A SELF-ENRICHMENT PROGRAM FOR UNIVERSITY RESIDENCE HALL STUDENTS

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ABSTRACT

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An experimental skill-based, mental health Self-Enrichment program for small groups of undergraduates was developed and implemented within selected Michigan State University resident halls. Thirty-seven college women participated in one of three treatment conditions: Self-Enrichment (S-E $n = 14$), Self-Enrichment Controls (SEC, $n = 13$), or Interpersonal Groups (IP, $n = 10$). Measures of interpersonal behavior's two prepotent dimensions, designated Acceptance versus Rejection of Self (ARS) and of Others (ARO), locus of control, self-esteem, and defensiveness were administered at both pre- and post-treatment.

An overall MANOVA identified no significant findings although S-E and IP participants encouragingly shifted toward their "ideal person" on four of five pertinent dependent measures. Univariate ANOVA's revealed significant ($p < .05$) intercondition shifts only on ARS, with greatest gains by S-E participants. Their shift away from

"Submissive" to slightly past neutral toward "Dominance" on one of ARS's four subscales differed significantly from the SEC ($p < .01$) and IP ($p < .05$) participants' contrary movement.

Participants' subjective comments about the S-E program were unanimously positive and indicated that interpersonal sharing, trust, and privacy were this program's most valued components. The samples' uncertain representativeness of the populations from which they were recruited, their small n's, and related procedural problems clouded the meaning of the statistical analyses and limited the findings' generalizability. Despite such problems, the S-E program appears worthy of further development as a potentially efficacious and low-cost supplement to traditional university counseling services.

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INTRODUCTION

This project was a direct outgrowth of the author's four years of experience working in university residence halls. This program represents an attempt to provide efficacious assistance to a needy student population, within a system that had limited personnel and financial resources. Thinking that students' psychological needs were inadequately addressed, the author designed a cost-effective approach aimed at enhancing students' personal efficacy.

Definition of the Problem

University counseling centers address a variety of student concerns but recent budget cuts and departmental trimmings have severely lessened the number of qualified service providers. A very recent article in the collegiate newspaper of a large, midwestern university highlighted this problem: "Budget cuts have forced the MSU (Michigan State University) Counseling Center to focus on students' immediate crises; not on providing them with skills needed to cope with problems later in life...the Center has had to reduce full-time counseling staff by 50%" (Ghannam, 1984, p. 3). The difficulty of adequately addressing students' mental health concerns with minimal staff has caused campus counseling centers to increasingly share this task with university residence hall personnel. Unfortunately,

residence hall staffs were plagued with similar budget cuts and personnel limitations.

Consider the author's two years of experience as a graduate advisor in a university "megadorm," a term coined by Fondacaro, Heller, and Reilly (1984, p. 1). This MSU residence hall was a 12 story, twin-tower structure that housed approximately 1100 undergraduates. Each floor housed nearly 50 students with each room being doubly occupied (and sometimes "tripled"). The residence hall staff included a full-time resident director, four part-time graduate advisors (who were also enrolled full-time in a variety of graduate programs), and 24 fully-enrolled undergraduate resident assistants (RAs). Each RA was "responsible" for the residents on his/her floor. This meant that they were to provide educational programs to meet the residents' needs, monitor students' behavior, refer for disciplinary action when necessary, facilitate floor activities, and monitor students' mental health. The latter responsibility was the area in which the RAs were the least trained and most naive. This deficit was partially due to economics since such training was both costly and time-consuming. It seemed to also be due to the residence hall department's reluctance to incorporate such skills into its training program for fear that staff members (especially RAs) would fail to appreciate their own intervention skill limitations and unintentionally intervene in harmful ways.

Clearly, residence hall staffs were inadequately trained to fully share the responsibility of students'

mental health with the financially constrained university counseling center. Nevertheless, students' mental health problems were inevitably present and generally unaddressed. Problems such as suicide attempts, alcohol abuse, isolation and depression, and separation from family and friends were common. Within this context of quite limited professional resources, the present program was developed as an initial attempt to address these issues. The Self-Enrichment program was conceived to be a vehicle through which students could safely disclose feelings about these issues and, if necessary, receive a referral to mental health professionals.

Designing the Intervention Program

The design of this study's Self-Enrichment program was guided by three sources of information: a theoretical foundation of college student development, previous residence hall mental health programs, and the author's personal experience as both an undergraduate RA and an MSU graduate advisor. Each of these are discussed with the intent of clarifying the goals of the program.

Theory of student development. A developmental theory often used as a basic model for university residence hall functioning, and the foundational theory of the MSU residence hall system, was that of Chickering (1972). He defined the developmental tasks of college students as consisting of seven aims: achieving competence, managing emotions, becoming autonomous, establishing identity, freeing interpersonal relations, clarifying purposes, and

developing integrity. When one studies the most frequent areas of concern addressed by university counseling centers, it becomes clear that these accurately reflect Chickering's theory. Campus counseling centers most frequently serve to address concerns about careers, academics, value clarification, and interpersonal relationships (Carney & Barah, 1976; Downey & Sinnett, 1980). Chickering's developmental theory appeared an adequate model for a mental health intervention with college students. Therefore, it was included in the design of this study's Self-Enrichment program.

Previous residence hall mental health programs. Adequately addressing students' mental health concerns was an issue even prior to the economic hardships that befell Michigan's universities in the early 1980's. The rate at which people sought mental health services generally appeared significantly below the actual incidence of mental health difficulties in the population (Gurin, Veroff, & Feld, 1960). This situation was mirrored on college campuses, and perhaps reflected an inability of university counseling centers to "sell" their services or to provide them where they are needed most.

Holmes and Jacobs (1972) compared students who sought help from the university counseling center and residence hall personnel. They found that the students who sought services from residence hall personnel were better adjusted than those who sought assistance from counseling center personnel. However, the "residence hall consumers" were still experiencing difficult mental health problems. In

fact, they exhibited self-confidence deficits and self-abasement tendencies equal to those of their counseling center counterparts. Therefore, it appeared that these students were "falling through the cracks" of current university mental health services.

These authors found that "residence hall consumers" had more favorable expectations of their counselors than did the "counseling center consumers." Given the importance of efficacy expectations in therapy outcome (Bandura, 1977, 1982), university counseling centers wisely refocused efforts on developing mental health interventions within the residence hall setting.

A typical early attempt to extend mental health services into the residence halls was the counseling outreach program at the University of North Carolina (UNC) (Thompson & Fiddleman, 1973). There, a counseling team of four graduate students (clinical psychology, counseling and guidance, medicine and nursing) provided services to the 900 undergraduates of a co-ed residence hall. The team held regular office hours in the residence hall (9:00 P.M. to 12:00 midnight on Monday through Thursday). A team member was "on call" at all times for emergencies. The team provided direct counseling services to the students and training for the staff.

Results of this study showed that 16% of the residence hall population were seen by members of the counseling team during the academic year. The average rating of these UNC services by the students was "very good." Also, this

particular residence hall utilized campus psychiatric services significantly less than any other hall on campus, indirectly indicating its effectiveness. The concerns addressed by this team were similar to those previously reported: academic, relationships, depression, and substance abuse. Results also showed that 93% of the residents were aware of the team's existence; a level of awareness greater than that of the eight other counseling services on UNC's campus.

This counseling outreach program seemed most beneficial as an unthreatening vehicle by which to heighten students' awareness of available mental health services. Problems with this program included an inordinate amount of time spent by the UNC counseling team in casually making themselves "visible" within the residence hall. The authors reported that UNC team members spent much effort in becoming familiar to the staff and residents by participating in numerous social and business activities in the residence hall. Also, given the size of some university residence hall systems (sometimes as large as 30 "megadorms"), financing and stationing one team to each hall becomes problematic.

As the idea of mental health outreach into residence halls proved helpful, but personnel limitations plagued counseling centers, the use of mental health consultation with residence hall staffs became popular. Such consultation services were designed to continue the successful "in-hall" format of mental health intervention, while diminishing manpower demands. These services no longer

provided assistance directly to the residents, but rather through their residence hall staff.

Several mental health consultation programs for residence hall staffs were reported in the literature (Davis, 1974; Averbach, 1976; Pierce & Shwartz, 1977). Mental health consultation services were discussed as being helpful in staff selection, in-service training, role development, and appropriate staff deployment. Although such programs were evaluated as moderately successful, they also shared continuing problems that were difficult to resolve.

A major problem of these programs was the disparity between the needs of the staff as defined by the administration, and the needs as defined by the "front-line" staff members. These discrepancies often caused friction between the consultant and the consultee resulting in a disunified team effort. It also placed the consultant precariously between the demands of the service funder-administration and their staff recipients. The lack of explicitly defined and approved contracts between such consultants and consultees often led to program termination.

Another problem with these programs was the residence hall staff's on-going perception that the consultant was an "outsider" to the residence hall. The staff's hesitancy to trust the consultant was evident in their lack of self-disclosure, persistent testing of the consultant's knowledge, and abstract--rather than specific--discussions of residents' problems. Researchers generally concluded that for mental health consultation of residence hall

personnel to be optimally effective, good visibility and a strong rapport with the staff must be developed. Recall that these ingredients were also found to be important in the success of the UNC counseling center outreach program previously described. It should be noted that none of these studies assessed the actual effects of the consultation program on the residents' mental health, yet it was to this end that these programs had been developed. Consultation of residence hall personnel, although well-intentioned, seemed to have gone astray from the goals of the mental health outreach program.

Davis (1974) recommended that the consultation be specifically used to train and supervise RAs in the direct provision of mental health services to their residents. She suggested that RAs be trained in counseling skills that would enable them to become "peer group counseling leaders and function as role models within these groups" (p. 99). She cited a study by Mitchell (1973) in which students unanimously approved of a short term group program where disadvantaged peer counselors worked with disadvantaged college freshmen.

Fondacaro et al. (1984) reported on the development and use of "friendship networks" to successfully reduce adjustment problems and feelings of isolation among graduate students in a large residence hall. A consultation team trained and supervised RAs as they strategized and implemented programs that fit the residents' needs. Such programs included structuring mealtimes for maximal social

interaction, and educational exchanges between American and foreign students as a way of reducing social and cultural isolation. Staff and residents reported much satisfaction and positive change in the residence hall environment as a result of these supervised interventions. The importance of the consultation team seemed to lie in bolstering the staff's confidence and problem-solving abilities, especially in times of crisis. One ultimate goal of the program was also accomplished because following its implementation, the number of suicide attempts by the residents has decreased from 2 or 3 per year, to none.

Schilling (1974) discussed a University of Florida peer counseling program. It combined the RA program with a volunteer "Big brother - Big sister" type program. The latter intervention involved sophomores who were "hooked-up" with freshmen for the purpose of assisting them in their adjustment to college life. The volunteers relieved much of the RAs' burden by assisting them in development of floor activities, referrals of students to campus resources, and providing answers to the residents' questions. Given this assistance, the RAs were free to engage in more intense training of counseling skills (i.e., communication skills, listening skills, empathy training). This resulted in better quality and more direct mental health services to the students without sacrificing the essential maintenance functions of the residence hall staff.

As Avery (1978) reported, and the paraprofessional literature concurred (Durlak, 1979a, 1979b; Cowen, 1982;

Gershon & Biller, 1977), RAs can be successfully trained in some basic counseling skills with dramatic effects on their residents. Given adequate supervision and training, RAs can be cost-effective mental health service providers in residence halls, and a valuable adjunct to university counseling centers.

Personal experience. The author's experience as an undergraduate resident assistant at the State University of New York at Binghamton (2 years) and as an MSU graduate advisor (2 years) also contributed to the design of this study's Self-Enrichment program. One of my main concerns was the prevalence of suicide attempts in the residence halls, and at times, the staff's ignorance of these events. At one time I supervised an RA who, by chance, noticed blood stains on a resident's bathroom sink. He questioned the resident and discovered that he had attempted suicide by cutting his wrists, but that this attempt had occurred three days earlier! One wonders how many other attempts were never discovered by the staff. This study's Self-Enrichment program may function as a screening for residents with severe mental health problems so that an appropriate referral may occur prior to a suicide attempt.

In my experience, residents seem to value peer-acceptance over self-acceptance. This leads to severe conflicts as the residents often succumb to peer pressures (especially in the areas of alcohol consumption and sexuality) despite their own personal convictions. I have found residents intoxicated and asleep on the bathroom

floor, and upon follow-up, discovered that the resident believed that s/he had to drink as much as his/her "friends" to be accepted in their crowd. I often met with residents who were responsible for hall damage and found that some claimed to have "followed the leader" and contributed to the damage so as not to be ostracized from their peer group. Peer pressure was also partly responsible for the residents' apparent apathy concerning hall activities. Often student government members were insulted and mocked, and their planned activities poorly attended, because it was "uncool" to attend non-alcoholic, "nerdy" functions.

Alcohol abuse was another of my main concerns. Too often, I have found residents who were unwilling to assert themselves and refuse the 18 shots of whiskey so "generously" offered in celebration of the 18th birthday. Freshmen were particularly vulnerable, as upperclassmen sought to initiate them to college life by "humbling them before the porcelain god" (making them sick enough to spend the night vomitting in the toilet). At times, the abuse of alcohol has been so severe that respiratory arrest occurred. However, not all of the alcohol abuse was the result of a lack of assertiveness to peer pressure. An appreciable number of residents had a severe drinking problem and repeatedly denied this when approached by staff. This study's intervention program, through the use of interpersonal feedback and assertiveness training, was intended to indirectly impact the alcohol abusers through assisting them to begin changing their destructive behavior.

Roommate conflicts, relationship problems, and sexual values and orientation differences, in my experience, comprised a major portion of the residents' concerns. Residents seemed to lack the communication and negotiation skills necessary to resolve conflicts as evidenced by the seemingly countless number of roommate meetings that I had facilitated. Relationship problems, often centering around sexual issues, highlighted the peer pressure to be sexually active and the need for basic education about contraception and human anatomy. A Self-Enrichment program was also conceptualized as an opportunity for sharing sexual concerns, and to acquire basic information about human sexuality from one's peers and/or facilitators.

The pressure to be sexually active and involved in intimate relationships often contributed to depression, loneliness, isolation, and even peer chastisement. This seemed to be true of both men and women, although it was more obvious among women. A Self-Enrichment program could serve as a forum for the safe disclosure of these feelings, while establishing some interpersonal contacts for the isolated resident which may continue outside of the group.

