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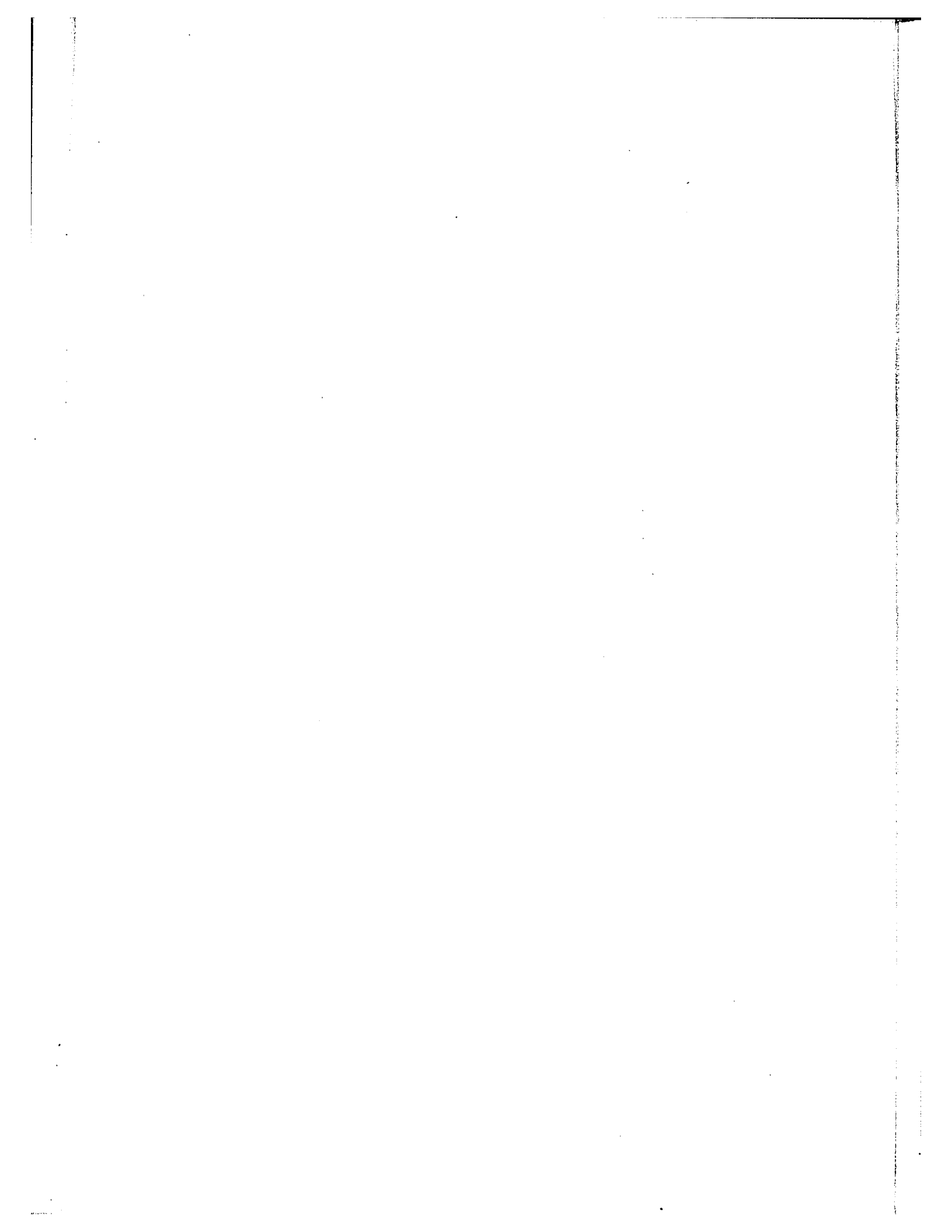
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THE EFFECT OF AUDIOVISUAL TAPE SELF-
CONFRONTATION ON THE SELF-CONCEPT OF HIGH
ANXIETY TWELFTH-GRADE STUDENTS WITHIN A
CLIENT-CENTERED COUNSELING SITUATION

by Thomas H. Crowder, Jr.

Thesis presented to the School
of Graduate Studies as partial
fulfillment of the requirements
for the degree of Ph.D in
Education



University of Ottawa

Ottawa, Canada, 1978

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ACKNOWLEDGEMENTS

This thesis was prepared under the supervision of Professor Pierre Turgeon, Ph.D., of the Faculty of Education of the University of Ottawa.

Grateful appreciation is extended to Dr. Turgeon for his empathic understanding and every encouragement, particularly during certain periods of extreme personal crisis experienced by the writer during the time frame of the thesis study.

CURRICULUM STUDIORUM

Thomas H. Crowder, Jr., was born on March 19, 1922, in Moore, Texas. He received the Bachelor of Business Administration degree from the University of Texas, Austin, in 1941. He received the Master of Arts degree in Education from Our Lady of the Lake College, San Antonio, Texas, in 1969. He graduated from the United States Army Command and General Staff College, Fort Leavenworth, Kansas, in 1960 and from the United States Army War College, Carlisle Barracks, Pennsylvania, in 1965.

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INTRODUCTION

The problem of this study is to determine the effect of varying degrees of intensity of audiovisual tape self-confrontation on the self-concept of high-anxiety twelfth-grade students in a group counseling situation under conditions of client-centered therapy. The general hypothesis is that, if audiovisual self-confrontation is used in group counseling under conditions of client-centered therapy, then a more positive self-concept will result.

Until recently, the two theories of human nature most influencing psychology have been the psychoanalytic and the experimental-positivistic-behavioristic. However, within the past few years, a very extensive number of splinter groups have been coalescing into an increasingly influential "third force" theory (Maslow, 1968).

The characteristic which has most distinguished the evolution of this third force has been a resurgence of interest in the concept of the "self." The client-centered theory of Carl R. Rogers is a self-theory and is one of the major influences in the new third force movement. In fact, Rogers more than anyone else has brought the "self" back into psychology and has been more influential in providing an intellectual tradition in which research on the self may flourish (Hall and Lindzey, 1970).

Within the self-psychology construct, there is much theoretical and experimental support for the hypothesis that the degree to which the self is misperceived is highly correlated with behavioral or

psychotic disorder (Rogers, 1951). Correspondingly, promoting of conditions in which the individual is motivated to free his own perceptual capacities represents one of the most time-consuming tasks of therapy (Stoller, 1967). As an adjunct to this task, the introduction of the audiosivual tape recorder has given the individual access to the most convenient and the most objective self-image confrontation ever available. It provides an unequalled modality of facilitating and accelerating the process of self-understanding central to self-psychology theory (Danet, 1967).

It is the combination of the extremely potent force of the self-psychology of Carl R. Rogers and the introduction of the audio-visual tape recorder in present-day secondary school counseling activity that provides the basis for this thesis. A portion of Rogers' theory lends itself uniquely to an empirical investigation of a possible relationship between these two forces.

The first portion of the thesis outlines Rogers' client-centered theory of personality. The theory is related to his perception of the self as the core of theory and therapy, to his ideation of feedback as an essential element of the therapeutic process, and to his conception of the group process as a potent and dynamic means of bringing about change in participants' concept of themselves.

The theoretical base is followed by a review of the literature designed to lay the foundation for the study, first, in terms of the nature of group counseling; second, in terms of the construct of self-concept; and, third, in terms of the content of prior research

relating to the effects of self-confrontation in psychotherapeutic situations.

Growing out of the theory and the literature, the problem is presented with ancillary hypotheses designed to test the effect of varying intensities of audiovisual self-confrontation on the self-concept of high anxiety twelfth-grade students under conditions of client-centered group counseling.

The experimental method employed then is described. The population and sample are described, the variables and instruments to measure the variables are specified, the procedural steps are detailed, and the data analysis technique is presented. Tabular presentations are presented of distribution of students taking the anxiety measure and of distribution of anxiety scale scores, student-counselor relationship measure scores, and student self-concept scores.

Results of an analysis of variance are presented as related to the hypotheses with interpretation of the results in terms of the postulates of client-centered theory.

Conclusions then are drawn as to the effect of audiovisual self-confrontation upon the self-concept of subjects in the experiment, and recommendations growing out of the study are made.

CHAPTER I

THEORY

Client-centered theory postulates the human organism as possessing an innate motivational system or actualizing tendency and an innate regulatory system or organismic valuing process. These systems function within an environment as perceived only by the organism. In the actualizing process, the organism receives feedback from the organismic valuing process, which permits the satisfaction of motivational needs.

In interacting with the environment, a portion of the organism's experiences become differentiated and symbolized in the awareness of being and of functioning. Particularly through interaction with significant others, this awareness becomes elaborated into a concept of self (or self-concept).

As awareness of self develops, the organism develops a need for positive regard from others. This need is universal in human organisms and is pervasive and persistent. Growing out of experiences of satisfaction and of frustration of this need, the organism learns a need for self-regard, independent of transactions with significant social others.

Just as self-experiences of the organism are discriminated by significant others as being worthy or unworthy of positive regard, self-regard similarly becomes selective. When a self-experience is sought or avoided solely because it is worthy or unworthy of self-regard, the

organism is said to have acquired a condition of worth or an introjected value.

Thus, the organism initially comes to be guided in behavior by the likelihood that such behavior will result in the positive regard of others. Subsequently, based primarily upon experiences of such positive regard, the organism comes to adopt conditions of worth or introjected values which thereafter form the basis for much of behavior. This results in the basic estrangement of man. He comes to be not true to himself (to his organismic valuing process), but, rather, for the sake of preserving the positive regard of others, he comes to perceive his experiences only in terms of value to others (that is, in accordance with his conditions of worth).

This estrangement is the base upon which client-centered therapy operates. The self can be seen figuratively as surrounded by conditions of worth which determine the way in which experiences are perceived. Experiences which are in accord with the conditions of worth are perceived and symbolized accurately in awareness; experiences which are contrary to the conditions of worth are perceived distortedly or are denied to awareness. Because of the distortions or denials (arising from the conditions of worth), the individual departs from the integration characterized by behavior in accordance with his innate organismic valuing processes. Under such conditions, a state of incongruence exists.

It is at this state of incongruence that therapy can occur. Certain experiences tend to threaten the self. The essential nature

of the threat is that, if the experience was accurately symbolized in awareness, the conditions of worth would be violated, the need for self-concept would suffer deterioration. Therefore, a state of anxiety exists and defensive measures are necessary to maintain the self-structure.

The essential conditions for therapy to occur are that two persons (client and therapist) are in contact; that the client is in a state of anxiety; that the therapist is experiencing unconditional positive regard toward the client; that the therapist is experiencing an empathic understanding of the client's internal frame of reference; that the client and the therapist are experiencing a genuine (congruent) relationship; and that the client perceives, at least to a minimal degree, the latter three conditions. Supporting these conditions are techniques of clarifying, feeling reflection, and experiencing, designed primarily through verbalizations to help the client clearly to perceive his self and relationships previously unrecognized and to accept willingly all aspects of the self, clearly perceived for the first time.

The path of therapy is the undoing of the "basic estrangement of man" (as described above), the dissolving of conditions of worth, the achieving of a self which is congruent with experience, and the restoring of a unified organismic valuing process as the regulator of behavior. In the process of therapy, the client increasingly differentiates and discriminates the objects of his feelings and perceptions, including his environment, his self, his experiences, other persons, and the interrelationship of these. He becomes more aware of the

incongruity between certain of his experiences and his concept of himself, and his concept of self becomes reorganized to assimilate and to include these experiences which previously have been distorted in or denied to awareness. He increasingly feels an unconditional positive self-regard or self-concept. Thus, the conditions and the techniques of therapy help the client to see and to understand his "self" and thereby bring about a restructuring of his self, which is reflected in behavioral change.

On the other hand, the theory postulates that, if the client has a significant degree of incongruence between self and experience and if a significant experience demonstrating this incongruence occurs suddenly or with a high degree of obviousness, the organism's process of defense is unable to operate successfully. As a result, anxiety is experienced, the experience is symbolized accurately in awareness, and the gestalt of self-structure is broken. The self-concept becomes one in which no confidence is felt. Thus, in summary, Rogers' client-centered theory is a "self-theory" (Hall and Lindzey, 1957) with the "self" constituting the core of the theoretical and the therapeutic approach. The "self" is envisaged as a perceptual map for meeting life, with every aspect of experience dealt with as it relates to the contours of the map.

According to the theory, the self becomes differentiated (as part of the innate actualizing tendency) from the environment — particularly the social environment. The self-concept is defined as:

... the organized, consistent conceptual gestalt composed of perceptions of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions. (Rogers, 1959, p. 200)

It is the organization of the perceptions, that is, it is the concept of the self rather than any "real" self, which is of significance in personality and behavior. It is therefore phenomenological, the essence of which is that "man lives essentially in his own personal and subjective world" (Rogers, 1959, p. 191).

Through all experiences — from infancy on — the individual comes to perceive of himself as being an "I" or "me," that is, a "self." These perceptions are the figure, and the perception of the relationships of the "I" or "me" to the world and to others is the ground. Some of the values attached to these perceptions come from others. For example, in order to be loved by parents, the infant will come to hold as his own some of the values of the parents. Inasmuch as these values are not a part of the normal process of evaluating experience, the constructs are experienced as rigid "shoulds" and "oughts" rather than as real "wants." In subsequent experiences, the individual tends to disregard his own evaluating process in favor of these introjected values. He tries to be what others want him to be rather than to be true to his own self.

Conceived as such, the self-concept becomes the most significant determinant of responses (or behavior) to the environment as it governs the perceptions of meanings attached to the environment. It is the attempt to preserve the existing concept of self from the threat of

experiences which are inconsistent with it which leads to selective perception and distortion or denial of experience with consequent psychological maladjustment. As Rogers (1959) puts it:

This, as we see it, is the basic estrangement of man. He has not been true to himself, to his own natural organismic valuing of experience, but for the sake of preserving the positive regard of others has come to falsify some of the values he experiences and to perceive them only in terms based upon their values to others. (p. 226)

In such behavior, the innate actualizing tendency assumes a confused role — on the one hand, supporting the self-concept and, on the other, seeking to meet the real needs of the real self.

It becomes, then, the purpose of therapy to help bring about a process of reorganization, the principal element of which is a restructuring of the self based upon self-understanding. Beginning with a state of anxiety (which occurs when the conflict between the self-concept and an experience is recognized), the therapeutic process moves across a continuum, ending, to the extent successful, in a changed perception of the self. Expressed in "if-then" terms, if certain conditions exist, then a process will occur; if the process occurs, then certain personality and behavior changes will occur.

Feedback is an essential element of the therapeutic process. Rogers (1959) believes that man is innately capable of differentiating between desirable and undesirable behavior, with every aspect of behavior being treated as it relates to the self. This innate regulatory system is called the "organismic valuing process," which operates on a

feedback basis with the "actualizing tendency" to maintain and enhance the self. In man's choices:

... there is no guarantee that the choice which is made will in fact prove to be self-actualizing. But because whatever evidence exists is available to the individual, and because he is open to his experiencing, errors are correctable. If this chosen course of action is not self-enhancing this will be sensed and he can make an adjustment or revision. He thrives on a maximum feedback interchange and, thus, like the gyroscopic compass on a ship, can continually correct his course toward his true goal of self-fulfillment. (Rogers, 1964, p. 164-165)

Thus it is through feedback that the innate organismic valuing processes regulate behavior. When incongruence between self-concept and experience occurs, the state of disorganization which follows within the individual is a result of a confused regnancy between feedback from the self and from the experience (Rogers, 1959).

