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EFFECTS OF EXPERIENTIAL FOCUSING
ON ANGER EXPERIENCES
OF SEPARATED OR
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EFFECTS OF EXPERIENTIAL FOCUSING
ON ANGER EXPERIENCES
OF SEPARATED OR
DIVORCED MEN

By

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ABSTRACT

EFFECTS OF EXPERIENTIAL FOCUSING
ON ANGER EXPERIENCES
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The purpose of this study was to examine in depth the anger
experiences of five adult males who had recently experienced a loss
through separation or divorce. The implication was that anger is an
integral part of the grief process. Two questions were addressed.
First, how did these men experience and define their anger? Second,
what were the effects of Focusing, a structured process for
introspection developed by Eugene T. Gendlin, upon their understanding
and expression of anger?

Subjects were screened by scores on the Marlowe-Crowne Social
Desirability Scale, the Buss-Durkee Hostility Inventory (BDHI), and the
Beck Depression Inventory. Subjects were found to be primarily anger
suppressors.

Following selection, each subject completed the Multiple Affect
Adjective Checklist-General (MAACL-Gen) and a Demographic and Anger
Questionnaire. Each subject was given copies of the Multiple Affect
Adjective Checklist-Today (MAACL-Today) to be completed each day
throughout the study.

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A modified single-case, multiple-baseline design was employed in this research. Each individual's subjective experience of anger was assessed for changes in intensity and mode of expression. These changes were measured through pre- and postadministration of the BDHI, the MAACL-Gen, and an anger questionnaire. Changes were also monitored daily using the MAACL-Today. The process of Focusing was assessed through the administration of the Post Focusing Questionnaire and the Post Focusing Checklist after each therapy session. To minimize variability in the intervention, all Focusing sessions were conducted by the same therapist, a female social worker. At the end of the study an interview was conducted eliciting each subject's assessment of his experience in the research.

The data for each subject were presented in a case study format. Graphs were used depicting changes in anger experiences on a daily basis across the three phases of the study: baseline, intervention, and follow-up. These data were analyzed using a median trend analysis. Pre- and postmeasures were analyzed using the Wilcoxon Signed Ranks Test. The anger questionnaires were analyzed using a qualitative phenomenological format.

The research hypotheses were supported to varying degrees. It was concluded that Focusing had a significant impact on anger experiencing on a daily basis.

DEDICATION

to

Judy Moon,

Griffin, and Hilary

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CHAPTER I

INTRODUCTION

Purpose of the Study

The purpose of this study was to examine the anger of adult males
who had experienced separation and/or divorce, and who had been
identified as having difficulty with the expression of this emotion.
An existential-phenomenological format was used to examine anger as a
subjective experience with highly idiographic meaning. Two major
questions were addressed:

1. How do adult males experience and define their anger
   concerning separation/divorce?

2. What are the effects of the process of Focusing, a technique
   involving self-awareness, on the understanding and
   experiencing of anger for adult males?

The goals of the study were related to both clinical practice and
research. First, this study was designed to examine anger as
encountered in a clinical setting, and to better understand its
idiosyncratic meaning for each client as well as its role in the
therapeutic process. Secondly, as a heuristic venture this study was
intended to generate hypotheses for future research on anger.

Statement of the Problem

There are emotional experiences for which each person has his/her
own unique understanding, arrived at through a mixture of personal

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experience and human potential. This mixture accounts for the richness of human experiencing. Anger is one of the more prevalent and readily identifiable of these emotions. It is continually encountered in everyday life and is of considerable import to the helping professions. Yet, there is little research on anger (Biaggio, 1980). Anger has become a pervasive element of our society that is poorly understood, ineffectively dealt with, and--sadly--one of the least examined aspects of the human experience. According to Rothenberg (1971), anger has been seldom studied as an independent topic. Rather, it has been subsumed under emotion, aggression, or other topics. "Consequently, a clear picture of the anger phenomenon itself has not emerged" (p. 87). Hence, there is a need to address anger as a subjective experience in order to better understand its sources and ramifications.

Inherent in this quest is the search for the understanding of the appropriateness of anger, as well as its deleterious effects. This search for understanding is exemplified in Spinoza's pledge for "a ceaseless effort not to ridicule, or bewail, or scorn human actions, but to continue to try to understand them" (Allport, 1961, p. vii). To accomplish this aim, it is necessary to examine people and their behavior as compared to both nomothetic and idiographic norms. Using Dilthey's notion that we explain nature, but understand human beings, Allport (1962) urges research ideally to explore both the nomothetic and the idiographic for the sake of "not losing the individual in a sea of actuarial predictions," and in an effort to produce "interpretations

. . . that should be testable, communicable and have a high measure of predictive power" (p. 410). A limitation intrinsic in this approach to the merging of the art and science of psychology, counseling, and psychotherapy is stated by Hearnshaw (cited in Leytham, 1961), who points to the strain between the demands of conventional scientific methodology and "the appreciation of the richness of human individuality" (p. 436). More to the point, he asks for "a constant search for concepts which are capable of definition and employment, yet possess humanistic implications" (p. 436).

This rift has been effectively bridged by Gendlin (1962), who has developed a theory of subjective experiencing and its role in the creation of personal meaning. In this theory, concepts are developed that refer to experiencing and that allow it to be operationalized, even as a preconceptual experience, and used to complement conventional scientific methodology. Through Gendlin's efforts it is possible to come yet closer to Hearnshaw's richness of human individuality, and the dissolution of James' (1912) despair that the concrete person must inevitably elude psychology:

> In every concrete individual there is a uniqueness that defies all formulation. We can feel the touch of it and recognize its taste, so to speak, relishing or disliking, as the case may be, but we can give no ultimate account of it, and have in the end simply to admire the Creator (Allport, 1962, p. 408).

What follows is an explication of this theory and the manner in which it is integrated with logical positivism and operationalism to allow

for a more nearly complete and fuller understanding of the quality of human existence.

Theoretical Considerations

Gendlin (1962) proposes a theory that allows one to view the process of experiencing as on-going, while encompassing the notion of experience as content. This approach consists of "a process view of process terms to capture the intensity, richness and shadings of experiencing . . . and to provide us with much-needed information about the subjective dimension, the hard core of psychotherapeutic experience" (Shainberg, 1967, pp. 213-214). This approach is used to complement, not displace, logical positivism and operationalism, now the dominant methodology in research. This notion is analogous to Niels Bohrs' concept of complementarity in physics (Chessick, 1977), involving the use of a number of instruments to measure a variety of functions of the same phenomena. Thus, in psychology the inclusion of experiencing with the concepts of logical positivism and operationalism adds another dimension to the search for understanding of the human experience.

The theory of experiencing has its foundation in the existential philosophies of Wilhelm Dilthey, Edmund Husserl, Martin Heidegger, Martin Buber, Jean-Paul Sartre, and Maurice Merleau-Ponty. From these philosophies, Gendlin has developed an experiential philosophy based on the existentialist's central thesis that "thought and action can be

authentic or not, that is to say can follow from, or be based on con-
crete experiencing, or not" (Gendlin, 1973, p. 320). In this philos-
ophy, concepts are defined to explain how one can tell when a thought
or action is authentic. From this experiential philosophy, based on
the relationship between feelings and thought, was developed an
experiential psychotherapy that:

> works with immediate concreteness. One's sense of
> immediate experiencing is not emotion, words, muscle
> movements, but a direct feel of the complexity of
> situations and difficulties (Gendlin, 1973, p. 317).

As a therapeutic methodology, experiential psychotherapy has as
its precursors the works of Otto Rank, Carl Rogers, Jesse Taft,
Fredrick Allen, Carl Whitaker, and Thomas Malone. These practitioners
share in common an attempt to go beyond discussion and insight to work
with clients as they manifest their conflicts in on-going interactions
with the therapist. The therapeutic aim is to bring immediate concrete
experiencing and understanding together. The development of an
experiential philosophy has allowed further refinement of this
methodology. Use of experiencing concepts has changed from the "what"
of experiencing--the content--to the "how" of experiencing, or the
process. By defining various types of process modes in experiencing,
it becomes possible to distinguish authentic from inauthentic
relationships of experience, thought, and action. Gendlin (1962) uses
the thinking of the philosophers and psychologists previously mentioned
to address a third dimension of knowledge:

> Besides the logical and operational dimension of
> knowledge, there is also a directly felt experiential
> dimension. Meaning is not only "about things" and it is
> not only a certain logical structure, but it also
> involves felt experiencing. Any concept, thinking or
> behavior is meaningful only as some noise, thing or
> event interacts with felt experiencing. Meanings are
> formed and had through an interaction between
> experiencing and symbols or things (p. 1).

The thrust of this theory is to formulate concepts referring to the

subjective aspect of experiencing, thus allowing a move from natural-

istic observation of subjective experience to operationally defined

observation of human experience. Gendlin (1961, p. 233) contends that

"operationally defined observation is the aim not the start of theory."

When this distinction is not made, crucial variables in human experi-

ence are eliminated from research because they are subjective.

Gendlin's formulation of a theory of the subjective process of experi-

encing allows its inclusion in objective operational research.

Briefly, the following is a presentation of Gendlin's theory:

Six Theoretical Propositions of Experiencing

Therapeutic change can be seen either as an outcome or as an

ongoing process. Gendlin (1962) contends that very little theory and

research has dealt with change as a process. He then goes on to

isolate one variable of the process, which he terms "experiencing." He

delineates this concept in terms of six characteristics (Gendlin,

1961). First, experiencing is "felt," not thought, known, or

verbalized. Secondly, it occurs in the immediate present. The feeling

process is frequently referred to by a number of concepts, such as "working through" or "getting in touch." Thus, the therapeutic process is a feeling one, not simply a verbal one. This assertion underscores the notion that the process occurs in the immediate present. Gendlin (1962) shows how Freud integrated this immediacy aspect into the therapeutic encounter by examining the manifestation of the client's problems in the present relationship with the therapist.

Third, experiencing can be either directly referred to, or it can be conceptualized. "Experiencing can be directly referred to by an individual as a felt datum in his own phenomenal field" (Gendlin, 1961, p. 235). Since experiencing is a private event, gestures, voice tone, verbalization, and context are observable aspects of direct reference to experiencing. An example of a verbalization as a direct referent is the use of such terms and phrases as "it," "this feeling," and "this problem." Since these symbols do not involve conceptualization, but rather point or refer to something, they are termed "direct referents." This is what is happening when individuals say they feel in ways they cannot communicate (Gendlin, 1961). Direct reference also takes place when individuals and therapists know the feeling, but refer directly to the experiencing and not the concept. For example: "I have known all along that I feel this way, but I am amazed how strongly I do feel that" (Gendlin, 1961, p. 234). Another form of referring directly to present experiencing occurs when an individual has conceptualized a particular feeling and now, after some time in therapy, has come upon

the feelings that go with the concept. "The individual then struggles to communicate to the therapist that now he 'really' feels it, that theconcepts are old, but the experiencing is <u>new</u>" (Gendlin, 1961, p. 236). Direct reference is also being made when individuals talk about "something going on in them" between sessions (Gendlin, 1961).

The fourth proposition is the use of experiencing to guide and accurately conceptualize feelings. This is done as the individual checks concepts against experiencing and concludes that, "Yes, indeed that is it," or "No, not really. That doesn't quite fit." How the concept differs is frequently not known, but that it differs <u>is</u> known.

A fifth proposition evolves from the use of experiencing to guide conceptualization, that is, the notion of experiencing being implicitly meaningful. The implicit meaning is felt. It is neither explicit nor labeled as yet, but it can be used to guide conceptualization and symbolization (e.g., dance, painting). Gendlin refers to this phenomenon as a "<u>felt meaning</u>" which is different from the conventional use of the term "meaning." Typically, one concept has one meaning, but one feeling frequently implies a large number of conceptual meanings (e.g., a picture may be said to paint 1,000 words).

Finally, with the sixth proposition, experiencing is seen as a preconceptual organismic process. That is, implicit felt meaning is not "unconscious" or "denied from awareness." The implicit meaning is not conceptualized in awareness, but the experiencing is constant. It is constant because it can be referred to and talked about. Thus, the

implicit meaning of experiencing is preconceptual and undifferentiated. In other words, the implicit meaning is felt in awareness, but the multiple and complex meanings of one such feeling have not yet been conceptualized or labeled (Gendlin, 1961).

The foregoing characteristics of experiencing may be summarized as follows:

> (1) Experiencing is a process of feeling, (2) occurring in the immediate present. (3) Clients can refer directly to experiencing. (4) In forming conceptualizations, individuals are guided by experiencing. First rough conceptualizations can be checked against direct reference to experiencing. (5) Experiencing has implicit meanings. (6) These are preconceptual [not unconscious]. Experiencing is a concrete organismic process, felt in awareness (Gendlin, 1961, p. 239).

This proposed methodology augments, but does not displace, more conventional methods of positivistic science. In order to do so, theoretical terms that refer to experiencing are needed. These terms are necessary in order to differentiate experiencing from conceptualization. These theoretical concepts have the potential to clarify many problems that exist between the theory and the practice of psychotherapy.

Implications of Experiencing Theory for Research

The basic hypothesis of Gendlin's experiencing theory is that:

> The greater the role played by experiencing during the therapeutic hours, the greater will be the therapeutic change and the successful outcome of the therapy (Gendlin, 1961, p. 243).

This hypothesis is predicated on the belief that experiencing is a subjective, on-going phenomenon, consisting of process as well as content. This theory of experiencing provides the terminology previously presented, in order that:

> Clients and therapists observe experiencing as
> something distinct from conceptualization, whether
> it occurs with its conceptualizations or alone.
> Theory requires terms for such experiencing.
> Research requires a theory with such terms, both
> in order to formulate better hypotheses and
> operational procedures and in order to formulate
> the significance of such observations (Gendlin,
> 1962, p. 251).

As all people live in their own world of subjective experiencing, and look at the objective world from that perspective, the task is to make scientific references to that experiencing. As Shainberg (1967) has noted:

> Gendlin has attempted to bridge the gap between
> the experiencing process and the conceptualizing.
> He has taken a first step toward conceptualizing
> how we do get into the stream of experiencing of
> our patients (p. 213).

This theory of experiencing leads to the use of commonly known research techniques and instruments in new ways, thus allowing the creation of new meanings and new logical patterns and methods. These allow research to capture the richness of subjective phenomena, or what is termed "the human experience."

Many constructs seem to refer to subjective experiencing, e.g., "experience" or "anxiety." However, current methodologists have defined these constructs in terms of observable behavior, or as

intervening variables--that is, as strictly theoretical constructs.
Experiencing theory provides terms for use of the subjective phenomena
of experience and anxiety as directly felt, whether conceptualized or
not. Gendlin (1962) differentiates "experiencing" from the usual usage
of "experience" in two ways:

> (a) the term "experiencing," in our use of it,
> refers to directly given phenomena. (b) The term
> "experience" usually means conceptual contents in
> some form, whereas the term "experiencing" refers
> to experienced or implicit felt meaning (p. 239).

This citation again points to the difference between content and
process. Psychologists strive to apply theory to practice ("How does
what I see fit with what I know?"). Yet, implicitly and in common-
sense language, they have been hampered by a lack of theory to concep-
tualize subjective experiencing (Gendlin, 1962)--that is, an individ-
ual's direct feeling of having experience. With these concepts or
terms, it is possible to refer to experiencing as concrete and often
separate from the conceptualizations of one's experiencing. The main
differentiation is that experiencing has a "felt meaning" that symbol-
izes a multitude of complex interrelated issues that reach beyond con-
cepts. This phenomenon is seen when individuals report that they are
unable to find words to convey what they are experiencing.

The idea of experiencing as a change agent is captured in the fol-
lowing passage:

> Since Freud, therapists in general have observed that
> in a few hours a good diagnostician can get a cooperative
> patient to understand concepts about his conflicts.

> Yet it requires months and years of <u>experiencing</u> before
> the patient can arrive at direct references to these
> conflicts himself.....conceptual understanding leaves
> him unchanged, the experiencing brings fundamental changes
> with it. We note how different conceptualization is
> from the experiencing (Gendlin, 1962, p. 231).

The basis for this idea is that personality is bodily, social, and psychological, with all three aspects developing as a whole within the context of the others. Thus, psychological maladjustment is seen as both an interpersonal and an intrapersonal phenomenon. Rollo May (1958) described it as being an inability to have a sense of oneself, or to have direct access to an inner basis of actions and choices, with a resulting loss of meaning in one's life. Loss of meaning refers here to inauthentic living, leading unexamined routines, a going-throughthe-motions of life. Thus, psychological maladjustment is "not the classical neurosis, nor any bad content inside, but the loss of touch with one's inward experiencing" (Gendlin, 1973, p. 331).

To remedy this state of affairs, one needs to regain the ability to tap one's inward experiencing and use it as a touchstone--a test of values--for growth, choice, and change. Being in touch is the beginning of change, but only that. One must carry this awareness forward, through experiencing, to resolution of conflict-laden issues.

By thinking of individuals as "being-in-the-world," thus connoting that they interact with others and things, Gendlin proceeded to operationalize experiencing using the concepts articulated in his book,

Experiencing and the Creation of Meaning (1962). The use of these concepts enabled Gendlin to address subjective differences referring to their observable aspects. This effort resulted in the development of the Experiencing Scale (Klein, Mathieu, Kiesler, & Gendlin, 1970), included as Appendix A. This measure has been used to predict the outcomes of psychotherapy, as noted by Gendlin (1973):

> The findings show that when the process during
> therapy is the carrying forward of immediately
> felt experiencing the outcome is successful (p. 345).

The significance of this scale can be seen from research correlating higher levels of experiencing, as measured by the scale, with higher rates of successful outcomes in psychotherapy (Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968). The scale consists of seven levels that operationalize degree and quality of internal awareness and the utilization of that awareness as a guide for behavior.

Focusing

Focusing, a structured process for introspection, grew out of the research relating higher levels of experiencing to positive outcomes in therapy. It was thought that, if individuals identified as low experiencers could be taught to tap this internal process, they would be more likely to succeed in therapy. The "Focusing Manual" (Gendlin, 1981b) was developed as a means to teach people to use higher levels of experiencing. Focusing entails getting into contact with an internal bodily awareness called a "felt sense." This felt sense can sometimes be

conceptualized and represented in words. At other times it is only a vague and undifferentiated sense. However, it is always complex, with many more meanings than a conceptual label can clearly communicate. This felt sense is not an emotion, such as anger or sadness. Rather, it is a feeling that is implicitly complex and usually vague. This unclear sense is what Gendlin calls the "body-sense" of meaning. By attending, or focusing on this felt sense, it is possible to use one's body-sense to examine problems and conflicts, to locate critical points and carry them forward to further understanding and resolution. This process involves monitoring the internal felt sense as it shifts and results in a physical change in the body, which is termed a "felt shift." With this felt shift, the nature of the problem changes; it seems different. Gendlin (1981b) explains this in terms of six movements which constitute the process of Focusing (Appendix B). Feeling thus becomes a central process dynamic, not a by-product of an individual's life. This is not to say that thinking should be ignored. To do so would only leave feelings unchanged. However, it does mean that feeling or experiencing often occurs outside of conceptualizing.

Delimitations of the Study

The following factors delimit generalization of this study:

1. The subjects included in the study were recruited from programs in the Lansing, Michigan area dealing with separation/divorce, thereby limiting the population to which findings can be generalized.

2. The subjects volunteering to be a part of the study had sought prior help from local agencies for their loss and grief experience. They were neither randomly selected nor randomly assigned to treatment programs.

3. No delayed measures were employed to evaluate long-term, posttreatment effects.

4. In this study, Focusing was not compared to any other treatment. Therefore, no attempt was made to draw conclusions for techniques other than Focusing.

Definition of Terms

Special terms used in this study are defined as follows:

Focusing. A therapeutic procedure that is used to guide oneself in an introspective process in an effort to develop an internal "direct referent." It is essential to this process that one stop talking at oneself, and shift to "listening from the inside out, from oneself" (Gray, 1976, p. 10).

Direct Referent. A symbolization which points to experiencing. Such a symbolization differentiates this experiencing, but does not represent it; that is, the experiencing is a preconceptual "it" or "something."

Felt Sense. A bodily awareness that consists of a myriad of pre-conceptual, implicit meanings, and is experienced as a whole. It is complex and consists of more than can be represented by a simple content label.

Carrying Forward. "The moving on to the next, different mesh of implicit meanings" (Iberg, 1981, p. 346), in the process of conflict resolution. Thus, the bodily sensation that one interprets (correctly) as "I am hungry" carries one forward to the new mesh of "What can I do about this hunger?" That is, "Where can one go to find something to eat? What could one choose to eat?" and then on to a number of related considerations.

Experiencing. This term refers directly to phenomena that are at once complex, such as a stream of feelings. Often experiencing is preconceptual, and is actualized in a bodily felt sense.

Experiential Psychotherapy. A psychotherapy in which therapeutic progress involves making changes in one's present experiencing. It involves working with the concrete aspects of immediate experiencing, which is seen as a direct feel for or sensing of the complexity of life situations.

Anger/Hostility. In this study these terms will be used interchangeably, unless otherwise noted. This usage is consonant with the literature as reviewed by Biaggio (1980). The meanings of these terms were subjectively defined for this study. They include such feelings as enmity, antagonism, resentfulness, and rage.

CHAPTER II

REVIEW OF THE LITERATURE

Review of the Literature on Focusing

Since research on Focusing began (Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968; Klein, Mathieu, Kiesler, & Gendlin, 1970), there has been a steady accumulation of data. This work has taken a number of directions, including "spirituality, business, problem-solving, creative writing, and dreams" (Gendlin, 1981b, p. 167), and is still in the formative stage. Much work needs to be done, and in more depth, to further substantiate the therapeutic effectiveness of the Focusing process.

The cornerstone from which this research has been built consists of the initial findings of Gendlin, Beebe, et al. (1968). In this investigation, the researchers correlated successful outcomes in psychotherapy with "a certain mode of in-therapy behavior, namely that mode characterized by high levels of experiential attention and involvement" (p. 224). This work included 50 subjects: 38 neurotic cases and 12 schizophrenic cases. Levels of experiencing were measured by the Experiencing Scale (EXP) developed by Gendlin and Tomlinson (1960) and Tomlinson (1962). The findings showed that subjects with higher levels of experiencing were more likely to have successful outcomes in therapy, and that this result could be predicted from the beginning of therapy. There was evidence that some subjects could develop this experiencing capacity during therapy. Thus began

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investigations to determine what type of people could Focus, and whether Focusing could be taught.

The evidence concerning the personality characteristics of Focusers is less than definitive. A sampling of some of the findings will be reviewed here. Gendlin, Beebe, et al. (1968), using the Cattell High School Personality Inventory and the Post Focusing Questionnaire (PFQ), found a negative correlation between anxiety and Focusing ability, and no correlation between Focusing ability and Cattell's adjustment score. Focusers were found to be more aware of environmental contingencies and more affectively oriented. Gray (1976) concludes that although the research on personality characteristics of Focusers is not definitive, a trend does exist:

> The Focuser tends to be more internally-oriented, he values what is going on inside and uses it for a referent, he is sensitive to the environment and adjusts his performance on the basis of feedback (either external or internal), and there is some tendency towards increased awareness (p. 39).

Examining Focusing ability and creativity, Gendlin, Beebe, et al. (1968) found that Focusing ability is associated with the ability to do well on the Hidden Figures Test. This attribute is interpreted as the "ability to 'flexibly' adapt patterns, that is, 'let go of' constructs or configurations when no longer appropriate to the situation" (p.235). There was no significant correlation between Focusing ability and the capacity to create quickly a number of different stories in response to the Thematic Apperception Test (TAT). This latter task is seen as unrelated to attending to one's felt experiencing.

By means of an electroencephalograph, Don (1977-78) found that alpha and theta rhythm patterns of experienced Focusers changed just before they signaled a felt shift. Felt shift is that bodily sense or release of tension that Gendlin refers to as accompanying new understanding. These findings provide physiological evidence for Gendlin's notion of a bodily process and felt meaning. Zimring & Balcombe (1974) see the Focusing process as including the ability to cognitively narrow-in on relevant emotional information. Twenty-one subjects were administered the PFQ, the TAT, and a sentence recognition test. The results showed that subjects successful at Focusing were able to handle a cognitive task requiring narrowing of attention. The correlation was significant at the .01 level. This cognitive approach is interpreted as allowing subjects to differentiate emotional information, and to go "deeper" into a problem. This capacity is in contrast to the ability to handle emotional material in global and undifferentiated terms frequently represented by "openness" or "adjustment."

The impact that Focusing can have in a short time is probably best illustrated in a study by Kantor and Zimring (1976), in which the effect of Focusing on problem resolution was examined. The 47 subjects were identified as high or low Focusers by the PFQ and were randomly assigned to control or experimental groups. Subjects were then instructed to write a story about a general problem they were having. Members of the experimental group received one Focusing session and were asked to Focus on the problem about which they had written. All

of the subjects were then given the original instructions again. In
the control group, emotional referents decreased an average of 57%,
whereas in the experimental group the average emotional referents
increased by 55%. This difference in average change from the first to
the second story was significant at the .01 level. In addition, 77% of
the experimental subjects reported a significant change in their
perception of their problem on the self-assessment. A second question,
"Did the experiential quality of the central problem change?" was also
addressed. The rating of the story revealed that Focusing did not
change the experiential quality of the central problem. Instead, it
was found that more feelings were revealed in the problem situation;
thus, the context of the problem was emotionally richer. The
researchers concluded that, after more Focusing experiences, perhaps
the "further enrichment of the context . . . could help in the
redefinition of the problem" (p. 257).

