

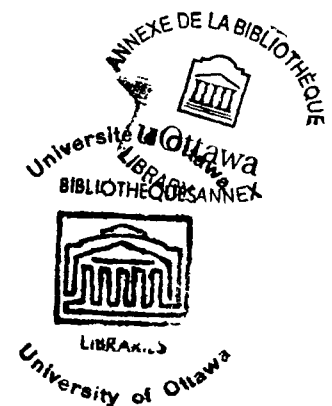
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DIFFERENTIAL CHANGES IN SELF-ACTUALIZATION IN
EXTERNAL LOCUS OF CONTROL SUBJECTS AFTER
SPACED-STRUCTURED-GROUP THERAPY

by Simon Papillon

Thesis presented to the School of Graduate Studies
in partial fulfilment of the requirements for the
degree of Ph.D. in Clinical Psychology

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CURRICULUM STUDIORUM

Simon Papillon was born May 11, 1946, in Quebec. He received the "Baccalauréat ès arts" from "Séminaire de Québec" in 1966. He obtained the "Licence en orientation professionnelle" in 1969 and the "Maîtrise" in 1970 from "Université Laval." The title of his thesis was Influence du caractère sur le rendement scolaire. In 1972, he was awarded the "diplôme de l'Ecole Normale Supérieure" from "Université Laval."

INTRODUCTION

The importance of the concepts of self-actualization and locus of control is reflected by a growing substantial theoretical and speculative literature. These concepts have stimulated extensive research in therapy. The general opinion of those who have reviewed the literature is that much more research is needed into the area of group therapy and the locus of control variable.

Many studies involving the concepts of self-actualization and locus of control in the area of group therapy suggested that benefit from group therapy appears to be optimized by the kind of compatibility which represents a match between the therapeutic environment and the personality of the participants. The utility of the locus of control variable was suggested as a predictor of client-therapy compatibility.

This study undertakes to investigate the relative effectiveness, for external females, of three variations of group compositions within spaced-structured-group therapy, namely the comparison of groups composed solely of externals, groups composed of internals and externals, and groups composed of externals with internals as models.

Research has found that internal and external subjects showed different modes of conflict resolution in

spaced-structured-group therapy in relation to structured or unstructured therapist roles. The literature suggested that the differential reactions of internals and externals may have a corresponding effect on the therapeutic outcomes in groups. It is this latter view which will be investigated in the present study, along with the idea that groups of internal-external locus of control participants will be more effective for the externals than groups composed solely of externals; and groups composed of externals and internals designated as models will be more effective than groups composed of internals and externals where internals are not designated as models. That is to say, the relative effectiveness of three variations of group compositions within spaced-structured-group-therapy will be measured, using the Personal Orientation Inventory (POI). The possibility that externals rate subjectively internals as influencing will be studied and structured group therapy will be provided by the use of a sequence of group exercises.

The first chapter presents a review of the literature dealing with the concepts of self-actualization and locus of control. Chapter II presents the description of instruments used to measure self-actualization and locus of control, the description of the sample, the procedures: experimental groups, criterion measure, therapists, therapy, the null hypotheses, and statistics.

Chapter III presents and discusses the results obtained, and offers suggestions for further research.

The appendices contain written information given in four (4) classes, verbal information presented to the volunteers to participate in the experience, official list of people selected, exercises used, instructions presented to group members in regard to the ranking of members who exerted the most influence during the group therapy, figures, and tables.

CHAPTER I

REVIEW OF THE LITERATURE

The goals of the first chapter are to review the research dealing with changes in self-actualization following group therapy, and the effect of locus of control variable on effectiveness of changes. The chapter will be divided into five sections:

1. discussion of the concepts of self-actualization and locus of control;
2. presentation of studies of change in self-actualization following group therapy;
3. presentation of research evidence supporting the importance of the locus of control variable on effectiveness of change following group therapy;
4. statement of the problem; and
5. formulation of hypotheses.

1. Concepts of Self-Actualization and Locus of Control

a) Concept of Self-Actualization

Goldstein first used the term actualization to describe the growing process of the human organism. Abraham Maslow, Rollo May, Carl Rogers, and Frederick Perls further amplified the concept of actualization within psychology. Shostrom (1976) defined the concept of self-actualization as "an ongoing process of growth toward

utilizing one's potential. "Potential" is one's ultimate capacity for creative expression, interpersonal effectiveness and fulfillment in living " (p. 1).

From Maslow (1954), reported by Shostrom (1976), comes the emphasis on self-actualizing as a reasonable goal for psychotherapy. From Martin Buber (1951) and Gordon W. Allport (1937) comes the emphasis on the achievement of one's own particularity and the growth of unique, unprecedented, and never recurring potentialities (p. 2). As Shostrom (1976) states, "in self-actualizing each person is being and becoming what he or she is, discovering a unique identity and then risking being it. Thus, self-actualizing is defined as an active process of being and becoming increasingly inner-directed and integrated at the levels of thinking, feeling, and bodily response. It is, therefore, not an end point, but a process of moving from normal manipulation toward growth-" (p. 2). Also, according to Shostrom (1976), because the individual must practice actualizing in the interpersonal setting, group therapy becomes a primary means by which growth toward actualization takes places.

