

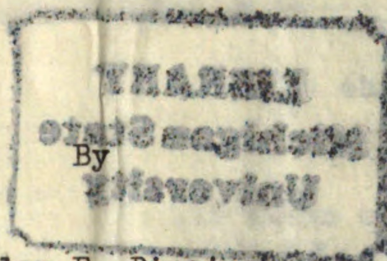
beginning on June, 1954, a study was conducted by  
Kendall and Hurley on the shift in attitudes of parents  
of "disturbed" children as a result of time-limited

A FOLLOW-UP STUDY

ON

ATTITUDE CHANGES OF HUSBANDS AND WIVES

IN TIME-LIMITED GROUP PSYCHOTHERAPY



By

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and

Theresa Tilker

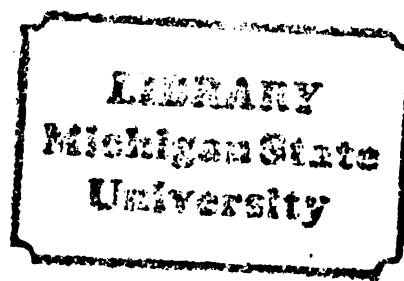
A RESEARCH PROJECT

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

MASTER OF SOCIAL WORK

College of Social Science  
School of Social Work

1966



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ABSTRACT

Beginning on June, 1954, a study was conducted by Maizlish and Hurley on the shift in attitudes of parents of "disturbed" children as a result of time-limited

change in attitude was noted in a pre-therapy and post-therapy

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## ABSTRACT

Beginning on June, 1954, a study was conducted by Maizlish and Hurley on the shift in attitudes of parents of "disturbed" children as a result of time-limited therapy. A significant change in attitude was noted in 80% of the subjects given a pre-therapy and post-therapy questionnaire.

Again, in the spring of 1966, the same attitude questionnaire was administered to a sub-sample (N=12) to ascertain any further movement in these shifts in attitude. The follow-up results showed a considerable drop back to the mean pre-therapy score for all items combined and both both sexes combined. However, there was a difference between the males and females in that the females showed less regression to their pre-therapy level than did the males, who regressed below their pre-therapy level - as well as below the level for the total group of twelve subjects.

Briefly, the results of the present study suggest that perhaps we should question the value of the participation of the male member of parental pairs in time-limited therapy.





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## THEORY OF THE CASE

1. The defendant is charged with the crime of [REDACTED] on [REDACTED] at [REDACTED].

2. The defendant is charged with the crime of [REDACTED] on [REDACTED] at [REDACTED].

3. The defendant is charged with the crime of [REDACTED] on [REDACTED] at [REDACTED].

4. The defendant is charged with the crime of [REDACTED] on [REDACTED] at [REDACTED].

5. The defendant is charged with the crime of [REDACTED] on [REDACTED] at [REDACTED].

6. The defendant is charged with the crime of [REDACTED] on [REDACTED] at [REDACTED].

7. The defendant is charged with the crime of [REDACTED] on [REDACTED] at [REDACTED].



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## INTRODUCTION

It is apparent from a review of the literature regarding psychotherapy that the greatest hope for dealing with certain unanswered questions posed by mental illness is research related to the outcomes of prevailing forms of psychotherapy, (Reznikoff and Toomey, 1959). In this regard, Brown (1965) cites among the basic issues in psychotherapy today is that of appraising the permanence of improvement. It is also noted that the quantity and quality of research in this area is meager and in many instances of very poor research design, (Reznikoff and Toomey, 1959; Rogers and Dymond, 1954; Rogers, 1951; Rogers, 1961; and Fiske, 1965). Other writers, (Hebb, 1949; Zubin, 1953; and Denker, 1964), are very skeptical about the outcome of psychotherapy. Eysenck (1952) reviewed the various studies assessing the outcome of psychotherapy and tentatively concluded that there is no evidence that psychotherapy is of any value in the treatment of emotional disturbances.

However, recently there have been efforts of a seemingly more valuable nature as they attempt to evaluate the benefits of therapy over a sustained period of time rather than the mere assessment of benefits during and immediately following therapy. For example, Fiske and Goodman (1965) have shown that after eighteen months following the termination of therapy there are systematic trends of improvement in the subsequent eighteen months, and that results compare well with the results immediately following therapy.

