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Lessening Pathogenesis:
Preventive Interventions

presented by

Brenda Lynn Mayne

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LESSENING PATHOGENESIS: PREVENTIVE INTERVENTIONS

By

Brenda Lynn Mayne

A THESIS

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

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ABSTRACT

LESSENING PATHOGENESIS: PREVENTIVE INTERVENTIONS

By

Brenda Lynn Mayne

This study tested the effect of two interventions on subjects' levels of pathogenesis. Pathogenesis was defined as the degree to which one uses others to satisfy one's own needs. Previous studies have shown that, measured by TAT stories, pathogenesis scores differentiate parents of disturbed children from parents of normals, and successful therapists from unsuccessful therapists. Both treatment conditions were found to decrease pathogenesis. The cognitive-behavioral class, based on P.E.T. (Gordon, 1988), increased the number of benign stories told; the more dynamic course, based on Kaufman's theories of shame and power (Kaufman, 1985, Kaufman & Raphael, 1983), decreased the number of pathogenic stories given.

DEDICATED TO
MY FATHER, DON JAMES MAYNE.
(1929-1989)

ACKNOWLEDGEMENTS

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INTRODUCTION

This study examined the effects of two interventions on subjects' levels of pathogenesis. Pathogenesis was defined as the degree to which one unconsciously uses dependents to satisfy one's own needs, despite a conflict between one's own needs and those of the dependents (Meyer & Karon, 1967). Measured by TAT stories (Meyer & Karon, 1967; see Appendix A for scoring criteria), pathogenesis has been found to distinguish psychologically destructive people from those who are psychologically nurturant. Pathogenesis scores have been found to differentiate mothers of schizophrenics from mothers of normals (Meyer & Karon, 1967; Mitchell, 1968), child-abusive mothers from non-abusive mothers (Melnick & Hurley, 1969), and parents of schizophrenics and delinquents from those of normals (Mitchell, 1971). VandenBos and Karon (1971) found pathogenesis scores of therapists to be inversely related to client improvement.

Research in pathogenesis has focused primarily on its role in the etiology of psychopathology. However, research is needed to determine the possibility of intervening in this destructive interpersonal style. The dynamic theory on which pathogenesis is based suggests that attempts to lessen

pathogenesis must address the unconscious needs being met by the person's approach to dependent relationships.

Theoretically, the pathogenic person is unaware of his/her destructive style (Karon, 1963) and the pathogenic person has no motivation to change his/her style of interaction because the unconscious needs being met. Borofsky, VandenBos, and Karon (1970) found the effects of psychoanalytic psychotherapy on pathogenesis varied depending on whether the therapy focused on the client's dependent relationships and whether the client consciously elected to become more benign or pathogenic towards those dependents. Although the conscious choice implied by this research suggests that cognitive interventions might be helpful, measures of conscious motivation and action are not correlated with measures of pathogenesis (Melnick & Hurley, 1969; VandenBos & Karon, 1971), indicating that cognitive or behavioral interventions alone would be insufficient. Therefore, it was hypothesized that successful intervention must address both unconscious needs and dependent relationships.

This study examined the effects of two interventions on pathogenesis ratings: a cognitive-behavioral intervention based on Gordon's (1988) Parent Effectiveness Training; and an undergraduate course which utilized theories of shame and the dynamics of power (Kaufman, 1983; Kaufman and Raphael, 1985) to teach students to become more aware of their

unconscious needs and desires (see Appendices B and C for course descriptions and content). It was hypothesized that participation in the cognitive-behavioral class would not affect pathogenesis scores because it does not address unconscious motivations. The second course was expected to lessen students' overall ratings of pathogenesis by teaching them to consciously recognize their needs, to separate their needs from those of others in their lives, and to recognize when those needs conflict. Due to the lack of research suggesting otherwise, age, gender, race, and SES of the students were not expected to affect the results.

Because pathogenesis is defined within the context of dependent relationships, it is plausible that experience in caring for dependents might affect ratings; it was hypothesized that the presence of dependent relationships would lessen initial levels of pathogenesis and increase change scores. Additionally, due to the age of population (mean age = 22.4 years) used in this study, consideration was given to whether developmental issues surrounding the subjects' separation from dependent relationships with their parents might increase pathogenesis scores. Because pathogenesis measures one's rejection of others' needs, it was hypothesized that subjects separating from parental relationships would demonstrate higher levels of pathogenesis.