Aims and Components of the Self-Enrichment Program

Having discussed the theoretical concepts of college student development, prior research on residence hall mental health interventions, and my own personal experience as a residence hall staff member, the resultant aims of the present student Self-Enrichment program were:

(a) It was designed to address the students' need to manage their emotions, especially depression, isolation, and hurt from the loss of significant relationships (i.e., parents, friends at home, intimate partners). This was to be accomplished using Rational Emotive Training (RET) (Ellis, 1975, 1977), relaxation training, and by providing an accepting environment for such feelings to be shared and discussed.

(b) It attempted to assist students in freeing their interpersonal relationships and allow for optimal growth and satisfaction within them. Empathy, assertiveness, and communication skills training were provided to facilitate this aim.

(c) It provided students with an opportunity to develop autonomy and establish their identity. The program's focus on self-care and assertiveness of one's values and preferences was believed to be facilitative of this aim by combating the extensive peer pressure (especially when related to alcohol consumption) that detracts from one's autonomy and overshadows one's identity.

(d) Although this Self-Enrichment program did not provide specific interventions for the purpose of clarifying students' purposes and career goals, or directly assist them in achieving competence in these areas, it provided an open forum in which concerns could be discussed, and a referral base from which to begin seeking answers to these important questions.

(e) Additionally, this program sought to include the ingredients of successful residence hall mental health programs reported in the literature. Since students were found to be more accepting of peer facilitators than of "outsiders," the program was designed to eventually be led by RAs after they had received minimal training. The paraprofessional literature reported that the skills included in this Self-Enrichment program were trainable to, and effectively dispensed by, nonprofessionals. Furthermore, the design of this program to accomodate the eventual use of RA facilitators was deemed most beneficial because RAs were excellent peer role models, had high visibility to the residents, had good rapport with fellow staff members, and were already in a position that required extensive availability to the residents.

In summary, this Self-Enrichment program addressed college students' developmental needs, included components of previously successful residence hall programs, and reflected the needs of students as defined by the author's personal experience as a residence hall staff member. The program appeared suitable for facilitation by the RAs, and was thought to be cost-efficient and clinically beneficial. However, it is clear that the merits of the program needed to be empirically assessed, rather than merely asserted, and that some of its components may require modification prior to the submission of a formal proposal for its implementation in a residence hall system.

Evaluation of the Self-Enrichment (S-E) Program

The S-E program was evaluated using participants' subjective reports of the group experience, and specific psychological measures expected to be sensitive to the processes of the program. A Defensiveness scale was considered an appropriate evaluative measure since the group process was one in which the participant was encouraged to take risks through self-disclosure and homework exercises. The K-scale of the MMPI had been independently used to measure defensiveness and repression of psychological conflicts in chronic pain patients (Watson, 1982), and in cancer patients (Fox, 1982). Butcher (1969) reported that high K-scorers were concerned about their own social desirability, had difficulty in social relations, and were unaccepting of unconventional behavior in others. These areas were included in the S-E program's focus and therefore, the K-scale was selected as an evaluative measure.

Locus of control had been frequently used as an evaluative measure of assertiveness and communication training, two areas of focus in the S-E program. Henderson and Hollin (1983) reported that delinquents shifted towards a more internal locus of control as a result of social skills training that used role playing, Rational Emotive Training (RET), and interpersonal feedback, all of which are S-E program components. Levine-Welsh (1982) reported that adult women who were trained in assertiveness and RET also moved significantly towards heightened internal locus of control as a result of that experience. Locus of control,

therefore, was regarded to be another appropriate evaluative measure of the S-E program.

Interpersonal competence is a broad concept purportedly measured by Hurley's (1976) ARS and ARO scales that also assess the two most salient dimensions of interpersonal behavior, more commonly labeled dominance and affiliation (Wiggins, 1982). These scales separately assess one's acceptance and rejection of oneself and of others, in the interpersonal domain. Because of this program's emphasis on interpersonal skills and relations, these scales seemed especially appropriate.

Finally, a measure of self-esteem was believed pertinent because it was expected that as participants become more autonomous, assertive, and self-accepting, they would experience increased self-esteem. Increased self-esteem has been found to be a result of social skills training (Spence & Spence, 1980), assertiveness training (Vinick, 1983), and communication training (Martin, 1983). These all reflect major S-E program components and, therefore, supported the use of a self-esteem scale as an evaluative measure.

In summary, defensiveness, locus of control, self-esteem, and self- and other-acceptance/rejection scales were included as evaluative measures of this S-E program. The use of these measures was both intuitively appealing and empirically supported as being appropriate for this study.

Supplemental evaluation: The use of the self-image disparity score. The self-image disparity is defined as the

discrepancy between one's real and ideal perceptions of him/herself on a given self-concept measure. Self-image disparity scores have often been used to evaluate clinical interventions, yet much confusion about the interpretation of these scores exists. There are two basic views concerning self-image disparity score interpretation: the Rogerian and the Ziglerian positions.

The Rogerian position (Rogers & Dymond, 1954) contends that the self-image disparity is a general indicator of adjustment, with the larger discrepancy reflecting greater maladjustment. Numerous studies have used the self-image disparity score as a measure of self-satisfaction (Coopersmith, 1959; Fielder, Dodge, Jones, & Hutchins, 1958; Loor, Katz, & Rubenstein, 1958), self-esteem (Rosen, 1956; Sharma, 1956), and self-acceptance (Helper, 1955, 1958; Leary, 1957; Zuckerman & Monashkin, 1957).

Tucker (1982) argued that the self-image disparity score of body physique afforded greater utility for exploring personality adjustment than did a simple objective measure of physique alone. He found that of those who were dissatisfied with their body parts and/or abilities, 70% reported significant discrepancies between their real and ideal perceived somatotypes.

DeMan (1983) reported that young adult women exhibited a significant relationship ($r = .48$, $p < .02$) between self-image disparity scores and their degree of psychological adjustment as measured by the adult form of Rotter's Incomplete Sentence Blank. This study was a follow-up to an

earlier finding (DeMan, 1982) that women reported higher self-image disparity than did men on his autonomy-control scale.

The self-image disparity score has also been used to measure therapeutic outcome. Butler and Haigh (1954) found that clients in therapy significantly demonstrated a reduced self-image disparity score while a control group (waiting-list clients who were motivated and interested in therapy) did not. Rudikoff (1954) successfully replicated this study. The self-image disparity score showed significant decreases in depressed clients (Sheehan, 1981), problematic boys (Caplan, 1957), and chronic pain patients (in Millon, Green, & Meagher, 1982) as a result of using psychotherapeutic and psychoeducational interventions.

Gough, Lazzari, and Fiorvanti (1978) used the self-image disparity score across five adjective checklists with 200 subjects and concluded that "internal components of self-ideal congruence (an alternate way to express self-image disparity) have differential implications that overall measures will obscure or even fail to detect" (p. 1085). It was with this in mind that the disparity score was included in the evaluation of this study's S-E program.

Despite the support for the use of the self-image disparity score in personality and therapy outcome research, strong arguments against these scores have also been voiced. Philips, Raiford, and El-Batrawi (1965) challenged the Q-sort's reliability and validity as a tool for measuring therapeutic outcome (as had been used by Rogers and his

colleagues). They empirically demonstrated that Rogers' conceptual use of "congruence" (the degree to which one's real self-image correlates with one's ideal self-image) was problematic because it erroneously assumed that real and ideal self-image are independent constructs. This study demonstrated little shift in item position of the various sorts as a result of therapy. Contrary to Rogers' findings (only the real self-image moved towards a position of congruence), the real and ideal self-images moved equally toward congruence.

Satz and Baroff (1962) tested Rogers' main premises of self-theory and found support for the fact that real-ideal discrepancies are "characteristic of inadequate self-organization and poor psychological adjustment" (p. 291). However, their study failed to support the decreased real-ideal discrepancies purported to be the result of therapy. In fact, such discrepancies increased, though not significantly, in their study.

Rogers' disparity scores, used as a measure of emotional adjustment, have been criticized for their poor ability to discriminate between psychopathologies. Schizophrenics and normals demonstrated similar real-ideal disparity scores (Hillson & Worchel, 1957; Friedman, 1955) on indices of self-regard. Rogers (1958) himself reported findings that suggested that psychotics' disparity scores were actually less than the comparable scores of normals.

Barry and Miskimins (1969) also criticized Rogers' self-concept theory as being limited in its ability to

differentiate between psychopathologies. They elaborated self-concept measurement using the Miskimins' Self-Goal-Other Discrepancy Scale and demonstrated its effectiveness in discriminating between psychopathological categories. The "self-goal-plus" factor, similar to the real-ideal discrepancy score, was found to be significantly and positively correlated with a neurotic diagnosis (similar to Rogers' original hypothesis). Unfortunately, the author is unfamiliar with any usage of this scale for therapeutic outcome research.

The Ziglerian position (Achenbach & Zigler, 1963) views the self-image disparity score as being positively correlated with the individual's level of maturity and a natural concommitant of normal growth and development. The rationale behind this position was based on two factors that have been empirically supported (Katz & Zigler, 1967). First is the individual's capacity to experience guilt. Maturity allows for the increased capacity to incorporate social values and mores, make greater self-demands, and consequently experience more guilt from being unable to meet these demands. It was argued (Philips & Rabinovitch, 1958; Philips & Zigler, 1961) that more mature persons exhibit greater self-image disparity and, as a result, experience more guilt than less mature persons.

The second factor involves the greater cognitive differentiation that occurs with normal development. More mature persons should demonstrate greater disparity, as a

result of their increased differentiating ability, when comparing their real and ideal self-images.

Additional empirical support for this position included Achenbach and Zigler's (1963) work with the self-image disparity scores and social competence. They found that high socially competent people manifested higher self-image disparity scores than did low socially competent people. Philips and Zigler (1980) reported that children's self-image disparity scores were developmentally derived, but that experiential factors such as age, gender, and socioeconomic status influenced the disparity scores.

Self-image disparity scores on the Locus of Control, ARS, and ARO scales discussed above, were included as supplemental evaluative measures of this study's S-E program. Though difficult to interpret, the relationship between these scores and the scores of the other evaluative measures may clarify whether the disparity represents maladjustment and neurosis or cognitive maturation. Decreased disparity with increased self-esteem, self-acceptance, other-acceptance, and a move toward internal locus of control may be supportive of Rogers' view. Increased disparity with similar results on the other measures may be supportive of Zigler's position.

Hypotheses

It was expected that the report of a positive subjective experience in the S-E program would be accompanied by decreased defensiveness, shifts towards internal locus of control, shifts away from the external

facets of locus of control,and increases in self-esteem, acceptance of self (ARS), and acceptance of others (ARO). Such changes were not expected to be found in an idle control group recruited from the same sample as the S-E program participants. The additional inclusion of participants from a less structured, interpersonally oriented group program was deemed important to control for the effects of the participants gathering for the sessions, which was not part of the S-E control groups' behavior. The outcomes of this interpersonal group, though expected to be positive, were not included in this study's a priori hypotheses. A supplemental evaluation of the program used self-image disparity scores that were expected to be in concordance with the primary evaluative measures.

METHOD

Participants

The participants were 37 women enrolled at Michigan State University throughout the 1983-84 academic year. Only women were chosen for the study because prior research (DeMan, 1982, 1983) had effectively utilized this population in several self-image studies, and because of the few men who initially volunteered. The participants were separated into three treatment groups: Self-Enrichment (S-E; $n = 14$, separate groups of 4, 4, and 6, respectively), waiting list S-E Control group ($n = 13$; separate groups of 7, 3, and 3, respectively), and volunteers from several Interpersonal groups (IP; $n = 10$).

Volunteer participants in the S-E program and its control groups were recruited via an announcement distributed by the residence hall staff (See Appendix A). The announcement was designed to avoid the implication that one must be in severe distress to be eligible to participate. Instead, it emphasized this program as an opportunity to improve the quality of a person's life in the residence hall through small group sharing and the acqusition of practical enhancement skills. This announcement was aimed at sophomore women because it was believed that freshmen are often too overwhelmed in their first year away at college to

fully commit themselves to participate in such a group. Also, sophomores have lived in a residence hall for a year and are, therefore quite familiar with its problems both generally and as personally experienced. Academic time schedules and availability were also determinants of the membership of these two groups. This ensured that motivation and interest were as similar as possible between the S-E and S-E Control groups.

The Interpersonal (IP) group participants included women enrolled in Psychology 400 during the Spring and Fall of 1984. This upper level psychology course consisted of a relatively unstructured small group experience which emphasized present-moment interpersonal processing as a means to developing better interpersonal skills. These skills included empathic listening, articulation of feelings, appropriate and timely self-disclosure, and constructive confrontation (Hurley, 1985). The groups met for two 90-minute sessions per week for 9 weeks. Additionally, each group convened for two 12-hour "marathon" sessions near the third and seventh weekends of the IP program. Facilitators of the group were former group members selected from volunteers for further training. It was believed that the data generated by these participants would serve as an additional control for the S-E program by providing a means to assess whether the S-E outcome was due solely to the interpersonal aspects of the group, or to the structured skill training as well.

The IP participants generally lived off-campus and were of upper-class academic status (juniors and seniors). This was a by-product of the 400 course level, not the intent of the experimenter. Since the primary focus of this study was on the S-E program's effectiveness, this class standing difference was considered acceptable.

Procedure

Participants in the three treatment groups were administered evaluative questionnaire packets on a pre- and post-treatment basis. The measures in this packet (see Appendix B) included the following: Locus of Control (real, ideal, and how others perceive you), Acceptance versus Rejection of Self and of Others (ARS and ARO; real, ideal, and how others perceive you), Self-Esteem (real), and Defensiveness (real). At the conclusion of the respective treatments, all participants received an explanation of the nature of the measures and the aims of the study.

The S-E program consisted of 16 sessions, each of two-hour duration. There were two sessions per week for eight weeks. The sessions were purposely structured to be psychoeducational rather than solely interpersonal. Therefore, sessions focused on skill training, practice, and application in one's life. Session topics were as depicted in Table 1 and are presented in more detail in Appendix C.