Also, McNari and Lorr, et al. (1964) found, in a three year follow-up study, similar improvements. In this study, a three year follow-up study was made of eighty-one male psychiatric outpatients who had been seen



in individual therapy for at least four months; and, compared with pre-treatment, patients reported significantly less anxiety, hostility, and dependency as well as greater self-acceptance at follow-up. There was no evidence of relapse after one year of treatment, but rather some further reduction in anxiety after three years. In addition, Rogers (1961) has noted, (Not only are changes shown by studies to occur during the period of therapy, but careful follow-up studies conducted six to eighteen months following the conclusion of therapy indicate that these changes persist." Probably the most comprehensive and extensive studies in the area of assessing the therapeutic gains of psychotherapy have been done by Rogers and his associates, (Rogers, 1942; Rogers, 1951; Rogers, Dymond, 1954; Rogers, 1959; Rubinstein, 1959; Shlien, Lewis, 1959; and Rogers, 1961).

Further, Rogers, Dymond, Butler, Seeman, et al. conducted a series of studies at the University of Chicago Counseling Center in which they hypothesized that there would be significantly more change in the therapy clients as contrasted to a non-therapy control group, (Rogers, Dymond, Butler, Seeman, et al., 1954). They noted during a six month to one year follow-up period that there may be some falling away from the therapeutic gains, some small degree of regression in the direction of the pre-therapy state. In some subjects, this regression was sharp and little of the therapeutic gain was retained --- in others, there was no regression at all, but a continuance of the trend noted in therapy. As they state:

Several of our studies have shown in our total client group, or in certain subgroups, a slight average regression from the end of therapy to the follow-up point. This falling away from the peak point of therapy

is not significant, and from a statistician's point of view could be ignored. (Rogers, Dymond, Butler, Seeman, et al., 1954, p.426)

The authors noted that this is an area for further study; more specifically, why do some clients continue to show marked improvement and others regress?

Muench found that various kinds of therapy, e.g., time-limited, are as effective as short-term therapy and more effective than long-term therapy. The study examines a clinical approach which may maximize the effectiveness of professional staff time and significantly reduce the problem of client waiting lists, (Muench, 1965).

In regard to a new approach needed because of lack of facilities and staff, Maizlish and Hurley also conducted a series of time-limited therapy groups during a ten-year period and also did some beginning research on the effectiveness, (Maizlish, 1957; Maizlish and Hurley, 1963). They also noted there were significant therapeutic gains as measured by an attitude questionnaire administered during the first and last therapy sessions. However, their studies did not measure or show whether these "gains" were, or would be, sustained for any length of time after therapy.

This brings us to the aims and purposes of the present study, as it is a follow-up and extension of the 1963 Maizlish-Hurley study. This is an attempt to assess whether the gains measured by the above-mentioned study were maintained after a five to six year interval following completion of therapy. In view of the above reasoning and evidence, our hypothesis can be stated as follows: 1) we expect that the very significant therapeutic gain found at the end of therapy reflected



a maximum gain and therefore, also expect some regression from this point; however, 2) we also expect that a significant positive change will have been sustained from the first pre-therapy administration of the questionnaire to the present.





## METHOD

### HYPOTHESES

- 1) Positive attitudes, as measured by the P.A. Index, will be significantly higher on follow-up administration than attitudes expressed at the beginning of therapy.
- 2) We assume that an integration and application of therapeutic gains usually follows the termination of therapy; however, we also assume that the immediate post-therapy results will reflect maximum gain. Therefore, we expect that the present P.A. Index results will not be as high as those found on the immediate post-therapy administration.

### DEFINITION OF TERMS

Positive attitude (P.A.) was defined in the Maizlish-Hurley study "as including at least the following; a more open and accepting psychological orientation toward either one's self or others; a heightened sense of responsibility in interpersonal relationships; an increased adaptability &/or personal resourcefulness." For the purpose of this study we will refer to an increase in positive attitudes as "gains," and a decrease in P.A. as "regression."

### GENERAL PROCEDURES TO OBTAIN DATA: SAMPLE, INSTRUMENTS, CONTROL GROUP

Between the period 1953 and 1963, time-limited group

therapy was conducted with parents of children referred for various problems ranging from poor school adjustment and sibling rivalry to delinquent acting-out and severe regressive behavior. Maizlish and Hurley (1963) conducted a study to establish the nature of the gains made in the attitude changes of husbands and wives in time-limited group therapy. On the basis of a questionnaire administered prior to therapy and at the termination of therapy, this study showed that there was a significant gain in positive attitudes.