METHOD

Subjects

Volunteer subjects were recruited from the two treatment conditions. 22 students from "Parenting Skills" offered by Lansing Community College participated during the Winter, Spring, and Summer, 1989 terms. 23 students enrolled in "Psychology of Health and Self-Esteem" at Michigan State University, volunteered during the 1989 Winter and Spring terms. 27 control subjects were recruited from introductory psychology courses offering extra-credit for research participation at Michigan State University. The subjects were told that the study was part of on-going research examining psychology classes at the University and Community College.

There were five demographic differences between the subjects in the cognitive-behavioral course and those in the dynamic intervention and control group.

1. Subjects in the cognitive-behavioral group were older (mean age of cognitive-behavioral subjects = 28, of both other groups = 20).
2. Cognitive-behavioral subjects were more likely to have children (17 of the cognitive-behavioral subjects had children, as opposed to only 4 of the other subjects).
3. Subjects in the cognitive-behavioral treatment had separated from their parents longer than had subjects in

the dynamic course and in the control group (this was confounded with age).

4. Subjects in the cognitive-behavioral class were less financially advantaged (the average cognitive-behavioral subject lived in a household earning less than \$25,000; the average subject in the other two groups reported a family income of \$25,000 - 50,000.)
5. Finally, six of the subjects in the cognitive-behavioral class had been referred to the class (though not to the study) by either the courts or Protective Services because of parenting difficulties.

(See Appendix E for a complete breakdown of demographic data by treatment condition.)

Procedure

Subjects were recruited during the first class meetings. They were given the following information by the experimenter:

"I am a graduate student in the clinical psychology program at Michigan State University. I am conducting research on the psychology classes offered by the University and Lansing Community College. For this research project, I need twenty students who would be willing to participate this week and at the end of the semester. This will take approximately one hour each time and involve

writing stories in response to pictures. The identities of all participants will remain confidential and the results of individual testing will be anonymous. Your course instructor will not know of your participation or test results. At the completion of this project you will receive a summary of the findings."

Before beginning data collection, subjects signed consent forms outlining their rights as volunteer subjects (see Appendix D for a sample consent form). Subjects were administered the TAT twice: once during the first week of class and then again ten weeks later, at the end of each course. The administration of the TAT utilized Tomkins' (1947) group format with slides of the cards projected on a screen. The subjects were instructed to write their stories down, using non-erasable ink and drawing single lines through any errors. Fifteen cards were presented in the following order: 1BM, 2, 3BM, 4, 5, 7BM, 8BM, 9GF, 9BM, 12BG, 12M, 13MF, 19, 20, 16. Subjects were given the following instructions:

"I am going to show you a set of 15 pictures, one at a time. I want you to write me a story telling me what is going on in the picture, what the characters might be feeling and thinking, what

led up to it, and what the outcome might be. In other words tell me a good story." (Instructions for the TAT are adapted from Karon, 1981.)

Subjects were given five minutes to write each story with a one minute pause (during which the slide screen was blank) between each story.

Additionally, during the first administration, each subject completed a brief questionnaire regarding age, race, sex, amount of education, religion, SES, number of dependents, and, as a crude measure of independence, the number of years they had been either self-supporting or living apart from their family of origin.

Scoring of TAT

Two undergraduate research assistants scored the randomized TAT stories according to the Karon system for scoring pathogenesis (Meyer & Karon, 1967) (see Appendix A for scoring criteria). Scoring for pathogenesis involves three categories of responses: pathogenic, benign, and neutral. An individual's pathogenesis score is determined by dividing the number of pathogenic stories by the total number of benign and pathogenic stories ($P/P+B$). Interscorer reliability as measured by a product-moment correlation was 0.92.

RESULTS

Pathogenesis scores, pre- and post-treatment, were averaged across raters and computed for each subject. Table 1 presents the results of t-tests used to compare pretreatment pathogenesis scores with post-treatment scores within each group. Significant decreases were found between the pre- and post-treatment scores for both treatment groups. Comparisons of the amount of change across groups, revealed that, whereas the dynamic treatment resulted in significantly more change than occurred in the control group, the change evidenced by the cognitive group was not significantly higher than that of the controls, nor significantly lower than the dynamic group (Tables 2 and 3).

The manner in which the two treatment groups decreased pathogenesis scores was different. The cognitive group showed a significant increase in the number of benign stories, but did not decrease the number of pathogenic stories (Tables 4 and 5). The dynamic group did not increase benign stories, but significantly decreased pathogenic stories after

Table 1: Within group comparisons of pre- and post-treatment pathogenesis scores.

	Cognitive	Dynamic	Control
	Group	Group	Group

Pre-Tx Mean	.6386	.5313	.5067
(Standard Deviation)	(.084)	(.049)	(.057)
Post-Tx Mean	.6032	.4800	.4996
(Standard Deviation)	(.070)	(.063)	(.055)
N	22	23	27
t	2.08*	4.00**	1.33

*p< .05, two-tailed, **p< .01, two-tailed

Table 2: Between group comparisions of pathogenesis change scores.