The S-E program's initial focus was on self-care. RET was utilized to assist participants in managing difficult and self-defeating behavior. A self-care protocol and the instruction of relaxation skills were included to emphasize

Table 1

Focal Topics of the Self-Enrichment Group Sessions

Session #	Topic
1	Organizational meeting
2	Introduction of group members
3	Rational Emotive Training (Ellis & Harper, 1975)
4	Rational Emotive Training (cont.)
5	Self-care
6	Relaxation Training (Jacobsen, 1938)
7	Feedback and genuineness
8	Genuineness
9	Assertiveness training (McIntyre, Jeffrey & McIntyre, 1984)
10	Assertiveness training (cont.)
11	Empathy/understanding training
12	Empathy/understanding training (cont.)
13	Empathy/understanding training (cont.)
14	Open session; use of skills for personal issues
15	Open session; use of skills for personal issues
16	Termination

one's responsibility to take more than adequate care of oneself and to give such permission to those who felt inhibited.

The S-E program moved to taking care of oneself within a social context. Interpersonal feedback, genuineness in communication, and assertiveness training were the emphases at this point. The S-E program moved to helping others with the primary focus on empathy/understanding training. The program concluded with open-ended sessions designed to allow participants to assist each other in addressing ongoing issues in their lives.

S-E groups were co-led by two doctoral level students (one male, one female) in clinical psychology. The author served as one leader. He held an M.A. degree in clinical psychology with three years of graduate school training. His background included four years of residence hall staff membership during which he became aware of pressing students' concerns and two universities' inadequate attempts to address these. He was motivated by his desire to develop a cost-efficient, efficacious mental health program for residence halls. His relevant training included Rational Emotive group and individual therapy and research, relaxation training research and practice, and presentation of psychoeducational programs and workshops to college communities.

The author's colleague and friend of three years served as the other leader of the S-E groups. She also had three years of graduate training in clinical psychology and was

about to receive her M.A. degree in that field. She was motivated by the desire to gain experience in working with psychoeducational groups, especially with a college population. Her relevant training included 5 years as a full-time presenter of empathy and listening skills workshops and programs, and a strong Rogerian phenomenological theoretical orientation.

S-E group participants responded to several additional measures designed to directly assess the effectiveness of the skill training received. Having separate S-E groups allowed for a small 3-month follow-up on the retention of these skills.

Evaluative Measures

1) Locus of Control (Levenson, 1974). This is a modified version of Rotter's (1966) Internal-External (I-E) scale. While it still includes the internal dimension, it separates the external dimension into "powerful others" and "chance" elements on the basis of prior (Levenson, 1973b) factor analytic studies. Since the study's S-E programs involved the assertion of oneself in a social context (i.e., with "powerful others"), it was deemed important to assess both external facets.

Unlike the original true-false Locus of Control scale, this modification used a 6-point Likert format making each scale functionally independent. Reliabilities of these scales were reported comparable to those for Rotter's (1966) I-E scale. Levenson (1974) reported Kuder-Richardson internal consistency, split-half, and one week test-retest

stabilities to respectively be as follows: Internal scale (.64, .62, .74), Powerful Others (.77, .66, .74), and Chance scale (.78, .64, .78).

Construct validity of Levenson's measure has been demonstrated in terms of perceived parental antecedents to the locus of control orientation (Levenson, 1973a). Persons who reported experiencing their parents as punishing and controlling were found to show stronger expectations of control by powerful others. Others who viewed their parents as using unpredictable discipline standards showed stronger chance control orientations.

Validity was also demonstrated by the finding that college students predominantly of the chance orientation were not as actively involved in political-environmental issues as were students holding alternative locus of control orientation. Stronger believers in chance apparently had lesser hopes for control, and therefore, a weaker sense of involvement in such matters.

2) ARS and ARO (Acceptance versus Rejection of Self and of Others). Hurley (1976, 1980) extensively reviewed evidence suggesting that interpersonal behavior can be adequately characterized by two principal dimensions. He labeled these Acceptance versus Rejection of Self (ARS) and Acceptance versus Rejection of Others (ARO), as endorsed by several other authorities (Foa, 1961; Adams, 1964).

Hurley's two composite semantic-differential measures consist of four bipolar subscales. ARS's elements are Shows

Feelings--Hides Feelings, Active--Passive, Expressive--Guarded, and Dominant--Submissive. The ARO subscales are Warm--Cold, Helps Others--Harms Others, Accepts Others--Rejects Others, and Gentle--Harsh.

Evidence for discriminant and convergent validity of these measures has been documented (Gerstenhaber, 1975; Hurley, 1985). Construct validity for these measures has been strongly supported by interscale correlations (Hurley, 1976). Predictive validity in selected interpersonal situations has also been demonstrated (Small & Hurley, 1978). It is important to note that much of these measures' validational work was based on their use as peer ratings, though self-rating usage has also been positive (Gerstenhaber, 1975).

3) Self-Esteem scale (Rosenberg, 1965). This scale is a ten-item Guttman self-esteem measure. Participants are asked to respond to each statement by indicating strong agreement, agreement, disagreement, or strong disagreement. Rosenberg (1965) discussed the validity of the scale in terms of low self-esteem manifesting itself as depression. There was a strong association between low self-esteem and observers' ratings of depression and disappointment. The scale has also associated with peer ratings of interpersonal adjustment. Unfortunately Rosenberg did not use correlational analysis in his validational studies, obscurring the degree of the association.

Fleming and Courtney (1984) also found the scale to be unidimensional and demonstrated its validity by its strong

correlation (r = .78) with Shavelson, Hubner, and Stanton's (1976) "self-regard" facet of their self-concept hierarchical structure. Fleming and Courtney (1984) reported the one week test-retest stability to be .82, while its coefficient alpha (.88) showed good internal consistency.

4) Defensiveness Scale. This is the K-scale of the MMPI (Hathaway & Meehl, 1951) and was reported to have a one year test-retest reliability of .76. Originally intended as a measure of a person's defensive attitude while taking a test, it has been used as an overall measure of defensiveness with mixed results. Butcher (1977) and Ziegler, Rogers, and Kaiegman (1966) used the scale in the medical setting to measure defensiveness as a prognostic factor and also as a consequence of specific medical procedures. Ries (1966) used the K-scale as a defensiveness measure and found it to be a good predictor of psychological treatment outcome, with medial scores (9 - 15) most associated with positive outcomes. More extreme scores, either too defensive or too unguarded, were not good predictors of positive treatment outcome.

Contrary to these results, Sweetland and Quay (1953) and Smith (1959) concluded from earlier studies that the K-scale is only a measure of defensiveness for the "abnormal" population, while indicating personal integration and healthy emotional adjustment in more "normal" populations. Heilbrun (1961) echoed these sentiments but reported that the K-scale correlated with defensiveness in females more than in males, regardless of the sample's psychopathology.

5) Skill Training Effectiveness Measures. Upon completing the S-E program, participants were requested to respond to several short measures (see Appendix D) for the purpose of assessing whether the designated skills had been taught effectively. These measures addressed the Rational Emotive, relaxation, genuineness/assertiveness, and empathy training portions of the program. Each measure was used here for the first time except for the Rational Emotive measure which had previously been found to be an effective evaluator of this training (Birkeland, 1983). These measures were blindly and independently rated by the S-E program's co-leaders.

RESULTS

Three separate MANOVAs were performed on the dependent measures to ascertain whether overall analysis could be simplified by collapsing each treatment condition's subgroups. Self-Enrichment subgroup's MANOVA, using Pillai's Trace, was $F(2, 39) = 1.81$, ($p = .15$), indicating no significant intratreatment differences. Likewise, the S-E Control subgroup's MANOVA was $F(2, 36) = 1.53$, ($p = .25$), and the Interpersonal (IP) subgroup's MANOVA was $F(1, 18) = .31$, ($p = .90$) both indicating no significant differences between subgroups. Furthermore, only 6 of 49 (the total number of all possible intratreatment subgroup comparisons given seven subgroups and seven dependent measures) intratreatment subgroup t-tests performed resulted in significant differences. Examination of their scattergrams showed that these were attributable to a few outlying scores. Consequently, it seemed advisable to collapse these subgroups of each treatment into a single treatment group for further analysis.

Correlational Analysis

Pre- and post-treatment correlation matrices (depicted in Table 2) of the seven dependent measures resulted in two distinct clusters. Cluster membership was defined by the average percent of each members' contribution to the total

Table 2

Product-Moment Correlation Matrix of Total Sample for All Dependent Measures Organized by Clusters

		PRE-TREATMENT											
		Cluster A						Cluster B					
		ARS	SE	LoC-I	[Σr^2]	Submatrix %	Def(K)	ARO	LoC-P	LoC-C	[Σr^2]	Submatrix %	[$\Sigma\Sigma r^2$]
	A												
P	a. ARS	(76)	64[a]	30	[4996]	74.9	24	27	-12	-15	[1674]	25.1	[6670]
O	b. SE	53[a]	(75)	45[b]	[4834]	59.0	37[c]	19	-27	-30	[3359]	41.0	[8193]
S	c. LoC-I	27	28	(73)	[1513]	36.8	16	24	-18	-38[c]	[2600]	63.2	[4113]
T	[Σr^2]	[3538]	[4880]	[2925]	[11343]		[2201]	[1666]	[1197]	[2569]	[7633]		[18976]
	Submatrix %	61.6	67.2	45.7			30.3	25.3	12.7	20.1			
T													
R													
E													
A													
T	B												
M	a. Def-K	12	22	12	[772]	9.0	(82)	61[a]	-39[c]	-51[a]	[7483]	91.0	[8615]
E	b. ARO	30	-4	22	[1400]	20.8	52[a]	(69)	-18	-48[b]	[5332]	79.2	[6732]
N	c. LoC-P	-29	-27	-21	[2011]	22.7	-29	-26	(71)	73[a]	[6846]	77.3	[8857]
T	d. LoC-C	-18	-34[c]	-49[b]	[3881]	41.8	-39[c]	-23	58[a]	(79)	[5414]	58.2	[9295]
	[Σr^2]	[2209]	[2385]	[3470]	[8064]		[5066]	[4926]	[5209]	[10234]	[25435]		[33499]
	Submatrix %	38.4	32.8	54.3			69.7	74.7	81.3	79.9			
	[$\Sigma\Sigma r^2$]	[5747]	[7265]	[6395]	[19407]		[7267]	[6592]	[6406]	[12803]	[33068]		

Def(K) = Defensiveness (MMPI-K), LoC = Locus of Control (I = Internal, P = Powerful Others, C = Chance), SE = Self-Esteem, ARS = Acceptance versus Rejection of Self, ARO = Acceptance versus Rejection of Others.

Note. Pre-treatment versus post-treatment stability coefficients are shown in the diagonal and are not included in covariance calculations. All decimals are omitted; for r, multiply by .01.

[a] $p < .001$ by 2-tailed test. [b] $p < .01$ by 2-tailed test. [c] $p < .05$ by 2-tailed test.

covariance of the pre- and post-treatment submatrices. Central to cluster A was the Acceptance versus Rejection of Self (ARS) scale closely followed by the Self-Esteem (SE) and the more weakly attached Internal Locus of Control (LoC-I) scales. All members of this cluster were positively inter-linked. The moderately bipolar cluster B was positively anchored by the aligned Defensiveness (Def-K) and Acceptance versus Rejection of Others (ARO) measures. Each of these were negatively correlated with the two external elements of Locus of Control scales: Powerful Others (LoC-P) and Chance (LoC-C). The organization of these seven dependent measures shows these two clusters to be relatively independent aside from the same-method variance among the Locus of Control measures that likely accounted for three (of four) significant intercluster correlations (among 24 possible). The relative homogeneity of the present sample (all college-age women) likely attenuated these correlations.

It was believed that the interpretation of the data would be facilitated by comparison of each treatment condition's dependent measure correlation matrix. Treatments differed in both approach and amount of structure and the evaluative measures may reflect these differences. Therefore, treatment conditions' separate correlation matrices are shown in Appendix E, although it is noted that their small n's required large r's to attain statistical significance. Overall, it seems that the dependent measure clusters previously discussed are strongly evident in the

Control group, less so in the S-E condition, and weaker still in the IP condition.

MANOVAs of Dependent Measures

MANOVA of the dependent measures' pre-treatment scores using Pillai's Trace, was $F(2, 108) = 1.66$, ($p = .09$), suggesting that marginally significant differences existed at the outset of treatment. The S-E Control groups' higher scores, particularly on cluster A, seem responsible for this finding.

MANOVA of the dependent measures' change scores (post minus pre) was $F(2, 108) = .91$, ($p = .55$), indicating no significant intertreatment differences. Table 3 shows the means, standard deviations and univariate ANOVA results of each measure by treatment condition.

Although no statistically significant MANOVA was found, a significant univariate ANOVA was demonstrated on the ARS scale. The S-E condition showed more of an increase in self-acceptance (mean gain of 2.79) than did either the IP group (mean gain of .70) or the Control condition (mean loss of .44). Both the S-E and IP conditions yielded statistically nonsignificant gains on the same set of five (of seven) dependent measures (ARS, SE, LoC-I, ARO and LoC-P).

MANOVAs of Disparity Scores

MANOVA of the disparity (real minus ideal) change scores (post minus pre) using Pillai's Trace was $F(2, 108) = .87$, ($p = .57$), indicating no significant intratreatment differences. Table 4 shows the means, standard deviations, and univariate ANOVA results of each disparity measure in

Table 3

Summary of Mean Pre-, Post-Treatment, and Change (Post Minus Pre) Scores and Standard Deviations

Measure		Total (n = 37)	Treatment Conditions: Self-Enrichment (n = 14)	Interpersonal (n = 10)	Control (n = 13)	Univariate F (n = 37)
ARS	Pre	23.04 (2.84)	20.79 (4.92)	22.10 (6.08)	26.23 (5.37)	3.85*
A_a	Post	23.87 (5.09)	23.57 (4.55)	22.80 (5.94)	25.23 (5.07)	0.69
	Change		2.79 (3.31)+	0.70 (3.20)+	-1.00 (3.19)	4.44*
SE	Pre	31.37 (4.12)	30.21 (4.92)	30.60 (4.12)	33.31 (4.94)	1.64
A_b	Post	32.55 (4.56)	31.21 (3.26)	32.60 (4.12)	33.85 (5.84)	1.14
	Change		1.00 (3.90)+	2.00 (3.43)+	0.54 (2.54)	0.55
LoC-I	Pre	35.22 (5.38)	34.29 (4.39)	34.00 (6.68)	37.38 (5.01)	1.57
A_c	Post	36.26 (4.26)	35.29 (3.29)	34.80 (5.03)	38.69 (3.82)	3.48*
	Change		1.00 (4.15)+	0.80 (3.55)+	1.31 (3.61)	0.05
Def(K)	Pre	14.17 (3.85)	14.50 (3.74)	14.00 (2.26)	14.00 (5.03)	0.07
B_a	Post	14.37 (4.17)	15.29 (3.65)	13.90 (3.70)	13.92 (5.11)	0.46
	Change		0.79 (2.05)	-0.10 (2.28)	0.08 (2.87)	0.56
ARO	Pre	29.72 (3.77)	31.00 (3.46)	28.00 (3.33)	30.15 (4.53)	1.83
B_b	Post	30.41 (3.10)	31.21 (2.64)	29.10 (2.85)	30.92 (3.82)	1.46
	Change		0.21 (2.86)+	1.10 (3.07)+	0.77 (2.89)	0.28
LoC-P	Pre	22.48 (5.92)	23.79 (5.54)	22.20 (6.22)	21.46 (6.00)	0.55
B_c	Post	22.00 (5.96)	22.29 (4.51)	21.70 (6.18)	22.00 (7.18)	0.03
	Change		-1.50 (4.36)+	-0.50 (3.47)+	0.54 (5.27)	0.69
LoC-C	Pre	21.44 (5.46)	23.29 (5.68)	21.50 (5.02)	19.54 (5.25)	1.65
B_d	Post	22.87 (5.71)	24.07 (4.06)	22.50 (6.55)	22.00 (6.71)	0.47
	Change		0.79 (3.73)	1.00 (4.06)	2.46 (3.23)	0.81

*$p < .05$.