Greenberg & Higgins (1980) also found significant results after
one Focusing session. The Target Complaint Box Scale was used as a
pre- and postmeasure of subjects' discomfort, and an awareness
questionnaire measured changes in awareness from pre- to posttreatment.
Forty-two subjects were randomly assigned to three groups: two-chair
dialogue, Focusing, and control. There was no significant difference
in the amount of discomfort reduction across the groups. Shifts in
awareness and progress were significantly greater for both treatment
groups. Focusing resulted in higher levels of experiencing and shifts

in awareness, but it did not keep subjects as clearly directed toward conflict resolution as did the two-chair dialogue method.

Gray (1976) randomly assigned 60 subjects from day treatment programs to three training conditions: hypnotic relaxation with problem-solving suggestions, standard Focusing, and a combination of hypnotic relaxation and Focusing. Training consisted of three sessions in one of the three conditions. Results showed that all three conditions helped subjects to reduce state anxiety, as measured by the State-Trait Anxiety Inventory, and increased problem-solving ability as measured by the Means-Ends Problem-Solving Procedure. The modified hypnotic relaxation treatment was significantly more effective at teaching Focusing than the standard Focusing training for this population.

Gray (1976) also found that one dimension of the Myers-Briggs Type Indicator, the Sensing-Intuiting dimension, differentiated Focusers from non-Focusers. Thus, Focusers were more intuitive (a largely unconscious process), and non-Focusers were more sensing (a cognitive process utilizing external objects).

In an effort to determine whether Focusing could be taught in a short period of time, VandenBos (1973) identified 78 non-Focusers by means of the Post Focusing Checklist (PFC). The Focusing training was done in two individual sessions. The training groups showed a significant increase in Focusing ability over the control group. VandenBos (1973) concluded that Focusing can be taught in a comparatively short training program, and that it is relatively independent of openness to affect and associative ability.

Iberg (1979) found that one successful Focusing session could improve verbal functioning. Subjects were placed in a Focusing group or a control group. Those in the Focusing group were instructed to focus on their concern over an upcoming job interview. A significant difference was found between the groups. Focusers used a wider variety of cognitions, affects, wants, and observations to express themselves during interviews. Iberg (1979) concluded that Focusing can make an immediate difference in one's life.

Hendricks and Cartwright (1978) explored the level of experiencing via the Experiencing Scale (EXP) of Klein, Mathieu, et al. (1970) in dream reports. Results showed that the level of experiencing was highly stable. Dream experiencing had a significant positive relationship with waking Psychological Differentiation as measured by Wilkin's Body Sophistication Scale. Furthermore, the level of dream experiencing was independent of Introversion-Extroversion as measured by the Eysenck short form of the Maudsley Personality Inventory. The researchers suggested that it might be useful to examine the function of dreams with high levels of experiencing, and how this function differs from that of dreams with a low level of experiencing.

From this sample, four subjects were identified as having low waking levels of experiencing. They then participated in a workshop to increase their dream experiencing levels. The results were mixed, but essentially it was found difficult to raise the experiencing levels during dreaming. The content of the dreams suggested that this finding was directly related to the degree of trust in the therapist-client relationship.

Review of the Literature on Anger

Surprisingly, there is a paucity of research on anger (Biaggio, 1980). Many of the researchers on this subject have lamented: "Little direct or sustained effort has been applied to understanding or systematically modifying the occurrence of and behaviors related to human anger" (Crain, 1977, p. 1). Novaco (1977) calls this "a puzzling state of affairs" (p. 600). Rothenberg (1971) observes that "It is enorm- · ously strange that so little attention has been paid in psychiatric and psychological literature to the phenomenon of anger" (p. 86). Some of the reasons for this lack of attention appear to lie in the difficulty of assessing the state of anger (Biaggio, 1980) and in the fact that anger is seldom considered independently, most frequently being subsumed under aggression, emotion, or affect (Rothenberg, 1971). There is a definite need to examine anger independently, as the helping professions have much to gain from a better understanding of the sources and consequences of anger. Anger is different from aggression, hate, rage, and violence, in that it does not necessarily involve destructiveness. The physiological changes associated with anger are alerting devices that can provide the basis for communication as an alternative to the "flight-or-fight" syndrome of other animals (Rothenberg, 1971).

Plutchik (1962) sees emotions such as anger as being representative of inadequate adaptation. That is, anger is a "part of our native inheritance" (Plutchik, 1962, p. 81) and is experienced as a patterned

bodily reaction with intrinsic adaptive processes. This reaction can be analyzed using three language forms: a functional-adaptive language based on adaptive functions of what the organism does, a descriptive language based on behavioral observations, and a subjective language using everyday vernacular (Strongman, 1978).

Feshbach (1964) sees anger and aggression as related, but conceptually different. Anger is conceptualized as expressive and energizing, whereas aggression, the cognitive correlate of anger, is seen as the "motive to injure others." Feshbach's formulation points to anger as an alarm system, while the aggressive drive to injure others is seen as a cognitive motivational variable.

The physiological approach to emotions was inaugurated by James (1890). This development resulted in a shift in emphasis from the consciousness of Titchener (1909) and Wundt (1904), to the visceral aspects of emotion. This direction added invaluable information on anger. Essentially, the physiological reactions prepare the organism to defend itself when faced with immediate threat or danger. These reactions are initiated by neurological discharges of the sympathetic nervous system (Stearns, 1972) which produce adrenalin and noradrenalin (Buss, 1961). The bodily reactions include increased heartbeat; a rise in blood pressure due to constriction of blood vessels; deeper breathing to provide more oxygen; release of adrenalin, giving greater body energy and strength; blushing, from blood rushing to the peripheral areas of the body; release of stored-up sugar by the liver, thus increasing body strength; stoppage or slowing of digestion and

salivation; dilation of pupils; sweating; and the quick abolition of effects of muscular fatigue (Madow, 1972; Murray, 1975; Blau, 1980). Physiological arousal serves two purposes: (a) it is an indicator that something in the environment needs to be dealt with, and (b) it acts as a facilitating agent to aid the organism in its response to the environment (Murray, 1975).

Since this type of research is less directly implemented in the psychotherapeutic process, a complete review of its literature is deemed beyond the scope and intent of this study. What is of direct import is an examination of the person and his/her anger experience within a particular context. Landis (1929) illustrates this point when he states that anger occurs "because of certain relationships existing between the reacting organism and its environment" (p. 70). That situational components are the differentiators of emotion, e.g., anger, is seen in the research of Schachter and Wheeler (1962) and Schachter and Singer (1962). The latter investigators conclude that:

> Cognition arising from the immediate situation as interpreted by past experience provides the framework within which one understands and labels his feelings. It is the cognition which determines whether the state of physiological arousal will be labeled as "anger," "joy," "fear," or whatever (p. 380).

Thus, the arousal draws meaning when it is subjectively felt. These physiological responses cannot be isolated from other facets of the self, or from the perceived world, as they are only one aspect within the total spectrum of the anger experience. A person recognizes anger when it is felt bodily and identified and labeled cognitively (Blau, 1980).

Bohart (1977) investigated the effects of four procedures: role play, discharge, intellectual analysis, and control on resolution of personal anger conflicts. Eighty female subjects were seen individually for one session which lasted for five minutes or less. They were instructed to recall a recent incident where another person had angered them, and about which they were still angry. The results showed that only the role-play intervention consistently resulted in a positive change on the dependent variables. Bohart hypothesizes that the effectiveness of the role-play resulted from the combined effects of emotional arousal and cognitive activity conducive to cognitive reorientation. The expected interaction between role-play and experiencing level (called "focusing ability" by Bohart) in reducing anger and conflict did not occur. Bohart proposes that this was due to the subject's ability to effect experiential components in a "talk" approach to therapy. He further states that role-play might have provided the experiential component, thus minimizing the differences between high and low experiencers, instead of maximizing them as predicted. Bohart cites Sheran (1972) as using a nearly identical design, except that "talk" techniques--reflection versus advisement --were studied. The results revealed that high experiencers, on the average, showed more change than low experiencers.

Novaco (1976) attempted to modify anger by restructuring the cognitive mechanisms controlling anger. Treatments consisted of (a) applying Meichenbaum's (1974) self-instruction technique to the domain of anger problems, (b) relaxation training, (c) a combination of

self-instruction and relaxation, and (d) attention control. The results showed that the combined treatment was superior to its component treatments, but the differences between the combination and cognitive conditions often were not significant. The self-instruction treatment produced significantly greater positive changes than either the relaxation group or the attention control group. Novaco interprets these results as showing that the cognitive restructuring of the self-instruction format was the primary reason for reduction in chronic anger. It is proposed that the most important factor in this study was the adoption of a problem-solving orientation in conflict situations.

In a study on the effects of awareness on the modification of anger problems, Crain (1977) identified 50 female subjects as either anger expressors or anger suppressors. The subjects were then randomly assigned to one of three groups: Focused-Awareness (F-A), Self-Instruction (S-I), or Controlled Attention. The F-A training was seen as a basic process in experiential psychotherapy as described by Perls (1969) and Gendlin (1964). The S-I training consisted of Cognitive Behavior Modification techniques developed by Meichenbaum (1974) and adapted by Novaco (1974) for use with people who have chronic anger problems. The F-A treatment was rated more valuable, in general, than the other treatments. Subjects in the F-A group were more desirous of having training continue longer than were the S-I subjects. F-A was seen by subjects as applicable to more issues than anger alone. The S-I training group showed significant decreases in anger intensity, anxiety accompanying anger situations, and severity of the anger problem.

On follow-up it was found that F-A was consistently more effective than S-I on the change dimensions. In conclusion, Crain states that F-A can be an effective approach to working toward resolution of anger problems. It is important to note that Crain did not use a structured approach like Focusing. Rather, he asked the subjects to focus on anger problems, and then pointed out to the subjects inconsistencies in reported thoughts, descriptions, and feelings, as well as verbal and nonverbal behaviors. This process was seen as helping subjects to get more in touch with their feelings and the impressions associated with them.

Benjamin (1976) conducted a study to clarify and better understand the personality make-up of opposite-sexed subjects experiencing varying degrees of anger. The 128 graduate student subjects, 70 male and 58 female, were administered the Comrey Personality Scales (CPS) and the Reaction Inventory--Anger (RI). Subjects were then separated into high- or low-level anger groups, resulting in four sub-groups.

Analysis of the data showed females to be significantly more angry as a group than males. There were also objective personality differences between the subgroups. High-anger females emerged with the least positive, and high-anger males with the most positive personality profiles. Benjamin did acknowledge, however, that anger could be a function of something other than the eight CPS factors.

Stevick (1969, 1971) undertook a systematic phenomenological investigation of the lived anger experiences of 30 adolescent females.

Stevick contends that since anger is experienced in the lived-in world, psychology should investigate anger in that particular world. Previous studies of anger were considered to have utilized inadequate methodology because:

> Anger, understood as a particular mode of relating
> to self and world can be examined best by a
> descriptive method which allows for the emergence
> of all aspects of the experience, particularly
> of the situational components, the behavior and
> the experience of being angry (1969, p. 25).

Analysis of the subjects' protocols resulted in the following fundamental structure of the anger experience:

> Anger is the pre-reflective experience of being
> made unable by an other who prevents us, and it
> is the counter-action of this sense of inability
> by an affective transformation of the other and of
> the relationship with the other. The body is
> experienced as bursting forth, and expresses itself,
> publicly or privately, as each person's pre-reflective
> restrictions allow, in expansive, explosive, non-
> typical behavior (1971, p. 144).

In other words, anger is typically a result of a situation where someone, or something, usually a significant other, prevents or blocks us from doing, or giving, or being something of personal importance. The anger experience is a bodily experience of trying to change this experiential world, or is lived out as a desire for changing the experiential world. The awareness of anger does not come from a bodily reflection or cognition of the situation, but bursts forth as a pre-reflective, lived understanding of the experience.

Blau (1980) continues this phenomenological study of anger through the analysis of the subjective experiences of the researcher and eight

fifth-grade students. Subjects were asked to focus on angry feelings. The intent was to reveal, describe, and express the nature and meaning of these anger experiences. The modes of expression included artistic representation, body movement, poetry, story writing, drama, and musical interpretation. Blau found the following basic elements of the anger experience: (a) the self perceived as hurt, (b) a body aroused, (c) a need to communicate the hurt and protect the self, (d) a process of transformation of self and world, and (e) an attempted resolution of the anger aroused. Blau concludes that this study verifies the presence of anger as a natural phenomenon, and its need to be recognized and affirmed as part of the process of being human. She further states that acknowledgement and facilitation of appropriate expression of anger are not enough:

> Being in touch with one's perceptions and remaining open to integrating new discoveries as they enter the perceptual field will contribute to the experiencing of anger as healthy, positive, and growth-affirming (p. 137).

Synthesis

The literature on Focusing indicates that Focusing can be used to examine both the context and the content of experiencing. Thus, by using Focusing as an intervention one can explore the problem that is being remediated. This procedure constitutes an opportunity to further understand the context of the problem, even if the core of the problem does not change. There are fewer knots, and the problem can be seen more clearly.

The literature on anger shows a lack of agreement on the concept of anger. There is also a dearth of knowledge on the subject in general, although there does seem to be some relationship between experiential and cognitive dimensions of anger. In this study, it was proposed that the exploration and remediation of anger experiencing via Focusing would address both of these issues. Focusing involves a process of narrowing-in on an internal referent and allowing it to carry forward to some resolution that involves identification and cognitive labeling.

Taken as a whole, the literature points to a need for more research on anger and Focusing. This study was designed to help fulfill that need. Focusing was used to tap the rich subjective experience of anger in an effort to gain valuable insight into the way in which anger is defined, as well as to explore the effect of Focusing on the resolution of anger problems.

CHAPTER III

METHODOLOGY

Pilot Study

A pilot study preparatory to the full investigation was imple-
mented during August and September, 1982. The purpose was to "iron
out" potential difficulties in the provision of the intervention and in
the collection of data. Essentially, it consisted of taking one
subject through each phase of the study, as if he were subject Number 1
in the multiple-baseline single-case design (see Figure 1). This
procedure included the following steps:

1. The administration of premeasures consisting of the
   Buss-Durkee Hostility Inventory (Appendix C), the Minnesota
   Multiphasic Personality Inventory, the Multiple Affect
   Adjective Checklist-General (Appendix D), and the Demographic
   and Anger Questionnaire-Pretraining (Appendix E).

2. On Day 1, the administration of the Multiple Affect Adjective
   Checklist-Today (Appendix G). This procedure was repeated on a
   daily basis throughout the 28-day study.

3. The administration of the Post Focusing Questionnaire
   (Appendix I) and the Post Focusing Checklist (Appendix J)
   after each session.

4. The administration of postmeasures consisting of the
   Buss-Durkee Hostility Inventory and the Demographic and Anger
   Questionnaire-Posttraining (Appendix F).

33

x = Session Days*

Baseline (A)   Intervention (B)   Follow-Up

S1   1 – 7   8 – 17   18 – 28

S2   1 – 8   9 – 18   19 – 28

S3   1 – 9   10 – 19   20 – 28

S4   1 – 10   11 – 20   21 – 28

S5   1 – 11   12 – 21   22 – 28

DAY

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

Day 0
Screening & Premeasures

A. Buss-Durkee Hostility Inventory
B. Marlowe-Crowne Social Desirability Scale
C. Multiple Affect Adjective Checklist-General
D. Beck Depression Inventory
E. Demographic and Anger Questionnaire-Pretraining
F. Introduction to Focusing

Day 1
Beginning of Baseline
A. Multiple Affect Adjective Checklist-Today
   (Repeated Daily through 28th day)

End of Intervention – Postmeasures
(Days 17, 18, 19, 20, & 21)

A. Buss-Durkee Hostility Scale
B. Multiple Affect Adjective Checklist-General
C. Demographic and Anger Questionnaire-Posttraining

After 28th Day

A. Follow-Up Interviews

*X marked days for administration of
A. Post Focusing Questionnaire
B. Post Focusing Checklist
C. Multiple Affect Adjective Checklist-Today
   taken after sessions

Figure 1. Outline of the Multiple Baseline Single-Case Design Used in This Study

The baseline phase of the pilot study lasted seven days, the intervention phase consisted of four sessions spread over 10 days, and the follow-up phase consisted of 11 days.

The results of the pilot study were mixed. On the repeated measure, the Multiple Affect Adjective Checklist-Today (MAACL-Today), there was a decrease in the subject's anger from the baseline phase (A) to the intervention phase (B). This difference was calculated using a median trend analysis (White, 1971, 1972) and was found to be statistically significant at the .01 level. Using this same analysis, it was found that the subject's anger affect increased from the intervention phase (B) to the follow-up phase. This increase was not found to be statistically significant.

The pre- and posttest scores for the objective measure of the subject's anger experiences, the Buss-Durkee Hostility Inventory, were not analyzed statistically, but shifts in the mode of anger expression were quite interesting. The subject experienced a shift in his primary mode of expressing anger, from the covert modality to the overt modality. The change in his covert hostility score was a 57% decrease, while his overt hostility score increased by 100%. It is hypothesized that these shifts in mode of expressing anger represented the subject as becoming more sensitized to the origins of his anger. Consequently, he was becoming more able to conceptualize his anger experiences and to express them more directly. This increased ability allowed him the option to work on these experiences more in relationships rather than

dealing with them in a largely private, or covert fashion. These shifts in the subject's experiencing of anger represented possibilities for him to carry his experiencing forward, giving it new meaning.

On the subjective reports, the subject recorded a decrease in the number of times he was bothered by becoming angry, from three times per day and seven times per week to zero times per day and three times per week. He also experienced a change in the number of times he became angry without being bothered by it, from two times per day and five times per week to once per day and seven times per week. While the length of his anger experiences had not changed, his focus concerning what he identified as the crux of his anger problem had changed. The change was from "the psychological and physical experience of being angry" to "the reactions and responses of others to your anger." This finding supports the hypothesis that he was moving from a more private mode of experiencing anger to a more interpersonal mode. On the Post-training Demographic and Anger Questionnaire he was able to identify a particular relationship in which he got angry, whereas on the comparable instrument prior to training he had been unable to do so.

On a scale of 1 to 10, the subject registered a 10 percent increase in level of experiencing and expressing anger. This finding, as well as the scores on the Buss-Durkee Hostility Inventory, suggests that, in general, the subject was at a slightly higher level of experiencing anger and expressing anger at the end of the study. This finding is tempered, however, by the subject's perception of a 43% decrease in the perception of his anger as a problem. It appears that although the subject was more cognizant of his anger experiences and

more capable of directly expressing them on an interpersonal level, he perceived them as less problematic than before the pilot study.

The report of findings presented here is not an in-depth analysis and explanation of the data recorded, since that was not the primary intent of the pilot study. However, the pilot study does appear to have validated the general direction taken in the full study, namely that: (a) Focusing appears to be a useful means for exploration and remediation of anger problems for males, and (b) the single case design in collaboration with Focusing is a viable means for tapping the subjective experience of anger in an effort to further define this affective experience, and to generate hypotheses for future research on anger.

The present study was an outgrowth of the methodology and results observed in the pilot study. The following changes were incorporated in an effort to refine the full study.

First, the Marlowe-Crowne Social Desirability Scale (M-C SDS), shown in Appendix K, was substituted for the Minnesota Multiphasic Personality Inventory (MMPI) as a screening instrument for examining subjects' response sets to personality measures. The M-C SDS is seen as a measure of need for social approval, whether this need is reflected in the social desirability aspects of test items or in the subject's testing behavior. This measure differs from the MMPI in that it examines the subject's need for social approval, rather than the admission or denial of pathological symptoms. Furthermore, the M-C SDS is much shorter (33 items) than the MMPI (566 items), thus increasing the efficiency of data collection.

Second. the subject in the pilot study was identified as predom-
inantly an anger-suppressor. For the full study this classification
had more precise criteria to insure a clearer description of the sub-
jects to be used. The criteria included a score of 10 or more on the
covert hostility scale and a score on the overt hostility scale that
was $\leq$ the covert hostility score on Bendig's (1961, 1962) revision of
the Buss-Durkee Hostility Inventory.

Third, the population for the pilot study was defined broadly as
adult males experiencing difficulty in expressing anger. At times the
anger problem appeared so pervasive that it was difficult to focus
upon. It was hypothesized that a population with a more readily iden-
tifiable source of anger would be more functional within a short-term
research project. Consequently, adult males who had recently experi-
enced the loss of a spouse via separation/divorce were identified as
the population for this study, the underlying premise being that anger
is an integral part of the grief process.

Fourth, in the pilot study a scale of 1 to 10 (Allport, 1961) was
used for the subject to indicate the degree to which his anger was seen
as a problem for him. This rating scale was used both as a pre- and a
postmeasure. In the full study, the Multiple Affect Adjective Check-
list-General (MAACL-Gen, found in Appendix D) was administered in
addition to the 10-point scale as a more refined method of verifying
any change in the subject's anger level.

Finally, a number of procedural changes were made, including the
following: (a) Ninety minutes to two hours were spent on introducing

and explaining the process of Focusing, (b) the Demographic Question-
naire was refined and shortened, (c) the packaging of the repeated
measures was refined for ease of handling, and (d) a post-followup
interview was held to elicit each subject's personal reaction to his
experiences.

Population

The population of the present study consisted of adult males who
had recently experienced a significant loss in their lives via separa-
tion and/or divorce. The reason for choosing this particular popula-
tion evolved from the pilot study. In the pilot study a need was
identified to select a group with a more focused anger problem--one
that would be more readily acknowledged and explored, and that could be
handled within a manageable length of time. The establishment of anger
or hostility as an integral part of the grief process has been firmly
established in the literature on grief and loss. Kubler-Ross (1969)
has stated that "If we tolerate their anger . . . we are helping them
take a great step towards acceptance without guilt" (p. 180). Linde-
mann (1979) talks of hostility overflowing into interpersonal relation-
ships as well as becoming hidden and inwardly directed as a "protracted
self-punitive behavior" (p. 71). Schneider (1981) states that "Any
loss leads to some form of grief" (p. 36). He explains that there are
basically three kinds of loss: external loss, internal loss, and loss
of innocence. External loss is the loss of people, places, or things.
Internal loss includes loss of identity, of life styles, or of ways of
viewing ourselves. Schneider has extracted the notion of "loss

of innocence" from Kopp (1978), stating that it involves a loss of assumptions, beliefs, or illusions on which our philosophies of life are based.

This study was concentrated upon subjects who had experienced an external loss--specifically, a loss of a significant other by separation/divorce.

Subjects

Subjects for this study consisted of five adult males, solicited by newspaper articles and public notices, and from community agencies offering workshops, groups, and individual programs specifically designed to assist during the separation/divorce process. The reason for selecting only one sex was that the research evidence supports the notion that male and female anger patterns differ in a number of ways (Meltzer, 1933; Buss & Durkee, 1957; Sarason, 1961; Henderson, Davidson, Lewis, Gillard, & Baikie, 1977). In general, these findings suggest that males are more extrapunitive, whereas females are more intrapunitive. Thus, males tend to act out more physically, criticize others, and experience the environment as hostile. On the other hand, females tend to be more self-critical and to experience guilt. Intropunitiveness is manifested by low self-esteem, over-concern with physical appearance, and a degree of depression or sadness. These differences could have confounded the outcomes of any such study. Consequently, males were decided upon as subjects for this project in an attempt to control for possible confounding effects.

Subjects were referred by agency personnel (social workers, counselors, psychologists, and clergy) or were self-referred upon learning about the existence of this research project through public notices. These subjects were accepted on the basis of their willingness to participate in a four-week program that consisted of a data-gathering baseline of seven to eleven days, a two-week intervention phase consisting of two sessions per week, and a seven-to-eleven day follow-up period. The subjects were informed that they had been selected for participation in a research project based upon their difficulty with the expression of anger, as identified by their scores on the Buss-Durkee Hostility Inventory (BDHI). They were told that the program was short-term in nature and involved the learning of a technique to assist them and the researcher in further understanding their subjective experience of anger. Further, they were told that this understanding could help them to express and manage their anger more appropriately. Finally, they were informed that this technique was one they could use on their own, if desired, after the completion of the program. Upon securing the subjects' consent, a formal meeting was held to explain the purpose and scope of the project and to elucidate the role and limitations of confidentiality. Formal letters of consent were requested (Appendix L), and questions from the subjects were addressed. At the end of this session, subjects were scheduled for the screening measures.

The Buss-Durkee Hostility Inventory (Buss & Durkee, 1957) and the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964) were

used in the selection process. Subjects were screened on the basis of their scores on these instruments. Subjects who (a) scored within one standard deviation of the mean (15.06 $\pm$ 5.58) on the Marlowe-Crowne Social Desirability Scale (MC SDS) and (b) had a covert hostility (CH) score of 10 or more, as well as an overt hostility (OH) score $\leq$ the CH score on the Bendig (1961, 1962) revision of the BDHI were placed in the subject pool. This process was similar to one used by Crain (1977) in assigning subjects to suppressor or covert hostility (CH) groups, and to expressor or overt hostility (OH) groups. The difference was that the primary concern of the present study was to examine subjects experiencing difficulty with expressing their anger more openly and constructively, i.e., "suppressors." Therefore, covert as well as overt scores were utilized to screen out subjects who were more overtly than covertly angry. To the extent that the pool of subjects was large enough, the subjects were matched in order to increase the efficacy of the research design (Hersen & Barlow, 1976).

Procedures

Upon completion of the screening process the five subjects selected were scheduled, as a group, to complete relevant premeasures. These included demographics, a description of the subjects' anger problems and experiences, and completion of the Multiple Affect Adjective Checklist-General (MAACL-Gen). After the premeasure data had been gathered, the subjects were introduced to the concept and process of Focusing (see Appendix M). A schedule was then negotiated with the subjects for the coordination and implementation of the baseline, as

well as subsequent intervention and follow-up phases of the multiple-baseline design. A summary of these procedures is provided in Figure 2.