Self-actualization can be defined operationally. Many studies in this area have been facilitated through the development of an instrument for the measurement of the concept of self-actualization. This instrument, the Personal Orientation Inventory, or POI, constructed by Shostrom (1963) has been described to replace the medical model. Maslow (1971) in his posthumously published book

stated:

In studying healthy people, self-actualizing people, there has been a steady move from the openly normative and the frankly personal, step by step, toward more and more descriptive, objective words, to the point where there is today a standardized test of self-actualization. Self-actualization can now be defined quite operationally, as intelligence used to be defined, i.e., self-actualization is what the test tests. It correlates well with external variables of various kinds and keeps on accumulating additional meanings (p. 28).

In scoring the Personal Orientation Inventory, items are grouped into two major scales: Time Competence and Inner Support. According to Shostrom (1966), the Subsidiary scales are designed to tap values in the development of the self-actualizing individual: Self-Actualizing Value (SAV), Existentiality (Ex), Feeling Reactivity (Fr), Spontaneity (S), Self-Regard (Sr), Self-Acceptance (Sa), Nature of Man-Constructive (Nc), Synergy (Sy), Acceptance of Aggression (A), and Capacity for Intimate Contact (C).

b) Concept of Locus of Control

The other major concept introduced in the first chapter, and held to be of importance in understanding of this study, is the locus of control variable. In recent years, in personality research, the concept of internal versus external control of reinforcement, or locus of control, has been largely used. Rotter (1966) offered a definition of his concept:

When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our

culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him . . . we have labeled this a belief in external control. If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control (p. 1).

Like self-actualization, the locus of control concept can be defined operationally by the I-E Scale which is the specific instrument to measure perceived locus of control. Phares (1976) stated: "Rotter and his colleagues decided to try to construct an I-E Scale that would capitalize on the functional relationship among various goals, or reinforcements. They set about developing a multidimensional I-E Scale that would contain items from several areas--academic recognition, social recognition, love and affection, dominance, social-political events and general life philosophy " (p. 41).

c) The Relationship of Self-Actualizing to
Locus of Control

Following Rotter's definition, the literature indicates that the locus of control is hypothesized to be a personality dimension referring to the way an individual characteristically perceives himself in interaction with the environment. We have stated that persons with an internal orientation perceive themselves as having personal control over their reinforcements as a consequence of their behavior. Those with an external orientation perceive reinforcements as being independent of their behavior and beyond their

personal control.

In his original monograph, Rotter (1966) hypothesized a positive relationship between perceived locus of control and personal adjustment. From this theory, persons who view positive reinforcements as contingent upon their own behavior (internals) are better adjusted than those who see reinforcements as determined by chance, fate, or powerful others (externals). Internals depict themselves as active, striving, achieving, powerful, independent, and effective. Internality has been found to be associated with insight, constructive responses to frustration, and efforts to better one's life circumstances, while externality has been associated with anxiety, neuroticism, death anxiety, suicide, accident proneness, and pathology.

In a study to determine the relationship of self-actualizing to locus of control, Warehime and Foulds (1971) hypothesized a significant relationship between POI measures of Inner-Directed support (I scale scores) and internal locus of control measured by the Rotter I-E Scale. Correlations of greatest magnitude were against POI scales of Self-Regard ($r = -.33$), Time Competence ($r = -.32$), and Nature of Man ($r = -.27$) for a sample of fifty-five female college students. Such a relationship was not found for a similar sample of fifty-five males.

An unpublished study, reported by Knapp (1976) and conducted by Lovekin (1972), used the POI and the I-E Scale with participants in a five-day encounter group (p. 37).

Although, as hypothesized, increases on the POI were significant for the major POI Inner-Directed scale and nine of the subscales, such increases were not significantly greater for those persons whose locus of control was identified as internals as contrasted with the externals.

Wall (1970) administered Rotter's I-E Scale and Shostrom's POI to one hundred and thirteen introductory psychology students and found only three of the twelve POI scales significantly correlating with the I-E Scale.

The lack of correlation of some studies between the Inner Support scale of the POI and the internal end of the I-E continuum is consistent with Rotter's view (1966) that the I-E variable constitutes an aspect of functioning separate from the inner-other directed dimension of Reisman, Glazer, and Denney (1950), on which the POI Inner Support scale was based. Nevertheless, Warehime and Foulds (1971), for females, found, the major POI scale, Inner Support, significantly related in the predicted direction for I-E. However, according to Rotter (1975), we must be careful in the interpretation of the relationship between locus of control and adjustment. He observes that locus of control scales correlate with self-report, scales of anxiety, adjustment, or scales involving self-description of symptoms. But he further observes that it is typical of internals to repress failures and unpleasant experiences and, therefore, "they may report less anxiety, fewer symptoms, etc., and thereby create a positive relationship between internality

and adjustment" (p. 80).

Summary

As regards to the relationship of the locus of control and self-actualization concepts, the collection of studies available to date suggest that sex is an important variable. These two concepts are more significantly related for females than for males. The following section devotes more attention to self-actualization. For Shostrom (1976), the medical model, reflected in inventories such as the MMPI, stresses movement from illness to a mean of "normalcy," whereas the self-actualizing model stresses ways by which "normal" people can become more effective and self-fulfilled.

2. Presentation of Studies of Change in Self-Actualization Following Group Therapy

a) Pre- and Post Group Therapy

Group experiences have been offered under many different names and in a wide variety of settings. "Encounter Group," "T-Group," "Sensitivity Training," "Human Relationships Training," and various laboratories and workshops in leadership, management, and education are, for present purposes, considered together under the title: "group therapy."