+represents a change score indicative of improvement.

Table 4

Summary of Mean Pre-, Post-Treatment, and Change (Post Minus Pre) Scores and Standard Deviations of Disparity (Real Minus Ideal) Measures

Measure		Total (n = 37)	Treatment Conditions: Self-Enrichment (n = 14)	Interpersonal (n = 10)	Control (n =13)	Univariate F (n = 37)
ARS	Pre	-4.66 (6.26)	-6.07 (5.97)	-4.05 (6.15)	-3.46 (6.85)	0.58
A_a	Post	-3.51 (5.87)	-3.07 (7.17)	-5.30 (4.72)	-2.15 (5.13)	0.83
	Change		3.00 (3.26)	-0.80 (3.88)	1.31 (5.02)	2.49
LoC-I	Pre	-4.93 (4.57)	-5.86 (4.11)	-4.70 (5.29)	-4.23 (4.66)	0.44
A_c	Post	-2.92 (5.53)	-3.29 (5.73)	-4.40 (4.09)	-1.08 (6.17)	1.11
	Change		2.57 (6.04)	0.30 (4.92)	3.15 (5.34)	0.82
ARO	Pre	-2.90 (5.19)	-1.14 (5.17)	-4.70 (4.27)	-2.85 (5.66)	1.41
B_b	Post	-2.31 (4.20)	-1.50 (5.36)	-3.50 (3.21)	-1.92 (3.45)	0.69
	Change		-0.36 (2.82)	1.20 (3.08)	0.92 (4.57)	0.68
LoC-P	Pre	3.12 (6.82)	1.64 (5.84)	6.10 (9.35)	1.62 (4.99)	1.62
B_c	Post	2.54 (7.56)	0.50 (9.65)	5.90 (6.40)	1.23 (4.90)	1.72
	Change		-1.14 (7.56)	-0.20 (6.96)	-0.39 (5.41)	0.07
LoC-C	Pre	3.35 (4.53)	4.29 (3.50)	4.90 (5.45)	0.85 (4.04)	3.21*
B_d	Post	3.80 (4.86)	3.64 (4.57)	5.90 (6.03)	1.85 (3.65)	2.08
	Change		-0.64 (3.95)	1.00 (5.81)	1.00 (9.40)	0.54

*$p < .05$.

all treatment conditions. The pre- and post-treatment disparity scores of all treatment conditions consistently showed the perceived ideal to be more in the direction of the measure's positive pole, than the perceived real. The ARS, ARO, and LoC-I measures' disparity scores were all negative indicating that the perceived ideal was more self- and other-accepting, and more internally oriented than was the perceived real. Likewise, the disparity scores for the LoC-P and the LoC-C were positive with the perceived ideal scoring less externally oriented (i.e., less influenced by powerful others and chance) than the real. Recall that "ideal" responses had not been requested for either the Def-K or the S-E scales.

Appendix F shows a complete table of pre- and post-treatment "ideal" means and standard deviations. Viewed with Table 3, this appendix shows the nature of disparity score shifts on a pre- to post-treatment basis (i.e., is the movement of the real score, the ideal score, or both responsible for the disparity score shift?).

Skill Acquisition Measures

As described earlier, the S-E participants also responded to informal measures designed to assess their acquisition of the program's skills. Their responses were blindly and independently rated by the S-E groups' co-leaders with a resulting average interrater reliability of r = .83 (using Spearman-Brown correction formula). Table 5 shows a summary of the results of these measures. Though not a complete sample of the participants (these measures

Table 5

Summary Results of Self-Enrichment Participants' Skill Acquisition Measures

Skill		Post-Treatment Mean (n = 9)	3-Month Follow-Up Mean (n = 6)	Interrater Reliability
RET	"Explain RET Therapy"	3.45	1.75	
	"Demonstrate Knowledge of Theory Using Two Personal Experiences"	3.72	2.08	0.88
Relaxation	"How Easy to Initiate Relaxation Response"	3.45	4.15	
	"Number of Attempts to Initiate Response"	3.00	5.00	*
Assertiveness	"List Common Obstacles to One Being Assertive"	3.83	4.17	
	"Contrast Assertiveness and Genuineness"	3.30	3.50	0.77
	"List ways to 'defuse' powerful others when you desire to be assertive"	2.50	2.50	
Empathy	"Explain three common ways we help others in our interactions"	3.90	2.50	
	"Explain 'understanding'"	4.13	3.67	0.83
	"Give an understanding response to these two statements"	4.20	2.67	

Note. See Appendix D for actual copies of these measures. For each rating scale: 1 = demonstrates little working knowledge of skill; 3 = demonstrates an average working knowledge of skill; 5 = demonstrates a solid working knowledge of skill.
*Analysis was purely quantitative, so ratings were inappropriate.

were added to the research design at a point which made the first S-E subgroup ineligible for post-treatment assessment, but available for follow-up measurement), it appears that they acquired an "average" to "solid" working knowledge of the program's skills. Using the same skill acquisition measures at a three month follow-up with a very limited sample (n = 6), participants maintained the assertiveness and relaxation skills but evidenced some post-treatment decline to their RET and empathy skills.

The follow-up sample was limited in size because only the first and second S-E subgroups were polled and two of these participants abruptly left the university with no available forwarding address. The third S-E subgroup was excluded from this sample because it was thought that the summer time follow-up period of this subgroup would have been a confounding factor in measurement. The summer would have involved experiences and opportunities very different from the colleagiate, residence hall living experiences that characterized the follow-up periods of the other participants.

Additional results on a Likert scale measure of the RET training (1 = "not at all," 5 = "very much so"; see Appendix D) indicated that the RET material had been relatively easy to understand (MEAN = 4.63, SD = .72), and that participants viewed these skills as readily usable outside of the program (MEAN = 4.33, SD = .49). Participants reported feeling more in control of their thoughts and feelings as a result of this program (MEAN = 4.00, SD = 0.0), and also more aware of

how cognitions influence their emotions (MEAN = 4.47, SD = .52).

Subjective Self-Report

Participants in the S-E program were also requested to comment on their experience in the group as part of the termination session (see Appendix C). Excerpts from these written responses, selected for their consensual validation among group members, to the question, "What about this Self-Enrichment experience do you wish to take with you as you leave?", are included here:

> "I feel reassured about myself, much more self-confident."
>
> "RET really helped me examine why I feel the way I do and how to get myself out of it."
>
> "I felt really valued and respected in the group."
>
> "I feel close with everyone here (in the S-E group), almost like a family, and we didn't even know each other when we came in."
>
> "The group is a place to have a chance to talk openly about things we don't normally have a chance to talk about."

Participants submitted no negative comments about the S-E program experience. Although this may have been partially due to situational demand characteristics, the author believes that the participants' 99% attendance record (only 4 of 14 participants missed a total of 6 of 48 sessions resulting in a 99% attendance rate defined by 666/672 "participant-sessions"), and their overtly expressed verbal

commitment to the program strongly supported the validity of these comments. Several participants expressed astonishment that such a sharing experience could occur within a large student residence hall where interpersonal contacts were typically superficial and cordial. It appears that providing the residents with an opportunity to share an open and intimate experience was the subjective cornerstone of the program.

Figure 1 shows an illustrative summary of the results of this study as an adjunct of their discussion below.

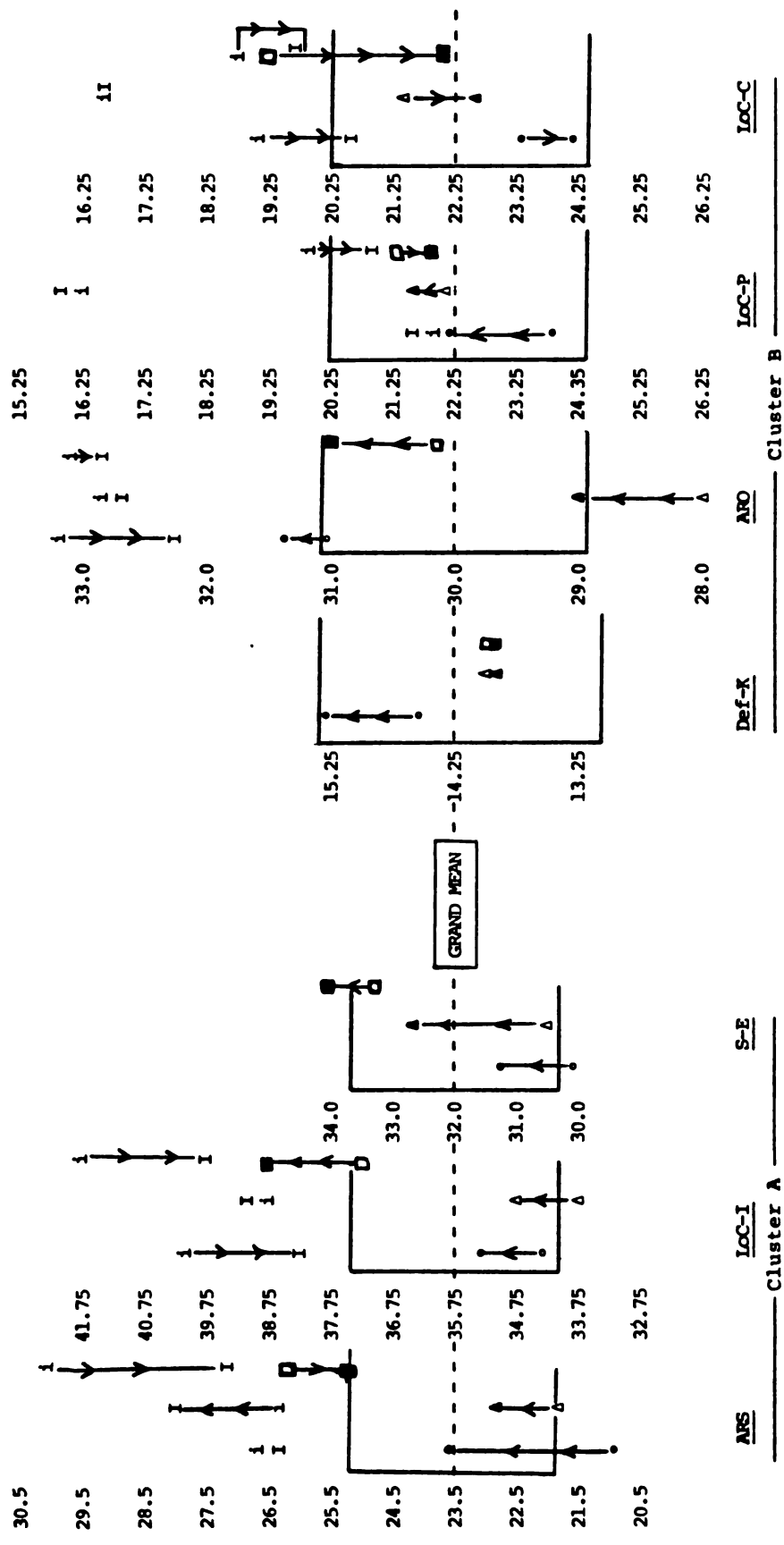

Figure 1. Display of Dependent Measures' Clusters and Their Mean Shifts (pre to post) (Brackets denote ± 1 Mean Standard Deviation)

DISCUSSION

Sampling issues. Participant recruitment procedures resulted in a nonrandom sample of residence hall students, so the Self-Enrichment (S-E) and Control participants were probably not fully representative of the residence hall population. A seemingly large proportion of these volunteers were motivated, articulate, active in the community (i.e., student government representatives, campus organization members, resident assistants, etc.), and generally socially adept. Some volunteered for this study because of their familiarity with the author's interpersonal style and his previous residence hall presentations. These participants probably did not represent the student population for which the S-E program was originally intended. Consequently, these participants' baseline levels on the evaluative measures were likely to be more favorable than would be those of the program's eventual target population (i.e., persons who are depressed, isolated, agitated worriers, socially anxious, etc.).

As seen in cluster A of Figure 1, the Controls registered higher pre-treatment self-esteem, acceptance of self and others, and internal locus of control than did their S-E co-recruits. Perhaps some Controls presented themselves as healthier in order to compensate for their

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nonparticipation in the S-E program (i.e., to convince themselves or the experimenter that they were not in need of the S-E experience). This was possible since some questionnaire packets were returned after group membership was determined through the use of matching schedules. Consequently, some Controls responded to the measures after their group assignments were made. Unfortunately the author does not know which Control participants are in question here. Nevertheless, the pre-treatment discrepancy between the S-E and the Control groups' scores reflect a major sampling problem that remains unexplained. An improved procedure and a larger sample probably would have avoided this problem.

