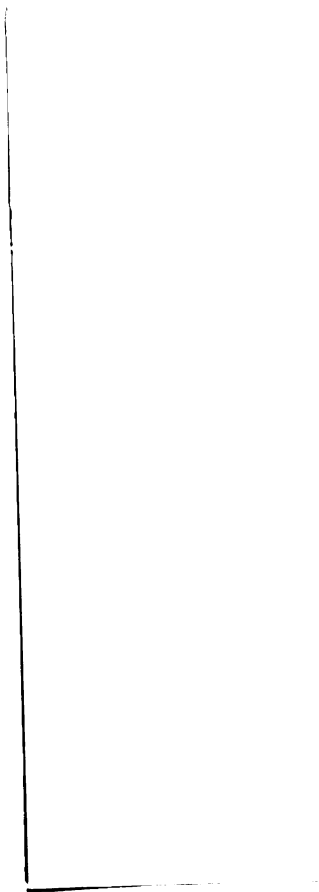


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ABSTRACT

AN INVESTIGATION OF THE PROCESS AND OUTCOMES OF THE ELIMINATION OF SELF-DEFEATING BEHAVIOR WORKSHOPS: A GROUP TREATMENT FOR SPECIFIC COLLEGE STUDENT PROBLEMS

By

Thomas Lewis Fiester

The main purpose of the study was to assess the nature and extent of the effects of the Elimination of Self-Defeating Behavior Workshop on specific emotional problems of college students. The Workshops were a group treatment combining three phases; 1) Phase I--large group instruction through lectures, charts, diagrams, handouts, journals, and limited discussion; 2) Phase II--the use of fantasy in overcoming behavioral obstacles; and 3) Phase III--small group counseling. One sub-purpose of this study was to assess the contribution of each of the three workshop phases to the total treatment effect; another sub-purpose was to test the sensitivity of the method to variability in Workshop leader experience.

Sixty-one university students who had requested admission to the Elimination of Self-Defeating Behavior Workshop were assigned a full or partial model workshop

or a no-treatment control group on the basis of their availability for meeting times. Subjects who were available for the full model were randomly assigned to one of two Workshops using this form of the method. One of these Workshops had more experienced leaders (a total of 25 years versus 10) than the other. The three phases of the full model Workshops were conducted over a five week period while the partial model subjects were only administered Phase I over the same five week period. A delayed treatment control group experienced only pre- and post-testing. Each treatment level consisted of either 15 or 16 subjects and, in the experimental treatments, two Workshop leaders. All subjects completed pre- and post-testing which included: six scales from the Minnesota Multiphasic Personality Inventory (D, Pt, Si, A, R, Es), Rotters' Internal-External Locus of Control Scale, and a Workshop Questionnaire. A Leader Rating of Member Behavior Change form was completed at the post-test for the full and partial models. In addition, the leader rating and Workshop Questionnaire were used as repeated measures after Phase I and Phase II in the full model Workshops. In this manner assessment of the effect of each Workshop phase was enabled.

Multivariate analysis of variance of pre- to post-test difference scores was the principal statistical method used to analyze the data. Randomly derived

groups of four subjects, four of which were in each workshop and the control group, were the experimental units in the study.

Subjects in the full and partial model Workshops experienced significantly greater improvement on all measures combined than the control subjects. There was no significant difference between the effects of the full and partial model although the partial model subjects indicated significantly greater improvement as a result of Phase I. This result implies that the extended time period (5 weeks versus 3 weeks) increases the effectiveness of Phase I. Experience level of the Workshop leaders was not found to be a significant factor in the effectiveness of the method. In evaluating the relative effectiveness of each phase it was found that Phase I accounted for the majority of change that took place and that Phases II and III had significant effects only on the ease with which self-defeating behavior was eliminated. Phase I appears to have effected the quantity of behavior while Phase II and Phase II had impact on the quality of behavior.

The results of this study were interpreted as lending support to the use of Elimination of Self-Defeating Behavior Workshops as an economical and effective method of altering the self-defeating behavior of college students.

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WORKSHOPS: A GROUP TREATMENT FOR SPECIFIC
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By

Thomas Lewis Fiester

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CHAPTER I

STATEMENT OF THE PROBLEM

The purpose of this study is to examine the effectiveness of an innovative method of eliminating the self-defeating behavior of college students. The method is a group treatment and combines 1) large group instruction through lectures, charts, diagrams, handouts, journals, and discussion; 2) the use of fantasy in overcoming behavioral obstacles; and 3) small group counseling. The elements are presented in a workshop format with a specified duration and content.

Need

Development of an economical yet effective method of treating the emotional and developmental problems of college students becomes a more urgent issue as the demand for services increases. The method under investigation in this study (Elimination of Self-Defeating Behavior Workshops) was developed to meet this demand for services while taking into account the budgetary and staff limitations now being imposed on university counseling centers.

Cudney and Lowe* created the workshops on the basis of their clinical experience with college students in a counseling center setting. Some of the factors they considered were 1) the limited time college students are available for treatment; 2) the therapeutically disruptive effect of holiday and semester breaks; 3) the college students' above average verbal and intellectual abilities; and 4) the developmental nature of college students' problems. College students are a fairly homogeneous group of "normals" having particular environmental pressures in common. Theory and technique which is useful in the treatment of "normals" is sorely lacking and this inequity leads to the frequent misapplication of pathological models of therapy. The Elimination of Self-Defeating Behavior Workshops were designed to be an educational tool which aids in the resolution of developmental concerns of "normals" in a manner fitting the nature of the concerns.

Three goals were identified as being sought through use of the technique. The primary goal was the elimination of psychological distress in a rapid and efficient fashion. Secondarily, a need was perceived for a method of effecting behavior change which would 1) relieve presenting symptomology and 2) teach the individual how to live productively in the future. Finally,

*Dr. Milton Cudney and Dr. James Lowe are presently employed as counseling psychologists in the Western Michigan University Counseling Center, Kalamazoo, Michigan.

the workshops were designed to be a well-defined treatment that could be effectively used by a variety of counselors with different training and experience backgrounds.

Development of Self-Defeating Behavior

The theoretical basis in the creation of self-defeating behaviors as posited by Cudney and Lowe rest upon three components of human development: the helpless and dependent state of the child, the destructive elements of an individuals' environment, and the individuals' desire to reach a homeostatic condition through the acquisition of coping behaviors.

Cudney and Lowe assume an individual begins his existence with a psychological tabula rosa upon which his experiences are built. These experiences are certainly limited but he is open to his environment, seeks stimulation, and new information upon which to base future behavior. If all an individuals' inputs were facilitative he would develop as a healthy and creative person. However, the limited coping abilities of children combined with dependence on parents for physical and psychological sustenance creates a learning situation which has the potential of being destructive to ultimate psychological integrity.

When the child becomes aware of expectations or situations which obviate his lack of coping ability he becomes intensely anxious. In the process of seeking relief from anxiety he searches sources outside himself

for a way to cope. Some of the information provided by these external sources is helpful and some is destructive. The helpful information aids in the development of effective coping behaviors. The destructive information encourages the development of self-defeating behavior.

Examples of destructive knowledge as quoted from former workshop members are:

1. "Because my parents didn't act toward me like other parents acted toward their kids I assumed that I was inferior and had to find ways to please them."
2. "My parents wanted a boy instead of a girl. As I grew up I kept getting this message."
3. "The interests I had never seemed to be the right interests according to the school I went to. I liked cars and wanted to work on them but school caused me to feel this was wrong."
4. "In our family we were taught that it was wrong to show feelings."
5. "In church and school I was taught to trust sources outside myself. I came to mistrust myself through experience."

Once the personal inadequacy is felt the self-defeating behavior is selected to put into motion as a way to cope with anxiety. The particular self-defeating behavior which becomes manifest may be indigenous to the destructive message (as creation of inferiority feelings is

indigenous to being unfavorably compared to others) or it may be selected from the environment on the basis of a multiplicity of factors (temporality, contiguity, chance).

Because self-defeating behavior is not a product of personal experience and history it requires constant maintenance in ways also foreign to one's experience. For example, if a child becomes aware that he is not loved by his parents he must create an alternative to that awareness because, to a young child, not being loved is intolerable. That alternative (self-defeating behavior) may take many forms: schizophrenia, autism, and hysterical conversions, but a less severe and more common one is inferiority feelings. By creating feelings of inferiority the child gives himself the hope that, if he can do what pleases the parents, he will be loved. His reason for not being loved as others are is not because his parents are unloving, but rather that he is unworthy of a full measure of caring. Because humans are not basically "inferior" the child must constantly create inferiority with a variety of techniques. The child's nature is not to relish failure but he creates failure to maintain the illusion of being loved.

Self deception is necessary to maintain masochistic behavior. The deception takes the form of disowning the fact that one is choosing to do the self-defeating behavior. In the situation described above, the reality is that unless an alternative to unloving parents is found

some form of physical or psychological death will result. As the individual matures, his coping abilities increase and other sources of caring become available. Unfortunately the fear that he will not have the possibility of being loved overrides the use of coping behaviors and necessitates denial of the fact that he chooses to create inferiority. Denial is accomplished through disowning statements and thoughts:

1. "That's just the way I am."
2. "Something won't let me do what I want to do."
3. "I can't control how I feel."
4. "My self-defeating behavior is an automatic reflex, it's part of me."

The entire self-defeating behavior sequence, a) creation of the behavior, b) maintaining the behavior, and c) disowning the fact that a choice is made to maintain the behavior, is an attempt to avoid the anxiety of facing a specific fear. The child who first learns and later creates inferiority feelings fears that he is unloveable. Because the fear is repeatedly avoided, anxiety which is bound by association to the fear begins to increase in intensity even beyond its potent beginnings. By the time the child faces a new moment of living, senses the anxiety of facing the old fear, and puts the self-defeating behavior into motion to avoid the anxiety, the fear becomes ominous. Because avoidance of the fear increases its

potency and because of ever increasing coping ability, it isn't too long before the fear is largely mythical.

The treatment of self-defeating behavior as prescribed in the workshops is based on the understanding of how people learn to defeat themselves. The etiology of self-defeating behavior is most often found in the child's formative years; however, an adult may be susceptible at any time to the development of such behavior. Such latter behavior formations are generated by realistic or perceived inability to trust one's own coping or evaluative abilities, usually occurring as a result of extreme stress.

The assumptions about self and others which develop from conditions like those mentioned above are destructive because they require the sacrificing of personal development in order to gain some degree of caring and emotional security. Regardless of the detrimental effects, an individual will incorporate those values which provide him with stability and a way to cope with anxiety.

The Elimination of Self-Defeating Behavior

The elimination of self-defeating behavior is closely tied to the theoretical explanation of how they developed. To eliminate the behavior an individual must:

1. Clearly identify the self-defeating behavior.

Such identification brings focus to the problem and is much less threatening than admitting to being mixed up, neurotic, sick or disordered.

2. Intellectually and emotionally accept that he is the sole perpetrator of his behavior. Psychological ownership of the behavior is vital because it gives the individual power to control the behavior. That is, if the individual perceives the behavior as being caused by something other than himself he feels powerless to change it. One of the major tasks of the workshop leader is to cut off all avenues of escape from acceptance of responsibility for maintaining the behavior.

3. Identify and fully admit the negative effects of using the behavior. Before an individual will drop his self-defeating behavior he must be motivated by the pain resulting from keeping it.

4. Identify and take responsibility for the primary and secondary choices that permit the individual to activate the behavior. Secondary choices are obvious and are subject to "will power" while primary choices are less conscious and are basic decisions about how one chooses to live his life. For example, a woman may make the primary choice not to test her sexual adequacy. This choice may manifest itself overtly in being overweight to avoid being sexually appealing. An endless battle of dieting and overeating will be fought as long as the primary decision is one of not testing sexual adequacy.

5. Identify and accept the responsibility for the techniques used to implement the self-defeating behavior. Examples of techniques are: distorting praise to keep a

negative self-concept, procrastinating to maintain underachievement and "making a mountain out of a molehill" in order to maintain excessive worry.

6. Identify and confront the fear which is avoided by keeping the self-defeating behavior. To stop using the behavior the individual must discover for himself if living in the immediate present without the self-defeating behavior results in the same intolerable pain he experienced when the behavior was conceived.

The degree to which these six conditions are met determines the degree to which the self-defeating behavior will be lessened in intensity and frequency. "This, of course, does not insure success in life for anyone because life can hand people situations in which they can do very little but, at best, accept defeat with dignity. Nevertheless, if this theory is applied it does insure that the person will not defeat himself, and without defeating oneself man's natural creativity has an opportunity to manifest itself."¹

Hypotheses

The following hypotheses were tested in this study:

1. Subjects in the workshops will exhibit greater positive change in the reduction of self-defeating behavior than will the subjects in the control groups.

¹M. Cudney, Elimination of Self-Defeating Behavior (Kalamazoo, Michigan: Western Michigan University Counseling Center), p. 10.

2. Subjects in the full model workshops will exhibit greater positive change in the reduction of self-defeating behavior than subjects in the partial model.
3. Subjects in the full model workshop with experienced leaders will exhibit greater positive change in the reduction of self-defeating behavior than subjects in the full model workshop with inexperienced leaders.
4. There will be no difference among the effects of the three workshop phases on the subjects in the full model workshops.

Overview of the Study

The study is organized so that a review of the research relevant to the elimination of self-defeating behavior of college students through group treatment is presented in the following chapter. In Chapter III the design and methodology of the study will be described. The results of the analysis are reported in Chapter IV. Chapter V will include the summary, conclusions, discussion and recommendations.

CHAPTER II

REVIEW OF THE LITERATURE

This review of research is intended to serve the function of providing a comparison of techniques, effectiveness, and economy between the Elimination of Self-Defeating Behavior Workshops and other forms of group treatment. Only those studies were included in the review which: 1) provided an assessment of group treatment of college students on selected personality or behavioral outcome variables; 2) provided a clear description of the independent variable; and 3) were comparable in purpose (i.e., problem resolution) and setting to the workshops.

The majority of studies with college students as subjects, and group therapy or counseling as the independent variable, used grade point average (G.P.A.) as the dependent variable. The workshops, and those methods with which it is comparable were attempts at assisting a student in overcoming problem behaviors and, thereby, improving the quality of his experience of living. For example, for some individuals an increase in G.P.A. may

be an indicator of a productive life style, while for others (i.e., extremely compulsive individuals) it may signify the presence of self-defeating behavior. For these reasons, the studies using G.P.A. as the sole dependent variable were excluded from the review.

In the following review those studies which met the above mentioned criteria and provided a basis of comparison for the Elimination of Self-Defeating Behavior Workshops are thoroughly assessed on the following components: purpose, setting, treatment description, therapists, time expenditure, and outcome.

An Experimentally Controlled Investigation
of the Effects of Group Therapy

One of the first studies completed in the assessment of methods similar to that of the workshops was an outcome study conducted by Clampitt¹ in which sixty-nine female freshman college students volunteered for groups devoted to discussing "interpersonal relationships and adjustment to college life." These groups were advertised through a counseling center and the subjects enrolled in the groups at the center. Following an introductory meeting the subjects were sociometrically (within dormitories) and socio-economically matched into twenty-three triads.

¹Richard R. Clampitt, "An Experimentally Controlled Investigation of the Effect of Group Therapy" (unpublished Ph.D. dissertation, State University of Iowa, 1955).

The triads were randomly assigned to one of three conditions. Eight experimental units (triads) were assigned to conditions I and II (the treatment conditions) and seven were assigned to condition III (a no-treatment control). Four experienced clinical psychologists each led one group of six (two triads) in both condition I and II. There were eight weekly, one hour meetings for each group. One therapist for six group members, meeting for this many contact hours produces a therapist expenditure of 1.3 hours per client for the total treatment. The group meeting times were arranged according to agreements in group members' schedules once they were randomly assigned to groups.

In Condition I the Counselors encouraged the expression of attitudes and feelings, and provided clarification and interpretation and emotional support. While the leader was fairly directive and active he encouraged interaction among the group members. Both intra- and interpersonal issues were topics of concern. The counselors in Condition II limited the amount of group interaction by presenting didactic material on specified topics pertaining to adjustment. In contrast to Condition I the content of the sessions was pre-planned and was primarily between the group leader and a member. Discussion of feelings and attitudes of the group members was purposely avoided. The material that was generated in group discussion was handled in an intellectual and matter of fact

manner. Condition III was a no treatment control in which the subjects experienced only pre- and post-testing. They received counseling at the conclusion of the study.

Measurement of treatment effects was accomplished through pre- and post-test administration of the California Psychological Inventory and Personal Adjustment Ratings which were completed by the subjects' dormitory advisor. In addition, a sociometric ranking by peers was completed at both testing periods.

Generally, results of the study indicated that significant pre- to post-test changes did occur in the treatment groups (Conditions I and II) but that these differences were not significantly different from those experienced by the control subjects. A four week follow-up demonstrated no significant difference between the three conditions on any measure. So absolute changes resulted from the treatments but relative ones did not.

Comment

The lack of significant findings in this study are easily understood when the treatment is carefully scrutinized. Clampitt attempted to change a general behavior which he never really clearly defines (adjustment and interpersonal relationships) and he attempted to change it in a vague manner.

The primary difference between this treatment and the Elimination of Self-Defeating Behavior Workshops is that in the workshops the cognitive and affective

components are combined in one treatment. The similarity of treatment method lies in Condition II of this study where didacticity and discouragement of member-member interactions were employed in much the same manner as they are in the Elimination of Self-Defeating Behavior workshops.

The Effects of Altering the Source of
Structure Between Group Leader
and Group Member

In a study seeking to ascertain the differential effects of group-structured versus leader-structured group counseling, Gilbreath² assessed pre- and post-test differences using the Stern Activities Index, the MMPI, and G.P.A. as dependent variables. Ninety-six out of 683 students classified as underachievers responded to letters and were arranged into twelve, eight-member groups according to their availability of time for meetings. Random assignment of these twelve groups to no-treatment control, group-structured counseling, or leader-structured counseling, was then completed. Group-structured treatment was non-directive, and dealt exclusively with topics that were spontaneously generated by the group members. Total direction of the group was determined by the members, and study habits, work schedules, concentration problems, vocational concerns, and feelings about inability to

²S. H. Gilbreath, "Group Counseling with Male Underachieving College Volunteers," Personnel and Guidance Journal, 45 (1967), 469-476.

achieve academically were the major topics of discussion. The leader was active in the discussion but did not control the content or the direction. In contrast, the leader-structured groups were directive and "placed emphasis on topics that relate to the underlying emotional patterns in the underachiever . . ." (i.e., a strong need for dependent relationships, a concept of self that is inadequate and inadequate and inferior; a high degree of anxiety and depression, overall weakness in ego strength). At each session the counselor presented one of the dynamics of underachievement and the group then discussed the topic in terms of their feelings and experiences. The counselor actively related personality patterns to academic achievement so as to increase awareness and accelerate group progress. The topics presented were: academic underachievement, goals and purposes, dependence-independence, self-feelings, expression of anger and hostility, impulses and controls. Both experimental groups met for 1½-2 hours eight times during the semester producing an economical 1.5-2.0 hours of counselor time equivalents per subject.

A post-test only design was used because the groups were randomly assigned to treatment or control. Results of a one-way analysis of variance testing for a difference in means between the two experimental and control groups on dependency, anxiety, depression, abasement, and aggression were nonsignificant at the .05

level of confidence. An additional one-way analysis of variance produced a significant F-ratio at the .05 level of confidence indicating a significant difference in the means of the three groups on the Stern Activities Index Diffidence-Egoism Scores. Duncan's New Multiple Range Test³ was employed on the same data and revealed significantly greater ego strength for the subjects in the leader structured group when compared to that of the subjects in the control group. A two-by-two analysis of variance, however, did not reveal whether the difference in ego strength was due to experimental treatment, counselor, or counselor treatment interaction. It should be mentioned that the Stern provides twelve scores and that significance in only one could be considered a chance occurrence.

Additional findings of the study were that when compared to the no treatment control group, group counseling (undifferentiated in structure) enabled underachievers to more overtly express their hostile feelings as indicated by their responses on the Sterns Activity Inventory's activity score. G.P.A. was significantly and positively affected by the leader-structured treatment.

Comment

Gilbreath asks a concise and vital question and seeks an answer in a rigorous manner. The major weaknesses

³C. Y. Kramer, "Extension of Multiple Range Tests to Group Means with Unequal Numbers of Replications," Biometrics (September, 1956), 307-310.

of the study is a product of what Kiesler⁴ terms the "therapist uniformity myth." If counselor effectiveness variance had been accounted for through use of counselor experience as a blocking variable, the ego strength findings would have much more meaning. As it stands, therapist effectiveness is a confounding variable which obscures the meaning of the data. However, these findings do provide some indication of the effect of leader structured groups and this has relevance to the manner in which the Workshops are conducted. It is a previous indication of the effectiveness of a similar technique.

The Effects of Cognitive Structuring on the Outcomes of Group Counseling

One of the unique qualities of the Elimination of Self-Defeating Behavior Workshops is the didactic presentation of material. The group leaders may cognitively structure the way in which the behavior is to be eliminated. In a study attempting to assess the effects of cognitive structuring on group therapy, Bauer⁵ compared the outcomes of a cognitive structuring treatment group, a placebo treatment group, and a no treatment group.

Subjects were thirty-four undergraduate dormitory resident assistants who had volunteered for group

⁴D. J. Kiesler, "Some Myths of Psychotherapy Research and the Search for a Paradigm, Psychological Bulletin, 6 (1966), 110-136.

⁵Roger Bauer, "The Effects of Cognitive Structuring on the Outcomes of Group Counseling" (unpublished Ph.D. dissertation, Michigan State University, 1969).

counseling or sensitivity training. They were randomly assigned to one of four six-member treatment groups (two groups each in cognitive structuring and placebo treatments). The treatment groups were co-lead by graduate students and each male-female pair led a group in both treatments. The no treatment control took part only in the pre- and post-testing. All treatment groups met for nine, two hour weekly sessions producing a 6 to 1 therapist to client hour ratio.

The cognitive structuring treatment consisted of the presentation of a paper and a one hour structuring discussion for the first two hour session and eight remaining group therapy sessions conducted without the structuring paper or discussion.

The paper which constituted the cognitive structuring treatment was an attempt to describe the roles and responsibilities of the group members and the leaders, typical interactions among participants, the importance of feelings and the necessity of sharing them with the group (especially those involving the group), and some general principals of interpersonal interactions.⁶

The placebo treatment groups received counseling identical to the structured treatment with the exception of the cognitive structuring paper. They instead received a theoretically oriented paper unhelpful in terms of cognitive structuring. The only description of the counseling common to both types of treatment was that

⁶Ibid., p. 53.

provided in the cognitive structuring paper. The paper stated that it is the task of the therapist to clarify, interpret, encourage, support, confront, and redirect. Theoretically the method seems to lie somewhere between the passivity of Rogers and the aggressivity generally associated with Ellis.

Measurement was provided by: A Resident Advisor Evaluation to be completed by the R.A.'s suitemate and immediate supervisor, The Tennessee Self Concept Scale, The State Anxiety Inventory, and the Relationship Questionnaire which was developed for the study. All instruments were administered at the end of session number one and again at the conclusion of the ninth session.

The results of t-tests on the State Anxiety Inventory pre-test scores (administered at the end of session two) revealed that the cognitive structuring groups had significantly lower anxiety than the placebo groups indicating an inverse relationship between cognitive structuring and anxiety. Those groups led by one therapist pair were significantly different on the Tennessee Self Concept Scale regardless of treatment. All other pre-test to post-test differences existed only between the two treatment groups and not between either treatment group and the control group. The conclusion drawn by Bauer was that the cognitive structuring had a "facilitating effect" on group counseling but that this

effect was not observable in the real-life behavior of the subjects.

Comment

The basic question of Bauer's study (cognitive structuring effects) bears a direct relationship to the Self-Defeating Behavior Workshops. One element of the workshops whose effect is to be evaluated in the present study is didactic treatment of material. If the workshops are found to be effective, the contributory effect of this phase poses an interesting issue and the indication of Bauer's study may shed some light on the meaning of that eventuality. It is unfortunate, however, that the individual was used as the unit of analysis in this study as the contamination of treatment effects was probably already great with the S's being personally close and more than likely, discussing the variations in the treatment they were receiving. The former of these conditions is logically argumentative, the latter is an unfortunate design flaw introducing a confounding variable. The implication of this research is that Phase I of the workshop should have a significant contributory effect to the total effect of the workshops.

