religion would affect that sort of thing?"

Mr. Allen: "I think so, because of conscience--people have a conscience, and that would be on it."

Psychologist: "In what way is religion important to you?"

Mr. Allen: "I don't know, well, sometimes when you go out partying, you feel like doing something else, and yet you don't."

Psychologist: "Because of your religion, is that it?"

Mr. Allen: "Uh-huh."

The Case of Mr. Allen

DIRECTIONS: Mr. Allen has checked one alternative on each of the statements below to describe himself. You are to check the alternative you think he checked. Use spaces 14-20.

14. I enjoy...

_____ (1) great music

    ____ (2) being with people
    ____ (3) sports

15. At the party, I was...
    ____ (1) a little shy and reserved
    ____ (2) the life of the party
    ____ (3) quite smooth and polished

16. Religion seems to me...
    ____ (1) unnecessary
    ____ (2) a problem
    ____ (3) necessary and important

17. When I make a mistake, I...
    ____ (1) don't give a damn
    ____ (2) am embarrassed
    ____ (3) laugh it off

18. When they told me what to do...
    ____ (1) I did just the opposite
    ____ (2) I listened politely but did nothing
    ____ (3) I did it

19. I feel "down in the dumps" when...
    ____ (1) ...I don't
    ____ (2) I say the wrong thing
    ____ (3) I don't succeed

20. I boiled up when...
    ____ (1) I was criticized unjustly
    ____ (2) I was cheated
    ____ (3) I saw people hurting others.

***

PART II

INFERENCE ACCURACY

INSTRUCTIONS:

    All the men in Part I filled out a series of attitude and personality scales. Their friends rated them on a series of traits and also gave sketches of them. The statements below are based on the answers that the men and their friends gave. When you answer the questions, use only spaces 1, 2, and 3, on the IBM sheets. The numbers correspond to the order in which the interviews appeared. That is, Mr. George is (1), Mr. Walter is (2), and Mr. Allen is (3).

    If you think the answer to a particular question is:

              Mr. George mark "1"
              Mr. Walter mark "2"
              Mr. Allen mark "3"

    The correct answers are equally distributed among the three men. You may go back and reread the interviews if you wish to.

Religious Beliefs

(1) Mr. George, (2) Mr. Walter, and (3) Mr. Allen filled out a rating scale about their religious beliefs. Which one answered in the following manner?

21. Agreed that "I am unable to accept the idea of 'life after death' at least not until we have some definite evidence there is such a thing."

22. Agreed that "God will punish those who disobey his commandments and reward those who obey Him (either in this life or a future life)."

23. Disagreed that "There exists an evil intelligence, personnage, or spirit in the universe often refered to as Satan or the Devil."

Adjective Check List

The three men were each given pairs of adjectives and were asked to choose the one which they thought was a better description of themselves. In each of the pairs below, only one of the men checked the adjective underlined. Mark "1" if you think it was Mr. George, "2" if you think it was Mr. Walter, or "3" if you think it was Mr. Allen:

24. Arrogant --- apathetic
25. Progressive --- outgoing
26. Shy --- assertive
27. Steady --- spunky
28. Tolerant --- ingenious
29. Stable --- robust
30. Practical --- charming
31. Contented --- quick
32. Warm --- forceful
33. Moderate --- artistic
34. Restless --- unemotional
35. Sincere --- original
36. Good-natured --- painstaking
37. Kind --- insightful
38. Changeable --- tense
39. Loyal --- clever
40. Considerate --- sharp-witted
41. Foolish --- cynical

Personality Inventory Items

(1) Mr. George, (2) Mr. Walter, and (3) Mr. Allen were given a series of true-false items. Which one of the three answered false to these items?

____42. I like to be the center of attention.
____43. It is easy for me to talk to strangers.
____44. At times I think I am no good at all.

Which one of the three answered <u>true</u> to these items?

____45. I easily become impatient with people.
____46. I take a pretty easy-going and lighthearted attitude toward life.
____47. Policemen are usually honest.

Thumbnail Sketches by Friends

Friends of (1) Mr. George, (2) Mr. Walter, and (3) Mr. Allen also gave thumb-nail descriptions of them. Which one was described as follows?