In the therapeutic process, it is through feedback that the fourth essential condition (that the client perceives congruence, unconditional positive regard, and empathic understanding on the part of the therapist) for therapy to occur is realized. It is by means of the feedback furnished through clarifying, feeling reflection, and experiencing (normally accomplished through verbal and nonverbal responses) that the therapist helps the client to perceive his "self" and willingly to accept all aspects of his "self."

In group counseling, feedback is furnished by the therapist and by other members of the group. Writing on encounter and other similar type groups, Rogers (1970) describes such groups as "the most rapidly spreading social invention of the century, and probably the most potent" (p. 1). He feels that there are certain threads running in common

through the wide diversity of groups. They all focus on the intensive group experience; they all are small and relatively unstructured and choose their own goals and directions; they all often include some cognitive input; they all focus on the dynamics of immediate personal relations; and in all the leader primarily facilitates the expression of both feelings and thoughts on the part of the members. The individual comes to know himself and each of the others in the group; he becomes deeply acquainted with his own inner self and comes to relate better with others not only in the group but also in everyday life. In connection with the changes in the individual group participant, Rogers (1970) relates:

I have seen individuals alter, very measurably, their concept of themselves, as they explore their feelings in an accepted climate, and receive tough and tender feedback from the group members who care. (p. 70)

As for the facilitator's role, Rogers prescribes such behavior as accepting the group "where it is;" accepting the individual members of the group, empathically understanding them, providing them with feedback and confrontation guided by their responses, and avoiding interpretative comment and planned exercises.

Rogers describes the group process in roughly sequential order as: milling around, resistance to personal expression or exploration, description of past feelings, expression of negative feelings, expression and exploration of personally meaningful material, expression of immediate interpersonal feelings in the group, development of a healthy capacity in the group, self-acceptance and the beginning of change, cracking of facades, receipt of feedback, confrontation, helping

relationships outside the sessions, and the basic encounter — followed by the expression of positive feelings and closeness and corresponding changes in behavior. The "basic encounter" — the central, most intense, and most change-producing experience in the group — is described in terms of a deep acceptance of another reached at the point at which one member can say to another: "I feel completely with you."

With reference to Rogers' client-centered therapy, it appears that largely he has transferred his postulates on individual therapy to group therapy. His therapeutic group climate points toward the single basic postulate of client-centered therapy — that man has an inherent tendency to develop all his capacities in ways which serve to maintain or enhance his organism. When free to operate, this tendency moves the individual toward the process called growth, maturity, and life enrichment. The function of the facilitator (or counselor) is to facilitate the movement by providing a climate of trust within which the group member (or counselee) feels safe to be himself. Rogers' unstructured groups, by choosing their own goals and directions, focusing upon interpersonal relations (feedback and confrontation), and becoming deeply acquainted with themselves and thereby engaging in more self-fulfilling behavior, represent a replica of his dynamics of the individual therapeutic process. The role of the group facilitator in accepting group members, empathically understanding them, and helping them in a nondirective and permissive way to come to grips with themselves is a parallel of the role of the therapist in one-to-one client-centered therapy.

In was upon the above-described constructs of self-concept, feedback, and group counseling that the process element of audiovisual self-confrontation was injected in this study. It was on Rogers' (1959 and 1974) idea of the self as a pattern of perceptions and values elaborated through interaction with the environment, particularly with significant others, and his feeling that every aspect of experience is treated as it relates to the self that the study was formulated — investigating the effect on self-concept growing out of an interrelational experience (group counseling) supplemented by the experience of seeing oneself as seen through the eyes of others (as recorded by audiovisual tape recorder). The essential question posed is whether or not feedback in the form of literally seeing and hearing oneself and literally reseeing and rehearing the reactions of others to oneself will better allow the individual to recognize and to accept his own feelings, to accept what is, and to assign meanings to these realities — thus helping to bring about a self-concept trusting of organismic valuing processes and thereby not fearful of experiences with the outside world and with others.

CHAPTER II

REVIEW OF THE LITERATURE

This study is an attempt to determine the effects of audiovisual tape self-confrontation on the self-concept of high-school students within a client-centered group counseling setting. Accordingly, the literature review is designed to lay the foundations for the study in terms of the nature of group counseling, the construct of "self-concept," and the content of prior research relating to the effects of self-confrontation on self-concept and other aspects of personality.

1. Group Counseling.

A. Nature of group counselling — Group counseling in schools is the most recent outgrowth of an historical movement beginning with group work in social fields, followed by the birth of group dynamics in the thinking of Kurt Lewin (Rogers, 1970; and Diedrich, 1972), the widespread use of group psychotherapy in hospitals after World War II, and the more recent mushrooming of a variety of sensitivity and encounter type groups (almost to the point of "fadism"). Although a comparatively recent development, the use of group counseling methods in schools has increased enormously during the past two decades. The thrust in the early literature characterized the initial movement as cognitive and stylistic in form with emphasis upon trait-centered learning about oneself and others in relation to a common problem or task. More recent approaches stress interpersonal dynamics with

emphasis upon behavioral change growing out of self-awareness and self-knowledge in terms of self-actualization — a concomitant of the growing force of self-theory, as pointed out previously in this paper.

Thelan (1972) expressed the nature of this contrast in terms of "kinds of congruence — member to group and group to member" (p. 13). The latter, group-task congruence, is concerned with inquiry, cognitive process, and organization, with the group seen as a small producing society responsible for certain functions within an interlocking network of functioning groups. In the other case, the group is seen as the milieu for each individual's comfort and need-meeting. Thelan merged the two approaches in describing the purpose of the group as "to move toward the fulfillment of implicit and explicit purposes held for the group and for themselves by each individual in his capacity as a member of the group" (p. 15).

Moreno (1966) has been given credit for introducing the terms "group therapy" and "group psychotherapy" into the field in the early 1930s, when the beginning of group therapy took place under the leadership of such disciplines as sociometry and microsociology. He described the new therapeutic thinking as culminating in the dictum:

One patient can be a therapeutic agent to the other; let us invent devices by which they can help each other, in contrast to the older idea that all therapeutic power rests with the physician. (p. 21-22)

Moreno contrasted group therapy with individual therapy as follows:

The premise on which the therapy of the individual is based is a fair knowledge of the structure of the individual psyche, or, as it is often said, of its psychodynamics; on the basis of this knowledge, individual diagnosis and individual therapy can be undertaken. The premise upon which the therapy of a group would be used, consequently would be knowledge of the structure of groups, of the sociodynamics operating within them as a result of the relations between the individual members. (p. 18)

The movement of group therapy into schools has produced a variety of definitions of group counseling, its processes, and its dynamics, generally incorporating common threads and, over time, reflecting the change from task orientation to self-orientation. Bennett (1955) defined "group guidance" as any phase of the guidance program carried on with groups rather than between counselor and counselee in the face-to-face interview. She distinguished between "group therapy" for individuals with serious maladjustment problems and "group study" for those with more "usual" adjustment problems and suggested that the effects of the former may be different only in degree from evidence of released tension and improved adjustment observable in the latter. Bennett emphasized that the significant aspect of group guidance is that it is a "learning" process, with the objective of providing opportunities for learning essential for self-direction and for therapeutic effects gained through the study of common human problems.

Driver (1958) could not accept "multiple counseling" as being effective without conjunctive individual counseling. She saw group counseling as a small-group discussion activity as a learning medium for personal growth. The leader-participant relationship in group meetings was thought to be insufficient to meet the requirements of

"counseling." Learning in the group occurred through: (1) the discussion content, (2) personal relationships of group members, (3) interacting of group members with the leader, and (4) follow-on individual counseling. Driver used "personal growth" or "growth toward maturity" rather than "adjustment" as the objective on the general premise that even a well-adjusted individual may continue to grow. She postulated that specific objectives may be to rid oneself of unhealthy attitudes and habits; to resolve confusion and conflicts regarding values, interrelationships, and life goals; and, for neurotic and psychotic patients, to find support and reassurance.

Exemplifying the thinking of group counseling as group learning was Garai's (1966) advocacy of classroom discussion as a technique for the promotion of personality growth. The objective was to provide the student with a more profound insight into his own unconscious motives, enabling him to face himself and to become an emotionally mature and self-reliant person who could establish his own goals in life. The ultimate aim was remarkably close to Rogers' (1959) self-actualization. The group technique was proposed to establish an atmosphere free from the traditionally imposed "superego" restraints.

Shertzer and Stone (1968) believed that, "in counseling, a group consists of two or more persons who voluntarily have contact, proximity, and interaction which produces [sic] changes in the individual" (p. 442). Outcomes are the result of members' interaction and influence upon one another. This interaction process, at times used synonymously with the term "group dynamics," serves to develop

and to maintain the identity of the group and its effects upon the members. Hopkins (1964) describes the multiple direction of movement in the group as follows:

In social behavior the movement is largely individual to individual, whereas in group behavior there is a tangible qualitative interdependence of each upon others which operates in three ways: individual to individual, individual to whole, and whole to individual. ... (p. 92)

Combs, Cohn, Gibian, and Sniffen (1963) proposed the following definition:

Group counseling, as we see it, is a dynamic, interpersonal process through which individuals within the normal range of adjustment work within a peer group and with a professionally trained counselor, exploring problems and feelings in an attempt to modify their attitudes so that they are better able to deal with developmental problems. (p. 355)

Similar to Rogers (1951), these authors emphasized that counseling is feeling oriented, with reflection, clarification of feelings, and modification of attitudes as focal points. The major concern is with growth rather than with cure of deficit behavior.

Pearson (1966) specified the unique characteristics of groups as: (1) ability to elicit commitment and involvement from the members, (2) sensitivity to the particular needs of members, and (3) ability to exert influence upon the attitudes of members. Implied in each of these is the effect of interrelations experienced in the group as an agent of change.

Homans (1950) defines a group as:

... a number of persons who communicate with one another often over a span of time, and who are few enough so that each person is able to communicate with all the others, not at second hand, through other people, but face to face. (p. 1)

Klineberg (1954) felt that Homans' concept of "over a span of time" was too restrictive in that two or more people may come together briefly and may interact and influence each other, thereby constituting a group. Bales (1953) offered a concept that recognized the significance of the awareness of other persons in the group:

A small group is defined as any number of persons engaged in interaction with one another in a single face-to-face meeting or a series of such meetings, in which each member receives some impression of perception of each other member distinct enough so that he can, either at the time or in later questioning, give some reaction to each of the others as an individual person, even though it be only to recall that the other was present. (p. 30)

Cartright and Zander (1960) pointed out that "group dynamics" has been used with three interpretations: first, referring to a sort of political ideology concerning the ways in which groups should be organized and managed; second, referring to a set of techniques, such as role-playing and various methods of feedback of group sessions; and, third, referring to a field of inquiry concerning knowledge about the nature of groups, the laws of their development, and their interrelations with the individuals and other groups. These authors defined a group goal as a location the group hopes to reach. Progress in the direction of the location can be thought of as progress toward a goal. Success of the discussion can be estimated by measuring the distance at any moment from the desired location.

The goal of group counseling has been stated by Bonney (1965) as the creation of an interpersonal climate (counseling atmosphere) which will allow each individual to develop insight into himself and to achieve healthier personal adjustment" (p. 970). This goal is

accomplished in the group through discussion of personal concerns at an affective level.

Shertzer and Stone (1968) felt that the responsibilities of the counselor in group counseling parallel those in individual counseling, with the task being more complicated because of the necessity for awareness of the group interaction. The counselor must:

... convey feelings of acceptance, warmth, and understanding ... must capture and reflect the counselee's feelings, help him to tell his story, and set the stage for desirable learning experiences. (p. 461-462)

B. Summary of group counseling — Group counseling in schools is a comparatively recent development with historical roots in group social work, in the thinking of Kurt Lewin, and in the widespread use of group therapy in hospitals following World War II. The school movement began with a task- or project-oriented approach closely associated with instructional or learning-type organizational forms and methods (Bennett, 1955; Driver, 1958; Garai, 1966). Development has been toward more unstructured organization, feeling oriented, and stressing interpersonal dynamics as a means of self-knowledge upon which behavioral change is based (Rogers, 1951 and 1970; Combs, Cohn, Gibian and Sniffen, 1963; Bonney, 1956; Pearson, 1966; Shertzer and Stone, 1968).

2. Self-Concept.

A. Construct of self-concept — The construct of self-concept has been widely used among psychological theorists. In fact, only a very few do not use some variation of the construct in their personality theories (Wylie, 1961). The assumption is that the human being

functions on a conceptual level and develops a group of attitudes about himself. These attitudes are exemplified by such self-reference statements as, I am honest; I am afraid; and I am beautiful, forming a gestalt which is labelled the "self-concept."

Despite the widespread use of the construct, Hall and Lindzey (1957) grouped the definitions into two general categories. The first of these, self-as-process, includes definitions that delineate the self as a "group of processes" such as perceiving, thinking, and remembering. The second of the categories, self-as-object, focuses upon "the person's attitudes, feelings, perceptions, and evaluations of himself as an object" (Hall and Lindzey, 1957, p. 468). Of particular relevance to this study are those conceptualizations within the latter group which stress the phenomenal self, that is, the conscious rather than the unconscious self. Major theorists in this tradition include Lecky, Murphey, Snygg and Combs, and Rogers. The self constitutes the core of Rogers' client-centered approach, which has, in fact, been called "self-theory" by Hall and Lindzey (1957).

The social interaction concept is central to many current personality theories and has roots in a psychological-sociological heritage including such theorists as William James (1890), C. H. Cooley (1922), and George Mead (1934). To emphasize the social nature of the self implies that the self is, in part, a developmental product which rises out of social interaction. As a base for much subsequent self-theory, William James philosophized a social self predicated upon the approving recognition of others. James wrote:

In its widest possible sense, however, a man's Self is the sum total of all that he can call his, not only his body and his psychic powers, but his clothes, and his house, his wife and his children, his ancestors and friends, his reputation and his works, his lands and his horses, and yacht and bank account. (James, 1890, p. 291)

A man's social self is the recognition he gets from his mates. ... No more fiendish punishment could be devised were such a thing physically possible, than one should be turned loose in a society and remain absolutely unnoticed by all the members thereof. ... Properly speaking, a man has as many social selves as there are individuals who recognize him and carry an image of him in their minds. ... We may practically say that he has as many different social selves as there are different groups of persons about whose opinion he cares. (James, 1890, p. 293-294)

To Cooley, "each to each a looking glass reflects the other that doth pass" (Cooley, 1922, p. 152). In other words, each individual's concept of himself is a product of his assessment of how others view him. Cooley described the process thusly:

As we see our face, figure, and dress in the glass, and are interested in them because they are ours, and pleased or otherwise with them according as they do or do not answer to what we should like them to be; so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it.