Group Treatment of General Personality Construct as a Means of Effecting Underachievement

In an attempt to answer the question of whether or not group discussions would result in greater gains

than would a traditional study methods course, Lieb and Snyder⁷ identified self-actualization as a variable which was directly related to underachievement. Subjects were drawn from a required reading and study methods course on the basis of the discrepancy between G.P.A. as predicted by a testing program (American College Testing Program) and attained G.P.A., as well as normal or below normal Self-Actualization scores on the support ratio of Shostroms' Personal Orientation Inventory (P.O.I.). The P.O.I. was also administered as a post-test. Twenty-eight students were identified and became subjects in the study. Prior to random assignment to groups, the twenty-eight subjects were matched into two groups of fourteen on the basis of their scores on the Inner Support Scale of the P.O.I.

Each group of fourteen subjects was subdivided into one group of four and two groups of five experimental subjects. Each subgroup met with a counselor for one hour twice a week for a total of eighteen group meetings and 3.6-4.5 hours of counselor time equivalent per subject. The group leader guided discussion on the general topics of motivation, the negative effects of underachieving, the positive effects of achieving, the merits of self-direction, efficient use of time, specific study problems,

⁷J. W. Lieb and W. Snyder, "Effects of Group Discussions on Underachievement and Self-Actualization," Journal of Counseling Psychology, 14 (1967), 282-285.

difficulties with parental communication, and the resolution of common problems and conflicts. The leader assumed a democratic role and used re-direction of questions, clarification of statements and issues, and focusing as his primary techniques. Major responsibility for discussion and decision making was placed on the members although discussion which was deemed to be irrelevant by the leader was interrupted by him. Each session was begun by a restatement of discussion up to that point and clarification of the issue to be dealt with next. Grading was done on an attendance basis only and the members were so informed.

A second group of fourteen subjects was presented the material typically covered in the study methods course. All members in this group met at the same time for lectures with specific questions and answers. In essence, this was a control group.

A questionnaire filled out by the subjects of both groups and audio tape recordings were used to verify that the pre-established procedural guidelines had been followed.

An analysis of variance revealed that both groups significantly (.05 level of confidence) increased on the post-test measure (P.O.I.) but that no significant difference existed between the experimental and control groups. A check of academic records revealed similar results. To account for this finding Lieb and Snyder

hypothesize that the "special" nature of both groups in relation to the usual study methods course created a Hawthorne effect sufficient to significantly increase self-actualization scores and G.P.A.

Comment

Lieb and Snyder pose a vital question regarding the relationship of a general personality construct (self-actualization) to a specific behavior (under-achievement). In route to answering the question, however, several mistakes were made obscuring the meaning of the data. No information pertaining to the group leaders was provided, thereby leaving open the possibility that the significant increase in self-actualization was due not to the treatment or the Hawthorne effect but to the facilitative skills of the group leaders. In addition, no real comparison between the study skills course and the group treatment can be made without the use of a control group which only experiences the traditional course.

The use of discussion of specific topics relevant to motivation is similar to the approach used in the Elimination of Self-Defeating Behavior Workshops where discussion of topics relevant to self-defeating behavior is a major technique.

Application of Fixed-Role and Rational
Emotive Group Therapies to the Problem
of Public Speaking Anxiety

Albert Ellis' rational-emotive therapy (RET) and George Kellys' fixed-role therapy (FRT) share the common goal of attempting to change an individuals' behavior through an alteration of his general strategy or approach to situations. Karst and Trexler⁸ investigated the effects of these treatments applied in group form to college students who expressed anxiety in public speaking situations.

Fifteen female and seven male students were selected from a pool of volunteers on the basis of schedule availability and a "more-than-minimal level of anxiety" as indicated on a preliminary information form. Eight subjects were assigned to fixed role therapy, eight to rational emotive therapy, and six to no treatment control. For the actual therapy sessions subjects in each treatment were divided into two groups. No treatment control subjects experienced only the pre- and post-testing. Three, one-hour sessions for each treatment group resulted in a counselor time expenditure for each subject of 1.5 hours. Both therapists in the study were minimally described with only the information that one was trained by

⁸T. O. Karst and L. D. Trexler, "Initial Study Using Fixed-Role and Rational-Emotive Therapy in Treating Public Speaking Anxiety," Journal of Consulting and Clinical Psychology, 34 (1970), 360-366.

Albert Ellis and the other by George Kelly. The therapists served as co-therapists for all sessions.

The two methods of treatment were used as described by Ellis⁹ and Kelly.¹⁰ The fixed-role therapy began with a clarification of the role each group member adapted when speaking in public. This was followed by a discussion of possible alternative roles and a homework assignment including the tasks of observing other peoples' responses to public-speaking situations and inferring the role this person was adopting including the underlying thoughts and feelings. The second session began with a discussion of homework which was followed by the presentation of hypothetical situations calling for assertive public speaking behavior. Group members were asked to write down how they would ordinarily respond in those situations and then a discussion concerning how alternative roles might help reduce anxiety was conducted. The homework assignment was to construct an appropriate alternative public-speaking role and to use it as much as possible. In the third and final session, the new roles created by each group member were discussed and practiced before the group. This was followed by a summary statement by the therapists.

⁹A. Ellis, "Rational Psychotherapy," Journal of Psychology, 59 (1958), 35-49.

¹⁰G. A. Kelly, The Psychology of Personal Constructs (New York: Norton, 1955).

The first rational-emotive therapy session began with an introduction to the principals of rational-emotive therapy followed by a discussion of the anxiety group-members experienced during speaking situations. The "basic irrational ideas" underlying the anxiety were noted, discussed, challenged by the therapists, and more rational counterparts were suggested. A homework assignment consisted of reading a paper discussing public speaking anxiety from a rational-emotive point of view and examination of each subjects' internalized anxiety-creating sentences. Sessions two and three consisted of a beginning discussion of homework followed by a challenging of irrational thought recommendations for alternative behavior being carried out by the co-therapists.

Also included in the study was a no-treatment control group whose members were randomly assigned, as were the other treatment groups, and informed that the delayed treatment was due to a shortage of staff.

Prior to group assignment all subjects gave an impromptu four minute speech on a general topic (selected by the experimenters) to an audience of ten people. Prior to giving his speech each subject was given an outline appropriate to his topic (a movie, sports event, "how I spent last summer," etc.), was randomly assigned an order of speaking, and given ten minutes to make notes for reference while speaking. The speeches were given without notes and the subjects stood in front of a floor microphone.

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Immediately preceding the actual speech each subject completed a single item, ten point anxiety scale. The Temple University Fear Survey Scale and the Personal Report of Confidence as a Speaker were mailed to subjects before the pre-therapy speech and were returned at that time. Two behavioral measures of speech anxiety were used in the pre-therapy speech session but were not used in the final analysis because of low rater reliability.

In the statistical analysis Kruskal-Wallis analyses of variance were calculated for each dependent variable on pre- to post-test differences. Group differences were tested with the Mann-Whitney U. The fixed role therapy and rational-emotive therapy groups were significantly (.05) less anxious and fearful than the control group according to most of the dependent variables. All pre- to post-test raw score differences were in the expected direction and, although the difference was non-significant, favored fixed role therapy over rational-emotive therapy.

Comment

The conclusions one can draw from this study are severely limited by the selection of instruments which have little bearing on non-public speaking situations. While it is true that reduction of anxiety in formal speaking situations was the major goal of the study further generalization would have greatly enhanced the meaning of the research. In addition, the self-report nature of

all of the dependent variables which indicated significance were not confirmed by any other form of assessment.

The usefulness of the study lies in its successful application of the fixed role and rational emotive therapies to treat a specific behavior rather than the more general developmental goal usually sought by such therapies. This indicates that broader application of the techniques may be warranted.

Group Application of Systematic Desensitization

Paul and Shannon¹¹ conducted a study with selected college males experiencing high levels of anxiety. The treatment of choice was a variant of Wolpe's¹² systematic desensitization with the technique being presented in small groups of students. The authors cite numerous indications of the negative effect of anxiety on academic performance, and assume the task of reducing performance and interpersonal anxiety, expecting such a reduction to significantly affect grades.

Subjects were selected from 710 undergraduate males who completed a pretest battery at the beginning of a required public speaking course. From these students fifty with the highest motivation for treatment, the

¹¹G. L. Paul and D. T. Shannon, "Treatment of Anxiety through Systematic Desensitization in Therapy Groups," Journal of Abnormal Psychology, 71 (1966), 125-130.

¹²J. Wolpe, "The Systematic Desensitization Treatment of Neurosis," Journal of Nervous and Mental Disorders, 132 (1961), 189-203.

highest scores on performance anxiety scales, and a low score on the MMPI L Scale were selected for participation in the study. Five groups of ten subjects each were formed on the basis of performance anxiety scale scores generated from the pre-test battery. In the first phase of the study, three of the five groups began treatment for five one hour meetings over a six week period. These three treatments were: 1) individually administered systematic desensitization; 2) individual insight-oriented psychotherapy; and 3) attention-placebo. The desensitization closely adhered to Wolpe's specifications with the hierarchies being constructed to public speaking situations. Insight-oriented treatment had anxiety reduction through insight and self-understanding of "the historical and current bases and interrelationships of problems" as its goal. The attention placebo treatment included use of a non-active "tranquilizer" to reduce anxiety over performance in identifying noises from a tape recorder. The experimental treatment served as an "own-control" group for the first six weeks (first phase) of the study, and began group desensitization following a second testing (second phase) of all groups except the "uncontacted" group. This "uncontacted" group was not pre- and post-tested but served as a control group for G.P.A. comparisons. During the first six weeks all subjects concurrently attended the required public speaking class. Only those subjects from the 20 students comprising the "no-contact" and experimental

group who maintained their high level of anxiety (chronicity) throughout the first phase were selected as experimental students in the second phase of the study. Following the second testing only the experimental group was actively involved in the study. They met for weekly one hour sessions for nine weeks in two groups of five for 1.8 counselor time equivalents per subject. Following treatment, the experimental group was tested for a third time to assess treatment effect following the own-control period and second testing.

Measurement was accomplished through the use of the IPAT Anxiety Scale Questionnaire, Pittsburg Social Extroversion-Introversion and Emotionality Scales including the MMPI L-Scale, Interpersonal Anxiety Scales of the S-R Inventory of Anxiousness, and a self-administered report of speaking confidence. Grade point average (G.P.A.) change was assessed by reference to school records. Therapists were experienced clinical psychologists who were regarded as being proficient in the type of treatment they administered and were confident that they could successfully reduce performance anxiety. All sessions were recorded enabling verification of adherence to preset treatment guidelines. These checks revealed that the therapists were performing as prescribed.

Results of the study were derived through the two-way analysis of variance. Only one of eight general and specific anxiety scales produced a significant (.01) main

effect for the two therapists who conducted the group desensitization. Also the therapist by testing (Pre_1 - Pre_2 -Post) interaction failed to show significance (.10) indicating that the changes effected by the two group desensitization therapists are comparable over time. A further comparison of scores of the students receiving group desensitization with the scores they obtained during the "wait" or "own-control" period produced a significant (.05) linear component for all specific anxiety scales (Personal Report of Confidence as a Speaker, SR-Exam, SR-Interview, SR-Contest). A comparison of means for all dependent variable scales indicates a reduction in anxiety occurring in the treatment phase of the study for those subjects involved. Because of the difference in contact hours between group desensitization (9 hours) and the other forms of treatment (5 hours) no direct comparison with the experimental treatment can be made. A comparison of individual desensitization with these other treatments, however, indicates significant reduction in anxiety.

Comment

The Paul and Shannon study represents an extension of an already successful method of treatment. Group application of systematic desensitization provides the same type of economical and effective group treatment as is intended by the Elimination of Self-Defeating Behavior Workshops. By the very nature of the treatment, however,

systematic desensitization requires that all the subjects in the group have the same source of anxiety because the same hierarchy is shared by all the group members. It may be impossible, for example, to treat anxiety which was bound to studying and interpersonal relationships simultaneously.

Group Application of Behavior Rehearsal
and Social Learning

Another study using a behaviorally oriented method of group treatment of college students was completed by Hedquist and Weinhold.¹³ They sought to reduce social anxiety and unassertive behavior in college students who were enrolled in their first teacher education course. Anxiety and unassertiveness were determined by high scores on the S-R Inventory of Anxiousness and the A-S scale of the Guilford-Zimmerman Temperament Survey. Once forty of 290 subjects were selected because of their high anxiety they were matched into pairs on the basis of similar scores on the pre-test, sex, and type of most distressing situation. Following the matching procedure one subject was randomly assigned to a control group and the other to one of the two treatment groups.

Assessment of changes in assertive responses made outside the therapy situation was accomplished through

¹³F. J. Hedquist and B. K. Weinhold, "Behavioral Group Counseling with Socially Anxious and Unassertive College Students," Journal of Counseling Psychology, 17 (1970), 237-242.

the keeping of an "interpersonal diary" by each subject. Those incidents which were to have been recorded by the subjects were those which were indicated by the subjects prior to treatment as being most distressing. A record of date, day, time, place, and person was to be kept in relation to the subject emitting the target behavior. The control subjects kept diaries recording identical information. Six weekly checks and recordings of assertive responses from the diaries were made for all subjects. In addition, a two-week follow up was completed. Verification of the diary responses was carried out by investigators who conferred with the individuals with whom the subjects had indicated they had exhibited assertive responses. Twelve of these checks were made and no false reports were uncovered.

Two forms of experimental treatment were administered by Hedquist and Weinhold to twenty subjects. A behavior rehearsal group (n=10) used role playing of previously identified critical situations as its primary technique. "Practicing difficult behaviors with repeated trials or 'rehearsals' allowed other subjects to suggest alternate verbal situations so that new responses could be shaped by successive approximations."¹⁴ The following format was established for the proceedings of each session:

¹⁴Ibid.

1. Specification was made of a problem situation (selected from one of the fourteen situations listed on the S-R Inventory of Anxiousness).

2. Verbal and non-verbal behaviors related to the situation were clarified enabling ineffective responses to be replaced by effective ones.

3. Feedback and evaluation of each subject's role play of his specific situation was provided by the group.

4. Rehearsal of the situation incorporating new responses and additional feedback was provided.

5. Practice of the new responses and verbal progress reports back to the group constitute the final phase of treatment.

The second form of experimental treatment was a social learning group (n=10) which operated from a base of four group rules: honesty, responsibility, helpfulness, and action. The co-counselors (male and female) in each group used the verbal contract with each subject as a tool to keep the members committed to a program of social behavior change. The counselors used four rules of their own to insure continuity and successful treatment:

1. Notation of violation of group rules including citation of how and when the rule was violated.

2. Notation of any discrepancy between a subject's stated value position and his behavior.

3. Disallowal of discussion of own or others motivation for behavior. A strict focus on behavior was to be maintained.

4. Resolution of problems by formulating a plan of action before moving on to other material. For all subjects, their time spent in the study was explained as being part of the laboratory section of the teacher education class. The control group met the same number and amount of time as the experimental groups in teacher-led small group discussions about general topics in the area of teaching and interpersonal process.

The same pair of counselors led both treatment groups and were trained via video and audio tape methods for one academic quarter prior to the study. Both counselors were advanced doctoral students.

A two-factor mixed design with repeated measures on one factor (the diary entries) was the model used to generate significance tests. The results indicate approximately equal reporting of assertive responses for all three groups for the first four weeks. This finding is explained by the fact that the experimental groups were not asked to practice outside treatment until that time. By the fifth week, however, the experimental subjects were reporting four more assertive responses per week than the control subjects. Because of final examinations and a shortened week, this rate of responding decreased in the sixth and final week of the study and the behavior rehearsal

subjects responded less than they had in the fourth week. An analysis of variance on the same data revealed significant main effects for treatments and for treatments interacting with the rate of verbal assertive response change over the six week period. Also, both treatments effected the frequency of verbally assertive responses significantly more than did the control condition. However, the two experimental conditions were not significantly different in their effect. A follow up six weeks after the completion of treatment revealed no significant differences and all groups had returned to their second and third week performance levels. The social learning treatment was least negatively affected by this time interval.

Comment

Hedquist and Weinhold suggest that since both experimental treatments were initially effective, some compromise of the two techniques be made. The chief criticism to be leveled at the treatment techniques is the rapid "tapering" of positive effects once the treatment was completed. Failure of the treatments to aid the subjects in the internalization of a system of problem solution could account for failure of the treatments to generate lasting effects. The two treatments, in effect, attack the problem of socially unassertive behavior on two levels. The behavior rehearsal group attempted to effect the behavior on a situational or observable behavior basis

while the social learning group attempted to alter the premises upon which the unassertive behavior was based. By way of comparison, the Elimination of Self-Defeating Behavior Workshops approached problems on both levels. The methods are similar in their economy as both treatments in this study require only 1.2 hours of counselor time per subject.

Cognitive-Behavioral Group Treatment of Speech Anxiety

Having noted the previous indications of effectiveness of the group application of systematic desensitization in the treatment of speech anxiety, Meichenbaum, Gilmore and Fedoravicius¹⁵ conducted a study comparing this treatment with a group application of rational emotive therapy. In the study they sought to ascertain the differential effects of attending, to the clients' overt maladaptive behavior versus treatment of his self-verbalizations.

Most of the subjects in the study were fifty-three university students (five were non-students) who volunteered in response to an advertisement in the university newspaper for treatment of speech anxiety. Two groups of subjects were randomly assigned to each of five treatment groups (desensitization, insight, desensitization plus insight,

¹⁵D. H. Meichenbaum, J. B. Gilmore, and A. Fedoravicius, "Group Insight Versus Group Desensitization in Treating Speech Anxiety," Journal of Consulting and Clinical Psychology, 30, (1971), 410-421.

speech discussion, waiting list). The two therapists were assigned to one group in each therapy treatment and were described as being clinical psychologists with three and five years of clinical experience. Both were basically behavioral in theoretical orientation although one affiliated strongly with Kelly and Ellis while the other drew heavily from the works of Freud and Dollard.

Each therapist led one of the treatments for eight weekly one hour sessions and because there were five or six subjects in each group, the therapists spent an economical 1.3 to 1.6 hours per subject. The group desensitization treatment was modeled after that mentioned in the study by Paul and Shannon¹⁶ which used a sixteen item hierarchy containing items related to public speaking situations. This hierarchy was shared by the group which employed the standard muscle relaxation techniques outlined by Wolpe. Use of the relaxation techniques once they were mastered, was encouraged in public-speaking situations. The insight-oriented therapy groups focused on the self-verbalizations and internal sentences which create anxiety in public speaking situations and generally followed the theoretical guidelines outlined by Ellis. Once the personalized anxiety creating thoughts were identified, incompatible behavior was identified and practiced. A combined insight and desensitization group treatment used the group desensitization format for the first four sessions

¹⁶Paul and Shannon, op. cit., pp. 124-135.

and the insight oriented and desensitization treatments equally split the hour of the last four sessions. A speech discussion placebo group discussed innocuous material with the rationale that just talking in front of others would help individuals to be more comfortable in similar situations outside of the group. All emotionally laden content was redirected by the group leader. A waiting list control group only attended pre- and post-testing sessions.

Two behavioral speech-anxiety measures were used to rate a four minute speech by each subject on "What I expect to get out of college life." Previous to the speech the subjects had been identified as high or low anxiety based on several self report measures (Personal Report of Confidence as a Speaker Scale, Social Avoidance and Distress Scale, and the Fear of Negative Evaluation Scale). Just prior to the speech each subject completed an anxiety differential. Following the treatment conditions the same type of speech situation was created with some attempts being made to increase the anxiety potential by, for example, increasing the size of the audience.

An analysis of variance was performed on observed manifestations of anxiety, the self-report of anxiety, and a cognitive measure of anxiety. The results of the analysis indicate significant (.05) treatment effects for all dependent measures. The placebo control and combined insight and desensitization groups showed significantly

greater improvement than the waiting list control but were not significantly different from each other. The desensitization and insight groups improved significantly over the control, placebo and combined groups but when compared with each other were not significantly different. A meaningful result of the analysis was that subjects for whom speech anxiety was a generalized response style significantly benefitted from the insight and combined desensitization and insight treatments, whereas subjects for whom speech anxiety was a circumscribed problem benefitted mainly from the group desensitization treatment.

Comment

The Meichenbaum, Gilmore, and Fedoravicius study has particular relevance to the evaluation of the Self-Defeating Behavior Workshops. The authors have clearly and precisely approached the treatment of anxiety creation in speaking situations on both internal and external behavioral dimensions. In this regard the combined desensitization-insight treatment employed in the study is similar to the Workshops. One goal of future research on the Workshops would be to deal with the issue of matching the client and the treatment which was raised in the study by the interactions of anxiety generalization and treatment effectiveness. This study then does provide a precedent for the inclusion of both cognitive and affective domains in a highly structured treatment.

It should be noted that a single defeating behavior (speech anxiety) was treated for the purpose of clearly defining the variables in the study. As group treatments, none of the therapies utilized in the study are capable of dealing with a variety of behaviors as are the Workshops. Both the group shared hierarchy in the desensitization treatment and the self-verbalization emphasis in the rational-emotive treatment are limiting factors. That is, the shared hierarchy demands a common symptom for its construction and the self verbalization is only one of several classes of techniques used to activate self-defeating behaviors.

Summary

The review focused on comparing the Self-Defeating Behavior Workshops with those group treatments currently being employed in university mental health settings. The three dimensions critically examined within each study were: treatment, purpose, and effectiveness.

From the studies on the outcomes of group treatment of college students only those which met certain criteria were selected for inclusion in the review. The criteria were: personality or behavioral outcome measures, a clear description of the independent variable, selection of subjects in a manner common to university counseling center practices, and a treatment whose purpose was problem resolution.

Treatment

Seven distinctly different treatment methods were employed in the reviewed studies:

- 1) Unstructured Insight
- 2) Structured Insight
- 3) Didactic
- 4) Behavior Rehearsal
- 5) Social Learning
- 6) Systematic Desensitization
- 7) Rational Emotive

No studies meeting the criteria employed the physical contact or empathy training techniques common to many counseling centers. The trend in the literature is away from affectively oriented unstructured non-cognitive treatments toward affectively oriented structured cognitive treatments.

Purpose

The target behaviors in the related studies were: academic underachievement, academic and interpersonal anxiety, unassertive interpersonal behavior, self actualizing, public speaking anxiety, improving self concept, interpersonal relationships, and adjustment to college life.

As anticipated, the goals of the behaviorally oriented treatments were more clearly specified and more effectively attained than those of the affectively oriented treatments. Only the manifestations of emotional conflict

were clearly defined in the studies. The elements in conflict and the manner in which individuals generate conflict remained only vaguely stated if stated at all.

Effectiveness

The studies that demonstrated significant results characteristically had either a specific and limited behavior as a goal or used self reports as a means of measurement. Group systematic desensitization most clearly demonstrated its effectiveness in comparison to other treatments. The success of the treatment in reducing anxiety was reported by observed behavior ratings as well as self report and standardized instruments. Desensitization was one of the most economical treatments requiring only 1.5 to 1.8 hours of therapist time per group member.

The positive effects of using structure was demonstrated in a number of studies. However, a significant difference was found only between treatment and control and not between various types of structured treatments.

The treatments which were least effective and economical employed an affective mode of treatment. Structure was provided by the spontaneous interactions of group members and leaders with globally defined goals, self-actualization, or improved self-concept.

The studies are summarized in Table 2.1.

TABLE 2.1.--Summary of Eight Studies of Group Treatment of Specific College Student Problems.