Analysis of Variance				
Source	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio
Between Groups	2	.0253	.0127	3.6908*
Within Groups	69	.2368	.0034	
Total	71	.2621		

*p< .05, two-tailed

Table 3: Scheffe comparison of mean change scores between groups.

	Mean Change	Dynamic Group	Cognitive Group	Control Group
Dynamic	-.0513			
Cognitive	-.0355			
Control	-.0070	*		

(*) Denotes pairs of groups significantly different at the .05 level.

Table 4: Within group comparison of mean benign stories given pre- and post-treatment.

	Cognitive	Dynamic	Control
	Group	Group	Group
Pre-Tx Mean	3.5909	5.8261	6.0556
(Standard Deviation)	(1.151)	(1.690)	(1.601)
Post-Tx Mean	4.8409	5.7391	6.0926
(Standard Deviation)	(1.621)	(1.214)	(1.507)
N	22	23	27
t	-4.06**	.22	-.15

*p< .05, two-tailed, **p< .01, two-tailed

Table 5: Within group comparison of mean pathogenic stories given pre- and post-treatment.

	Cognitive	Dynamic	Control
	Group	Group	Group
Pre-Tx Mean	6.909	6.1739	6.0741
(Standard Deviation)	(1.862)	(1.690)	(1.080)
Post-Tx Mean	6.5227	5.3043	5.9815
(Standard Deviation)	(1.349)	(1.204)	(1.148)
N	22	23	27
t	-.95	2.95**	.64

*p< .05, two-tailed, **p< .01, two-tailed

treatment (Tables 4 and 5). The control group showed no significant changes in the types of stories told.

When compared to the other groups, the cognitive group demonstrated significantly higher levels of pathogenesis both pre- and post-treatment (Tables 6-9). As indicated in the Methods section, the cognitive group differed demographically from the other groups. The cognitive group was older, more likely to have children, had separated longer from their parents, reported lower incomes, and included 6 court-referred students. With the exception of income level, all of these factors were correlated with higher levels of pathogenesis before and after treatment (Table 10). Removal of the data from court-referred subjects did not affect the results. It should be noted that the cognitive group self-selected the parenting class, and identified themselves as needing help in parenting; this is a confounding variable which, due to sampling, cannot be removed from the demographic variables of age, having children, or separation from parents. Also confounded with the treatment and demographic differences of this group was the strong trend positively relating change scores to the presence of dependents in the home ($r=.1959$, $p<.10$, two-tailed).

Correlations of other demographic variables with pathogenesis scores, pre- or post-treatment, did not

Table 6: Between group comparision of pre-treatment pathogenesis scores.

----- Analysis of Variance				
Source	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio
Between Groups	2	.2299	.1149	27.507**
Within Groups	69	.2883	.0042	
Total	71	.5182		

**p< .01, two-tailed

Table 7: Scheffe comparison of pathogenesis scores before treatment.

		Control Group	Dynamic Group	Cognitive Group
	Mean			
Control	.5067			
Dynamic	.5313			
Cognitive	.6386	*	*	

(*) Denotes pairs of groups significantly different at the .05 level.

Table 8: Between groups comparison of pathogenesis scores after treatment.

Analysis of Variance				
Source	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio
Between Groups	2	.1984	.0992	25.565**
Within Groups	69	.2678	.0039	
Total	71	.4662		

**p< .01, two-tailed

Table 9: Scheffe comparison of pathogenesis scores after treatment.

		Dynamic Group	Control Group	Cognitive Group
	Mean			
Dynamic	.4800			
Control	.4996			
Cognitive	.6032	*	*	

(*) Denotes pairs of groups significantly different at the .05 level.

Table 10: Significant correlations relating pathogenesis and demographics.

	Correlation Coefficients	
	Pre-Treatment	Post-Treatment
	Pathogenesis	Pathogenesis
Age	.5287**	.4315**
Years Separated		
From Parents	.4883**	.3921**
Number of		
Children	.6384**	.5026**
Court Referred	.5731**	.4285**

****p< .01, two-tailed**

reach significance level. Appendix F lists all correlations.