The questionnaire utilized was constructed by Maizlish, and was based upon his several years of experience with time-limited groups, as well as upon suggestions drawn from Slavson (1958) and others. A five-step series of graded alternative responses was offered for each of the 50 items, ranging through strong agreement, mild agreement, "neither agree nor disagree," and mild disagreement to strong disagreement. Items on the questionnaire were independently appraised for relevance to positive attitude change by representatives of the three major mental health professions.

The composition of the groups involved in the study were limited to a maximum of five couples who attended 12-15 weekly group therapy sessions at the Flint Mental Health Clinic. During the above-mentioned ten year period, there were thirteen groups. In addition to the therapist,



a co-therapist, typically either a trainee in clinical psychology or in social work, participated in most of these groups.

Upon comparison of the attitude questionnaires which were administered on the first and last sessions, 80% of the 32 parent participants in the therapy groups manifested a net shift in response toward more positive attitudes. A control group of parents enrolled in a college child psychology course disclosed no evidence of positive attitude gains by either the students or their spouses.

For purposes of the present study, we are selecting a sub-sample of twelve of the original subjects used by Maizlish and Hurley in their 1963 study. The method employed in contacting subjects of the original sample consisted of having Dr. Maizlish make the initial contact by phone, as he was the common therapist for all groups. The subjects came into the clinic and the above-mentioned attitude questionnaire was administered for the third time.





## RESULTS

In all comparisons between pre-therapy, post-therapy and follow-up scores on PA data, Student's "t" tests and one-tailed rejection regions were used (Edwards, 1954).

Is positive attitude, as measured by the PA Index, significantly higher on the follow-up administration than positive attitude expressed at the beginning of therapy?

Mean PA values for H, H + M, and H + M + L items are presented for husbands and wives combined in Table 1.

TABLE 1  
Pre-Therapy, Post-Therapy and Follow-Up Comparisons  
Of Mean Total PA Scores (H, H+M and H+M+L Items)  
Of Husbands and Wives Combined.

Item Class	Mean PA Score			t Value	P Value
	Pre	Post	Follow-up		
H	51.6		52.3	1.31	n.s.*
		55.6	52.3	4.13	.01*
H+M	103.0		103.0	----	n.s.*
		107.8	103.0	3.18	.01*
H+M+L	141.5		142.0	-.31	n.s.*
		146.7	142.0	2.04	.05*

\*one-tailed tests with df = 11

There are no significant differences between pre-therapy and follow-up PA scores on H+M+L items ( $t = -.31$ ,  $df=11$ ). Also, when comparing the mean PA scores obtained on H and H+M items, which according to Maizlish and Hurley (1963) were the items with the highest reliability, we again find