During the baseline phase the Multiple Affect Adjective Checklist-Today (MAACL-Today) was administered daily for 7, 8, 9, 10, and 11 days, respectively. This procedure was continued throughout the 10-day intervention phase and the subsequent 7 to 11 days of follow-up. This resulted in a minimum of seven data points for each phase of the study on the repeated measure, MAACL-Today. Upon completion of the treatment phase, subjects were administered posttests on the BDHI, the MAACL-General, and the posttraining questionnaire. The MAACL-Today was administered daily for the 7 to 11 days of follow-up. At the conclusion of the follow-up, the researcher interviewed each subject to gather information concerning his treatment and to discuss possible referral sources for additional mental health services.

Intervention

The intervention consisted of four sessions over a 10-day period. Each session was approximately 50 minutes in duration, with contingency plans for sessions of greater duration where needed. This precaution was primarily due to the sensitivity of the problem being examined and the complexity of its related issues.

Focusing, a therapeutic procedure developed by Gendlin (1969b, 1981b), constituted the core of each session. Briefly, Focusing is a method that "taps and articulates new subliminal knowing." It
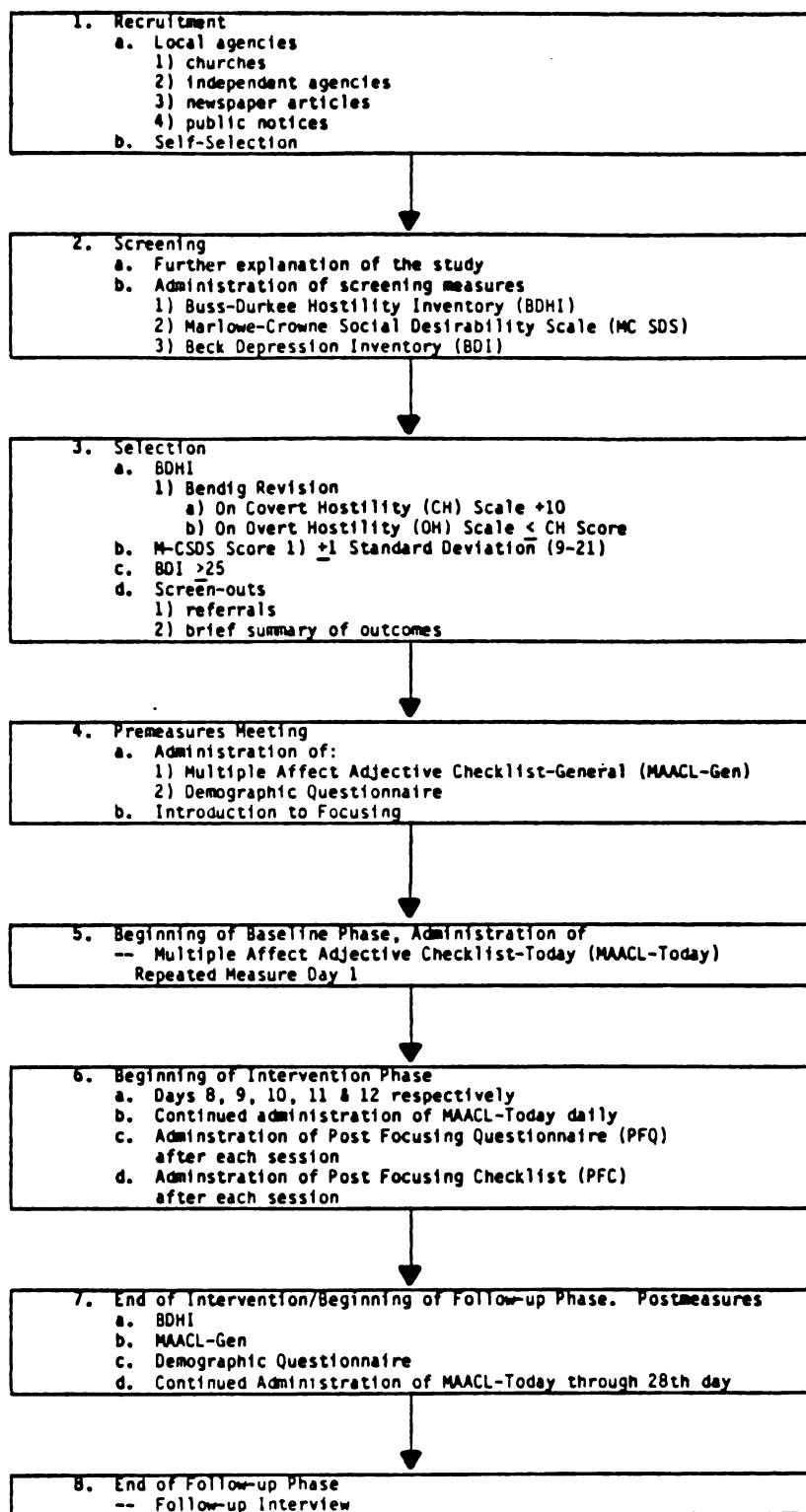
Figure 2. Flowchart of Procedures

"befriends and listens to the body" (Gendlin, 1981b, p. ix). Gendlin (1969b) contends that one needs to stop "talking at oneself inside" and shift to listening from "the inside out, from oneself." This procedure requires that one ask "What is wrong?" and remain silent while the bodily felt aspect of the problem makes itself felt clearly. This enables one to separate oneself from problems and emotions and to gain a clearer perspective on their meaning, resulting in a bodily felt change. Through research conducted at the University of Chicago, Gendlin and his colleagues have developed a methodology for teaching people to focus. This process is presented in Appendix M.

Each subject received an introduction to, and an explanation of, the Focusing process during the initial interview. During each session the subjects were asked to focus on an anger experience. This could be any anger experience, e.g., a recent one or an extremely salient one. The Focusing cycle was continued until the subject decided he had reached a good place to stop. The remaining time was set aside for the subject to reflect upon his experience and any insight he might have gained. At the end of each session the subject was administered the Post Focusing Questionnaire (PFQ) and the Post Focusing Checklist (PFC) as objective indices of whether Focusing had occurred.

Follow-up

Subjects continued to complete the MAACL-Today Form daily for a follow-up period varying in length from seven to 11 days. At the end of this phase each subject was interviewed in order to gain further information concerning his experiences, the treatment, and the possible need for referral for additional mental health services.

Therapist

A certified social worker served as the sole therapist in this study. This procedure conforms to Hersen and Barlow's (1976) recommendation that the therapist be a constant across subject replications. The therapist, a female in her mid-forties, had undergone intensive training with Focusing at the Focusing Institute in Chicago, the training program for which was developed and led by Eugene T. Gendlin.

Measures

Buss-Durkee Hostility Inventory (BDHI)

This inventory was used to measure shifts in the subject's mode of anger expression. The BDHI, "the best known and most frequently used inventory of its kind" (Biaggio, 1980, p. 289), consists of 75 logically derived true-false items. The items are grouped into eight subscales: Assault, Indirect Hostility, Irritability, Negativism, Resentment, Suspicion, Verbal Hostility, and Guilt. Buss and Durkee (1957) developed this inventory in an attempt to assess not only the global intensity of anger, but also the intensity of various modes of anger expression. "The BDHI thus attempts a descriptive and quantitative analysis of the individual's preferred mode of hostility expression" (Biaggio, 1980, p. 289). On the basis of a factor analysis of scores on the BDHI, Bendig (1962) found two primary factors which he labeled "Covert Hostility" (CH) and "Overt Hostility" (OH). The CH factor was drawn primarily from items on the Irritability and Guilt subscales, while the OH factor was drawn primarily from the Assault and

Verbal Hostility subscales. For men, the CH scale has a reliability of .77, and the OH scale has a reliability of .70 (Bendig, 1962). These statistics were obtained by testing two groups of male college students with a combined N of 205. Calculations were made using the Kuder-Richardson Formula 20.

There is ample evidence of construct validity for the BDHI (Geen & George, 1969; Simpson & Craig, 1967). Predictive validity is more suspect, with low to moderate correlations ranging from .31 to .51 (Edmunds, 1976). These results, which were obtained from 95 male psychiatric patients, suggest that the BDHI has little validity for predicting hostility.

Marlow-Crowne Social Desirability Scale (M-C SDS)

The M-C SDS (Crowne & Marlowe, 1960, 1964) was used as a control for the effect of the subject's response sets on the personality measures in this study. The M-C SDS was selected over similar measures, e.g., the Edwards Social Desirability Scale (SDS) and the Minnesota Multiphasic Personality Inventory (MMPI), because of its "elimination of pathology-relevant item content" (Crowne & Marlowe, 1960, p. 350). Consequently, the M-C SDS is an index of "a person's approach to self- and socially-evaluative situations" (Crowne & Marlowe, 1964, p. 194), a measure which is more applicable to normal populations.

An internal reliability for the M-C SDS of .88 was obtained using the Kuder-Richardson Formula 20. A test-retest correlation of .88 was also obtained (Crowne & Marlow, 1964). The correlation between the MC SDS and the Edwards SDS is .35. This correlation is significant at the

.01 level. Further, the correlations of the M-C SDS and the K and F validity scales of the MMPI are .65 and .61, respectively. These correlations are significant at the .01 level (Crowne & Marlowe, 1960). These statistics were obtained by testing a group of 39 students. Calculations were made using the Pearson product-moment correlation.

Multiple Affect Adjective Checklist (MAACL)

This instrument was used as a measure of anger. It was designed as a self-administered test of three clinically important negative affects: anxiety, depression, and hostility. According to Zuckerman & Lubin (1965, p. 22), "The Today form of the MAACL is ideally suited for studies requiring repeated measurements of affect over time."

The MAACL consists of 132 adjectives arranged in alphabetical order. The vocabulary is at or below eighth grade reading level. Subjects are asked to check all the words that describe their feelings. Most subjects can complete this form in three to five minutes.

Two forms of the MAACL were administered. Directions for the General Form instruct subjects to check all the words that describe how they "generally feel." On the Today Form, subjects are instructed to check all the words that describe how they "feel now--today." The General Form was developed to assess anxiety, depression, and hostility as relatively stable traits, while the Today Form is used to assess these affects as states, which can fluctuate on a daily basis.

The odd-even, split-half reliabilities of both forms of the MAACL are high, ranging from .72 to .92 (Zuckerman & Lubin, 1965). The retest reliabilities are moderate for the General Form, .54 to .70

after a seven- to eight-day interval. For the Today Form the reliabil-
ities are low (.15 to .21) after a seven- to eight-day interval. This
finding is to be expected from persons in the general population, as
their moods fluctuate from day to day (Zuckerman & Lubin, 1965).

A number of well-designed studies have been conducted to test the
validity of the MAACL, and the results of these studies have been
largely positive. "Stress typically raises the score on the Anxiety
scale significantly. The results with the Depression scale have been
less satisfactory. Less work has been done with the Hostility scale
. . . but studies showing that hostility scores increase following
frustration are consistent with the notion that state hostility (anger)
is being assessed" (Megargee, 1975, p. 490).

Beck Depression Inventory (BDI)

The BDI (Beck, 1967, 1972; Beck et al., 1961), shown in Appendix
H, was used as a screening measure. The BDI was developed as an indi-
cator of the level of depression present in a client. According to
Becker (1974, p. 23), "The implicit rationale underlying severity of
depression measures is that the increased severity is associated with a
higher frequency and greater intensity of depressive symptoms." The
scale is designed to measure the various psychological, physiological,
and behavioral manifestations of depression, and is useful in the diag-
nosis, treatment, and research of depression (Beck, 1974).

Becker (1974) lists respectable reliability data for the BDI, as
indexed by internal consistency and stability criteria. A split-half

Pearson r of .93 was found, utilizing the Spearman-Brown correction. All items were significantly related to the total score at the p < .001 level. Highly significant test-retest correlations were also found.

In regard to concurrent validity, Beck (1974) cites several studies reporting correlations of .62 to .73 between the BDI and psychiatrists' ratings of depth of depression. Becker (1974) states that validity and reliability are more thoroughly reported for the BDI than for any other depression scale. He concludes that the BDI "is probably the best developed and most widely used self-report depression measure" (Becker, 1974, p. 25).

The BDI has also been used as a screening device for depression (Beck & Beamesderfer, 1974), based upon correlations of BDI scores with clinical ratings found by Beck et al. (1961). In the present study the BDI was used solely for selection purposes--to screen subjects too depressed to meet the tasks of the study. A cut-off score $\leq$ 25, indicative of moderate depression (Beck et al., 1961), was used. This procedure is in accord with the advice of Holmes (1983), who recommended a range including those moderately depressed in order to allow for reactive depression directly related to separation/divorce.

Post Focusing Questionnaire (PFQ) and Post Focusing Checklist (PFC)

These two measures of Focusing ability have been used in clinical research for individual and group settings (Wolf & VandenBos, 1971). The PFQ is an open-ended questionnaire eliciting the subject's description of his or her Focusing experience. VandenBos (1973)

contends that a series of unstructured questions elicits a more accurate accounting of the subject's experience.

The PFC is an objective measure of Focusing ability. This checklist consists of 28 items describing thoughts, feelings, and reactions which reflect Focusing and non-Focusing. Items which do not indicate Focusing are tabulated, yielding a numerical score. Lower scores indicate that Focusing has occurred. As an objective measure, this instrument needs no inter-rater reliability (Gray, 1976).

Both the PFQ and the PFC were used in this study. The PFQ was used to elicit a clearer description of the subject's subjective experience, and it also served as a measure of that experience. The PFC was used as an objective measure of the subtle process of Focusing. Correlations between the PFQ and the PFC have been reported at .72 and higher (Wolf & VandenBos, 1971; VandenBos, 1973).

Focusing is operationally defined as a score of 3 or more on the PFQ, and a score of 5 or higher on the PFC (Gendlin, 1984). In this study, a subject was designated as a Focuser when he exhibited Focusing ability on three or more of the eight PFQs and PFCs. The PFQs and PFCs represent what Olsen (cited in Gray, 1976, p. 77) has called "the state of the art" of psychotherapy. These measures were scored by Gendlin's staff at the Focusing Institute, University of Chicago.

Focusers were further delineated into two acceptable ranges, low and high. Low-range Focusers were those who experienced the process in three or four sessions. High-range Focusers were those who experienced the process in five or more sessions, or over 50% of the occasions.

Design

Single-Case Experimental Designs

The design used for this study was a modified single-case A-B time series design (Campbell & Stanley, 1966; Thoresen & Anton, 1974; Hersen & Barlow, 1976; Jayaratne & Levy, 1979). The rationale for the selection of this design is consistent with Frey's (1978) assertion that one should "let the research question pull the methodology, and not have the methodology pull research questions" (p. 268). The direction taken by the pull in this study was twofold. First, there was a heuristic dimension involving an attempt to chronicle, in considerable detail, the subjective experience of anger for five adult males. This effort was intended to generate a number of hypotheses to further the understanding of anger. The effect, to use a metaphor found in Malcom (1971), is that "Work of the right sort merely unties knots in our understanding" (p. xi). The results do not comprise a theory. Rather, they reduce the number of knots, thus providing a clearer view of the problem. A second dimension involved a clear attempt to assess the effectiveness of Focusing in mediating the anger experience of the five subjects. The single-case, or "intensive" methodology is well suited to address these dimensions. Single-case designs have long been held in esteem in the physical and biological sciences, and recently they have gained credibility in research in counseling and psychotherapy (Thoresen, 1972). Bergin (1971) supports the use of the single-case approach for research on clinically-based issues, noting that this approach:

> nicely articulates a research strategy with the vicissitudes of clinical practice, and thus insures a more prompt transfer of findings to practice than is usually the case (p. 255).

In this project a series of five N-of-1 studies was employed, using a multiple-baseline design with a follow-up phase (A-B). A multiple-baseline design is indicated in cases where the more prevalent withdrawal (A-B-A) or reversal (A-B-A-B) designs are inappropriate (Thoresen & Anton, 1974; Hersen & Barlow, 1976; Jayaratne & Levy, 1979). In this case the set of therapeutic instructions, i.e., Focusing, had carryover effects and therefore could not be withdrawn or reversed.

Since the multiple baseline design is considered weaker than the withdrawal and reversal designs, the issue is, "How many baselines (or replications) are needed before the experimenter is able to establish confidence in the controlling effects of his treatment?" (Hersen & Barlow, 1976, p. 227). The answer to this issue varies. Barlow & Hersen (1973) contend that "At least three target behaviors (individuals) would appear to be a minimum requirement" (p. 323). Wolf & Risely (1971) maintain that "While a study involving two baselines can be very suggestive, a set of replications across three or four baselines may be almost completely convincing" (p. 316). In a later publication, Hersen & Barlow (1976) recommend a "minimum of three to four baselines if practical and experimental considerations permit" (p. 227). Although the arguments surrounding this issue have not been

completely resolved, the series of studies in this project followed the guidelines suggested by Hersen & Barlow (1976), namely that:

1. Therapist and setting should remain constant across replications.

2. The behavior disorder in question should be topographically similar across clients.

3. Client background variables should be as closely matched as possible (although it is realized that the ideal goal of identical clients can never be attained in applied research).

4. The procedure employed (treatment) should be uniform across clients.

5. One successful experiment and three successful replications should usually be sufficient.

This last guideline is further supported by Mahoney & Thoresen (1974). In describing the essential characteristics of the multiple baseline design they state that "Data must be kept on three or more independent behaviors (or individuals)" (p. 173), and that "If the target behavior changes substantially at the point at which the treatment is introduced, then a causal relationship may be inferred" (p. 173). Anton (1978) suggests that single-case experimental designs are an appropriate means for bridging the counselor-researcher gap, by being able to "maintain the integrity of human experience and at the same time understanding that experience . . . in some 'objective' manner"

(p. 273). Thoresen (1972) lists the following advantages of
single-case designs:

1. The specific actions of individuals are the unit of focus
   rather than average comparisons of groups of individuals.

2. The frequency, magnitude, and/or variability of the
   individual's actions can be examined continuously during the
   process of the investigation.

3. The investigator can alter the treatment if necessary, based
   upon observations during the process of the investigation.

4. Past experience and individual differences are fully
   controlled by the subject's serving as his own control, using
   an initial baseline.

5. The interaction effects of treatments administered
   simultaneously on one or more client behaviors can be
   examined over time for a particular individual, using
   multiple baselines.

6. The untenable assumption of random sampling is avoided, since
   generalizations are based upon replications of specific
   results by means of intervention techniques across
   individuals.

7. An intimate method is provided for controlled inquiry of the
   covert processes which are often of interest to humanists.

The multiple-baseline single-case design was used in the present
study for several reasons. First, since the individual was the focus,

any changes that occurred would not be lost in averaging group comparisons, thus making it possible to capture a truer idiographic or subjective experience of the subjects. Second, since subjects acted as their own control, each subject was actively engaged in the intervention; there was no withholding of help, as in a control group. Third, the single-case design provided a means for a highly controlled, intensive exploration of the problem, as well as an assessment of the efficacy of the intervention. Fourth, the in-depth exploration cited above facilitated the heuristic dimension of the study by assisting in the generation of hypotheses. Finally, since the subjective experience of anger and the process of Focusing are by nature covert processes, they could be more readily studied via the single-case design.

Summary of Design and Procedures

In this study a multiple-baseline single-case design was employed. Each individual's subjective experience of anger was assessed for changes in level of intensity and mode of expression. Specifically, these changes were measured through pre/postadministration of the Buss-Durkee Hostility Inventory, the Multiple Affect Adjective Checklist-General, and a demographic questionnaire describing the anger problem. Changes were also monitored daily, using the Multiple Affect Adjective Checklist-Today on a repeated measures basis. The process of Focusing was assessed through administration of the Post-Focusing Questionnaire and the Post-Focusing Checklist after each therapy session. At the end of the study an interview was conducted eliciting each subject's assessment of his experience as part of the research.

Data Analysis

The data for each subject were analyzed and presented in a case study format. Graphs were used depicting changes in the intensity of each subject's anger experience. These data were analyzed using non-parametric trend analysis statistics (Siegel, 1956). These procedures, as described by Campbell (1963) and White (1971, 1972), provided tests for statistically significant changes across the three phases of the study: baseline, intervention, and follow-up.

According to the procedures outlined by White (1971), a slope for the data in the baseline phase of the study for each subject was determined. This slope is known as the "median trend" (Hersen & Barlow, 1976). To calculate this median trend slope, White (1971) has suggested several rules: (a) one should never use fewer than four data points in any phase; (b) one should try to get at least seven data points, since the data will then be much more reliable; and (c) if there are nine or more data points one can feel quite confident about the results. In order to compare the data obtained during two phases of a study, the median trend of the baseline phase can be extended into the intervention phase of the study. According to probability theory, half of the data will fall on one side of the extended median trend, half on the other side. With $p = .5$ that a bit of data will fall on the predicted side of the extended median trend line, a binomial formula, shown below, gives the probability for an observed number of data points, x, falling above (or below) the projected slope:

$$f(x) = \begin{bmatrix} n \\ x \end{bmatrix} p^x q^{n-x} \text{ or simply } \begin{bmatrix} n \\ x \end{bmatrix} p^n$$

where n = the number of total data points in phase B; x = the number of data points above (or below) the projected slope; p = q = .5 by definition of the split middle slope; p and q equal the probability of data points appearing above or below the slope, given the null hypothesis (Hersen & Barlow, 1976, p. 308).

If the binomial probability formula yields no statistically significant differences between data from two phases, then the phases cannot be said to be different in their effects upon the data (Siegel, 1956). Statistical analysis of the pre- and postmeasures employed in this study--the Buss-Durkee Hostility Inventory and the Multiple Affect Adjective Checklist-General--consisted of the Wilcoxon Signed Ranks Test to detect significant differences before and after intervention. The alpha level was set at .05 for the analysis of each hypothesis.

The trend-analysis and Wilcoxon Signed Ranks Test data were analyzed in conjunction with demographic data that included information about each subject and his particular anger problem, both before and after the interventions. This information was analyzed using a qualitative, phenomenological format outlined by Stevick (1971).

Hypotheses

The following null hypotheses were examined:

1. **Buss-Durkee Hostility Inventory**

   H_1: There will be no difference between pre- and post-anger scores of individual subjects as measured by the Buss-Durkee Hostility Inventory.

2. <u>Multiple Affect Adjective Checklist-General</u>

H_2: There will be no difference between the pre- and posttraining anger scores of individual subjects as measured by the Multiple Affect Adjective Checklist-General.

3. <u>Multiple Affect Adjective Checklist-Today</u>

H_3: There will be no difference in the trends between phases of the design (baseline, intervention, follow-up) of individual subjects on the repeated measure, the Multiple Affect Adjective Checklist-Today.

4. <u>Anger Questionnaire</u>

H_4: There will be no difference between the pre- and posttraining anger scores on the self-report anger questionnaire.

5. <u>Post Focusing Questionnaire and Post Focusing Checklist</u>

H_5: There will be no difference in the scores on the Multiple Affect Adjective Checklist-Today and the posttraining Anger Questionnaire, between subjects who display a significant degree of Focusing ability and those not displaying a significant degree of Focusing ability, as measured by the Post Focusing Questionnaire and the Post Focusing Checklist.

CHAPTER IV

ANALYSIS OF RESULTS

Overview

The previous chapters contain a description of the purpose of this study, theoretical considerations, a review of relevant literature, and the methodology and design used in the research. This chapter includes the results of the study.

The first section contains the results involving the pre- and posttraining measures, the Buss-Durkee Hostility Inventory and the Multiple Affect Adjective Checklist-General. Tables are used to show this analysis.

Further results are presented using an individual case study format. Pseudonyms are used to protect the participants' identity. The case studies begin with background history and demographics. An analysis of the repeated measure follows. Tables and figures are presented to aid in the analysis. Next, responses to the pre- and posttraining questionnaires are examined. The case study presentation is concluded with an analysis of data from the follow-up interview, including results of the Post Focusing Questionnaire (PFQ) and the Post Focusing Checklist (PFC).

The final section relates the analyses to each hypothesis examined in this study.

Pre- and Postmeasures

Primary Analysis

Two dependent variables were used to measure subjects' anger before and after training, the Buss-Durkee Hostility Inventory (BDHI)

and the Multiple Affect Adjective Checklist-General (MAACL-Gen). Since the N in this study was not large enough to meet the assumptions of normal distribution necessary for the use of parametric tests, a non-parametric test was used to analyze the results. The Wilcoxon Signed Ranks Test utilizes the sample median for analysis, rather than the population mean as used in parametric analysis. The purpose is to find the distribution of the test statistic (T) when the null hypothesis is true.

The computation and results for the hostility items of the BDHI can be seen in Table 1. There was no statistically significant difference from pre- to posttraining on this dependent variable.

Table 2 shows the computation and results for the MAACL-Gen. As can be seen, again no statistical significance was found.

Supplemental Analysis

Since these subjects were selected on the basis that they were primarily anger suppressors--that they experienced their anger more covertly than overtly, as measured by the BDHI--an analysis of the Covert Hostility (CH) and Overt Hostility (OH) subscales of the BDHI was performed. There was reason to believe that a subtle shift from a more covert to a more overt manner of experiencing anger might have occurred, one not captured by the BDHI as a larger instrument. These computations and the results are presented in Tables 3 and 4. In neither analysis was a statistically significant difference found on the CH or OH subscales of the BDHI from pre- to posttraining. Again, a Wilcoxon Signed Ranks Test was used.

Table 1. Results of Wilcoxon Signed Ranks Test between Pre- and Posttraining for the Hostility Items on the Buss-Durkee Hostility Inventory

Measure and Yield	Subject				
	1, Bill*	2, Bob	3, Roman	4, Mac	5, Greg
Pretest	16	19	22	12	23
Posttest	--	19	20	10	12
Difference D_i	--	0	+ 2	+ 2	+11
Rank of $\mid D_i \mid$	--	--	1.5	1.5	3
R_i	--	0	1.5	1.5	3

$$T = \sum_{i=1}^{3} R_i = 6^b$$

[b]Not statistically significant.