Another sampling issue involved the Interpersonal (IP) group participants. These women were nonrandomly selected volunteer members of several independently facilitated subgroups from two academic terms. Therefore, they were unlikely to have been fully representative of the IP experience because each subgroup was intrinsically unique. However, participants' scores on the evaluative measures of the Interpersonal program (MSU Psychology 400 course) showed that this study's IP participants were generally similar to nonparticipants of this study enrolled in this course. There were no marked differences on the ARS and ARO scores. Nevertheless, participants likely differed in regards to their subgroup's interpersonal interventions, group climate, processing, and facilitation. These inconsistencies and the sample's small size (n = 10) complicated the use of this treatment for comparisons with the S-E program.

The non-representativeness of both the S-E and the IP groups' samples might have been attempted by more energetic and careful recruitment and follow-up procedures. The most serious flaw of this study, particularly from a statistical point of view, is its small sample size. This rendered statistical analysis less powerful and made statistically significant findings improbable. These problems consistently overshadowed the study's outcome.

The small sample size of the S-E and Control groups may have been due to a number of factors. The commitment of 32 hours of personal time without any formal academic credit was cited by many potential recruits as a deterrent to participation. As previously discussed, and seemingly paradoxical in an academic setting, the residence hall social "atmosphere" is generally one that frowns upon participation in educational programming. Finally, the recruitment letter (see Appendix A) may have been misperceived as being targeted for residents with severe mental health problems, causing others to shy away from participating.

Solicitation of residents from other residence halls may have increased the sample size and broadened its representativeness. Such solicitation though, may have sacrificed the benefits of having a convenient meeting place (i.e., within the same residence hall that housed <u>all</u> of the participants) and the residents' familiarity with the program's initiator. Both of these factors have previously been noted as important in residence hall intervention

programs (Thompson & Fiddleman, 1973; Davis, 1974; Pierce & Shwartz, 1977).

An interesting aspect of the recruitment of the S-E participants involves the size and perhaps the "atmosphere" of the residence hall. Recruitment in a smaller residence hall (population approximately 250 males and females) for the third S-E subgroup was much more successful (8 participants from approximately 130 women) than was recruitment from the large "megadorm" (19 participants from approximately 525 women), despite the smaller hall residents' unfamiliarity with the facilitator. It is difficult to account for this finding as many factors are probably involved. Perhaps the smaller hall's "atmosphere" may have been more intimate and sharing, thereby making the S-E program a more acceptable activity than in the "megadorm." The residence hall staff's programming emphases and philosophy may have also differed between the two halls, leading to differential acceptance of the S-E program. Finally, the spring term scheduling of the program in the smaller hall may have coincided with lighter academic loads, more perceived need for the program experience (after a year in the same residence hall), and a greater desire to engage in self-enhancing activity (which frequently occurs in the area of body physique in the spring time); all of which may have boosted recruitment.

The IP groups' small sample size may have been due to the fact that these women lacked personal familiarity with the experimenter and received no clear benefits from their

participants aside from perhaps satisfying some altruistic desires. A more energetic recruitment effort and ongoing contact with them after the initial pitch would likely have increased this sample's size and representativeness, as well as, diminished their waning of interest and motivation that, in at least one case, led to attrition.

Attrition was not an obvious problem except for follow-up S-E participants when 2 of 8 women failed to return the questionnaire packet. Both had abruptly left school for health and personal reasons and were unable to be contacted for follow-up with the skill acquisition measures. The experimenter's failure to obtain home and alternative addresses of recruited participants contributed to this attrition.

Use of difference (change) scores. The use of change scores defined as the difference between the pre- and post-treatment measures raises some difficult questions with which researchers have long been struggling. "Essentially, the question behind the problem is: When measuring any kind of change in a person, where there is a pre- and post-assessment, how can the change be calculated so that the individuality of the person's pre-score is accounted for and yet his change can be represented in terms which allow for a fair comparison to changes in others?" (Menlo & Johnson, 1971, p. 193).

Cronbach and Furby (1971) questioned the reliability and applicability of difference scores and favored the use of analysis of covariance (using the post-score with the

pre-score as the covariant) in studies where nonrandom sampling prevents the use of the post-score as the sole dependent variable. Oliver and Berger (1980) argued that pre-testing is desirable when group sample sizes are small, and where the pre- and post-test within-group dependent measure correlations are high regardless of the randomness of the sample. Under these conditions, Overall and Woodward (1975) suggested that analysis of change scores would provide the most powerful test of group differences.

Rogosa and Willett (1983) supportively argued for the demonstrated reliability of the difference score "particularly when individual differences in true change are apparent" (p. 341). They contend that the difference score can be a precise and accurate measure of change despite having low reliability. Criticism seems to be levied against difference scores for illogical reasons. Reliability (the ability to distinguish between individuals on a given trait or score) of difference scores drops when they quite naturally fail to discriminate change among individuals that display nearly the same scores. Situations of minimal individual score differences should result in difference scores that are unable to distinguish between individuals. Yet, according to these authors, these situations dominate the literature critical of the use of difference scores.

Correlational analysis. Overall, the dependent measures formed two distinct correlational clusters. Self-Esteem (SE), ARS, and Internal Locus of Control (LoC-I)

scales formed one unipolar cluster while the two external facets of Locus of Control (LoC-P and LoC-C), ARO, and the Def-K scales formed the other moderately bipolar cluster. Figure 1 displays these clusters. Cluster A seems to reflect subjective self-worth as generated by self-acceptance and self-directedness in one's life. Cluster B seems to involve the "other" interpersonal dimension in terms of acceptance of others (ARO), perceived threat of others resulting in a defensive posture (Def-K), and the perceived influence of others (LoC-P and LoC-C) on the direction of one's life.

Cluster A. Self-Esteem (SE) and ARS were significantly and positively correlated (r_{pre} = .64, $p < .001$; r_{post} = .53, $p < .01$) consistently. This represents positive support for the validity of the ARS as a self-rated measure of self-esteem. Though this correlational relationship was mirrored within each condition, it was not significant within the S-E condition (r_{pre} = .30; r_{post} = .36). Small sample size and sample homogeneity were likely determinants of this finding.

Overall, the Internal Locus of Control (LoC-I) correlated positively with Self-Esteem (SE) although only significantly (r = .45, $p < .01$) at pre-treatment. This positive correlation was strongest among the Control participants. The IP and S-E conditions displayed substantial decreases in positive correlation from pre- to post-treatment. It seems reasonable that since these treatments emphasized self-esteem, as being more than simply exhibiting mastery over

one's destiny, these participants may have used a broader set of criteria to evaluate their self-worth than was available to the Controls. The use of these broader criteria may have accounted for the decreased positive correlation between the SE and LoC-I scales.

Cluster B. Overall, the two external facets of Locus of Control (Powerful Others and Chance) were significantly and positively correlated (r_{pre} = .73, p < .001; r_{post} = .58, p < .001). This suggests that these scales may be less independent than Levenson (1973b) claimed (r = .54, p < .01). The positive correlation between these scales was mirrored within all treatments, but not statistically significant for the IP or the pre-treatment S-E participants.

As expected, the Internal Locus of Control (LoC-I consistently correlated negatively with the two external Locus of Control elements. This negative correlation was usually larger with the "Chance" scale (overall r = -.44) than with the "Powerful Others" scale (overall r = -.20). These results made intuitive sense since belief in the mastery of one's destiny and the reliance on fate are more clearly opposing concepts than are belief in self-directedness versus the influence of powerful others in one's life. The interpersonal nuances of the "powerful others" element may well serve to obscure its opposing relationship with the internal scale.

Correlation of the defensiveness (Def-K; MMPI K scale) and the ARO scales was significant and positive across all

conditions (r_{pre} = .61, p < .001; r_{post} = .52, p < .001). This result is less intuitively appealing than were the previous findings and may reflect problems with the defensiveness measure. One possible interpretation of this correlation is that the acceptance of others may serve as a vehicle to maintain a defensive guard against one's negative and rejecting feelings towards others. Equally plausible is that acceptance of others may be a defensive projection of how one desires to be accepted oneself; afterall, rejection of others may give such others license to painfully reject oneself.

Butcher (1969) reported the positive correlation between the present Def-K measure and social desirability. Viewed this way, a person who prefers to be socially desirable would consistently strive to convey an acceptance of others. Perhaps the Def-K scale failed its intention and instead measured this social desirability aspect of the participants which resulted in its strong positive linkage to ARO.

Recalling earlier findings (Sweetland & Quay, 1953; Smith, 1959), perhaps the Def-K scores of this "normal" sample reflects the participants healthy emotional adjustment, in which case the measure's strong correlation with ARO makes reasonable sense. Acceptance of others partially relies on an emotional stability that reduces the need for degrading social comparisons.

The positive correlation between the Def-K and the ARO scales was unconvincing in the IP condition (r_{pre} + .18; r_{post} = .04), which again may be due to this sample's small size in (n = 10). Perhaps, though, the IP experience was a more successful intervention in terms of freeing the participants to be more accepting of their negative, potentially rejecting sentiments. This program's emphasis on interpersonal feedback and processing may have been more facilitative of learning that such sentiments were healthy, acceptable, and noncatastrophic. These participants may also have learned that receiving such feedback was not a devastating experience and, therefore, did not require to be defended against by placating others. The IP group may have been best suited for allowing participants to relinquish any defensive purpose of accepting others.

The Def-K scale was significantly and negatively correlated with both external facets of Locus of Control across all conditions ("Powerful Others": r_{pre} =-.39, p < .05; r_{post} = -.29, and "Chance": r_{pre} = -.51, p < .001; r_{post} = -.39, p < .05). Defensive energy is generally spent to restrain one's impulses and feelings. If one believed that external forces directed one's life, defensiveness would be unnecessary since discharge of internal impulses is not perceived to be profoundly influential. Hence, the negative correlations of Def-K with both LoC-P and LoC-C. The converse belief (that internal factors are determinants of one's life experiences and, therefore, require defensive behavior to modulate the effects of internal impulse

discharge) seems reasonable but was inconsistent with the present data (the Def-K and the LoC-I scales were not significantly positively correlated). Viewed again as a measure of social desirability, a positive correlation between the Def-K and the external elements of Locus of Control would be expected. As reported above, this was not observed here.

The Def-K measure remains problematic because of its interpretive ambiguity as a measure of defensiveness, social desirability, personal integration, and emotional adjustment (Butcher, 1977; Ziegler et al., 1966; Sweetland & Quay, 1953; Smith, 1959). While its significant correlations with ARO, LoC-P, and LoC-C are clearly evident, it is difficult to confidently interpret these results due to the measure's uncertain construct validity.

Comparison of intervention outcomes. Earlier cited self-reports by the S-E participants indicated that interpersonal trust and support were the small group components most valued. Given that the immensity of Michigan State University and its residence hall system often fosters feelings of impersonalization, this was hardly a surprising finding. The S-E program successfully provided an open and safe forum for residents to risk self-disclosure and discuss their personal struggles. Residents viewed this group as a special place to share themselves with other committed persons. Members appeared to have assumed ownership and responsibility for the group as evident by their high attendance rate.

Within this program, the S-E members appeared to have acquired an "average" of "solid" understanding of the formal skills emphasized. Empathy and assertiveness skills appeared best acquired by the participants. This may be due to the extensive use of role play and related homework exercises in the training of these skills. These skills also appeared to be highly applicable to many of the participants' personal concerns (i.e., roommate conflict resolution, peer pressure). The relaxation training and RET skills required more cognitive processing to utilize and master. Therefore, "solid" acquisition of these skills might well necessitate longer training than was provided by this program.

Three month follow-up with six participants using the same skill acquisition measures yielded some interesting results. Most resilient over time were the empathy and assertiveness skills. RET skill acquisition declined substantially, as would likely be expected due to its complexity and the very limited allotment of training time given to these skills.

Relaxation skills showed an increase in frequency and effectiveness at follow-up. This was surprising since this complex skill requires consistent practice in order to achieve mastery. The participants informally reported little practicing of these skills throughout the duration of the program. Therefore, it seems unlikely that the use of these skills would increase during the follow-up period. It seems reasonable to view this finding as a function of

situational demand characteristics. The relaxation skills acquisition measure appeared most susceptible to demand characteristics because these items were quantitative unlike the other knowledge-based, qualitative items.

It should be noted that follow-up participants' dependent measure change scores were consistent with the scores of the other S-E participants except on the LoC-P measure where a single extreme outlying score seemed responsible for the discrepancy. This overall consistency supports the follow-up participants' representativeness of the S-E group.

S-E participants demonstrated a nonsignificant post-treatment increase in internal locus of control, self-esteem, and acceptance of both self and of others. Participants also reported a decrease in the importance of "powerful others" on the course of their own lives. All of these changes were in the direction of the participants' ideal scores on the measures where this facet was assessed. By most of these measures, however, Control participants shifted similarly. Comparison of these two treatments revealed that the only significant difference occurred on the ARS scale where the Self-Enrichments increased their self-acceptance while the Controls' comparable scores decreased. This finding was complicated, unfortunately, by large pre-treatment differences between these groups. Among the cluster B measures, the Self-Enrichments' Def-K score increased while the Controls' virtually remained the same.

IP group participants' shifts were quite similar to those of the S-E members. These individuals demonstrated mildly greater increments in self-esteem and acceptance of others, but a smaller ARS increase than did the Self-Enrichments. The only statistically significant intertreatment difference was again evidenced on ARS.

A finer analysis of the ARS scale is displayed in Figure 2 and detailed in Appendix G. It revealed substantial differences between the S-E and the Control groups. Self-Enrichments and Controls shifted similarly towards "expressiveness" but differed on the three remaining ARS anchors. One-tailed *t*-tests of significance were utilized here because participants' ARS "ideal" scores were consistently above their "real" scores. The Dominant--Submissive subscale was most discriminating as the Self-Enrichments' shift towards "dominance" was significantly larger ($t = 2.46$, $p < .01$) than the Controls' opposite shift away from "dominance." Marginally significant differences were also found on the Hides Feelings--Shows Feelings ($t = 1.62$, $p < .06$) and the Active--Passive ($t = 1.56$, $p < .07$) anchors. S-E participants shifted towards "showing feelings" and "active," while Controls shifted in the opposite direction on these anchors. Therefore, it appears that the S-E program was facilitative of movement towards dominance, activeness, and the sharing of feelings in the interpersonal domain.