A self-ideal of this sort seems to have three principal elements: the imagination of our appearance to the other person, the imagination of his judgement of that appearance, and some sort of self feeling, such as pride or mortification. The comparison with a looking glass hardly suggests the second element, the imagined judgement, which is quite essential. The thing which moves us to pride or shame is not the mere mechanical reflection of ourselves, but an imputed sentiment, the imagined effect of this reflection upon another's mind. (Cooley, 1922, p. 152)

Cooley (1922) and Mead (1934) described the acts of either participant in a dyadic relationship as the product of a complex interplay of acts and perceptions. Mead's self is an object of awareness

which the individual comes to hold as a result of experiencing reactions to others. This social self is developed in a social setting in which one "becomes a self in so far as [sic] he can take the attitude of another and act toward himself as others act" (Mead, 1934, p. 171). Mead developed this position as follows:

The socialized human animal takes the attitude of the other toward himself and toward any given social situation in which he and other individuals may happen to be placed or implicated; and he thus identifies himself with the other in that given situation responding implicitly as the other does or would respond explicitly, and governing his own explicit reaction accordingly. The socialized non-human animal, on the other hand, does not take the attitude of the other toward himself and toward the given social situation in which they are both involved because he is physiologically incapable of doing so; and hence, also, he cannot adjustively and cooperatively control his own explicit response to the given social situation in terms of an awareness of that attitude of the other, as the socialized human animal can. (Mead, 1934, p. 235)

In other words, effective, realistic, interpersonal relationships depend upon the individual being aware of himself and of his meaning for others and utilizing this information as a basis for subsequent acts. There is common ground between Mead's formulation and that of several contemporary theorists in presenting descriptions of "self" intertwined with and growing out of interpersonal relationships involving an interdependence between the self of one person and that of another.

Although not formulating a precise definition of self, Lecky is described as having "developed ... the conception that the individual must define for himself the nature of that totality which is is" (Murphey in Lecky, 1951, p. 1). Lecky presented a theory of self-consistency, postulating that the personality develops as a result of

contacts with the world and incorporates into itself the meaning derived from external contacts. It is the "organization of experience into an integrated whole" (Lecky, 1951, p. 155). He believed that the individual seeks those experiences which support his values and avoids, resists, and even forcibly rejects those which are inconsistent with them.

Snygg and Combs, defining the phenomenal field as "the universe, including himself, as it appears to the individual at the moment," presented the concept of self as including "all those parts of the phenomenal field which the individual experiences as part or characteristic of himself" (Snygg and Combs, 1949, p. 57-58). The self is composed of all the meanings which the individual has about himself and his relation to the world around him. Hall and Lindzey interpreted this definition as both a self-as-object concept and a "doer" concept, citing a personal communication from Combs as a basis for the dual capacity:

Thus a rock is made up of certain molecules and is thus a product. It also, by its very existence, has an effect upon the world around it or upon the world in which it rests, and is thus also a process of a dynamic. (Hall and Lindzey, 1967, p. 470)

From a developmental point of view, Snygg and Combs saw the self as a direct outgrowth of the culture matrix of parents and early guardians. As the self is the result of experience in large part with others, behavior necessarily is an outgrowth of the meaning of that experience and the individual necessarily becomes what he is labelled by the community (Snygg and Combs, 1949).

Murphey defined the self as the person's perceptions and conceptions of his whole being — "the individual as known to the individual" (Murphey, 1947, p. 996). This "biosocial" approach conceives of man as a biological organism which maintains a reciprocal relationship with its material and social environment. Seeing the personality as both biological and social, Murphey related the dependence of self upon interrelationships as follows:

... or, to put it more broadly, selfhood is interwoven with experiencing other individuals ... this dependence of self upon the perception of others is a primary clue to the social nature of man and to his utter incapacity for any complete autonomy or either complete perception or action. (Murphey, 1947, p. 491-492)

Sullivan's interpersonal theory postulated the developmental history of personality as actually the developmental history of possibilities of interpersonal relations, encompassing a "self-system" as "the extensive organization of experience within personality" (Sullivan, 1953, p. 373). Sullivan's self-system is not an inborn tendency or a static trait that comes suddenly into existence; rather, it is a dynamic functional capacity to view and deal with others which has developed out of interaction with significant people. It is not original with the individual but rather is the "reflective appraisal" of others (Bruch in Burton, 1974).

Possibly more than any other theorist, Sullivan (1953) emphasized the deleterious impact of self-misperception upon interpersonal relations. He exemplified this in describing a hypothetical case of Mr. and Mrs. A. as follows:

We have been content thus far in our discussion of hypothetical A to refer to her showing some contempt for her husband, as a result of which he was in some obscure way hurt, slighted, humiliated, offended, angered, and moved to retaliation—although he was not aware of this, but instead felt weary. He experienced, lived, underwent, the hostile action, he manifested anxiety called out by it; but he was not clearly aware of either phase of this, rather he avoided our efforts to correct his misinformation about it. (Sullivan, 1953, p. 107)

Sullivan depicted the relationship as continuing to deteriorate based upon a quagmire of misperception — an interpersonal world existing on the quicksand of misperception.

In similar vein, Cameron (1947) pointed out that individuals who are aware of their social stimulus value to others have a minimal susceptibility to the various forms of psychotherapy. Literature concerned with communication theory is relevant also in this area. Berlo (1965) described interpersonal relations in a manner which places a premium upon the individual being aware of his meaning as a stimulus. He stated:

All of us anticipate the future, we make predictions about the relationship between (a) certain behaviors on our parts, (b) subsequent behavior of other people, and (c) subsequent behaviors of our own. We do more than act and react. We develop expectations about others which effect our actions—before we take them. (Berlo, 1965, p. 48)

In a more limited sense, Gough (1948) postulated that psychopaths are deficient in role-playing ability and thus are unable to regard themselves as stimulus objects or to identify with another's perspective.

Shibutani believed that each man forms a conception of himself on the basis of two sets of sensory cues — those things that he can

experience directly and the consistent responses of other people. Postulating that self-conceptions are formed and reaffirmed from day to day in the interaction of people with one another, he stated:

One's conception of himself is essentially a reflection of his attributes as they are mirrored in the society of which he is a part. He constructs the personification from the reactions imputed to other people. ... Thus, self conceptions develop in social interaction. (Shibutani, 1961, p. 230)

Lowe discussed the constructs of the self as the knowing self, self as motivator, self as a humanistic semi-religious conception, self as organizer, self as pacifier, and self as the subjective voice of the culture, a purely social agent. He concluded that self is an artifact which is invented to explore experience — to mediate encounter between the organism and experience. (Lowe, 1961)

Secord and Bachman defined the self as consisting of the set of cognitions and feelings an individual holds toward himself and postulated that stability or change in behavior is a function of the network of interpersonal relations. Analysis of the intrapersonal system is based primarily upon the interpersonal system, consisting of aspects of self-concept, behavior relevant to such aspects, and "perception of how another person behaves toward him and feels toward him with respect to that aspect" (Secord and Bachman, 1965, p. 91).

B. Summary of self-concept — Some variation of the self-concept is incorporated in the theories of most personality theorists. The concept generally was characterized by phenomenological self theorists within the framework of two postulates — first, that the

human being conceives of himself as an object and, second, that the conception is a development of social interaction (James, 1890; Cooley, 1922; Mead, 1934; Murphey, 1947; Snygg and Combs, 1949; Lecky, 1951; Rogers, 1951; Shibutani, 1961; Secord and Bachman, 1965; Sullivan, 1974).

Within the parameters of social interaction, the general feeling was that the self is largely a product of interpersonal relationships with the operant factor being the reaction of others to the self of an individual. The individual's concept of self is characterized as a product of how others see him (Cooley, 1922), is awareness of self in terms of the reaction of others (Mead, 1934), is interwoven with experiencing other individuals (Murphey, 1947), and is a reflection of his attitudes as mirrored in society (Shibutani, 1961). A follow-on aspect of this interaction matrix was the postulate that behavior is necessarily an outgrowth of the self-concept (Mead, 1934; Snygg and Combs, 1949; Rogers, 1959; Secord and Bachman, 1956).

3. Feedback.

A. Content of prior research — The social nature of the self as postulated by the majority of phenomenal theorists makes "feedback" (within the context of both intra- and intercommunication) the singular most important element of self-conception. Cooley's "looking-glass man," Mead's "socialized human animal," Murphey's "biosocial man," and Sullivan's "interpersonal" man, among others, provide strong theoretical support for the interrogatory paradigm, How do others see me? as the principal operative force in the construct of self-concept.

Feedback has been defined as the "transmission of a fraction of the output of a machine, system or process to the input, to which the fraction is added or subtracted" (Borko, 1962). English and English (1958) defined it in terms of "knowledge of results," "coenesthesia," "proprioception," and "kinesthesia." Whitaker and Lieberman (1964) described feedback with reference to its meaningfulness and its relation to what is happening at the time in terms of "both the reactions a patient's behavior elicits from others and their verbal reports of such reaction." Their paradigm for feedback was, "I feel this in response to your behavior and comments," as opposed to, "This is what you are doing." They felt that the former is more responsive and more meaningful for evaluation of the interpersonal relationship.

Stoller recognized the importance of feedback being in close proximity to the response to which it is made. He defined it as:

... feedback, as used here, signifies verbal and non-verbal responses from others to a unit of behavior, provided as close in time to the behavior as possible, and capable of being perceived and utilized by the individual initiating the behavior. It may serve to steer and give direction to subsequent behavior. It may also serve to stimulate changes in the behavior, feeling, attitude, perception, and knowledge of the initiator. (Stoller, 1968)

Benne, Bradford, and Lippitt also gave support to the time element in saying: "In learning about the effect of his behavior on people, the learner needs to have some more or less immediate report of the effects of his response on the others" (Bradford, Gibb, and Benne, 1964, p. 25).

Stoller also emphasized the necessity of feedback to be presented in a comprehensible and usable manner:

A response to a group member may be valid but it is useless unless it is given in a usable fashion. Insofar as it is his own behavior, recently perpetuated, an individual seeing himself on video tape [sic] is receiving the clearest, least distorted, and most comprehensible feedback possible. The ease with which the behavior can be shown over and over again, if necessary also highlighting the clarity with which the self-information is presented [is invaluable]. (Stoller, 1968, p. 210)

Whitman added:

Feedback implies not only understanding what has been said. The crucial test of understanding is whether [or not] the person can utilize what has been said to create new thought or insight. (Bradford, Gibb, and Benne, 1964, p. 319)

Electronic feedback devices (as well as other contrived feedback methods) have been used extensively in the field of education. Such feedback has been used in individual therapy (Geertsma and Reivich, 1965; Boyd and Sisney, 1967), in group therapy (Stoller, 1968), in training of counselors (Walz and Johnston, 1963; Kagan, Krathwohl, and Miller, 1963), and in microteaching (Fuller and Manning, 1973).

Role-playing was used by Bowman (1946) in an attempt to develop insight into participants' own dynamics and those of their audience. Elkish (1957) explored the impact of mirror images on institutionalized mental patients. Ward and Bendak (1964) used photographs in testing psychiatric patients.

Rogers (1942) used recordings made on acetate discs and magnetic wire recorders to analyze and teach client-centered psychotherapy. Freed (1948) was one of the first to use sound recording as an adjunct to psychotherapy. Acetate and wire recordings were played back to patients, and the patients' reactions to this self-confrontation were

discussed. This was found to be effective particularly in play therapy with children and in treatment of character disorders.

Kidorf (1963) made use of audiotape playback of previous sessions in group therapy with delinquent boys and with women with severe neurotic symptoms. He reported examples from both groups of how the playback facilitated insight into the patients' traits and feelings — insight which they had previously resisted. He exemplified "a real breakdown in his defense" in citing the remarks of one boy:

... no wonder I can't get along with adults. I looked like a real wise guy. I'll bet I've been talking like that all along, and they don't like me for the way I talk, and don't even listen to what I say. (Kidorf, 1963, p. 212)

Cameron found that repeated playbacks of audiotapes:

... resulted in both the patients and the therapists being able to perceive and understand meanings in communications which they could not detect when the material was played back for the first time. (Cameron, 1958, p. 27)

The responses of psychotic patients and changes in their psychotic states as a result of what was called "self-image experiences" were investigated by Cornelison and Arsenian (1960). The investigation included sixteen schizophrenic patients selected from those who were acutely ill but with no gross organic impairment, no recent electroshock therapy, and no drug therapy in the current hospitalization. A picture of the patient was shown to him and his response was observed and discussed with him. Each subject recognized himself and seemed to pay more attention to the self-images than he ordinarily gave to objects outside himself.

Reaction to the pictures "varied from abruptly enhanced impassivity to emotional outbursts: e.g., one woman cried 'terrible, terrible, terrible!'" Women patients demonstrated more intensity in their responses. Two of the women tore up the pictures and four asked for copies, whereas none of the men destroyed the pictures and only one asked for a copy. Eight of the sixteen patients improved after the self-confrontation experience. Most became markedly less dishevelled, changed favorably in affect, and improved on Rorschach, Draw-a-Person, and sentence completion tests. Those patients with high levels of anxiety benefited most from the experience (Cornelison and Arsenian, 1960).

Research by Moore, Chernel, and West was one of the few reviewed experiments which used a control group. The research involved three samples taken from eighty consecutive patients admitted to a neuropsychiatric unit. Each patient underwent an audiotaped standardized interview which lasted approximately twelve minutes. Alternate patients were shown a replay of the interview immediately after it was held, with follow-up sessions held at weekly intervals thereafter. Both groups received the same treatment, but only one group experienced the self-confrontation. The patients subsequently were rated by resident psychiatrists. Fifty per cent of the self-confrontation group was rated as "maximally improved" while only 12 per cent of the control group received this rating. (The results were somewhat compromised by the belief that the rating residents knew which patients received the self-confrontation and by the fact that the self-confrontation patients

remained in the hospital an average of twenty-four days longer than the control patients.) (Moore, Chernell, and West, 1965)

Looking into the dynamics of empathy, Kagan, Krathwohl, and Miller used the videotape recorder as a technique of stimulated recall methodology. A counselor and a client conducted a counseling interview after which each proceeded to a separate room to witness a playback in the presence of another counselor. The function of the second counselor was to encourage clients to describe feelings, interpret statements, and translate body movements at various times during the playback. The investigators found that apparently clients felt removed enough from the images on the screen to be able to think of the portrayed persons (themselves) as being well known to them yet not quite they. Observing themselves in various interpersonal tactics with the help of a skilled interrogator enabled the clients to reveal at length and in depth much of the subtle or semiconscious meanings in the interview (Kagan, Krathwohl, and Miller, 1963).

Sampson, Ray, Pugh, and Clark (1962) used self-confrontation with photographs as a measure of social sensitivity with hospitalized schizophrenic patients. Patients reacted to their photographs with a variety of immediate responses, ranging from fond self-indulgence to hostile denial. It was a moot question, often, as to whether denials and failure to acknowledge self-photos should be seen as a simple failure to recognize the self or were a matter of narcissistic denial of the psychotic self so graphically portrayed in the photograph.

Murray (1963) found some psychological (heart rate) changes under various two-person stressful situations, one of which was a showing of a sound film of an interview.