DISCUSSION

This study sought to find ways in which pathogenesis could be lessened by examining a cognitive-behavioral parent training course and a dynamically based self-esteem course. Despite higher initial levels of pathogenesis in the cognitive-behavioral group and contrary to expectations, subjects in both courses demonstrated significant change. The two groups achieved the change using very different interventions; this was evidenced not only by the very different focuses of the courses, but very strikingly by the changes in the TAT stories told by the two groups. The cognitive-behavioral group increased in the number of benign stories; their course strongly emphasized the value and importance of respecting others' needs, and devoted considerable time to teaching conflict resolution skills. In discussing their experiences, subjects in the cognitive-behavioral class made frequent reference to this aspect of their course. For example, one subject, court referred to the class because of his history of using harsh

physical discipline, said, "It teaches you that kids are people, not just kids. And even though it's sometimes hard to see, I really do think it works better. The kids learn that what they want is important."

The dynamic intervention, as predicted, also lessened pathogenesis ratings, but did so by decreasing the number of pathogenic stories told. This intervention devoted considerable time to teaching subjects to recognize their own needs. The effects of early childhood experiences and unconscious processes were explored in depth through multiple means during the course. Rather than stressing consideration of the needs of others, this course emphasized subjects' ability to take care of themselves. It might be assumed that the course lowered pathogenesis ratings by helping the subjects become more conscious of their own needs, thereby reducing pressure to unconsciously use others. Other research (Chang, 1988) on this intervention has demonstrated that it increases subjects' awareness of their own affect and cognitive processes, as well as the impact of their thoughts and feelings on their behavior.

The control group, as predicted, did not demonstrate any significant changes in levels of

pathogenesis. This finding provides preliminary support for the reliability of pathogenesis over time.

A nonsignificant trend in the data suggests that relationships with dependent children increases the change achieved by these interventions; however, the cognitive-behavioral group was formed expressly for the purpose of changing parent-child relations and it was the change evidenced by this group which underlies this trend. These subjects' motivation and access to situations permitting the practice of newly acquired skills may account for this change.

It was hypothesized that the process of separating, of leaving one's family of origin, would increase one's disregard for the needs of others, and that subjects temporally closest to this process would score more highly on pathogenesis indices. This was not borne out by the data. The measure of separation was very crude and may have obfuscated results; however, the negative correlation between age and pathogenesis also suggests that developmental separation issues are not linked to the usage of others to satisfy one's needs.

SUMMARY AND CONCLUSIONS

This study provides the first evidence that pathogenesis might be affected by interventions which are time- and cost-effective. The principles taught by both of the interventions are commonly found in psychotherapy and psychoeducational classes. The differences in the ways in which pathogenesis was lessened indicates that pathogenesis is not a unitary personality variable; additional research would be helpful in determining the multiple components of this interpersonal style. This research confirms clinical experience that potential for increasing interpersonal competence is not related to demographic variables, and suggests that preventative strategies need not be limited to specific populations. However, the outcome measure used in this study did not include behavioral measures, confirmation from other sources (such as dependents), or delayed follow-up. Additional research is needed to determine if changes in pathogenesis ratings are felt by dependents to a significant degree and if changes are maintained for any length of time.

APPENDICES

APPENDIX A

SCORING CRITERIA FOR PATHOGENESIS

Criteria for scoring follow from two points: First, if the story contains an interaction between a dominant and a dependent person, both with somewhat conflicting needs, the interaction is examined for some consideration by the dominant person of the dependent's needs. If the dominant person fails to take the dependent's needs into account the story is scored as pathogenic. If the dominant person does consider the dependent's needs, it is scored benign.

If the story lacks a dependent interaction it is examined for themes that include such interactions although there is only one person in the story, and intrapsychic themes. Stories containing themes of loneliness, despondency, and helplessness are all scored as pathogenic. Stories that illustrate themes of potency, helpfulness, and success or escape stories that emphasize personal growth are scored as benign. Stories that cannot be scored as pathogenic or benign are scored neutral. Pathogenesis scores are computed using the formula: $P/(P+B)$, where P is the number of stories judged pathogenic and B is the number of stories judged benign. (Meyer & Karon, 1967).

Meyer and Karon (1967) presented the following as examples of pathogenic, neutral, and benign themes:

Pathogenic Themes

1. Murder
2. Boss driving workers hard.
3. Parents make boy study or practice when he does not want study.
4. Mother supposedly kind, but not meeting expressed needs of child.
5. Mother showing particularity for one child over another.
6. Any kind of talking to as a form of punishment.
7. Mother warning child about things that can harm him/her while growing up.
8. Mother telling child he/she has not worked to full ability.
9. Going to cemetery to scare people.
10. Husband gives wife news that he is leaving town (or her).
11. Spying on girlfriend.
12. Being stood-up.
13. Monster ready to attack child or smaller animal.
14. Happy old witch and pretty young woman.
15. Man telling wife something to hurt her, e.g., took secretary to dinner.