Maslow (1970), in considering group therapy techniques, has said:

A final implication of our approach of psychotherapy is a greater respect for group therapies as well as T-groups etc . . . If ordinary therapies may be conceived of as a miniature ideal society of two, then group therapy may be seen as a miniature ideal society of ten . . . in addition we now have empirical data that indicate that group therapy or T-groups can do somethings that individual psychotherapy cannot (p. 263).

In an extensive study of the effects of nonprofessionally led therapy with university and community volunteers, Bebout and Gordon (1972) reported the results of pre-and post group therapy. The sample for which POI analyses were reported involved seventy males and sixty-five females. Pre-to-post-test changes were analysed separately for the sexes and significant increases were obtained for the major Inner-Directed scale as well as for the Existentiality (males only), Feeling Reactivity, Spontaneity, Acceptance of Aggression, and Capacity for Intimate Contact subscales. Shostrom (1976) suggested in the context of an evaluation of this study, that although the analyses have suffered from lack of a control sample, the increases are in line with several other studies employing smaller samples and incorporating control samples in their design (p. 223).

Trueblood and McHolland (1971) reported the effects of group therapy in helping students to become more self-actualizing. The POI was administered twice to two groups of junior-college students, one consisting of thirty-three students enrolled in a fourteen week human potential

seminar and the other a control sample of sixty-two students. Significant changes between pre- and post-treatment administration were found, in the experimental group, on the major scale of Inner-Directed and on subscales of Self-Actualizing Value, Existentiality, Self-Regard, and Nature of Man-Constructive, and no significant changes were found in the control group. In a study using pre- and post-treatment POI with a small college sample (N = 7 experimental, 7 control) in a fifteen hour marathon group therapy, Young and Jacobson (1970) found significant increase on only one subscale, the Self-Actualizing Value scale.

Guinan and Foulds (1970) reported changes on POI scale scores following a marathon group therapy. The study was designed to investigate such changes as might occur among a group of relatively "normal" college students following a voluntary, thirty hour weekend marathon experience. Results were compared with those obtained from a selected control sample volunteering to be in "an experiment." Analysis of the data disclosed that mean POI scores for the experimental marathon group changed significantly in a positive direction for the major Inner-Directed scale as well as for six of the subscales: Existentiality, Feeling Reactivity, Spontaneity, Self-Acceptance, Acceptance of Aggression and Capacity for Intimate Contact. No changes for the control group reached significance. Use of a control group and the highly significant results obtained comparing group pre- and post-experimental scores are

important aspects of this study.

In two related studies, Foulds (1970-71) reported similar changes in POI scores following an eight or nine week group therapy in which groups met for one four to four-and-one-half hour period per week.

The results of the study of Guinan and Foulds (1970) were challenged by Marks, Conry, and Foster (1973) on the basis of shortcomings in the design of the study. In a subsequent study, very carefully designed to meet these criticisms, Foulds and Hannigan, reported by Knapp (1976), obtained much the same results as in their earlier study (p. 25). Volunteer subjects were randomly assigned to experimental and control groups. Significantly greater increases in measures of self-actualizing were obtained for those in the encounter experience, as contrasted with a control group, in terms of the major POI Inner-Directed scale and eight of the ten POI subscales. The only subscales failing to reach significance were the Nature of Man and Synergy scales. An important facet of this study was the inclusion of a six-month follow-up administration of the POI. Rather than showing longer-term regression effects, the six month follow-up revealed significant positive gains in overall level of self-actualizing when compared with levels achieved at the end of the marathon group therapy.

In a similarly designed study by Treppa and Fricke (1972) further evidence, bearing especially upon the issue

of the comparative effects of control versus marathon group therapy on POI scores, has been presented. The POI, along with other personality inventories, was administered prior to and following a weekend marathon group therapy and again as a six week follow-up. Both experimental and control groups, with sample sizes of eleven each, showed significant positive changes on post-test and follow-up scores.

Although changes from pre-test to post-test reached significance (beyond the .05 confidence level) for the two major scales and five of the subscales in the experimental group, as compared with only one major and one subscale in the control group, the interaction effect between groups and test conditions reached significance for only the POI subscale of Spontaneity. Changes from pre-test to post-test were all in the positive direction in the experimental group while, in the control group, four of the twelve changes were in the negative direction. The authors concluded that the data from their study failed to demonstrate adequately the positive effects of the marathon group therapy.

Knapp (1976) reported a study done by the Counseling Center staff of the University of Massachusetts employing the POI in evaluating the effects of group participation, which study failed to demonstrate positive results (p. 26). Forty-two volunteer college students participating in one of three types of short duration (ten-hour participation) sensitivity groups were compared with six control students

selected from a class. Although significant increases on POI scales were observed in all three treatment groups, the increases registered among the six students in the control group were such that, when submitted to multiple discriminant analysis, results failed to support the hypothesis that group participation would produce greater change in self-actualization. As the authors note in the extended report, the control subjects were non-participants who had not sought a sensitivity group experience. Other limitations noted by the authors concerned the short amount of time spent in group meetings and the high within-group variability obtained on post-test.

Kimball and Gelso (1974) contrasted one result of the Treppa and Fricke and University of Massachusetts studies with three others--Foulds (1971), Guinan and Foulds (1970), and Young and Jacobson (1970) in which positive results were obtained. Their analysis yielded two salient factors differentiating studies with positive results: the number of group leaders and the total amount of meeting time. With regard to number of leaders, the Treppa and Fricke's (1972) study used only one facilitator while, of those obtaining positive results, two used two leaders each and the third a highly experienced facilitator. With regard to meeting time, the studies that obtained positive results employed a minimum of fifteen hours of group time, as contrasted with ten hours and an unspecified amount of time in those obtaining negative results.