Working with the effect of self-confrontation upon the performance of specific tasks, Logue, Zenner, and Cohman (1968) studied the effectiveness of videotape playback as a means of improving the activities of filling out job application blanks and undergoing job interviews. Seventy-five patients referred to vocational counseling in a neuropsychiatric hospital were assigned randomly to a control group, a group exposed to programmed materials, and a group exposed to the materials and to a videotape replay of a practice job interview. No significant differences were found in the accomplishment of the measured tasks. The investigators suggested that this may have been due to the anxiety-producing effect of the playback of the single practice job interview. They recommended use of more than a single practice and self-confrontation to desensitize a person to the anxiety-producing situation.

Studies in which some concept of "self" was used as a dependent variable included that of Walz and Johnston (1963). This exploratory investigation was concerned with counselor changes in self-perception as a result of video-viewing counselor interviews. A measure of self-perception was filled out by thirty counselor candidates after an interview and again after viewing the interview on tape. Results suggested that:

... the experience gave counselors greater confidence in their interviewing and greater awareness of personal qualities in addition to increasing their desire for self-study. While the counselors became less positive in descriptions of themselves, this evaluation was more in line with their supervisors' rating. (p. 232)

Hogan and Alger (1967) reported enthusiastically about their use of videotape playback as a clinical tool with outpatient groups. The method of presentation involved recording a fifteen-minute segment of a group session and then immediately playing back the recording over television monitors to the group. During the playback, any member of the group could stop the tape at any point to comment on his own reactions. Hogan and Alger noted:

After one experience with video-tape playback, patients have often gained an awareness of their behavior which has eluded them during the months and years of verbal interpretation. Another important factor is the general lack of defensiveness on the part of the patients. Contrary to what may be thought, people seem generally pleased to learn how they manifest themselves to others. This supports the findings that motivation to change is frequently increased when video-tape playback is used. ... To read something might bring intellectual insight. To be told something may produce a similar and possibly a more effective consequence. To be shown something has even more impact. But to actually do something oneself makes it possible to experience it more fully, and hence makes it possible to integrate it more completely into one's behavior.

In the opinion of Hogan and Alger, the playback serves to enhance the development of insight, regarding both one's own inner feelings and one's understanding of interpersonal relations.

Cornelison and Tausig (1964) used videotape in what was called "self-image experience" with patients at Delaware State Hospital. They noted that self-confrontation can sometimes be a factor in the

improvement of behavior but cautioned that a need exists to tailor the experience to the individual.

Armstrong (1964) used therapeutic self-confrontation by playback of sound recordings in group therapy with hospitalized male alcoholics. She observed that the playbacks resulted in group members interpreting their behavior patterns; in tying the sessions together; and in serving as a springboard for further, often more productive discussions.

Working with college students, Nielson (1964) found that the experience of self-confrontation left none of them "untouched." He quoted the reaction of one of the participants as follows:

Oh, brother, I don't want to see this; it was terrible. Oh God! I just kept stuttering, I never said anything: I just stuttered. Oh, it was so horrible. (Laughing) I sure am embarrassed. My God! I thought it was horrible. I know I'll never go to Hollywood now. ... Oh, God! I get — you can hear my accent. I just think it was horrible. I mean, I was just tied in knots; all I could do was stutter. ... It didn't seem this bad to me then, but it seems horrible now. Terrible. I don't want to talk about it. Too embarrassing to talk about it. That's about all I can say. I kept fidgeting with my tie. You can see I bit my fingernail. I rubbed my nose. I grabbed hold of the chair almost three or four times. ... It's just amusing, that's all. It's so embarrassing. I'm mad at all of you to make such a spectacle of myself. I don't want to continue with these tests anymore. I don't know what else to say ... I was confused. I must have been terribly confused.
(p. 218)

Nielson noted that, during the viewing, some subjects recognized manifestations of forceful emotions which were not experienced during the interaction itself. Other subjects reported having had strong emotional reactions during the interaction, but these internal feelings were not outwardly shown on the playback.

Boyd and Sisney (1967) studied changes in self-concept and concepts of interpersonal behavior of inpatients on a psychiatric ward. Fourteen patients were assigned randomly to experimental and control groups, with the former being shown a videotape replay of a ten-minute standardized interview while the latter was shown a ten-minute replay of a daytime television comedy. Findings were that interpersonal concepts of self, ideal-self, and public-self became less pathological and less discrepant with one another, with differences between groups remaining significant after two weeks (with one exception). The investigators felt that results of the study strongly suggest that self-image confrontation does have a measurable and, presumably, a positive effect upon some aspects of the experience of emotionally disturbed patients.

Stoller (1967), working with chronic hospitalized patients (some of whom had been hospitalized for fourteen years), used televised group sessions as a means of therapy. Sessions were directed toward enhancing the interaction between individuals in the group and toward others in their environment, toward their static situation in the hospital, and toward the steps they could take to remedy this as well as the self-image they had of themselves. As the number of sessions increased and the novelty of the television medium wore off, the effectiveness of the televising as a therapeutic adjunct continued on a high level. Stoller noted that "concrete evidence of movement was apparent, not only in the manner in which the group functioned, but also in individual acts outside the therapeutic sessions" (p. 159). A second

group was formed with members invited to attend playback sessions on a voluntary basis. Group members accepted the invitation with enthusiasm. Although Stoller did not report definitive results for this group, he felt that:

The use of video-tape presents a possibility for immediate self-viewing and self-evaluation of one's own impact on others which is unequalled by any other modality. The urge to look at oneself is apparently an irresistible one and even patients who seem to have abandoned a considerable amount of their self-esteem cannot turn away from this. Its use in this fashion, although rather crude, would seem to hold a great deal of promise if accompanied by meaningful group discussion. (p. 160)

Stoller has been the principal investigator concerned with "focused" feedback. He stated that:

... work with video-tape feedback has utilized what can be termed 'focused feedback.' It has been noted that when self-viewing is done in a passive fashion, patients tend to concentrate on aspects of their physical appearance rather than on meaningful elements of their interpersonal impact. By having the therapist focus on what he considers to be significant aspects of their manner of functioning and interacting, it was found that patients had the opportunity to see themselves within a meaningful framework. Under these circumstances, the opportunity for self-perception is unsurpassed. (Stoller, 1967, p. 160)

Rezler and Anderson (1971) addressed themselves specifically to the question of the effects of "focused" versus "unfocused" videotape review on self-perception. Focused review meant that the videotape was stopped at selected places and the viewers' attention directed to specific cues in order to alter their self-perceptions and, subsequently, their behavior. Unfocused review meant that the viewers looked at their taped performance without interruptions. The sample consisted of twenty-one health educators attending a one-week workshop to improve

their self-awareness. Half of the group was exposed to focused videotape review and the other half to unfocused review. Self-ratings were obtained before and after the tape reviews. Results indicated that focused self-confrontation brought about more realistic self-perceptions than did unfocused self-confrontation. However, this change was found to be temporary. Repeated exposure to focused self-confrontation seemed to be necessary to strengthen and to maintain a new, more realistic picture of the self. Conversely, unfocused self-confrontation did not bring about more realistic self-perception. Videotape review, without the leader's focusing remarks and subsequent discussion by participants, was not sufficiently provocative to bring about more realistic self-perception. The investigators concluded that self-confrontation has to be focused to help viewers attend selectively to cues that may be overlooked otherwise.

Geertsma and Reivich (1965), in their study of a single client described as having a "character disorder with mixed neurotic features," found that repetitive self-observation by the client by videotape was effective in changing behavior. They observed that the critical factor in the use of the video feedback was the therapist's "cueing" or focusing function:

In general terms, the therapist served the function of directing attention to cues he deemed important in the playback tapes. After this cueing and motivating function had been performed, the playback proved useful in presenting further evidence and examples. (p. 40)

Although videotape or film playback was not involved, Ward and Bendak (1964) found that psychiatric patients who were shown photographs

of themselves and who had interviews which focused upon the details of the photographs showed significant gains on a posttest measure as compared with patients who had the photographs shown to them without the accompanying interview.

In research of relevance to this study, Katz and Resnikoff investigated the relationship between what people observe about their feelings during "live" interaction and what they recall during videotape feedback. The study examined individuals' ability to reliably recall feelings experienced during live interactions when stimulated by videotape feedback. For the live interaction, pairs of subjects engaged in simulated counseling sessions, one playing the role of the counselor and one that of the client. Results indicated that video-tape feedback does stimulate recall of affect with greater reliability for the role of the client. The latter was thought to be consistent with the greater degree of self-exploration demanded by that role (Katz and Resnikoff, 1977).

On the assumption that defensiveness is related to reactions to videotape feedback, Kimball and Cundick investigated the effect of such feedback on defensive and nondefensive subjects. Undergraduate psychology students between the ages of eighteen and twenty-five (with the L and K scales of the Minnesota Multiphasic Personality Inventory as a measure for defensiveness) participated in stressful interview which was videotaped and subsequently reenacted by actors and actresses. The students then viewed their own interview and the reenactment and rated themselves on an eight-adjective Emotional Impact Scale. The results

indicated that videotape feedback is a negative experience for those who score low on a defensiveness scale but not for those who score high. The author suggested caution in giving negative videotape feedback to low defensive and poorly adjusted subjects.

Although not explicitly related to the concept of self (but perhaps implicitly so related), a study by Reeder and Kunce found that videotape modeling techniques were more effective than videotape lecture treatment. A group of twenty-two heroin addicts were divided into two groups, one of which was shown a series of video-models and the other a series of video-lectures. Following each viewing, a "focused" discussion was held. The criterion for evaluation was whether or not the subject was employed or enrolled in school at 30 days, 90 days, and 180 days after termination of the treatment. Results showed that subjects who participated in the video-model treatment had substantially better outcomes than those who participated in the video-lecture treatment. Although self-concept was not considered in the experiment the authors suggested that the use of videotapes provide a tangible stimulus for discussion and self-reflection. Also, there was suggestion that the videotapes provide a communication "bridge" of rapport between the client and the counselor by letting the client know that the counselor is aware of the kinds of problems being experienced by the client (Reeder and Kunce, 1976).

Judd and Smith experimented with a type of unfocused videotape confrontation with a group of 188 first-course speech students who had not previously had a videotape experience. The purpose was to ascertain

if there was a difference in self-concept or ideal self-concept scores attributable to the videotape experience of either mid-term, during the second half of the semester, or at the end of the semester. Each student presented a speech which was videotaped for later viewing. Measures of self-concept and ideal self-concept were taken at the above intervals during the course, from one to seven weeks after the self-viewing by students. Results indicated that at mid-term, there was no difference in self-concept or ideal self-concept factors attributable to the videotape experience. At mid-term, there was significant difference on a "pleasantness" factor between males and females and females videotaped during the first half of the semester significantly increased on a "strength" factor of self-concept during the second semester. At the end of the term there again was no significant difference in either self-concept or ideal self-concept attributable to the videotape experience.

Sanborn, Pyke, and Sanborn provided an excellent review of videotape and psychotherapy covering studies from as early as the 1930's. Beginning with a quote from Carkhuff and Berenson (1967): "A life without confrontation is directionless, passive, and impotent", the authors cite a large number of studies and therapeutical applications of the process. The general conclusion reached was that the preponderance of research has found videotape self-confrontation to be helpful. The authors hold that the process has been used successfully as an adjunct with both individual and group therapy, that it serves as an objective record of events, and that it allows therapist and client to share the

replay on a democratic and equalitarian basis. In final summation, the authors state that: "Essentially, self-confrontation via videotape playback supports the concept that the more the individual knows about his behavior, the more he is in a position to do something about it." (Sanborn, Pyke, and Sanborn, 1975).

B. Summary of feedback — Most studies in the relatively new self-confrontation area have been conducted since 1960 and have been exploratory in nature. The greater number has reported that the technique of confronting an individual with his own image has produced marked changes in behavior (Cameron, 1958; Cornelison and Arsenian, 1960; Sampson, Ray, Pugh, and Clark, 1962; Kagan, Krathwohl, and Miller, 1963; Kidorf, 1963; Murray, 1963; Walz and Johnston, 1963; Armstrong, 1964; Cornelison and Tausig, 1964; Ward and Bendak, 1964; Geertsma and Reivich, 1975; Moore, Chernell, and West, 1965; Boyd and Sisney, 1967; Stoller, 1967).

Studies in which some concept of "self" was used as a dependent variable reached such conclusions as:

(1) Less positiveness in self-description is effected (Walz and Johnston, 1963).

(2) Substantial changes in several traits central to self-regard are generated (Geertsma and Reivich, 1965).

(3) Interpersonal concepts of the self, the ideal-self, and the public-self become less pathological and less discrepant with one another (Boyd and Sisney, 1967).

(4) More negative self-evaluation is developed (Danet, 1967).

- (5) Lack of defensiveness is induced (Hogan and Alger, 1967).
- (6) Lower self-perception is elicited (Rezler and Anderson, 1971).

Although the preponderance of findings indicated that self-confrontation can be employed as an effective technique for enhancing therapeutic goals, several suggested caution in its clinical use. Psychotic patients reacted with emotional outbursts and apparent shock (Cornelison and Arsenian, 1960). A psychotic outpatient reacted with strong affect with the therapist serving as a motivating functionary in order to help the subject overcome resistance (Geertsma and Reivich, 1965). Experimental subjects of a psychotherapy group exhibited a great degree of anxiety and group disruptiveness when unfocused feedback was used (Danet, 1967).

In connection with cautionary use, the manner in which the playback is handled by the therapist appears to be extremely important with regard to its impact (Danet, 1967). Where self-viewing is done in a passive fashion without comment, subjects tend to concentrate upon aspects of their personal appearance rather than upon more meaningful elements. When the therapist focuses upon significant aspects of the interaction, subjects have the opportunity to see themselves within a meaningful framework. On the other hand, if used indiscriminately and without some control by the therapist, videotape feedback will overwhelm the group (Stoller, 1967). Unfocused self-confrontation apparently does not bring about realistic self-perception (Rezler and Anderson, 1971).

4. Conclusion.

The literature generally supported the postulates of this study in that self-confrontation can be used as a therapeutic tool to help the client differentiate and discriminate the objects of his feelings and perceptions, but there was evidence that a sudden obvious demonstration of the self, without therapist help, may result in a deterioration in self-concept. The former tends to be supportive of the hypothesis of this study, namely, that the use of audiovisual self-confrontation will result in a more positive self-concept. It would appear to follow that the intensity of the audiovisual self-confrontation would be reflected in the degree of enhancement of the self-concept, that is, focused self-confrontation would be more effective than unfocused and unfocused would be more effective than none.

CHAPTER III

PROBLEM

1. Problem.

This study is based upon the premise that audiovisual self-confrontation represents a unique adjunct to the techniques of client-centered therapy in providing to the client an objective view of his own behavior as well as reactions of others to his behavior. By providing this view, the confrontation is supportive of the self-perception purpose of therapeutic techniques. This premise is supported by the assertions of Rogers that: (1) one of the objectives of therapy is to help the client differentiate and discriminate the objects of his feelings and perceptions, including his self, thereby bringing about a more positive self-concept, and (2), if incongruence exists, a sudden or obvious demonstration of the incongruence may result in a deteriorated self-concept. As related to these assertions, audiovisual self-confrontation appears to represent a modality for facilitating and accelerating the discrimination of perceptions and to provide a sudden and obvious demonstration of the individual's behavior and others' reaction to it.