16. Mother reading to child from Bible to teach her a lesson.
17. Woman and evil conscience; woman with devil behind her.
18. Mother feels what she has said to daughter has done little good.
19. Husband interrupts something wife is interested in.
20. Nasty remarks to a subordinated, making him/her unhappy.
21. King or leader leading nation to ruin.
22. Mother does not like something about child (looks, attitude, dress, etc.) even though child likes it.
23. Refusal of marriage bid; one is interested, one is not.
24. Mother checking up on child.
25. Destructive witch themes.
26. Family ruled or dominated by another.
27. Husband or father jealous or forbidding.
28. Woman harming child by punishment.
29. Suicide attempt to frighten someone.
30. Man pulling out of extra-marital affair and woman does not want to.
31. Losing interest in playing the violin. The child playing the violin against his will is assumed to imply coercion even if parents are not mentioned.

Neutral Themes

1. No interaction between two people, though somewhat conflicting needs.
2. One person enjoying him/herself.
3. No people or living things.
4. Two people, but no indication of interaction.
5. Conflict with person's own needs, not other person's.
6. Thinking about a mother who was kind.
7. Wanting to join a dead person.

Benign Themes

1. Parents force child to do something, the child is unhappy, the parents change.
2. Teacher consoling a problem child or helping a gifted child.
3. Guides leading animals across difficult area.
4. Reunion of two people, both people pleased.
5. Person springing pleasant surprise on another.
6. Parent interrupts punishment of child by another parent.
7. Stopping children from activity in which they would be likely to get hurt.
8. Woman trying to console man in trouble.
9. Father and daughter consoling each other after death of mother.
10. Helping people at a disaster.

11. Son or daughter interested in advice or stories from parents.
12. Woman working hard for benefit of children.
13. Mother thinking about children and is happy.
14. Accepted presentation of love or evidence of mutual love.
15. Mother admiring work of children or making something they like.
16. Man heeds woman's wish not to leave.
17. Any attempt to help or console with no ulterior motive.
18. Prevention of disaster (suicide, murder, etc.).
19. Mother enlightening child about sex.

APPENDIX B

DESCRIPTION AND CONTENT OF COGNITIVE-BEHAVIORAL PARENTING SKILLS CLASS

The cognitive-behavioral class was based on Parent Effectiveness Training (Gordon, 1988), a widely used program for training parents. The class was offered by Lansing Community College. It met twice a week for two hour sessions over a ten week term. Enrollment was limited to 15. Though primarily didactic, the course incorporated demonstrations of the skills taught, practice sessions, and daily homework assignments. Students were assigned P.E.T. In Action (Gordon, 1988) and kept daily journals detailing their homework experiences. No tests or papers were required.

Parent Effectiveness Training (P.E.T.) teaches two fundamental principles: first, recognizing that parents and children have their own needs and problems, and second, that there are specific skills (primarily communication skills) which can assist family members in fulfilling their own needs. The course taught these concepts in three overlapping segments. The first three weeks were devoted to learning to recognize children's needs and how to help children solve their own difficulties. The second three weeks focused on

helping the parents to recognize their own needs and to accept the responsibility of meeting them. Finally, the last four weeks of the course attempted to train parents in a style of conflict resolution that included input and compromise from both parents and children.

The first segment, teaching parents to recognize the needs of their children, focused on problem ownership and listening skills. In P.E.T. Gordon (1988) divides behavior into three categories: behavior which causes the child problems, behavior which causes problems for the parent, and non-problematic behavior. He goes on to postulate that parents falsely assume that they are responsible for solving all of the problems besetting their children. In doing so they not only encourage dependency and prevent their children from learning problem-solving skills, but they take on the impossible task of being completely responsible for someone else. Armed with poor communication skills, such parents are described as neither understanding their children's problems nor providing support. P.E.T. describes the following 12 communication styles as "roadblocks to effective communication":

1. Ordering, Directing, Demanding
2. Warning, Threatening
3. Moralizing, Preaching

4. Advising, Giving Solutions
5. Lecturing, Teaching, Giving Facts
6. Judging, Blaming, Criticizing
7. Praising, Battering Up
8. Name Calling, Ridiculing
9. Interpreting, Analyzing
10. Reassuring, Sympathizing
11. Probing, Questioning, Interrogating
12. Withdrawing, Diverting, Distracting

Parents are taught that these types of communication are often useful and effective, but that they are inappropriate when first trying to understand someone else's problems. Rather parents are taught basic listening skills including passive listening, acknowledgement of the information received, some opening questions, and active listening skills. This component of P.E.T. stresses respect for children as separate people whose perceptions and feelings are valuable. Because these skills are often new and awkward for parents, the first three weeks of the course focus on them exclusively. The skills are practiced in and out of class, and common problems are discussed. Those routinely covered are: respecting children's desires not to disclose, accepting children's negative feelings as valid, and recognizing

that once aired, many problems do not require parental problem solving. Some basic recognition of the parents' needs and agendas is taught at this stage, but the primary focus is on listening to one's children.