Alperson, Alperson and Levine (1971) examined the effect of a marathon group therapy on POI scores among high-school students. Thirty-two volunteer students were unsystematically assigned to a control (no marathon treatment) or experimental (marathon treatment) group and completed the POI as a pre-treatment and post-treatment measure. Increases in POI scores for the experimental group reached significance for the two major scales of Time Competence and Inner-Directed and for the subscales of Existentiality, Self-Regard, Self-Acceptance, and Acceptance of Aggression. The major scales were not significantly different for the control group and only one subscale, Feeling Reactivity, showed a significant increase at the .05 level. The authors conclude that marathon group therapy can contribute to growth in terms of these POI scales.

In their own study employing fourteen experimental and fourteen control subjects in an eighteen hour weekend marathon group therapy, Kimball and Gelso (1974) obtained significant results on the major Inner-Directed scale and four subscales: Spontaneity, Self-Regard, Self-Acceptance, and Synergy.

In the light of all these studies, the POI appears relatively sensitive to the effects of different formats of group therapy. An important factor to study is whether the effects are transitory or are of a more permanent nature.

b) Follow-up Effects of Group Therapy

Several studies, reported by Knapp (1976), evaluated the level of self-actualization as measured by the POI over periods of from six to nine weeks and up to one year following the group therapy (p. 27).

In examining the effectiveness of a human relations training program among rural high-school teachers, Banmen and Capella (1972) used the POI to measure pre- to post-test changes in a sample of thirty-two educators volunteering for a three and one half day program. Gains following the program (four days following the program) were significant for the major Inner-Directed scale and for five subscales: Existentiality, Feeling Reactivity, Self-Acceptance, Acceptance of Aggression, and Capacity for Intimate Contact. As a part of the design of this study, participants were readministered the POI three months following the program. In the follow-up scores, all of the above scales reached significance and, in addition, the Spontaneity subscale reached significance at the .05 level. None of the differences between post-test and follow-up measures reached significance. Thus, changes immediately following the program were consistent with numerous other studies available and were also maintained over a three month period.

Investigating the longer-term effects of a ten day group therapy, Reddy (1973) administered the POI prior to the first group meeting, prior to the last group meeting, and one year from the close of the group therapy. Interaction

effects over time were significant for the major POI scales of Time Competence and Inner-Directed as well as for seven of the ten subscales. Results were interpreted as demonstrating that group therapy participants exhibited changes in measures of self-actualization and that these changes were maintained or continued over time. The results further suggested that participants exhibited change at different rates and at different times. While some participants showed substantial gains in self-actualizing at the close of the group therapy, others exhibited major gains after returning to their usual environment. Further analysis showed that this differential rate was related to level of anxiety of the participants as measured by the "Multiple Affect Adjective Check Test." Correlations between POI changes and the measure of anxiety suggested that participants who experienced higher levels of anxiety during the group therapy did not exhibit changes on the POI at the close of the group therapy.

A pattern of increased self-actualization scores following group therapy emerges from examination of studies on this topic and this pattern seems to be continued over time for some studies. Another issue involves the question of whether measured changes merely reflect an intellectualized response.

c) Didactic Procedures

Shostrom (1976) suggested three expressions of being: "Thinking, feeling, and bodily expression" (p. 227). As reported by Knapp (1976), such changes may primarily reflect growth at the thinking, or intellectualized level. It might be asked to what extent these may be reflected in changes in the feeling and bodily expression levels of this continuum (p. 29).

Walton (1973) administered the POI to groups of college students enrolled in a seminar in humanistic psychology. Those in the two experimental groups received didactic content instruction as well as ten to fourteen one hour long personal group therapy sessions. Students in a control group received instruction concerning counseling concepts, including the concepts and counseling procedures for furthering self-actualizing. However, no systematic training experience was provided. Comparisons of pre-test to post-test changes on the POI showed that students in both groups receiving the training experience increased on the major Inner-Directed scale. Changes on this scale for the control group receiving instruction only did not reach significance. Subscale changes reaching significance for the experimental groups were Existentiality, Spontaneity, Self-Acceptance, and Capacity for Intimate Contact. For the control group, taught by didactic procedures, only the Nature of Man scale showed significant increase. Findings were interpreted as supporting the hypothesis that group

therapy is productive of psychological growth as defined by the POI. Knapp (1976) reported that studies involving attempts to "fake" POI results are of some relevance to this topic (p. 29). It has been shown that, generally, instructions to fake, or make a good impression on our POI actually result in profiles characteristics of less self-actualized individuals. However, in their previously described study of the faking of POI responses, Braun and La Faro (1969) included two experimental groups that received discussion of the concept of self-actualizing intervening between standard and faked administrations. Mean scores for the major Inner-Directed scale significantly increased in one group but not in the other. According to the authors, this study suggests that the inventory shows an unexpected resistance to faking but that with specific knowledge about the inventory and the concepts measured, persons can improve their POI scores under certain circumstances.

In a series of studies in which college students were presented either information about the concept of self-actualizing, information about more conventional social adjustment, or no information, Warehime, Routh, and Foulds (1974) found that those receiving information about actualizing were able to increase their scores on the POI when asked to use this information. However, when asked to respond honestly, their scores were unaffected by knowledge about self-actualizing. The authors concluded that the

Inner-Directed scale is more resistant to faking than many other self-report inventory and that the POI is remarkably unsusceptible to dissimulation.