*Incomplete data; did not complete postmeasures.

Table 2. Results of Wilcoxon Signed Ranks Test between Pre- and
Posttraining for the Hostility Subscale of the Multiple
Affect Adjective Checklist-General

Measure and Yield	Subject				
	1, Bill*	2, Bob	3, Roman	4, Mac	5, Greg
Pretest	10	11	8	5	9
Posttest	--	9	1	7	5
Difference D_i	--	+ 2	+ 7	- 2	+ 4
Rank of $\mid D_i \mid$	--	1.5	4	1.5	3
R_i	--	1.5	4	0	3

$$T = \sum_{i=1}^{4} = R_i = 8.5^b$$

[b]Not statistically significant.

*Incomplete data; did not complete postmeasures.

Table 3.   Results of Wilcoxon Signed Ranks Test between Pre- and
           Posttraining for the Overt Hostility Subscale of the
           Buss-Durkee Hostility Scale

Measure and Yield	Subject				
	1, Bill*	2, Bob	3, Roman	4, Mac	5, Greg
Pretest	4	9	11	2	11
Posttest	--	11	9	2	6
Difference D_i	--	- 2	+ 2	0	+ 5
Rank of $\mid D_i \mid$	--	1.5	1.5	--	3
R_i	--	0	1.5	0	3

$$T = \sum_{i=1}^{3} R_i = 4.5^b$$

[b]Not statistically significant.

*Incomplete data; did not complete postmeasures

Table 4. Results of Wilcoxon Signed Ranks Test between Pre- and
Posttraining for the Covert Hostility Subscale of the
Buss-Durkee Hostilitv Scale

Measure and Yield	Subject				
	1, Bill*	2, Bob	3, Roman	4, Mac	5, Greg
Pretest	12	11	11	10	12
Posttest	--	8	11	8	6
Difference D_i	--	+ 2	0	+ 2	+ 6
Rank of $\mid D_i \mid$	--	1.5	--	1.5	3
R_i	--	1.5	0	1.5	3

$$T = \sum_{i=1}^{3} R_i = 6^b$$

[b]Not statistically significant.

*Incomplete data; did not complete postmeasures.

Case Presentations

Bill, Subject 1

History. Bill was a 47-year-old white Catholic male, reared in a lower income home. He was the second of three children, two males and a female. His parents were married and lived together. When Bill's father became angry he would "holler and curse." Bill could not remember what his mother did, but thinks she would simply walk away. Bill had no idea where or from whom he had learned his anger responses.

Bill considered himself upwardly mobile and classified himself as "middle income" for socioeconomic status. He had a Master of Arts degree, and was a consultant to a public school district. He had been separated from his second wife for three months. Bill had two children from his first marriage, and two step-children from his second. Although he still saw all of the children, they were adults, and it was not necessary to formalize custody arrangements. He had had some therapy during and following the divorce from his first wife. He had seen someone concerning both the current separation and a problem of substance abuse by one of his children.

Repeated Measure. Bill's performance on the repeated measure, Multiple Affect Adjective Checklist-Today (MAACL-Today) is presented in Figure 3. His performance on the hostility items of the MAACL-Today yielded a declining median trend during the baseline phase. This trend was reversed in the treatment phase. This upturn in the median trend is statistically significant, $p < .01$ (Table 5). In the follow-up
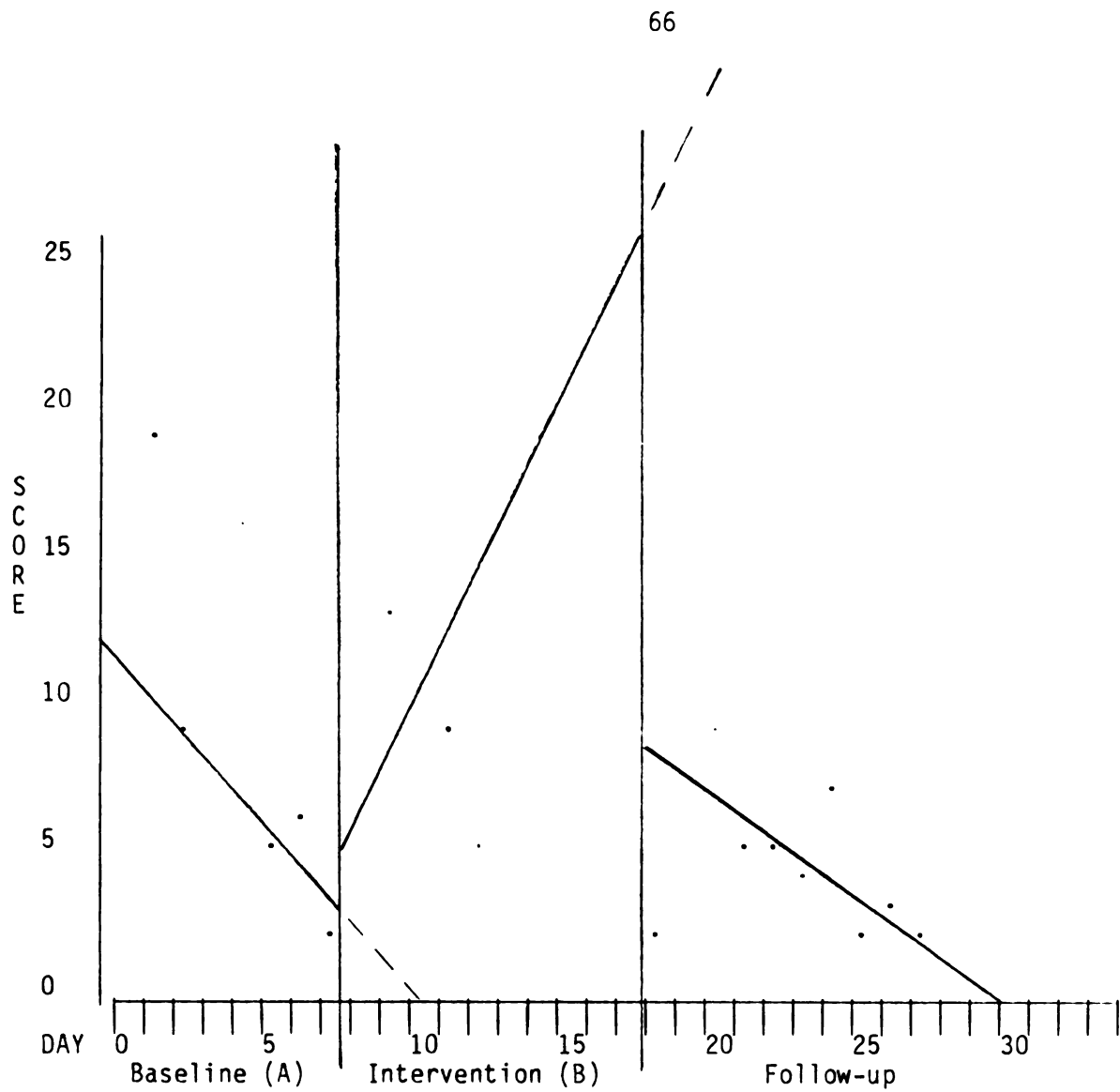
Figure 3. Median Trend Analysis of Repeated Measure, Multiple Affect Adjective Checklist-Today, for Subject 1. Bill.

Table 5. Results of Binomial Tests of Phase Changes on the

Multiple Affect Adjective Checklist-Today

Subject	Baseline Phase to Treatment Phase	Treatment Phase to Baseline Phase
1, Bill	$p = .002^a$	$p \leq .001^a$
2, Bob	$p \leq .001^a$	$p = .313$
3, Roman	$p = .044^a$	$p = .070$
4, Mac	$p = .117$	$p = .031^a$
5, Greg	$p \leq .001^a$	$p = .055$
Across all subjects	4 of 5 significant	2 of 5 significant

[a]Indicates statistical significance at $\alpha \leq .05$

phase the median trend was reversed again, and this too was found to be statistically significant, p < .001 (Table 5).

Demographic and Anger Questionnaire. Bill completed the pretraining questionnaire, the treatment, and the daily repeated measures, but did not complete and return the posttreatment questionnaire. Ostensibly, this was because of a trip out-of-state immediately following his last session when the questionnaire was to be completed. Several attempts were made to get the posttraining questionnaire completed and returned, but to no avail.

On the pretraining questionnaire Bill was particularly concerned about his actions and behaviors while angry. He saw anger as a natural feeling and believed that people who were angry should express that anger in a positive way; that is, they should "reveal to the [other] person the reason they [other person] have made them [him] angry." In the pretraining questionnaire Bill further stated that he became angry when children talked back or refused to do their chores/work. He also became angry whenever his ex-spouse questioned him about the amount of money they had, but would not consult with him on the spending of her income. Bill stated that when angry he did not tell the person who made him angry the reason why. He kept the reason and the anger inside. He displayed anger, but not the reason for the anger. Bill identified becoming angry when people lied, were insensitive to others' feelings, and belittled either him or others. He stated that he gained nothing by getting angry. He had lost respect for himself because he did not verbalize the reason for his anger. Rather, he would walk away

mumbling or thinking the reason. This behavior troubled Bill because
he would question his reasons behind the anger and, in particular, his
reaction of anger.

Before training Bill responded to the question about the origin of
his anger problem(s) in relatively recent terms. First, he identified
his wife's jealousy of his children from a previous marriage, his son's
abuse of alcohol and other substances, and most recently, job stresses.
These were the three relationships Bill saw as sources of anger: wife,
son, and job. Bill experienced his anger by not responding to the
person with whom he was angry, and by cursing aloud.

On the scales rating the level, intensity, and satisfaction with
anger experiences, Bill rated his level of experiencing anger extremely
high (10 on a scale of 1 to 10) and his level of expressing it
extremely low (1 on the same scale). He considered his anger a serious
problem. He rated his reactions to anger as being very problematic,
with little or no satisfaction gained from them.

Follow-up Interview. In the follow-up interview, conducted at the
end of the 28-day study, Bill stated, in response to the sex-of-
therapist issue, that he had not given it any thought. He said he was
able to express his feelings to the therapist, and that she was easy to
talk to. Bill found the therapist helpful in guiding but not leading
the Focusing experiences, especially with the process of clearing a
space. Once Bill "got the hang of it" he was able to move through this
process on his own.

Bill thought that anybody who had a problem could use Focusing.
In his case he was able to "zero-in" on problem areas, and not continue

to go around in circles with them. Bill's opinion was that anyone could Focus, and that Focusing could be used for personal problems, general problem-solving, or stress on the job. When he Focused, he could experience his tension and feelings "easing."

Bill rated his ability to Focus as being a 3 or 4 on a scale of 5 (with 5 the highest level of Focusing). When prodded to choose one, he selected a 3, saying he had difficulty at first and did not know what the "ultimate," a 5, meant. Because of his short time with Focusing he was unsure if he was "just getting started with the process," or if he had a "full-head of steam; only time would tell." The therapist rated Bill's ability to Focus as a 4. Results of the PFQs and the PFCs identified Bill as a Focuser. He was found to have Focused on three of the eight measures, placing him in the low acceptable range. These scores are found in Table 6. Bill said he would not feel comfortable with teaching Focusing to others at this point--later, maybe.

Bill found the experience very helpful. He said it provided him with a technique to focus-in on a specific problem, and to separate that from other problems: "I am a planet and other meteors are problems, and if I grab them I don't have enough hands to grab all of them . . . now I can stop the world and take it [meteors/problems] off my shoulders."

Bill thought that should the data show he had not improved, there was something wrong with the design of the study. He had no suggestions for improving the study. Bill only expressed regret that he had missed the first group meeting, because he thought others might have gained an advantage from being there.

Table 6.   Ratings of Focusing Ability as Determined by Subject,

Therapist, and Post Focusing Questionnaire (PFQ) and Post

Focusing Checklist (PFC)

Subject Rated	Source of Rating		
	Subject	Therapist	PFQ/PFC
1, Bill	3	4	3 of 8[c]
2, Bob	5	1	0 of 8[d]
3, Roman	4	4	7 of 8[e]
4, Mac	4	5	5 of 8[e]
5, Greg	4	4	3 of 8[c]

[c]Low acceptable range

[d]Non-Focuser

[e]High acceptable range

In general, Bill was positive about the experience. He said
Focusing had helped him identify some problems more clearly, but that
he needed to explore further his lack of assertiveness and to clarify
the problems between himself and his ex-spouse.

Bob, Subject 2

History. Bob was a 45-year-old white male, reared in a working
class home. He was a Unitarian. Bob was the eldest of three male
children. His parents were married and lived together. When Bob's
father became angry he would be "overly critical, insult his son, and
use profanity." Bob's mother would either not express her feelings, or
cry a lot, argue with Bob's father, and complain to her sons. Bob
believed he had learned his anger response from his father, during
adolescence, from 14 to 16 years of age.

Bob considered himself middle-class. He had a Master of Arts
degree and worked as a consultant with the State Department of Educa-
tion. He had been separated for seven months and was in the process of
a divorce. Bob had two children, an early adolescent son who lived
with Bob's wife, and an adult son who was planning his own marriage
within the year. Bob had had some marriage counseling and divorce
process counseling through the Friend of the Court.

Repeated Measure. Bob's performance on the MAACL-Today is
presented in Figure 4. The data from the hostility items of the
MAACL-Today showed a declining median trend for the baseline phase.
This trend was reversed in the treatment phase, and a slightly upward
trend is noted. This reversal is statistically significant, $p < .001$
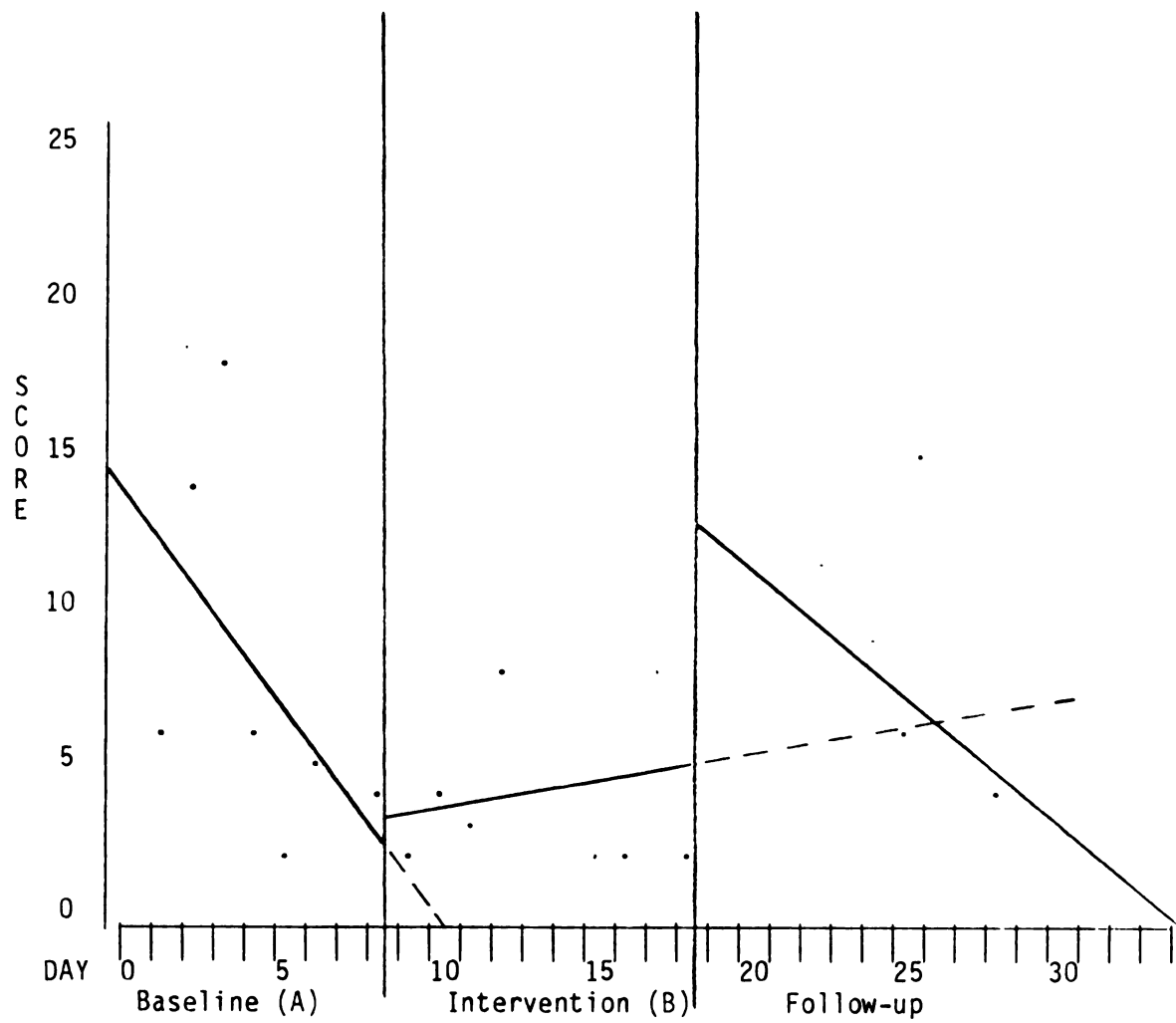(Table 5). In the follow-up phase the median trend was again reversed.

Figure 4. Median Trend Analysis of Repeated Measure, Multiple Affect Adjective Checklist-Today, for Subject 2. Bob.

This downward change was not found to be statistically significant (Table 5).

Demographic and Anger Questionnaire. In his response on the pre- and posttraining Demographic and Anger Questionnaire, Bob was most concerned with the reactions and responses of others to his anger. He saw anger as "permissible" with a "good cause," citing experiences with lawyers concerning his divorce as examples. This view was evident in both pre- and posttraining questionnaires. Prior to training, Bob thought people should find out facts before expressing anger. After training he responded in much the same vein, stating that people should "express their anger appropriately." Bob stated before training that people were often angry with people and situations which were not present; nor was the anger always justified by present circumstances. After training he stated that people who get angry are "healthy."

In the pretraining questionnaire, Bob reported that he became angry about two areas--his son and his work. He became angry when his son "misbehaved" or was inconsiderate toward others. He also became angry when he was treated with "little or no respect," denied "promotions or recognition," or treated like "an hourly employee." After training, Bob identified a more general source of anger--when others "attempt to control or abuse" him.

Originally, Bob stated he could "be ugly" when he was angry, and that he gained "little release" for his anger if he could not "control the situation." When angry, he lost the ability to think clearly and the respect of loved ones if he became abusive. After the training he

said that now he attempted "to communicate the anger to others," but that mostly he gained an increase in tension, and lost only his composure. Before the study, Bob was most concerned with the kinds of anger responses he was teaching his sons. After the study he found a more directly personal source of concern--that others might view him as "uncooperative."

Bob originally cited a more immediate origin for his anger problem, the breakup of his marriage over the last four to five years and the ongoing divorce process. On the posttraining questionnaire he concluded that he had had the problem for 30 years and that it related to his father. This points to a more chronic problem, which had been exacerbated by the current situation. On the pretraining questionnaire Bob identified only the relationship with his ex-spouse as a source for his anger, whereas on the posttraining questionnaire he was able to identify his relationship with a son in addition to that of his ex-spouse. In response to a question about his typical reactions to angry encounters or situations, Bob identified specific situations. Prior to training it was his ex-spouse's attorneys, and the division of personal property. After training, it was the study itself, because it "offered nothing that allowed me to change."

On the scales rating level, intensity, and satisfaction with anger expression, Bob showed a general pattern of improvement. From pre- to posttraining he showed decreases in level of expressing and experiencing anger. Although Bob felt somewhat more anxious with anger situations and less satisfied after an angry encounter, he was more

satisfied with how he felt, what he did, and the outcome of his anger situations. There is considerable disagreement between Bob's satisfaction with the training experience and the subjective changes he noted on the anger questionnaires. He thought the training offered him nothing, yet noted that the present state of his anger problem was desirable.

Training Evaluation. In response to an inquiry which asked for a description of his within-session experience, Bob noted a failure to gain any benefit from Focusing as a technique. He expressed disappointment with the lack of relationship between the techniques and his anger concerns. Bob found the training to have had a slightly positive impact, with no negative effects on his life. He went on to note that the training had been of no value to him, and that his "resistance" as discussed by himself and the therapist might be accounted for by the lack of a clear explanation of how the training related to anger. Therefore, the training had fallen far short of his expectations and had not affected any relationships with important people in his life. Consequently, he would choose not to resume the training if given the opportunity.

On the posttraining questionnaire Bob indicated that if the therapist had used other techniques the training could have been more helpful. Also, he would have started the intervention sooner (one month) after the separation. He added that this training differed from his previous counseling experience in that the latter was "more directive."

Follow-up Interview. In the follow-up interview, Bob stated that the sex of the therapist had no significance for him, and that he had sought a female therapist in the past. Bob did not think the therapist was leading; in fact, he thought that she did not lead enough. When asked what he thought it would take to be a good subject for this study, Bob responded that someone in an earlier stage of the divorce process might gain more from Focusing, as the earlier phases of the process are more emotional.

Although Bob found it hard to rate his Focusing ability because he was unsure of what the process was, he gave himself a rating of 5, saying he thought he could Focus easily enough. This self-rating was in direct contrast with the therapist's rating of him as a 1. Results of the PFQs and the PFCs identified Bob as a non-Focuser. He was not found to have Focused on any of the eight measures. These scores are found in Table 6. It was quite obvious from the questionnaires and the interviews that Bob and the therapist had a rather strife-filled relationship, the reasons for which are not entirely clear. It was evident to both of them that some sort of "mental battle" was going on.

Bob stated that he would not be comfortable teaching Focusing to others, since he was uncertain as to what the process was. He stated that "bringing something up and putting it away is helpful, but rinky-dink and not enough." If the data were to show that Bob had improved concerning his anger issues, he could only explain it by having "put something [divorce] behind me . . . things I had already been doing were successful, that's all."

According to Bob, the intervention could have been improved by giving "more readily conveyable tasks," that is, "What is anger and the semantics of male anger?" Bob thought it would have been helpful to have someone point out where he was with his anger; in other words, to be more directive. He also thought that a more "interactive model" would be helpful, one that encouraged the therapist to be more directive and participatory. Bob explained that when he would not close his eyes with the therapist, what he "was doing was forcing her into an interactional model."

In general, Bob was quite dissatisfied with his experience. He found it confusing, not well-structured, and lacking a connection between the Focusing technique and the problem of anger.

Roman, Subject 3

History. Roman was a 34-year-old white Catholic male from a middle-class background. He was the third of five children, four males and one female. His parents were married and lived together. When Roman's father became angry, which was seldom, he would curse. Roman's mother "flipped out" when she became angry, and would yell and scream. Roman thought he had learned his anger response from two sources: from the behavior of his parents and as a defense against his older brothers.

Roman considered himself of the same socioeconomic status as his parents, middle-class. He had a high school diploma and four and one-half years of college. He worked as a postal letter carrier. He had been separated from his wife for one year. Roman had four

children. He had interim custody of the older children, a boy and a girl, and his ex-spouse had interim custody of the two younger children, also a boy and a girl. Roman had had counseling for divorce adjustment, as well as family counseling.

Repeated Measure. Roman's performance on the hostility items of the repeated measure, MAACL-Today, is presented in Figure 5. A slightly increasing median trend can be observed for the baseline phase. This increase was accelerated during the treatment phase. The change was found to be statistically significant, $p < .05$ (Table 5). During the follow-up phase this trend was reversed. However, this change was not found statistically significant (Table 5).

Demographic and Anger Questionnaire. In his responses to the pre- and posttraining questionnaires, Roman was most concerned with his actions and behavior when he was angry. Essentially, he saw anger as an emotional response--no more, no less. This view was consistent both before and after training, as was Roman's idea that when people get mad/angry they should "let it out." On the pretraining questionnaire he thought that after letting it out one should then address the problem, and later do physical exercise. After training he thought that it would be important to find out why he became mad/angry. Again, Roman was consistent from pre- to posttraining, stating that when people became angry they were simply responding to an emotion. He stated that he became angry when people lied to him or when he saw his children suffer.