Author	Treatment	Target Behavior	Measures	Therapist Hours per Subject	Results
Clampitt ² (1955)	Unstructured Insight, Didactic	Interpersonal Relationships and Adjust- ment to College	California Psychological Inventory, Personal Adjustment Ratings	2.4	Although neither treat- ment was significantly different from the con- trol both treatments produced significant pre to post-test changes
Gilbreath ³ (1967)	Unstructured Insight, Leader Structured Insight	Emotional Causes of underachieve- ment	Stern Activities Index, MMPI, G.P.A.	1.5-2.0	Significantly greater ego strength for leader structured group. Both treatments produced sig- nificantly greater S.A.I. activity scores and G.P.A. when compared to control
Bauer ¹ (1969)	Unstructured Insight, Insight Structured by cognitive handout	Anxiety, self Concept	The State Anxiety Inven- tory, The Tennessee Self- Concept Scale, Resident Advisor Evaluation, Relationship Questionnaire	6.0	No significant differ- ences between treatment and control were recorded on any measure. Struc- tured Groups had signi- ficantly lower anxiety than unstructured Groups.
Lieb & Snyder ⁶ (1967)	Structured Insight, Didactic	Study Habits and under- achievement	Personal Orientation Inventory, G.P.A.	3.6-4.5	Although there were no differences between experimental and control there were significant and absolute changes in both treatment groups.

TABLE 2.1.--Continued.

Author	Treatment	Target Behavior	Measures	Therapist Hours per Subject	Results
Karst & Trexler ⁵ (1970)	Fixed Role, Rational- Emotive	Public Speaking Anxiety	Temple University Fear Survey Scale, Personal Report of Confidence as a Speaker	1.5	Significantly less Anxiety and fear in experimental groups than in the control, no dif- ference between treatments.
Hedquist & Weinhold ⁴ (1970)	Behavior Rehearsal, Social Learning	Social Anxiety and Unassertive Behavior	Interpersonal Diary (self report)	1.2	Significant differences in assertiveness between treatments and control, no significant differ- ences between treatments.
Paul & Shannon ⁸ (1966)	Systematic Desensitiza- tion (indi- vidual & group) indi- vidual insight, Placebo	Interpersonal Anxiety	IPAT Anxiety Scale, Pittsburg Social Extroversion-Intro- version and Emotionality Scales, MMPI L-Scale, Interpersonal Anxiety Scales of the S-R Inven- tory of anxiousness, self-administered report of Speaking Confidence, G.P.A.	1.8	Group desensitization significantly reduced specific anxiety as compared to an own control period

TABLE 2.1.--Continued.

Author	Treatment	Target Behavior	Measures	Therapist Hours per Subject	Results
Meichenbaum, Gilmore & Fedoravicius ⁷ (1971)	Group Desensitization, Rational Emotive, combined Insight and Desensitization, placebo group	Speech Anxiety	Personal Report of Confidence as a speaker scale, social avoidance and distress scale, fear of negative evaluation scale, anxiety differential scale, observed behavior	1.3-1.6	Significantly greater improvement for all experimental than for control groups. Desensitization and insight showed significantly greater improvement than control, placebo, and combined but they were not significantly different from each other.

¹Roger Bauer, "The Effects of Cognitive Structuring on the Outcomes of Group Counseling" (unpublished Ph.D. dissertation, Michigan State University, 1969).

²Richard R. Clappitt, "An Experimentally Controlled Investigation of the Effect of Group Therapy" (unpublished Ph.D. dissertation, State University of Iowa, 1955).

³S. H. Gilbreath, "Group Counseling with Male Under-Achieving Volunteers," Personnel and Guidance Journal, 45 (1967), 469-476.

⁴F. J. Hedquist and B. K. Weinhold, "Behavioral Group Counseling with Socially Anxious and Unassertive College Students," Journal of Counseling Psychology, 17 (1970), 237-242.

⁵T. O. Karst and L. D. Trexler, "Initial Study Using Fixed-Role and Rational-Emotive Therapy in Treating Public Speaking Anxiety," Journal of Consulting and Clinical Psychology, 34 (1970), 360-366.

⁶J. W. Lieb and W. Snyder, "Effects of Group Discussion on Underachievement and Self-Actualization," Journal of Counseling Psychology, 14 (1967), 282-285.

⁷D. H. Meichenbaum, J. B. Gilmore and A. Fedoravicius, "Group Insight Versus Group Desensitization in Treating Speech Anxiety," Journal of Consulting and Clinical Psychology, 30 (1971), 410-421.

⁸G. L. Paul and D. T. Shannon, "Treatment of anxiety Through Systematic Desensitization in Therapy Groups," Journal of Abnormal Psychology, 71 (1966), 125-130.

CHAPTER III

METHODOLOGY AND DESIGN

This study was designed to compare the effects of the Elimination of Self-Defeating Behavior Workshops with a partial treatment model and also with a no-treatment control group.

Description of the Method

The Elimination of Self-Defeating Behavior Workshop is initiated with a one hour group meeting of all students who have come to the Counseling Center requesting admission to an Elimination of Self-Defeating Behavior Workshop. The first workshops were advertised through distribution of printed material and notices in the school paper, but those subjects who have sought admission to more recent workshops either heard about them from their friends or were referred by counselors. This first meeting was used to clarify the goal of the workshop (i.e., to eliminate self-defeating behavior), to briefly describe the nature of the workshops (i.e., not group therapy, psychoanalysis, sensitivity training, but an intensive short-term program to eliminate self-defeating behavior) and to form a verbal "contract" between the leaders and

members. This contract is a specification of what is expected of the members and what the members can expect of the leaders. The expectations of the members are:

1. Full attendance at all sessions.
2. Completion of all forms, journals and tests connected with the workshop.
3. Active involvement in the process of the workshop.
4. Dedication to changing the behavior(s) they select.

The responsibilities of the leaders are:

1. Assuming the task of helping each member to eliminate a specified self-defeating behavior(s).
2. Concern only with the "what and how" of each member's behavior, regarding the "why" as non-productive.
3. Insurance that no member defeats the workshop with his own self-defeating behavior.

A list of self-defeating behaviors (Appendix B) was used to help each member specify a behavior. Members are asked to check each behavior that seems relevant, to examine those relevant behaviors, and circle the one of greatest concern. The workshop leaders circulate in the room assisting in this process, and collect the forms when they are completed.

Phase I

In the week following the testing and introductory meeting, the first of six 55-minute lecture and discussion sessions was conducted. In the full models these sessions were held twice a week for three consecutive weeks and once a week for five weeks for the partial models. Each of the six periods (with the exception of session six, which is an integrative session and was excluded from the partial models) include: 1) a 15-minute discussion of how the members were integrating the previous material; 2) a 5-10 minute presentation of one of the workshop's five theoretical principles; and, 3) a clarification period to assist the group members in comprehending and personalizing the principle currently under discussion.

A Behavior Change Facilitator Form (see Appendix F) was given to the workshop members during the first session of Phase I and they were instructed to work on answering the questions on the form in three weeks before the beginning of Phase II. When the form was handed in, it was checked by the workshop leaders so that they could assess the degree to which each member had understood and personalized the five concepts presented in Phase I. A Journal was also assigned at the first session of Phase I and was explained as being an instrument to aid the workshop member in clarifying his thought about his self-defeating behavior. It was intended as a personal record of the struggle to accept responsibility for the self-defeating behavior to recognize its costs and gains, and to identify the technique being used to maintain the behavior.

The five principles presented in Phase I and upon which the workshop is based are:

1. To the extent that a person does not see himself as being the initiator of his behavior he will continue in Self-Defeating Behavior (SDB). An individual must assume full responsibility for his external and internal behavior, and, in short, come to understand the meaning of psychological ownership.

2. The cost of maintaining self-defeating behaviors is high both in negative results actually experienced (i.e., depression; loss of money, promotion, opportunities; inability to be happy; early death, poor health; impaired relationships) and lost positive results (i.e., inner peace, meaning of life, positive influence on others, eagerness to experience every day).

3. Man is a decision making being in that he makes primary and secondary choices to maintain defeating behaviors. To change, a person must not only recognize the secondary choices (like over-eating) which are easy to detect, and also primary choices (like not testing adequacy as a woman) which are usually more difficult to detect.

4. At the time the self-defeating behavior was created by the individual it was perceived as an adjustive-adaptive response. The fact that self-defeating behaviors are attempts at coping explains why people cling so tenaciously to behaviors that are obviously, to self and

others, destructive. In order for a behavior to continue when its effects are destructive, certain techniques and skills must be used to deny and distort the reality of the behavior's effects. These skills and techniques must be identified in order for behavior to change. Examples of the techniques are: avoiding emotionally laden subjects, avoiding risk, giving other people responsibility for one's life, hallucinating, keeping so busy that there is little time or energy to deal with deeper issues concerning oneself, and feigning stupidity as a way of not processing potentially anxiety-provoking information.

5. An individual who maintains a self-defeating behavior does so because he is afraid to face life without it. The potential onset of anxiety which is generated from fear of some occurrence is avoided by the use of the self-defeating behavior. Because the situation which generated the fear occurred at a time when the ability for coping was reduced from what it is now, the fear is a mythical one and without foundation in the present.

The six sessions of Phase I were devoted to the understanding and personalization of these five principles. The sessions were characterized by the instructional quality one would expect to find in a university seminar with the exception that communication between members was prohibited (see transcript in Appendix D). The counselors posed questions to members concerning their progress in

achieving a full understanding and utilization of the concepts, and the members responded directly to the leaders. During these interchanges the workshop leaders aided each other in helping the members achieve understanding and behavior change. They also were on constant alert for any attempt by the members to defeat the workshop through the exercise of self-defeating behavior during its course. In the final session of Phase I an attempt was made to complete the personalization of the five concepts in preparation for Phase II. Because of the interesting treatment possibilities of the didactic content in Phase I, a partial model workshop utilizing only the six concepts presented in weekly one hour sessions was incorporated in the design of the study.

Phase II

In the fourth week of the workshop the full and partial model members met in groups of four with one leader for a single two hour session. The purpose of this session was to help the members overcome difficulty they were having in living without the self-defeating behavior. The difficulty was experienced by them as a barrier between themselves as persons they are with and without the destructive behavior. They were instructed to fantasize that barrier into a picture, and then were assisted in overcoming the barrier and exploring the "other side." The workshop leader assisted each member with the construction

and use of the fantasy. The barrier was often pictured as a wall, a deep gorge, a sheet of plastic, a bubble, a fire, or a door. Use in imagining any tool necessary to bypass the barrier was encouraged. Once the barrier was bypassed the feelings experienced by the individual provided a realization of life without self-defeating behaviors, and this provided motivation.

Phase III

This stage of the workshop consisted of the four member groups meeting with a leader three times; once during the fourth week, and twice during the fifth and final week of the workshop. During these sessions the leaders verbally assisted each member in the personalization of the mythical fear concept and also emphasized the specific techniques being used by the workshop members to maintain the self-defeating behavior. The techniques of maintenance can be identified as belonging to one of four categories (internal sentences, imagery, physical posture and expression, and emotion). Again in this phase no member-member interactions were allowed.

During the final session of Phase III any members who had not completely eliminated their self-defeating behavior were referred to their journal entries, the workshop handouts, and their own knowledge about their self-defeating behavior. They were again reminded that the workshop was time limited and that the leaders would

be unable to meet with them beyond the length of the workshop.

Workshop Leaders

The workshop leaders were assigned in experience based pairs. One pair, Cudney and Lowe, the workshop creators, are counseling psychologists, and have a total of 25 years of counseling experience between them. Two other leaders, a male and a female, with less than 10 years of experience between them form the other pair. The less experienced leaders have been trained by Cudney and Lowe in workshop leadership and technique for one year. Practical experience in leading groups and informal seminars were the training methods used.

Workshop Setting

All three phases of the workshops were held in the Western Michigan University counseling Center. Seating arrangement was in a circle with the two leaders sitting opposite each other in Phase I and in a semi-circle with the leader sitting in the center and facing the group in Phases II and III.

Population

The students who became subjects in the study were students from Western Michigan University who volunteered for a workshop at the beginning of fall term of 1971.

Unit of Analysis

The unit of analysis used in this study was a four member group, four of which comprised each experimental and control condition. This unit was selected because it provided the best compromise between the individual subject and the entire group. Use of the subject as the experimental unit does not account for the possibility that the effects of treatments given in group form may not be independent for each subject. Use of the entire group level as the unit of analysis leaves no degree of freedom for the error term to permit meaningful analysis of variance computations to be performed. Groups of four seemed particularly appropriate since the latter stages of treatment had been administered to groups of that size in previous workshops.

The integrity of the four member groups was maintained by having those groups seated together in the same order for all workshop meetings.

The four member unit of analysis allowed the economical quality of the method to be maintained while still satisfying the requirement of independence for the usage of analysis of variance which was the statistical technique used in the study.

Assignment to Groups

Students were assigned to workshops on the basis of time groupings that their class schedules would allow. Once they were assigned to full model, partial model, or control the subjects were randomly assigned to one of the four four-member groups that comprised each workshop and control group. Since both full model workshops met at the same time, subjects who were available for this treatment were randomly assigned to one of the two full models.

Design

The basic design of the study is a pre-test post-test control group model using repeated measures on some dependent variables. Campbell and Stanley¹ mention in their discussion of this model that it controls for all the sources of internal invalidity and for one of the three sources of external invalidity. The design is summarized in Table 3.1.

Treatment time for all groups was six weeks. The full model workshops met twice a week and the partial model once a week. Subjects in the partial model workshop completed a full workshop following the post-test. Students in the control group were assigned to a workshop following

¹D. T. Campbell and J. C. Stanley, Experimental and Quasi-Experimental Designs for Research (Chicago: Rand McNally & Company, 1969), p. 8.

TABLE 3.1.--Summary of Basic Design of the Experiment.

	Full Model	Partial Model	Control
Leaders A & B (Experienced)	4 groups	4 groups	
Leaders C & D (Inexperienced)	4 groups		4 groups
Total	N=16		

the completion of this study. Staff and time limitation was cited as the reason for the delayed admission to a workshop.

Measurement

The measures selected for use in this study were chosen on the basis of their relevance to those behaviors which would most likely be affected by the Self-Defeating Behavior Workshops. The highest priority was placed upon describing the effects of the treatment as broadly as possible. By using a variety of measures to fully describe the treatment effects, the chances of a Type II error were increased. That is, clinical knowledge and experience would suggest that some dependent variables would have a deleterious effect on the total change indicated by all the measures combined. The more variables entering in the multivariate decision of significant difference, the greater the chances of negative results. However, in the

interest of replication, the reporting of only true differences, and use of the experiment to alter the course of future workshops; this course was chosen over one which would have enhanced the chances of significant findings.

A group of dependent variables measuring personality and behavioral change from pre- to post-treatment were selected to allow comparisons between the full and partial model workshops and the delayed treatment control. The Internal-External Locus of Control Scale (I-E Scale), the Minnesota Multiphasic Personality Inventory (MMPI), the Workshop Questionnaire, and Workshop Leader Rating of Member Behavior Change are intended to provide data for making the above mentioned comparisons. The final two instruments mentioned above were administered at the end of Phase I for the full and partial models, and at the end of Phase II for the full models. This additional testing was included in the design so that the effect of the various workshop phases could be assessed and compared. A graphic representation of when each instrument was administered is presented in Table 3.2.

Each of the measures employed in the study is described below.

Internal-External Locus of Control Scale

In the process of eliminating a self-defeating behavior Cudney and Lowe hypothesized that an individual would be made more aware of his responsibility for the

TABLE 3.2.--Measures Administered for the Three Workshop Phases.

Pre-Test ^a	Phase I	Phase II	Phase III (Post-Test)
D			D
Pt			Pt
Si			Si
Es			A
A			R
R			Es
I-E			I-E
WQ1	WQ1	WQ1	WQ1
WQ2	WQ2	WQ2	WQ2
WQ3	WQ3	WQ3	WQ3
WQ4	WQ4	WQ4	WQ4
	LR	LR	LR

^aD=Depression Scale of the MMPI; Pt=Psychesthenia Scale of the MMPI; Si=Social Introversion Scale of the MMPI; Es=Ego Strength Scale of the MMPI; A=Anxiety Scale of the MMPI; R=Repression Scale of the MMPI; I-E=Internal-External Locus of Control Scale; WQ1=Frequency of Behavior item of the Workshop Questionnaire; WQ2=Intensity of Behavioral Experience item of the Workshop Questionnaire; WQ3=Ease of Change item of the Workshop Questionnaire; WQ4=Success of Behavior Change item of the Workshop Questionnaire; LR=Leader Rating of Member Behavior Change.

creation and maintenance of his self-defeating behavior.

Rotter's² formulations of social learning include the explanation of how a reinforcement acts to strengthen an expectancy that a particular behavior or event will be followed by that reinforcement in the future. As a child matures he learns to differentiate those events which have causative relationship to preceeding events and those which have not. "It follows as a general hypothesis that

²J. B. Rotter, Social Learning and Clinical Psychology (Englewood Cliffs: Prentice Hall, 1954).

when the reinforcement is seen as not contingent upon the subject's own behavior that its occurrence will not increase an expectancy as much as when it is seen as contingent."³ In its simplest form the notion of expectancy and its relationship to behavior can be stated thusly: if an individual perceives a reinforcement as being contingent on his behavior, then the occurrence of either a positive or negative reinforcer will strengthen or weaken potential for that behavior to occur in the future.

Measurement of the internal-external control phenomena was begun by Phares⁴ with the development of a 26-item Likert-type scale which was equally split between internal and external attitude expression. James⁵ revised Phares scale still using the Likert format items which were the best discriminators, plus some items of his own creation and some filler items. In an effort to increase the generality of measurement Liverant, Rotter, and Crowne attempted to increase the usefulness of the notion by creating a sixty-item scale including subscales. These subscales were found to be deficient in their ability to

³J. B. Rotter, "Generalized Expectancies for Internal Versus External Control of Reinforcement," Psychological Monographs: General and Applied, 80 (1966), Whole No. 609.

⁴E. J. Phares, "Expectancy Changes in Skill and Chance Situations," Journal of Abnormal and Social Psychology, 54 (1957), 339-342.

⁵W. H. James, "Internal Versus External Control of Reinforcement as a Basic Variable in Learning Theory (unpublished Ph.D. dissertation, Ohio State University, 1957).

discriminate specific areas of the I-E dimension. Through elimination of those items which had a high correlation with Marlow-Crowne Social Desirability Scale (chosen more than 85% of the time) or were nonsignificant in their correlation with validation criteria,⁶ the scale was reduced to 29 forced choice items including six filler items to disguise the purpose of the test. This final version is known as the Internal-External Control Scale and is referred to throughout this study as the I-E Scale.

Internal consistency correlations of the I-E Scale as estimated in studies carried out by Rotter⁷ range from .65 to .76. Internal consistency estimates for the subjects in the present study are presented in Table 3.3. For the I-E Scale these estimates ranged from .96 on the pre-test to .63 on the post-test. In addition, test re-test reliability coefficients of .60, .83, .72 were obtained at a one month interval.⁸ Significant curvilinear relationships exist between the I-E Scale and the Rotter Incomplete Sentences Blank⁹ although their meaning is

⁶J. B. Rotter, S. Liverant, and D. P. Crowne, "The Growth and Extinction of Expectancies in Chance Controlled and Skilled Tests," Journal of Psychology, 52 (1961), 161-177.

⁷Rotter, "Generalized Expectancies for . . .," op. cit.

⁸Ibid., p. 13.

⁹J. B. Rotter and J. E. Rafferty, The Rotter Incomplete Sentences Blank Manual: College Form (New York: Psychological Corporation, 1950).

unclear. Watson¹⁰ reported a significant correlation between the scale and the Taylor Manifest Anxiety scale. Correlations of the I-E Scale with intellectual measures range from .22 to .03.

Internal external control was found by James¹¹ to correlate significantly with the personal judgment score of the Incomplete Sentences Blank. The relationship was curvilinear with extreme internal or external scores indicating less adjustment. In the same view, Cromwell, Rosenthal, Shakow and Kahn¹² found schizophrenics to be significantly higher in externality than normals. Odell¹³ reported a significant relationship between high externality and the tendency to conform. In a study in which subjects were required to bet on the outcome of dice throwing, Liverant and Scodel¹⁴ found that internals had a greater

¹⁰D. Watson, "Relationship Between Locus of Control and Anxiety," Journal of Personality and Social Psychology, 6 (1967), 91-92.

¹¹James, op. cit.

¹²R. Cromwell, D. Rosenthal, D. Shakow, and T. Kahn, "Reaction Time, Locus of Control, Choice Behavior and Descriptions of Parental Behavior in Schizophrenic and Normal Subjects," Journal of Personality, 29 (1961), 363-380.

¹³M. Odell, "Personality Correlates of Independence and Conformity" (unpublished Masters Thesis, Ohio State University, 1955).

¹⁴S. Liverant and A. Scodel, "Internal and External Control as Determinants of Decision Making under Conditions of Risk," Psychological Reports, 7 (1960), 59-67.

tendency to be objective and realistic in their risk taking than externals.

In two studies (Biather,¹⁵ Crandall, Katkovsky, and Preston¹⁶) intelligence was found to be positively related to perceived internal control. Butterfield¹⁷ reported a significant correlation between facilitating anxiety and internality. It is obvious from these studies that locus of control of reinforcement is a general personality factor operating over a broad range of situations and is related to widely recognized indications of adjustment and coping ability. Manipulation of this variable through behavior change techniques can be deemed vital and as an indication of the techniques effectiveness.

The following scales were selected from the Minnesota Multiphasic Personality Inventory for their ability to measure personality variables which should occur in conjunction with the elimination of self-defeating behavior.

¹⁵I. Bialer, "Conceptualization of Success and Failure in Mentally Retarded and Normal Children," Journal of Personality, 29 (1961), 303-320.

¹⁶V. J. Crandell, W. Kratkovsky, and A. Preston, "Motivational and Ability Determinants of Young Children's Intellectual Achievement Behaviors," Child Development, 33 (1962), 643-661.

¹⁷E. C. Butterfield, "Locus of Control, Test Anxiety, Reactions to Frustration, and Achievement Attitudes," Journal of Personality, 32 (1964), 298-311.

The Depression Scale of
the MMPI (D)

The D Scale is a measure of poor emotional morale and inability to assume an optimistic outlook toward the future. The items consist of those relating to lack of interest, apathy, rejection of base impulses, denial of happiness or personal worth, work inhibitions and inability to control thoughts.

The scale was formed through selection of those items on the MMPI which discriminated between a psychiatric group diagnosed as depressed and a normal group.¹⁸

Dooleys¹⁹ validated the ability of the scale to discriminate clinically diagnosed depression among a carefully selected and matched group of depressive and nondepressive psychotics.

Test re-test correlation with a three month interval using college students was .66, also .71 with a two week interval, and .60 with a delay of from 3 to 178 days. In the present study Hoyt's analysis of variance was employed to derive an internal consistency coefficient of .85 on the pre-test and .86 on the post-test.

Creating depression is one of the most prevalent techniques used to maintain self-defeating behavior,

¹⁸S. R. Hathaway and J. C. McKinley, "Scale D (Depression)," in Basic Readings on the MMPI in Psychology and Medicine, ed. by G. S. Welsh and W. G. Dahlstrom (Minneapolis: University of Minnesota Press, 1956), p. 85.

¹⁹E. J. Dooleys, "The Validity of the Depression Scale of the MMPI" (unpublished Masters Thesis, DePaul University, 1954).

therefore, its reduction should accompany the elimination of such behaviors.

The Psychesthenia Scale
of the MMPI (Pt)

The Pt scale measures on individuals' tendency to practice obsessive rumination, compulsive behavioral rituals, unreasonable fears, excessive worry, anxiety, inability to concentrate, lack of confidence, guilt feelings and unreasonably high standards of morality or intellectual performance. The items which make up the scale relate to anxiety and dread, low self-confidence, doubts about adequacy, undue sensitivity and moodiness.

Scale content was determined by a two stage process. First, a small number of items which discriminated between a criterion group possessing those qualities clinically judged to be indicative of what is known as psychesthenia and a group of normals was identified. Those items were then correlated with the remaining items on the full MMPI and those that exceeded a correlational cut-off. McKinley and Hathaway²⁰ used a heterogeneous group of psychiatric cases with the common characteristic that they were designated to have some symptomatic evidence of the two primary qualities of psychesthenia (i.e., obsessions and compulsions). The trend toward high scores

²⁰S. R. Hathaway and J. D. McKinley, "Scale L (Psychesthenia)," in Basic Readings on the MMPI in Psychology and Medicine, ed. by G. S. Welsh and W. G. Dahlstrom (Minneapolis: University of Minnesota Press, 1956), p. 85.

for those people in the study evidencing those qualities was clearly significant.