While very little evidence has been presented to date on this topic, Knapp (1976) suggested that group therapy appears to produce POI changes beyond those produced by intellectualized, didactic instruction (p. 30).

Summary

From the studies available to date emerges the picture of increased self-actualizing as measured by the POI following group therapy. Even if the composition of the samples and nature of the treatment experience varies greatly among the studies, significant differences have been obtained in most instances between pre- and post-treatment administrations of the POI. These effects may be comparatively long-lasting, with growth being maintained and some studies suggest that these changes reflect psychological growth and not intellectualized response.

The following section presents the locus of control variable in the context of measuring changes following group therapy. A number of studies have suggested the utility of the locus of control variable on effectiveness of changes following group therapy.

3. Presentation of Research Evidence Supporting
the Importance of the Locus of Control
Variable on Effectiveness of Change
Following Group Therapy

Abramovitz, Christine V. and Abramovitz, Stephen (1974), demonstrated that two verbal group therapies conducted by the same leader can have different effects depending on the client's personality. In personality research in recent years, the concept of internal versus external control of reinforcement, or locus of control, has been used extensively.

a) Characteristics of External and
Internal Subjects

Phares' (1976) up-to-date review of literature related to the locus of control as a determinant of mastery over the environment, specified in concluding remarks, that the most basic characteristic of internal individuals appears to be their greater efforts at coping with or attaining mastery over their environments (p. 28). This deduction finds support through studies of tubercular patients, reformatory inmates, Swedish students, American, and Canadian college students. It is confirmed in the field as well as in the psychological laboratory.

To a great extent, the superior mastery and coping of internals seems to be accomplished through their superior cognitive processing activities. They seem to acquire more information, make more attempts at acquiring it, are better at retaining it, are less satisfied with the

amount of information they possess, are better at utilizing information and devising rules to process it, and generally pay more attention to relevant cues in the situation.

Just as internals are more effective in controlling their world, they also appear to exhibit greater self-control as well. Some evidence suggests that internals are more likely to be cautious and to engage in less risky behavior.

Phares' (1976) review of research, dealing with locus of control and anxiety, showed that the modest but significant correlations between anxiety and externality seem to indicate greater chronic distress, discomfort, or maladjustment on the part of externals. At the very least, they suggest a greater willingness for externals to admit to the more common aspects of personal difficulty. Conversely, internals frequently avoid endorsing statements on questionnaires that indicate anxiety or maladjustment (p. 142).

In some ways, externals seem to react to threat in the same fashion they do to questionnaires; for example, the consequences of failure do not result in the disruption of memory processes to the same extent that they do for internals. In this sense, externals appear to be much less denying of threat than internals. A plausible interpretation is that at least one functional value of an external locus of control is its capacity to neutralize potentially threatening stimuli. Reducing the value of a goal after failure to achieve it, selecting tasks in advance that

permit one easy access to excuses such as rationalization should failure occur, or attributing blame for failure to outside forces are all "defences" available to the external individual.

Phares' (1976) review of research on locus of control in the social context, showed that internals appear more independent and more reliant upon their own judgment. They seem to be less susceptible to control and influence from others, as shown in attitude change studies. They particularly resist subtle forms of attempted influence, such as that which appears in verbal operant conditioning situations. Internals are more accepting of information when it has merit than when it does not. Internals are not as likely to respond on the basis of the prestige or expertise of the message's source as are externals. Some evidence did, however, imply a greater suspiciousness in externals.

b) Locus of Control and Group Therapy

The recent studies of Abramovitz (1974) and Kilmann, Albert and Sotile (1975), in the area of group therapy, suggested that benefit from group therapy appears to be optimized by the kind of compatibility which represents a match between the therapeutic environment and the personality of the patient. Rotter (1966) suggested the utility of the locus of control variable as a predictor of client-therapy compatibility. In regard to the characteristics of the

internals and externals, as indicated above, when compared with external subjects, internal subjects share a greater belief in their ability to induce changes in their environment. Gore and Rotter (1963), and Strickland (1965) reported a stronger preference for those situations in which they perceive themselves as being in greater control of their actions. Julian, Lichtman and Ryckmon (1968) attempted to exert more influence in interpersonal situations. Davis and Phares (1967), Jones and Schraner (1968), Julian and Katz (1968), and Phares (1965) found that internals preferred to rely upon themselves rather than on the assistance of an acknowledged competent other, and Biondo and MacDonald (1971) reacted significantly against high-influence attempts from others.

Thus, the most appropriate treatment format for the internal client would be to provide him with the opportunity to demonstrate that he does have personal control over the reinforcements in his life. A relatively unstructured therapist role, by which the therapist would allow the client to assume considerable responsibility in the therapeutic process, seemingly would reinforce the internal's need for personal control.

By contrast, Julian and Katz (1968) found external clients to rely upon an acknowledged competent other rather than their individual skill. Lefcourt (1967) found external clients to benefit from increased structure and direction. Biondo and MacDonald (1971) found external clients to conform both to low and high influence communications.

Thus, the external client is more likely than the internal client to benefit from a therapeutic role which provides a considerable degree of structure and guidance.