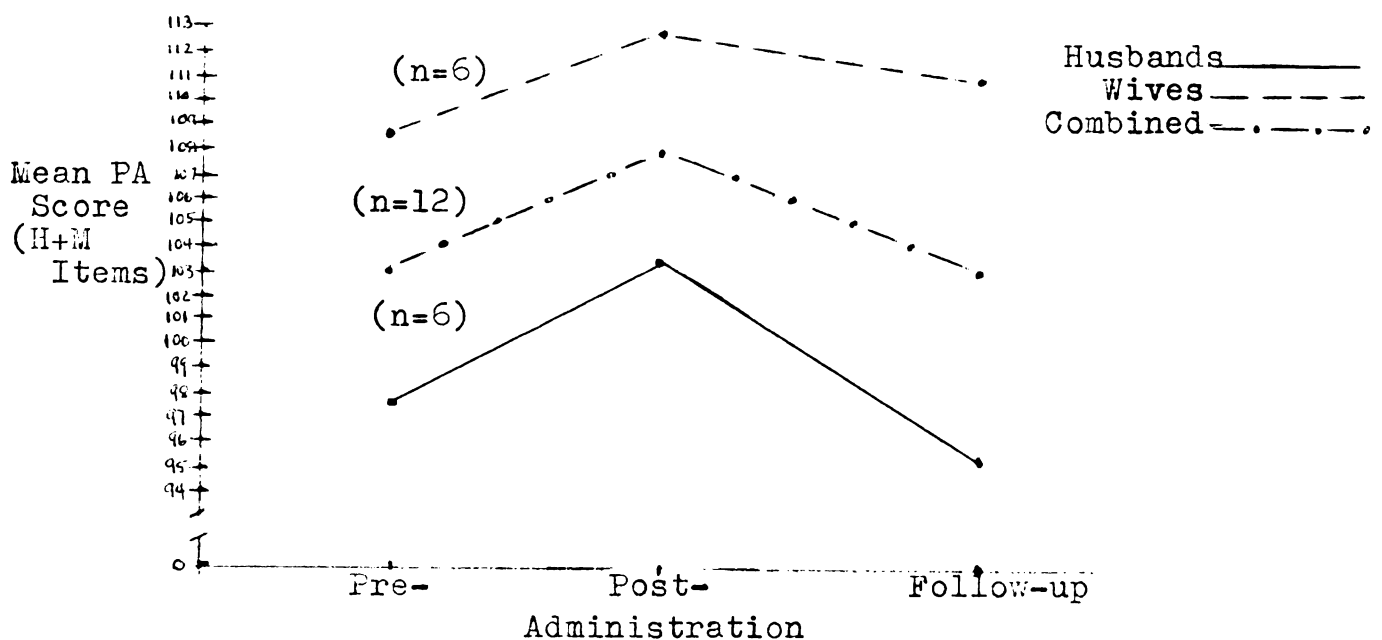
no significant differences between pre-therapy and follow-up administrations of the PA Index.

Are positive attitudes, as measured by the PA Index, somewhat lower on the follow-up administration than positive attitudes measured immediately after therapy, thereby reflecting a slight regression to the pre-therapy level?

As shown in Table 1 there are significant differences between post-therapy and follow-up PA scores as measured by all item classes ( H, H+M and H+M+L). However, the difference is much greater than originally anticipated. It was hypothesized that the post-therapy period would reflect maximum gain in PA with a slight "regression" occurring as a result of the consolidation of therapeutic gains between the post-therapy period and the present follow-up.

FIGURE 1

Distribution of Mean PA Scores (H+M Items) for Husbands and Wives Individually and Combined On Pre-Therapy, Post-Therapy and Follow-Up Administrations.





As noted in Figure 1, the data (H+M Items) for the husbands and wives combined shows that the total group of parents are at exactly the same level (103.0) during the present study as they were before group therapy was instituted. Any overall gains which may have resulted from group therapy appear to have been lost. The wives started off initially with a higher mean PA index than their husbands and this difference has been maintained, and even widened, in the follow-up administration. The mean PA index for the wives in the present study is below the post-therapy level but is still higher than the pre-therapy level. The wives have "regressed" somewhat from their post-therapy level of maximum gain but have still maintained some of the gains resulting from therapy. The husbands, on the other hand, have regressed back to a level which is even below their pre-therapy level. Any gains which may have resulted from participation in group therapy appear to have been temporary and short lived. The differences between the post-therapy and follow-up scores reflect a regression in the scores of both husbands and wives, however, the husbands' contribution to this regression is much greater than that of the wives.





## DISCUSSION IMPLICATIONS LIMITATIONS

In our hypotheses we expected to find that the therapeutic gain at the end of therapy would reflect a maximum gain, and it was further anticipated that the third administration of the attitude questionnaire would show a regression from this point. We did not, however, anticipate that this regression would return as far as it did; to a score of 103, the same as that found on the pre-therapy questionnaire.

It is interesting to note that this score is for the entire sub-sample and, when broken up by sex, tends to show a very different movement between the males and females. The females started out on the pre-therapy test with much higher scores (108.5) than the males, achieved the highest score (112.5) between these two groups, and regressed very slightly from this high point to a score of 111.0. This is quite a contrast to the male mean P.A. score of 95.0 in the follow-up attitude score, which is even lower than their pre-therapy mean score of 97.5. Hence, according to the results of this study, the males seem to have lost whatever gains they might have made in therapy during the interval of time between post-therapy and follow-up administrations of the attitude questionnaire.



Since the total group regressed to their pre-therapy level, one can question whether the therapeutic experience made any difference in the lives of these subjects; and, as was noted in the introduction, this question is open to much controversy. However, as further statistical analysis with the present sample revealed striking differences between husbands and wives, we feel the more pertinent question raised by our results is whether there is more value in treating the female member of a parental team, rather than both in a time-limited group therapy program aimed at helping disturbed children by improving parental child-rearing attitudes.