The study tests client-centered theory in terms of the two assertions stated above.

2. Hypotheses.

The general hypothesis is that, if audiovisual self-confrontation is used in group counseling conducted under conditions of client-centered therapy, then significantly higher scores will result on a measure of self-concept than will result if such confrontation is not used. Specifically, the problem and the hypotheses are as follows:

Problem: To determine the effect of varying degrees of intensity of audiovisual tape self-confrontation on the self-concept of twelfth-grade students with high anxiety in a group counseling situation under conditions of client-centered therapy.

Hypothesis 1: If high anxiety twelfth-grade students experience focused audiovisual self-confrontation under client-centered group counseling conditions, then these students will score significantly higher on a measure of self-concept than will like students experiencing unfocused and no audiovisual self-confrontation under like counseling conditions.

Hypothesis 2: If high anxiety twelfth-grade students experience unfocused audiovisual self-confrontation under client-centered group counseling conditions, then these students will score significantly higher on a measure of self-concept than will like students experiencing no audiovisual self-confrontation under like counseling conditions.

CHAPTER IV

EXPERIMENTAL METHOD

1. Introduction.

To evaluate the effect of audiovisual self-confrontation upon the self-concept under experimental conditions required the definition of a population and selection of a sample, the definition of variables, the selection of instruments to measure the variables, the formulation of a definitive procedure, and the selection of a data-analysis technique. Following is a description of the experimental elements and a presentation of the procedural steps and analytical technique employed to obtain statistical results interpretable in terms of the hypotheses.

2. Population and Sample.

The subjects for the study were drawn from twelfth-grade students from four public high schools and one private parochial school within the county. For purposes of identification in this study, the schools have been designated as A, B, C, D, and E. School A was a rural public school located in a small community with a population of 800, serving students coming from the community and from the surrounding rural area. School B was a suburban public school located in the outskirts of a community with a population of 5,800, serving students from within the suburban area and from the adjacent medium-sized city area. School C was a small-town public school located in a community with a population of 14,100, serving students from within the town and from

the surrounding rural area. School D was a small-city public school located in a community with a population of 14,200, serving students from within the city and from the surrounding rural area. School E was a private, parochial school located within a medium-sized city with a population of 51,300, serving students predominantly from within the city limits. The twelfth-grade population of the schools was as follows: School A, 150 students; School B, 435 students; School C, 320 students; School D, 564 students; School E, 74 students.

A portion of each school's twelfth-grade students (those who agreed to take the scale) was administered the Taylor Manifest Anxiety Scale. The range of possible scores on the Taylor Manifest Anxiety Scale was from 0 (low anxiety) to 50 (high anxiety). Although normative data are not available for the current (new) test, comparison of scores with those of an older test (Pearson Product-Moment correlation of .85) can be made. The distribution for the normative sample of the old test placed a score of 13 at the fiftieth percentile and a score of 21 at the eightieth percentile. Thus, 93 per cent (plus) of students participating in this study had scores above the eightieth percentile of the old test distribution of 6 per cent (plus) had scores between the fiftieth and the eightieth percentiles. These relatively high degrees of anxiety meet the "presence of anxiety in the client" condition necessary for therapy to occur. The anxiety condition (as well as other conditions) is not postulated as an all-or-none element but rather exists "on continua." The more marked the presence of the conditions, the more certain it is that the process of therapy will get underway and the

greater degree of reorganization of the self will occur (Rogers, in Koch, 1959). (See Table 1 for distribution of students taking the scale by school, age, and sex and Table 2 for frequency distribution of scores by school.)

The highest scoring students (high anxiety) were assigned randomly (randomization) to the different experiment groups (focused, unfocused, and control). The scores of students assigned to the groups are shown in Table 3. Inasmuch as the subjects were formed into randomized groups based upon the characteristic of high anxiety, the population can be specified as "high anxiety twelfth-grade students within the designated schools." It follows that caution must be exercised in generalizing the results to any additional subjects other than perhaps to groups very similar to those involved.

3. Variables.

Variables in the study are defined as follows:

A. Anxiety — A state of uneasiness or tension.

(1) From an internal frame of reference, anxiety is a state in which the incongruence between the concept of self and the total experience of the individual is approaching symbolization in awareness. When experience is obviously discrepant from self-concept, a defensive response to threat becomes increasingly difficult. Anxiety is the response of the organism to the "subception" that such discrepancy may enter the awareness, thus forcing a change in the self-concept (Rogers, 1959).

Table I.-

Distribution of Students Taking the Taylor Manifest Anxiety Scale by School, Age, and Sex.

School	Age	Sex		Total
		Male	Female	
A	18	1	0	1
	17	30	57	87
	16	5	4	9
				N= 97
B	19	2	2	4
	18	21	17	38
	17	29	34	63
	16	4	6	10
	15	0	1	1
				N= 116
C	19	0	1	1
	18	25	17	42
	17	26	34	60
	16	0	2	2
				N= 105
D	19	1	1	2
	18	27	22	49
	17	31	25	56
				N= 107
E	19	1	0	1
	18	5	6	11
	17	8	6	14
	16	1	2	3
				N= 29

Table II.-
Frequency Distribution of Taylor Manifest Anxiety Scale
Scores by School.

School A		School B		School C		School D		School E	
Score	f	Score	f	Score	f	Score	f	Score	f
43	1	39	1	43	1	38	1	38	1
41	1	36	1	38	1	32	1	32	1
37	1	37	1	37	1	31	2	29	1
34	1	33	2	34	1	30	2	28	3
33	1	30	5	33	1	29	2	27	1
32	1	28	2	31	1	28	1	24	1
31	1	27	7	30	2	26	4	23	1
30	2	26	4	29	3	25	6	22	2
28	4	25	3	28	2	24	2	19	1
27	4	24	2	27	2	23	1	18	1
26	3	23	5	26	3	22	5	17	3
25	3	22	4	25	3	21	1	16	1
24	5	21	1	24	3	20	7	15	2
23	2	20	6	23	3	19	7	14	2
22	1	19	4	22	5	18	2	13	3
21	3	18	3	21	6	17	7	11	2
20	1	17	4	20	4	16	4	10	2
19	3	16	7	19	7	15	1	1	1
18	6	15	8	18	5	14	9		
17	6	14	8	17	7	13	7		
16	5	13	7	16	6	12	3		
15	7	12	4	15	3	11	5		
14	6	11	4	14	6	9	6		
13	5	10	4	13	7	8	4		
12	3	9	3	12	3	7	10		
11	3	8	7	11	1	6	3		
10	4	7	1	10	4	5	2		
9	1	6	5	9	2	3	1		
8	5	5	3	8	5	2	1		
7	5			7	3				
5	3			6	1				
				4	2				
				3	1				
				1	1				
N =	97	116		105		107		29	
\bar{X} =	18.19	17.62		18.33		16.24		18.79	
SD =	8.17	7.79		7.70		7.53		7.93	
SD ² =	66.87	60.73		59.26		56.69		62.91	

Table III.-

Scores of Students Selected to Participate in the Experiment.

Score	Number of Students
43	2
41	1
39	1
38	2
37	2
36	1
34	2
33	4
32	2
31	4
30	10
29	6
28	9
27	5
26	4
22	1
19	1
18	1
17	1
16	1

(2) In the chronic anxiety reaction, the patient suffers from persistently heightened skeletal and visceral tensions. These tend to disturb his habitual rhythms of living and predispose him to give exaggerated and inappropriate responses on relatively slight provocation. The anxiety attack is an acute episode of emotional decomposition (Cameron, 1947).

B. Self-concept — The organized, consistent conceptual gestalt composed of the perceptions of the characteristics of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions. It is a fluid and changing gestalt, a process, but at any given moment it is a specific entity which is at least partially definable in operational terms of a Q sort or other instruments of measure. The term self or self-concept is more likely to be used when talking of a person's view of himself (Rogers, 1959).

C. Counseling — A definitely structured permissive relationship which allows the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his own orientation (Rogers, 1957). Such a relationship involving a counselor and one client is known as one-to-one counseling; a relationship involving a counselor and two or more clients is known as group counseling.

D. Empathic understanding — To perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the "as if" condition. Thus, empathic

understanding means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is "as if" one were hurt or pleased oneself (Rogers, 1959).

E. Positive regard — To experience oneself as making a positive difference in the experiential field of another. Positive regard includes such attitudes as warmth, liking, respect, sympathy, and acceptance (Rogers, 1959).

F. Unconditional positive regard — To perceive that, of one's self-experiences, none can be discriminated by the other individual as more or less worthy of positive regard. To feel unconditional positive regard toward another is to "prize him" and to value the person irrespective of the differential values which one might place upon his specific behavior (Rogers, 1959).

G. Congruence — A basic concept which has grown out of therapeutic experience in which the individual appears to be revising his self-concept to bring it into agreement with his experience. Thus, when self-experiences are accurately symbolized and are included in the self-concept in this accurately symbolized form, then the state is one of congruence of self and experience. Other terms which are in a general way synonymous are: integrated, whole, and genuine (Rogers, 1959).

H. Focused audiovisual tape feedback — The stopping of the videotape at selected places while the viewer's attention is directed to specific cues (Rezler and Anderson, 1971).

I. Unfocused audiovisual tape feedback — The viewing of the taped performance by the viewer(s) without interruptions (Rezler and Anderson, 1971).

4. Instruments.

The instruments of measure used in the study were as follows:

A. Anxiety measure — Taylor Manifest Anxiety Scale. The scale was developed for selecting experimental subjects. It was constructed originally from two hundred items from the Minnesota Multiphasic Personality Inventory submitted to five clinicians for designation of items indicative of manifest anxiety according to Cameron's description of chronic anxiety reaction (see Variables, para A.(2), p. 51). A revised scale consists of fifty of the original sixty-five items that showed high correlation with total anxiety scores in the original group tested. Administration to introductory psychology college students, to basic training airmen, and to night school introductory psychology college students produced similar distributions with slight positive skew. Retest reliability over a three-week interval yielded a Pearson Product-Moment coefficient of .89. A second retest study over five- and over nine- to seventeen-month intervals yielded coefficients of .82 and .81, respectively. Means of the three sets of scores remained essentially the same. Correlation with scores on anxiety items on the Minnesota Multiphasic Personality Inventory was .68. A second revision version (to simplify vocabulary and sentence structure) yielded a Pearson Product-Moment coefficient of .85 with the old test and retest

correlation of .88 over a four-week interval. A comparison of scores of normal individuals and psychotic patients appears to indicate some relationship between anxiety scores and clinical observations of manifest anxiety (Taylor, 1953). The scale has rapidly gained prominence both in research and in clinical practice (Anastasi, 1961).

B. Interpersonal relationship measure — Barrett-Lennard Relationship Inventory. The inventory is a sixty-four item questionnaire which is divided into four subscales to measure regard, empathy, unconditionality of regard, and congruence. These are the basic dimensions of interpersonal relationships which have been emphasized as necessary requirements for successful therapy by Rogers, among others. Each subscale consists of sixteen items, of which eight are positively oriented and eight are negatively oriented. Each item may be rated from plus 3 to minus 3. Thus, on each subscale, it is possible to get a total score ranging from plus 48 to minus 48, and, on the entire inventory, the range is from plus 192 to minus 192. The regard subscale measures the amount of regard that one individual sees himself receiving from another. The unconditionality of regard subscale is designed to answer the following question: Even if I do things of which the other person does not approve, does he still give me regard as a person? The congruence subscale is concerned with whether or not one perceives another as "leveling" or "playing games" with him. Essentially, it is designed to answer the question of interpersonal trust. The inventory was developed in 1963 and was tested originally in 1962 in psychotherapeutic settings.

It has since been used in measurement of other interpersonal environments with productive results (Blumberg, 1968).

The preliminary testing of the inventory (as an attempt to connect cause and effect in client-centered therapy) was conducted at the University of Chicago Counseling Center with forty-two clients and twenty-one therapists participating. Item content was based upon Rogers' conditions of therapy (Rogers, 1957), with refinement growing out of discussion and written comment by staff members of the university. A formal content validation procedure was carried out, using five client-centered counselors as judges for classification of items. The mean ratings of the judges were used in selecting two half-samples of items for split-half reliability assessment. Reliability coefficients were obtained as follows based upon client data: Level of Regard, .93; Empathic Understanding, .86; Congruence, .89; Unconditionality of Regard, .82; Willingness to Be Known, .82. These figures indicate satisfactory internal reliability of the measures. Validity of the scale was substantiated further by its relationship with other variables in the investigation. One hypothesis was that each of the five variables would be positively correlated with the indices of personality change during the period of therapy. This was confirmed for four of the measured variables (Willingness to Be Known excepted) and made it plausible to infer that the factors of perceived relationships were involved in the generation of the associated personality change (Barrett-Lennard, 1962).

C. Self-concept measure — Piers-Harris Children's Self-Concept Scale (The Way I Feel About Myself). The scale consists of eighty first-person declarative statements to which "yes" or "no" responses are required. It was standardized on 1,183 students, grades four to twelve, in one Pennsylvania school district. There appear to be no consistent sex or grade differences in means. Interval consistency ranges from .78 to .93 and retest reliability, from .71 to .77. Correlations with similar instruments are in the mid-sixties, and the scale possesses teacher and peer validity coefficients on the order of .40. The scale possesses sufficient reliability and validity to be used in research and is recommended for studies in change and self-concept (Bentler, 1972).

5. Procedure.

Permission to conduct the research in the public senior high schools was granted by county school officials subject to obtaining: (1) written consent of school principals for counselors and students to participate, (2) written consent of counselors to participate, (3) written consent of parents for students to participate, and (4) written consent of students to participate (see Appendices 2 and 3) for request and authorization documents).

In order to meet conditions 1 and 2 above, a Letter of Agreement was dispatched to the principal of each of five public senior high schools (see Appendix 4). Due to unforeseen circumstances, one of the schools was unable to participate. Thereupon, agreement of a private parochial senior high school to participate was obtained.

All participating counselors held a Master of Arts degree and were state-certified as secondary-school counselors. Each professed prior knowledge of and schooling in Rogers' client-centered theory and therapy; each indicated prior use of the theory in school counselling; and each reviewed Rogerian literature in preparation for the experiment. Each school two-counselor group attended a three-hour meeting at which Rogers' theory and therapeutical practice were reviewed as presented in "A Theory of Therapy, Personality, and Interpersonal Relationships as Developed in the Client-Centered Framework" (Carl R. Rogers in Koch, 1959). Each counselor was provided with a copy of Rogers' article for further review and reference. Counselors were not advised of the hypotheses of the study.

Counselors and student audiovisual tape recorder cameramen were briefed jointly on techniques for recording of counseling sessions. Cameramen were instructed to endeavor to follow the counselor's interaction with students by focusing upon responding students and to endeavor to provide equal camera time for each student over the six-session period. Cameramen were requested not to participate in the sessions in any way (other than to operate the recorder) and not to discuss the experiment at any time.