Test re-test correlations of .53, .60, and .75 with college students and intervals of 90, 3-178, 7-14 days have been established in studies by Blanton and Londsman; and Cefer, Chonce and Judson.²¹ An interval consistence coefficient of .93 on the pre-test and .92 on the post-test was derived for the present study.

The scale is included in this study because it may provide an assessment of presence of a variety of self-defeating behaviors and behavior maintenance techniques.

The Social Introversion Scale of the MMPI (Si)

The Si scale is an assessment of the tendency to withdraw from social contact. Items comprising the scale refer to uneasiness in social situations, sensitivities, insecurities and worries, and denial of impulses. Higher scores on the scale, in contrast to the direction of scoring on the other scales, is indicative of greater "pathology."

Items comprising the scale are those from the full MMPI which differentiated between high and low scorers on the Minnesota T-S-E Inventory when scored for social

²¹C. N. Cofer, J. E. Chonce and A. J. Judson. "A Study of Malingering on the MMPI," Journal of Psychology, 27 (1949), 491-499.

introversion extroversion.²² A later administration of the T-S-E and Si scale produced correlations (which were negative because the two instruments are scored in opposite directions) of $-.72$ for females and $-.71$ for males. Drake and Thiede²³ also found the scale to be successful in differentiating when they used it to distinguish between active and non-active high school students. Test-retest correlation with college students using a 3-178 day interval was $.78$. Internal consistency for the sample used in the present study ranged from $.92$ to $.91$.

Any self-defeating behavior or technique requiring social withdrawal should, when eliminated, be detected by the Si scale and, for that reason, the scale is included in the study. Two types of withdrawal, social and intrapersonal, are utilized by individuals to avoid the mythical fear. The intrapersonal withdrawal will be assessed by the Repression (R) scale which will be discussed later.

The Ego Strength Scale of the MMPI (Es)

The Es scale was developed to predict success in psychotherapy and its items were selected on their ability to successfully discriminate between a group of individuals

²²W. G. Dahlstrom and G. S. Welsh, An MMPI Handbook: A Guide to Use in Clinical Practice and Research (Minneapolis: The University of Minnesota Press, 1960), p. 77.

²³L. E. Drake, "Scale O (Social Introversion)," in Basic Readings on the MMPI in Psychology and Medicine, ed. by G. S. Welsh and W. G. Dahlstrom (Minneapolis: The University of Minnesota Press, 1960), p. 181.

who were rated to have succeeded in psychotherapy and a group who had not. Besides serving the predictive function the scale appears to be an excellent measure of intellectual and emotional control.

Item content of the scale includes good physical health, a strong sense of reality, feelings of personal adequacy and vitality, a permissive morality, lack of ethnic prejudice, emotional outgoingness and spontaneity, and intelligence.

Validation of the scale is difficult because of the extremely wide range of characteristics associated with the term "ego strength." Two of those characteristics however, have been found to experimentally relate to the scale. Barron²⁴ reports that even though he used the highly restricted range of intelligence of a group of graduate students the Es scale correlated .39 with the Miller Analogy Test and .52 with the intellectual efficiency scale of the California Personality Inventory for that sample. In addition, Barron found a negative correlation between the scale and ethnocentrism and prejudice. In reference to the latter, it seems reasonable that individuals with effective ego functioning rely on more inclusive reasoning than that required to make judgments concerning whether or not something is "good or bad."

²⁴F. Barron, "An Ego Strength Scale which Predicts Response to Psychotherapy," in Basic Readings on the MMPI in Psychology and Medicine, ed. by G. S. Welsh and W. G. Dahlstrom (Minneapolis: University of Minnesota Press, 1956), p. 230.

Hunter and Goodstein²⁵ reported that subjects with high Es scores were judged to exhibit significantly greater frequency of coping responses and significantly fewer defensive responses than subjects with low Es scores. Barron reports that test re-test reliability estimates of the Es scale range from .72 to .76.²⁶ In the present study internal consistence of the Es Scale ranged from .71 to .75.

The Es scale is used in this study to measure the expected increases in functioning ability which should begin to accrue once an individual reduces the degree to which he defeats himself.

Scales A and R of the MMPI

The A and R scales were derived from use of an internal consistency method wherein two groups of subjects scoring at opposite extremes on an experimental "general maladjustment" (Gm)²⁷ scale are identified by score and used to carry out an item analysis on the full MMPI. The analysis resulted in a selection of items which indicate

²⁵C. G. Hunter and L. D. Goodstein, "Ego Strength and Types of Defensive and Coping Behavior," Journal of Consulting Psychology, 31 (1967), 432.

²⁶Barron, op. cit.

²⁷G. S. Welsh, "Factor Dimensions A and R," in Basic Readings on the MMPI in Psychology and Medicine, ed. by G. S. Welsh and W. G. Dahlstrom (Minneapolis: University of Minnesota Press, 1956), pp. 264-281.

the maximum difference in frequency of response of the two opposed groups. On the sample used to develop the scales, Welsh required that the items show at least 75 per cent separation.²⁸ Two general factors or scales resulted:

Scale A is a measure of those expressions of personality generally characteristic of anxiety. The items in the scale refer to thought processes, negative emotional tone, lack of energy, and pessimism and personal sensitivity. Indications that the scale does measure that dimension termed anxiety are provided in a limited number of studies. Autrey²⁹ was able to successfully predict communicative efficiency in college undergraduates who scored either as anxious or non-anxious on the A Scale. Evidence of score change on that scale due to therapy was reported by Welsh and Roseman³⁰ who found a decrease in scores occurring concomitantly with judged improvement following therapy. Reliability coefficients for the A scale range from .70 to .88. Internal consistence for the subjects in the present study ranged from .95 to .93.

The R Scale score makes inferences about the extent to which an individual uses repression and denial in his functioning. If an individual scores high on this scale

²⁸Ibid.

²⁹O. R. Autrey, "A Study of the Effects of Anxiety and of Situational Stress" (unpublished M.A. Thesis, University of North Carolina, 1954).

³⁰G. S. Welsh and M. Roseman, "A Graphic Method for Showing Therapeutic Change by the use of MMPI Factor Scales," a paper presented at meetings of S.E.P.A., May, 1955.

he will not have much insight into his feelings or motivations. The items relate to violence and activity, social dominance, emotionality, health and physical symptoms, reactions to others, and personal and vocational interests.

As would be expected according to the intent of the scale, it correlates .40 with the social introversion scale (Si) and -.40 with the hypomania (Ma) scale of the MMPI. Reliability estimates for the scale range from .48 to .74. Internal consistency for the subjects in the current study range from .59 to .68.

Both scales can be used to assess changes in anxiety and repression as a result of the workshops. An individual who practices fewer self-defeating behaviors can be expected to be less anxious and to feel less need to deny or repress those thoughts related to the "mythical fears" which the self-defeating behavior has allowed the individual to avoid in the past.

Workshop Questionnaire

The Workshop Questionnaire is a nine item self-report instrument developed by Cudney and Lowe (Appendix E). The purpose of the instrument is to ask each workshop member how he perceives the effects of the workshop on his self-defeating behavior. Four of the nine workshop items were deemed relevant to this study and these items measure: frequency of the behavior, the emotional intensity with which the behavior is experienced, the ease of changing the behavior, and the success the individual is having in

eliminating the behavior. Each item is a question followed by five forced choice answers. The complete questionnaire was administered at the pre-test and at the end of each of the three workshop phases for the full and partial model workshops. The control group completed this instrument at the pre- and post-test.

Leader Rating of Member Behavior Change

To provide a therapist rating of success of the treatment this item was developed for the study (Appendix F). It is a simple rating scale on which each of the workshop leaders rated the subjects in his workshop as: no behavior change, partial behavior change, or complete behavior change. This instrument was administered at the end of each phase for the full and partial model workshops.

Analysis Procedures

Hypotheses one and two were tested by use of a one way multivariate analysis of variance of difference scores. With this analysis the effect of the workshop models (both full and partial) was compared with the control groups through the expression of change scores resulting from pre- and post-test administration of all eleven dependent variables.

Hypothesis three compared the difference scores generated by the full model workshop led by experienced leaders with the scores resulting from the full model workshop with inexperienced leaders. A one way multivariate analysis of variance was the statistical method employed.

TABLE 3.3.--Internal Consistency Coefficients for the Instruments Employed in the Study.

Variable ^a	Reliability Coefficient		Raw Score Mean		Standard Deviation		Standard Error of Measurement	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Rotter's I-E Scale	.96	.63					2.50	1.07
MMPI Scales								
D	.85	.86	29.72	36.03	12.60	13.80	4.81	5.04
Pt	.93	.92	15.24	20.45	10.12	9.96	2.61	2.79
Si	.92	.91	28.76	33.71	12.45	12.50	3.58	3.70
A	.95	.93	14.72	19.14	10.77	9.67	2.96	2.57
R	.68	.59	16.02	16.76	4.85	4.41	2.10	2.80
Es	.71	.75	45.95	43.60	6.30	6.94	3.34	3.45

^aThe Workshop Questionnaire was not included in the internal consistency estimates because of the discreet nature of each of its items. Neither was the Leader Rating of Member Behavior Change included because the data it generated was also not amenable to reliability estimation.

Hypothesis four was tested by use of a one-way multivariate analysis of variance on the difference scores generated from pre-test and end-of-Phase I administration of the Workshop Questionnaire. This analysis compares the effect of Phase I on full and partial models.

The fifth hypothesis was tested by a one-way multivariate analysis of variance on repeated measures. Comparisons were made of the scores which were obtained on each individual item of the Workshop Questionnaire at each of the four testing periods (Pre-test, Phase I, Phase II and Phase III).

CHAPTER IV

ANALYSIS OF EXPERIMENTAL RESULTS

An analysis of the data obtained in the experiment is presented in the first part of the chapter. The organization of this section is as follows: a general research question is stated, the hypothesis formulated to answer that question is also stated, the treatment levels are presented, the statistical procedure is stated, and finally, the results of the analysis and the significance level are reported. A summary of the findings comprises the second part of the chapter.

Question I: Were the Workshops More
Effective than No-Treatment?

Question II: Were the Two Workshop Models
Differentially Effective?

The first two hypotheses tested in this study pertain to the basic question of whether or not the Elimination of Self-Defeating Behavior Workshops demonstrated any effects significantly different from those of the control groups. Answering that question is the primary purpose of the study.

Hypothesis One: Those workshop groups which have received the full or partial model will show significantly greater positive difference scores than those groups in the no treatment control.

Hypothesis Two: Those workshop groups which have participated in the full model will show significantly greater positive gains than those groups in the partial model.

In order to test these hypotheses, difference scores were computed for each subject for each of the eleven dependent variables in the three treatment levels (Full Model, Partial Model, and Control). The pre-test means were then subtracted from the post-test scores to generate the difference scores which were used in the analysis. The cell means are presented in Table 4.1. Because the pre-test means were subtracted from the post-test means a negative difference score indicates a decrease in the magnitude of the score. For all measures with the exception of Ego Strength (Es) a negative difference score indicates improvement from pre- to post-test on each variable.

A one-way multivariate analysis of variance was performed on the difference scores. In order to provide tests of both hypotheses in the same analysis, planned comparisons were made between the full and partial models versus the control (F&P vs. C), and between the full model and partial model (F vs. P). The results of this analysis as presented in Table 4.2 indicate that a rejection of the null hypothesis of no differences between treatment and no treatment is appropriate. The F ratio of 8.16 with

TABLE 4.1.--Post-Test Minus Pre-Test Difference Scores
for the Full and Partial Model Elimination
of Self-Defeating Behavior Workshops and
the Control Group.

Variable	Full Model	Partial Model	Control
WQ1 ^a	-2.36 ^b	- .16	- .06
WQ2	-1.59	-1.50	- .09
WQ3	-1.07	-1.31	- .25
WQ4	-1.83	-1.69	- .13
I-E	-3.07	-3.56	-1.19
D	-3.71	-4.89	-2.42
Pt	-1.87	-3.75	.17
Si	-5.22	-5.00	-2.19
A	-4.64	-6.75	.31
R	- .81	-4.63	-1.09
Es	3.56	2.44	.61

^aWQ1=Workshop Questionnaire item on Frequency;
WQ2=Workshop Questionnaire item on Intensity; WQ3=
Workshop Questionnaire item on Ease of Change; WQ4=
Workshop Questionnaire item on Success in Changing
behavior.

I-E=Internal-External Locus of Control Scale

D=Depression Scale of the MMPI; Pt=Psychesthenia
Scale of the MMPI; Si=Social Introversion Scale of the
MMPI; A=Anxiety or Factor I Scale of the MMPI; R=Repression
or Factor II Scale of the MMPI; Es=Ego Strength Scale of
the MMPI.

11 and 3 degrees of freedom is significant at the .055
level. In addition, the comparison between the full and
partial models produced an F ratio of 1.42 ($p=.431$). The
null hypotheses of no difference between the two models
was accepted.

TABLE 4.2.--Multivariate Analysis of Variance of the Difference Scores of Treatment Versus No-Treatment (F&P vs. C) and Full Model Versus Partial Model (F vs. P) of the Elimination of Self-Defeating Behavior Workshops.

Comparison	Variable	Univariate Results		Multivariate Results	
		F	P	F	P
F&P vs. C	WQ1 ^a	44.33	.0001	8.16	.055
	WQ2	11.34	.005		
	WQ3	8.72	.011		
	WQ4	53.81	.0001		
	I-E	2.66	.127		
	D	1.54	.236		
	Pt	2.35	.150		
	Si	1.30	.275		
	A	4.99	.044		
	R	.25	.627		
	Es	4.55	.053		
F vs. P	WQ1	5.00	.044	1.42	.431
	WQ2	.04	.844		
	WQ3	.55	.472		
	WQ4	.37	.553		
	I-E	.13	.720		
	D	.66	.431		
	Pt	1.03	.328		
	Si	.01	.938		
	A	.61	.448		
	R	3.21	.097		
	Es	.77	.397		

^aWQ1=Workshop Questionnaire item on Frequency; WQ2=Workshop Questionnaire item on Intensity; WQ3=Workshop Questionnaire item on Ease of Change; WQ4=Workshop Questionnaire item on Success of Change; I-E=Rotter's Internal-External Locus of Control Scale; D=Depression Scale of the MMPI; Pt=Psychesthesia Scale of the MMPI; Si=Social Introversion Scale of the MMPI; A=Factor I or Anxiety Scale of the MMPI; R=Factor II or Repression Scale of the MMPI; Es=Ego Strength Scale of the MMPI.

Examination of the eleven univariate F statistics for Hypothesis One provides an indication of which of the individual measures contributed the most to the multivariate effect. Six of the eleven measures were essentially responsible for the significant multivariate effect. Three of the six were primary factors: Workshop Questionnaire items 1, 2 and 4. Three measures were secondary factors: MMPI scales A and Es and Workshop Questionnaire item 3.

Two conclusions can be drawn from the analysis. One, both the full and partial treatments had a positive effect on subjects in the study when compared to the control group. Two, a multivariate consideration of the differences between full and partial model treatments indicated no overall significant difference. The remaining hypotheses tested in this chapter are attempts to identify the components which contributed to the differences.

Question III: Are the Three Workshop
Phases Differentially Effective?

Hypotheses one and two concern pre- to post-test differences between the treatment levels. Hypotheses three and four are statements concerning comparisons of the effect of each of the three Workshop Phases. For these comparisons the Workshop Questionnaire and Leader Rating of Member Behavior Change were administered at the end of each phase. Length of test administration

prohibited completion of the MMPI and I-E Scale at the end of Phase I and II.

Because the multivariate analysis indicated no significant pre- to post-test differences between the full and partial models the value of Phase II and III became questionable. If there were a significant difference at the end of Phase I and that difference favored the partial model then Phases II and III were positive in their effect in that they helped the full model groups to "catch up" with the partial model groups. The fact that the partial model workshop received the first phase in six weeks while the full model workshops received the same material in only three weeks must be considered in any interpretation of the differences between these two forms of treatment. The implication being that the extended time for learning favored the Phase I effects of the partial model over those of the full model.

Hypothesis Three (Null): There is no difference at the end of Phase I between the groups receiving the full model treatment and the groups receiving the partial model treatment.

A one-way multivariate analysis of variance of the difference scores was the model used for the analysis which tested this hypothesis. The results of the analysis are presented in Table 4.3 and indicate that a rejection of the null hypothesis is appropriate. The F ratio was 4.36 with 4 and 7 degrees of freedom which was significant at the .044 level.

TABLE 4.3.--Multivariate Analysis of Variance of the Difference Scores of Partial Versus Full Model in Phase I of the Elimination of Self-Defeating Behavior Workshops as Measured by the Workshop Questionnaire.

Variable	Univariate		Multivariate	
	F	P	F	P
WQ1 ^a	10.68	.009	4.36	.044
WQ2	6.87	.026		
WQ3	9.14	.013		
WQ4	17.98	.002		

^aWQ1=Workshop Questionnaire item 1 (Frequency); WQ2=Workshop Questionnaire item 2 (Intensity of the Behavior); WQ3=Workshop Questionnaire item 3 (Ease of Change); WQ4=Workshop Questionnaire item 4 (Success).

Inspection of the univariate F ratios indicates that all four of the items were significant contributors to the effect and that 1 (Frequency) and 4 (Success) were primarily responsible for the significant finding. The difference scores presented in Table 4.4 show the differences favoring the partial model over the full model.

The directional hypothesis which was accepted after the null was rejected is:

Hypothesis Three (Directional): The workshop groups which received the partial model show greater positive difference than the full model groups as a result of Phase I.

Additional data relevant to this hypothesis was provided by the Leader Rating of Member Behavior Change. Because of the uncertain objectivity of counselor ratings

TABLE 4.4.--Difference Score Means for the Full and Partial Model Elimination of Self-Defeating Behavior Workshops Resulting from Pre-Test and End-of-Phase I Administration of the Workshop Questionnaire.

Variable	Model	
	Partial	Full
WQ1 ^a	-1.63	-1.01
WQ2	-1.50	- .51
WQ3	-1.31	- .25
WQ4	-1.69	- .99

^aWQ1=Workshop Questionnaire item 1 (Frequency); WQ2=Workshop Questionnaire item 2 (Intensity of the Behavior); WQ3=Workshop Questionnaire item 3 (Ease of Change); WQ4=Workshop Questionnaire item 4 (Success).

this data was not tested against a statistical model but rather is presented in the form of means in Table 4.5.

TABLE 4.5.--Means of Leader Ratings of Member Behavior Change for each of the Three Phases of the Elimination of Self-Defeating Behavior Workshop.

Model	Phase		
	I	II	III
Full-Experienced Leaders	1.94 ^a	1.94	1.71
Full-Inexperienced Leaders	1.90	2.02	2.33
Full Model Means	1.92	1.98	2.02
Partial Model	1.94	---	---
Overall Means	1.93	1.98	2.02

^aThe ratings were: 1=No Change; 2=Partial Change; and 3=Complete Change.

The results of the analysis indicated that Phases II and III combined had positive contributions to the total treatment effect. But were Phase II and III both positive and equal in their effect? To answer the above question the following hypothesis was formulated:

Hypothesis Four (Null): There will be no significant differences between the effect of each of three workshop phases as measured by the workshop Questionnaire.

In order to test this hypothesis, difference scores derived from pre-phase and post-phase administration of the Workshop Questionnaire were analyzed by a repeated measures multivariate analysis of variance. Three planned comparisons, the effects of Phase I minus the pretest scores, the effects of Phase II minus the effects of Phase I, and the effect of Phases II and III combined minus the effect of Phase I which isolated the effect of Phase III when compared to the previous contrast were made. Means; significance levels; and multivariate, univariate and step down F ratios were computed with this analysis for each Workshop Questionnaire item.

Each Workshop Questionnaire item indicated an overall significant effect for each of the three comparisons. Step down F ratios are useful in the description of this analysis because they assess the statistical significance of changes beyond that which occurred at the last administration of the dependent variable. It can be seen from inspection of these F ratios and P levels

TABLE 4.6.---Repeated Measures Analysis of Variance Depicting the Additive Changes for the Full Models of the Elimination of Self-Defeating Behavior Workshops Associated with Phase I, Phase II, and Phase III as Measured by the Workshop Questionnaire.

Item	Multivariate Results			Univariate Step Down Results						Phase II & III-Phase I	
				Phase I-Pretest			Phase II-Phase I				
	F	P		F	P		F	P			
#1 Frequency	51.921	.0004		206.684	.0001		.313	.596		.005	.945
#2 Intensity	10.921	.012		16.805	.005		3.645	.184		1.88	.288
#3 Ease of Change	17.731	.004		11.098	.013		5.410	.059		6.837	.048
#4 Success	29.526	.001		85.824	.001		2.006	.207		.289	.614

that the change that did occur took place primarily in Phase I. Only item 3 (Ease of Change) recorded significant additions to the difference scores resulting from pretest and end of Phase I testing. The failure of Phases II and III to produce changes on Workshop Questionnaire items 1, 2 and 4 was partially a function of the limited amount of change which can be recorded by the Workshop Questionnaire. If the majority of the available change occurs in Phase I the chances of any further change occurring in Phases II and III is greatly reduced.

On the basis of data the null hypothesis of no differences between Phases I, II, and III was rejected and the following directional hypothesis was accepted:

Hypothesis Four (Directional): Phase I is significantly more effective than Phase II or III in reducing frequency and intensity of self-defeating behavior and in increasing the success of eliminating self-defeating behavior.

Question IV: How Sensitive is the Method to Variability in Workshop Leader Experience?

Hypotheses one, two, three and four were stated and tested with the two full model workshops being combined and considered as a single treatment level. For the fifth hypothesis each full model workshop was treated as a level of treatment thus enabling a comparison to be made between experienced and inexperienced leaders.

Hypothesis Five: Those workshop groups which have received the full model treatment from experienced leaders will evidence significantly greater positive change than those groups who received the full model treatment from inexperienced leaders.

Hypothesis five was tested by the use of a one-way multivariate analysis of variance of the difference scores representing each of the four treatment levels (Full Model-Experienced Leaders, Full Model-Inexperienced Leaders, Partial Model-Experienced Leaders, and Control). The difference scores within each level of treatment for each variable are presented in Table 4.7.

The results of the analysis presented in Table 4.8 indicate acceptance of the null hypothesis of no differences between the full models with experienced and inexperienced leaders. Inspection of the univariate F ratios reveals that only Workshop Questionnaire item 4 (Success) produced a significant effect ($p = .009$) favoring the experienced leaders.

A phase-by-phase comparison of experienced and inexperienced workshop leaders can be made by inspecting the difference scores on the Workshop Questionnaire as depicted in Table 4.9.

These data are presented only in mean change score form as they are not amenable to proper analysis due to the limited degrees of freedom (3, .5) which they allow.

As is evident from inspection of the table, the changes produced by the two sets of leaders in Phase I are comparable with only a slight edge in degree of change favoring the experienced leaders. In Phase II the inexperienced leaders are clearly superior in the degree of change they were able to effect as measured by the four

TABLE 4.7.--Difference Score Means for All Measures Administered to Full Model Elimination of Self-Defeating Behavior Workshops (Full-Experienced Leaders, Full-Inexperienced Leaders).

Variable	Full Model Experienced Leaders	Full Model Inexperienced Leaders
WQ1 ^a	-2.42	-2.30
WQ2	-1.92	-1.27
WQ3	-1.25	- .90
WQ4	-2.17	-1.50
I-E	-3.65	-2.50
D	-2.44	-4.98
Pt	- .06	-3.69
Si	-5.65	-4.80
R	- .31	-1.31
Es	4.67	2.46

^aWQ1=Workshop Questionnaire item on Frequency; WQ2=Workshop Questionnaire item on Intensity; WQ3=Workshop Questionnaire item on Ease of Change; WQ4=Workshop Questionnaire item on Success in Changing behavior.

I-E=Internal-External Locus of Control Scale

D=Depression Scale of the MMPI; Pt=Psychesthesia Scale of the MMPI; Si=Social Introversion Scale of the MMPI; A=Anxiety or Factor I Scale of the MMPI; R=Repression or Factor II Scale of the MMPI; Es=Ego Strength Scale of the MMPI.

TABLE 4.8.--Multivariate Analysis of Variance of the Difference Scores of the Full Model-Experienced Leaders (F) versus the Full Model-Inexperienced Leaders (F').