____48. "Is in a state of rebellion against all religions."
____49. "Enjoys almost all good art and music."
____50. "Does quite poorly in speaking to groups."
____51. "Rather fussy about what he eats and how it is prepared."
____52. "Is shy and reserved at parties."
____53. "Prefers going steady with one person."
____54. "Rather easy-going with no great ambition."
____55. "Is fairly easy-going with his children."
____56. "Raises voice a little but maintains control in family arguments."
____57. "Is about average in regards to ambition."
____58. "Somewhat insecure and highstrung."
____59. "Is easy to get along with."
____60. "Is a rather quiet and humble person."
____61. "Loyal, honest, and kind."
____62. "Tends to 'stew' about things, changes his mind back and forth before making final decisions."

Ratings by Friends

(1) Mr. George, (2) Mr. Walter, and (3) Mr. Allen were rated by their friends on a series of personality traits. Which one was rated as follows?

____63. least affectionate
____64. most rebellious
____65. least shy
____66. least friendly
____67. least egotistical
____68. most careful
____69. least ambitious
____70. most egotistical
____71. least careful

11-30-66 ska

Answer Key to the STP

Item	Correct Answer		Item	Correct Answer
1	2		36	1
2	3		37	3
3	2		38	1
4	3		39	3
5	3		40	3
6	3		41	1
7	2		42	3
8	1		43	3
9	3		44	2
10	1		45	2
11	1		46	1
12	1		47	3
13	2		48	2
14	3		49	2
15	1		50	3
16	3		51	2
17	2		52	3
18	3		53	3
19	2		54	3
20	3		55	1
21	2		56	1
22	3		57	1
23	2		58	2
24	2		59	1
25	2		60	3
26	3		61	3
27	1		62	2
28	1		63	2
29	1		64	2
30	1		65	2
31	3		66	2
32	1		67	3
33	1		68	3
34	2		69	1
35	3		70	2
			71	1

APPENDIX C

THE CODING SCALE: DESCRIPTION OF THE

NINETEEN DEPENDENT VARIABLES

(INTER-RATER RELIABILITIES

IN PARENTHESES)

The Coding Scale: Description of the
Nineteen Dependent Variables (Inter-
Rater Reliability in Parentheses)

1. <u>Non-attention</u>. The subject looks away or walks
   away from the child for a period of at least five
   seconds, obviously indicating that he is not "with"
   the child. Frequent, furtive glances at the clock
   would not be subsumed under this category, but
   more appropriately under "anxiety." Also, if the
   subject is looking for something for the child or
   with the child, this is not "non-attention."
   (r=.76)

2. <u>Attentive observation, close</u>. The subject is stand-
   ing or sitting within a distance of three or four
   feet of the child and obviously paying attention to
   him. He is "with" the child, both physically and
   psychologically. (r=.83)

3. <u>Attentive observation, far</u>. The subject is more
   than three or four feet from the child, but obviously
   paying attention to him, possibly playing catch or
   watching him give a puppet show. He is "with" the
   child psychologically, if not physically close.
   (r=.80).

4. <u>Verbal recognition</u>. The subject recognizes in a
   short, verbal statement that the child has said or
   done something. Most common is "Oh" or "Uh-huh" or
   "mm-hmm." (r=.99)

5. <u>Statement of own emotional state</u>. The subject offers
   an unsolicited statement of how he feels about some-
   thing. (r=.76).

6. <u>Solicited help</u>. The subject, in response to a re-
   quest by the child, gives the child help with some-
   thing in the playroom. Besides help, this category
   includes giving information as an answer to the
   child's question, and participation in an activity
   after being asked by the child. The child must
   initiate the interaction by a question, to which
   the subject responds with information, help or
   participation. (r=.72)

7. Unsolicited help. The subject offers help in a task
    without the child asking for it. Or, the subject
    offers unasked for information, or participates in
    an activity with the child without being asked. The
    subject must initiate the interaction. (r=.89)

8. Seeking information. The subject asks the child a
    question to which he expects an answer (i.e., not
    rhetorical). It may be about the child, himself, or
    about anything else. (r=.91)

9. Direction. The subject suggests or commands that
    the child do something. The activity suggested
    must be done by the child alone, otherwise it is
    "unsolicited participation." (r=.78)

10. Restriction. The child begins to do something or
    asks to do something and the subject restricts him
    from doing it. (r=.76)

11. Granting permission. The child asks to do something
    and the subject gives him permission. (r=.98)

12. Praising behavior of child. The subject praises
    the child's behavior. E.g., "This is a very pretty
    valentine's card you made for me." (R=.85).