In order to meet conditions 3 and 4 of the county authorization (refer to p. 56, above), a Letter of Agreement to take the Taylor Manifest Anxiety Scale was read to all twelfth-grade students in classrooms (see Appendix 5). Students were advised that no further information on the research could be provided at that time. Students willing

to take the scale were requested to sign the letter, to obtain the signature of one of their parents, and to return the signed agreement to classroom teachers. Students eighteen years of age or older were permitted to participate without parental signature. Five school days after issuance of the Letter of Agreement, the Taylor Manifest Anxiety Scale (see Appendix 6) was administered in classrooms to those students who had returned signed agreements.

The twelve highest scoring (highest anxiety) students at each school were designated for further participation in the research. Students within tie-scoring groups were designated by random assignment using a table of random numbers. Designated students were issued a second Letter of Agreement (see Appendix 7) which they were requested to sign and to have one of their parents sign. At this point, two students in School A, two students in School B, four students in School C, and five students in School E either declined further participation or were unable to participate due to withdrawal from school. The next highest scoring students were substituted and were issued Letters of Agreement.

Upon return of the signed agreements, the twelve students were assigned randomly to two counseling groups (six students per group). In each group, two students were designated for focused treatment, two for unfocused treatment, and two for control treatment. All designations were by random assignment using a table of random numbers.

Beginning the week following assignment to groups, each student group engaged in a twenty-five-minute counseling session each week for

a period of six consecutive weeks, one group meeting on Wednesday mornings and one group meeting on Thursday mornings. Counseling was conducted within Rogerian client-centered therapeutical lines and was centered around the theme of "Interpersonal Relations: How I Appear to Others." Discussion was focused upon interpersonal relations within school and community settings, with a sequence as follows:

- Session 1: Interpersonal relations in the classroom
- Session 2: Interpersonal relations in athletic events
- Session 3: Interpersonal relations on the campus
- Session 4: Interpersonal relations in student organizations
- Session 5: Interpersonal relations in the community
- Session 6: Review and summary

Although centered on the indicated theme, sessions were characterized by maximum flexibility and openness of discussion to meet the permissive dimensions of client-centered therapy.

The following procedure was followed for each counseling session:

- (1) A twenty-five-minute session was audiovisual taped.
- (2) Immediately following the session, the two control students were dismissed and the two unfocused students were requested to wait in an adjoining room.
- (3) Following (2) above, the two focused students were shown a replay of the tape under focused conditions (cue-explanatory comment by the counselor and open discussion by the students).
- (4) Following (3) above, the two unfocused students were shown a replay of the tape under unfocused conditions (no comment or discussion by either the counselor or the students).

(5) Procedures (3) and (4) above, were reversed in order of replay by session.

(6) The cameramen left the room during (3) and (4) above.

One focused treatment student was absent from the fourth counseling session with Counselor 1 at School B and one unfocused treatment student was absent from the second counseling session with Counselor 2 at School C. Both nonattendances were due to excused absences from school.

On the day following the last counseling session, the Piers-Harris Self-Concept Scale (How I Feel About Myself) (see Appendix 8) was completed by each student as a posttest of self-concept. Instructions for completing the scale were read to the students individually, after which each student completed the scale while alone in a closed room. On completing the scale, the student was read instructions for completing the Barrett-Lennard Relationship Inventory (see Appendix 9) and then completed the inventory while alone in the closed room.

The range of scores possible on the Barrett-Lennard Relationship Inventory extend from a low of minus 192 to a high of plus 192 on the total for all scales. The inventory is interpreted on the basis that, the higher a particular score, the more the specified dimension is perceived in the relationship. In the experiment, all counselors were rated above the mid-point (0) on all subscales (and on total for all scales), thus indicating student perception of an acceptable level of congruence, unconditional positive regard, and empathic understanding for therapy to occur (see Table 4). As with respect to the condition

Table IV.-
Barrett-Lennard Relationship Inventory Scores by School, Counselor,
and Student Category (Score Range: Subscales, -48 to +48;
Total, -192 to +192.

Counselor	Student	Category ^a	Level of Regard	Empathic Under- standing	Uncond. of Regard	Cong.	Total ^b
School A							
1	1	F	23	18	0	24	65
	2	F	30	29	4	42	105
	3	U	1	9	12	-11	11
	4	U	15	27	13	2	57
	5	C	11	3	0	10	24
	6	C	28	16	3	19	66
2	1	F	2	27	14	9	52
	2	F	17	29	5	30	81
	3	U	25	0	0	17	42
	4	U	40	7	16	32	95
	5	C	3	11	11	2	26
	6	C	20	12	0	8	40
School B							
1	1	F	36	35	5	42	118
	2	F	41	36	24	38	139
	3	U	41	39	23	43	146
	4	U	33	18	7	28	81
	5	C	15	7	-4	10	28
	6	C	36	20	11	35	102
2	1	F	13	22	9	20	64
	2	F	11	11	9	18	49
	3	U	31	30	3	34	98
	4	U	28	27	15	12	82
	5	C	17	26	15	10	68
	6	C	38	43	2	43	126
School C							
1	1	F	28	10	9	16	63
	2	F	2	-10	15	7	14
	3	U	22	19	21	21	83
	4	U	38	13	14	31	96
	5	C	38	31	34	44	147
	6	C	35	31	29	35	130

Table IV.-- Continued
Barrett-Lennard Relationship Inventory Scores

Counselor	Student	Category ^a	Level of Regard	Empathic Under- standing	Uncond. of Regard	Cong.	Total ^b
School C							
2	1	F	28	20	7	3	58
	2	F	7	7	- 9	6	11
	3	U	21	30	6	22	79
	4	U	24	15	17	8	64
	5	C	12	26	11	19	68
	6	C	15	5	- 1	3	22
School D							
1	1	F	35	42	12	43	132
	2	F	21	23	9	33	86
	3	U	26	35	10	30	101
	4	U	17	22	14	24	77
	5	C	24	34	13	28	99
	6	C	15	17	12	21	65
2	1	F	15	25	11	31	82
	2	F	42	30	34	45	151
	3	U	24	20	29	31	104
	4	U	20	11	14	24	69
	5	C	28	15	18	30	91
	6	C	17	25	11	35	78
School E							
1	1	F	23	24	18	22	87
	2	F	4	1	13	10	28
	3	U	13	16	13	6	48
	4	U	27	21	15	22	85
	5	C	19	16	12	7	54
	6	C	24	12	4	7	47
2	1	F	38	14	-14	11	49
	2	F	41	22	0	33	96
	3	U	13	7	9	-12	17
	4	U	18	20	3	11	52
	5	C	27	13	11	23	74
	6	C	27	21	2	24	74

^aCategory: F = Focused; U = Unfocused; C = Control.
^bAll Scales.

of anxiety, these conditions exist "on continua" and, in terms of the extent of occurrence of self-reorganization, can be considered only qualitatively as a function of the relationship. Although without supporting experimental evidence, it is believed that the quality of the relationship (with respect to the indicated conditions) is comparable to that generally experienced in counseling therapy in senior high schools in this area.

Table 5 presents a breakout of both Taylor Manifest Anxiety Scale scores and Piers-Harris Children's Self-Concept Scale posttest scores by school, counselor, and student category, age, and sex.

6. Data Analysis Technique.

The data were subjected to an analysis of variance, a statistical technique appropriate for use in experiments in which conditions are varied in three or more ways. The analysis is a single test for the significance of differences among the means of an experiment, thus reducing computational effort and permitting a more correct determination of the significance of differences obtained.

In this experiment, groups in each school were formed by randomized assignment of the twelve students with highest anxiety scores. Such randomized assignment of subjects exhibiting homogeneity in terms of anxiety validates the use of the analysis of variance of posttest scores. Investigations using this design are normally treated as though the groups had been obtained by random sampling and analyzed by the tests based upon random sampling assumptions. The significance

Table V.-

Taylor Manifest Anxiety Scale (TMAS) and Piers-Harris (P-H)
Self-Concept Scale Posttest Scores by School, Counselor,
and Student Category, Age, and Sex.

Counselor	Student	Category ^a	Age	Sex	TMAS	P-H Posttest
School A						
1	1	F	17	F	41	43
	2	F	17	M	28	63
	3	U	17	F	28	69
	4	U	17	F	30	49
	5	C	17	F	34	32
	6	C	17	F	31	51
2	1	F	17	F	28	49
	2	F	16	M	30	33
	3	U	17	F	27	40
	4	U	17	F	43	25
	5	C	17	F	37	35
	6	C	17	F	33	56
School B						
1	1	F	18	F	33	56
	2	F	16	F	33	39
	3	U	16	M	37	44
	4	U	18	F	28	74
	5	C	17	M	30	31
	6	C	19	F	27	54
2	1	F	17	M	30	37
	2	F	17	M	39	41
	3	U	16	F	30	58
	4	U	17	F	30	50
	5	C	18	F	27	51
	6	C	18	F	36	34
School C						
1	1	F	18	F	29	65
	2	F	18	F	29	37
	3	U	17	F	43	48
	4	U	17	F	28	59
	5	C	18	M	29	61
	6	C	17	F	30	48

Table V.—Continued

Taylor Manifest Anxiety Scale (TMAS) and Piers-Harris (P-H)
Self-Concept Scale Posttest Scores.

Counselor	Student	Category ^a	Age	Sex	TMAS	P-H Posttest
School C						
2	1	F	16	F	33	73
	2	F	17	F	30	47
	3	U	17	F	27	53
	4	U	17	F	31	31
	5	C	17	F	34	23
	6	C	18	F	26	42
School D						
1	1	F	17	F	30	48
	2	F	17	F	36	51
	3	U	18	M	38	30
	4	U	19	F	31	40
	5	C	19	M	29	32
	6	C	17	M	29	33
2	1	F	18	F	32	43
	2	F	17	F	28	54
	3	U	17	F	31	44
	4	U	18	F	30	43
	5	C	17	F	26	46
	6	C	17	F	26	38
School E						
1	1	F	16	F	18	47
	2	F	18	F	27	56
	3	U	16	F	38	52
	4	U	17	F	22	69
	5	C	18	F	32	51
	6	C	16	M	16	63
2	1	F	18	F	17	76
	2	F	18	F	19	59
	3	U	18	M	29	43
	4	U	18	F	28	48
	5	C	17	M	28	56
	6	C	18	F	28	40

^aCategory: F = Focused; U = Unfocused; C = Control.

levels of the latter appear to be quite close to those yielded by more exact tests when both are applied to randomized data. In order to compensate for differences, the analysis of variance can be interpreted more conservatively through utilization of the one per cent level of significance rather than the five per cent level.

CHAPTER V

RESULTS

1. Introduction.

The final step in the manipulative phase of the experiment was the application of the results of the statistical analysis to the hypotheses and the interpretation of the relationship. Following are a presentation of the resultant effect of the audiovisual self-confrontation upon the self-concept of the subjects in terms of the hypotheses and an explanation of this result.

2. Hypotheses.

The posttest Piers-Harris Children's Self-Concept Scale scores did not support the general hypothesis that audiovisual self-confrontation would result in enhancement of self-concept. The measure of variability between groups as compared to that within groups (producing an F-ratio of 1.73) was insufficient to indicate that the difference between the group means was statistically significant at the five per cent (or the one per cent) level. There was no statistically significant difference between the self-concept scores of the focused, unfocused, and control groups of students. Therefore, both Hypothesis 1 and Hypothesis 2 are rejected. (See Appendix 10 for the Piers-Harris Children's Self-Concept Scale posttest raw scores, Table 6 for summary of analysis of variance, and Table 7 for means.)

Table VI.-

Summary of Analysis of Variance of Piers-Harris
Children's Self-Concept Scale Posttest Scores.

Source of Variation	SS	df	MS	f	F
Between groups	506	2	253	1.73	.05
Within groups	<u>8338</u>	<u>57</u>	146		
TOTAL	8844	59			

Table VII.-
Means of Focused, Unfocused, and
Control Groups on Piers-Harris
Children's Self-Concept Scale
Posttest Scores.

Group	N	Mean
Focused	20	50.85
Unfocused	20	48.45
Control	20	43.85

3. Interpretation of Results.

After the experiment was concluded, several of the participating students were queried as to their feelings about the use of the audiovisual self-confrontation. Without exception, the feeling was: "I would like to continue the counseling sessions but without the 'television.'"

The failure of the audiovisual self-confrontation to affect the self-concept of the students suggests three possibilities related to the postulates of the theory:

(1) It may be that seeing themselves on the screen was an anxiety-producing experience which caused a defensive and, therefore, negative reaction in terms of self-concept.

(2) It may be that the presence of other students during the playback might have had a negative effect in terms of the crucial importance of speculated opinions of others on self-concept.

(3) It may be that the self-confrontation experience demonstrated incongruence with such a high degree of obviousness that the process of defense was unable to operate successfully. As a result, anxiety was experienced, and, without the process of defense, the incongruence was accurately symbolized in awareness and the gestalt of self-structure was broken. If so, fortunately, the threat to self-structure was of such degree and/or was compensated for by the presence of the counselor to the point that a much lesser state of self-disorganization ensued.

Also, the following factors may have had some effect on the outcome of the experiment:

(1) There was no control over the day-to-day activities of the students. Although the therapy was designed to help the students cope with their experiences, the self-concept is theorized as fluid and ever-changing. Therefore, the occurrence of an incongruent experience could have resulted in a "flip-flop" in feelings of anxiety and self-concept, thus effecting a transitory score on the variable measures.

(2) The counseling experience may have been too short. Client-centered theory holds that change is an irregular process, sometimes advancing and sometimes retreating, sometimes requiring minutes and hours and sometimes requiring days and months.

(3) There were certain limitations in the conditions imposed by County authorities in authorizing the experiment. The necessity to secure written approval of both parents and students for participation may have limited the base from which the participants were drawn. Those students who volunteered may have been those willing to venture into new and unknown experiences and perhaps, therefore, less in need of help even though scoring relatively high on the anxiety measure.

(4) The training of the counselors in the use of the audio-visual equipment as an adjunct to therpaeutical processes was limited. A pre-experiment training period possibly involving both counselors and students) might have been helpful. (It is pointed out, however, that the relationship conditions of therapy were present (as revealed by the Barrett-Lennard Relationship Inventory) and there was no

statistically significant difference in the Inventory scores for the focused, unfocused, and control groups.

(5) The anxiety and self-concept scores may have represented, at least to some extent, social expectations and ideal selves rather than the real feelings of the students. This is a limitation inherent in the use of such tests.

The findings run contrary to the general conclusions of the literature on the effect of various types of self-confrontation upon personality change, including self-concept change. However, some of the literature was based upon exploratory and minimally controlled experimentation with results presented in anecdotal form.

From the findings of this study, it can only be concluded that audiovisual self-confrontation was not a supportive technique in bringing about enhancement of self-concept under conditions of client-centered theory and therapy with the high anxiety twelfth-grade students participating in the experiment.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

1. Conclusions.

Hypothesis 1 and Hypothesis 2 are rejected and the conclusion is made that, for the groups of students involved (or for groups very similar to those involved), the audiovisual tape self-confrontation had no significant effect upon their self-concept.

2. Recommendations.

The course of the study suggested further research in connection with the use of audiovisual tape self-confrontation. Areas for further research might include:

(1) The effectiveness of audiovisual tape self-confrontation in individual counseling. Other students may constitute a threat such as to negate favorable effects of audiovisual self-confrontation.