Comparison	Variable	Univariate Results		Multivariate Results	
		F	P	F	P
F vs F'				1.704	.427
	WQ1 ^a	.102	.755		
	WQ2	1.483	.247		
	WQ3	.892	.364		
	WQ4	9.668	.009		
	I-E	.535	.479		
	D	2.647	.130		
	Pt	3.429	.089		
	Si	.067	.800		
	A	.132	.723		
	R	.155	.701		
	Es	2.476	.142		

^aWQ1=Workshop Questionnaire item on Frequency; WQ2=Workshop Questionnaire item on Intensity; WQ3=Workshop Questionnaire on Ease of Change; WQ4=Workshop Questionnaire item on Success in Changing behavior.

I-E=Internal-External Locus of Control Scale

D=Depression Scale of the MMPI; Pt=Psychesthesia Scale of the MMPI; Si=Social Introversion Scale of the MMPI; A=Anxiety or Factor I Scale of the MMPI; R=Repression or Factor II Scale of the MMPI; Es=Ego Strength Scale of the MMPI.

TABLE 4.9.--Pre- to Post-Test Difference Scores on the Workshop Questionnaire for each Phase and Leader Experience Level for the Elimination of Self-Defeating Workshops.

Model	Workshop Questionnaire Item	Phase I ^a	Phase II	Phase III
Full- Experienced Leaders	#1	1.06	.80	.34
	#2	.47	.53	.33
	#3	.13	.53	.27
	#4	.70	.54	.40
Full- Inexperienced Leaders	#1	.07	1.86	.34
	#2	.00	1.00	.20
	#3	.40	.94	.20
	#4	1.37	.46	.40

^aThe difference scores for each phase were derived by subtracting the post-phase score of the previous testing period from the post-phase score of the phase in question.

Workshop Questionnaire items. No clear advantage was gained in the comparison by either set of leaders in Phase III. The decreasing magnitude of the difference scores reflects the additive nature of the changes.

Summary

Five hypotheses pertaining to the outcome and nature of effects of the Elimination of Self-Defeating Behavior Workshops were tested. Multivariate analysis of variance was employed to assess the differences between the four treatment levels and a repeated measures multivariate analysis of variance was performed to describe the differential effects of each workshop component.

The analyses revealed differences favoring the treatment over the no-treatment groups. Planned comparisons led to the conclusion that no differences existed between either full and partial model workshops or between the experienced and inexperienced group leaders. Also Phase I of the full model workshops was shown to be more effective than either Phase II or Phase III.

In Chapter V, the data presented above will be interpreted and discussed and implications for further research will be considered.

CHAPTER V

DISCUSSION OF THE RESULTS

In this chapter answers are offered for the four basic research questions posed in Chapter IV. In addition, the implications of the results of the study for subsequent workshops and future research are presented. The measurement, statistical findings, and implications of both are the focal point of discussion within each research question.

Research Question I: Were the Workshops More Effective than No-Treatment?

Although the arguments questioning efficacy of psychotherapy presented initially by Eysenck¹ have been soundly refuted (Kiesler,² and Bergin³), very few studies have demonstrated psychotherapeutic effectiveness. The

¹H. J. Eysenck, "The Effects of Psychotherapy: An Evaluation," Journal of Consulting Psychology, 16 (1952), 319-324.

²D. J. Kiesler, "Some Myths of Psychotherapy Research and the Search for a Paradigm," Psychological Bulletin, 6 (1966), 110-136.

³A. E. Bergin, "The Effects of Psychotherapy: Negative Results Revisited," Journal of Counseling Psychology, 10 (1963), 244-250.

analysis of the data supports the basic assumption that the Elimination of Self-Defeating Behavior Workshops did produce meaningful changes along several dimensions. Specifically, the subjects who experienced either the full or partial model workshop evidenced the following relative advantages over the subjects in the control group: 1) a greater reduction in the frequency of self-defeating behavior; 2) a greater reduction in the emotional intensity of the self-defeating behavior; 3) more ease in changing the self-defeating behavior; 4) greater success in eliminating the self-defeating behavior; 5) less anxiety; and 6) greater ego strength.

Only one of the eleven dependent variables used in the study (R) failed to record pre- to post-test difference scores favoring the experimental treatment groups. However, as can be seen in Table 4.2, I-E, D, Pt, Si, and R did not produce significant F ratios. Because of the variety of measures employed in the study it was expected that some would not record significant differences.

An inspection of pre-test scores presented in Table 5.1 will reveal that, for those measures which were non-significant in the treatment versus no-treatment comparison (with the exception of the I-E Scale), the pre-test scores for the control group were consistently larger than those for the full and partial models combined.

The obvious implication of the above finding is that the control group had greater potential for change as a function of statistical regression. Because the

TABLE 5.1.--Pre-Test Raw Score Means and Differences for the Elimination of Self-Defeating Behavior Workshops (Treatment) and the Control Group (No-Treatment).

Variable	Treatment (F&P)	No-Treatment (C)	Differences (F&P minus C) ^a
WQ1 ^b	4.11	3.73	+ .38
WQ2*	3.50	3.53	- .03
WQ3*	2.84	3.00	- .16
WQ4*	3.99	4.07	- .18
I-E	9.61	8.27	+1.34
D	24.66	29.33	-4.67
Pt	32.63	34.40	-1.77
Si	32.26	37.27	-5.01
A*	19.04	18.80	+ .24
R	15.92	19.33	-3.41
Es*	45.07	43.53	+1.54

^aF=Full Models (undifferentiated as to therapist experience); P=Partial Model; C=Control Group.

^b* denotes variables whose pre- to post-test difference scores produced a significant univariate F ratio in the analysis presented in Table 4.2.

no-treatment group had more freedom to vary on these variables (D, Pt, Si, R), the size of their pre- to post-test difference scores were likely to be larger than those of the treatment group, thereby, reducing the likelihood of significant differences existing between the two treatment conditions. In Table 5.1 it can be noted that some of the measures which did have a positive effect on the multivariate F ratio in Table 4.2 also show higher scores for the control at the pre-test. The differences on these variables are much smaller, however, (-.03, -.16, -.18)

than those for the variables which did not have a positive influence on the multivariate analysis (-1.77, -3.41, -4.67, -5.01).

Lack of complete random assignment of subjects to full, partial, or control conditions is the most severe limitation of this study and probably accounts for the substantial inequality of pre-test scores on D, Si, and R. An analysis of variance of pre-test scores, as presented in Appendix H, reveals no significant differences between any experimental treatment and the control group. However, differences of the magnitude evident on D, Si, and R seem to indicate the presence of selection bias.

The failure of Rotter's Internal-External Locus of Control Scale to register significant change was particularly puzzling in light of the measures' apparent relevance to the nature of change sought by the workshops. A possible explanation for this finding is that subjects with extreme scores had reduced the amount of pre- to post-test decrease in external responses as a function of their regressing toward the mean regardless of the degree of success they experienced in eliminating their self-defeating behavior. For example, a subject who scored on the extreme internal end of the scoring range at the pre-test may have become more aware of those external factors which do influence his behavior and, consequently, may score in a more external direction at the post-test. To investigate this possibility, the treatment and no-treatment groups were compared on the number of subjects in each of

four scoring quadrants at both the pre- and post-test. The quadrants were constructed by dividing the total scoring range of the I-E Scale (0 to 23) into four equal sections. The results of this tabulation and the means and change scores are presented in Table 5.2.

All changes as depicted in Table 5.2 are from the more external quadrants to the more internal indicating that no regression from the internal quadrants occurred. Inspection of the treatment mean change and the no-treatment mean change shows that little difference exists between the two. Closer inspection, however, reveals that the subjects in the partial model workshop changed from external to internal quadrants with substantially greater frequency than the control subjects. Comparison of subject by quadrant change in the three levels (in the analysis relevant to this research question the levels were combined) shows that both full model workshops' subjects changed less than the partial model and, in effect, neutralized the contribution of the partial model to the total treatment effect. The order in terms of subject by quadrant change from greatest amount of change to least was: Partial Model-Experienced Leaders, Full Model-Experienced Leaders, the Full Model-Inexperienced Leaders and Control group had an equal amount of subject by quadrant change.

Having eliminated the regression hypothesis as a reason for non-significant findings on the I-E Scale, further statistical investigation seemed inappropriate due to the

TABLE 5.2.--Number of Subjects, Mean Change, Mean and Direction of Change in Each of Four Scoring Quadrants of the I-E Scale for each Level of Treatment in the Elimination of Self-Defeating Behavior Workshops and Control Group.

Treatment Level	Pre-Test/Post-Test			
	Quadrant 1 Scores 0-5	Quadrant 2 Scores 6-11	Quadrant 3 Scores 12-17	Quadrant 4 Scores 18-23
Full (F) Experienced Leaders	3/5	6/9	5/1	1/0
Full' (F') Inexperienced Leaders	3/5	8/8	3/2	1/0
Partial (P) Experienced Leaders	5/10	7/4	2/2	2/0
Treatment $\bar{X}$ (F, F' & P)	3.67/6.67	7.00/7.00	3.33/1.67	1.33/0.00
Control (C)	3/5	9/9	3/1	0/0
Treatment $\bar{X}$ Change	3.00	0.00	-1.67	-1.33
No Treatment $\bar{X}$ Change	2.00	0.00	-2.00	0.00

insignificant univariate F ratio generated by the scale in the analysis which individually tested the effects of treatment versus no-treatment across all of the measures. However, a study by Schnieder and Parsons⁴ in which they refute the notion of Internality-Externality as being unidimensional may provide an explanation. They generated five categories within the scale and successfully discriminated between Danish and American students with these categories. It may be possible that changes in one category were nullified by changes in the opposite direction in another category. If this multidimensional assumption is valid it explains the drastic reduction in internal consistency coefficients from pre-test (.96) to post-test (.63) that was cited in Table 3.3. One reason for the occurrence of dispersion of this magnitude is multidimensional change.

✓ In summary, the treatment versus no-treatment comparison favored the treatment group allowing an affirmative answer to Research Question One. All four Workshop Questionnaire items and two Minnesota Multiphasic Personality scales (A and Es) contributed in varying degrees to the significant ($p = .055$) multivariate effect. Those dependent variables that detracted from the treatment effect (I-E, D, Pt, Si, R) either had low reliability (I-E) or were

⁴J. M. Schneider and O. A. Parsons, "Categories on the Locus of Control Scale and Cross-Cultural Comparisons in Denmark and the United States," Journal of Cross-Cultural Psychology, 1 (1970), 131-138.

substantially higher on the pre-test for no-treatment than for treatment thereby introducing the possibility that between group differences were reduced primarily as a function of statistical regression.

Research Question II: Were the Two Workshop
Models Differentially Effective?

The Elimination of Self-Defeating Behavior Workshops' three phases each were designed to provide a specific contribution to the total treatment effect. The individual phases and their intended function were: Phase I, awareness and personalization of the components of self-defeating behavior; Phase II, identifying, experiencing, and "working through" the fear that the self-defeating behavior allowed the individual to avoid, and Phase III, further integration of didactic material and fantasy experience, and followup. Theoretically each phase should have had its own specific contribution. The comparison of full and partial model was an attempt to assess the effects of each phase through isolation of the contributions of Phase II and III.

In the process of deciding how to construct the partial model it was decided to equalize the time span between the two models by having the partial subjects meet once a week for six weeks rather than meeting twice a week for three weeks as is the case in the full model. This procedure was followed because the possibility that a didactic treatment (Phase I) could effect changes

commensurate with those of a more complex treatment seemed worth exploring and equalization of the time element was necessary to the validity of that comparison.

The results of the multivariate analysis in Table 4.2 show that the effects of the full and partial model are not significantly different ($p = .431$). An inspection of the univariate F ratios and probability levels reveals that only Workshop Questionnaire item 1 (Frequency), with an F ratio of 5.00 significant at the .044 level, indicated a clear advantage for the full model workshops. Caution must be exercised in drawing any conclusions from this result because it is the only indication of a difference.

The effect of non-random assignment of subjects to treatment groups in this case is less clear than in Research Question I because no substantial pre-test differences existed in this comparison. Pre-test mean scores are presented in Table 5.3.

Because the full and partial models were not substantially different at the pre-test, further explanation was sought to account for the significant difference at the end of Phase I. The explanation which strays the least from the statistical evidence is that workshop Phases II and III had no effects on the measures beyond those of Phase I. This possibility will be more fully explored in the discussion of Research Question III. A second explanation may be that one of the full model workshops was

TABLE 5.3.--Pre-Test Raw Score Means and Difference Scores for the Full and Partial Model Elimination of Self-Defeating Behavior Workshops.

Variable	Model		
	Full (F)	Partial (P)	Difference Score (F-P)
WQ1 ^a	4.17	4.00	.17
WQ2	3.50	3.50	
WQ3	2.73	3.06	- .33
WQ4	3.97	4.06	.09
I-E	10.10	9.13	.97
D	24.94	24.88	.06
Pt	31.70	33.56	-1.86
Si	32.30	32.19	.11
A	19.03	19.06	- .03
R	16.40	15.44	- .96
Es	44.15	46.75	-2.60

^aWQ1=Workshop Questionnaire item on Frequency; WQ2=Workshop Questionnaire item on Intensity; WQ3=Workshop Questionnaire item on Ease of Change; WQ4=Workshop Questionnaire item on Success in changing behavior.

I-E=Internal=External Locus of Control Scale

D=Depression Scale of MMPI; Pt=Psychesthenia Scale of MMPI; Si=Social Introversion Scale of MMPI; A=Anxiety or Factor I Scale of MMPI; R=Repression or Factor II Scale of MMPI; Es=Ego Strength Scale of MMPI.

effective and one was not, thereby, nullifying the total effect of the full model treatment. The purpose of the discussion of Research Question IV will be to consider this possibility. For the present, however, no conclusions other than a lack of difference between the two models is warranted.

Research Question III: Are the Three Workshop
Phases Differentially Effective?

The possibility that Phases II and III had no significant effect beyond Phase I was tested in Hypotheses Three. The results of the analysis testing this hypothesis (Table 4.1) revealed a significant change score advantage of the partial model over the full at the end of Phase I. This result combined with the lack of pre- to post-test differences between the two models clarified the contribution of Phases II and III by demonstrating that they allowed the full model workshop subjects to overcome an end of Phase I deficit by the end of Phase III (post-test). At the end of Phase I, subjects in the partial model reported the following relative advantages over the full model: less frequent use of self-defeating behavior, less intense experiencing of the behavior, more ease in changing the behavior, and more success in changing the behavior. By the end of Phase III, however, these advantages were equalized (Table 4.1). The extended presentation time of the partial model (six weeks versus three for the full model) is the apparent reason for the partial groups' changing more than the full.

The lack of differences between the effects of Phase I as presented in the partial model and all three Phases suggests that economy of leader time can be increased by presenting Phase I in six weekly sessions without a loss in effectiveness given the measures employed in this study.

The results of the analysis testing Hypothesis Four more fully explain the effects of each of the phases. It was seen in this analysis (Table 4.6) that, except for Workshop Questionnaire item 3, Phase II and III had no effects beyond those of Phase I.

If the four Workshop Questionnaire items are considered to represent both qualitative and quantitative behavior change the data suggests that the quantitative aspects of behavior (Frequency and Success) were most effectively altered by Phase I and that Phases II and III affected the qualitative aspects (Intensity and Ease of Change) of self-defeating behavior. Intensity, however, was not significantly affected. Apparently, the didactic portion of the workshops (Phase I), whose emphasis was an overt behavior, affected how often subjects did their self-defeating behavior. Conversely, the qualitative changes were likely encouraged by the fantasy usage in Phase II and the personalization of concepts in Phase III. This result lends support to the often posited view that behavioral emphases in psychotherapy most effectively alter symptomology of behavior and that affective emphases encourage changes in the manner in which individuals experience behavior. The goal of affecting both realms which was set when the workshops were formulated was supported by these data.

The information provided by the analysis which tested Hypotheses Three and Four indicates that:

1. Phase I is most effective when it is conducted in weekly sessions rather than bi-weekly.
2. Phase II and III add nothing quantitatively significant to the effect of Phase I but significant qualitative changes result from Phases II and III beyond those of Phase I.

The implications of these findings for subsequent workshops depends on whether the choice is made between effectiveness or economy of treatment. If the emphasis is placed on economy, the data suggests that the most efficient course would be to extend Phase I over the six week period as in the Partial model workshop. The results indicate that Phase II and III do have a qualitative effect on behavior change so that maximum effectiveness would be achieved by using these phases to assist those workshop members who have not completed their behavior change by the end of the six week application of Phase I. The workshops as they are currently run provide a compromise between the extremes of economy and effectiveness.

Research Question IV: How Sensitive is the
Method to Variability in Workshop
Leader Experience?

It was intended that one by-product of the highly structured nature of the workshops would be a minimal sensitivity to experience level of the group leader. This is not to say that the method was seen as a way to neutralize incompetence on the part of the leader but that well

trained professionals could use the structure provided by the treatment to bolster their skills.

The two Full model workshops provided a test of this question with the result that no multivariate difference was found (Table 4.8). Only Workshop Questionnaire item 4 (Success) was found to show a significant advantage to the experienced leaders. Because the treatment as a whole was effective, indications were that inexperienced group leaders may perform at the level of experienced leaders with the aid of the workshops' structure.

No clear indication of increased effectiveness on the part of the experienced leaders was revealed in the analysis involved in answering Research Question IV.

Summary

The results of this study lead to the following six conclusions:

1. Full and Partial Model Workshops are more effective than a no-treatment control condition in decreasing frequency and intensity of self-defeating behavior as well as anxiety. The Full and Partial Models are also more effective in increasing ease and success of behavior change and ego strength.
2. Phases II and III have a qualitative effect on self-defeating behavior but do not quantitatively add to the effects of Phase I.

3. Phase I, when presented in six weekly sessions, is more effective in reducing frequency and intensity and in increasing ease of change and success of change of self-defeating behavior than when presented in bi-weekly sessions.
4. The Full Model Workshops do not generally have more impact on self-defeating behavior than the Partial Model although they are more effective in reducing the frequency of self-defeating behavior.
5. Workshop leader experience level was not shown to be a factor influencing the effectiveness of the Elimination of Self-Defeating Behavior Workshops.
6. The Full and Partial Model Workshops are both economical and effective as the Full Model Workshop leaders invested 1.6 hours per subject and the Partial Model leaders spent only .62 hours per subject which compares favorably with the forms of group treatment reviewed in Chapter II. Those methods consumed from 1.2 to 6.0 hours of group leader time per subject.

Implications of this Study for
Future Research

Beyond its implications for subsequent Elimination of Self-Defeating Behavior Workshops the primary contribution of this study is the indication it provides of the successful use of a didactic behavior change model. The possibility of helping large groups of people live more productively without the necessity of discussing "sensitive" personal concerns suggests that a classroom treatment of self-defeating behavior is a possibility. A study investigating the effectiveness of this classroom format would provide the impetus for a more broad range of activity for university counseling psychologists.

Research concerning the current workshop format should focus on replication of the present study to help substantiate its findings and on employing follow-up procedures to assess the long term effects of the workshops. Such a study should strive for total random assignment of subjects to groups although the large number of subjects needed in each workshop to maintain the technique's economy and the difficulty of having a large number of college students agree on a common meeting time complicates random assignment. Also further research should employ more comprehensive measurement which would include assessment of response style so that a better idea may be gained about which students are most appropriate for the workshops. The repeated measures format also seems worth pursuing because it provides a complete picture of the

effects of each phase. However, instruments used in repeated measures testing must be of short duration and, ideally, have some provision to assess "faking." Instrumentation for future study would do well to incorporate the Myers-Briggs⁵ at the pre-test with Barron's Ego Strength Scale, and the Workshop Questionnaire which should be administered at the end of each phase as well as at the pre-test. Also, direct behavioral observation by intimates, peers or judges could augment the paper and pencil measures without adding substantially to the complexity of a study.

Random assignment and more comprehensive measurement employed in the assessment of the effects of Phase I versus all Phases combined would substantially add to the available information about a new and promising method of behavior change.

⁵I. B. Myers, The Myers-Briggs Type Indicator (Princeton, New Jersey: Educational Testing Service, 1962).

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APPENDICES

APPENDIX A

PROCEDURE

PROCEDURE

Date & Time	Function	Full Model	Partial Model	Control
Sept. 15--12-1 PM 16-- 3-5 PM	Orientation	Workshop Registration clarification of Goals and Format	"	"
Sept. 23-- 8 AM-6PM	Pre-Test	MMPI, Workshop Questionnaire, I-E Scale	"	"
Sept. 26	Assignment to Workshops	Letter telling time & place of first session	"	Letter telling that due to limited staff, they will begin a workshop in 6 weeks
Oct. 4--12-1 PM	<u>Phase I</u> Lesson 1	Psychological ownership, Journal & Behavior Change Facilitator Form	Psychological Ownership, Journal & Behavior Change Facilitator Form	
3-4 PM	Lesson 1			
Oct. 6--12-1 PM	Lesson II	Costs of self-defeating behavior, Journal & Behavior Change, Facilitator Form		

Date & Time	Function	Full Model	Partial Model	Control
Oct. 11--12-1 PM	Lesson III	Internal & External Choice, Journal & Behavior Change Facilitator Form		
3-4 PM	Lesson II		Costs of Self- Defeating Behavior, Journal & Behavior Change Facilitator Form	
Oct. 13--12-1 PM	Lesson IV	Techniques of Maintaining Self-Defeating Behavior		
Oct. 18--12-1 PM	Lesson V	Avoidance of Mythical Fear		
3-4 PM	Lesson III		Internal & External choice, Journal & Behavior Change Facilitator Form	
Oct. 20--12-1 PM	Review & Integrate	Personalization of the five con- cepts.		
3-4 PM	Lesson IV		Techniques of Main- taining self- defeating behavior	

Date & Time	Function	Full Model	Partial Model	Control
Oct. 25--Time Arranged	<u>Phase II</u>	Facing of Mythical Fear through Fantasy		
3-4 PM	Lesson V		Avoidance of Mythical Fear	
Oct. 27--12-1 PM	<u>Phase III</u> Meeting I	Assistance in the facing of Mythical Fear and living without self- defeating behavior. Leader Ratings and Workshop Question- naire.		
Nov. 1--12-1 PM	Meeting II	Assistance in the facing of Mythical Fear and living without self- defeating behavior.		Letter announcing testing date prior to entrance in workshop begin- ning Nov.

Date & Time	Function	Full Model	Partial Model	Control
Nov. 3--12-1 PM	Meeting III	Assistance in the facing of Mythical Fear and living without self-defeating behavior. Leader Ratings and Workshop Questionnaire.		
3-4 PM			Personalization of the 5 concepts. Leader Rating and Workshop Questionnaire.	
8-5 PM	Post-Test	MMPI, I-E Scale	"	"
Nov. 4--8-5 PM	Post-Test	MMPI, I-E Scale	"	"

APPENDIX B

HANDOUTS DISTRIBUTED AT THE ORIENTATION TO THE WORKSHOPS MEETING FOR THE ELIMINATION OF SELF-DEFEATING BEHAVIOR*

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HANDOUTS DISTRIBUTED AT THE ORIENTATION TO THE
WORKSHOPS MEETING FOR THE ELIMINATION OF
SELF-DEFEATING BEHAVIOR

Risking and Processing Feedback

Risking full expression of oneself is the most daring of behaviors. Risking is also the most productive way of living. To give all you have, to leave no room for excuses, to fully test yourself is to let go of your self-defeating behavior and to stand on the edge of your personal unknown. The unknown is always somewhat frightening, but it is also the psychological space in which creativity and increased productivity happen. Our goal in the workshop is for you to drop your self-defeating behavior, to risk being your best, and to face the fact that you cannot know for certain what the outcome will be.

When you are truly risking, you have just one more responsibility to yourself--to process the results of your risking. When you try out a new, risky behavior, you get feedback of some kind, e.g., comments from friends, grades, responsiveness of spouse. Some feedback will be negative and some will be positive. If you exclude either the negative or the positive, you are operating in a closed, self-defeating manner; you are robbing yourself of valuable information upon which you can build. To be open and self-enhancing, you must consider all feedback, retaining for new growth that which fits you and excluding that which does not fit you. In other words, you must assume responsibility for evaluating all feedback; only you can truly judge whether feedback about you is accurate or inaccurate.