Before the training Roman said that when angry he would raise his voice and curse, much as his father had done. After training he stated
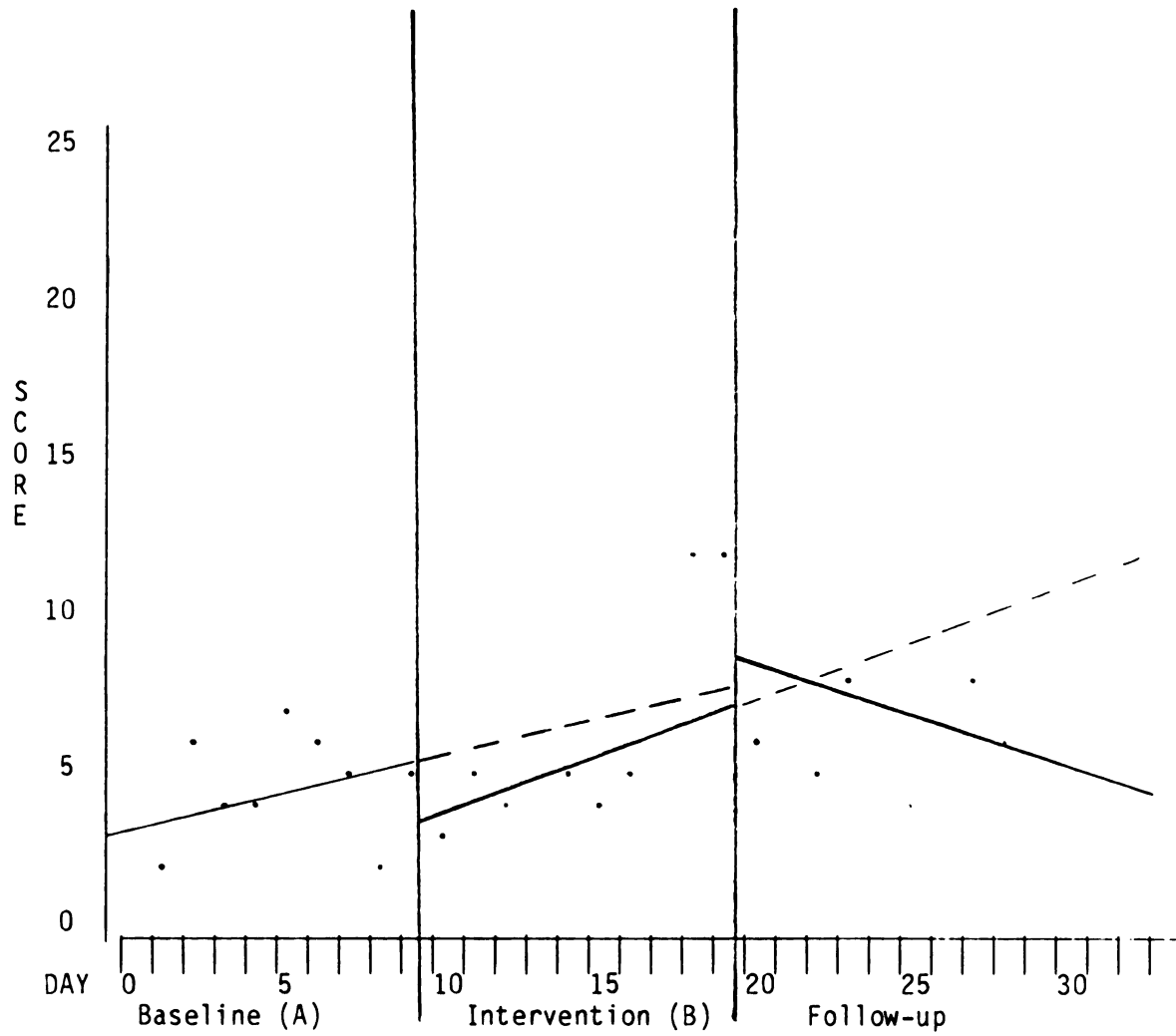
Figure 5. Median Trend Analysis of Repeated Measure, Multiple Affect Adjective
Checklist-Today, for Subject 3, Roman

that he not only raised his voice, but that he would become physical
and "bang things around." He said, both before and after training,
that he gained strength through adrenalin when he was angry and that he
lost his composure and control. On the posttraining questionnaire he
added that he also lost his "sanity." Originally, Roman was most
troubled about saying things he later regretted. After training this
was articulated broadly, but somewhat more clearly, as a loss of
control over what he said or did.

The source of Roman's anger was originally identified as a spinal
injury some 13 years prior to the study. On the posttraining question-
naire he cited the spinal injury and a "broken heart" from when his
wife left him. The only relationship identified as a source for his
anger was the one with his ex-wife. On the pretraining questionnaire
he described this relationship as "estranged," while on the posttrain-
ing questionnaire he placed an affective label on it--"bitter." Roman
stated that his anger attitude had been affected by the training,
because he was now more aware of his anger sources.

On the scales rating level, intensity, and satisfaction with anger
experiences, Roman consistently showed little change from pre- to post-
training. On both questionnaires he saw his anger problem as average.
Although Roman thought the length of his anger expressions was shorter
after training, he thought he was experiencing and expressing anger at
a slightly higher rate. He saw this rate as undesirable. After train-
ing Roman thought he was showing less anger in relations with others;
he found this desirable. On questions dealing with reactions to anger

situations Roman did not use the appropriate rating scale on the posttraining questionnaire. Therefore, the data were not comparable.

Training Evaluation. Roman described his within-session experience as simply "relieving." He found the training very valuable and thought it had made a moderately positive impact on his life. The training exceeded Roman's expectations and was primarily of value in terms of his angry feelings and behaviors. In general, Roman felt the training had helped him to better cope in his relationships with others: "It's helped me to put aside my problems, and keep on keeping on."

On the posttraining questionnaire Roman stated that the only change he could suggest was to make the training longer--two to three months. He said he would be willing to commit himself to a minimum of 12 more weeks of training. Roman found this training different from his previous experiences with counseling, where "I dumped my internal feelings." This training, he thought, helped him to deal better with his feelings.

Follow-up Interview. In the follow-up interview Roman stated that he saw "no problem" with the therapist being female. He stated that his previous counseling experience had been with a female therapist. Roman thought the therapist had been more guiding than leading; that is, she was trying to help him "get out what was really bothering" him. She did this by guiding, but did not "direct" the experience.

Roman thought that "objectiveness" and "honesty" were needed to be a good subject in this study. One needed to be able "to put all the

cards on the table" and honestly explore inner feelings, not simply do what you suspected the therapist wanted you to do.

Roman rated his ability to Focus as being high, a rating of 4 on a scale of 5. The therapist also estimated that he had reached a 4 on a scale of 5. Results of the PFQs and the PFCs identified Roman as a Focuser. He was found to have Focused on seven of the eight measures, placing him in the high acceptable range. These scores are found in Table 6. Roman stated that he would be comfortable teaching Focusing to others.

Roman stated that he had "definitely" found the training experiences helpful. There were both positive and negative aspects to the training. The negative aspects were explained as "good upsetting," i.e., Roman became disturbed about the situation with his ex-wife and children during the training, and took some time off from work. Through the Focusing experience he was able to realize that the anger he had directed at his wife was "really a sadness and hurt at the loss of the love of a sister" who had sided with his ex-wife.

When first asked how he might explain the results if the data showed no improvement, Roman stated that he had "no idea." After some thought he expressed that it had been a particularly bad time, because it was almost "a year to the day of the separation" when the study began. He added that new "hassles" had arisen concerning the custody issue and that the Friend of the Court was about to issue a report on its recommendation.

In general, Roman found the experience a "good" one. He would suggest only that the training last longer.

Mac, Subject 4

History. Mac was a 31-year-old white Catholic male, reared in a middle-class home. He was the older of two male children. His parents were married and lived together. When Mac's father became angry he would sometimes hit Mac and make him "feel worthless." Mostly his father complained a lot, but did not do much about his anger. Mac's mother would also hit Mac sometimes, or yell. Mostly, however, she would try to forget what made her angry. Mac thought he had developed his way of expressing anger by trying to act differently from his parents and teachers. It appears that Mac had lacked what he would consider an adequate role model for the expression of his anger experiences.

Mac considered himself of the same socioeconomic status as his parents. He had earned a high school diploma and worked as a radio broadcaster. He had been separated from his wife for three months. Mac had two children, whom he saw each week on his two days off. He had had some very limited counseling—one session—for marital problems.

Repeated Measure. Mac's performance on the repeated measure, Multiple Affect Adjective Checklist-Today (MAACL-Today), is presented in Figure 6. It may be observed that there was a slightly declining median trend during the baseline phase. This trend was reversed in the treatment phase, but no statistical difference was found for the data
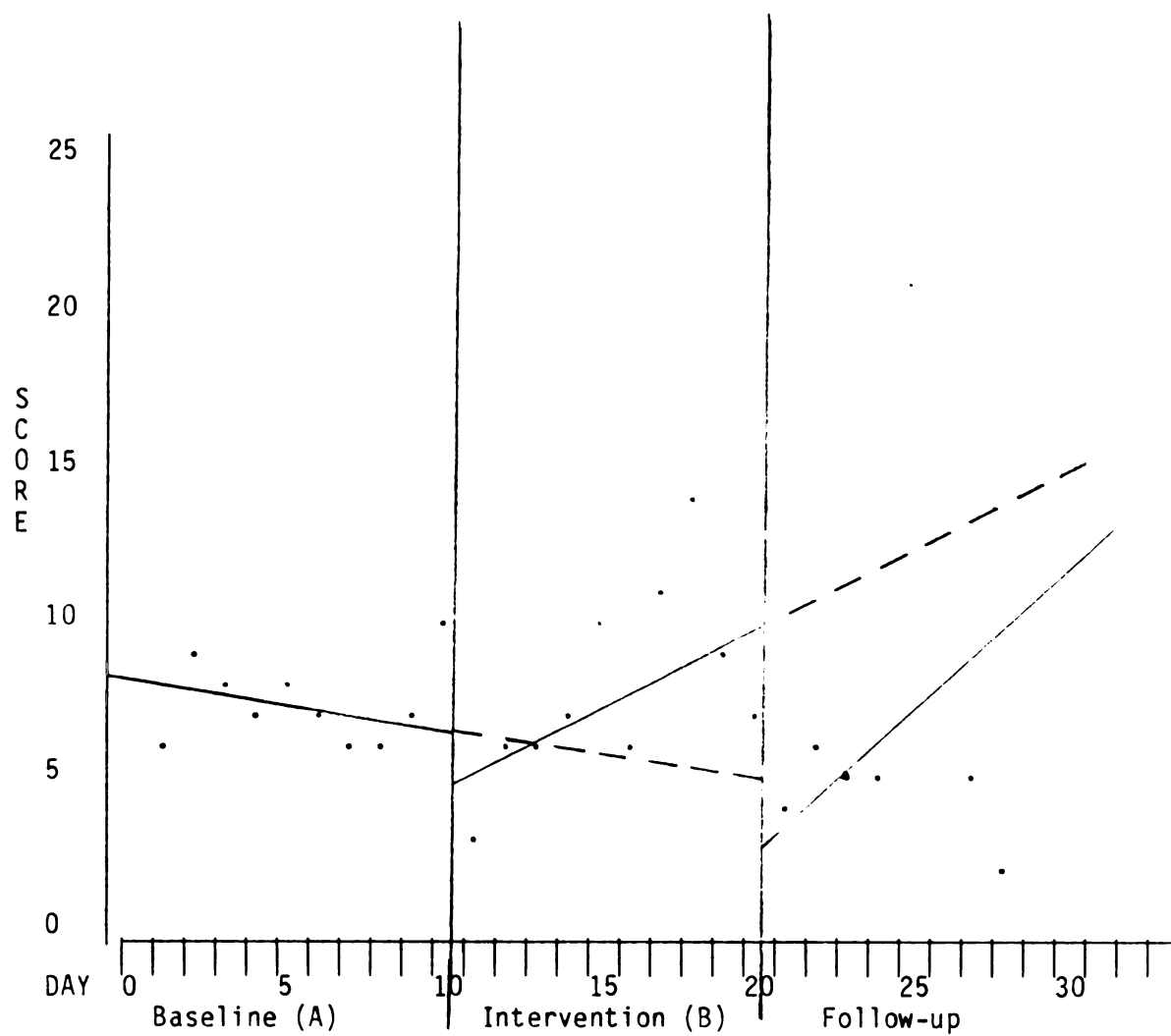
Figure 6. Median Trend Analysis of Repeated Measure, Multiple Affect Adjective Checklist-Today, for Subject 4, Mac.

between baseline and treatment phases (Table 5). A similar trend was found in the follow-up phase as was in the treatment phase, but at a lower level. This lower level represented a statistically significant ($p \leq .05$) decrease in anger experiencing (Table 5).

Demographic and Anger Questionnaire. In his responses to the pre- and posttraining Demographic and Anger Questionnaires, Mac was particularly concerned with the psychological and physical experience of being angry. He saw anger as a natural human emotion, and believed that when people get mad/angry they should express their feelings, but not lose control of their temper and become abusive or inflammatory. Mac saw people who got angry as "okay" so long as the anger did not get out of "control." From his point of view, some people ended up causing more problems by the way they expressed their anger. This finding was consistent for both the pre- and posttraining anger questionnaires. The key for Mac, in both his pre- and posttraining questionnaires, was the control of his expression of anger.

In the pretraining questionnaire, Mac reported that he got angry when people were inconsiderate, or when he did not receive respect, understanding, or acceptance for his behavior or ideas. In the posttraining questionnaire he refined the stimuli for his anger as people who took advantage of him and who were unfair or wrong. Mac added that he also got angry when he perceived himself as being unfair or wrong.

Mac originally identified that when angry he would complain or shout, and that on occasion he would throw or kick something. After

the training, he delimited this description to outbursts with his wife, whereas with other people he would typically withdraw and become silent. Other than the release of some tension, Mac saw little value in getting angry, either before or after training. After training, however, he was able to articulate more specifically what troubled him most about becoming angry: he felt out of control, as if there were no other choice but to become angry.

Before training, Mac was unsure about the origins of his anger problem. He could only say that he was sensitive and easily upset, and that he had had this problem for as long as he could remember. After training, Mac delineated the source and reinforcement for his anger problem as being school, church, and his parents. Originally, Mac had identified only the relationship with his wife as a source of anger, whereas after training he included a relationship with a close male friend. Prior to training Mac had experienced his anger as a "burning-up" inside, and generally he had kept his anger to himself. Although Mac still experienced anger as he had done prior to training, after training he realized that he was angry about more things than he had thought, and this realization helped him feel somewhat more justified with his angry feelings. This finding appears to provide evidence that, after training, he more clearly saw anger as an "okay," "natural human emotion."

On the scales that rate level, intensity, and satisfaction with anger experiences, Mac showed a fairly distinct and consistent pattern from pre- to posttraining--a pattern that indicated a higher level of

experiencing and expressing anger, but one in which anger experiences were considered less problematic. Essentially, Mac reported that he was able to experience and express his anger at higher levels because he now had a better understanding of what he was angry about, and felt more justified with his anger. This increased understanding helped him to feel more appropriate about his anger experiences--that is, Mac now believed that when people tried to take advantage of him, or were unfair or wrong in their dealings with him and others, it was appropriate for him to be upset.

Training Evaluation. In the description of his within-session experience, Mac was able to see things more clearly and reported that he found words and pictures to describe his feelings. In general, Mac found the training to have had a very positive impact, with no negative effects on his life. He reported that the training was quite valuable and that it extended significantly beyond his angry feelings and behavior. In other words, now he could see all his feelings more clearly. Although this training "far exceeded" Mac's expectations, it had not yet affected relationships with important people in his life. However, Mac expected some effect, because, as he reported, "I'm more aware of my feelings now."

On the posttraining questionnaire Mac indicated that more sessions and possibly longer ones could have been beneficial. He was willing to commit himself to a minimum of 12 more weeks. He found nothing he would want the therapist to do differently. This training differed from his previous counseling experience, which "was more talking and

trying to figure everything out at once. In this [experience] I was able to focus in on one problem at a time, free of anything else that was bothering me."

Follow-Up Interview. In the follow-up interview conducted at the end of the 28-day study, Mac commented in response to the sex-of-the-therapist issue that he experienced "no shock" that the therapist was female. He added that a previous therapist he had seen was female. In general, Mac saw himself as getting along better with women than men. Mac did not experience the therapist as leading, but more as "helping through the process." She helped him draw out certain issues, but Mac thought the process was very "individualized" so that each client could "do what you needed to do."

Mac thought that someone who was open-minded and flexible would make a good subject for the study. He went on to say that he thought people with the more stereotypically feminine qualities of sensitivity and openness would profit most from this type of study.

Mac estimated his ability to Focus as being high, with a rating of 4 on a scale of 5. The therapist reached a largely similar conclusion, estimating that Mac had reached a 5 on a scale of 5. Results of the PFQs and the PFCs identified Mac as a Focuser. He was found to have Focused on five of the eight measures, placing him in the high acceptable range. These scores are found in Table 6. Mac said he would definitely be comfortable teaching Focusing to another person if that person possessed the qualities he previously mentioned.

Mac's high self-rating for Focusing, confirmed by the therapist, plus his willingness to teach Focusing to another person demonstrated

his sense of mastery with the process. Mac stated that the experience
was definitely helpful for him, because he had become more aware of
some of his feelings. He was able to use words he never knew he felt
before, and through these words and images he felt that he could help
himself.

Mac thought that if the data showed he had not improved, this
finding could only be explained by the limited number of sessions; that
more sessions would probably have been needed. The only suggestions
Mac had for improving the study were for more sessions, and perhaps
longer ones.

In general, Mac was quite positive about the experience. He said
that Focusing had helped him learn a number of things which he could
use as anchors to better understand himself.

Greg, Subject 5

History. Greg was a 32-year-old white protestant male, reared in
a working class home. Greg was the younger of two male children. His
parents were married and lived together. When Greg's father became
angry he would "let his feelings be known." His mother would let her
angry feelings be expressed, and then would discuss the reasons for her
anger. Greg believed he had "learned to control" his angry feelings
through his work as a labor negotiator.

Greg considered himself of the same socioeconomic status as his
parents, i.e., working-class. He had a Bachelor of Science degree and
worked for the Department of Labor. He had been divorced from his wife

for three years. Greg had one child, of whom he had joint legal and physical custody. He had had no previous experience with counseling or therapy.

Repeated Measure. Greg's performance on the hostility items of the MAACL-Today is presented in Figure 7. A sharply descending median trend can be seen for the baseline phase. Greg was embroiled in a very active custody conflict during the first days of this phase. In the treatment phase this trend was reversed, and a slightly ascending median trend can be noted. The change from the baseline to the treatment phase was found statistically significant, $p < .001$ (Table 5). In the follow-up phase the median trend was again reversed. This reversal was not found to be statistically significant (Table 5).

Demographic and Anger Questionnaire. On the pre- and posttraining questionnaires Greg was most concerned with his actions and behavior when he became angry. Before the training he saw feeling angry as "normal," depending upon the circumstances; however, "emotions should be controlled." After training, Greg described feeling angry in a similar manner: "all right if justified." Greg believed, both prior to and after training, that when people get angry/mad they should relax and try to control their feelings, i.e., think of things that make them feel better. Before training, he thought people who became angry were "normal," depending on the circumstances. However, after training he viewed them as "upset, unable to control emotions."

Prior to training, Greg stated that he became angry when people were "dishonest" or did not "keep their word." After training, he
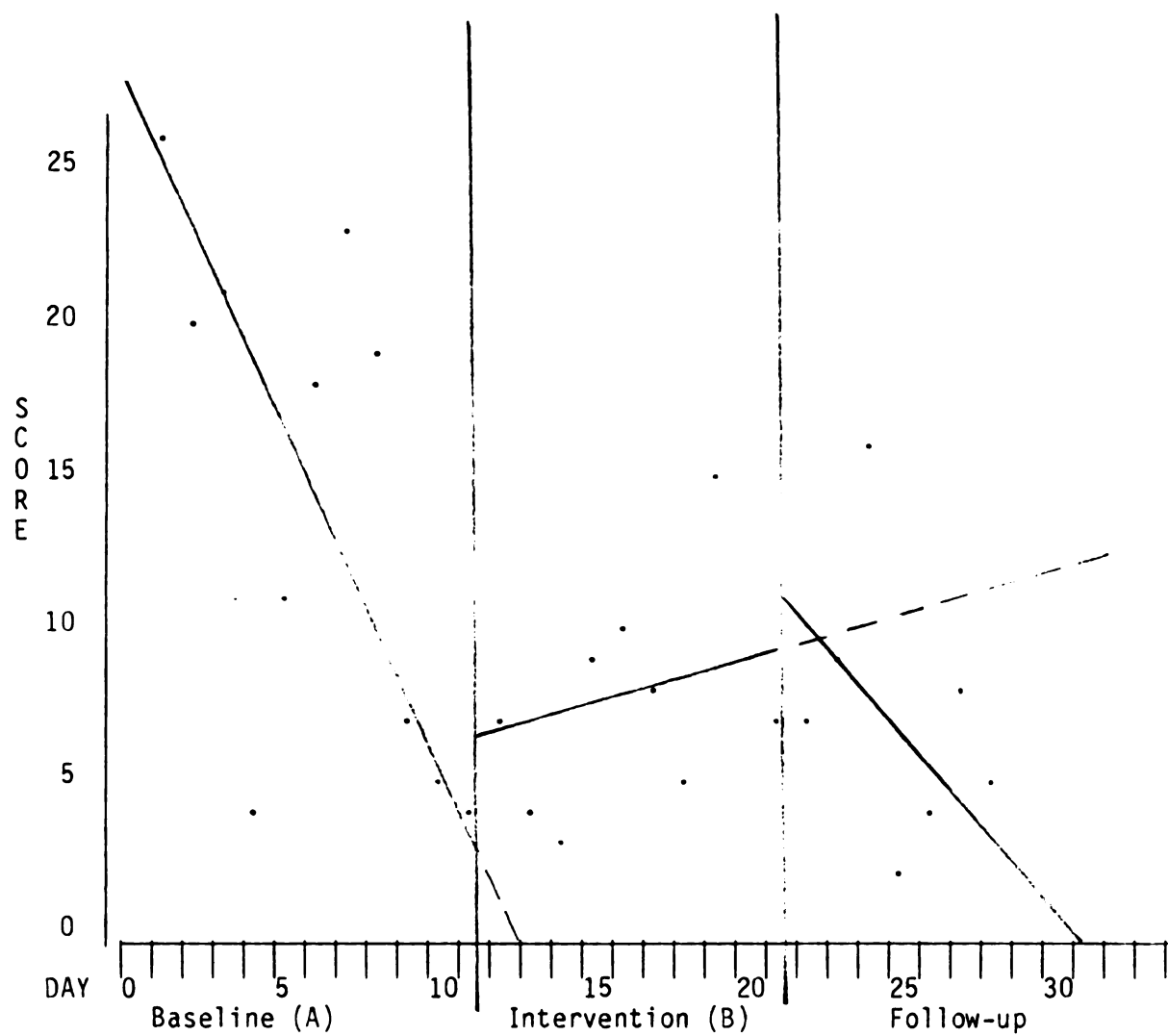
Figure 7. Median Trend Analysis of Repeated Measure, Multiple Affect Adjective Checklist-Today, for Subject 5, Greg.

altered his response slightly, stating that he became angry when "people hurt others," or were "inconsiderate of others' feelings." When angry, Greg said he tried to control his temper, be rational, and look for causes and answers to the problem. This was consistent in both the pre- and posttraining questionnaires. Originally, Greg stated that he gained nothing from getting angry and that he lost his "composure and ability to communicate." After training he still could not identify anything he gained from getting angry, and stated that he lost his "sense of the problem or circumstance." The loss of the ability to think clearly and communicate troubled Greg the most before training. What troubled him most after training was his belief that his anger was usually a result of something he had done, i.e., that he was solely responsible for any anger encounters.

On the pretraining questionnaire Greg stated that he did not think he had an anger problem. After training, he identified the custody issue as the origin of his anger problem, and stated that it had been going on for three years, or since the divorce. Originally, Greg identified relationships in which people were "not straight," or "did not keep their word" as particularly troublesome. After training he identified his relationship with his ex-wife and their conflict over custody of the child. It appears that Greg was able to better focus on the custody issue and how it had affected his life over the last three years. On the posttraining questionnaire Greg stated that he now tried to "understand the problem, or cause" of his being upset. This was in contrast to his original reactions to anger situations of pacing and

focusing on the anger problem. Greg now seemed more able to try to understand the anger situation and not just control it.

On the scales rating level, intensity, and satisfaction with anger experiences, Greg noted small, if any, changes from pre- to posttraining. He essentially saw his anger problem as a small one, and recorded only a slight reduction, from a 2 to a 1 on a scale of 10, in the level of his anger problem. He found this to be desirable. Greg did not use the appropriate rating scale on the pretraining questionnaire. Therefore, the data addressing anger experiences two weeks prior to the study and those during the first three weeks of the study were not comparable.

Training Evaluation. Greg found his within-session experience to be "helpful" but not "earth shattering." He stated that for the "first time in quite awhile" he focused on how he felt. The training had a moderately positive impact on Greg's life, with no negative impact at all. He said the training was moderately valuable, and that it had helped him understand himself "much better." The training "fell a little short" of Greg's expectations, and it had not yet affected relationships with others in his life because the training was too short. He also felt it would have been more helpful at a less stressful time in his life.

Greg suggested a longer training period, although he would prefer not to resume his training at this time. He stated that the therapist was fine and that he would not change anything she had done.

Follow-up Interview. In response to the question about the sex of the therapist, Greg said it had not bothered him, and that it might be more helpful to talk with a female therapist about issues concerning divorce and child custody. He did not think the therapist was leading him in any particular direction, but was trying to help him focus in a way to think through and break down a problem. Greg thought someone who was more thoughtful, concerned about his children, and wanted to resolve problems would make a good subject for this study.

Greg rated his ability to Focus as a 4 on a scale of 5. This was the same as the rating the therapist gave him. Results of the PFQs and the PFCs identified Greg as a Focuser. He was found to have Focused on three of the eight measures, placing him in the low acceptable range. These results are found in Table 6. He stated that he would feel comfortable teaching Focusing to others.

In general, Greg found the experience somewhat helpful. He stated that the time of the study was one of his most difficult periods and that the data might show he had not improved, because of the ups and downs he had experienced during that time. He said it "might be fate," but he thought the experience had helped get him through a difficult time with the custody issue and a job change. He stated that the experience had strengthened his resolve. He offered no additional suggestions for improving the experience in the follow-up interview.

Overall Results

Results of the analysis of Null Hypotheses 1, 2, 3, 4, and 5 are given below.

Hypothesis 1

Hypothesis 1 predicted that there would be no difference from pre- to posttreatment as measured by the Buss-Durkee Hostility Inventory. As can be seen in Table 1, the results show a failure to reject the null hypothesis.