It is possible that the husbands have little to do with the daily child rearing practices, and wish to keep it that way. Many males feel that a child's upbringing is the mother's function and are content to abide by the results. An analysis of the initial clinic contacts would probably reveal that it was the females which requested aid and, due to clinic policies, the husbands were required to participate, probably against their will. Usually it is the policy of the clinics not to offer services to the child unless both parents are willing to attend. However, the clinics realize that the mother is the most important agent in child rearing and often do not require the presence or participation of the father. These factors might serve



to explain why the husbands did not "benefit" from group therapy. Future research would have to take into account the differences between husband and wife attitudes and behavior in regard to family problems.

The present research also has implications concerning the instrument used to measure gains in positive attitudes. For, in view of the results of this study, the question remains as to whether the questionnaire measures a change in attitude or a change in response to the questionnaire after the subjects knew what child rearing attitudes were considered to be acceptable or proper. A way to further strengthen this type of study would be to evaluate parental behavior toward the child since much previous research has shown that there is often a wide gap between espoused attitudes and actual behavior.

Of course, one of the limitations of this follow-up study was the fact that only a partial sample was available for this research. It can be argued, then, that these results are expressive of a biased sub-sample rather than representative of the entire group. Due to the nature of the present sample, the generalizability of the results is more severely limited than it would have been had a larger, more representative sub-sample been used. However, even if this limitation seems to negate the regressive trend of the total group, it is unlikely that it could entirely account





for the sharply contrasting results between husbands and wives.

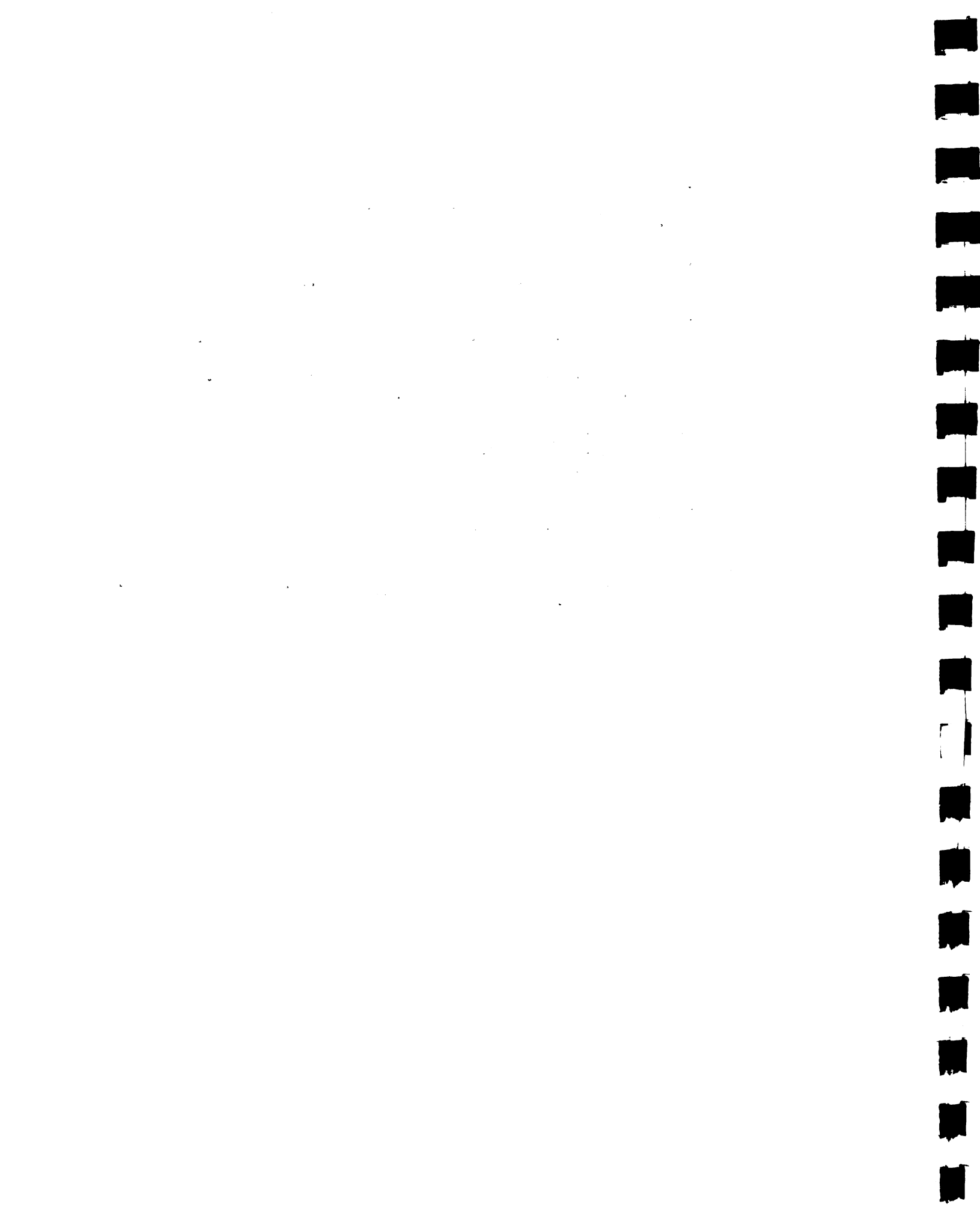
Finally, the question must be raised as to the value of time-limited group therapy. On the basis of our findings one could say that time-limited therapy results in time-limited gains. It would appear that more evaluation of time-limited therapy per se is required before its effects can be adequately appraised. Although we do not find conclusive support for the original hypotheses, there are many variables which may have served to confound the data and yield such results. Further research in this area must take all of these into account.