For example, a person gives up the self-defeating behavior of always trying to please others and risks doing what is right for himself. He may get feedback from roommates that he is not as friendly as he was. He must accept the responsibility of searching himself to test the accuracy of that feedback. Has he really gone over-board in not trying to please others and become somewhat unfriendly?

If so, he has a new learning with which he can further enhance his way of living. If not, if he feels certain that he really is friendly but simply not denying himself to please others, he decides the feedback does not fit him and rejects it as inaccurate.

To live fully and responsibly one must risk and process feedback.

Examples of Behaviors the SDB Workshop is Designed
to Help People Eliminate

- Inferiority feelings
- Negative self-concept
- Fear of failure
- Fear of groups
- Difficulty in decision making
- Underachievement
- Racial prejudice
- Perfectionism
- Dependency
- Lack of Motivation
- Withdrawal
- Excessive Overweight
- Bi-sexuality
- Homosexuality
- Voyerism
- Compulsive Behavior
 - compulsive lying
 - compulsive sexual behavior
 - compulsive eating
 - etc.
- Boredom
- Feelings of hatred
- Unfulfilled sexual experience
- Alcoholism
- Excessive worry
- Alienation of others
- Feelings of meaninglessness
- Inability to finish tasks
- Psychosomatic illnesses
- Depressions
- Stuttering
- Feelings of loneliness
- Fear of Death
- Fear of the unknown
- Avoidance of responsibility
- Fear of hurting others
- Excessive attempts to please others
- Drug abuse
- Excessive day-dreaming
- Inability to concentrate

Inability to give oneself in a loving relationship
 Folding up under pressure or when challenged
 Temper
 Defensiveness
 Fear of stating one's opinion
 Negativism
 Fear of expressing deep feelings
 Inability to say no
 Authority problems
 Insomnia
 To know what one wants to say but unable to get
 the right words out
 Disorganization
 Never on time
 Waste time
 Poor planning
 Can't find needed things
 Forgetful
 Wait until the last minute to do things
 Fear of being oneself
 Always feeling pushed by something
 Fear of God
 Unrealistic expectations of self and others
 Unhappiness created by oneself
 Unrealistic mistrusting of others
 Fear of commitment
 Procrastination
 Lack of confidence in oneself
 Fear of rejection
 Extreme nervousness
 Etc.
 Etc.
 Etc.

Helpful Hints From Former Workshop Participants

Former workshop participants were asked the following questions: What could you say that would be helpful to individuals who are beginning a workshop? The following is what they said. It is given to you to help you prepare yourself to make the most of this change program.

"Be convinced that you can change."

"Don't be afraid to take what feels like a risk--you will survive! Be honest with yourself and work at changing. If you fail, don't give up--put yourself back together and try again."

"I would say look closely at yourself, closer than you've ever looked before. All of your behavior serves a purpose, even the most insignificant seeming acts have a

purpose. If you can discover what that purpose is and what the overall purpose of your behavior is, you won't be able to run away from yourself any longer. The workshop is serious work, treat it that way. Most of the work is looking very carefully at yourself. Also, if you are looking as carefully as you should be, you'll most assuredly discover at least one or two ways you are trying to defeat the workshop. Get these out in the open so nobody will be able to use them."

"To be able to pinpoint his or her self-defeating behavior in specific terms. I didn't narrow mine down until about mid-way through and as a result I was confused for a while."

"Write down the concepts and examples as they are given. The notes will be very helpful when the workshop is over."

"Be honest. Quit lying to self and others. Admit behavior that does bother."

"Come into it with a truly open mind and heart and willingness to talk."

"First be able to accept the idea that they can change the behavior. And be aware of the behavior they want to change most. Pay close attention to the educational part of the workshop and try to apply what they learn to themselves. Become aware of what they are thinking! I think that is the most important thing. Because most people can live their life and never really know how they feel about themselves, other people, the surroundings, etc. They just fall into a rut and waste themselves."

"To realize that a change is possible and that it requires intense effort."

"Trust the leaders. At times it may feel like they are your enemy, but that's only because they are out to have you let go of your defeating behavior. They are an enemy to your defeating behavior. When you let the behavior go only then will you fully realize they are on your side."

"Part way through the workshop I changed some and because of this was going to drop out. However, I stayed with it and was glad, never realizing how much the latter part of the workshop would help. Actually, I almost quit because I was afraid of completely letting go of my behavior. My advice is that if anyone starts the workshop they continue right through to the end, and to become suspicious of themselves if they want to quit."

"Put all the time you can into practicing getting to be yourself."

"I don't know if this would come at the beginning, but participants should make sure they try out their new behavior during the workshop."

"Be sincere to themselves and to those heading the SDB workshop."

"Don't cop out with tricky techniques you can put into operation. Stick it out. Keep your mind open, clear, and working hard at getting to the deepest core of your problem. It's tough, makes you struggle if you are working hard at it, but if you can find it in the end, which you can, it's a GREAT FEELING! (Ask yourself how bad you want to get rid of the behavior. Be honest. Then try super hard.)"

"To be able to write their feelings down towards certain details of their behavior or to be able to retain any knowledge they have experienced on paper so that after the workshop they can look back and go over what they have gone through."

"Tell them they will change if and when they want to. I felt that change would be right away and it wasn't."

"Be patient, be truthful and be willing to change. It's a hard job and a scary one facing something for the first time and finding out what you really are, but it's well worth it. It's best to know for sure, to live what you really are than to hide all your life, not knowing what you are and being afraid to find out."

"That they realize how important it is for them to eliminate their self-defeating behaviors while in the workshop."

"Open up, don't be afraid and let whatever is on your mind come out."

"The concepts you will learn are vital to know, but each time you become clear on something you can do to change you must do it even if it is scary."

"Walk into it willing to give and listen! Be desperate enough to give up the behavior."

Behaviors Change Facilitator Form

Concept 1.

- A. List the techniques you use to maintain your self-defeating behaviors. (Use the back of more space is needed.)

- 1.
- 2.
- 3.
- 4.
- 5.

- B. List the ways you disown responsibility for your self-defeating behaviors.

- 1.
- 2.
- 3.
- 4.
- 5.

Concept 2.

List the prices you pay for continuing your self-defeating behaviors.

- 1.
- 2.
- 3.
- 4.
- 5.

Concept 3.

What inner decision do you make to activate your self-defeating behaviors?

Concept 4.

What is the mythical fear you would have to face if you stopped your self-defeating behaviors?

APPENDIX C

HANDOUTS DESCRIBING THE CONCEPTS PRESENTED IN PHASE I OF THE ELIMINATION OF SELF-DEFEATING BEHAVIOR WORKSHOPS*

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HANDOUTS DESCRIBING THE CONCEPTS PRESENTED
IN PHASE I OF THE ELIMINATION OF SELF-
DEFEATING BEHAVIOR WORKSHOPS

Lesson 1. Self-defeating behaviors: Something the person does to himself but disowns the fact that he does it.

Self-defeating behaviors are conceived to decrease the anxiety experienced because the culture is not sensitive to the way people (living things) creatively grow and develop. In essence, SDB's are a human's way to cope with the world when just reacting naturally as oneself doesn't bring satisfactory results. People develop SDB's to cope with rejection, loneliness, fear and hostility, as well as the anxiety produced in being different or by being given wrong information by the culture.

To change a SDB it is crucial to understand that once a self-defeating behavior is established the person must fully take over the responsibility of doing the behavior or it wouldn't continue. SDB's can never become an integrated part of a person. They must be fed or nurtured and constantly used to keep them alive. As a person goes from one moment of his life to another, self-defeating behaviors do not automatically go with him. The person does the SDB to himself, and to that extent is his own worst enemy. People that change their behavior always come to realize that nothing else or nobody else is responsible for the behavior.

Some people will say, "I know I do the SDB but that does not help." What they may be aware of is the outer behavior (eating, withdrawing, putting someone else down, not studying) but not realize that the inner feelings and thoughts behind the behavior are something the person does to himself too.

Self-defeating behaviors are not a condition people have, a sickness plaguing them, nor an ingrained automatic response. Self-defeating behaviors aren't even something

people have to get rid of. The truth of the matter is that these behaviors are ways of responding that people have to quit using. If a person would not respond in a self-defeating way, there would be no self-defeating behavior.

If you want to quit using your SDB, begin by watching yourself do it and identify to yourself how expert you are at it. If you don't identify all your ways of doing this SDB, you will not really own up to the fact that you are the doer of it. If you put the responsibility for this behavior outside of yourself, you will be helpless to change, because you will have the feeling it is being done to you rather than you are doing it to yourself.

All people that do use SDB's have ways to disown the fact they are doing it. In other words, a person does the SDB entirely but tries to put the responsibility for it any place but on his shoulders. Blaming is the most common way to disown responsibility. One can blame others, society, the past, and things. One can even blame himself or a part of himself, and in so doing avoid the responsibility for his SDB. When people blame something else they usually do it in such a way so as to deceive even themselves. For instance, they will look at society and see something wrong and tack on to that wrongness the responsibility for what they do to themselves. Or, if they blame their parents, or spouse, or children, they will identify weaknesses in the others and use that as a way to disown what they do. An example of that could be, "Well, if my parents wouldn't keep harping at me, I'd be able to relax and study more." What they fail to realize is that their parents may harp at them, but it is what they do with their parents responses to them that causes SDB troubles.

Following are some disowning statements that former workshop participants have made, along with my comments in parentheses. They are included to help you understand this lesson and help you to identify the ways you disown.

1. He put me down and gave me an inferiority complex. (It's his fault I feel inferior.)
2. My homosexuality is imbedded in me. (If it is imbedded in me then I'm not responsible for doing it.)
3. My SDB is an automatic reflex. (It just happens-- I can't help it.)
4. That's just the way I am. (A good excuse to continue doing my SDB by making myself think it is a part of my make-up.)

5. I get relapses. (Instead of owning up to what I do to make a relapse happen.)
6. In social situations I become tense. (To say I become tense as though it just happened and to blame the situation for my tenseness.)
7. I find myself depressed. (Without owning up to what I do to get myself depressed.)
8. Something won't let me do what I want to do. (I am helpless--something else is doing it to me.)
9. My SDB has happened a few times. (Sort of saying it just happened instead of admitting what was done to bring it about.)
10. I can't control my feelings. (Therefore, I can't be held responsible.)
11. Because of a headache I couldn't wait up for my husband. (Put it on the headache.)
12. The devil made me do it. (It wasn't me that caused the SDB.)
13. It's God's wish. (It wasn't me that wanted to do it.)
14. If my parents wouldn't be like they are everything would be O.K. (It's not me it's my parents.)
15. I prayed that I would do the right thing. (Go outside of oneself to ask for direction rather than decide for oneself what is right and do it.)

Life continues to offer people new moments of living. These moments can be filled with self-defeating or creative responses. If you desire the creative route, you need to begin by fully taking the responsibility for your own behavior. Begin by doing two things: (1) Watch yourself do the SDB and become aware of how really expert you are at accomplishing the behavior, and (2) Make a list of the ways you disown and add to the list as you discover new ways.

Lesson II. The prices paid for maintaining SDB's.

To fully appreciate this price concept one would have to understand on a deep psychic level the penalty living things pay for using behaviors that interfere with their functioning. Humans are made to perform as a whole system and when people utilize self-defeating behaviors to cope with their world, they interfere with the harmonious operation of their creative human system.

Not only is a person made to function best as a whole, but so is the culture in which he lives, the world that his culture is part of, and the universe from which they all spring. Thus, when people use SDB's they pay a very deep price within themselves; and in ways that are not easily detected, so do immediate family, friends, city, state, country, world, and the universe beyond. To clog up any part of the creative works of something is to interfere in some way with the whole system.

Using self-defeating behaviors is the same as maintaining a death system within one's self. SDB's kill energy, destroy joy, consume time, destroy spontaneity, ruin relationships, contribute to poor health, cost money to maintain, and interfere with growth.

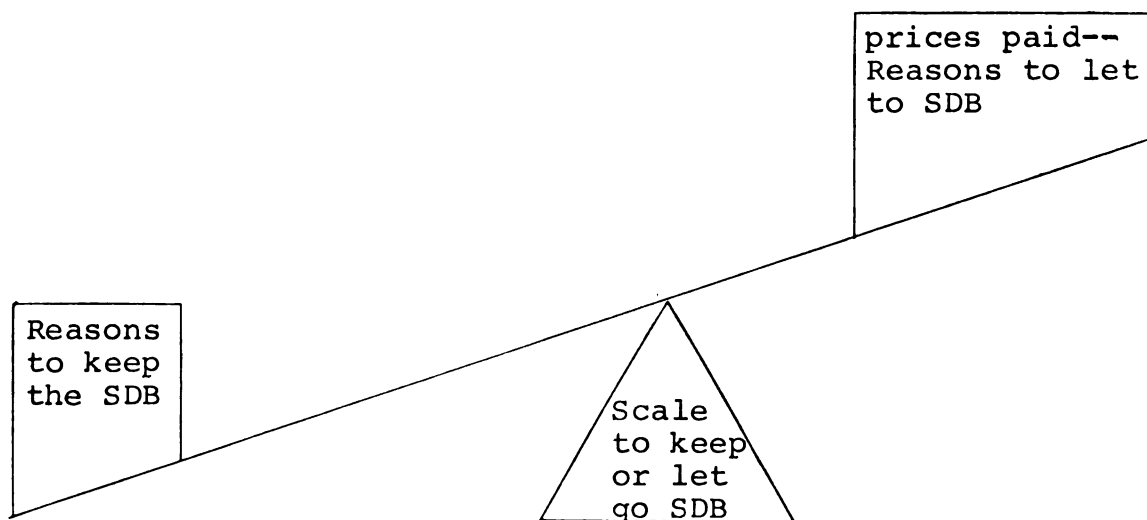
People that keep using self-defeating behaviors report some degree of unhappiness within themselves, an awful feeling of not being in full control of their lives, and a growing tiredness that piles up as the behavior is continually used. Workshop participants that completely drop their defeating behaviors report a joy and a delight in being themselves, more meaning and peace within, an ability to love more deeply, an eagerness for a new moment of living to come along, and a sense of freedom and control that comes from being at the helm of one's own life. In essence what they are saying is this: When I used self-defeating behaviors, I paid some very deep prices; it was only after I let the behaviors go that life opened up for me and I could then truly see what the behaviors cost me.

Most people, especially those that get involved in a change program, have some understanding of the costs for maintaining self-defeating behaviors. However, people have their reasons for starting to use and continuing to use these behaviors, and to let them go they need to deepen their understanding of the prices paid as defeating behaviors are used.

When people get to the point of letting the SDB go and can't seem to make the change, it's often because they have not fully owned up to this concept. This concept,

like the others, is easy to understand, but it must be internalized until you not only understand the prices, but feel them as well.

The following scale is useful in understanding this concept and the importance of it. As long as people use their SDB, they are saying they are better off with the behavior than without it. Honestly facing the many prices will help tip the scale.



The prices for using self-defeating behaviors fall into two categories. The first category consists of the actual results that come about from using the behavior and the other category consists of those positive experiences missed as the behavior is used.

Category 1--Actual results

1. Inability to be fully happy with self
2. Depression
3. Impaired relationships
4. Living with fear
5. Poor health and early death
6. Unnecessary expenditure of money
7. A giving-up-kind-of-tiredness from carrying around a SDB
8. Contributing to hurt in others and getting in the way of their growth
9. Death of energy, time, and spontaneity
10. Shame with self as the behavior is used
11. Negative contributions (if only in very tiny ways) to all of the systems one is part of: family, church, school, city, country, world, universe
12. Loss of full control over one's life

13. An inability to fully know oneself as a person
14. Etc.

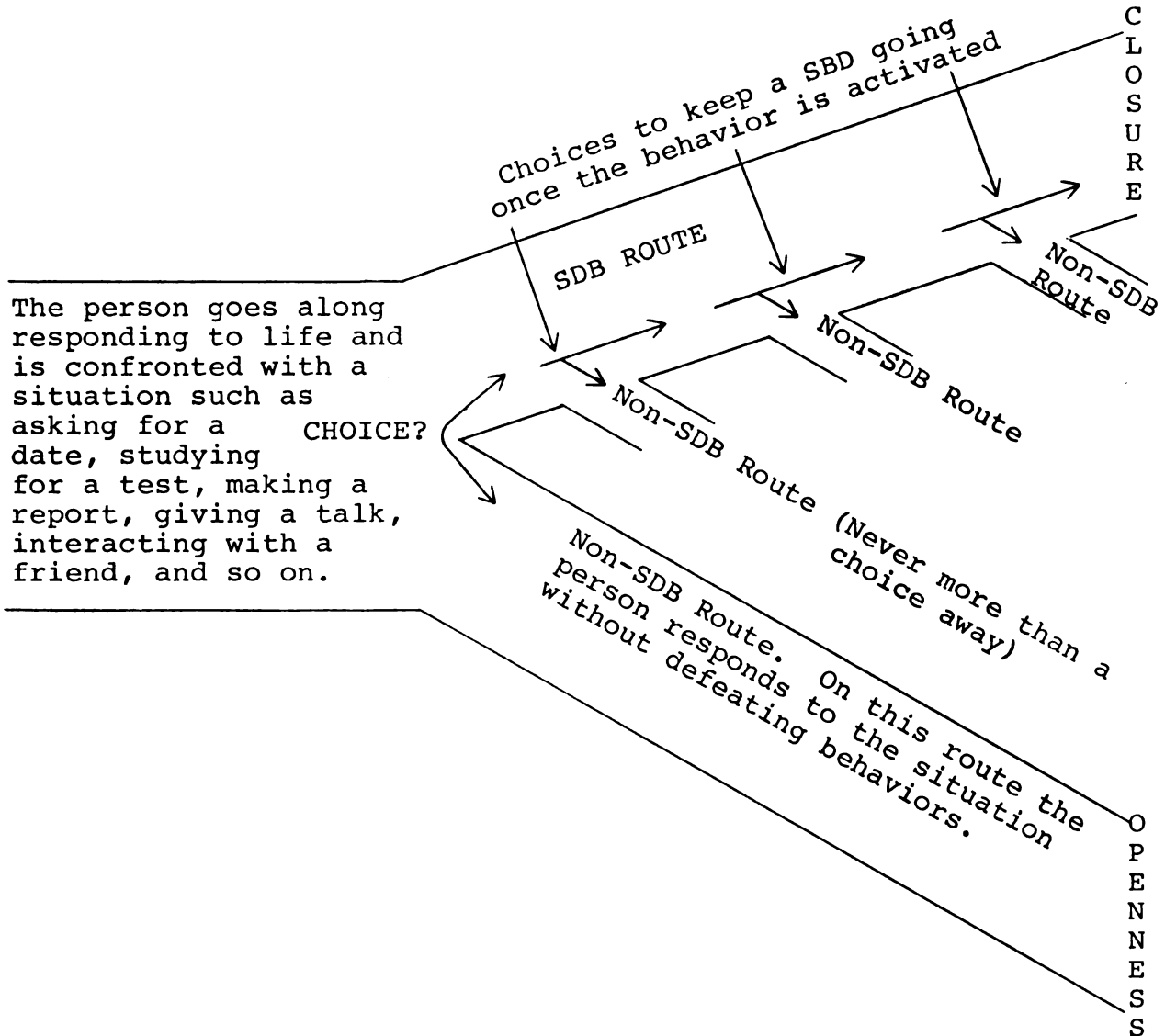
Category II--What is missed

1. Increased time and energy to do important things
2. An ability to accept self as a person and being happy with just that
3. More meaning and peace within
4. A deeper ability to love
5. Eagerness for a new day to dawn and looking forward to new unknown moments of living
6. An ability to live in the now, fully, without holding back
7. A sense of freedom by being at the helm of one's own life
8. Increased production at work, home and at play
9. Openness to growth
10. An ability to experience in a life-giving manner the full range of emotions from joy to grief
11. A positive impact on the lives of others

To help yourself change you should identify the prices you pay for maintaining your SDB and add to your list as you become aware of new prices.

Lesson III. Internal and external choice

A self-defeating behavior does not happen on its own. Each time a SDB is used a choice is required to activate it, and repetitive choices are needed to keep it going. The following diagram will help you to understand this.



In the above diagram the person decided to use his SDB when he was confronted with his situation. At any moment after the SDB was activated he could decide not to use it, but he continues choosing to respond in the SDB pattern moment after moment.

It is important to distinguish between two areas of choice. The inner choice is made when people are confronted with a situation that demands a response. The choice there is always, "Will I respond as just me without any defeating behaviors or will I undermine myself by not responding as my best and most complete self?" This inner choice is connected to daring to be completely one's best in a moment of living. For instance: Do I dare test out my intelligence? Do I dare see just how adequate I am as a male or female? Do I dare put my ability as a writer, painter, student, parent, or worker on the line? Do I dare test myself out as a lone person?

Once the inner choice is made the stage is set for outer choices which are needed to carry out the inner decision. If it is that the person won't test his intelligence then he needs to make decisions to put tasks off, not finish assignments, and only do a partial job in situations that test his ability. If his inner decision is that he will not trust his own judgment on something, outer choices are required to manipulate other people to decide for him. If an inner choice is, "I'll not be as attractive a woman as I can be," then outer choices are needed to take on excessive weight, maintain hostility, misinterpret how other people respond, and so on.

The inner choice is recognizable from its outer manifestations. If a person continually defeats himself in areas that require him to use his intelligence, his inner choice is to avoid seeing how intelligent he is. By alienating members of the opposite sex one can avoid testing his sexual adequacy. Using behaviors to withdraw and avoid other people keeps one from seeing how acceptable he is to others. By being dependent on the ideas of others a person chooses not to find out how good or bad his ideas are.

Trying to change a SDB in the outer choice area is not the way to go about it. Many people will make an inner choice to respond in a SDB way, and once this is in gear try to change it at the outer choice level. Will power attempts, New Year's resolutions, telling oneself something else, all fall into this category. One must become aware that he makes a decision not to confront a situation as his integrated self, but to use a SDB, and at the moment the choice is made, realize he has power over the choice. A sense of helplessness comes from making SDB choices and not realizing one does this. A sense of control over one's own life comes from the knowledge that the person himself has power over choosing to go the SDB or creative response route. When a person clearly sees that he can choose the SDB or NON-SDB Route, he stands at the moment of behavior change.

Reasons that people do not control their own choices.

Apparently assuming full responsibility for personal choice is frightening to people, because people have many ways of disowning their choices or even that they do choose. In our culture people are often taught (and then they take over and keep the erroneous idea alive) that it is best not to trust their own judgment. Too often people are led to believe that trusting in sources outside themselves (books, teachers, parents, God, rules) is better than trusting themselves.

Another reason people fail to recognize their inner choices is because in our culture we are taught to focus on and live in the outer area of doing, performing, and acting, rather than spending time probing the inner world of thinking and feeling. Thus, we can make lots of inner choices and because we are largely unfamiliar with our world within, not recognize that we are choosing. If one always focuses on happenings outside his mind he will not be in touch with what happens within.

The fact that choices are made in a fraction of a second can make it difficult to catch oneself doing it too. Thus, a choice can be made so fast that a person can believe it just happened.

If a person does a SDB for a good many years, he may come to believe that the behavior is just part of him and not something he does. By maintaining this perception he would not recognize the choices he makes that activate and keep the SDB alive.

To have full power over eliminating a SDB one needs to fully control choices. The following steps can be followed to help you grasp this power.

1. Recognize that you make inner and outer choices to do your SDB.
2. Catch yourself making the SDB inner choice and be aware of its alternative.
3. Come to a new moment of living where a SDB would historically have been used. Before responding be aware of the choice options you have. (1) SDB choice (2) non-SDB choice.
4. Make a non-SDB choice in situations where a SDB choice was previously made.

5. People have used SDB's to cope with life often become scared being without it. Therefore, after they respond with a non-SDB choice they revert back and make a SDB choice. You must catch yourself doing this and be aware of what you have done.
6. Face the fears experienced when a non-SDB choice is made in situations where a SDB choice was made before.

Lesson IV. Techniques Used to Keep Self-Defeating Behaviors

Self-defeating behaviors are created at a time when people are anxious and are built on top of anxiety in such a way that convinces them that they cannot cope without the SDB. At the time the behavior was initiated it may have been that the only way known to cope was to use behaviors that later became self-defeating, but they are kept because people are afraid to face life without them.