The second segment of the course focused on teaching parents to meet their own needs. The primary skill taught in this segment is that of making "I statements." Parents are first taught to own their problems with children's behaviors, and then to recognize the underlying emotions and cognitions. A three part form response is used: "I feel emotion, when you specific behavior, because some tangible effect on the parent." Because parents often express only anger, time is spent recognizing the emotions that anger covers: fear, embarrassment, hurt, and disappointment. P.E.T. stresses that the importance of "I statements" is the ownership of the problem by the parent - not manipulation or guilt-induction. Although many children do change their behavior in response to parental "I statements", the course emphasizes that such behavior only occurs in when the parent genuinely listens to the children's messages. "I statements" are not viewed as a means of conflict resolution.

As the parents become more adept at stating their needs in the form of "I statements", they are encouraged to express praise in the same format. The

ownership of feelings and genuineness of the message is stressed.

The last third of the course focuses on conflict resolution. While recognizing that children need guidelines and limits, P.E.T. argues that parents do not need to use power to enforce them. Punishment and coercion are discouraged in favor of "no-lose problem solving." Problem-solving is described as a logical extension of active listening and problem ownership, wherein parents and children discuss compromises, goals, rules, and behavior consequences together. Consideration for each other's needs and real-world consequences are emphasized.

APPENDIX C

COURSE DESCRIPTION AND SYLLABUS FOR PSYCHOLOGY OF HEALTH AND SELF-ESTEEM

This description and syllabus was prepared by Gershen Kaufman, Ph.D., for Psychology of Health and Self-Esteem, offered through the Department of Psychology, Michigan State University.

This course attempts to develop psychological health through explorations of affect as the critical mediator of stress and self-esteem. The course begins with the exploration of powerlessness-affect-stress cycles. The development of personal identity and interpersonal competence is begun by translating psychological principles into effective tools for daily living.

I. Overview

The most important skills needed to live life are often given the least attention. This course attempts to answer several questions for the individual, including: How does one create an inner sense of competence and effective power in the world? How are direction and purpose discovered? Are there ways to learn to feel secure in an environment of accelerating

uncertainty and powerlessness? How are satisfying and supportive relationships with peers, parents, and partners built? Problems in daily living arise when individuals have not learned to effectively accomplish these essential developmental tasks. This course offers an educational experience in developing these necessary psychological skills by exploring the sources of power and shame as foundations for competence. Through living consciously from a position of personal power, it is believed that one can learn to build a competent self.

II. Objectives

The specific objectives of this course include reduction of stress, enhancement of self-esteem, development of personal identity, effective management of affect, and development of interpersonal competence. Additionally, students are taught a series of experiential tools which aid in building a competent self. These practical tools are translations of psychological principles in to action.

III. Format

The course combines weekly lectures with smaller section meetings to facilitate group discussion. The first class meeting of each week is conducted as a lecture with all sections (approximately 100 students) meeting together. The second class meeting each week

is conducted as an individual section meeting (20-30 students). Regular and consistent attendance is required.

IV. Required Texts

Kaufman, G. (1985). Shame: The power of caring. Cambridge: Schenkman.

Kaufman, G. and Raphael, L. (1983). Dynamics of Power: Building a competent self. Cambridge: Schenkman.

V. Written Assignments

1. Weekly Reaction Papers

A two-page reaction paper is due each week. These papers must reflect the student's personal experience with the tools presented that week and demonstrate her/his knowledge of the theory and specific concepts presented in the assigned readings.

2. Term Paper

An eight-ten page integrative term paper is required at the end of the course. The term paper must demonstrate the student's mastery of course concepts by relating the various psychological principles to their respective tools as well as relating the principles and tools to the larger process of psychological health and self-esteem. Additionally, the paper must include discussion of the student's experience applying course concepts to her/his personal life in both experiential and conceptual terms. Finally, the paper should

include an evaluation of the effectiveness of the tools and principles as experienced by the student.

VI. Grading

This is a 3-credit, pass/no grade course. In order to receive a passing grade, students must complete all weekly reaction papers, the term paper, and participate in class meetings. Students are responsible for all material presented and all work assigned when they are absent.

VII. Graduate Assistants

Graduate assistants conduct the individual section meetings and grade all assigned work. Assistants for this course are graduate students in clinical psychology.