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## APPENDICES



## APPENDIX A

The statements in this questionnaire are rated differently by many people. The answers are in this sense neither "right" nor "wrong." Please read these statements and rate each of them as follows:

Strongly agree

Mildly agree

In doubt

Strongly disagree  
Mildly disagree

Do not hesitate to rate each statement exactly the way you feel at this time. Make a ✓ in the space you consider appropriate for each item. If anything is not clear, feel free to ask questions at any time.

	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
1. We can improve as parents by listening to others as they give convincing examples of good relationships with their children.	—	—	—	—	—
2. If a child behaves well at home he still may have good reasons for behaving poorly in school.	—	—	—	—	—
3. When visiting, I often enjoy having our children with us.	—	—	—	—	—
4. My own faults make it very difficult to deal adequately with the children.	—	—	—	—	—
5. Parents should never disagree with the school principal and teachers.	—	—	—	—	—
	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
6. Sharing family difficulties with a group of parents seeking understanding can be helpful.	—	—	—	—	—
7. It is all right for the children to need me less and less as they grow up.	—	—	—	—	—
8. I make constructive efforts to be a good and understanding parent.	—	—	—	—	—
9. If the mother cares for the children in the right way it is unimportant for the father to participate frequently.	—	—	—	—	—
10. I believe that I can profit from information and acquire know-how about being a good and understanding parent.	—	—	—	—	—



## APPENDIX A

-2-

	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
11. In relation to the children I am likely to act on impulse rather than to take time to consider things calmly.	—	—	—	—	—
12. It is better if children do not play with the neighbors' children	—	—	—	—	—
13. Undesirable behavior in parents may be reflected by the child so that the child in turn engages in undesirable behavior.	—	—	—	—	—
14. I enjoy our children.	—	—	—	—	—
15. Whether in giving children a good time you succeed in making them happy individuals, will also depend on how you feel about them.	—	—	—	—	—
	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
16. I am considered a good parent by those who know our family.	—	—	—	—	—
17. In relation to the children my spouse is likely to act on impulse rather than to take time to consider things calmly.	—	—	—	—	—
18. My spouse is reluctant to help our children with sex education.	—	—	—	—	—
19. If whippings don't help, bribes should be used to gain cooperation from children.	—	—	—	—	—
20. My spouse's faults make it very difficult to deal adequately with the children.	—	—	—	—	—