ARS scale analysis also revealed that the Dominant--Submissive and the Guarded--Expressive anchors were the most

Fig

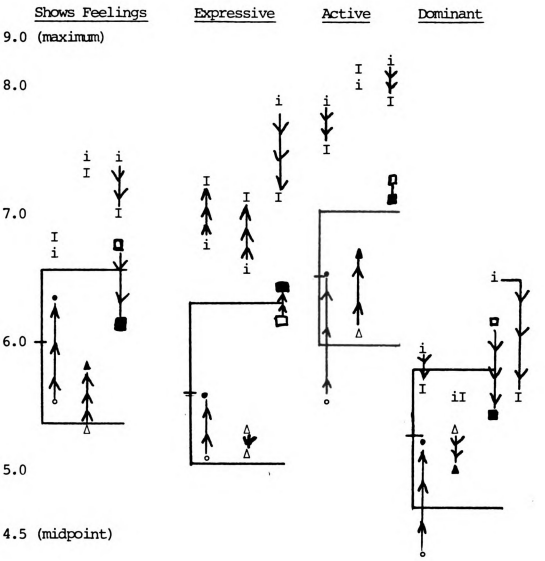

Figure 2. Display of ARS Scale Anchors' Mean Shifts (pre to post) (Brackets denote ± 1 SD of the group's mean)

discriminating between the S-E and IP programs. In fact, the Self-Enrichments' shift towards dominance was significantly larger ($t = 2.22$, $p < .05$) than the Interpersonals smaller comparable shift away from "dominance." Self-Enrichments shifted towards "expressiveness" while the Interpersonals shifted away from this pole, though minimally. It may be reasonable to conclude that the skill training and practice of the S-E program gave the participants tangible experiences from which to perceive themselves as being more interpersonally dominant and expressive. Perhaps the present-moment processing of the IP group did not provide comparable experiences.

The S-E and the IP groups showed similar shifts towards "active" and "showing feelings" anchors. The greatest change occured on the Active--Passive anchor with the S-E and IP groups registering mean gains of .86 and .60 respectively, versus the Controls' net loss of .08. This suggests that each intervention program tended to foster increased interpersonal activeness and initiative.

Most intriguing was each treatments' pre- to post-shift towards increased "Chance" Locus of Control and the comparable shifts on the "ideal" facets of this measure. This suggests that the three treatments influenced participants' beliefs so that reliance on fate to determine one's life's events was deemed desirable. These results were most surprising, and as yet unexplainable, since they appear contrary to other findings (i.e., increased LoC-I and decreased LoC-P).

While it seems that the S-E program was helpful in facilitating change, its positive effects, aside from ARS, were not notably different from those of the IP and Control conditions. The similarity of results between the Self-Enrichments and Controls remains puzzling. Recall that the members of these groups were simultaneously recruited but were assigned to their group on the basis of scheduling conflicts. The Controls' motivation to participate in the S-E program did not likely dissipate after their group assignment. They may have sought assistance and/or self-enhancement elsewhere; formally or informally (i.e., resident assistant, residence hall programs, counseling center workshops, bibliotherapy). This factor was overlooked in the present study but needs thorough assessment in future evaluations of this S-E program.

Despite these Control group problems, the small magnitude of positive change shown by the S-E group is an issue in itself. This study attempted to evaluate the S-E program by the application of global and clinically relevant indices (i.e., defensiveness, self-esteem, locus of control, acceptance versus rejection of self and others). The broad, general focus of these measures may have contributed to their relatively nondifferentiating results. These measures may have simply been insufficiently sensitive to differentiate between the structured, skill-based S-E program, the unstructured IP experience, and the Control group. This may represent a significant flaw in the design of this study.

In retrospect, it may have been more appropriate to have used specific measures to assess skill performance (not skill acquisition) in the S-E program's various training areas. Perhaps the Irrational Ideas Inventory (Kassinove, Crisci & Tiegerman, 1977) for RET, the Assertiveness Inventory (Alberti & Emmons, 1978) for assertiveness training, and in-vivo interaction videotapes for the evaluation of defensive, assertive, and empathic behaviors could be utilized. It also seems feasible that skin conductance measures could be taken at intervals throughout the program to measure participants' ability to acquire and maintain a relaxed state through the use of their relaxation skills. Such measures appear more likely to yield differential intertreatment results, and should be seriously considered in future developmental work with the S-E program.

The sole measure that significantly discriminated between treatment conditions was the ARS scale with the Self-Enrichments moving most towards self-acceptance as a result of their intervention experience. This program's emphasis on the responsibility for one's pleasure and satisfaction when alone, and for self-assertion and social mastery when with others, may have accounted for these results. Unlike for the two other conditions, these emphases were directly communicated through skill training and concrete practice. Perhaps then, this scale was the study's most sensitive measure for differentiating the S-E program's structured, skill-training approach and the IP group's unstructured, process-oriented style.

Global program effectiveness measures remain an important means for assessing whether the skill training offered has a desirable effect on pertinent clinical constructs. Perhaps differentiation of these treatment programs by global measures would necessitate the development of scales that specifically addressed those personal constructs within the specific context of university residence halls. For example, factors likely to be important in assessing self-esteem in residence halls are interpersonal relations and chosen field of academic pursuit. Paralleling Rosenberg's Self-Esteem scale, sample items of such a hypothetical scale may read: "I certainly feel useless when everyone has a date but me," and "At times I find it hard to have respect for myself given my academic major." Construction and validation of such residence hall specific scales would seem a promising addition for the evaluation of residence hall and counseling center programs, including the S-E program presented here.

Real-ideal disparity scores. For the five measures (Locus of Control: Internal, Powerful Others and Chance; Acceptance versus Rejection of Self and Others) which assessed both the "real" and "ideal" facets, the ideal was generally perceived to be in the improved direction. This consistent positioning of the "ideal" simplifies the discussion of the real-ideal disparity scores.

As discussed earlier, the use and interpretation of the real-ideal disparity scores has often been controversial. This study's results did not appreciably clarify these

controversies. Furthermore, no present disparity score shifted significantly from pre- to post-treatment, though the ARS scale demonstrated the most substantial change in disparity. Recall that the ARS scale represented the only significant discriminator of the treatment conditions; the Self-Enrichments demonstrating the most movement towards self-acceptance on this measure. The Self-Enrichments' mean ARS disparity declined appreciably (from -6.07 to -3.07) while the Interpersonals' comparable score increased slightly (from -4.50 to -5.30). This offers some support, though not convincing, for Rogers and Dymond's (1954) assertion that decreased disparity between real and ideal scores on a relevant dependent measure reflected a healthy intervention outcome.

Summary

The Self-Enrichment (S-E) program's data trends were generally encouraging even though the MANOVA analysis failed to yield significant results. Some specific skills (i.e., assertiveness and empathy) taught in the program were clearly acquired and also showed reasonable retention at three-months post-treatment. Participants especially valued the private, supportive, honest, and trusting environment created by the S-E program.

Serious sampling limitations that consistently overshadowed this study's results included quite small *n*'s (10 to 14), and participants' questionable representativeness of the population from which they were recruited. These sampling problems may have been responsible for the

Controls' higher pre-treatment scores (particularly on cluster A: ARS, Self-Esteem, and Internal Locus of Control), which complicated the interpretation of the findings.

Examination of the overall correlation matrix for the seven dependent measures revealed two distinct clusters. The ARS, Self-Esteem, and Internal Locus of Control scales formed a unipolar cluster seemingly related to perceived self-worth. The ARO and the Defensiveness scales formed one pole of a moderately bipolar second cluster versus the two external Locus of Control ("Powerful Others" and "Chance") scales. This cluster was seemingly related to the perceived influence, threat, and relatedness of others to oneself.

Other features of these pre- and post-treatment correlational matrices confirmed some expected relationships: Self-Esteem and ARS linked positively, while the two external facets of Locus of Control interlinked somewhat more positively than expected, although each correlated negatively with Internal Locus of Control.

Unexpected features of these matrices included the positive correlation of Defensiveness (MMPI K scale) with Acceptance versus Rejection of Others (ARO), and the K-scale's negative correlation with the Locus of Control's two external scales. These seem to reflect problems with conceptualizing the MMPI K as a measure of overall defensiveness. Although various researchers (Ziegler et al., 1966) have used it as an independent measure of defensiveness, its strong positive correlations with social desirability

(Butcher, 1969) and with healthy emotional adjustment (Sweetland & Quay, 1953; Smith, 1959) undercut its construct validity as a defensiveness measure. This ambiguity may be responsible for its observed correlational relationships with ARO and also with the two external Locus of Control scales.

The dependent measures, though perhaps too global to be differentially sensitive to the three treatment conditions (Self-Enrichment; S-E, S-E Controls, and Interpersonal; IP, groups), indicated that the S-E participants moved positively (albeit nonsignificantly) toward their ideals in internal locus of control and acceptance versus rejection of self and others. S-E members also demonstrated an increase in self-esteem.

Comparison of the S-E, IP, and Control conditions revealed some interesting results. S-E and Control participants shifted similarly in Internal Locus of Control, Self-Esteem and ARO. A significantly different shift occurred on ARS, where the S-E participants increased self-acceptance while the Controls' comparable score decreased. The IP intervention, by virtue of its own effectiveness, yielded results that were similar to, but weaker than, those of the S-E condition. Again, only the ARS proved significantly discriminating across conditions, with the S-E group exhibiting the larger pre- to post-treatment gain in self-acceptance (S-E = 2.79; IP = .70, S-E Controls = -.44). Also noticeably discriminating was the S-E groups' increased

defensiveness (MMPI K), and the IP and Control groups' virtual standstill on this scale.

Finer analysis of ARS revealed that the Dominant--Submissive subscale discriminated between treatments significantly, with the S-E group moving towards "dominance" while the IP and Control groups' moved away from this anchor. Additionally, the S-E group's shifts towards "showing feelings" and "active" were marginally significant from the Controls' shifts in the opposite direction on these anchors. It appeared that the S-E program was facilitative of movement towards interpersonal dominance, sharing of feelings, and activeness.

The inclusion of the real-ideal disparity scores on several dependent measures did not clarify the controversial issues surrounding the use of these scores. For four of the five pertinent measures, the S-E group shift was toward participants' "ideal" and consistent with Rogers and Dymond's (1954) controversial interpretation that such shifts indicate a positive outcome, but this evidence was not overwhelming.

Development of the Self-Enrichment program for university residence halls seems to be a worthwhile endeavor. Specific skill performance measures need to supplement the global dependent measures to better discriminate between comparison treatments. At some point, paraprofessional facilitators of the program need to be utilized to avoid confounding the clinical psychology backgrounds of this study's leaders with the S-E program's outcome.

The implementation of such a mental health enhancement program in university residence halls, though appearing practically and economically advantageous, will likely encounter both resident apathy and administrative resistance. The Self-Enrichment program's ability to reach its intended target population (i.e., persons who are depressed, isolated, anxious, etc.) remains to be demonstrated and requires careful attention to participants' motivation. Appealing packaging and generation of positive publicity, especially from former participants, warrant high priority as these would probably be essential for the program's success.

APPENDICES

APPENDIX A

Recruitment Announcement

MICHIGAN STATE UNIVERSITY

DEPARTMENT OF PSYCHOLOGY
PSYCHOLOGY RESEARCH BUILDING

EAST LANSING MICHIGAN · 48824-1117

Sunday, May 22, 1983

Dear Student:

Life as a college student is often very complex. Each individual's experience is unique in many ways, but some common concerns among college students are personal relationships (male and female), academic pressures, family problems, social life, personal issues (like appearance and weight), career aspirations and fears, and self-definition. Your energies are likely focused upon both enhancing the positive aspects of your experience and coping with the negatives.

We have designed a self-enrichment program to help deal more effectively with such concerns. Within a small group setting, you will have the opportunity to discuss issues that are of personal importance to you. We will also provide specific, practical skills that you can learn for coping with the problems and enhancing the assets of your daily living.

These self-enrichment groups will consist of six sophomore women, each led by two doctoral candidates in clinical psychology (Pete and Kathleen). We will meet for eight weeks, from the week of September 26th through the week of November 14th; there will be two sessions per week, for 2 hours each, for a total program of 32 hours.

We would like to know before summer begins how many women might be interested in such a program for the fall of 1983. We have scheduled a general information session, therefore, at 7:00 p.m. on Tuesday, May 24th, in Room 66 of Hubbard Hall. At this meeting, you will have a chance to meet us and ask any questions you might have. Even if you cannot attend the meeting, you are still eligible to participate in the program. Regardless of your decision, we would appreciate your completion of the form below. Please return the form to your R.A. by Wednesday, May 25th.

Thank you for your thoughtful consideration.

Sincerely,

Pete Birkeland
Pete Birkeland

Kathleen Hamernik
Kathleen Hamernik

- -

NAME: ____________________________________

☐ I am interested in this program. Please contact me in the fall.

☐ I am not interested in this program.

☐ I am uncertain about my interest. Please contact me in the fall.

CURRENT ADDRESS: ________________________________ PHONE: ____________

NEXT YEAR'S ADDRESS: _____________________________ PHONE: ____________

HOME ADDRESS: ___________________________________ PHONE: ____________

____

APPENDIX B

Dependent Measures

BIOGRAPHICAL INVENTORY

Please read the following statements carefully. If a statement is TRUE or MOSTLY TRUE, as applied to you, circle the T; if a statement is FALSE or NOT USUALLY TRUE, as applied to you, circle the F. Be sure to give your own opinion of yourself.

T F I think a great many people exaggerate their misfortunes in order to gain sympathy and help of others.

T F I worry over money and business.

T F I think nearly anyone would tell a lie to keep out of trouble.

T F I am against giving money to beggars.

T F I have very few quarrels with members of my family.

T F I find it hard to make talk when I meet new people.

T F People often disappoint me.

T F It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important.

T F It takes a lot of argument to convince most people of the truth.

T F I frequently find myself worrying about something.

T F I find it hard to set aside a task that I have undertaken, even for a short time.

T F It makes me uncomfortable to put on a stunt at a party even when others are doing the same thing.

T F At times I feel like swearing.

T F At times I am all full of energy.

T F Criticism or scolding hurts me terribly.

T F At times my thoughts have raced ahead faster than I could speak them.

T F I often think "I wish I were a child again."

T F Often I can't understand why I have been so cross and grouchy.

T F I certainly feel useless at times.

T F At times I feel like smashing things.

T F At periods my mind seems to work more slowly than usual.

T F Most people will use somewhat unfair means to gain profit or an advantage rather than to lose.

T F I have often met people who were supposed to be experts who were no better than I.

T F What others think of me does not bother me.

T F I have never felt better in my life than I do now.

T F I like to let people know where I stand on things.

T F When in a group of people I have trouble thinking of the right things to talk about.