Earlier, mention was made of the fact that SDB's are poor fittings people carry with them and cannot be integrated. That which cannot be successfully integrated within the human must be carried from one moment to the next by people themselves. The way they are carried forward moment by moment is by people making choices to use SDB's and then to use techniques to carry out these choices. Techniques are to a SDB what fuel is to a fire. Without something to burn, the fire would die out. Without techniques to keep a SDB going it would cease to exist.

People will often say, "But I don't know the techniques that I use to keep my self-defeating behavior." It is impossible to become an expert at doing dependency, doing inferiority, doing failure, doing alcoholism, and doing all the other self-defeating behaviors, without knowing how they are being done. If you find yourself at the point where you believe you do not know your techniques for keeping your SDB, and if you are serious about wanting to change, look for how you keep yourself from being fully aware of something you are expert at. What you can do is to use a technique on your techniques. The technique would be used to keep you from knowing your techniques.

Something closely connected to the above is to use a technique, and by not taking full responsibility for the doingness of it, believe it happened automatically. This denies the fact that choices to use techniques, and, hence to keep the behavior, were even made. The feeling is, "I didn't do it, it happened automatically."

Most people usually have four or five techniques that they rely on most frequently. By isolating these favorites the task is reduced to manageable proportions.

The fear of being without techniques is often frightening enough that people will create new ones if their old standbys are no longer usable. People display an ingenious amount of cunning in creating new techniques once their old ones do not work. When people are pinned down and their techniques exposed they can create new ones such as: suddenly forgetting everything, developing a lump on the side of their neck, feel like they are going to pass

out or actually do it, create a vomiting feeling so they have to leave, and to bring back a terrible incident in their life that was frightening so they could scare themselves in the present.

These fears of being without ways to keep the SDB alive feel very real, even though being without the SDB would be life-giving. Do not minimize your fears of being without your SDB, but at the same time know that if you want to change you will have to let the behavior go and face the fears.

Too often people treat techniques superficially. In some circles it seems to be a game to identify the techniques people use, and in so doing entirely miss the very real human fears behind why the techniques are used. Treating techniques superficially is in itself a technique not to have to face what one is doing.

Some techniques are blatant while others are more subtle. However, they all serve the purpose of helping people keep SDB's. A blatant technique could be one a child could use such as saying, "The devil made me do it." This same technique can be used in a more subtle way by blaming a spouse for one's own behavior. Some of the most subtle techniques are used to people that consider themselves enlightened. For instance, some people under the guise of wanting to change will involve themselves in all kinds of change programs. They might, for example, be those that hop around from one weekend to another attending groups, but using techniques of conforming to group standards as a way not to change, or to reinforce other people in their techniques as a way of then being able to use the techniques themselves. A professional was in a group where pseudo-openness was the symbol of success and he found when he displayed anger (a technique on his part so he wouldn't have to change) he got all kinds of reinforcement for being "open" with his feelings. His anger was anything but openness, but members of the group felt they needed to have ways not to get to the real change issues, and reinforcing a technique was their way of accomplishing this.

Subtle techniques are those that can become institutionalized in such a way that the technique itself appears as a virtue. The emphasis on gumchewing in schools is a technique the staff uses to waste time because they are afraid to put themselves to the real test to see if they can really do the job with kids. Yet, not allowing kids to chew gum is too often seen as a virtue by school people. In the church there are lots of techniques used to have people mistrust themselves and rely on a supreme being, and this dependency is seen as a virtue.

The cleverest church-connected technique uncovered so far was by a gal that made her techniques coincide with her religious values. Each time the counselor hit one of her techniques she took it as a direct insult to one of her religious values and then had what she hoped was an air-tight case as to why she did not have to change.

When one can understand the great lengths people go to use techniques to keep SDB's one can begin to appreciate the fear people have of letting the behaviors go.

It is possible for you, the reader, to technique this handout in such a way that it will make no impact on you at all. You could search the paper, not find the techniques you use, and conclude you don't have any. Or, you can say I use that one and that one and that one, and keep right on using them. You could quickly read the handout and conclude you know this material in depth, and then not have to understand it more deeply. Or, if you use blanking your mind out as a technique not to face deeper issues in yourself, you might do it with the material in this paper. If you procrastinate a lot you could read this and put off doing anything about applying the ideas to changing your particular behavior.

This paper by no means has an all-inclusive list of techniques. The examples given are numerous enough, though, and you should be able to find some techniques you use. If you do not find your techniques in this handout, by studying the examples in it, you will have leads in finding yours.

Remember! In order to maintain a SDB you must have techniques you use. If you identify the techniques and quit using them you will stand face to face with the deep feelings the techniques have let you run from. The opportunity will then be there for you to face these feelings and free yourself of your defeating behaviors.

A partial listing of techniques:

1. To respond to life in a feelingness manner and to avoid emotionally laden subjects. This serves the purpose of setting a part of oneself off and not having to face this part of self.
2. To avoid risk and to hang onto old familiar ways of responding because it seems safer.
3. To take a test such as an interest or personality test and give the test decision power over oneself.

4. To label oneself an alcoholic and by so doing view self as having a condition and use this as a subtle means for shifting the responsibility for what is done onto that condition.
5. To do homosexuality but to consider oneself as just being a homosexual and there is no sense trying to fight a condition.
6. To institutionalize homosexual behavior by developing views that society is an ogre for not accepting this behavior as normal, but developing the gay liberation movement, and by surrounding oneself with people that reinforce the behavior.
7. To misuse drugs, but to become an expert at identifying society's faults (which are plentiful) as a means of not seeing one's own irresponsibility.
8. To hold onto a poor concept by comparing self to others and coming off second best all of the time.
9. To build a deceptive wall around oneself so no one can get near, and to refer to this defensiveness as depth and try to convince oneself and others this so-called 'depth' is a mark of distinction. People often elicit praise for this 'depth.'
10. To maintain irresponsibility by a person separating, in his thinking, a part of himself from himself and giving this part control over him. Examples of this come from people who say, "I couldn't help it," or "my mind just blanked out." Another example is drawn from a man who was in the audience at a presentation by the author. He said that as the SDB talk was given he sincerely decided to give up smoking, but as time went on his fingers began to want a cigarette so bad he had to light up. He didn't have to blame the devil for making him do it, he could blame his fingers.
11. To keep from venturing ahead into the unknown by bringing back previous defeats.
12. To have unrealistic expectations of oneself.
13. To break up relationships as a way of not having to build close relationships but to make it appear that the other people are at fault.

14. To begin tasks and not finish them so adequacy does not have to be checked out.
15. To blank one's mind when getting close to important data.
16. To imagine what other people are thinking and feeling rather than to check out reality. To project one's own meaning onto another's intentions.
17. To lump all men or all women into a category.
18. To know something important is going on in oneself but to keep it vague.
19. Avoiding eye contact and developing various looks that communicate to other people how shy one is so they will stay away.
20. To be argumentative as a way of not getting into deeper areas.
21. To turn caring on and off depending how close someone gets to covered data.
22. To take something that was not really a problem in the past--such as being an adopted child--and make it a problem to cover up facing something in the present--such as loneliness.
23. Lying.
24. In interactions with other people only give them partial data about oneself so they cannot really know who you are.
25. To keep so busy there is little time or energy left to think about oneself or face deeper issues.
26. To use denseness or stupidity as a way of not understanding information and concepts that might lead one into anxiety.
27. To agree with people even when one does not.
28. To blame one's past for the self-defeating behavior one does to himself today.

29. To pick out something someone else does that really is a mistake, and then to add to this mistake, but to put the total responsibility onto the other person.
30. To cry as a way not to have to face deeper issues.
31. To hold back crying as a means of not expressing feelings.
32. To minimize the good aspects of life and to overexaggerate mistakes and bad points.
33. To make a mountain out of a molehill.
34. To distort praise and minimize other people's feedback.
35. To take direction for what one ought to do in life's many situations from sources outside oneself; other people (especially experts), books, religious doctrine, magic.
36. To have a real and strong feeling but to keep it longer than is necessary.
37. To take something that is valid like tiredness or a real limitation, and magnify it in such a way so as to incapacitate self.
38. When faced with a real conflict, to build added tension and involve self with the tension and avoid the real conflict.
39. To rationalize that someone won't like me as a means of not checking the reality of that out.
40. To maintain the idea that it is weak and wrong to ask for help, and to believe that one ought to be able to work out his difficulties on his own even when his reality says differently.
41. To maintain guilt about water over the dam that one cannot do anything about.
42. To take a reality such as a husband's sex interest and to perceive it as something dirty, as gluttonous, as an excessive demand.
43. To know how to respond to a situation but to convince oneself otherwise.

44. To have the attitude that life is a game with all of the rules of a game. By so doing one never has to respond honestly.
45. Not to like the way another person responds as a way for not doing anything to change.
46. When someone touches a reality about you, especially if it is unpleasant, to deny that it hit home.
47. To take on a lot of little responsibilities to the point of immobilizing one by not choosing what is important and unimportant in one's life. Never saying no to others helps to accomplish this one.
48. To believe the problem is outside when, in fact, it is inside.
49. To see the problem inside when, in fact, it is outside.
50. To develop friends that will reinforce one in SDB ways.
51. To make people as objects in one's mind and then manipulate them, as needed, to stay stagnant.
52. To romanticize and build certain people up that expound ideas and stand for beliefs that reinforce avoiding patterns.
53. To see the SDB manifested in only one situation, i.e., with one's girlfriend, and not to recognize its emergence in other situations.
54. To openly admit using one or more techniques to maintain a SDB, but do it in such a way that if one admits it he doesn't have to change it.
55. To create an outer restrictive box, to see the box (now with people in it such as a boss or a spouse or parents) as not allowing one to move very much.
56. To avoid risking into the unknown by not speaking unless one is sure ahead of time on what he is going to say.

57. To make other people's reactions so important it overrides one's own beliefs.
58. Not to demand certain things one has a right to demand.
59. To tell oneself he has nothing in common with anyone else and, therefore, nothing to talk about.
60. To put on an air of hostility and then with a scowl on the face and a chip on the shoulder other people will stay away.
61. To cut oneself down before others do.
62. To distract oneself (when doing an important task like studying) by baking, doing dishes, thinking, listening to music, cleaning, calling people on the phone, taking the first invitation to do something else, and so on.
63. To computerize responses rather than give fresh responses to fresh situations.
64. Silence.
65. To predict what situations will be like, to get ready for the predictions, and never take life as it comes.
66. To avoid taking care of my appearance or body or room as a way of convincing myself I need to be taken care of.
67. To take people's reactions and distort them by putting another meaning into them.
68. To go into a classroom situation with the attitude that the total responsibility for one getting anything out of the class is all on the instructor's shoulders.
69. To know what one must do in a given situation, but not to trust one's knowledge and to ask another person for advice. This can be seen most clearly by the people that write in to an advice column. They want someone else to do their thinking for them and then they do not need the responsibility for a mistake on their shoulder. It also shows up in a client's relationship with a counselor or a doctor or a

lawyer. In these situations a person can legitimately ask for advice from the professional because the professional knows some things he does not, but too often the client gives some of his responsibility over to the professional when it should be kept back home.

70. To have a variety of voices designed to manipulate others and keep a SDB. The voices can be used to communicate dependency, helplessness, harshness, patheticness, and so on, and can vary from a whine to an ultra-power sound.

Lesson V. Avoidance of a Mythical Fear

Each person that uses a self-defeating behavior has a fear of meeting his world without it. The fear began at the time the behavior was conceived; a time when the person felt that just being himself was not sufficient to cope with the world as he was experiencing it. As an example: (1) if just being one's self didn't seem to please parents, conforming behaviors could be developed that pleased the parents, but didn't fit the person, (2) Through no fault of his own, a child can experience deep loneliness. He might develop behaviors that may not fit him, but which help him decrease the loneliness, (3) A child may be physically or culturally different than the majority of children he grows up with. This difference can cause him discomfort and he may develop behaviors to ease this feeling, (4) Or, a child can face this large world, experiencing no particular trauma other than the universal feeling of needing a means with which to cope. He may be taught behaviors that have many self-defeating components (values, attitudes, perceptions) to them. His inward feeling is, "I needed a way to handle this world; thank goodness I now have one even if it isn't the greatest."

Self-defeating behaviors, at their conception, reduced anxiety for the owner; the person didn't feel so lonely, or afraid, or rejected, or helpless. Thereafter, as the person approaches new moments of living, he uses the SDB because he believes that it is the best way to live. He is afraid that without the SDB he will re-experience those feelings he had when he first started the behavior.

A mythical fear increases each time a person comes to a new moment of living and rather than let the SDB go and check out the fear, he avoids it. By avoiding the mythical fear it often times takes on monstrous overtones. In addition, going down the SDB route a person splits himself apart. One part of himself works against the other and out of this split springs neurotic ideas and feelings. The person becomes frightened of who he is inside because rather than realizing that these neurotic phenomenon come out of the split, he believes they come out of who he is deep inside. Nothing can be further from the truth, but the person doesn't know it until he moves beyond his mythical fears.

Mythical fears fall into two categories: (1) A fear that if the behaviors are not used, what the person will find out about himself, and (2) a fear of what will happen to the person. Typical fears of what people will find out about themselves include such things as:

1. I'll be dumb and incompetent.
2. My feelings will take over.
3. I'll be helpless and weak.
4. I won't like who I'll find.
5. I'll be mistrustful.
6. I won't be good at anything.
7. I'll be evil or crazy.
8. I'll be all alone.
9. I'll find a nothing person.
10. I'll find a person that is vulnerable to hurt.
11. I won't know wrong from right.
12. I'll be undesirable even to myself.
13. I'll be rudderless; unable to decide what to do.
14. I'll be unhappy.
15. I'll be hideous.
16. I'll be mentally ill.
17. I'll be frigid.
18. Etc.

Fears of what will happen that seem impossible to cope with include:

1. Others will hurt me.
2. I'll be rejected.
3. No one will like or want me.
4. I'll be forever lost.
5. People will laugh and ridicule me.
6. I'll die a horrible death.
7. Others will take advantage of me; I'll be a vessel for their pleasure.
8. I'll go over the brink.
9. I'll be shut away in an institution.

10. I don't know what will happen, but I know it will be bad.
11. Etc.

Life is never worse by letting go of the SDB and facing oneself at deep levels. However, to intellectually understand this is not very helpful. People need to actually go down the mythical fear road and behaviorally find out that beyond the mythical fear is the route of creativity, of meaning, of joy, of competency, and where one finds the wheel by which he can steer his own life.

APPENDIX D

EDITED EXCERPTS OF AUDIO TAPES RECORDED DURING
THE WORKSHOPS CONDUCTED FOR THE STUDY

EDITED EXCERPTS OF AUDIO TAPES RECORDED DURING
THE WORKSHOPS CONDUCTED FOR THE STUDY

Full Model Workshop--Experienced Leaders
Phase I, Lesson 1 (Psychological Ownership)

Workshop Leader #1

There have been three handouts so far. One is the Behavior Change Facilitator Form, one is the Workshop Leaders Rating Form, and one is the handout of the material we will be teaching today. Each time a concept is presented you will get a handout on it, and it will keep you from having to take too many notes and that kind of thing. We are going to tape our sessions and it's mainly for our own learning so we're going to listen to them and keep trying to change the workshop to make it better each time; that plus the data that we're going to gather we hope will make a difference the next time around.

I'd like to make some quick general remarks. One is you need to follow what you actually need to do. We'd like to make a contract with you, and that contract will go something like this. We'll work our tail off to get you to change. I don't think we're like a lot of counselors. We keep changing the programs as we see things that need to

be changed, we'll work hard, we'll study, we'll take what you give us and put it together and come back and try to give you everything that we know will help you change and that sort of thing, but at the same time this isn't like we're-going-to-do-it-to-you-kind-of-thing, because there's no electric shocks, there's no pills, there's nothing, it can't be done to you. But you can use this program to change. The contract is we'll do our job if you'll do yours. That means you've got to be here, if you miss a couple of times I'll probably tell you you missed too much, you better drop out and try it again. So you need to be here, you need to do what we ask you to do. We're going to ask you to do some home work, and keep track on the behavior change forms, and write some things in there, to apply the concept. You need to do that or you won't make it. We won't see you afterwards. You either do it here or you don't do it with us. You might want to try to change with someone else. Now that may sound kind of funny to you, but many people are so afraid to change that they say to themselves, "well, I'll just go 50 miles an hour here instead of 100, then maybe I'll do it later on." Well, if you do it later on, it won't be with one of us. I hope that will push you to say to yourself "look, I'm going to do it here." If you don't make a commitment you won't make the change. At least that's what we've seen in the past. Be clear on what to do. You won't be lost. You'll know what to do. We believe, for instance, that

behavior change often doesn't come about because people with honest motivation don't know what to do. You know, it's too vague. So we'll tell specifically what you need to do. You need to understand this concept that you need to apply in different kinds of ways. We know that you want to change your behavior, but also that you will do all kinds of things to hang on to it. I don't think we've ever had anyone go through the workshops that hasn't worked against himself. That's no crime. You won't get your head cut off for it or anything like that. It just means, though, that you need to watch yourself doing it because, you can't expect to go ahead while you're working against yourself. If we can get out in the open the kind of things you're doing to defeat yourself, then we can work on them and move on. Usually the defeating of yourself will be attempted by practicing the behavior that you're here to change. For instance, procrastinating. If you put off doing the things we need you to do in a workshop, you won't make it, and you will have defeated yourself in trying to change procrastination. Could someone give me a reading on how you're defeating the workshop so far?

Workshop Member #1

I wondered what you were going to say next. I guess that might be associated with apprehension.

Workshop Leader #1

It could be, and also if I understand you right, by wondering what's going to be said next, you might be missing what's being said now. I would think most people use that as a way to defeat themselves. That is, they really don't believe they can be without it (the behavior) or maybe they might come in and say, "convince me," you know, kind of a challenge. To let go of that sort of thing and open enough space in your life to say, "maybe it's possible," is necessary to change. You need to watch for those things and you need to get them out in the open. If you don't you'll not change, because you'll be working against yourself.

Workshop Leader #2

This first session is different. The rest of them will be run in the following manner. When you come in, we will want to start right on time and about the first 10 minutes we want to check around as quickly as we can and find out how you did with the concept we taught the last time as you tried to apply it to your personal life? How did you do? About 10 minutes on that, then we will teach another lesson. That will take about 15 minutes. As soon as we teach that lesson we will want to make sure that you're clear about it, and will break into small groups and will ask you to start personalizing the new lesson, and at the very end before we leave for the hour we will give you some homework for the next time.

Think for a moment about yourself as a small child growing up in this culture and having an environment around you made up of parents, and school, and neighbors, and relatives and your total environment. Know and think about it just a moment and know that you get lots of good stuff, lots of things that don't fit in--thoughts, beliefs, feelings, ideas that do not fit inside of a human being. They make us hurt instead of healthy. These are self-defeating behaviors, these things you are taught. You cannot, as far as I know, grow up in this culture, this environment without learning some of these self-defeating behaviors. And the important thing that we want you to understand is that you do learn them. They are not part of your chromosomes, they're not an embedded part of your personality, it's not something that you can't change, it's something that you learned; and because you learned it, you can also unlearn it, and, fortunately, you can unlearn it much faster than you can learn it.

Now what we're going to do in here is to provide you a road map method with which you can unlearn this behavior. We're going to tell you how to get from San Francisco to Boston, step 1, step 2, step 3, step 4. If you take an attitude toward this thing like, "OK back there my environment did the job on me, I learned this self-defeating behavior along with all the rest of my fellow humans, but now I'm going to forget about that part of the past and unlearn the behavior." Starting with that

kind of attitude will let you start fresh right this minute to unlearn self-defeating behavior.

The first concept is, even though you learned all this in the past and the culture has put it on you, you now do the behavior all by yourself. That doesn't mean you don't still get help from the outside, but you're the one who is doing it all by yourself. You create this behavior. It may seem very simple at first but you need to know how you do the behavior. See, you're going to unlearn it, so you have to know how you do it so you know what learning to undo, we're not going to teach you how to stop the behavior or to quit it. We want you to unlearn it, so when you get up in the morning you don't recreate it each day. Then you don't have to worry about stopping it. I want you to unlearn it all the way back. This is the first thing that you do. It is step 1 in getting down to the end where your self-defeating behavior is. Step 1 is knowing that you do the behavior, but in some way disown the fact that you do it. You in some way do not let yourself know that you really are the doer, the creator, that you, for example, really create those feelings of inferiority. In order to get that self-defeating behavior going you have to do certain things and then disown them. For example, let's say you're here to change poor study habits. You can't study--you can't concentrate. You can't concentrate because you get bored. You sit down to study and the course is boring, the book is boring, what

you need to understand is that you create that boredom in order to end with poor study habits. Then once you do the boredom, you disown it by blaming it on the book or the professor. So, first you do the behavior and then disown the fact that you've done it. You can also create physical behaviors in order to end up with your self-defeating behavior. To explain what I mean let's go back to studying. Many people have poor study habits because when they sit down to study they get tired. Just terribly, terribly tired, they yawn, their eyes drop and they want to sleep. There is also such a thing as genuine tiredness, but also there is such a thing as creating tiredness. Creating it so you can't study very well.

Now on the handout lesson 1 are listed about twenty different ways that people disown. This first concept is really one idea but it has two parts. One, you need to start to identify step by step how you do the behavior and also how you disown doing those steps. Step 1, always in a general way, is that you disown the doing. You have to fill in the details of your own ways of disowning, so we want you right now to start thinking about what kinds of feelings you create that bring about that self-defeating behavior? What kind of thoughts do you think that bring about this self-defeating behavior? What do you do to yourself physically to bring about self-defeating behavior? Is it clear what I'm talking about? All we're asking is "are you clear about what we are after in concept 1?"

Partial Model Workshop
Phase I, Lesson II (Prices)

Leader: The first twenty minutes of each time we meet will be spent talking about how you did. How did you do on the concept that you were working on the last time? Were you able to apply it? Were you able to catch yourself disowning? Were you able to do something when you caught yourself disowning? Did you catch yourself in some way defeating what you've been trying to change? I'd like to have you share it with us. Can we just start? We'd like not to have to call on you--just speak out.

Student: I don't think I was able to apply the disowning business to myself. I couldn't see it. I wrote some things down but I'm not sure of it.

Leader: There are two possibilities. One is that maybe I didn't make it clear enough, the other one is you may have done something to make it confusing. Do you have any feel for either of these?

Student: I think what I did was I tried to concentrate so hard on what you were saying that I was listening to words, not really thoughts, and I think I missed an awful lot by doing that.

Leader: That makes a lot of sense. Can you change that today?

Student: I'm going to try awfully hard.

Leader: That's a good way to defeat yourself, just by overdoing in such a way that you don't get the job done. There seems to be a lack of clarity, so we'll go over that to make sure that it's clear. One, you have a Behavior Change Form, and then we would like you to bring it to each session so that beforehand and maybe afterward we can go over it with you to make sure you're on the right track and give you some kind of help.

A second thing is the journals. And that's where we would like you to talk about your struggles to apply the concept, your successes, your failures, ways in which you might be treating yourself in trying to change, asking questions, in other words using that journal in any way you can use it to get help from us, because we really spend time on those, we go over them, and it just will help. Again, it's always possible that we didn't make it clear enough. It's always possible that somehow you confused the issue because if you confused this homework and don't know what to expect, and if it's not clear, you cut yourself off from a lot of help and you make it more difficult to change and easier to hang on to your behavior.