## APPENDIX A

-3-

	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
21. Most of the problems with my children are similar to those that other parents have with their children.	—	—	—	—	—
22. I think that husband and wife should never disagree on how to discipline their children.	—	—	—	—	—
23. We should understand our children and the limits of their abilities rather than insist that they do what we think is good for them.	—	—	—	—	—
24. The child should know that his teachers always do everything for his benefit.	—	—	—	—	—
25. Even well trained children need not necessarily be polite at all times.	—	—	—	—	—
	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
26. I believe that much progress will be made in our family.	—	—	—	—	—
27. Thinking back about my own childhood experiences could help me to be a better parent.	—	—	—	—	—
28. I am often burdened with guilt feelings about my behavior toward the children.	—	—	—	—	—
29. Only a stubborn child will continue with bad habits such as nail biting and frequent crying spells.	—	—	—	—	—
30. Because of my civic interests, community affairs should come before my family responsibilities.	—	—	—	—	—

-4-

	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
31. When visiting, my spouse often enjoys having our children with us.	—	—	—	—	—
32. Sharing one's problems with a group of parents seeking understanding could offer a lot of comfort.	—	—	—	—	—
33. Showing your child affection would not tend to make him a "softy."	—	—	—	—	—
34. My spouse enjoys our children.	—	—	—	—	—
35. I have been an inadequate parent almost since the children were born.	—	—	—	—	—
	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
36. I am reluctant to help our children with sex education.	—	—	—	—	—
37. Children need to be left with baby sitters in order to become independent of their parents.	—	—	—	—	—
38. I believe that my spouse can profit from information and acquire know-how about being a good and understanding parent.	—	—	—	—	—
39. My spouse makes constructive efforts to be a good and understanding parent.	—	—	—	—	—
40. My spouse is considered a good parent by those who know our family.	—	—	—	—	—



## APPENDIX A

-5-

	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
41. Stroneness with children almost always brings good results.	—	—	—	—	—
42. If the mother is even partly employed she almost always does harm to her children.	—	—	—	—	—
43. My spouse has been an inadequate parent almost since the children were born.	—	—	—	—	—
44. In general, relatives cause trouble between parents and children.	—	—	—	—	—
45. It is not enough to teach children what is right, how you teach them is also important.	—	—	—	—	—
	Strongly Agree	Mildly Agree	In Doubt	Mildly Disagree	Strongly Disagree
46. I often feel helpless and overwhelmed in dealing with the children.	—	—	—	—	—
47. Leniency with children almost always brings good results.	—	—	—	—	—
48. Relief may, at times, be obtained through the right opportunity to express one's troubles and doubts.	—	—	—	—	—
49. My spouse often feels helpless and overwhelmed in dealing with the children.	—	—	—	—	—
50. Parents should not talk about any of their disagreements in front of their children.	—	—	—	—	—

22  
APPENDIX B  
RAW DATA

Subject	Sex	Administration	<u>PA Item</u>			Total PA Score			
			H	M	L	H	/	M	/
Mr. 1	M	Pre	51	52	41	144			
		Post	53	54	46	158			
		Follow up	53	51	39	143			
Mrs. 1	F	Pre	56	47	27	130			
		Post	61	50	33	144			
		Follow-up	54	50	38	142			
Mr. 2	M	Pre	49	51	38	138			
		Post	51	53	41	145			
		Follow-up	44	45	37	126			
Mrs. 2	F	Pre	59	59	34	152			
		Post	59	57	37	153			
		Follow-up	59	54	41	154			
Mr. 3	M	Pre	41	43	37	121			
		Post	46	42	35	123			
		Follow-up	42	43	37	122			
Mrs. 3	F	Pre	45	50	42	137			
		Post	53	51	33	137			
		Follow-up	46	50	38	134			

## APPENDIX B (Continued)

## RAW DATA

Subject	Sex	Administration	PA Item			Total PA Score		
			H	M	L	H	M	L
Mr. 4	M	Pre	50	49	42	141		
		Post	56	53	42	151		
		Follow-up	48	51	34	133		
Mrs. 4	F	Pre	59	55	44	158		
		Post	59	53	44	156		
		Follow-up	57	53	41	151		
Mr. 5	M	Pre	53	44	43	140		
		Post	56	51	58	165		
		Follow-up	50	45	37	132		
Mrs. 5	F	Pre	57	50	36	143		
		Post	53	55	33	141		
		Follow-up	60	52	37	149		
Mr. 6	M	Pre	53	49	37	139		
		Post	50	44	37	131		
		Follow-up	51	48	38	137		
Mrs. 6	F	Pre	56	58	41	155		
		Post	65	59	49	173		
		Follow-up	63	62	41	166		





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