T F I get mad easily and then get over it soon.

T F I have periods in which I feel unusually cheerful without any special reason.

T F I have sometimes felt that difficulties were piling up so high that I could not overcome them.

INSTRUCTIONS

This is a questionnaire to find out the way in which certain important events in our society affect different people. Each item is designed to be measured on the six-point scale shown at the top of the questionnaire. This is a measure of personal belief: obviously, there are no right or wrong answers.

Please answer these items carefully but do not spend too much time on any one of them. Try to respond to each item independently when rating them; do not be influenced by your previous ratings.

NOTE: For this questionnaire, please rate the items according to how strongly you believe it to be true of you.

Please rate these items according to the following scale:

1	2	3	4	5	6
Strongly believe NOT To Be True					Strongly believe TO Be True

1. ___Whether or not I get to be leader depends mostly on my ability
2. ___To a great extent, my life is controlled by accidental happenings.
3. ___I feel like what happens in my life is mostly determined by powerful people
4. ___Whether or not I get into a car accident depends mostly on how good a driver I am
5. ___When I make plans, I am almost certain to make them work
6. ___Often there is no chance of protecting my personal interest from bad luck happenings
7. ___When I get waht I want, it's usually because I am lucky
8. ___Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power
9. ___How many friends I have depends on how nice a person I am
10. ___I have often found that what is going to happen will happen
11. ___My life is chiefly controlled by powerful others
12. ___Whether or not I get into a car accident is mostly a matter of luck
13. ___People like myself have very little chance of protecting our personal interest when they conflict with those of strong pressure groups
14. ___It's not always wise for me to plan too far ahead because many things turn out to be a matter of good and bad fortune
15. ___Getting what I want requires pleasing those people above me
16. ___Whether or not I get to be a leader depends on whether I am lucky enough to be in the right place at the right time
17. ___If important people were to decide they didn't like me, I probably wouldn't make many friends
18. ___I can pretty much determine what will happen in my life
19. ___I am usually able to protect my personsl interests
20. ___Whether or not I get into a car accident depends mostly on the other driver
21. ___When I get what I want, it's usually because I worked hard for it
22. ___In order to have my plans work, I make sure that they fit in with the desires of people who have power over me
23. ___My life is determined by my own actions
24. ___It's chiefly a matter of fate whether or not I have a few friends or many friends

NOTE: For this questionnaire, please rate the items according to how strongly you believe that others think it is true of you.

Please rate these items according to the following scale:

1	2	3	4	5	6
Strongly believe NOT To Be True					Strongly believe TO Be True

1.___Whether or not I get to be leader depends mostly on my ability
2.___To a great extent, my life is controlled by accidental happenings.
3.___I feel like what happens in my life is mostly determined by powerful people
4.___Whether or not I get into a car accident depends mostly on how good a driver I am
5.___When I make plans, I am almost certain to make them work
6.___Often there is no chance of protecting my personal interest from bad luck happenings
7.___When I get waht I want, it's usually because I am lucky
8.___Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power
9.___How many friends I have depends on how nice a person I am
10.___I have often found that what is going to happen will happen
11.___My life is chiefly controlled by powerful others
12.___Whether or not I get into a car accident is mostly a matter of luck
13.___People like myself have very little chance of protecting our personal interest when they conflict with those of strong pressure groups
14.___It's not always wise for me to plan too far ahead because many things turn out to be a matter of good and bad fortune
15.___Getting what I want requires pleasing those people above me
16.___Whether or not I get to be a leader depends on whether I am lucky enough to be in the right place at the right time
17.___If important people were to decide they didn't like me, I probably wouldn't make many friends
18.___I can pretty much determine what will happen in my life
19.___I am usually able to protect my personsl interests
20.___Whether or not I get into a car accident depends mostly on the other driver
21.___When I get what I want, it's usually because I worked hard for it
22.___In order to have my plans work, I make sure that they fit in with the desires of people who have power over me
23.___My life is determined by my own actions
24.___It's chiefly a matter of fate whether or not I have a few friends or many friends

NOTE: For this questionnaire, please rate the items according to your view of an ideal person of your age and sex.

Please rate these items according to the following scale:

1	2	3	4	5	6
Strongly believe NOT To Be True					Strongly believe TO Be True

1. ___Whether or not I get to be leader depends mostly on my ability
2. ___To a great extent, my life is controlled by accidental happenings.
3. ___I feel like what happens in my life is mostly determined by powerful people
4. ___Whether or not I get into a car accident depends mostly on how good a driver I am
5. ___When I make plans, I am almost certain to make them work
6. ___Often there is no chance of protecting my personal interest from bad luck happenings
7. ___When I get waht I want, it's usually because I am lucky
8. ___Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power
9. ___How many friends I have depends on how nice a person I am
10. ___I have often found that what is going to happen will happen
11. ___My life is chiefly controlled by powerful others
12. ___Whether or not I get into a car accident is mostly a matter of luck
13. ___People like myself have very little chance of protecting our personal interest when they conflict with those of strong pressure groups
14. ___It's not always wise for me to plan too far ahead because many things turn out to be a matter of good and bad fortune
15. ___Getting what I want requires pleasing those people above me
16. ___Whether or not I get to be a leader depends on whether I am lucky enough to be in the right place at the right time
17. ___If important people were to decide they didn't like me, I probably wouldn't make many friends
18. ___I can pretty much determine what will happen in my life
19. ___I am usually able to protect my personsl interests
20. ___Whether or not I get into a car accident depends mostly on the other driver
21. ___When I get what I want, it's usually because I worked hard for it
22. ___In order to have my plans work, I make sure that they fit in with the desires of people who have power over me
23. ___My life is determined by my own actions
24. ___It's chiefly a matter of fate whether or not I have a few friends or many friends

On each of the following scales please encircle the point, between each pair of anchoring terms, that most accurately expresses your impressions of your own behavior. Please note that the more "favorable" anchors are sometimes on the right and sometimes on the left. Thus each scale must be separately considered and carefully marked to accurately express your views. You are asked to complete these scales four times, each time with a slightly different instruction.

For the first set of scales encircle points expressing what you believe to be your <u>actual</u> behavior.

Hides Feelings	.	.	.	.	.	.	.	.	Shows Feelings
Warm	.	.	.	.	.	.	.	.	Cold
Guarded	.	.	.	.	.	.	.	.	Expressive
Helps Others	.	.	.	.	.	.	.	.	Harms Others
Active	.	.	.	.	.	.	.	.	Passive
Harsh	.	.	.	.	.	.	.	.	Gentle
Submissive	.	.	.	.	.	.	.	.	Dominant
Accepts Others	.	.	.	.	.	.	.	.	Rejects Others

Set 2:

This time encircle points expressing your own view of the behavior of an ideal person of your same age and sex.

Hides Feelings	.	.	.	.	.	.	.	.	Shows Feelings
Warm	.	.	.	.	.	.	.	.	Cold
Guarded	.	.	.	.	.	.	.	.	Expressive
Helps Others	.	.	.	.	.	.	.	.	Harms Others
Active	.	.	.	.	.	.	.	.	Passive
Harsh	.	.	.	.	.	.	.	.	Gentle
Submissive	.	.	.	.	.	.	.	.	Dominant
Accepts Others	.	.	.	.	.	.	.	.	Rejects Others

Set 3:

On this set of scales encircle points expressing your own view of your behavior towards your closest friends.

Hides Feelings	.	.	.	.	.	.	.	.	.	Shows Feelings
Warm	.	.	.	.	.	.	.	.	.	Cold
Guarded	.	.	.	.	.	.	.	.	.	Expressive
Helps Others	.	.	.	.	.	.	.	.	.	Harms Others
Active	.	.	.	.	.	.	.	.	.	Passive
Harsh	.	.	.	.	.	.	.	.	.	Gentle
Submissive	.	.	.	.	.	.	.	.	.	Dominant
Accepts Others	.	.	.	.	.	.	.	.	.	Rejects Others

Set 4:

On this set of scales encircle points expressing your own view of your behavior towards casual acquaintances (excluding closest friends).

Hides Feelings	.	.	.	.	.	.	.	.	**Shows Feelings**
Warm	.	.	.	.	.	.	.	.	**Cold**
Guarded	.	.	.	.	.	.	.	.	**Expressive**
Helps Others	.	.	.	.	.	.	.	.	**Harms Others**
Active	.	.	.	.	.	.	.	.	**Passive**
Harsh	.	.	.	.	.	.	.	.	**Gentle**
Submissive	.	.	.	.	.	.	.	.	**Dominant**
Accepts Others	.	.	.	.	.	.	.	.	Rejects Others

Check the statement which best represents your self perceptions.

I feel that I'm a person of worth, at least an equal plane with others.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

I feel that I have a number of good qualities.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

All in all, I am inclined to feel that I am a failure.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

I am able to do things as well as most other people.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

I feel I do not have much to be proud of.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

I take a positive attitude toward myself.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

On the whole, I am satisfied with myself.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

I wish I could have more respect for myself.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

I certainly feel useless at times.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

At times I think I am no good at all.

1 _____ Strongly Agree
2 _____ Agree
3 _____ Disagree
4 _____ Strongly Disagree

APPENDIX C

Self-Enrichment Training Schedule

APPENDIX C

Self-Enrichment Training Schedule

The Self-Enrichment training schedule that follows is designed to teach a variety of skills within a naturally developmental approach. The program's emphasis flows from self-care independent of others, to self-care within a social world, to caring for others as we desire. This schedule provides the reader with a description of specific session objectives and procedures. With minimal training, it is expected that paraprofessionals may competently use this schedule to facilitate a positive and effective self-enrichment experience.

SESSION	OBJECTIVES	PROCEDURES
Self-Care		
Session #1	-acquire formal consent for participation	-distribute and explain research consent forms
	-elicit solid member commitment	-explain, in detail, length of commitment stressing complete attendance, adherence to program, and nature of the group process. Allow participants to raise questions and trepidations. Ask each individual for verbal commitment to the program
	-implement research design	-distribute and explain research questionnaires, their use and deadlines for return
	-finalize scheduling	-resolve schedule conflicts judiciously
Session #2	-introduction of members	-"public" and "private" introductions with the former consisting of demographics and background; the latter consisting of personal strengths, weaknesses, fears and hopes. Begin with facilitator so that model for introduction is demonstrated.
	-establish group commitment to program	-time capsule: each member writes on paper what she hopes will occur, or will accomplish, in the next eight weeks as a group member. All responses are placed in an envelope, sealed and reopened during the last session
	-introduce basic premises of rational emotive training	-use imagery to demonstrate how each of us can control our thoughts; how our feelings come from our thoughts and therefore, how we can control our feelings
Session #3	-refocus group on RET	-review logical premises of RET demonstrated during the last session
	-instruct participants as to Ellis' (1975, 1977) A-B-C approach	-using specific examples, allow participants to verbalize the emotional consequence (C) that follows a particular event (A). Then insert different information about the event in such a way as to alter participants' perceptions of the event. Have members verbalize different belief statements (B) that now occur and different

SESSION	OBJECTIVES	PROCEDURES
		emotional consequences that coincide with these new beliefs -use examples from participants' own experiences and assist members in analyzing the A-B-C components of these experiences
	-prepare participants for speaking with unfamiliar people	-discuss the experience of initiating contact with an unfamiliar person and highlight the A-B-C components of this experience
	-prepare participants for initial interaction with an unfamiliar person	-using Kissinger's (1981) model, explain the initial interaction in terms of overt accessibility of the unfamiliar person, establishment of commonality between the two people who have just met, and the enhancement of conversation by self-disclosure. Use role-play practice with each participant and have members give feedback as to their "performance."
	-provide participants with an in-vivo experience that elicits anxiety that can be modified by analysis and restructuring of the A-B-C of the situation	-assign the task of meeting an unfamiliar person stressing the use of the principles taught for the initial interaction. Participants are to monitor and record an analysis of the event in terms of the A-B-C concepts
Session #4	-provide feedback and support for participants' progress	-discuss previously assigned task with clarification of the A-B-C of the experience
	-formally educate members as to the standard irrational beliefs	-distribute and discuss copy of irrational beliefs (Knaus, 1977)
	-provide additional practice with A-B-C analysis	-ask participants to share a particularly difficult and recent moment and allow group to explore A-B-C of this
	-vividly demonstrate the A-B-C process and structure	-facilitators discuss the progress of the group and their feelings about this progress. Meanwhile, members assume two positions or levels behind each leader. Level 1 is the emotional consequence (C), the "I feel." sentiment. Level 2 is the irrational belief (B) involved. As leaders converse (about the event-A), discussion is in

SESSION	OBJECTIVES	PROCEDURES
		"slow motion" to allow each level to express their role in what is transpiring between the leaders. Other members alternate into and out of level positions
	-provide open-ended practice of the A-B-C process in a personally applicable way	-assign task of monitoring the A-B-C of any difficult moments that transpire prior to the next session
Session #5	-provide feedback and support of participants' progress	-discuss previously assigned task with clarification of the A-B-C of the experience -have members generate ways of coping with hurt using three categories: "unwise ways" (throwing books, drinking profusely), "wiser ways" (run away from problems, forget about one's hurt) and "wisest ways" (go for a walk, seek out close friends). In "wiser ways" members seek to identify their needs when they hurt and "wisest ways" are direct attempts to meet these needs
	-provide participants with opportunity to completely and uninhibitedly indulge in self-care	-creation of a self-care package: each member creates a complete day void of all responsibility except one; to take full and special care of oneself, to be used when one is hurting. These packages are then shared with the group
Session #6	-provide participants with practical, effective skills with which to reduce stress and anxiety -provide participants with actual practice and experience in self-reduction of anxiety and tension	-in-vivo demonstration of Jacobsen's (1938) Progressive Muscle Relaxation technique and discussion of its use and effectiveness -assign task to engage in this exercise at least twice before the next session
Self-Care in a Social World	-provide support and feedback for participants' progress	-discussion of previously assigned task, effectiveness of relaxation exercise and resolution of individual trouble spots with the task