Hypothesis 2

Hypothesis 2 stated that there would be no difference, as measured by the Multiple Affect Adjective Checklist-General, following the treatment intervention. It may be observed in Table 2 that no statistically significant difference was found. Therefore, the results indicate a failure to reject this null hypothesis.

Hypothesis 3

It was hypothesized that there would be no difference in trends of experiencing anger across baseline, treatment, and follow-up phases of the study, as measured daily by the Multiple Affect Adjective Checklist-Today. As indicated in Table 5, data from 4 of 5 subjects for baseline to treatment phases do not support this hypothesis. For these subjects, there was a statistically significant change in their experiencing of anger during the treatment phase. This finding is particularly important to this study as it supports the notion that the treatment, Focusing, does affect the level of experiencing anger.

From the treatment to the follow-up phases, data from 4 of 5
subjects (Table 5) show a reversal in the median trend. Two of these
show a statistically significant change in level of experiencing
anger.

From baseline phase to treatment phase the null hypothesis is not
supported for 4 of 5 subjects. From the treatment phase to the
follow-up phase, data from 3 of 5 subjects support the null hypothesis
of no change in the trend of experiencing anger.

Hypothesis 4

It was hypothesized that there would be no difference from pre- to
posttreatment as measured by the self-report anger questionnaire.
Since there was no statistical analysis for this measure, a qualita-
tive, descriptive analysis was implemented. Results are found in the
case descriptions presented earlier in this chapter. The results were
mixed. However, by subject, the following general conclusions can be
stated:

S-1, Bill: There were no identifiable results, since Bill did not
complete the posttraining questionnaire.

S-2, Bob: Bob showed a slight general improvement in the handling
of his anger experiences. He was more satisfied with
how he felt, what he did, and the outcome of his anger
situations. This finding was in marked contrast to
Bob's dissatisfaction with the training. He thought
the training had offered him "nothing," and that he
had "failed" to gain any benefits from Focusing.

S-3, Roman: Roman showed a small change from pre- to posttraining on the scales that rated level, intensity, and satisfaction with anger experiences. This finding is in contrast to Roman's evaluation of the training. He found it "very" valuable and thought it had made a moderately positive impact on his life. It appears that the training helped Roman to better cope with his anger as opposed to affecting the anger itself, whether negatively or positively.

S-4, Mac: Mac demonstrated a fairly distinct pattern of improvement in handling his anger experiences. He thought he better understood his anger and felt more appropriateness with some of his anger. The training "far exceeded" Mac's expectations, and he would have liked to continue with the training.

S-5, Greg: Greg showed very little change on the scales rating his satisfaction with his anger experiences. He had seen his anger problem as a small one, and therefore had little room for improvement on these scales. Greg had mixed reviews for his training experience. He thought it was "helpful," but not "earth shattering." The training fell a "little short" of Greg's expectations, but he felt it had made a moderately positive impact on his life. He thought it had been most valuable in

helping him get through a very stressful time in his life.

Hypothesis 5

Hypothesis 5 stated that there would be no difference in the scores on the Multiple Affect Adjective Checklist-Today (MAACL-Today) and the posttraining anger questionnaire, between subjects who displayed Focusing ability, and those not displaying Focusing ability. Focusing ability was determined by scores on the Post Focusing Questionnaire (PFQ) and the Post Focusing Checklist (PFC).

Scores on the PFQs and PFCs resulted in subjects being classified as Focusers or non-Focusers. Subjects were identified as Focusers if they were found to have completed some part or all of the Focusing process on three or more of the PFQs and PFCs. Using this criterion, four of five subjects were identified as Focusers--Bill, Roman, Mac, and Greg. Only Bob was not found to have Focused (see Table 6).

There were no clear differences on the repeated measure (MAACL-Today) or the anger questionnaires of the Focusers--Bill, Roman, Mac, and Greg, as compared with the non-Focuser, Bob.

CHAPTER V

DISCUSSION OF RESULTS

Summary

The purpose of this study was to examine the anger experiences of adult males who had experienced a separation/divorce and who were having difficulty with the expression of this emotion. The underlying premise was that anger is an integral part of the grief/loss process that accompanies separation/divorce. Two major questions were addressed. First, how do these men experience and define their anger? Second, what are the effects, if any, of Focusing on their understanding and expression of that affect? These questions were assessed using paper-and-pencil tests measuring anger and mode of anger expression, as well as a self-report anger questionnaire.

The organization of this study was implemented in three steps. The first step was to conduct a pilot study in order to determine matters of feasibility and to identify potential problem areas. Refinement, upon completion of the pilot study, resulted in the full study presented in this text. The most significant change resulting from the pilot study was a more clearly defined population. Rather than the broader, more nebulous description of adult males experiencing difficulty with the expression of anger, a population was delineated that consisted of males who had recently experienced the loss of a spouse via separation/divorce. The implication was that anger is a part of the grief process. The reason for selecting one sex was that,

according to research findings, male and female anger patterns differ in a number of ways. Therefore, males were decided upon to control for possibly confounding variables.

The second step in the implementation of the study was to solicit and further identify the sample to be selected. Subjects were solicited from newspaper articles, public notices, and community agencies. The subjects were accepted on the basis of their willingness to participate in a four-week program, their scores on the Bendig revision of the Buss-Durkee Hostility Inventory, and their scores on the Marlowe-Crowne Social Desirability Scale. Five subjects were selected. The small N allowed a more in-depth exploration of the subjective experiences of anger and also met the criteria set forth by a number of researchers (Wolf & Risely, 1971; Barlow & Hersen, 1973; Mahoney & Thoresen, 1974; Hersen & Barlow, 1976) for examining treatment effects.

The third step consisted of the actual experimental procedures that followed upon the selection of subjects. The procedures included the completion of relevant premeasures, consisting of demographic information and both subjective and objective paper-and-pencil measures of anger. An introduction to Focusing followed, and subjects were then scheduled for treatment.

The results of the treatment were analyzed from data collected on three objective dependent measures--the Buss-Durkee Hostility Inventory (BDHI), the Multiple Affect Adjective Checklist-General (MAACL-Gen), and the Multiple Affect Adjective Checklist-Today

(MAACL-Today)--and one subjective dependent measure, a Demographic and Anger Questionnaire. The Wilcoxon Signed Ranks Test was used to analyze results from the BDHI and the MAACL-Gen; a median trend analysis was used for the daily repeated measure, the MAACL-Today; and a qualitative, descriptive analysis was used for the anger questionnaire.

The research hypotheses were supported to varying degrees. Differences on the two pre- and posttreatment measures, the BDHI and the MAACL-Gen, were not statistically significant. However, a median trend analysis revealed statistically significant differences for four of the five subjects on the repeated measure, MAACL-Today, from baseline phase to treatment phase of the design. This finding was of special importance, as it demonstrated the impact of the Focusing sessions on the experiencing of anger. From treatment phase to follow-up phase, three of the five subjects showed no statistically significant difference on this same measure. The data for the treatment phase and follow-up phase comparison are necessarily confounded by carryover effects inherent in a set of therapeutic instructions (for Focusing) that could not be withdrawn or reversed.

The findings from the anger questionnaire showed mixed results. One subject demonstrated a distinct improvement, whereas three subjects had small-to-moderate gains concerning their subjective experience of anger. One subject did not complete the posttraining questionnaire, and for that reason his data could not be analyzed.

Limitations of Study

Intrinsic to any research project are a number of limitations. Four areas seem particularly relevant to this study: sample, instrumentation, design, and methodology. Each limitation is discussed in this section.

Sample

There are two related limitations concerning the sample utilized in this study--the small sample size itself and the restrictions for generalizability of research results attendant to small sample size.

The small sample size was a major limitation in terms of external validity. However, this compromise was made in order to explore, in reasonable depth, the subjective experience of anger. This was the main thrust of this research, the results of which were intended to suggest hypotheses and directions for future investigation. Isaac and Michael (1979) have stated that small sample sizes are more appropriate for techniques which elicit and evaluate human behaviors, such as counseling. They state further that "Too much reliance has been placed on randomization, equated groups, formal statistical controls; too little reliance on controls by individual differences" (p. 68). This conclusion suggests that more emphasis should be placed on establishing empirically derived principles of how to deal with specific types of people--a direction that seems particularly important for clinical practice.

As is well recognized, the larger the sample size, the smaller the sampling error. In this study, however, the loss of power and increase in sampling error inherent in statistical tests for significance using the group as the unit of investigation were tempered somewhat by the analysis of two dependent measures at the individual level. These dependent variables were assessed through examining median trends of anger experiencing and by means of subjective descriptions of anger origins and experiences, as well as subjective reports of within-treatment session experiences. The rationale for this dual approach lay in a need to examine the possibility of clinically, as well as statistically, significant differences for the research subjects. This need is especially acute for small samples, where sampling error may "wash out" differences that subjects and therapist have found meaningful. A follow-up interview was conducted to capture clinically meaningful differences that subjects might have experienced. These results were presented in Chapter IV.

Generalizability was the second limitation of the sample. The subjects included in this study were volunteers who sought help for difficulty with anger as it related to their separation/divorce. Subjects were neither randomly selected nor randomly assigned to the treatment program. In an effort to clearly delineate the sample and to aid in the generalization of this research to a defined population, subjects were carefully matched according to three criteria. First, only males were selected, in order to control for differences in male-female anger patterns. Second, the anger problem was related to

loss concerning a particular type of experience, namely separation/ divorce. Third, Covert Hostility and Overt Hostility scores on the Buss-Durkee Hostility Inventory (BDHI) were used to identify similar anger problems and modes of anger expression.

The use of volunteers further affects the generalizability of the results of this research. Since volunteers characteristically differ from non-volunteers (Isaac & Michaels, 1979), the voluntary nature of the sample constitutes a systematic bias (Borg & Gall, 1976). This limitation is not seen as a major shortcoming, however, since this study was intended to examine anger phenomena in a clinical situation. Persons who are undergoing a fairly typical reactive distress experience precipitated by separation/divorce are more likely to be "volunteers" for individual counseling/therapy than are those experiencing pathological problems, who might be forced into counseling/therapy by the courts or other institutions.

Although sample size for this study was small, the subjects were matched on a number of relevant criteria, and their characteristics were clearly defined and delineated. Therefore, the Cornfield-Tukey Bridge Argument (Cornfield & Tukey, 1956) seems applicable. According to this rationale, results of a study may be generalized to populations having characteristics similar to those of the sample.

Instrumentation

Instrumentation may be defined as the means of selecting or developing measures for a given evaluation task. Instruments used in this study were the Buss-Durkee Hostility Inventory (BDHI), the

Multiple Affect Adjective Checklist-Today (MAACL-Today), the Multiple
Affect Adjective Checklist-General (MAACL-Gen), two Demographic and
Anger Questionnaires, the Post Focusing Questionnaire (PFQ), and the
Post Focusing Checklist (PFC). Two main questions may be asked
concerning these instruments. First, are they reliable? That is, are
they accurate, stable, and consistent? Second, are they valid? Do
they measure what they claim to measure?

The BDHI is a self-report instrument which consists of 75
true-false items measuring the intensity of anger, as well as the
intensity of various modes of anger expression. Bendig (1962) factor-
analyzed the scores on the BDHI and identified two major subscales,
Covert Hostility (CH) and Overt Hostility (OH). For males the relia-
bility coefficient is moderately high. For the CH scale it is .70, and
for the OH scale, .77. These calculations, which were made using the
Kuder-Richardson Formula 20, indicate a measure of consistency with
regard to the content sampled. Test-retest reliability coefficients
were not reported.

The major limitation of the BDHI is in regard to validity.
Although there is ample evidence supporting construct validity, the
investigations of predictive validity have yielded negative results.
In this study, however, the BDHI was used as a descriptive, rather than
a predictive measure of hostility.

The MAACL consists of 132 adjectives, at or below the eighth grade
reading level. Subjects are asked to check all the words that describe
their feelings. Two forms of the MAACL were used: the General Form,

which measures how subjects "generally" feel; and the Today Form which measures how they feel "now--today." The odd-even, split-half reliabilities of both forms are high (.72 to .92). The test-retest reliabilities for the General Form are moderate (.54 to .70). For the Today Form the reliabilities are low (.15 to .21). The low reliability for the Today Form is to be expected for a normal population, however, since such persons typically experience a range of emotion from day to day.

Validity studies from the hostility subscale of the MAACL have been largely promising, but have yet to offer much in the way of statistical support for this measure. Therefore, the lack of such support is a major limitation of this instrument.

As with all instruments measuring characteristics that have accompanying social sanctions, these instruments--the BDHI and the MAACL--are subject to response sets. In this study the Marlowe-Crowne Social Desirability Scale (M-C SDS) was used in the screening process as a control for this variable. The M-C SDS has a high internal reliability, .88, as calculated using the Kuder-Richardson Formula 20. The content validity has been well established. Essentially the M-C SDS is a measure of need for social approval. It was hypothesized that subjects falling within one standard deviation of the mean on this measure would be less susceptible to response sets. The need to control for response sets is also true for the subjective measures--the Demographic and Anger Questionnaires, the Post Focusing Questionnaire, and the Post Focusing Checklist--used in the study.

The Demographic and Anger Questionnaires represented a major limitation in terms of analysis. Although these questionnaires produced a considerable amount of descriptive detail, it was cumbersome to analyze and present in a clear, concise manner. A concurrent interview would have helped to clear up problems involving short, ambiguous answers, intent of questions, and adherence to instructions. Shorter, more open-ended questionnaires with an accompanying interview would probably have yielded clearer results.

The Post Focusing Questionnaire and the Post Focusing Checklist were used to measure Focusing ability. Specifically, these measures were utilized to assess the extent to which each subject Focused. Olsen (cited in Gray, 1976) states that these instruments represent "the state of the art" for the measurement of Focusing in psychotherapy. The strength of these measurements lies in their capacity to capture and describe the subjective process of Focusing. Their major limitation is the lack of measurement data concerning their reliability and validity.

Design

A modified single-case A-B time series design with a multiple-baseline was employed in this research. Three limitations are inherent in this design. First, since it is a quasi-experimental design, with neither random selection nor random assignment to treatment, there are possible sources of external invalidity. Second, without a control group it may be questioned to what extent the results were produced by the treatment per se. And third, a multiple-baseline

design requires the withholding of treatment in order to establish baselines of varying lengths.

Interaction effects of selection and treatment were addressed by having subjects closely matched and exposing them to "identical" treatment conditions. Subjects were matched according to presenting problem, as well as scores on screening measures, as explained in Chapter III. The subjects were then exposed to the same therapist, setting, and treatment. These procedures are consistent with those recommended by a number of researchers (Mahoney & Thoresen, 1974; Hersen & Barlow, 1976; Anton, 1978). Again, it is possible that the use of volunteers may have unduly affected the results of the treatment. While this consideration would be particularly crucial if one were generalizing to a population including non-volunteers, it would seem a lesser problem when generalizing to those who "volunteer" for therapy.

Interaction of pretesting and treatment is an important limitation to this study. The screening measures may well have had an effect on subjects selected. In an effort to control for this possibility, subjects were selected, in part, on their scores on the Marlowe-Crowne Social Desirability Scale (M-C SDS). It was assumed that subjects who fell within the normal range on the M-C SDS would be less susceptible to response and/or attitude sets evolving from pretesting. A visual and statistical analysis of the data shows a considerable range of

responses both within and between subjects, as well as some contradictions in results, which suggest that this assumption may have been justified.

Unlike the conventional research paradigm, the single-case design does not involve a control group. Subjects serve as their own control, constituting a within-subjects design. Thus, all subjects are actively engaged in treatment. The power of this design lies in the number of replications. In this instance, there were five replications. Four showed similar results, and three of these were statistically significant. In such a design, three replications allow an inference of treatment effects (Wolf & Risely, 1971; Barlow & Hersen, 1973; Mahoney & Thoresen, 1974; Hersen & Barlow, 1976).

Traditionally, a multiple-baseline design requires a withholding of treatment until baseline data have become stabilized (Jayaratne & Levy, 1979). There are obvious ethical and, at times, moral implications to the withholding of treatment. In this study this issue was resolved by using a median trend analysis developed by White (1971 & 1972). White states that a median trend can be calculated with a minimum of four data points, although seven is more reliable, and that with nine data points one can be quite confident about the results. Therefore, subjects were scheduled for treatment no sooner than seven days, and no longer than 11 days, after selection. Thus, while treatment was initially withheld, it was provided within a relatively short period of time thereafter.

In view of the various limitations concerning the design, it must be re-emphasized that any generalizations from this study should be limited to subjects with characteristics similar to those of the sample used here.

Methodology

A further area of limitation within the study is that of methodology. Three major methodological aspects are discussed in this section: treatment, data collection, and analysis.

The major limitation in regard to treatment was the difficulty in standardizing the delivery of the intervention--Focusing. Gendlin (1961, 1962) has developed a sophisticated theoretical system which allows one to view the process of experiencing, as well as the content of the experience itself. This approach is useful in exploring the subjective dimension of psychotherapy. These process concepts are at times quite nebulous and amorphous in nature to professional as well as lay persons. More recently, Gendlin (1973, 1981b) has offered a structure for this process. Although the structure is quite clear, the process is less so. Therefore, in this study the explanation of the process was given to subjects in a variety of ways, including the use of theoretical concepts, the use of metaphor and analogy, and the use of personal experiences with Focusing. Each method met with varying success. Two subjects--Roman and Mac--seemed to have an implicit understanding of the process. Subjects without this understanding fell

into two categories: those who could tolerate the ambiguity and engage more easily in the process--Bill and Greg; and one--Bob--who became more skeptical and frustrated. Gendlin's superstructure established the parameters for each session. These parameters were used to guide the subjects in each session. The content, of course, varied widely, as it was directed by each subject's personal sense of what his problem was.

Data collection represents a second important limitation. The repeated measure, MAACL-Today, was completed daily by each subject. This procedure made it possible to capture daily fluctuations not reflected by the pre- or postmeasures. Ideally, the administration of the MAACL-Today was to have taken place under standardized conditions, i.e., in the subject's home, after dinner but before bed. While instructions to each subject were explicit on this issue, the degree to which they were adhered to is not known and therefore represents a major qualification of this study.

A third aspect of methodology which may be questioned consists of the analysis procedures. Nonparametric tests of significance were utilized in lieu of appropriate parametric tests. Borg & Gall (1976) have advised that parametric tests of significance should not be used when there are large deviations from assumptions about the shape and variance of population scores. Because of small sample size, these assumptions could not be satisified in this study. Therefore, the Wilcoxon Signed Ranks Test was used. As a nonparametric test of

significance, the Wilcoxon Signed Ranks Test involves no assumptions about the population, and the median of the sample is utilized for comparisons. Small sample size seriously affects the power of any test of significance, thus increasing the chances of a Type II error, i.e., failing to reject the null hypothesis of no differences when indeed a difference exists. This problem, therefore, represents another limitation to the study.

The median trend analysis employed in this study is best suited for describing the process of behavior change over a period of time. Hersen & Barlow (1976) have observed that too much reliance has been placed on merely describing changes across design phases and that the median trend analysis "provides a way to describe the data in a more analytic fashion than is usually the case" (p. 309). However, this analysis was not intended to be a tool for determining statistically significant changes. Yet, White (1972) has developed a test of significance for median trend changes across design phases, and that test was used in this study. The median trend analysis and the test of significance have been useful in predicting behavior, but are of less value for inferential statistics. This fact is consistent with the purpose and design of this study as a whole. Subjects were matched insofar as possible, and a thorough description of the sample was given in an effort to assist in the generalization of these findings to samples with similar characteristics.

The qualitative analysis, based on a phenomenological format (Colaizzi, 1968; Stevick, 1971), also has limitations. The process

implemented was not based on a statistical model, and therefore not amenable to conventional mathematical analysis. The strength of this analysis, on the other hand, lies in its capacity to present a clearer picture of anger phenomena, and the complementary effect of including the human subject and his unique characteristics along with the more formal mathematical findings of research. This process provides a more in-depth description of each subject and the distinctive "flavor" of his life, so to speak, thus facilitating a transfer of research data to clinical settings.

Discussion

The primary purposes of this study were to examine how adult males, who had experienced a separation/divorce, define their anger related to that issue, and to assess the effect that Focusing might have on those anger experiences. The broader goals of this study were to explore the subjective experience of anger in a clinical setting, and to provide a heuristic venture that would generate hypotheses for future research.

Hypotheses 1 and 2: Pre/Post Measures

The sample size was not large enough to employ parametric testing, since it could not meet the assumption for a normally distributed population. Therefore, a non-parametric test--the Wilcoxon Signed Ranks Test--was used for analysis of the pre- and postmeasures. In non-parametric testing, median values of the sample are utilized rather than a mean value from the population. The analysis of the pre- and

posttreatment dependent variables, the Buss-Durkee Hostility Inventory (BDHI) and the Multiple Affect Adjective Checklist-General (MAACL-Gen), yielded no statistically significant differences. Additional analysis of the Covert Hostility (CH) and Overt Hostility (OH) subscales of the BDHI was also performed, again utilizing the Wilcoxon Signed Ranks Test. It was postulated that subjects might have a shift in the manner in which they experienced and/or expressed their anger. No statistically significant results were found in this analysis. The lack of statistical significance may have been affected by the relatively short duration of the treatment phase, four sessions over a period of 10 days. Moreover, a small N such as used in this study affects the relative power of any analysis, resulting in a possible Type II error (denying the effectiveness of a treatment when such effectiveness does exist).

Hypothesis 3: Repeated Measure

Results from the repeated measure, the Multiple Affect Adjective Checklist-Today (MAACL-Today), were analyzed via a median trend analysis. Statistical significance was found for four of five subjects--Bill, Bob, Roman, and Greg--from the baseline phase to the treatment phase. The fifth subject, Mac, had a reversal in his trend, but that reversal was not found to be statistically significant. This finding was of particular importance for the study. The multiple baseline design employed here consisted of five baselines. Three subjects--Bill, Bob, and Greg--had a statistically significant increase in level of subjectively experienced anger from the baseline phase to the

treatment phase. This finding is consistent with results of previous research (Crain, 1977) using focused awareness as a treatment for anger suppressors. A fourth subject, Mac, had a similar trend, but it was not statistically significant. The remaining subject, Roman, had a statistically significant decrease in level of subjectively experienced anger from the baseline to the treatment phase.

For all five subjects the median trend analysis revealed a decrease in subjectively experienced anger from treatment to follow-up phases. For three of the subjects--Bob, Roman, and Greg--these decreases were not statistically significant. The two other subjects, Bill and Mac, had statistically significant decreases in level of angerexperiencing. Mac, the only subject not to have a significant difference in level of anger experiencing from the baseline phase to the treatment phase, had a statistically significant, but delayed, decrease in his level of anger experiencing from the treatment to the follow-up phase.

Using the criteria cited in Chapter III (Wolf & Risely, 1971; Barlow & Hersen, 1973; Mahoney & Thoresen, 1974; Hersen & Barlow, 1976), a causal relationship can be inferred between the treatment-- the Focusing sessions--and the changes in level of anger experiencing. A consensus criterion of three baselines was noted in the literature for such an inference to be made. For the baselines of three subjects in this study--Bill, Bob, and Greg--there was a statistically signifi- cant increase in the level of anger experiencing on the daily repeated measure (MAACL-Today) from the baseline phase to the treatment phase.

A fourth subject, Mac, experienced a reversal of the median trend on the MAACL-Today over these two phases, suggesting an increase in his level of experiencing anger. However, the increase was not statistically significant at the .05 level. This finding is consistent with Crain's (1977) research involving the use of a focused awareness treatment with anger suppressors. It appears that these subjects gained a sense of release concerning their difficulty with anger and were therefore able to express the emotion more openly; that is, they had a shift in the way in which they experienced their anger. This was also true of a fifth subject, Roman, who experienced a statistically significant decrease in his level of anger experiencing on the MAACL-Today from the baseline phase to the treatment phase. This subject appears to have gained from the treatment a better method of coping with his anger.

These changes in anger levels represent Gendlin's notion of shifts in experiencing. That is, for each subject the exploration, via Focusing, of the subjective experience of anger led to a shift in the direct referent of that anger experience. Neither Gendlin's theorizing nor relevant research would suggest that the shift should be only in one direction, i.e., only an increase or only a decrease in the level of anger experiencing. The direction of the shift would be an alteration of a subjective experience and would therefore be directed by that experience. This was the reason for the use of two-tailed tests of significance in the analysis of data--to capture subjective shifts regardless of direction.

Crain's (1977) research may be contrasted with this point of view, since he found the level of anger experiencing in anger suppressors to generally increase. This finding, however, does not necessarily invalidate Gendlin's work. Crain's study involved a group comparison design, which resulted in probability statements about the direction of any shift in anger experiencing. In contrast, Gendlin's work is based on a subjective/idiographic comparison in shifts which can be "washed out" in the analysis of group data. Perhaps the efforts of these two researchers can best be conceptualized as attempts to examine different dimensions of the same phenomenon. Crain examines changes on a broader, more macroscopic basis that better accommodates prediction and theorizing from a probability base. Gendlin, on the other hand, is concerned with changes on a narrower, more microscopic level that more readily transfers research findings into clinical applications with specific clients.

Hypothesis 4: Pre/Post Questionnaire

In terms of the exploration of the subjective experience of anger, a number of observations may be made. Four of the five subjects--Bill, Bob, Roman, and Greg--were most concerned with the interpersonal consequences of their anger experiences. In contract, a fifth subject, Mac, was most concerned with the physical and psychological implications of anger, a more intrapersonal issue. All subjects viewed anger as something natural or permissible, but with qualifications-- the most persistent being a pervasive need to control anger. There were three typical, overlapping styles. The most prevalent approach was the

exercising of rationality over the emotion. This approach was also used in combination with two others: catharsis--letting the anger out--and relaxation. The overall image suggested by the questionnaires was one of an internal struggle to control an irrational rather than an a rational affect.