The subtle interaction between locus of control and the degree of structure of the therapy, presents some problems in regard to other variables. Kilman (1974) found no significant difference in shift of locus of control between the direct and nondirect marathon group therapy treatment conditions. Kilman and Howel (1974) used a marathon group format to investigate the relationship between locus of control and type of therapy, but the predicted interaction between locus of control and type of therapy did not surface. Kilman, Albert and Sotile (1975), with college students, failed to demonstrate a more favorable outcome for external subjects than internal subjects in the structured marathon group as was found in the structured traditional group on two scales of a measure of self-actualization: Time-Competence, Inner-Directedness. The investigators suggested that the most reasonable interpretation of the data seems to be that persons who hold an external orientation respond most to a structured treatment intervention which is spaced over time. In this regard, Kilman, Albert and Sotile (1975), demonstrated a more favorable outcome for external subjects than internal subjects in a structured traditional group. However, internal persons may not profit from a structured therapist role within a traditional group therapy format and internal

persons may achieve maximum therapeutic gains from exposure to an unstructured therapist role irrespective of massed or spaced treatment.

Summary

The developing notions about internal-external control that emerged from studies, raised the point that locus of control is a useful concept in the area of group therapy. Internal and external subjects seem to react differently. In a general way, when compared to internal subjects, external subjects, to a great extent, report an inferior mastery over the environment and a greater discomfort or maladjustment and a greater vulnerability to influence from others. In group therapy, studies suggest more structure and guidance for external subjects in a context of a spaced group therapy treatment.

The following section presents what this study intends to investigate regarding the importance of the locus of control variable on effectiveness of changes following group therapy.

4. Statement of the Problem

a) Concentrating on Externals

The work reviewed has described internals as active and striving individuals who exhibit greater resistance to influence. By now, according to Phares (1976), "a great deal of evidence has supported the prediction that the

behavioral characteristics of internals, coupled with a generalized belief in the efficacy of their own efforts, ought to provide a stronger basis for personal adjustment and reduced anxiety in internals and by contrast, externals should be more vulnerable and less capable of coping with their environment" (p. 120).

The relationship between anxiety and externality has been found in many different studies, with many different anxiety measures, populations, and test conditions. To name only a few, Butterfield (1964), Liberty, Burnstein, and Moulton (1966), Watson (1967), Feather (1967), Tolor and Reznikoff (1967), Ray and Katahn (1968), and Strassberg (1973) reported strong evidence of the relationship between externality and a variety of measures of anxiety.

Because external subjects report more distress than internal subjects, this present study puts the focus mainly on this particular population.

b) Composition of the Group

Abramovitz, Christine V.; Abramovitz, Stephen I. (1974), Kilmann, Peter; Albert, B. M. and Sotile, W. M. (1975), Kilmann, Peter and Howell, R. J. (1974) used mixed groups of internal and external subjects. On the basis of their pre-therapy scores on the I-E Scale, the subjects were randomly assigned to the treatment groups in order to insure that the distribution of locus of control scores within each group would be equivalent. Kilman, Albert and

Sotile (1975), have found that internal and external subjects showed different modes of conflict resolution in spaced-structured-group therapy in relation to structured or unstructured therapist roles. They suggested that the differential reactions of internals and externals may have a corresponding effect on the therapeutic outcome in groups. Consequently, group composition in terms of internal and external orientation may influence the therapeutic outcome. Because Butterfield (1964), Cronwell, Rosenthal, Shakow and Kahn (1961), only to name some, suggested a consistent association of externality and maladjustment; this present study investigates, for the externals, if the particular composition of a group is more efficient than another in therapy; more precisely, what is the relative effectiveness, for the externals, of three variations of group compositions within spaced-structured-group therapy.

c) Purposes of This Study

1. To investigate the relative effectiveness for external females, of three variations of group compositions within spaced-structured-group therapy, namely, the comparison of groups composed solely of externals, groups composed of internals and externals and groups composed of externals with internals as models.

2. And, hopefully, to test the generality of the effectiveness of spaced-structured-group therapy for externals.

Summary

The present study focuses attention on external subjects, because they report more discomfort than internal subjects. As indicated above, structured and unstructured therapist roles within traditional group therapy have generated different modes of conflict-resolution in external and internal subjects. Because the literature suggests that personal characteristics of group members influence group functions and the effects of these different characteristics may influence the therapeutic outcome, the main purpose of this research is to investigate the relative effectiveness, for the externals, of three variations of group compositions within spaced-structured-group therapy; namely the comparison of groups composed solely of externals, groups composed of internals and externals, and groups composed of externals with internals as models.

The following section presents a brief summary of the main conclusions emerging from the studies related to the topic and specifies the hypothesis of this present study.

5. Summary and Hypothesis

The first section introduced the concepts of self-actualization and locus of control. The literature indicates that these two concepts are more significantly related for females than for males. The major POI scale, Inner Support, is significantly correlated with the internal direction on the I-E, only for females. But, locus of control and adjustment calls for careful interpretation, because, according to Rotter (1975), locus of control correlates with self-report, scales of anxiety, adjustment, or scales involving self-description of symptoms, but it is possible that internals tend to repress failures and unpleasant experiences and, therefore, they may report less anxiety and fewer symptoms.

The history of psychology teaches that adjustment has been measured primarily in the context of the medical model, reflected in inventories such as the MMPI. The self-actualizing model stresses ways by which people can become more effective and self-fulfilled. The second section introduced the studies of change in self-actualization following group therapy. The literature indicates a consistent pattern of increased self-actualizing scores following group therapy. These effects may be comparatively long-lasting, with growth being maintained and the literature indicates some studies where the authors suggest that these changes were not reflecting an intellectualized response but a psychological growth.