Partial Model
Phase I, Lesson IV (Techniques)

This concept has to do with techniques, and it really goes back to the first lesson. In fact, for the next workshop I put lesson I and IV together. You do the behavior and this is how you do it, with techniques. You've got a method. You practice this thing, you become an expert at it, because you've done it a lot, and you do it better than anybody in the world, because you do it in your own way. Nobody else does it exactly like that. But also another way to look at this is that we make the self-defeating behavior akin to a fire. The techniques are the logs you throw into the fire to feed it. If you didn't feed this behavior, if you didn't use this technique, you'd have no way to pull it off. That's how you pull off the defeating behavior, by the techniques you use. Like, you compare yourself to other people, you make other people too important to you, you see other people as expecting certain things out of you, you have things in the back of your mind that you have to live up to. Well, we've got 70 some listed here so you'll be able to identify the ones you use. Now some people will say I know I do my behavior--like that eating one. I know I'm the one that eats, no one puts that food in my mouth. But most people don't know that they create the feelings, the cravings, all that stuff that feels like it's beyond your control. You do all that stuff to set the stage for you

to feel like you have to eat. That feeling that you must have a full stomach or you don't feel well. You create that also, that's something you do. Now one of the things I try to do, at least this is a hint we give a lot of people in this lesson. Get it down to manageable proportions, like start with four or five techniques you do most often. I hope you do go through the list to start checking the ones you do. But don't start with 40. Start with maybe 3 or 4 you use most. And if you identify yourself using them, stop. That will push you back closer to the inner choice. You may get scared. For instance, let's say you're well aware of four techniques you use to do the behavior. Like one guy got a lump in the side of his throat and then he went over to the infirmary and thought he had cancer. That was a new technique. A girl passed out. In effect she was saying, "I can't use the behavior techniques I usually use, now I'm helpless. What the hell am I going to do? I'm going to pass out. That's a new one." Now, I'm not trying to scare you or anything I am just saying you may find yourself creating new techniques. And just start dealing with those like you did the other ones. Your attitude should be: "How am I pulling that one off? Let me see how expert am I in doing that?"

One other thing you're going to realize is, how fearful it is for us to be without our techniques. To be without the behavior. You watch how cunning, how clever, how creative, that's not really being creative, but how

cunning you are at doing techniques and creating new ones. You start getting a little bit of a sense for "I must really be frightened to be without this behavior or I wouldn't spend half of my life creating these things or setting them up."

Now, some techniques are really blatant. Like, kids say "the devil made me do it" or "you made me mad." That's really easy to identify those--they're really blatant, they're easy to see. You can identify them right away. The ones you need to understand are the more subtle ones--like for instance, some people will set specific conditions so that they can do their behavior. Once they set the conditions, they find out that people respond to them in certain ways, then they do the behavior. But all they look at is what the people did or said. They don't look at the conditions they set.

Full Model Experienced Leaders
Phase II

Ok, I want to lay out first of all the purpose of today's meeting, and it has a very definite purpose and that is to help you face the mythical fears that you have of letting the behavior go. Not one of us would keep the defeating behavior unless we were afraid of letting it go. The only reason we do that is because of those mythical fears if we let them go. If you check that out, then when you get up to the crossroad you can choose the non-self-defeating behavior. Now if you have dropped the behavior that you came in here to change, then your purpose is not to drop that behavior. Your purpose is then to tackle and drop all defeating behaviors. You can do that in here. So if you have dropped the defeating behavior, then your job is to go and drop all defeating behaviors and identify the fears associated with each one.

Ok, now before we go into that, I need to know if you're doing anything to defeat yourself right now. I just want to take a minute or two to get that in the open. There's no way you're going to get anything if you're defeating yourself. So is there anybody that is defeating himself?

Student: I started doing the same thing before I came in here, and that was I felt as though I understand all the concepts, but I am worried about forgetting

them in here, so I wrote a couple of things down on a piece of paper. Is that self-defeating?

Counselor: I'd even like you to forget those couple of things you might want to look at and just sort of be here. Just follow those things that it is easy for you to follow, and let the others go. Anything else?

Student: The same thing . . . I felt I had to understand all the concepts before I could get anything out of this lesson today.

Counselor: Ok, let that go, will you? You've done everything you can to understand the concepts so just be here. One other thing, unless you do something you won't drop your behaviors. I'm going to give you just the best I can. I'm well prepared, have done a lot of thinking and preparing and am going to give you the opportunity to be aware of your behaviors. But you need to take advantage of it. I can't do it to you. So it's very easy to do it. I'll give you a chance to do something--if you don't do it, I'm helpless to help you drop the behaviors. So when I give you a chance to do something you need to take action. Like if I said the way to understand purpose is to go from the known to the unknown. We want to go with you and the

defeating behaviors, either the one you came to change, or if you drop that, any others. We want to go from there, and we want to go where you are completely without the behaviors, and then we can check out all the mythical fears. Then you won't have to wonder when you come up to the crossroad of self-defeating and non-self-defeating behavior. Now I just want to see if it's clear what we're going to do (questioned each student).

Student: We're going into something that we don't know anything about.

Counselor: You know all about it. It's unknown in the sense that you know it and don't know it. You'll know it as soon as you drop the behavior, you'll know these things. Now don't make it scary. See, I say unknown because you're not without the behaviors. So it's the kind of unknown. It's not scary, now if you make it scary, you're defeating yourself.

Now I want to get started here, and I need for you to get a hold of this feeling. It's the feeling of having the behavior and wanting to be without it. It's the feeling of wanting to drop the behavior but being unable to do it. It's the feeling of trying to let go of that thing but something's holding you back. The

feeling of trying to go down the path of non-self-defeating behavior, and you run into a wall or a blockage or something. It's trying to think about what reason do I still have this thing? It's being unable to let that thing go, or a can'tness, or something like that. I need to know if you can identify with that feeling. Like, what is it, what is your own word?

Student #1: Fear of rejection because I don't understand it.

Counselor: So, for you it's sort of like, "I could let it go if I didn't have the fear. But the fear is in the way." I want to identify with this feeling. . . . So the feeling could be kind of a tenseness. That's what gets in the way. Ok, now I want you to just privately now just stay with yourself, don't worry about anybody else. Just stay with yourself. I want you to take that feeling. It could be something like this between here and here (writes on blackboard), in your mind get a picture. Just go inside of yourself and see that as a picture, and I want you to give me the picture because I'm going to help you work with that. I'm going to take this picture and get on the outside what it

feels like on the inside where I can help you to check out these mythical fears. As you get this--and if you don't get it right away, don't worry about, would you give me the picture?

Student #2: I'm drowning.

Counselor: Now I want to have that, and I need to write this down so that I can work with you on it. And the rest of you keep working on your own.

Student #2: It's like I'm in the middle of a huge body of water, and I'm going down and I want to stay up but I can't, and nobody's around.

Counselor: Anything like that's important to me--like for instance, nobody's around. Is the water deep? Is it shallow?

Student #2: It's deep and I can't see any shore.

Counselor: Ok. Anything else? Well, you keep working with that. And if anything comes up . . . Now, you see the purpose of this is I can get on the outside what's happening on the inside, and you and I can work with it. And then if anything happens, come back to me with it.

Student #3: The first feeling that I had is that of conflict and the picture that popped in is that I was standing between two horses that were going in opposite directions and I'm being pulled both ways at the same time.

Counselor: Ok. Anything like--are the horses normal size? Are you normal size? Look at the picture--don't surmise what it is.

Student #3: I'm looking at the picture, I'm standing holding on to a rope or tether of the horse.

Counselor: Ok, You're normal size? Anything else--look at the picture and tell me anything. How about the surroundings? You have to pick up what's significant there. Anybody else?

Student #4: The feeling is ambivalent--it's fear and anger.

Counselor: How is it pictured?

Student #4: It's like I'm standing at the door and I don't want to open it because I'm angry that I can't, but I'm fearful that if I do I won't be able to handle it.

Counselor: Ok, look at that door, and again, it's important that you look at the picture in mind. That's very important. Anything--is there a handle on the door, is there a window in the door, is it a metal door, anything like that?

Student #4: Yea, it's a wood door and I'm just trying to keep it from opening.

Counselor: Oh, in other words, you're holding it back. It wants to open? (Yes)

Student #5: I'm in a helicopter or a plane; and I'm kind of tangled up kind of like with seaweed, not a rope, seaweed. And I know if I fall I don't

know what I'll be falling into, but I'll be falling away from myself--so high up that I can't see anything.

Counselor: That's important, high up. Anything else in the picture? Like are there other people in there? Just you and the plane?

Student #5: The plane isn't a nice plane--it's a dirty old plane, you know kind of jagged metal sticking out all over the place, dirty.

Counselor: Ok, you work with that on your own--just follow that through. Anyone else?

Student #3: I have more of a pleasant feeling--like a feeling of resolution.

Counselor: Anything in terms of the horses or anything?

Student #3: No, they've gone, I'm just with myself and just a pleasant feeling.

Counselor: Now this picture, is an accurate description of what it feels like on the inside. You'll be in full control and when you manipulate that picture you're going to go over the knowledge in your head that you already know, but you don't operate on. Now the next thing I want you to do is to find a way to handle that obstacle and everybody will be different. To pick yours you need a way to handle, like for instance, you've already got one--there's a door there and you need to let that door swing

open. Student #5 has a way, he is in a seaweed tangle, and he needs a means for getting out of that seaweed. Now you can do anything with the picture that you want--it's your picture. You can create things, you could create a spring that would swing that door open and you need to see it in your mind or it won't work--like you can create a knife to cut those ropes. You get the idea--you need a way, a vehicle to handle the obstacle. Now try to understand that so I can work with you on it and then tell me what you come up with.

Student #4: Well, the door is open and I have some things to put in the room. They look like rocks. (to hold it open?) No, that's what's in the room--I have to put those in order.

Counselor: Ok, you go ahead and work on that. You go through that door and put those things in order.

Student #5: It's getting all tangled up now with seaweed. I've got to twist it up and roll handles of pruning shears around it and pull hard and rip it off.

Counselor: Ok, go ahead and follow that.

Student #5: The plane is still going high.

Counselor: Ok, I think you need to get hold of the controls of that plane. That's just a suggestion,

or you need to talk to the pilot. This might be what you have to do. Anybody else? I need you to have a way to be able to cope with this impasse. You get the idea--anybody have one now? Think very clearly what you need to do. You need to take advantage of that way through, over, around, that impasse. Go ahead, and when you use that vehicle, you're going to open up the knowledge you've always had about yourself. Like, what am I without nervousness? What is it really like to be naked? What is it like to walk into that room. Now, if it's too scary for you, then find a way to look into that room, or to be on the ground. Find a way to do that so you can, in a way, be there before you actually go.

Student #4: So . . . I got to get out of this room because that's just another way of not resolving things. I must go on in there and help put things in order. I get a feeling of having to get out of the room--if I can swing the door I'll be much freer.

Counselor: Ok, you do have to trust yourself and follow any lead that you get there--so go ahead and just follow that up.

Full Model--Experienced Leaders
Phase III, Session 1

Counselor: Ok so far, each time that we've met, we've had specific kinds of input to give you. Now this time on Wednesday--we'll meet downstairs. So today, the input has to come from you. We have nothing more that's structured to give out to tell you or that we have planned. And the particular thing that these sessions are for is to focus on how are you doing, what kinds of mistakes are you making, trying to finish up wherever you're at, what are the rough spots, that kind of thing. You should really have this pretty well together for yourself. I don't have any objection about your making a contribution to someone else at this point. But if you don't really have it together for yourself, then I'd rather than you wouldn't try to help someone else--it would just confuse them.

Student #1: I feel I have myself together, but still doesn't prevent me from doing what I'm not supposed to be doing. I still get angry.

Counselor: Are you able to catch yourself the second you start the angry feelings? (No) I think by knowing how you get it going you could stop doing the anger.

Student #1: I don't do it--it just happens.

Counselor: Yes, I understand it seems that way--it seems automatic, but that really isn't the way it is.

Student #1: Well, I could just avoid people, then I probably wouldn't get angry. That's the only way I can figure out because when I do interact socially it's just like having my manhood tested in front of other people.

Counselor: Now is that one of the things you do to get the anger going? To assume that somehow you're being put to the test, or that your manhood is being put to the test.

Student #1: I don't know if I really get it started.

Counselor: But you're saying that's the way it ends up--that's the way it really is. People are testing your manhood. I want you to start thinking that isn't the way it really is--actually you set it up for yourself. You're always testing something, aren't you?

Student #1: Well, I wasn't only testing. I mean I was . . . Now I think it just happened to me a few times.

Counselor: It doesn't happen to you. You set it up that way. If you really want to change, you should start thinking that you set it up that way. You set up the arguments, you set up the situations. I don't mean that there aren't

conflicts and so forth in life. But you capitalize on them, you jump on them, you make them into double conflicts.

Student #1: Now, you're saying I should just avoid people?

Counselor: I'm not telling you how to behave.

Student #1: You mean I should just not do anything about it. What you're saying right now is it's something . . .

Counselor: I'm not telling you how to act--I'm saying, look at what you do to create the constant conflict and the resultant alienation. You set up every kind of confrontation with a person as a test of you, of your weakness, of your strength.

Student #1: I don't understand.

Counselor: The answer is that you set it up as a test.

Student #1: I'm not going to say I set it up. But I say to myself, either I'm going to leave or I'm going to just acquiesce. You know, I mean I agree . . .

Counselor: If you acquiesce, then you come off as some kind of weak ass, right? You ought to look at it instead of going on and on and on. If you really want to do something about it you ought to look at how you set a situation up to be a test.

Student #1: Ok, then, how do I?

Counselor: I think by imagining somehow you are constantly being tested. I'd like to stop there because I want to make sure everyone gets a chance here. If you really want to do something about it I think you've got to look at that.

Student #2: I try to overcome feelings of inferiority and fear of being involved in things, and I've gotten over a lot of individual things as opposed to over-coming the inferiority. . . . Maybe that's not a way of overcoming it, but I feel a great change in me. I'm much more calm, much more influential now. I don't feel like I'm inferior to someone else.

Counselor: I want to see how it got that way. You did something about the inferiority by pushing yourself to get involved, and you say now you don't feel the inferiority. Ok, now all I'd like you to do is look at the fact that you did more than that. What I'm after is to make sure you have some sense of the fact that you did more than that. Because otherwise it's going to feel to you like the only way that you cannot feel inferior is to throw yourself into things.

Student #2: Yes, I had become aware of what I was doing-- particularly the little things. I was withdrawing and I would structure a situation before it happened.

Counselor: Ok, now you're not doing that. All I want you to know is that. Just know that you did some other things in there besides being involved, really did them to yourself in order not to have those inferiority feelings. The more you know about how you did it, the more control you have over being satisfied with your life.

APPENDIX E

THE WORKSHOP QUESTIONNAIRE*

*The Workshop Questionnaire is copyrighted and appears here with the permission of Milton Cudney and James Lowe.

THE WORKSHOP QUESTIONNAIRE

Name _____

Workshop Questionnaire

Please answer each question. Where it is appropriate simply make one check, but one check only.

1. What is the specific self-defeating behavior you wish to change in the workshop? Please be very specific.

2. How often do you engage in this behavior? Use the past ten days as an example.

Rarely	_____
Twice a week	_____
Once a day	_____
Several times a day	_____
Constantly	_____

3. With what intensity do you experience the behavior?
Again use the past ten days.

A. I feel compelled and driven by the behavior	_____
B. I am bothered intensely by the behavior	_____
C. I am bothered a great deal by the behavior	_____
D. I am bothered some by the behavior	_____
E. The behavior doesn't bother me much	_____

4. How easy is it for you to change the behavior?

A. I can change quite readily with just a little work	_____
B. I can change, but will have to work at it	_____
C. It is difficult to change	_____
D. It is extremely difficult to change	_____
E. Frankly, I don't really believe I can change	_____

5. Are you succeeding in changing your behavior?

- A. No _____
- B. Little _____
- C. Noticeably _____
- D. Considerably _____
- E. Almost completely _____

6. Do persons who are close to you notice a change in you?

- No _____
- Little _____
- Noticeably _____
- Considerably _____
- A great deal _____

7. Are you functioning differently at school?

- No _____
- Little _____
- Noticeably _____
- Considerably _____
- Almost completely _____

8. Please describe the behavior changes you have made.
It will be most helpful if you are quite specific.

9. What difficulties do you continue to experience as a
result of this behavior? Again, be specific.

APPENDIX F

WORKSHOP LEADER RATING OF MEMBER BEHAVIOR CHANGE

WORKSHOP LEADER RATING OF MEMBER

BEHAVIOR CHANGE

<u>Group 1</u>	<u>Complete</u>	<u>Partial</u>	<u>No-Change</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

Group 2

1. _____

2. _____

3. _____

4. _____

5. _____

APPENDIX G

PRE-TEST RAW SCORE MEANS FOR EXPERIMENTAL AND
CONTROL GROUPS ON SIX MMPI SCALES, ROTTER'S
I-E SCALE, AND THE WORKSHOP QUESTIONNAIRE

PRE TEST RAW SCORE MEANS FOR EXPERIMENTAL AND CONTROL GROUPS ON SIX MMPI SCALES,
 ROTTER'S I-E SCALE, AND THE WORKSHOP QUESTIONNAIRE

Measures		Full Model Experienced Leaders	Full Model Inexperienced Leaders	Partial Model	Control
Depression	D	23.87	26.00	24.88	29.33
Psychesthesia	Pt	30.07	33.33	33.56	34.40
Social Introversion	Si	31.40	33.20	32.19	33.20
Anxiety	A	18.33	19.73	19.06	18.80
Repression	R	16.13	16.67	15.44	19.33
Ego Strength	Es	42.80	45.47	46.75	43.53
I-E Sclae		10.47	9.73	9.13	8.27
Workshop Questionnaire					
Frequency	#1	4.40	3.93	4.00	3.73
Intensity	#2	3.80	3.20	3.50	3.53
Ease of Change	#3	2.93	2.53	3.06	3.00
Success	#4	4.20	3.73	4.06	4.07

APPENDIX H

ANALYSIS OF VARIANCE OF THE PRE-TEST RAW SCORES
FOR ALL GROUPS IN THE ELIMINATION OF SELF-
DEFEATING BEHAVIOR WORKSHOPS (FULL MODEL-
EXPERIENCED LEADERS, FULL MODEL-
INEXPERIENCED LEADERS, AND
PARTIAL MODEL) AND THE
CONTROL GROUP

ANALYSIS OF VARIANCE OF THE PRE-TEST RAW SCORES
FOR ALL GROUPS IN THE ELIMINATION OF SELF-
DEFEATING BEHAVIOR WORKSHOPS (FULL MODEL-
EXPERIENCED LEADERS, FULL MODEL-
INEXPERIENCED LEADERS, AND
PARTIAL MODEL) AND THE
CONTROL GROUP

Variable	Univariate Results		Multivariate Results	
	F	P	F	P
WQ1 ^a	.990 ^b	.404	1.128	.288
WQ2	1.157	.334		
WQ3	1.035	.384		
WQ4	1.341	.270		
I-E	.599	.618		
D	1.562	.209		
Pt	.824	.486		
Si	.639	.593		
A	.045	.987		
R	2.422	.075		
Es	.848	.474		

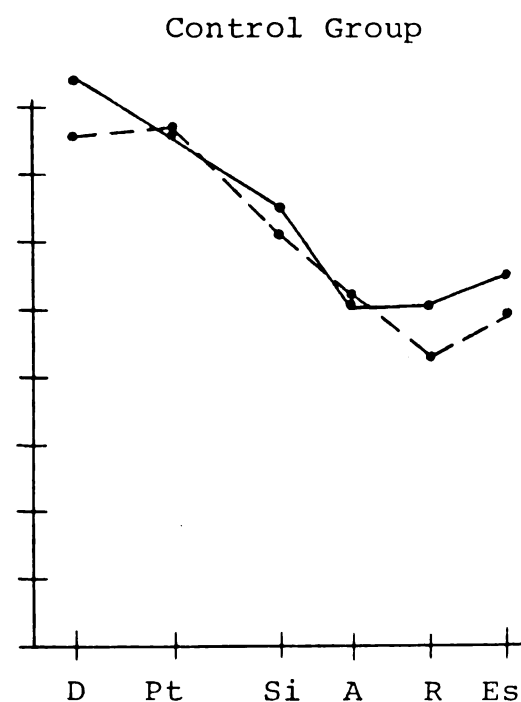
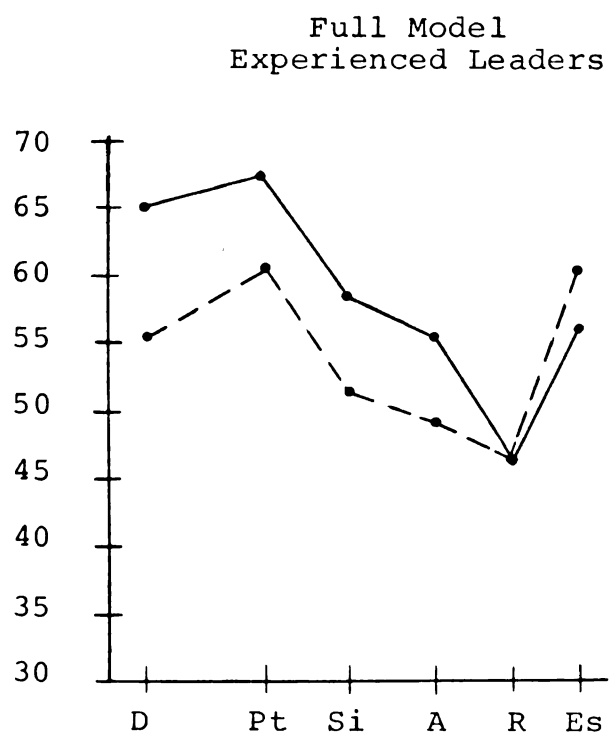
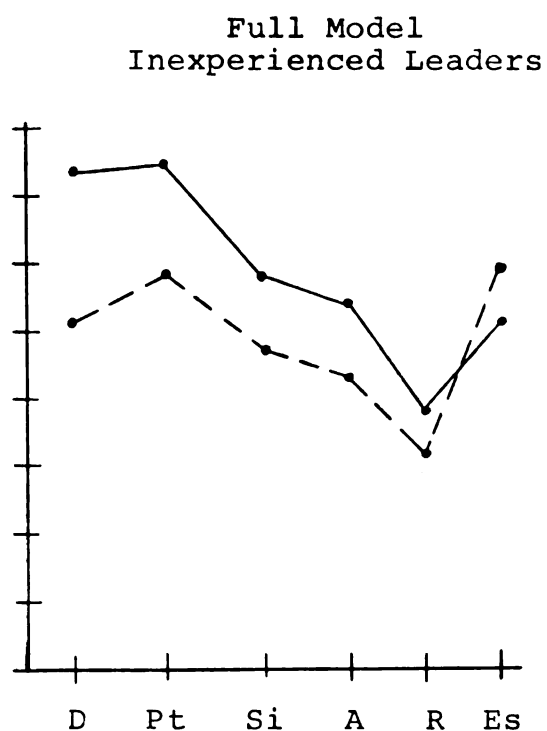
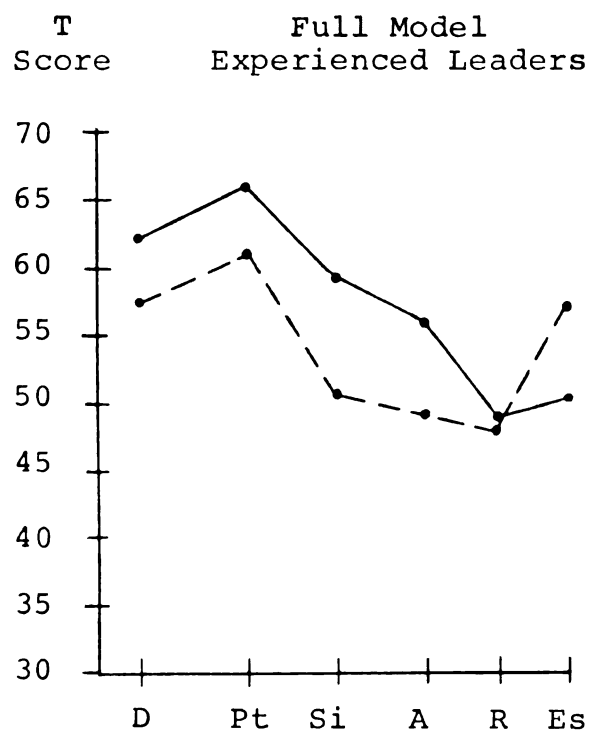
^a(note all variables as in previous tables)

^bAll figures are rounded to the nearest .001.

APPENDIX I

PRE- AND POST-TEST T-SCORE COMPARISONS FOR
EACH TREATMENT LEVEL ON SIX MMPI SCALES

PRE- AND POST-TEST T-SCORE COMPARISONS FOR
EACH TREATMENT LEVEL ON SIX MMPI SCALES



— Pre-Test Score

- - - Post-Test Score

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