(2) The effectiveness of audiovisual self-confrontation with individuals or groups with particular personality characteristics or modes of behavior. Rogers has suggested that differences in clients' modes of approach to problems may affect the conditions of therapy necessary for change (Rogers, 1959, p. 214).

(3) The effectiveness of audiovisual self-confrontation with the confrontation occurring during the counseling session rather than as a follow-on experience.

(4) The effects of audiovisual self-confrontation with group counseling with each student experiencing the confrontation alone (rather than with one or more students). Other students may constitute a threat such as to negate favorable effects of audiovisual self-confrontation.

(5) The effects of audiovisual self-confrontation with group counseling with both counselors and students engaging in some form of pre-experiment utilization in the audiovisual equipment. Such pre-orientation might tend to develop an expertise and a "comfort level" with the equipment, thus minimizing the possibility that the equipment would represent an anxiety producing stimuli.

(6) The effects of audiovisual self-confrontation with group counseling with the confrontation occurring after a reasonable number of nonconfrontation sessions. This might result in a common or a more equal state of "readiness" for the confrontation on the part of the students.

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APPENDIX 1

ABSTRACT OF

The Effect of Audiovisual Tape Self-Confrontation on the
Self-Concept of High Anxiety Twelfth-Grade Students
within a Client-Centered Counseling Situation

APPENDIX 1

ABSTRACT of

The Effect of Audiovisual Tape Self-Confrontation on the Self-Concept of High Anxiety Twelfth-Grade Students within a Client-Centered Counseling Situation

The problem of this study was to determine the effect of varying degrees of intensity of audiovisual tape self-confrontation upon the self-concept of high anxiety twelfth-grade students in a group counseling situation under client-centered conditions. The general hypothesis was that, if audiovisual self-confrontation is used in client-centered group counseling, then significantly higher scores will result on a measure of self-concept than if such confrontation is not used.

The study was based upon the premise that audiovisual self-confrontation represents a unique adjunct to the techniques of client-centered therapy in providing to the client an objective view of his own behavior as well as the reactions of others to his behavior. By providing this view, the confrontation is supportive of the self-perception purpose of therapeutic techniques. It tests the client-centered theory assertions that (1) one of the objectives of therapy is to help the client differentiate and discriminate the objects of his feelings and perceptions, including his self, thereby bringing about a more positive self-concept, and (2), if incongruence exists, a sudden or obvious demonstration of the incongruence may result in a deteriorated self-concept.

In order to test the effect of audiovisual self-confrontation, high anxiety twelfth-grade students were assigned randomly to two groups of six students in each of five high schools. In each group, students were designated randomly, two for focused self-confrontation (with discussion), two for unfocused self-confrontation (without discussion), and two for no self-confrontation as control. Following a twenty-five-minute client-centered group counseling session (with self-confrontation for designated students) each week over a six-week period, students were tested on the self-concept variable.

The results did not support the hypothesis that audiovisual self-confrontation would enhance the self-concept. There was no statistically significant difference between the self-concept scores of the focused, unfocused, and control groups of students. Therefore, both Hypothesis 1 and Hypothesis 2 were rejected.

The results of the study did indicate that, for the students involved under the given conditions, audio-visual self-confrontation was not effective as an adjunct in the implementation of client-centered therapy.

APPENDIX 2

COPY OF REQUEST FOR APPROVAL
OF EXPERIMENTAL RESEARCH

APPENDIX 2

COPY OF REQUEST FOR APPROVAL
OF EXPERIMENTAL RESEARCH

SPRUCE CREEK HIGH SCHOOL
1484 Taylor Road
P. O. Box 277
Port Orange, Florida 32019

January 9, 1976

Mr. Samuel M. Miller, Director of Research
The School Board of Volusia County
P.O. Box 2118
230 North Stone Street
Deland, Florida 32720

Re: Request for Approval of Experimental Research

Dear Mr. Miller:

1. Permission is requested to conduct experimental research as outlined in the attached THESIS PROPOSAL in secondary schools of Volusia County. The purpose of the research is to meet requirements, in part, for a doctorate degree.
2. Schools in which it is desired to conduct the research are: Mainland High School, New Smyrna Beach High School, Deland High School, Taylor-Pierson High School, and Spruce Creek High School.
3. It is proposed to conduct the research during the second semester of the current school year (1965-1976).
4. The undersigned has spoken previously with the principals and with guidance personnel (at the above listed schools), who indicate willingness to participate in the research, subject to approval by your office. The Supervisor, Pupil Personnel Services, also has indicated concurrence in the research.
5. Essentially, the research involves:
 - A. Administration of the Taylor Manifest Anxiety Scale to approximately 150 twelfth-grade students in each school.
 - B. Selection of twelve high-scoring students from each school for group counseling for a period of six weeks (one hour per week) with two counselors (six students per counselor).

- C. Administration of the Piers-Harris Children's Self-Concept Scale to participating students after the six-week counseling period.
 - D. Rating of the counselors by the participating students, using the G. T. Barrett-Lennard Scale at the end of the six-week counseling period.
6. All counseling sessions will be audiovisual taped, with one-third of the students being shown the tapes with counselor comment and with one-third being shown the tapes without counselor comment. The remaining one-third will not be shown the tapes.
 7. Upon selection of the twelve students from each school, an appropriate letter will be addressed to parents requesting approval for each student to participate in the experiment.
 8. The undersigned will reimburse the schools for any expenses incurred.
 9. It is requested that the enclosed THESIS PROPOSAL be returned to the undersigned and that approval of the research be granted as a basis for initiating the experiment in the schools.

Very truly yours,

/s/Thomas H. Crowder, Jr.
THOMAS H. CROWDER, JR.
Director of Guidance

(1) Enclosure: THESIS PROPOSAL

APPENDIX 3

COPY OF APPROVAL OF EXPERIMENTAL RESEARCH

APPENDIX 3

COPY OF APPROVAL OF EXPERIMENTAL RESEARCH

THE SCHOOL BOARD
OF
VOLUSIA COUNTY
Deland, Florida
32720

January 14, 1976

Mr. Thomas H. Crowder, Jr.
Director of Guidance
Spruce Creek High School
P.O. Box 277
Port Orange, Florida 32019

Dear Mr. Crowder:

This is in response to your request for consent "to conduct experimental research" as part of your work in meeting the requirements for a doctorate degree.

Subject to adherence by you to the following procedures, your request is approved.

1. Preparation of a written description of your proposed use of students which makes clear the nature and extent of the student participation in your research project and dissemination of this description to the parents and to the students. The written explanation you provide the parents and pupils will state also:
 - a. The uses to which the data you collect will be put.
 - b. The time period for which the data will be retained.
 - c. The persons to whom the data will be made available.
2. Obtain written consent of each principal to permit pupils and counselors in his school to participate. This will be obtained after you have made each principal aware of the materials and methods you will use in collecting your data.
3. Obtain written consent from each counselor of his/her willingness to participate in the research. This is to be obtained after each counselor has been briefed on the nature and extent of his/her participation.

4. Obtain from the parent and the pupil a joint signed statement specifying:
 - a. Consent by the parent for the child to participate voluntarily in each phase of the research in which the pupil is to be involved.
 - b. Consent by the pupil to participate voluntarily in each phase of the research in which he is to be involved.
5. Discuss and clear with Mrs. Reames, Head Psychologist, all aspects of your research project prior to initiating any phase of it.

These requirements are necessary in order to preclude any charge of invasion of privacy being made against you or anyone in the school system.

I wish you every success in your research work.

Sincerely,

/s/Samuel M. Miller
Samuel M. Miller
Director of Research

SMM/sw

P.S. Attached are xeroxed copies of pages 16 through 19 from Guidelines for the Collection, Maintenance, and Dissemination of Pupil Records, published by the Russell Sage Foundation, which goes into more detail in this matter.

APPENDIX 4

COPY OF REQUEST FOR PRINCIPALS'

AND COUNSELORS' AGREEMENT

TO PARTICIPATE

APPENDIX 4

COPY OF REQUEST FOR PRINCIPALS'
AND COUNSELORS' AGREEMENT
TO PARTICIPATE

TO: _____, Principal

Enclosure 1 is a copy of a letter addressed by the undersigned to Mr. Samuel Miller, Director of Research, The School Board of Volusia County, requesting approval of experimental research in your school. You may recall that I spoke to you and to certain of your counselors concerning this matter some time ago.

Enclosure 2 is a copy of Mr. Miller's reply, approving the research subject to adherence to certain procedures enumerated therein.

The purpose of this communication is to meet the requirement of obtaining your written consent to permit students and counselors of your school to participate and to obtain your counselor's written consent to participate in the research.

It is believed that the enclosures hereto will provide you and your counselors with a description of the materials and methods to be used in collecting data and with the nature and extent of counselor participation. Should you desire additional information, I will be happy to meet with you and/or your counselors for further briefing.

In addition to the assistance provided to me, I am confident that the counseling sessions in the experiment will prove helpful to the students involved and, accordingly, may contribute to the objectives of your guidance service.

Your approval of the research and your counselor's participation will be deeply appreciated. If you so approve, it is requested that you and your counselors sign and date the statements indicated below and return this communication to me through the county school mail service system.

Sincerely yours,

/s/Thomas H. Crowder, Jr.
THOMAS H. CROWDER, JR.
Director of Guidance
Spruce Creek High School
Telephone: 761-0220,
Ext. 106

I hereby consent to students and counselors of _____

_____ School participating in the above described research.

Date: _____ Principal: _____

I hereby consent to participate in the above described research.

Date: _____ Counselor: _____

Date: _____ Counselor: _____

APPENDIX 5

COPY OF REQUEST FOR PARENTS' AND STUDENTS'

AGREEMENT TO TAKE THE TAYLOR

MANIFEST ANXIETY SCALE

APPENDIX 5

COPY OF REQUEST FOR PARENTS' AND STUDENTS'

AGREEMENT TO TAKE THE TAYLOR

MANIFEST ANXIETY SCALE

SUBJECT: REQUEST FOR AGREEMENT TO PARTICIPATE IN RESEARCH

Date: _____

TO: _____

I am currently conducting research in several Volusia County secondary schools in the area of counseling. The research has been approved by county school officials, subject to the approval of the parents and to the voluntary participation of each student involved.

The first step in the research will be the administration of the Taylor Manifest Anxiety Scale to approximately 250 students in each participating school. The scale consists of ninety personal questions requiring a true or false response. It is my opinion that none of the questions are such that would be embarrassing in any way to a secondary school student.

Based on the test scores, twelve students will be selected from each school to participate in the research. Should your son/daughter be selected, a second communication will be addressed to you outlining the research in more detail and again requesting your and your son's/daughter's agreement to participate further.

I am confident that the research will be interesting and helpful to those students selected to participate as well as to other students who may benefit in the future from the work.

Accordingly, it would be appreciated very much if you and your son/daughter will agree to participation by signing the appropriate space below.

Sincerely yours,

/s/Thomas H. Crowder, Jr.
THOMAS H. CROWDER, JR.
Director of Guidance
Spruce Creek High School

I hereby agree for my son/daughter, _____,
to take the Taylor Manifest Anxiety Scale for purposes as indicated
above.

Parent's Signature

Date

I hereby agree to take the Taylor Manifest Anxiety Scale for purposes as
indicated above.

Student's Signature

Date

APPENDIX 6

COPY OF TAYLOR MANIFEST ANXIETY SCALE

(INSTRUCTIONS AND SCALE)

APPENDIX 6

COPY OF TAYLOR MANIFEST ANXIETY SCALE

(INSTRUCTIONS AND SCALE)

Print your name, the date, the date of your birth, age, and sex in the blanks provided on the Answer Sheet. After you have completed filling in the blanks, finish reading these instructions.

The statements in this booklet represent experiences, ways of doing things, or beliefs or preferences that are true of some people but are not true of others. Read each statement and decide whether or not it is true with respect to yourself. If it is true or mostly true, blacken the answer space in column T on the Answer Sheet in the row numbered the same as the statement you are answering. If the statement is not usually true or is not true at all, blacken the space in column F in the numbered row. Answer the statement as carefully and honestly as you can. There are no correct or wrong answers. We are interested in the way you work and in the things you believe.

Remember: Mark the answer place in column T if the statement is true or mostly true; mark the answer space in column F if the statement is false or mostly false. Be sure the space you blacken is in the row numbered the same as the item you are answering. Mark each item as you come to it; be sure to mark one, and only one, answer space for each item.

If you have any questions, please ask them now.

1. I am often sick to my stomach.
2. I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others.
3. I do not tire quickly.
4. I have had very few quarrels with members of my family.
5. I am about as nervous as other people.
6. I would rather win than lose in a game.
7. I have very few headaches.
8. I worry over money and business.
9. I work under a great deal of strain.
10. I think nearly anyone would tell a lie to keep out of trouble.
11. I cannot keep my mind on one thing.
12. I do not like everyone I know.
13. I have diarrhea ("the runs") once a month or more.
14. I am against giving money to beggars.
15. I frequently notice my hand shakes when I try to do something.
16. I find it hard to make talk when I meet new people.
17. I blush as often as others.
18. Once in a while I put off until tomorrow what I ought to do today.
19. I have nightmares every few nights.
20. People often disappoint me.
21. I worry quite a bit over possible troubles.
22. It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important.
23. I practically never blush.

24. I like to know some important people because it makes me feel important.
25. I am often afraid that I am going to blush.
26. It takes a lot of argument to convince most people of the truth.
27. My hands and feet are usually warm enough.
28. I often find myself worrying about something.
29. I sweat very easily even on cool days.
30. My table manners are not quite as good at home as when I am out in company.
31. When embarrassed I often break out in a sweat which is very annoying.
32. I find it hard to set aside a task that I have undertaken, even for a short time.
33. I do not often notice my heart pounding and I am seldom short of breath.
34. It makes me uncomfortable to put on a stunt at a party even when others are doing the same sort of thing.
35. I feel hungry almost all the time.
36. If I could get into a movie without paying and be sure I was not seen I would probably do it.
37. Often my bowels don't move for several days at a time.
38. At times I feel like swearing.
39. I have a great deal of stomach trouble.
40. At times I am full of energy.
41. At times I lose sleep over worry.
42. I do not read every editorial in the newspaper every day.
43. My sleep is restless and disturbed.
44. Criticism or scolding hurts me terribly.
45. I often dream about things I don't like to tell other people.

46. I have often felt that I faced so many difficulties I could not overcome them.
47. I am easily embarrassed.
48. Sometimes when I am not feeling well I am cross.
49. My feelings are hurt easier than most people.
50. I often think "I wish I were a child again."
51. I wish I could be as happy as others.
52. Often I can't understand why I have been so cross and grouchy.
53. I am usually calm and not easily upset.
54. I am very confident of myself.
55. I cry easily.
56. I certainly feel useless at times.
57. I feel anxious about something or someone almost all of the time.
58. At times I feel like smashing things.
59. I am happy most of the time.
60. Once in a while I laugh at a dirty joke.
61. It makes me nervous to have to wait.
62. At periods my mind seems to work more slowly than usual.
63. At times I am so restless that I cannot sit in a chair for very long.
64. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose.
65. Sometimes I become so excited that I find it hard to get to sleep.
66. I do not always tell the truth.
67. At times I have been worried beyond reason about something that really did not matter.