13. Praising the child. The subject praises the child
    as a person for something he did. For example,
    "You're a wonderful person for making me this
    valentine's card." (r=.77)

14. Reflection of feeling, verbally expressed. The
    child verbally expresses a feeling and the subject
    rephrases or clarifies it. (r=.79)

15. Reflection of feeling, non-verbally expressed. The
    child expresses a feeling through motor behavior and
    the subject reflects or clarifies it. (r=.76)

16. Reflection of content of behavior, verbally expressed.
    The subject rephrases or clarifies the content of
    something the child says. The only statements ex-
    cluded in this category are those expressing feelings.
    (r=.83)

17. Reflection of content of behavior, non-verbally
    expressed. The subject clarifies or reflects the
    content of the child's motor behavior, including
    everything except non-verbally expressed feelings.
    (r=.88)

18. <u>Anxiety</u>. The subject expresses either verbally or non-verbally that he is nervous or tense. Examples are a change in tone of voice, or rate of speech, smiling or laughing inappropriately, or fidgiting with his hands. (r=.80)

19. <u>Hostility</u>. The subject yells at the child, scolds him, talks in an annoyed tone of voice, ignores him or in any way communicates anger to the child. (r=.73)

APPENDIX D

FURTHER THOUGHTS ABOUT THE SENSITIVITY

TO CHILDREN TEST

Preliminary analyses were done to explore possible

validity of two alternate selection techniques. The

first approach involved a rescoring of the STC on the

basis of reflective responses only. The hypothesis

would be that high reflectors on the STC would also

emit more Reflection responses in interactions with

children. A scanning of columns 2, 3, 4, and 5 in

Table 14 indicates there was no perceptible relationship

TABLE 14.--A comparison of revised STC scores (based
only on total Reflection), pre- and post-training re-
flective behavior in the play sessions and increases
in Reflection due to training of the didactically
trained group (N=12).

S (Group E_1)	STC Score (revised)	Pre- training Reflection	Post- training Reflection	Increase in Reflection
(1)	(2)	(3)	(4)	(5)
SA	26	39	116	75
TA	8	47	120	73
EB	7	24	101	77
JB	0	34	79	45
LB	0	26	54	28
PD	11	38	88	50
MJ	0	9	175	166
FK	0	57	80	23
DL	2	22	107	85
DM	1	29	160	131
SM	9	25	114	89
LW	7	26	114	88
Mean	5.9	31.3	109.0	77.5

between revised STC scores and either pre-training re-
flective behavior, post-training reflective behavior or
increases in reflective statements due to training.
The second technique used pre-training Reflection as
the selection criterion, hypothesizing that higher
initial reflectors would demonstrate a greater <u>increase</u>
in reflective behavior after training. Examinations
of columns 3, 4, and 5 reveals no promising trends here,
either. However, the small size of the sample precludes
us from rejecting either idea completely, especially the
rescoring of the STC.

Another way of using the STC, not explored here,
would be to administer the test orally and have the
examiner score not only <u>what</u> was said, but <u>how</u> it was
said (non-verbal messages, etc.). A further differen-
tiation between <u>communicated</u> empathy and felt empathy
could be made, perhaps giving a point for each. For ex-
ample, the S could say "Johnny must have been terribly em-
barrassed about spilling the milk," (S feels empathic)
"so I would say nothing and clean it up myself" (but
does not communicate it). There is no communication of
the empathic feeling, i.e., Reflection, but the person
did know how the child felt and perhaps would be more
trainable than one who did not or could not feel for
the child. As mentioned in the Discussion, the
difference between feeling the empathy and expressing

it is essential in a helping or therapeutic relation-
ship. The point here is that persons who at least know
how others feel, even though they do not express it,
might be better candidates for training than persons
who do not feel for others. An oral interview based
on the STC situations could get at both felt and com-
municated empathy by simply asking, "How do you think
Johnny felt when he spilled the milk?" This idea is
researchable, and might reveal a crucial variable in
selecting training candidates.