The third section showed that locus of control is a useful concept in the area of group therapy. Studies suggest more structure and guidance to increase self-actualization for external subjects and a spaced-group therapy treatment rather than a marathon group therapy.

The literature indicates many studies reflecting a great deal of evidence to support the strong relationship between externality and a variety of measures of anxiety. Because external subjects report more discomfort than internal subjects, the fourth section specified that this study focuses attention on this particular population.

The literature indicates that internal and external subjects present different characteristics and these differences influence group functions. Internals exert more influence on others, appear to exhibit greater self-control than externals, and seem to be more independent.

In the light of these suggestions, emerging from the examination of the studies on the topic, the first hypothesis to be tested will be:

- I. Within a spaced-structured-group therapy, mixed groups of internal-external locus of control subjects will be more effective in self-actualization for the externals than groups composed solely of externals, as measured by the POI (Personal Orientation Inventory).

Bandura (1975), Mowrer (1966), Shoben (1965), and Krumboltz (1964) indicate that the potential that imitation learning holds for practical applications in therapy appears to be significant. Ryan (1966), Hansen, Miland and Zani (1969), supported the thesis that peers can have a modeling effect in group therapy. Lanzetta and Kanareff (1959) concluded that "incompetents" are more prone to imitate models. Bandura (1971) stated that human behavior is regulated by a variety of discriminative stimuli, among which the behavior of others is the most influential; consequently, in social situations, behavior always remains partly under modeling stimulus control. The actions of persons who occupy prestigious positions in a given social group usually serve as major determinants of the type of behavior that other group members are likely to engage in. Bandura (1969), Blake (1958), and Campbell (1961), suggested that models who possess high status in prestige and power are emulated to a considerably greater degree than models of subordinate standing.

Because the literature have shown primarily on the basis of Phares' (1976) study on the locus of control and the amount of social influence exerted, that internals attempt to exert more influence in interpersonal situations, and report less anxiety and more self-control than externals, and having cited that externals reported a greater vulnerability to influence from others, thus, they seem to be more prone to pattern their behavior after successful

models and having specified that models' power to influence the behavior of others is mediated through superior status, thus, the second hypothesis to be tested will be:

- II. Within a spaced-structured-group therapy, mixed groups of internal-external locus of control subjects where internals have a superior status will be more effective in self-actualization for the externals than mixed groups where internals do not have a particular status.

CHAPTER II

EXPERIMENTAL DESIGN

The goal of the second chapter is to specify the control used in order to test the hypothesis of the study. It describes: 1. the instruments used to measure locus of control and self-actualization; 2. the sample; 3. the procedures: experimental groups, criterion measure, therapists, therapy; 4. the null hypotheses and the statistical methods employed in the analysis of the data.

1. The Instruments Used to Measure the Self-Actualization and the Locus of Control

- a) The Personal Orientation Inventory

Description

The Personal Orientation Inventory (POI), a measure of positive mental health of self-actualization, has been used as the criterion measure.

The POI consists of one hundred and fifty-two choice-comparative-value-judgment items reflecting values and behavior seen to be of importance in the development of the self-actualizing individual. Knapp (1976), specified that: "such person may be described as those who utilize their talents and capabilities more fully than the average person,

live in the present rather than dwelling on the past or the future, function relatively autonomously, and tend to have a more benevolent outlook on life and on human nature than the average person. These comparative-value-judgment items are based on the theoretical formulations of Maslow, Shostrom, Riesman, Rogers and Perls in humanistic psychology" (p. 2).

In responding to the POI, the examinee is asked to select the one statement in each pair that is most true of himself. Raanan (1973), described the POI as a "forced choice" instrument, but Shostrom (1973) reiterated that such is not the case and he specified that his inventory format does not meet the criteria of a forced-choice instrument. Scale scores are normative rather than ipsative, with the score on one scale in general not being dependent upon responses to another scale. The POI item format is more properly described as "paired opposites," in which each concept is presented in terms of a positive and a negative statement of the continuum, or dichotomy, under consideration.

Clinically derived scales, comprising items logically grouped into two major scales and ten subscales, are used in comparing the examinee's responses to normative samples. There are two major scales, defined by Shostrom (1976), and interpreted in terms of Time Ratio and Support Ratio (p. 33).

1. Time Ratio (Time-competence/time-incompetence ratio)

The Time Ratio assesses the degree to which one is reality oriented in the present and is able to bring past experiences and future expectations into meaningful continuity. The time-competence/time-incompetence ratio is a measure of the degree to which one is time-competent, or present-oriented, as contrasted with time-incompetent, or living primarily in the past with guilt, regrets, and resentments and/or in the future with idealized goals, plans, expectations, predictions, and fears. Shostrom (1976) explained that time-competent people appear to live more fully in the here and now and are able to tie the past and the future to the present in meaningful continuity. Time-competent people also appear to be less burdened by guilt, regrets, and resentments from the past than are nonactualizing persons, and their aspirations are tied meaningfully to present working goals. The principle of balance still applies, however, in that the self-actualizing person is more present and less past and future oriented but still reflects some of both time-competence and time-incompetence.

2. Support Ratio (Other- versus inner-directedness)

The Support Ratio defines autonomy by assessing a balance between other-directedness and inner-directedness. Shostrom (1976) explained that the other/inner support concept defines whether reactivity orientation is basically toward others or toward the self. The inner-directed person appears to have incorporated a psychic "gyroscope"

which is started by parental influences and is later influenced by other authority figures. The inner-directed person goes through life apparently independent, but still obeying this internal piloting. The source of direction for the individual is "inner" in the sense that he is guided by internal motivations rather than external influences. Other-directed persons impress others at a facade level. For them, manipulations, such as pleasing others and insuring constant acceptance, become the primary methods of relating. While the ultimate goal of actualizing is establishing a balance between inner- and other-orientation, the problem is to become more inner-directed, to increase our capability for expressing the self at a core level from within.