68. I have often met people who were supposed to be experts who were no better than I.
69. I do not have as many fears as my friends.
70. What others think of me does not bother me.
71. I have been afraid of things or people that I knew could not hurt me.
72. I get angry sometimes.
73. I find it hard to keep my mind on a task or job.
74. I have never felt better in my life than I do now.
75. I am more self-conscious than most people.
76. I like to let people know where I stand on things.
77. I am the kind of person who takes things hard.
78. I gossip a little at times.
79. I am a very nervous person.
80. When in a group of people I have trouble thinking of the right things to talk about.
81. Life is often a strain for me.
82. I get mad easily and get over it soon.
83. At times I think I am no good at all.
84. Once in a while I think of things too bad to talk about.
85. I am not at all confident of myself.
86. I have periods in which I feel unusually cheerful without any special reason.
87. At times I feel that I am going to crack up.
88. At times my thoughts have raced ahead faster than I could speak them.
89. I don't like to face a difficulty or make an important decision.
90. Sometimes at elections I vote for men about whom I know very little.

APPENDIX 7

COPY OF REQUEST FOR PARENTS' AND STUDENTS'
AGREEMENT TO PARTICIPATE IN RESEARCH

APPENDIX 7

COPY OF REQUEST FOR PARENTS' AND STUDENTS'
AGREEMENT TO PARTICIPATE IN RESEARCH

SUBJECT: REQUEST FOR AGREEMENT TO PARTICIPATE IN RESEARCH

Date: _____

TO: _____

I am currently conducting research in several Volusia County secondary schools in the area of counseling. The research has been approved by county school officials, subject to the approval of the parents and to the voluntary participation of each student involved.

Your son/daughter has participated (with your and his/her consent) in the first step of the research and, based upon this first phase, has been selected to participate further.

This will consist of participating in audiovisual taped counseling sessions each week for a period of six weeks. A replay of the tape will be shown to some of the participants. The entire procedure will require approximately one hour per week.

Your son/daughter will be requested to complete the Piers-Harris Self-Concept Scale following the six counseling sessions. This is an eighty-item scale of first-person declarative statements to be answered true or false and to indicate how the person feels about himself/herself. Also, your son/daughter will be requested to rate the counselor, using the Barrett-Lennard Relationship Inventory.

The above described scale and inventory are available in my office for you to examine, should you so desire. In addition, I will be happy to answer any questions concerning either of these documents or any other aspect of the research (my telephone number is 761-0220, Ext. 106).

I am confident that the research will be interesting and helpful to participating students as well as to other students who may benefit in the future from the work.

Accordingly, it would be appreciated very much if you and your son/daughter would agree to participation by signing the appropriate spaces below.

Sincerely yours,

/s/Thomas H. Crowder, Jr.
THOMAS H. CROWDER, JR.
Director of Guidance
Spruce Creek High School

I hereby agree for my son/daughter, _____,
to participate in the above described research.

Parent's Signature

Date

I hereby agree to participate in the above described research.

Student's Signature

Date

APPENDIX 8

COPY OF THE PIERS-HARRIS CHILDREN'S
SELF-CONCEPT SCALE

APPENDIX 8

COPY OF THE PIERS-HARRIS CHILDREN'S

SELF-CONCEPT SCALE

(The Way I Feel About Myself)

Here are a set of statements. Some of them are true of you and so you will circle the yes. Some are not true of you and so you will circle the no. Answer every question even if some are hard to decide, but do not circle both yes and no. Remember, circle the yes if the statement is generally like you, or circle the no if the statement is generally not like you. There are no right or wrong answers. Only one can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me yes no
2. I am a happy person yes no
3. It is hard for me to make friends yes no
4. I am often sad yes no
5. I am smart yes no
6. I am shy yes no
7. I get nervous when the teacher calls on me yes no
8. My looks bother me yes no
9. When I grow up, I will be an important person yes no
10. I get worried when we have tests in school yes no
11. I am unpopular yes no
12. I am well behaved in school yes no
13. It is usually my fault when something goes wrong yes no
14. I cause trouble to my family yes no
15. I am strong yes no
16. I have good ideas yes no

17. I am an important member of my family yes no
18. I usually want my own way yes no
19. I am good at making things with my hands yes no
20. I give up easily yes no
21. I am good in my school work yes no
22. I do many bad things yes no
23. I can draw well yes no
24. I am good in music yes no
25. I behave badly at home yes no
26. I am slow in finishing my school work yes no
27. I am an important member of my class yes no
28. I am nervous yes no
29. I have pretty eyes yes no
30. I can give a good report in front of the class yes no
31. In school I am a dreamer yes no
32. I pick on my brother(s) and sister(s) yes no
33. My friends like my ideas yes no
34. I often get into trouble yes no
35. I am obedient at home yes no
36. I am lucky yes no
37. I worry a lot yes no
38. My parents expect too much of me yes no
39. I like being the way I am yes no
40. I feel left out of things yes no
41. I have nice hair yes no

42. I often volunteer in school yes no
43. I wish I were different yes no
44. I sleep well at night yes no
45. I hate school yes no
46. I am among the last to be chosen for games yes no
47. I am sick a lot yes no
48. I am often mean to other people yes no
49. My classmates in school think I have good ideas yes no
50. I am unhappy yes no
51. I have many friends yes no
52. I am cheerful yes no
53. I am dumb about most things yes no
54. I am good looking yes no
55. I have lots of pep yes no
56. I get into a lot of fights yes no
57. I am popular with boys yes no
58. People pick on me yes no
59. My family is disappointed in me yes no
60. I have a pleasant face yes no
61. When I try to make something, everything seems
to go wrong yes no
62. I am picked on at home yes no
63. I am a leader in games and sports yes no
64. I am clumsy yes no
65. In games and sports, I watch instead of play yes no

66. I forget what I learn yes no
67. I am easy to get along with yes no
68. I lose my temper easily yes no
69. I am popular with girls yes no
70. I am a good reader yes no
71. I would rather work alone than with a group yes no
72. I like my brother (sister) yes no
73. I have a good figure yes no
74. I am often afraid yes no
75. I am always dropping or breaking things yes no
76. I can be trusted yes no
77. I am different from other people yes no
78. I think bad thoughts yes no
79. I cry easily yes no
80. I am a good person yes no

Score: _____

APPENDIX 9

COPY OF THE BARRETT-LENNARD RELATIONSHIP
INVENTORY, SCORING PROCEDURE, AND
SCORING SHEET

APPENDIX 9

COPY OF THE BARRETT-LENNARD RELATIONSHIP
INVENTORY, SCORING PROCEDURE, AND
SCORING SHEET

Below are listed a variety of ways that one person may feel or behave in relation to another person. Please consider each statement with reference to your present relationship with your counselor. Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- +3: Yes, I strongly feel that is true.
- +2: Yes, I feel it is true.
- +1; Yes, I feel that it is probably true, or more true than untrue.
- 1: No, I feel that it is probably untrue, or more untrue than true.
- 2: No, I feel it is not true.
- 3: No, I strongly feel that it is not true.

-
- ___ 1. He respects me as a person.
 - ___ 2. He wants to understand how I see things.
 - ___ 3. His interest in me depends on the things I say or do.
 - ___ 4. He is comfortable and at ease in our relationship.
 - ___ 5. He feels a true liking for me.
 - ___ 6. He may understand my words but he does not see the way I feel.
 - ___ 7. Whether I am feeling happy or unhappy with myself makes no real difference to the way he feels about me.
 - ___ 8. I feel that he puts on a role in front with me.
 - ___ 9. He is impatient with me.
 - ___ 10. He nearly always knows exactly what I mean.
 - ___ 11. Depending on my behavior, he has a better opinion of me sometimes than he has at other times.

- ___12. I feel that he is real and genuine with me.
- ___13. I feel appreciated by him.
- ___14. He looks at what I do from his own point of view.
- ___15. His feeling toward me doesn't depend on how I feel toward him.
- ___16. It makes him uneasy when I ask or talk about certain things.
- ___17. He is indifferent to me.
- ___18. He usually senses or realizes what I am feeling.
- ___19. He wants me to be a particular kind of person.
- ___20. I nearly always feel that what he says expresses exactly what he is feeling and thinking as he says it.
- ___21. He finds me rather dull and uninteresting.
- ___22. His own attitudes toward some of the things I do or say prevent him from understanding me.
- ___23. I can (or could) be openly critical or appreciative of him without really making him feel any differently about me.
- ___24. He wants me to think that he likes me or understands me more than he really does.
- ___25. He cares for me.
- ___26. Sometimes he thinks that I feel a certain way, because that's the way he feels.
- ___27. He likes certain things about me, and there are other things he does not like.
- ___28. He does not avoid anything that is important for our relationship.
- ___29. I feel that he disapproves of me.
- ___30. He realizes what I mean even when I have difficulty in saying it.
- ___31. His attitude toward me stays the same; he is not pleased with me sometimes and critical or disappointed at other times.

- ___ 32. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.
- ___ 33. He just tolerates me.
- ___ 34. He usually understands the whole of what I mean.
- ___ 35. If I show that I am angry with him, he becomes hurt or angry with me, too.
- ___ 36. He expresses his true impressions and feelings with me.
- ___ 37. He is friendly and warm with me.
- ___ 38. He just takes no notice of some things that I think or feel.
- ___ 39. How much he likes or dislikes me is not altered by anything that I tell him about myself.
- ___ 40. At times I sense that he is not aware of what he is really feeling with me.
- ___ 41. I feel that he really values me.
- ___ 42. He appreciates exactly how the things I experience feel to me.
- ___ 43. He approves of some things I do and plainly disapproves of others.
- ___ 44. He is willing to express whatever is actually in his mind with me, including any feelings about himself or about me.
- ___ 45. He doesn't like me for myself.
- ___ 46. At times he thinks that I feel a lot more strongly about a particular thing than I really do.
- ___ 47. Whether I am in good spirits or feeling upset does not make him feel any more or less appreciative of me.
- ___ 48. He is openly himself in our relationship.
- ___ 49. I seem to irritate and bother him.
- ___ 50. He does not realize how sensitive I am about some of the things we discuss.
- ___ 51. Whether the ideas and feelings I express are "good" or "bad" seems to make no difference to his feelings toward me.

- ___ 52. There are times when I feel that his outward response to me is quite different from the way he feels underneath.
- ___ 53. At times he feels contempt for me.
- ___ 54. He understands me.
- ___ 55. Sometimes I am more worthwhile in his eyes than I am at other times.
- ___ 56. I have not felt that he tries to hide anything from himself that he feels with me.
- ___ 57. He is truly interested in me.
- ___ 58. His response to me is usually so fixed and automatic that I don't really get through to him.
- ___ 59. I don't think that anything I say or do really changes the way he feels toward me.
- ___ 60. What he says to me often gives a wrong impression of his whole thought or feeling at the time.
- ___ 61. He feels deep affection for me.
- ___ 62. When I am hurt or upset he can recognize my feelings exactly, without becoming upset himself.
- ___ 63. What other people think of me does (or would, if he knew) affect the ways he feels toward me.
- ___ 64. I believe that he has feelings he does not tell me about that are causing difficulty in our relationship.

Scoring Procedure

1. Transfer each item response value (-3, -2, -1, +1, +2, or +3) from the inventory to the box in the "Answer" column next to the appropriate item number on the scoring sheet. If a response is omitted, enter a dash in the appropriate box on the scoring sheet.
2. Add the response values for the first eight items in the first "Answer" column on the scoring sheet and enter the total in the box labeled "Subtotal #1." The procedure is a straight sign addition (e.g., $(+3)+(-2)+(-2)=(-1)$ and so forth). Repeat the procedure for each of the other three "Answer" columns moving across the scoring sheet. The row "Subtotal #1" should now have four entries.
3. Repeat the addition procedure described in #2 above using the next eight items in each of the four "Answer" columns and enter the sums in the boxes labeled "Sum (for neg. items)." Remember that it is a sign addition. The row "Sum (for neg. items)" should now have four entries.
4. Multiply the first entry in the row "Sum (for neg. items)" by neagtive one (e.g., $(+12)\times(-1)$; $(-16)\times(-1)=(+16)$ and so forth) and enter the product in the first box in the "Answer" column in the row labeled "-1 x Sum: Subtotal #2." Repeat the procedure for each of the other three entries in the row "Sum (for neg. items)." The row "-1 x Sum: Subtotal #2" should now have four entries.
5. Add the first entry from the row "Subtotal #1" to the first entry for the row "-1 x Sum: Subtotal #2" and enter the result in the first box in the first "Answer" column in the row labeled "Total Score: each scale." Repeat the procedure for each of the three remaining columns.
6. Sum the four entries of the row labeled "Total Score: each scale" and enter the total on the line labeled "Grand Total: all scales."
7. The result of these procedures is four subscale scores and a grand total score for the inventory. The first entry in the row labeled "Total Score: each scale" is the subscale total for the dimension Level of Regard. The second subscale total is for the dimension Empathic Understanding. The third subscale total is for the dimension Unconditionality of Regard. The last subscale total is for the dimension Congruence. The "Grand Total: all scales" entry is the total score for the entire inventory.
8. Interpretation: The subscale scores range in value from -48 to +48. The grand total score ranges in value from -192 to +192. The higher the particular score, the more that a particular dimension is perceived in the relationship. Example: if the respondent has an

Empathic Understanding score of +36 and a Level of Regard score of -16, it may be interpreted to mean that the respondent perceived a (relatively) high level of Empathic Understanding and a (relatively) low Level of Regard from the other participant(s) in the relationship being evaluated.

Scoring Sheet
64 Item Forms

Respondent's Sex: _____
Other's Sex: _____

Date: _____

Type of Relationship: _____

Level of Regard		Empathic Understanding		Uncond. of Regard		Congruence	
Pos. Items	Answer	Pos. Items	Answer	Pos. Items	Answer	Pos. Items	Answer
1		2		7		4	
5		10		15		12	
13		18		23		20	
25		30		31		28	
37		34		39		36	
41		42		47		44	
57		54		51		48	
61		62		59		56	
Subtotal #1							
Neg. Items	Answer	Neg. Items	Answer	Neg. Items	Answer	Neg. Items	Answer
9		6		3		8	
17		14		11		16	
21		22		19		24	
29		26		27		32	
33		38		35		40	
45		46		43		52	
49		50		55		60	
53		58		63		64	
Sum (for neg. items)							
-1 x Sum:							
Subtotal #2							
Total Score: each Scale							

Grand Total: all scales _____

APPENDIX 10

PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

POSTTEST RAW SCORES

APPENDIX 10

PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

POSTTEST RAW SCORES

<u>Focused Group</u>	<u>Unfocused Group</u>	<u>Control Group</u>
43	69	32
63	49	51
49	40	35
33	25	56
56	44	31
39	74	54
37	58	51
41	50	34
65	48	61
37	59	48
73	53	23
47	31	42
48	30	32
51	40	33
43	44	46
54	43	38
47	52	51
56	69	63
76	43	56
59	48	40