SESSION	OBJECTIVES	PROCEDURES
Session #7	-introduce topic of interpersonal feedback	-discussion of feedback, nature of it, how we get it and how we use it, control we have to validate it
	-provide participants with in-vivo feedback experience that is nonthreatening but sincere and effective	-"exchange of gifts": participants write down a quality of each person in the room that she would like to receive from that person because it would enhance her potential as a person in some explainable way. Also, each participant selects a quality of her own to give to each person in order to enhance their potential as a person in some explainable way. When all of these "gifts" are recorded, they are verbally exchanged on a personal basis within the group. Master lists are then compiled so that each participant leaves the session with a list of the gifts she has received, and the gifts desired to be received from her (her weaknesses and strengths respectively)
	-process the affective experience of this last exercise stressing the genuineness of the interactions	-discussion of how it feels to be genuine while exchanging these "gifts," and how it feels to receive such feedback
Session #8	-refocus participants on genuineness as an interaction style	-review the feelings involved with being genuine
	-facilitate participants to monitor their own genuineness behavior	-discussion of what keeps us from being genuine in our social interactions (i.e., risks: fear of rejection and hurt, others try to control our responses before we respond - "now don't get angry but...," and fear of peer rejection when we are observed being genuine)
	-assist participants in developing tangible "rules" for how and when to be genuine	-discussion of situational aspects of being genuine, what characteristics of an interaction are best suited for genuine behavior, what about an interaction best facilitates us to be genuine
	-provide opportunity for participants to practice and experience their own genuineness in an authentic personal situation	-participants each describe a pressing, current situation in which she desires to be genuine; role-play practice of the situation within the group and assignment of the genuineness task

SESSION	OBJECTIVES	PROCEDURES
		group and assignment of the genuineness task to be completed prior to the next session
Session #9	-provide feedback and support for participants' progress	-discussion of previously assigned genuineness task highlighting subjective feelings of being genuine, and successful completion of personal objective in the interaction. Re-enacting role play to be used if necessary to facilitate understanding and feedback
	-introduction of the topic of assertiveness	-discussion of the similarities and differences between genuineness and assertiveness (stressing temporal aspect as most crucial, other components are the same). Assertive situations are usually quickly thrust upon an unprepared person while one can usually prepare for a genuine interaction just as they have already done
	-facilitate participants to monitor their own assertive behavior	-discussion of difficulty of being assertive (similar to genuineness difficulties) and disclosure of past situations that required the participants to be assertive
	-provide participants with skills to better manage situations requiring assertiveness	-presentation of strategies to "defuse" the power of the other individual in an assertive situation (slow down pace of interaction, inform person that you do not choose to make a decision at this time but will inform them within a given time frame, etc.)
	-provide participants with in-vivo practice in assertiveness situations	-role plays with observer critiques of selected situations requiring assertiveness (i.e., parental demand, significant other demand, peer pressure)
	-provide participants with specific awareness of their own assertive behavior	-assign task of monitoring participants' own level of assertive behavior prior to the next session
Session #10	-provide feedback and support of participants' progress	-discussion of participants' self-observation as to level of assertiveness

SESSION	OBJECTIVES	PROCEDURES
	-provide practice with some typical assertiveness situations for college women	-role play many variations of the "bar scene" (i.e., nice guy but woman uninterested, obnoxious guy, relentless guy) using observer critiques and group discussion after each scenario
	-provide participants with more personalized practice with situations requiring assertiveness	-role play specific situations in participants' own lives that require an assertive response
Caring for Others as we Desire Session #11	-facilitate participants' awareness of the experience of being fully understood	-discussion of how it feels to be understood and how one knows she truly is
	-delineate types of understanding	-discussion of types of understanding, scientific and human, complete with vivid, contrasting examples
	-discriminate between types of helping behavior in an interpersonal setting	-discussion of similarities and differences of advice giving, opinion giving, questioning for clarification, identifying with the person who is hurting, and truly understanding (the latter mode of helping being the focus of the training)
	-provide participants with practice in responding in an actively understanding mode	-facilitators each present a personal concern or issue to group and stop after a few statements. Participants write down empathic response and take turns responding to the disclosing facilitator. Feedback is given to the participant as to the quality of the empathic response. The writing down of the response soon gives way to the direct verbalization of the response, once the participants get comfortable with the activity.
	-provide participants with the opportunity to become more aware of the empathy and understanding that is present in their own lives	-assign task of monitoring the empathy and understanding that others exhibit toward them and learn to discriminate between the types of helping behavior
Session #12	-provide feedback and support for participants' progress	-discussion of previously assigned task focusing on discrimination between the types of interpersonal helping behavior

SESSION	OBJECTIVES	PROCEDURES
	-provide in-vivo, personally relevant practice with being understanding to another person	-one to one interactions of participants structures as follows: 5 mins: self-disclose personal issue/concern to another participant (emphathizer) 5 mins: discloser discusses how interaction felt 5 mins: empathizer discusses how interaction felt 5 mins: observer gives helpful feedback
	-provide participants with a natural interpersonal experience with being understanding	-assign task of engaging in an interaction of at least 5 minutes with another person, and being helpfully understanding and empathic in that interaction
Session #13	-provide feedback and support for participants' progress	-discussion of previously assigned task focusing on the participants' responses in the interaction, determining which types of helping behavior were employed, difficulty encountered with being understanding and participants' affective experience with interaction
	-highlight common problems with being understanding	-distribute list of "feeling words" and discuss the difficulty with finding accurate feeling words to capture the affective state of the discloser while one attempts to be understanding
	-provide in-vivo, personally relevant practice with being understanding to another person	-facilitate same one-to-one exercise use in the last session (this time observers write down feelings of discloser as they perceive them)
	-prepare participants for final three sessions of Self-Enrichment group and apprise them of change in format	-discussion of modified nature of the group and roles that the facilitators and participants will now assume in the group (see below)
Sessions #14, 15, 16	-provide participants with full opportunity to refine the skills learned thus far, address personal concerns, and assist each other in their endeavors to learn and become self-enriched	-outline altered format of group: 1) group to be more self-directed as participants freely discuss their own personal concerns and try to help each other using the training thus far received 2) facilitators will assist group in focusing by nudging the helping process when stalled,

SESSION	OBJECTIVES	PROCEDURES
		and by assigning the helper role equally to assure equal opportunity to help 3) facilitators and participants give feedback to helper on her utilization of the training skills taught thus far
Session #16	-provide participants with a positive termination experience	-discussion of contents of reopened time capsule (from session #2) in relation to each members' experience in the Self-Enrichment program -facilitate discussion of what each participant will miss, will not miss, and will take from this Self-Enrichment experience

APPENDIX D

Skill Acquisition Measures

Self-Enrichment Program

Rational Emotive Training

Please answer the following according to the scale below, by assigning a number anywhere along the continuum.

1 _____ 3 _____ 5

Not At All — Indifferent — Very Much So

___ The Rational Emotive Training made me feel more in control of my thoughts and feelings.

___ I found that I could use this training at home on my own.

___ The Rational Emotive Training was easy to understand and clearly presented.

___ I have become more aware of my thought processes and how they affect my feelings, through this training.

Please answer the following briefly and clearly:

1) Please explain Albert Ellis' A-B-C theory.

2) Using your answer to No. 1, please list two of your own recent emotional experiences and "fit them" into this A-B-C theory by describing each component part of the emotional experience.

1)

2)

Relaxation Training

1	3	5
Very Difficult	Neutral	Very Easy

___ How easy was it for you to initiate the relaxation response with this training? (when you first did it in the group)

___ Same question as above except now (when you tried it at home on your own).

How many times have you tried to initiate the relaxation response through this training? _____

Were there any parts of your body that were resistant to relaxing? _____

If so, what parts? _____

Prior to completing this questionnaire, please attempt to fully initiate the relaxation response with this training and reanswer the first and third questions above.

___ How easy ....

Were there .... _____ If so, what parts?_____

Genuineness/Assertiveness

What are two things that keep you from being genuine/assertive in all of your interactions?

1)

2)

Briefly describe the difference between assertiveness and genuineness.

List two ways to "defuse" the power of the other (often demanding) person, when you find yourself in a position of wanting to assert yourself.

1)

2)

Empathy/Understanding

List 3 different ways of helping others and describe (recall the ways we discussed in the group)

1)

2)

3)

What does it mean to help someone by being understanding?

Give an understanding response to each of the following:

A) "I don't know what to do...If my boyfriend leaves me I'll feel lost, yet the relationship is too hard as it is now - we always argue."

B) "I got a 3.5 in the course and I should be happy, but if I didn't blow the final I might have had a 4.0."

APPENDIX E

Producet-Moment Correlation Matrices of Each Treatment Condition's Dependent Measures

Product-Moment Correlation of Pre- and Post-Treatment Dependent Measures Organized by Clusters

Self-Enrichment Condition (n = 14)*

		Pre-Treatment						
		ARS	SE	LoC-I	Def-K	ARO	LoC-P	LoC-C
POST TREATMENT	ARO	(76)	30	-19	06	-07	40	32
	SE	36	(61)	30	44	-12	-22	-24
	LOC-I	-28	09	(45)	30	13	-16	-40
	Def-K	18	28	31	(85)	60[c]	-36	-68[b]
	ARO	16	-18	-27	45	(59)	-49	-71[b]
	LoC-P	-02	05	-02	-38	-31	(64)	81[a]
	LoC-C	03	-09	-67[b]	-63[b]	-19	30	(76)

[a] $p < .001$ by 2-tailed test.

[b] $p < .01$ by 2-tailed test.

[c] $p < .05$ by 2-tailed test.

*All decimals omitted, multiple by .01 for r.

Product-Moment Correlation of Pre- and Post-Treatment Dependent Measures Organized by Clusters

Interpersonal Condition (n = 10)*

		Pre-Treatment						
		ARS	SE	LoC-I	Def-K	ARO	LoC-P	LoC-C
POST TREATMENT	ARS	(86)	76[a]	23	-37	11	14	28
	SE	52	(65)	25	-10	-14	-03	30
	LoC-I	32	-03	(85)	18	-04	-11	-26
	Def-K	-20	-05	-23	(81)	18	22	-23
	ARO	30	-49	41	-04	(52)	55	-07
	LoC-P	-25	-50	-05	-12	46	(84)	59
	LoC-C	04	-05	-55	-17	15	59	(79)

[a] $p < .01$ by 2-tailed test.

*All decimals omitted, multiply by .01 for r.

Product-Moment Correlation of Pre- and Post-Treatment Dependent Measures Organized by Clusters

Control Condition (n = 13)*

		Pre-Treatment						
		ARS	SE	LoC-I	Def-K	ARO	LoC-P	LoC-C
POST TREATMENT	ARS	(77)	77[b]	50	69[b]	72[b]	-60[c]	-58[c]
	SE	64[c]	(90)	66[c]	53	64[c]	-40	-55[c]
	LoC-I	51	49	(70)	14	55[c]	-20	-37
	Def-K	32	39	37	(84)	77[b]	-71[b]	-60[c]
	ARO	36	21	35	79[a]	(77)	-68[b]	-70[b]
	LoC-P	-52	-29	-53	-35	-46	(69)	73[b]
	LoC-C	-47	-53	-36	-48	-53	69[b]	(88)

[a] $p < .001$ by 2-tailed test.

[b] $p < .01$ by 2-tailed test.

[c] $p < .05$ by 2-tailed test.

*All decimals omitted, multiply by .01 for r.

APPENDIX F

Means and Standard Deviations of the Dependent Measures' "Ideal" Dimension

Pre- and Post-Treatment Dependent Measure Means and Standard Dimensions on the "Ideal" Dimension and Their Shifts (Post minus Pre)

		Treatment Condition			
Measure		Total (n = 37)	Self-Enrichment (n = 14)	Interpersonal (n = 10)	Control (n = 13)
ARS	Pre	27.84 (4.16)	26.86 (4.13)	27.50 (2.88)	30.08 (3.30)
	Post	27.37 (4.70)	26.64 (6.83)	28.10 (3.07)	27.47 (4.19)
	Change		-0.22	0.60	-2.61
LoC-I	Pre	40.15 (5.41)	40.14 (6.37)	38.70 (5.68)	41.62 (4.19)
	Post	39.18 (6.00)	38.57 (6.64)	39.20 (5.05)	39.77 (6.30)
	Change		-1.57	0.50	-1.85
ARO	Pre	32.95 (3.50)	33.14 (4.82)	32.70 (2.16)	33.00 (3.51)
	Post	32.56 (3.59)	32.23 (5.28)	32.60 (1.58)	32.85 (3.91)
	Change		-0.91	-0.10	-0.15
LoC-P	Pre	19.36 (6.47)	22.14 (7.83)	16.10 (5.67)	19.85 (5.90)
	Post	19.45 (7.11)	21.79 (10.22)	15.80 (4.96)	20.77 (6.14)
	Change		-0.35	-0.30	0.92
LoC-C	Pre	18.10 (5.66)	19.00 (6.69)	16.60 (5.38)	18.69 (4.92)
	Post	19.06 (5.43)	20.43 (7.59)	16.60 (3.57)	20.15 (5.13)
	Change		1.43	0.00	1.46

APPENDIX G

Mean Change Scores and Standard Deviations of ARS Scale Anchors

Acceptance vs. Rejection of Self (ARS) Mean Change Scores (Post minus Pre) and Standard Deviations of Scale Anchors

		Treatment Conditions			
Anchor		Treatment Total (n = 37)	Self-Enrichment (n = 14)	Inter-personal (n = 10)	Control (n = 13)
Hides/Shows Feelings	Pre	5.85 (2.11)	5.57 (2.06)	5.30 (2.21)	6.69 (2.06)
	Post	6.06 (2.15)	6.14 (1.70)	5.80 (2.30)	6.23 (2.45)
	Change		0.57 (1.70)	0.50 (1.78)	-.46 (1.39)
Guarded/ Expressive	Pre	5.58 (2.03)	5.21 (1.93)	5.30 (1.77)	6.23 (2.39)
	Post	5.79 (2.15)	5.71 (1.98)	5.20 (2.30)	6.46 (2.18)
	Change		0.50 (1.56)	-0.10 (1.85)	0.23 (2.45)
Active/ Passive	Pre	6.17 (2.02)	5.71 (2.13)	6.10 (1.79)	7.15 (1.63)
	Post	6.78 (1.61)	6.57 (1.74)	6.70 (1.49)	7.07 (1.61)
	Change		0.86 (1.46)	0.60 (1.07)	-.08 (1.38)
Submissive/ Dominant	Pre	5.42 (1.58)	4.29 (1.49)	5.40 (1.65)	6.15 (1.46)
	post	5.23 (1.60)	5.14 (1.51)	5.10 (1.97)	5.46 (1.33)
	Change		0.86 (1.29)	-0.30 (0.48)	-0.69 (1.55)

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