APPENDIX E

PLAY THERAPY WITH CHILDREN

Play Therapy with Children

The Meaning of Play

The notion that play is merely non-constructive and
unrealistic behavior has long been abandoned by child
psychologists (Mussen, Conger and Kagan, 1963). It has
been agreed for years by all psychologists that play is
the child's natural medium of expression (Axline, 1947).
If, as McLuhan (1964) says, "the medium is the message,"
what message does the playing child communicate to us?
Anna Freud (1928) and Melanie Klein (1937) agree that
play is both a reflection of emotional conflicts and of
developing intellectual competence. Although they and
their respective followers disagree on how play should
be used and interpreted with the child, psychoanalysts
in general have long emphasized the importance and meaning-
fulness of the child's play. Erickson's ego psychological
approach (1950) posits that the child's drive for mastery
over his environment is central to understanding the mean-
ing of play. "The child uses play to make up for de-
feats, sufferings, and frustrations, especially those
resulting from a technically and culturally limited use
of language." The playing child advances forward to
new stages of mastery in two ways: with respect to his
relationships with his peers, he sees them as objects at

first, and then progresses to the realization that he can share with them and grasp their ideas. Second, he advances by the use of toys. The pleasure of mastering toys becomes associated with the mastery of the conflicts projected on them and with the prestige gained through such mastery. Playing, according to Erikson, serves the child's social, psychological and intellectual-developmental needs. It follows logically that children with more opportunity for varied play experiences would show more social, psychological and intellectual maturity than children deprived of such experiences.

Piaget (1951) also views the child's interaction with his environment as an important factor in his intellectual development. The development of cognition (e.g., the growing awareness that objects have many properties, that they can be viewed along many dimensions and that they can be classified in a variety of ways) is a product of the child's biological schemata as well as his activity with the world's objects. Through manipulation, he takes note of objects' similarities and differences, and through interaction with others he is forced to take into account their ideas. Intellectual progress, according to Piaget, comes as the child experiences some dissatisfaction with what he already knowns and is forced to accommodate his behavior to new already assimilated stimuli. Enriched play experiences, Piaget

and Erikson agree, will allow for more well-rounded and mature development.

The History of Play Therapy

Play therapy emerged out of attempts to apply psychoanalytic treatment to children. Anna Freud (1928) found that children with whom she played were much easier to "win over," thus facilitating the development of the relationship and making it easier for the child to confide in her. M. Klein (1937) also developed her theories of play in the psychoanalytic tradition, but thought that the child's play should be interpreted whenever possible. She saw play not as a way to develop the relationship, but as legitimate therapeutic material, subject to the vagaries and unconscious meanings of traditional free association. Further developments in play therapy seemed to have been more in the tradition of Anna Freud than of Melanie Klein, as people such as Taft (1933) and Allen (1942) applied Rankian "relationship therapy" to the playroom. That is, they did not see it necessary for the child to retrace his development and relive earlier emotional traumas in order to benefit from therapy. The essential point is that the relationship, itself, should be curative in its own right. Relationship therapy has, of course, been widely used and modified in non-analytic circles for many

years with adults. Perhaps the most popular outgrowth
of relationship therapy is the non-directive or client-
centered approach developed by Rogers (1951). Client-
centered therapy, according to Rogers, owes its effect-
iveness to a relationship between client and therapist
characterized by warmth, empathy and unconditional
acceptance. Applied to play therapy with children,
Axline (1947) describes the type of relationship neces-
sary for the child to get the most out of treatment.
Her eight principles listed below are intended to allow
the child to bring his feelings into the open so that he
can face them, and learn either to control or to abandon
them within the context of an unconditionally accepting
relationship with an adult (underlining added):

1. The therapist must establish a warm, friendly
   relationship with the child, in which good
   rapport is established as soon as possible;
2. The therapist accepts the child exactly as he
   is;
3. The therapist establishes a feeling of per-
   missiveness in the relationship so that the
   child feels free to express his feelings com-
   pletely;
4. The therapist is alert to recognize the feelings
   the child is expressing and reflects those feel-
   ings back to him in such a manner that he gains
   insight into them;
5. The therapist maintains a deep respect for the
   child's ability to solve his own problems if
   given an opportunity to do so. The responsi-
   bility to make choices and to institute change
   is the child's;
6. The therapist does not attempt to direct the
   child's actions or conversation in any manner.
   The child leads the way: the therapist follows;
7. The therapist does not attempt to hurry the
   therapy along. It is a gradual process and
   is recognized as such by the therapist;

8. The therapist <u>establishes only those limitations</u>
   <u>that are necessary</u> to anchor the therapy to
   the world of reality and to make the child
   aware of his responsibility in the relation-
   ship.

She concludes that, "the relationship that is created

between the therapist and the child is the deciding

factor in the success or failure of the therapy." This

permissive, non-directive relationship is predicated on

a firm belief in the child's capacity for growth and

self-direction.