The sources of anger varied, but all had to do with interpersonal relationships, e.g., ex-spouse, children, and/or employers. In each case there had been a breach of trust or respect--that is, others were perceived as having lied, or having been unfair or inconsiderate. When the subject was angry with a situation or person, more energy and attention were drawn into the management of the affect than was directed toward the stimulus for the anger event. Subjects would respond in a number of ways--withdrawing, complaining, shouting, and/or using behavioral methods for temper control, such as relaxation. They all agreed, however, that nothing was gained by becoming angry and that they lost control, self-respect, and the capacity to have a constructive impact on the problem at hand.

The most significant change found on the questionnaires was in the origin of the anger problem. All subjects were able to better differentiate the origin of their anger difficulty. One subject more clearly recognized the impact of his divorce as well as that of an earlier spinal injury. Another focused more clearly on his relationship with his ex-spouse and their custody battles rather than his earlier, more diffuse assertion that the origin was people who were not straight with him or who did not keep their word. Two subjects progressed from

earlier observations of their marriage break-up, to the process of how they experienced and learned to express their anger. That is, they moved from the stimulus of their anger problems--separation/divorce--to how they were affected by social influences concerning anger. One subject mentioned his father specifically, whereas the other subject cited his parents, his teachers, and the church.

Interestingly, the two subjects who found Focusing the most valuable, Roman and Mac, described the level of their anger problem as still undesirable on the posttraining questionnaire. The subject who found Focusing of moderate value, Greg, and the one who felt the study had offered him nothing, Bob, stated on the posttraining questionnaire that their level of experiencing and expressing anger was desirable. This finding is difficult to explain. It could be that those who found the Focusing experience most valuable were more interested in and committed to further resolution of their anger problems. Another possibility is that those subjects who found the Focusing experience least valuable exhibited their disinterest in the process by stating that their problem was now at an acceptable level.

Hypothesis 5: Post Focusing Questionnaire and Post Focusing Checklist

Results of the PFQs and the PFCs identified four of the five subjects as Focusers--Bill, Roman, Mac, and Greg. A fifth subject, Bob, was identified as having not Focused. The tests were scored at the Focusing Institute, University of Chicago. An examination of outcomes of the repeated measure, MAACL-Today, and the posttraining anger questionnaire yielded no differences between the Focusers--Bill,

Roman, Mac, and Greg--and the non-Focuser, Bob. The only clear difference noted was in the subjects' satisfaction with the training. The Focusers consistently found the training positive and helpful, whereas the non-Focuser, Bob, was disappointed and found the training to be of no value to him. Bob's evaluation of the training was somewhat paradoxical, since he showed some improvement on the anger questionnaire and had a statistically significant increase in level of anger experiencing from the baseline phase to the treatment phase of the study. A possible explanation for this finding may lie in Bob's initial reaction to the relatively non-directive nature of the training, and his resulting strife-filled relationship with the therapist. Bob was unable to see a relationship between the training and his anger concerns. He spent time in the sessions trying to debate this issue with the therapist and attempting to "force" her into a more directive approach. PFQs and PFCs were filled out directly after training sessions. Unlike those of other subjects, Bob's PFQs were characterized by short, terse responses, often referring only to a previous answer. It seems likely that this response style was directly related to his within-session experience.

Concerning Bob, there appear to be two possible conclusions: (a) that he actually did Focus, but that this outcome was not reflected on the PFQs or PFCs because of the carry-over effects of the rest of his within-session experience, or (b) that Bob's increase in anger experiencing from the baseline phase to treatment phase was a result of the conflict with the relatively non-directive nature of the training and the therapist. There is more support for the latter conclusion.

Findings among Focusers offer no clear patterns, except for their general response that the training was of value to them. Some subjects --Bill, Mac, and Greg--increased their level of experiencing anger. The increase was statistically significant for two of these, Bill and Greg. For another, Roman, there was a statistically significant decrease in level of experiencing anger. These findings support the notion that change evolves from, and is directed by, subjective experiencing; moreover, that an intervention which allows for this kind of highly idiographic change, i.e., Focusing, is needed.

Implications

The results of the present study suggest implications for the theory and treatment of inappropriate anger expression, as well as for future research. The data supported the alternative hypothesis that there would be changes in level of anger experiencing across phases of the study. Moreover, subjective measures--the Demographic and Anger Questionnaires--revealed small-to-moderate gains in handling anger problems. It is obvious that Focusing did have an impact, on a daily basis, upon the level of anger experiencing by anger suppressors. The differences in changes of intensity and direction noted in the study suggest a need for an intervention with a subjectively based model. Focusing as a process fits this need. It appears that Focusing allowed subjects to see their anger problems from different perspectives, adding new dimensions to the context in which they experienced their anger. These new perspectives are the foundation for differentiating

the anger experiencing from its felt meaning, e.g., sense of loss or feelings of abandonment. Once this shift has been made, the appropriateness of anger is much more readily seen. It is viewed as an ally, a signal that something is remiss and needs to be attended to.

However, few implications can be drawn from this study concerning long-term shifts in mode of anger experiencing. Clear distinctions need to be made among clients with chronic anger problems, clients with chronic problems in expressing and experiencing anger, and clients with a combination of these two problems.

What appears consistent across subjects in this study, with the possible exception of Bob, is the reactive nature of their anger. The anger experienced was directly related to the separation and/or divorce, and did not appear to be a chronic problem. The chronic nature of their anger problem seemed to be how to appropriately manage and express this emotion. These men tended not to be constantly angry, but quite constantly experienced difficulty in managing or expressing this emotion when it occurred. This conclusion needs to be qualified for Bob, as his anger problem was not as clear. Given his lack of range in interpersonal style within treatment sessions, on responses to the Demographic and Anger Questionnaires and Post Focusing instruments, and in the follow-up interview, there appears more of a long-term, perhaps characterological, flavor to his anger problem. It is not clear into which group Bob best fits.

The results of this research must be viewed as tentative, owing to the lack of more sophisticated statistical controls to be gained with large sample sizes, alternative treatments, and random assignment.

Future researchers need to address these issues, yet keep in mind the need to identify, measure, and record the idiographic dimension of each subject. This subjective experience is especially important for studies directed toward clinical implementation. Such an effort will require a more sophisticated form of questionnaire, and perhaps an interview conducted concurrently with the administration of the questionnaire. This interview would provide further explication and promote a clearer, less ambiguous understanding of the answers, as well as closer adherence to the instructions. This improvement in instrumentation should produce more conclusive results.

Additional research is also needed to examine personality factors and locus of control in regard to Focusing ability and how these traits interact with level of anger experiencing and mode of anger expression.

Evolving from, but beyond the scope of, this research are questions about the relationship of anger experiencing to attachment and loss, abandonment, and separation distress (Weiss, 1975), conditions that often accompany separation and divorce.

The clinical gains found among subjects in this investigation are not conclusive, owing in part to the length of the study. Yet they appear quite promising. Additional training with Focusing could fur-ther solidify gains that were made. The central tenet of this, and perhaps most, research seems to have been upheld. That is, more knots have been untied in the dilemma concerning anger and separation/divorce, and the impact of Focusing upon this dilemma. Although few clear answers have emerged, additional questions have evolved. The problem, if not the solution, has become clearer.

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APPENDICES

APPENDIX A

THE EXPERIENCING SCALE

The Experiencing Scale

Stage One. At stage one the patient seems distant or remote from his feelings. His reported experiences have an impersonal quality. Feelings are avoided and personal involvement is absent from communication.

Stage Two. At stage two feelings are not referred to directly, but the personal perspective emerges somewhat. Although feelings and personal reactions are characterized as remote external events or are referred to only indirectly or abstractly, there are self-references that indicate an intellectual interest or general but superficial involvement.

Stage Three. At stage three feelings come into clear but limited perspective. The patient refers to feelings and owns them, but bypasses personal aspects or deeper ramifications. Feelings are expressed as though rooted in external circumstances or are described only in very limited terms, often with reluctance.

Stage Four. At stage four the quality of involvement or "set" shifts. The patient is no longer concerned exclusively with external or remotely experienced feelings, but draws directly from his experiencing to describe feelings and personal reactions. It is here that Gendlin's process of "experiential focusing" begins--the patient tries to attend to and hold onto the direct inner referent of his experiencing and make it the basic datum of his communications (Gendlin, 1969b; Gendlin, Beebe, Cassens, Klein & Oberlander, 1968). One shifts from looking at outside events or from stewing about things, to quietly holding still and letting the bodily sense of things come through, and developing the felt meaning, that is, the words that come from this feeling.

Stage Five. At stage five the inner referent is the subject of elaboration and exploration. The patient now can focus on the vague, implicitly meaningful aspects of his experiencing and struggle to see his experiencing more clearly or work to elaborate it. As this exploration takes place, the referent unfolds and becomes, at least potentially, more rich and complex. There is often a sense of more being there than can be captured at once, with even more feelings underneath that could bubble to the surface at any moment.

Stage Six. Stage six provides for the resolution of this exploration. At this point the feelings themselves change or shift (see Gendlin, 1962, 1964, for a detailed discussion of referent movement; Gendlin, 1969b, for the experiential effect of experiential shift). Previously unclear or fragmented sets of experiences are now reconstituted or restructured so that their experiential effect or impact becomes clear and their meaning is made explicit. Often the nature of the experiential referent itself can change, that is, undergo an experiential shift. In either case, feelings and personal meanings are immediately available as clear and useful referents for action or self-awareness.

Stage Seven. Stage seven is an extension of the growth in self-awareness and the experiential resolution begun at stage six. The experiential perspective is now a trusted and reliable source of self-awareness, and is steadily carried forward and employed as the primary referent for thought and action. There is constant feedback from new experiencing and adjustment. Complexities, problems, and ambiguities may still arise, but are easily resolved and integrated. Thus, self-experiencing is comprehensive, integrated, and cohesive; yet it is flexible and open to change (Klein, et al., 1970).

APPENDIX B

FOCUSING: SHORT FORM

FOCUSING: SHORT FORM

1. Clear a space
    How are you? What's between you and feeling fine?
    Don't answer; let what comes in your body do the answering.
    Don't go into anything.
    Greet each concern that comes. Put each aside for a while, next to you.
    Except for that, are you fine?

2. Felt sense
    Pick one problem to focus on.
    Don't go into the problem. What do you sense in your body when you
    recall the whole of that problem?
    Sense all of that, the sense of the whole thing, the murky discomfort or
    the unclear body-sense of it.

3. Get a handle
    What is the quality of the felt sense?
    What one word, phrase, or image comes out of this felt sense?
    What quality-word would fit it best?

4. Resonate
    Go back and forth between word (or image) and the felt sense. Is that
    right?
    If they match, have the sensation of matching several times.
    If the felt sense changes, follow it with your attention.

When you get a perfect match, the words (images) being just right for this
feeling, let yourself feel that for a minute.

5. Ask
    What is it, about the whole problem, that makes me so _____?"

When stuck, ask questions:
What is the worst of this feeling?
What's really so bad about this?
What does it need?
What should happen?
Don't answer; wait for the feeling to stir and give you an answer.

What would it feel like if it was all OK?
    Let the body answer:
    What is in the way of that?

6. Receive
   Welcome what came. Be glad it spoke.
   It is only one step on this problem, not the last.
   Now that you know where it is, you can leave it and come back to it
   later.
   Protect it from critical voices that interrupt.

Does your body want another round of focusing, or is this a good stopping
place?

APPENDIX C

BUSS-DURKEE HOSTILITY INVENTORY

BUSS-DURKEE HOSTILITY INVENTORY

Please read each of the following statements and mark those that describe you true, and those that do not describe you false.

T   F

1. I seldom strike back, even if someone hits me first.

2. I sometimes spread gossip about people I don't like.

3. Unless somebody asks me in a nice way, I won't do what they want.

4. I lose my temper easily but get over it quickly.

5. I don't seem to get what's coming to me.

6. I know that people tend to talk about me behind my back.

7. When I disapprove of my friends' behavior, I let them know it.

8. The few times I have cheated, I have suffered unbearable feelings of remorse.

9. Once in a while I cannot control my urge to harm others.

10. I never get mad enough to throw things.

11. Sometimes people bother me just by being around.

12. When someone makes a rule I don't like I am tempted to break it.

13. Other people always seem to get the breaks.

14. I tend to be on my guard with people who are somewhat more friendly than I expected.

15. I often find myself disagreeing with people.

16. I sometimes have bad thoughts which make me feel ashamed of myself.

17. I can think of no good reason for ever hitting anyone.

18. When I am angry, I sometimes sulk.

19. When someone is bossy, I do the opposite of what he asks.

20. I am irritated a great deal more than people are aware of.

21. I don't know any people that I downright hate.

T   F

22. There are a number of people who seem to dislike me very much.

23. I can't help getting into arguments when people disagree with me.

24. People who shirk on the job must feel very guilty.

25. If somebody hits me first, I let him have it.

26. When I am mad, I sometimes slam doors.

27. I am always patient with others.

28. Occasionally when I am mad at someone I will give him the "silent treatment."

29. When I look back on what's happened to me, I can't help feeling mildly resentful.

30. There are a number of people who seem to be jealous of me.

31. I demand that people respect my rights.

32. It depresses me that I did not do more for my parents.

33. Whoever insults me or my family is asking for a fight.

34. I never play practical jokes.

35. It makes my blood boil to have somebody make fun of me.

36. When people are bossy, I take my time just to show them.

37. Almost every week I see someone I dislike.

38. I sometimes have the feeling that others are laughing at me.

39. Even when my anger is aroused, I don't use "strong language."

40. I am concerned about being forgiven for my sins.

41. People who continually pester you are asking for a punch in the nose.

42. I sometimes pout when I don't get my own way.

43. If somebody annoys me, I am apt to tell him what I think of him.

44. I often feel like a powder keg ready to explode.

45. Although I don't show it, I am sometimes eaten up with jealousy.

T   F

___ ___ 46. My motto is "Never trust a stranger."

___ ___ 47. When people yell at me, I yell back.

___ ___ 48. I do many things that make me feel remorseful afterward.

___ ___ 49. When I really lose my temper, I am capable of slapping someone.

___ ___ 50. Since the age of ten, I have never had a temper tantrum.

___ ___ 51. When I get mad, I say nasty things.

___ ___ 52. I sometimes carry a chip on my shoulder.

___ ___ 53. If I let people see the way I feel, I'd be considered a hard person to get along with.

___ ___ 54. I commonly wonder what hidden reason another person may have for doing something nice for me.

___ ___ 55. I could not put someone in his place, even if he needed it.

___ ___ 56. Failure gives me a feeling of remorse.

___ ___ 57. I get into fights about as often as the next person.

___ ___ 58. I can remember being so angry that I picked up the nearest thing and broke it.

___ ___ 59. I often make threats I don't really mean to carry out.

___ ___ 60. I can't help being a little rude to people I don't like.

___ ___ 61. At times I feel I get a raw deal out of life.

___ ___ 62. I used to think that most people told the truth but now I know otherwise.

___ ___ 63. I generally cover up my poor opinion of others.

___ ___ 64. When I do wrong, my conscience punishes me severely.

___ ___ 65. If I have to resort to physical violence to defend my rights, I will.

___ ___ 66. If someone doesn't treat me right, I don't let it annoy me.

___ ___ 67. I have no enemies who really wish to harm me.

___ ___ 68. When arguing, I tend to raise my voice.

___ ___ 69. I often feel that I have not lived the right kind of life.

T F

___ ___ 70. I have known people who pushed me so far that we came to blows.

___ ___ 71. I don't let a lot of unimportant things irritate me.

___ ___ 72. I seldom feel that people are trying to anger or insult me.

___ ___ 73. Lately, I have been kind of grouchy.

___ ___ 74. I would rather concede a point than get into an argument about it.

___ ___ 75. I sometimes show my anger by banging on the table.

APPENDIX D

MULTIPLE AFFECT ADJECTIVE CHECK LIST-GENERAL FORM

MULTIPLE AFFECT ADJECTIVE CHECKLIST-GENERAL FORM

By Marvin Zuckerman
and
Bernard Lubin

Name_____Age_____Sex_____

Date_____Highest grade completed in school_____

DIRECTIONS: On this sheet you will find words which describe different kinds of moods and feelings. Mark an ☒ in the boxes beside the words which describe how you generally feel. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly.

1 ☐ active	45 ☐ fit	89 ☐ peaceful
2 ☐ adventurous	46 ☐ forlorn	90 ☐ pleased
3 ☐ affectionate	47 ☐ frank	91 ☐ pleasant
4 ☐ afraid	48 ☐ free	92 ☐ polite
5 ☐ agitated	49 ☐ friendly	93 ☐ powerful
6 ☐ agreeable	50 ☐ frightened	94 ☐ quiet
7 ☐ aggressive	51 ☐ furious	95 ☐ reckless
8 ☐ alive	52 ☐ gay	96 ☐ rejected
9 ☐ alone	53 ☐ gentle	97 ☐ rough
10 ☐ amiable	54 ☐ glad	98 ☐ sad
11 ☐ amused	55 ☐ gloomy	99 ☐ safe
12 ☐ angry	56 ☐ good	100 ☐ satisfied
13 ☐ annoyed	57 ☐ good-natured	101 ☐ secure
14 ☐ awful	58 ☐ grim	102 ☐ shaky
15 ☐ bashful	59 ☐ happy	103 ☐ shy
16 ☐ bitter	60 ☐ healthy	104 ☐ soothed
17 ☐ blue	61 ☐ hopeless	105 ☐ steady
18 ☐ bored	62 ☐ hostile	106 ☐ stubborn
19 ☐ calm	63 ☐ impatient	107 ☐ stormy
20 ☐ cautious	64 ☐ incensed	108 ☐ strong
21 ☐ cheerful	65 ☐ indignant	109 ☐ suffering
22 ☐ clean	66 ☐ inspired	110 ☐ sullen
23 ☐ complaining	67 ☐ interested	111 ☐ sunk
24 ☐ contented	68 ☐ irritated	112 ☐ sympathetic
25 ☐ contrary	69 ☐ jealous	113 ☐ tame
26 ☐ cool	70 ☐ joyful	114 ☐ tender
27 ☐ cooperative	71 ☐ kindly	115 ☐ tense
28 ☐ critical	72 ☐ lonely	116 ☐ terrible
29 ☐ cross	73 ☐ lost	117 ☐ terrified
30 ☐ cruel	74 ☐ loving	118 ☐ thoughtful
31 ☐ daring	75 ☐ low	119 ☐ timid
32 ☐ desperate	76 ☐ lucky	120 ☐ tormented
33 ☐ destroyed	77 ☐ mad	121 ☐ understanding
34 ☐ devoted	78 ☐ mean	122 ☐ unhappy
35 ☐ disagreeable	79 ☐ meek	123 ☐ unsociable
36 ☐ discontented	80 ☐ merry	124 ☐ upset
37 ☐ discouraged	81 ☐ mild	125 ☐ vexed
38 ☐ disgusted	82 ☐ miserable	126 ☐ warm
39 ☐ displeased	83 ☐ nervous	127 ☐ whole
40 ☐ energetic	84 ☐ obliging	128 ☐ wild
41 ☐ enraged	85 ☐ offended	129 ☐ willful
42 ☐ enthusiastic	86 ☐ outraged	130 ☐ wilted
43 ☐ fearful	87 ☐ panicky	131 ☐ worrying
44 ☐ fine	88 ☐ patient	132 ☐ young

APPENDIX E

DEMOGRAPHIC AND ANGER QUESTIONNAIRE - PRETRAINING

Demographic and Anger Questionnaire - Pretraining

Name: _____ Phone Number_____

Address: _____

Age: _____   Sex: M__   F__   Education:_____

Occupation:_____

Religion:_____   Ethnic Background:_____

Marital Status: Single__   Married__   Divorced__   Separated__   Widowed__

In my family I was the _____ of _____ children. Number of Males:_____
    Number of Females:_____

    When I was growing up, my parents were: Married and living together__
    Separated__   Divorced__   One or both deceased__   Other__

Socioeconomic Status:

    Now_____
    Growing up_____

Are you currently in counseling/therapy? Yes__   No__
    Briefly describe: _____
_____

Have you been in counseling/therapy the past? Yes__   No__
    Briefly describe: _____
_____

How long have you been separated and/or divorced?_____years_____months

Do you have any children? Yes___   No__   If so, how many?_____

What are the custody arrangements?_____
_____
_____
_____

1. When people get mad they should _____

    _____

    _____

2. Feeling angry is _____

    _____

    _____

3. People who get angry are_____

    _____

    _____

4. When I get angry I _____

    _____

    _____

5. I get angry when _____

    _____

    _____

6. People make me angry when _____

    _____

    _____

7. When my father got angry he _____

    _____

    _____

8. When my mother got angry she _____

    _____

    _____

9. How and from whom was your anger response learned? _____

    _____

    _____

10. When I get angry I gain _____

    _____

    _____

11. When I get angry I lose _____

    _____

    _____

12. Currently, how often does some aspect of your becoming angry <u>bother</u> you?

    _____ Times per Day   _____ Times per Week

13. At present, how often do you become angry <u>without being bothered by it?</u>

    _____ Times Per Day   _____ Times per Week

14. When you have gotten angry recently, how long have you been staying angry?

    _____

15. In general, what is it about your anger that is a problem for you now? Please rank the following general aspects of becoming angry (1,2,3,4) and circle the letters of those that are of particular concern to you now.

_____ A. The psychological and physical experience of being angry.
_____ B. Your actions and behavior when angry.
_____ C. The reactions and responses of others to your anger.
_____ D. Other: _____

16. Please describe what it is about your becoming angry that troubles you.

_____
_____
_____
_____

17. Do you have a particular relationship or kind of relationship with the person(s) who make you angry?   Yes__   No__
If so, what kind? _____

_____

18. What do you see as the origin of your anger problem? How did it start? How long have you had it? _____

_____
_____
_____
_____

19. What are your typical reactions in situations and encounters that make you angry? _____

_____
_____
_____

20. Rate your present level of experiencing anger in provocative situations.
Lo 1 2 3 4 5 6 7 8 9 10 Hi

21. Rate your present level of expressing anger in provocative situations.
Lo 1 2 3 4 5 6 7 8 9 10 Hi

22. Are you showing (circle one) MORE/THE SAME AMOUNT/LESS anger in encounter/anger situations than others show?

23. At present, are you usually the first to become angry in encounters with other(s)?   Yes__   No__

24. How serious does your anger problem seem to you in your life now?

A. a small problem
B. an average problem
C. a serious problem
D. a very serious problem
E. my most serious problem

25. On a scale of 1 to 10 with 10 being high, rate the present level of your anger problem. _____ Using the same scale, at what level would you like to see your anger problem after this training? _____

The following questions ask you to rate your reactions on the average during typical anger situations in the last two weeks.

Rating Scale: 1 = not at all
2 = slightly
3 = moderately
4 = very
5 = extremely

26. In anger situations in the last two weeks, how <u>angry</u> did you usually become? _____

27. In anger situations in the last two weeks, how <u>anxious</u> did you usually become? _____

28. In anger situations in the last two weeks, how satisfied were you with the way you usually <u>felt</u>? _____

29. How satisfied were you with what you usually <u>did</u>? _____

30. Usually, how satisfied were you with the <u>outcome</u> of the anger event? _____

31. Usually, how clearly <u>aware</u> were you of your own <u>reactions</u>? _____

32. Usually, how <u>good</u> did you feel <u>after</u> the anger event or encounter? _____

<u>THANK YOU</u>

APPENDIX F

DEMOGRAPHIC AND ANGER QUESTIONNAIRE - POSTTRAINING

Demographic and Anger Questionnaire - Posttraining

Code Name: _____

1. When people get mad they should _____
   _____
   _____

2. Feeling angry is _____
   _____
   _____

3. People who get angry are_____
   _____
   _____

4. When I get angry I _____
   _____
   _____

5. I get angry when _____
   _____
   _____

6. People make me angry when _____
   _____
   _____

7. When I get angry I gain _____
   _____
   _____

8. When I get angry I lose _____
   _____
   _____

9. Currently, how often does some aspect of your becoming angry <u>bother</u> you?

   _____ Times per Day   _____ Times per Week

10. At present, how often do you become angry <u>without being bothered by it?</u>

    _____ Times Per Day   _____ Times per Week

11. When you have gotten angry recently, how long have you been staying angry?

    _____

12. In general, what is it about your anger that is a problem for you now? Please rank the following general aspects of becoming angry (1,2,3,4) and <u>circle</u> the letters of those that are of <u>particular concern</u> to you now.

    _____ A. The psychological and physical experience of being angry.
    _____ B. Your actions and behavior when angry.
    _____ C. The reactions and responses of others to your anger.
    _____ D. Other: _____

13. Please describe what it is about your becoming angry that troubles you.

_____
_____
_____
_____

14. Do you have a particular relationship or kind of relationship with the person(s) who make you angry?   Yes__   No__
    If so, what kind? _____

    _____

15. What do you see as the origin of your anger problem? How did it start?
    How long have you had it? _____

    _____
    _____
    _____
    _____

16. How have your reactions changed in the situations and encounters that make
    you angry? Exactly how have you changed in anger attitudes as a result of
    having participated in this program? _____

    _____
    _____

17. Rate your present level of experiencing anger in provocative situations.
                Lo 1 2 3 4 5 6 7 8 9 10 Hi

18. Rate your present level of expressing anger in provocative situations.
                Lo 1 2 3 4 5 6 7 8 9 10 Hi

19. On a scale of 1 to 10 with 10 being high, rate the present level of your
    anger problem. _____ Do you consider this (circle one) DESIRABLE
    UNDESIRABLE   UNIMPORTANT

20. Are you presently showing (circle one) MORE/THE SAME AMOUNT/LESS anger in
    encounter/anger situations than others show?