COURSE OUTLINE

<u>Class Meetings</u>	<u>Units</u>	<u>Readings</u>
Week 1 & 2	I. <u>Powerlessness-Affect-Stress</u> Power Powerlessness Affect Stress	<u>Power</u> Ch. 1
Week 3 & 4	II. <u>Shame and Self-Esteem</u> Dynamics of Shame Shame Profile Self-Concept Addiction	<u>Shame</u> Ch. 1-5
Week 5 & 6	III. <u>Identity: The Self's Relationship with the Self</u> Inner Voices Guilt and Self-Care Inner Child Self-Affirming Identity	<u>Power</u> Ch. 2
Week 7 & 8	IV. <u>Dimensions of Consciousness: Tools for Releasing Affect</u> Owning Detachment Self-Observation Imagery	<u>Power</u> Ch. 3
Week 9 & 10	V. <u>Interpersonal Competence</u> Developmental Perspective Relationship Principles Relationship Process Power and Shame	<u>Power</u> Ch. 4-5

TOOLS AND TOPICS FOR ASSIGNMENTS

Week One: Paper should cover:

- I. Tools: Discuss your personal experiences working with the following tools; give specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:
 1. Happiness List: Make a list of five events every day which leave you feeling happy, a smile on your face.
 2. Adequacy List: Make a list of five events every day which leave you feeling proud of yourself.
- II. Theory: Answer the following study questions based on Dynamics of Power, Ch. 1:
 1. How do the happiness and adequacy tools relate to the four central concepts of responsibility, choice, living consciously, and power?
 2. How does power relate to powerlessness?

Week Two: Paper should cover:

- I. Tools: Discuss your personal experiences working with the following tools; give specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:

1. Describe a current situation of powerlessness.
2. Identify your affective reactions during it.
3. Identify two choices for coping differently with that situation that could enable you to take back power.

II. Theory: Answer the following study questions based on Dynamics of Power, Ch. 1:

1. What is the meaning of the concept of power as described in the text?
2. How does the need for power develop?

Week Three: Paper should cover:

I. Tools: Discuss your personal experiences working with the following tools; give specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:

1. Describe an old shame scene from childhood. It can be of any intensity or variety (embarrassment, shyness, guilt, self-consciousness, discouragement, inferiority). It can be from any setting (family, school, peer group). Describe your reactions before and after that scene.

2. Discuss how that old shame scene continues to affect you today, either positively or negatively.

II. Theory: Answer the following study questions from Shame, Ch. 1-3.

1. What is the significance of shame and how does shame develop?
2. How does shame influence the development of personality and identity?

Week Four: Paper should cover:

I. Tools: Discuss your personal experiences working with the following tools; give specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:

1. Apply the Shame Profile to your own personality. Discuss the particular affects, needs, drives, and purposes which, for you, have become fused with shame.
2. Discuss the role of shame in your own life, how shame has affected you.

II. Theory: Answer the following study questions based on Shame, Ch. 4, 5, and Epilogue:

1. What are the consequences and significance of shame internalization?

2. What are essential aspects of the healing or therapy process in regard to shame?

Week Five: Paper should cover:

- I. Tools: Discuss your personal experiences working with the following tools; give specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:
 1. Observe, accurately name, and describe your inner voices and your characteristic negative identity scripts (self-blame, self-contempt, comparison-making).
 2. Attempt to replace negative voices/scripts with a new self-affirming voice/script and discuss your observations.
- II. Theory: Answer the following study questions based on Dynamics of Power, Ch. 2:
 1. How does the self's relationship with the self originate and what is necessary for changing it to a satisfying one?
 2. What is the significance of defining "identity" as the "self's relationship with the self"?

Week Six: Paper should cover:

- I. Tools: Discuss your personal experiences working with the following tools; give

specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:

1. Experiment with inner child imagery or reparenting imagery and discuss your observations of the experience.
2. Work with the inner child tool through verbal or behavioral methods and discuss your observations.

II. Theory: Answer the following study questions based on Dynamics of Power, Ch. 2:

1. What is the meaning of significance of the inner child concept?
2. How does the inner child concept relate to the concept of identity?

Week Seven: Paper should cover:

- I. Tools: Discuss your personal experiences working with the following tools; give specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:
 1. Practice the consultation with self tool daily and discuss your observations.
 2. Discuss which affects, needs, and bodily states you are readily aware of, and which are hardest for you to recognize.

II. Theory: Answer the following study questions based on Dynamics of Power, Ch. 3:

1. Why is a "language of the self" necessary and useful?
2. How is the process of "differentiating and then owning" inner events related to "living consciously"?