21. Do you consider this (circle one) DESIRABLE   UNDESIRABLE   UNIMPORTANT

22. How serious a problem is anger in your life now?

    A. a small problem
    B. an average problem
    C. a serious problem
    D. a very serious problem
    E. my most serious problem

23. Is your anger problem completely resolved?   Yes__   No__
    If no, what percentage of the work required to resolve the problem remains
    to be done? (circle one)

        10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

The following questions ask you to rate your reactions on the average during typical anger situations in the last two weeks.

Rating Scale: 1 = not at all
2 = slightly
3 = moderately
4 = very
5 = extremely

24. In anger situations in the last two weeks, how <u>angry</u> did you usually become? _____

25. In anger situations in the last two weeks, how <u>anxious</u> did you usually become? _____

26. In anger situations in the last two weeks, how satisfied were you with the way you usually <u>felt</u>? _____

27. How satisfied were you with what you usually <u>did</u>? _____

28. Usually, how satisfied were you with the <u>outcome</u> of the anger event?
_____

29. Usually, how clearly aware were you of your own reactions? _____

30. Usually, how <u>good</u> did you feel <u>after</u> the anger event or encounter? _____

31. In a general manner, describe your in-session experience. _____
_____
_____
_____
_____

32. If it were possible to resume your anger training, continuing with the same trainer and the same form of training, how long a commitment would you be willing to make?

A. prefer not to resume training   D. 9 more weeks
B. 3 more weeks   E. 12 more weeks
C. 6 more weeks

33. Using the rating scale above question 24, please indicate the extent of the positive and/or negative impact on your life:

The training has had a/an _____ positive impact on my life.
The training has had a/an _____ negative impact on my life.

34. Please indicate which of the following statements more accurately describes for you the influence of these training sessions: (circle one)

A. This training was primarily of value in terms of angry feelings and behavior.
B. The value of this training extended significantly beyond angry feelings and behavior.
Please explain _____
_____

35. Did the anger training you received (circle one):

   A. fall far short of your expectations?
   B. fall a little short of your expectations?
   C. meet your expectations?
   D. somewhat exceed your expectations?
   E. far exceed your expectations?

36. The anger training you received has had (circle one):

   A. a negative impact on your life
   B. no impact on your life
   C. a positive impact on your life
   D. both positive and negative impact on your life.

37. Overall, how valuable has this training been for you? (circle one)

   A. not at all valuable
   B. slightly valuable
   C. moderately valuable
   D. very valuable
   E. extremely valuable

38. Please describe how your relationships with important other people in your life have been affected, if at all, as a result of the training. _____
   _____
   _____
   _____
   _____

39. Please describe any changes you would make in the form of training you received in order to make it more effective. _____
   _____
   _____
   _____
   _____

40. Please describe what your trainer could have done differently that would have been more helpful for you. _____
   _____
   _____
   _____
   _____

41. Please indicate what, if anything, you might have done differently to derive more benefit from the program. _____
   _____
   _____
   _____
   _____

42. Remembering that this information is absolutely confidential, did you ever receive formal counseling or psychotherapy previous to your participation in this program?   Yes __   No __

If YES, was it (circle one)   SIMILAR TO   DIFFERENT FROM   this training?

Comments on previous counseling: _____

_____

_____

_____

_____

If YES, approximately how long?   _____years _____months

AGAIN, THANK YOU VERY MUCH!

APPENDIX G

MULTIPLE AFFECT ADJECTIVE CHECK LIST-TODAY FORM

MULTIPLE AFFECT ADJECTIVE CHECKLIST-TODAY FORM

By Marvin Zuckerman
and
Bernard Lubin

Name_____Age_____Sex_____

Date_____Highest grade completed in school_____

DIRECTIONS: On this sheet you will find words which describe different kinds of moods and feelings. Mark an ☒ in the boxes beside the words which describe how you feel now - today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly.

1 ☐ active
2 ☐ adventurous
3 ☐ affectionate
4 ☐ afraid
5 ☐ agitated
6 ☐ agreeable
7 ☐ aggressive
8 ☐ alive
9 ☐ alone
10 ☐ amiable
11 ☐ amused
12 ☐ angry
13 ☐ annoyed
14 ☐ awful
15 ☐ bashful
16 ☐ bitter
17 ☐ blue
18 ☐ bored
19 ☐ calm
20 ☐ cautious
21 ☐ cheerful
22 ☐ clean
23 ☐ complaining
24 ☐ contented
25 ☐ contrary
26 ☐ cool
27 ☐ cooperative
28 ☐ critical
29 ☐ cross
30 ☐ cruel
31 ☐ daring
32 ☐ desperate
33 ☐ destroyed
34 ☐ devoted
35 ☐ disagreeable
36 ☐ discontented
37 ☐ discouraged
38 ☐ disgusted
39 ☐ displeased
40 ☐ energetic
41 ☐ enraged
42 ☐ enthusiastic
43 ☐ fearful
44 ☐ fine

45 ☐ fit
46 ☐ forlorn
47 ☐ frank
48 ☐ free
49 ☐ friendly
50 ☐ frightened
51 ☐ furious
52 ☐ gay
53 ☐ gentle
54 ☐ glad
55 ☐ gloomy
56 ☐ good
57 ☐ good-natured
58 ☐ grim
59 ☐ happy
60 ☐ healthy
61 ☐ hopeless
62 ☐ hostile
63 ☐ impatient
64 ☐ incensed
65 ☐ indignant
66 ☐ inspired
67 ☐ interested
68 ☐ irritated
69 ☐ jealous
70 ☐ joyful
71 ☐ kindly
72 ☐ lonely
73 ☐ lost
74 ☐ loving
75 ☐ low
76 ☐ lucky
77 ☐ mad
78 ☐ mean
79 ☐ meek
80 ☐ merry
81 ☐ mild
82 ☐ miserable
83 ☐ nervous
84 ☐ obliging
85 ☐ offended
86 ☐ outraged
87 ☐ panicky
88 ☐ patient

89 ☐ peaceful
90 ☐ pleased
91 ☐ pleasant
92 ☐ polite
93 ☐ powerful
94 ☐ quiet
95 ☐ reckless
96 ☐ rejected
97 ☐ rough
98 ☐ sad
99 ☐ safe
100 ☐ satisfied
101 ☐ secure
102 ☐ shaky
103 ☐ shy
104 ☐ soothed
105 ☐ steady
106 ☐ stubborn
107 ☐ stormy
108 ☐ strong
109 ☐ suffering
110 ☐ sullen
111 ☐ sunk
112 ☐ sympathetic
113 ☐ tame
114 ☐ tender
115 ☐ tense
116 ☐ terrible
117 ☐ terrified
118 ☐ thoughtful
119 ☐ timid
120 ☐ tormented
121 ☐ understanding
122 ☐ unhappy
123 ☐ unsociable
124 ☐ upset
125 ☐ vexed
126 ☐ warm
127 ☐ whole
128 ☐ wild
129 ☐ willful
130 ☐ wilted
131 ☐ worrying
132 ☐ young

APPENDIX H

BECK DEPRESSION INVENTORY

Beck Depression Inventory

NAME_____Date_____

In each group of statements, please circle the letter in front of the statement that best describes how you feel right now.

If two or more statements are true, circle the latter statement in the group.

Be sure to read all the statements in the group before making your answer.

1. a I do not feel sad.
    b I feel blue or sad.
    c I am blue or sad all the time and I can't snap out of it.
    d I am so sad or unhappy that it is quite painful.
    e I am so sad or unhappy that I can't stand it.

2. a I am not particularly pessimistic or discouraged about the future.
    b I feel discouraged about the future.
    c I feel I have nothing to look forward to.
    d I feel that I won't ever get over my troubles.
    e I feel that the future is hopeless and that things cannot improve.

3. a I do not feel like a failure.
    b I feel I have failed more than the average person.
    c I feel I have accomplished very little that is worthwhile or that means anything.
    d As I look back on my life all I can see is a lot of failure.
    e I feel I am a complete failure as a person (parent, husband, wife).

4. a I am not particularly dissatisfied.
    b I feel bored most of the time.
    c I don't enjoy things the way I used to.
    d I don't get satisfaction out of anything any more.
    e I am dissatisfied with everything.

5. a I don't feel particularly guilty.
    b I feel bad or unworthy a good part of the time.
    c I feel quite guilty.
    d I feel bad or unworthy practically all the time now.
    e I feel as though I am very bad or worthless.

6. a I don't feel I am being punished.
    b I have a feeling that something bad may happen.
    c I feel I am being punished or will be punished.
    d I feel I deserve to be punished.
    e I want to be punished.

7. a I don't feel disappointed in myself.
    b I am disappointed in myself.
    c I don't like myself.
    d I am disgusted with myself.
    e I hate myself.

8. a I don't feel I am any worse than anybody else.
    b I am critical of myself for my weakness or mistakes.
    c I blame myself for my faults.
    d I blame myself for everything bad that happens.

9. a I don't have any thoughts of harming myself.
    b I have thoughts of harming myself but I would not carry them
       out.
    c I feel I would be better off dead.
    d I feel my family would be better off if I were dead.
    e I have definite plans about committing suicide.
    f I would kill myself if I could.

10. a I don't cry any more than usual.
    b I cry more now than I used to.
    c I cry all the time now. I can't stop it.
    d I used to be able to cry but now I can't cry at all even though I
       want to.

11. a I am no more irritated now than I ever am.
    b I get annoyed or irritated more easily than I used to.
    c I feel irritated all the time.
    d I don't get irritated at all the things that used to irritate me.

12. a I have not lost interest in other people.
    b I am less interested in other people now than I used to be.
    c I have lost most of my interest in other people and have little
       feeling for them.
    d I have lost all my interest in other people and don't care about
       them at all.

13. a I make decisions about as well as ever.
    b I try to put off making decisions.
    c I have great difficulty in making decisions.
    d I can't make any decisions at all any more.

14. a I don't feel I look any worse than I used to.
    b I am worried that I am looking old or unattractive.
    c I feel that there are permanent changes in my appearance and they
       make me look unattractive.
    d I feel that I am ugly or repulsive looking.

15. a I can work about as well as before.
    b It takes extra effort to get started at doing something.
    c I don't work as well as I used to.
    d I have to push myself very hard to do anything.
    e I can't do any work at all.

16. a I can sleep as well as usual.
    b I wake up more tired in the morning than I used to.
    c I wake up 1-2 hours earlier than usual and find it hard to get
       back to sleep.
    d I wake up early every day and can't get more than 5 hours sleep.

17. a I don't get any more tired than usual.
    b I get tired more easily than I used to.
    c I get tired from doing anything.
    d I get too tired to do anything.

18. a My appetite is no worse than usual.
    b My appetite is not as good as it used to be.
    c My appetite is much worse now.
    d I have no appetite at all any more.

19. a I haven't lost much weight, if any, lately.
    b I have lost more than 5 pounds.
    c I have lost more than 10 pounds.
    d I have lost more than 15 pounds.

20. a I am no more concerned about my health than usual.
    b I am concerned about aches and pains or upset stomach or
       constipation.
    c I am so concerned with how I feel or what I feel that it's hard
       to think of much else.
    d I am completely absorbed in what I feel.

21. a I have not noticed any recent changes in my interest in sex.
    b I am less interested in sex than I used to be.
    c I am much less interested in sex now.
    d I have lost interest in sex completely.

THANK YOU FOR YOUR COOPERATION!

APPENDIX I

POST FOCUSING QUESTIONNAIRE

Post Focusing Questionnaire (PFQ)

Name_____   Date_____

This questionnaire is to help us to evaluate the instructions you were given, and to help you become aware of the way you work with your feelings. Please answer the following questions within a minimum of one sentence per item, in such a way as to describe the nature (rather than the content) of your focusing experience. You need only talk about the specific topic to the extent needed to convey the nature of the process you experienced during focusing. Be sure to use at least one complete sentence in your description.

1. Without saying what you focused on, describe in two or three sentences what was happening for you during this time.

2. Describe what happened after I asked you to see if there was anything fresh or new that came out of the focusing.

3. Did your main feelings--your sense of the whole problem--change or move? Describe what that was like.

   If you did not feel your main feelings changed, would you say that any feeling changed or became different? Describe what that was like.

4. Describe what happened after I asked you to pay attention to the whole sense of the problem or feeling, to let yourself feel the whole thing, and to see if you could get an image of what that's like.

5. Describe what happened when I said: "Keep following that feeling and let words and pictures come from it."

6. How is this different from what you normally do?

7. What surprised you most about doing this?

8. What about this was the best thing for you?

APPENDIX J

POST FOCUSING CHECKLIST

Post Focusing Checklist (PFC)

Following is a list of statements and questions which have been used to describe the experience of Focusing. Please read each item and decide whether or not it describes your Focusing experience. Please make your decisions on the basis of your experience, NOT what you think it should have been. Since each person's experience is somewhat different, there are no "right" or "wrong" answers.

		YES	NO
1.	The feeling was very concrete but hard to put into words.	__	__
2.	Did you struggle and not find an object for your feelings?	__	__
3.	Everything is exactly as it was before.	__	__
4.	It was not one whole feeling, but little ones scattered all around the problem.	__	__
5.	I found better words for what I was feeling than I had before.	__	__
6.	Did you find out what was behind the feeling?	__	__
7.	I know I was missing the main point but tried to keep up with what I was supposed to be doing.	__	__
8.	Was there a sense of having worked something through?	__	__
9.	I tried to concentrate and keep an idea focused.	__	__
10.	Words or pictures seemed to come from the feeling.	__	__
11.	The feelings began to make sense and fit in with other things.	__	__
12.	The words or pictures had old or familiar elements put together in a new way.	__	__
13.	Things definitely changed, but not in words or pictures.	__	__
14.	Focusing put things into a new perspective.	__	__
15.	I got to a place where my problems didn't touch me.	__	__
16.	Did the things you thought of seem trivial or inconsequential?	__	__
17.	Had you seen these words or pictures in the same light before?	__	__

		YES	NO
18.	The process seemed to get deeper and more engaging.	___	___
19.	Did you have a sense of "I've thought all this before and it's stale?"	___	___
20.	The words I use to describe the feeling are the same but mean something different now.	___	___
21.	I began to see how I could make things different.	___	___
22.	Not much was happening, but I did find something to think about.	___	___
23.	Did you see now something you hadn't thought of before?	___	___
24.	Were you eventually able to sense clearly the main feeling?	___	___
25.	Was there a sense of wholeness to what you thought about?	___	___
26.	Did your feelings seem to take on new applications or consequences as you explored them?	___	___
27.	Was it rather like daydreaming about what had happened or could happen?	___	___
28.	Were you eventually able to see more clearly the interrelation of the things making up the feeling you had?	___	___

APPENDIX K

MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE

Marlowe-Crowne Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

T   F

_____ _____ 1. Before voting I thoroughly investigate the qualifications of all the candidates.

_____ _____ 2. I never hesitate to go out of my way to help someone in trouble.

_____ _____ 3. It is sometimes hard for me to go on with my work if I am not encouraged.

_____ _____ 4. I have never intensely disliked anyone.

_____ _____ 5. On occasion I have had doubts about my ability to succeed in life.

_____ _____ 6. I sometimes feel resentful when I don't get my way.

_____ _____ 7. I am always careful about my manner of dress.

_____ _____ 8. My table manners at home are as good as when I eat out in a restaurant.

_____ _____ 9. If I could get into a movie without paying and be sure I was not seen, I would probably do it.

_____ _____ 10. On a few occasions, I have given up doing something because I thought too little of my ability.

_____ _____ 11. I like to gossip at times.

_____ _____ 12. There have been times when I felt like rebelling against people in authority even though I knew they were right.

_____ _____ 13. No matter who I'm talking to, I'm always a good listener.

_____ _____ 14. I can remember "playing sick" to get out of something.

_____ _____ 15. There have been occasions when I took advantage of someone.

_____ _____ 16. I'm always willing to admit it when I make a mistake.

_____ _____ 17. I always try to practice what I preach.

_____ _____ 18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.

_____ _____ 19. I sometimes try to get even, rather than forgive and forget.

T   F

___ ___ 20. When I don't know something, I don't at all mind admitting it.

___ ___ 21. I am always courteous, even to people who are disagreeable.

___ ___ 22. At times I have really insisted on having things my own way.

___ ___ 23. There have been occasions when I felt like smashing things.

___ ___ 24. I would never think of letting someone else be punished for my wrongdoing.

___ ___ 25. I never resent being asked to return a favor.

___ ___ 26. I have never been irked when people expressed ideas very different from my own.

___ ___ 27. I never make a long trip without checking the safety of my car.

___ ___ 28. There have been times when I was quite jealous of the good fortune of others.

___ ___ 29. I have almost never felt the urge to tell someone off.

___ ___ 30. I am sometimes irritated by people who ask favors of me.

___ ___ 31. I have never felt that I was punished without cause.

___ ___ 32. I sometimes think when people have a misfortune they only got what they deserved.

___ ___ 33. I have never deliberately said something that hurt someone's feelings.

APPENDIX L

INFORMED CONSENT FORM

Informed Consent Form

I, _____ , agree to participate in this investigation conducted by Mr. Jack L. Loynes, a graduate student at Michigan State University. I understand the purpose of this study is to arrive at a better understanding of anger, and the effects Focusing has on anger. I also understand that I will be meeting with Mr. Loynes for four (4) Focusing sessions, and that these sessions will be cassette recorded for the purposes of evaluation only. I have been assured by Mr. Loynes that, upon completion of this project, all test materials will be destroyed or coded in such a way that my identity cannot be determined from any of these materials. Upon completion of this project, results and feedback will be made available to me at my request.

I have been given the opportunity to ask any questions that concern me about this project and I understand all risks involved to my satisfaction.

I understand that participation in this research project is strictly voluntary, and that I can withdraw from this project at any time.

Signed _____   Date_____

Witness _____   Date_____

APPENDIX M

REVISED FOCUSING MANUAL

Revised Focusing Manual

1. Clear a space

The first step involves being quiet with yourself. Just sit back, close your eyes, and clear a little space for yourself . . . ask yourself what's between me and feeling better about my anger? . . . Don't go into anything just yet; allow each response to come, put it aside, and let the next one come.

2. Felt sense

Now, does one of these concerns seem particularly striking, or perhaps difficult to let go of? . . . If not, select one that seems particularly meaningful . . . Now let's Focus on the bodily felt experience of that concern.

Don't relive that experience. Probably there are many parts to the concern you have selected . . . maybe too many to think of each one of them alone, but you can feel all of these parts/things together. Pay attention to where you feel this, and see if you can get a sense of what all the problem feels like. Let yourself feel/sense all of the problem. Remember, Focusing is something you can't force. It is best to approach with an interested curiosity.

3. Get a handle

As you pay attention to the whole feeling, you may find that one special feeling comes up. Let yourself pay attention to that feeling.

Keep following this feeling . . . allow words or images to come from it . . . See if you can find a word or phrase or maybe an image that captures what you are feeling.

4. Resonate

Check these words or images with what you are feeling or sensing . . . go back and forth between the words or image and the feeling . . . Do they fit? . . . If they match, stay with this sensation for a moment. If the feeling changes or moves, follow it . . . Continue to follow the feeling

and let yourself go back and forth between the words or images and the feeling.

Take what is fresh or new in the feel of it <u>now</u>, and see what that is, and where it might take you . . .

Let the words or images keep changing until they feel just right in capturing your feelings . . .

5. <u>Ask</u>

What is it about the whole problem that makes me so angry? . . .

6. <u>Receive</u>

Welcome what comes. It is one step, not the last.

Now you have some time to use in any way you want.

APPENDIX N

FOCUSING RATING SCALE FOR THE POST FOCUSING QUESTIONNAIRE

Focusing Rating Scale for the Post Focusing Questionnaire

You are asked to rate the questionnaire answers on a five-point rating scale described in the table below. What you are attempting to assess is whether the person who answered the questions did or did not focus on his feelings during the experiment he participated in prior to answering the questionnaire.

What is it to focus on one's feelings? It is a kind of introspection in which one attends to inner events of thought which cannot be known directly to any other person but oneself. However, focusing does not apply to as broad a spectrum of inner events as does introspection. Introspection can be of emotions, of ideas, of memories, of transient sensations. Focusing implies attention to a particular kind of inner event which is somewhat different from all of this.

The inner event which one focuses upon has been called "one's felt experiencing," and "one's implicit sense of experience." Central to all these definitions is that this inner event is felt, that it is a process, and that it is occurring at the present time. In these ways it differs from an idea, emotion, memory, or sensation, which are perceived as more static units occurring outside time, and can be looked at apart from the way they make us feel. (When we do look at the way they make us feel, we are focusing.)

Focusing seems to have four phases. The first is characterized by zeroing in on one's feelings. The second is marked by an unfolding of the feeling. Phase three of this process is a general application of this feeling to many problems and areas of life which were not directly involved in the original problem and the feeling of it. Finally, there is referent movement. This refers simply to a change in the feeling which gives rise to new words and pictures to describe this new feeling. Some examples will help to make this clear.

I am a student, in company of a teacher for whom I have conscious feelings of great respect. I am accustomed to feeling pleasure when I am in his company--he is so intelligent, so interested in helping me to understand, I am with him now, and I am thinking how much I admire him, how this is the sort of experience for which I came to the university, how I now know that I did the right thing. But, as I pay attention to my felt sense of what is happening between us now, I notice that I feel a little uneasy. How can this be? A barrage of thoughts continues to tell me how much I like this great teacher, what a fine man he is, and so forth, but I ignore these thoughts and concentrate on my felt sense of uneasiness. As I attend to it, it changes and sharpens into a feeling of disgust, and now I notice that I am greatly repelled by his habit of chewing tobacco while he is talking to me. In a little while I am amused by my new feeling of repulsion toward this side of my teacher, and the feeling of uneasiness is gone.

Notice from this example that the student's conscious formulations derived from past experiences with this teacher are not adequate to explain the feeling

he has toward him now. Only by paying attention to what he has now, can he understand this new feeling. This paying attention is what is meant by zeroing in. As he concentrates he finds that his admiration has something of uneasiness in it. This illustrates unfolding of the felt. He finds it necessary to let much extraneous material pass at this point and zero in again on the currently felt. If he had followed up some of these thoughts he would not have been focusing but merely letting his mind wander. As he concentrates again, he finds the feeling of uneasiness sharpening and changing. The formulation "disgust" which comes out of his focusing on his present feelings is satisfactory, and it brings a further feeling of relief. This shows up referent movement; in this example general application is not illustrated. This will very often be the case with the answers you will be working with. Do not worry about it. It will be enough if you can identify whether or not the other three process steps took place.

IT IS THE ACT OF PAYING ATTENTION TO ONE'S PRESENT FEELINGS AND COMING BY A SERIES OF FELT STEPS TO A NEW, FELT TO BE MEANINGFUL FORMULATION ABOUT THEM AS A RESULT OF PAYING ATTENTION TO THEM WHICH IS THE ESSENTIAL PROCESS OF FOCUSING.

From the ten answers to the questionnaire we want you to make a judgement as to whether or not the person was focusing during the experiment he participated in prior to answering the questionnaire, and if so, to what degree. The first questions asked are very general and the answers to them can only be used to get an overall idea of whether any focusing went on. The later questions refer to specific parts of the process. The higher the number of a question the later in the process is the step which it attempts to probe. The answers to these questions should be used not only to get a general picture of whether the person focused or not, but also for judging the extent to which the person was able to focus. Thus if the answers to questions early in the series indicate focusing and ones near the end do not, the person might have to be judged as focusing only up to a point. The last question is again general. It concerns the pacing of the instructions given to the persons participating in these experiments. Generally it seems that if the person is focusing his process carries itself forward without our instructions so that he has alaready done what an instruction calls for by the time it is given. Sometimes too, the person will go at a rate much slower than that at which instructions are presented. This may also be an indication of focusing. Thus if the person is out of step with the formal instructions in either direction time-wise, it can often be taken as indicating that focusing was going on. If the person is in perfect step with the instructions, then the answer to this question yields absolutely no information about whether the person was focusing or not, and it should be disregarded.

From the answers to these questions, we would like you to assign one general rating which seems to you to describe best the total focusing performance of the individual. You will find the task much easier if you read over each set of answers entirely once, and then go back and skim over it again before you attempt to assign any rating.

Scoring

5 - Means that you are sure that the subject DID COMPLETE the focusing process, experiencing a shift or movement in the felt referent.

4 - Means that you are sure that the subject zeroed in, that is, was able to focus on one specific topic and that unfolding occurred, but that there was no shift or referent movement.

3 - Indicates that you are sure that the subject was able to zero in, that is, to get hold and keep hold of one particular topic, but that the process did not go any further, not even to the stage of unfolding.

2 - Means that you are sure that the subject DID NOT FOCUS AT ALL.

1 - Means that you absolutely cannot decide whether or not the subject focused at all. The answers to the questionnaires provide quite a lot of information about what the subject was doing during the time spent on the focusing manual, and you should not have to use this category except in very extreme cases where the subject answered all the items of the questionnaire in monosyllables.

APPENDIX O

FOLLOW-UP QUESTIONNAIRE

Follow-up Questionnaire

1. How was it for you to meet with a female therapist?

2. Do you think the therapist was leading you? If so, in what direction?

3. What would it take to be a good subject in this study?

4. Rate your ability to Focus on a scale of 1 to 5, with 1 being low and 5 high.

5. Would you feel comfortable teaching Focusing to another person?

6. Was this experience helpful to you? If so, how? Why?

7a. If the data show you have improved concerning your anger issues, how would you explain it?

7b. If the data show you haven't improved concerning your anger issues, how would you explain it?

8. What could be done to improve the approach used (the intervention, not the design)?

9. Do you think you need further help? If so, would you like a referral?