Week Eight: Paper should cover:

I. Tools: Discuss your personal experiences working with the following tools; give specific examples along with your honest reactions and also describe any difficulties or discoveries encountered:

1. Discuss three different, current relationships (friend, family, romantic) along the following dimensions:
 - a. Determine what you are needing, expecting, or looking for in each of these relationships by observing your recurring relationship scenes.
 - b. Objectively observe each of the three individuals to determine how well your expectations match reality in each relationship.

II. Theory: Answer the following study questions based on Dynamics of Power, Ch. 4 and 5:

1. What is the relationship between "staying defended" and "vulnerability"?
2. What is the relationship among power, shame, and intimacy?

Week Nine: Paper should cover:

I. Tools: Describe in depth your experience applying concepts from this course in your personal life. Discuss and evaluate your experience with the tools and concepts from an experiential as well as conceptual perspective.

II. Theory: Demonstrate your mastery of course concepts by relating the various principles to their respective tools and the larger process of psychological health. Discuss the dynamics of the five central dimensions of psychological health: stress, self-esteem, personal identity, releasing affect, and interpersonal competence.

APPENDIX D

SUBJECT CONSENT FORM

1. I have freely consented to take part in a scientific study being conducted by: Brenda L. Mayne, Graduate Student under the supervision of: Dr. Bertram P. Karon, Professor of Psychology.
2. The study has been explained to me and I understand the explanation that has been given and what my participation will involve.
3. I have freely consented to write stories about slides viewed during this experiment.
4. I understand that the experiment will last approximately 60 minutes and that my answers will be identified by a number rather than by my name and will be treated in strict confidence.
5. I understand that I am free to discontinue my participation in the study at any time without penalty.
6. I understand that the results of the study will be treated in strict confidence and that I will remain anonymous. Within these restrictions, the results of the study will be made available to me at my request.
7. I understand that my participation in this study does not guarantee any beneficial results to me.

8. I understand that, at my request, I can receive additional explanation of the study after my participation is complete.
9. I understand that in the unlikely event of physical injury resulting from research procedures, Michigan State University, its agents, and employees will assume that responsibility as required by law. Emergency medical treatment for injuries or illness is available where injury or illness occurred in the course of the experiment. I have been advised that I should look toward my own health insurance program for payment of said medical expenses.

Signed: _____

Date: _____

TITLE OF RESEARCH PROJECT: Lessening Pathogenesis:
Preventive Interventions.

APPENDIX E

DEMOGRAPHIC INFORMATION BY TREATMENT CONDITION

	<u>Cognitive- Behavioral</u>	<u>Dynamic</u>	<u>Control</u>
Sex: Men	10	9	11
Women	12	14	16
Marital Status:			
Single	15	21	25
Married	3	2	1
Separated/Divorced	4	0	1
Race: African-American	3	4	6
Caucasion	18	16	21
Native American	0	1	0
Asian	1	1	1
Other	0	0	0
Religion: Catholic	4	3	5
Protestant	13	17	18
Jewish	2	1	2
Muslim	2	0	0
Other	1	2	2
Income: Working Class	15	5	4
Middle Class	6	11	13
Upper Class	1	7	10
Mean Age	27.9	20.4	19.8
Mean Years of Education	13.9	14.4	14.2
Mean Years Independent of Parents	6.7	1.7	1.6
Years Caring for Dependents for Subjects Having Children (number of subjects in parantheses)	2.4 (17)	13 (1)	1.3 (3)

APPENDIX F

CORRELATIONS OF TREATMENT AND DEMOGRAPHIC VARIABLES BY LEVELS OF PATHOGENESIS AND CHANGE

(p values are reported in parantheses.)

	Pathogenesis Initial	Pathogenesis Final	Change Score
Treatment	-.6789 (.000)	-.3978 (.001)	.5081 (.000)
Semester of Data Collection	.1226 (.305)	.1197 (.321)	.1032 (.388)
Sex	-.1652 (.166)	-.1190 (.319)	.0897 (.453)
Marital Status	.1599 (.127)	.1667 (.162)	-.1427 (.177)
Race	.0550 (.646)	.0562 (.639)	-.0045 (.970)
Religion	.1002 (.397)	.0465 (.698)	-.1123 (.206)
Age	.1416 (.205)	.1486 (.201)	-.0504 (.634)
Years of Education	-.0115 (.924)	.0831 (.488)	-.0504 (.323)
Years of Caring for Dependents	.4883 (.000)	.3973 (.001)	.1959 (.099)
Years Independent of Parents	.0987 (.435)	-.1052 (.337)	-.1256 (.310)
Income	-.1472 (.224)	-.1317 (.367)	.1681 (.164)
Court Referral	.5295 (.000)	.3691 (.001)	-.3066 (.009)

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