The subsidiary scales purport to tap values important in the development of the self-actualizing individual. Shostrom (1974) defines ten (10) subscales (p. 17).

1. The Self-Actualizing Value (SAV) Scale measures affirmation of primary values of self-actualizing people. Individuals who hold and live by values of self-actualizing people score high on this scale, while those who reject values of self-actualizing people score low. Concepts measured by this scale cut across many characteristics and values.

2. The Existentiality (Ex) Scale measures the ability to situationally or existentially react without rigid adherence to principles. Existentiality reflects one's flexibility in applying values or principles to one's

life. It is a measure of the ability to use good judgment in applying these general principles. High scores reflect flexibility in application of values, while low scores suggest that values may be so rigidly held that the person is compulsive or dogmatic.

3. The Feeling Reactivity (Fr) Scale measures sensitivity of responsiveness to one's own needs and feelings. A high score reflects sensitivity to personal needs and feelings. A low score shows insensitivity to personal needs and feelings.

4. The Spontaneity (S) Scale measures freedom to react spontaneously or to be oneself. A high score indicates the ability to express feelings in spontaneous action. A low score indicates that one is fearful of expressing feelings behaviorally.

5. The Self-Regard (Sr) Scale measures affirmation of self because of worth or strength. A high score is a sign of the ability to like oneself because of one's strength as a person, while a low score suggests low self-worth.

6. The Self-Acceptance (Sa) Scale measures affirmation or acceptance of oneself in spite of one's weaknesses or deficiencies. A low score on this scale would suggest inability to accept one's weakness. It is probably more difficult to achieve self-acceptance than self-regard, though self-actualizing requires both.

7. The Nature of Man-Constructive (Nc) Scale

measures the degree of one's constructive view of the nature of man. One who scores high on this scale sees man as essentially good. He can resolve the good-evil, masculine-feminine, selfish-unselfish, spiritual-sensual, or other extreme dichotomies in the nature of man. A high score, therefore, reflects the self-actualizing ability to be synergistic in one's understanding of human nature. A low score suggests that one sees man as essentially evil or bad.

8. The Synergy (Sy) Scale measures the ability to be synergetic, to transcend dichotomies on a broad basis. A high score is an indicator of the ability to see opposites of life as antagonistic. The synergistic person sees that work and play are not different; that lust and love, selfishness and unselfishness, and similar "dichotomies" are not really opposites at all.

9. The Acceptance of Aggression (A) Scale measures the ability to accept one's natural aggressiveness as opposed to defensiveness, denial, and repression of aggression. A high score reflects the ability to accept anger or aggression within oneself as natural. A low score suggests that one denies having such feelings and avoids expression of them.

10. The Capacity for Intimate Contact (C) Scale measures the ability to develop intimate contact-relationship with other human beings, unencumbered by expectations and

obligations. A high score reflects the person's ability to develop meaningful, contact-relationships with other human beings. A low score shows that one may have difficulty with warm interpersonal relationships.

In the POI manual, Shostrom (1974) suggested that a quick estimate of an individual's level of actualizing may be obtained by scoring only the Time Competence and Inner-Directed scales. Guided by this suggestion, Knapp (1965) used the Inner-Directed scale as the best single estimate of self-actualizing and, Kilman, Albert, and Sotile (1975) used the Inner-Directed and Time Competence scales, the two major scales, in the analysis of results of their study on the "Relationship between Locus of Control, Structure of Therapy, and Outcome."

Reliability

Knapps (1976) review of research on the reliability of the POI, showed that the development of the POI is based on concepts of dynamic traits of personality, thus making traditional concepts of reliability inappropriate in many instances (p. 76). This is particularly true in the case of estimates of stability based on repeated administration over given periods of time. That the POI is highly sensitive to experiences during the interval between administrations is amply demonstrated by data presented in the second section of the first chapter on the changes in self-actualization following group therapy. With this precautionary note in mind, Knapp (1976) reported many available studies of the

stability of POI scores (p. 76).

A study bearing on the test-retest reliability of the POI is that of Klavetter and Mogar (1967) who administered the POI twice, with a one week interval, to a sample of forty-eight college students. All correlations ranged from .52 to .82. The Major POI scales of Time Competence and Inner-Direction displayed generally high reliability coefficients of .71 and .77 respectively. Klavetter and Mogar concluded that, with the exception of three subscales, "stability coefficients are generally high, ranging from .71 to .85."

Examining the stability of POI scores among a sample of forty-six student nurses over a one year period, Ilardi and May (1968) reported coefficients ranging from .32 to .74. In contrasting results of their study with those for other personality inventories administered to similar samples and approximating the same time interval, the authors conclude: "The findings on the POI are well within these ranges of somewhat comparable MMPI and EPPS test-retest reliability studies."

Based on administration of the POI following a two week interval to a sample of one hundred and seventy-two university students, Wise and Davis (1975) reported test-retest coefficients of .75 and .88 for the Time Competence and Inner-Directed scales respectively.

Another form of reliability sometimes referred to involve the internal consistency of scales. Bloxon (1972),

in reviewing the POI, suggested that because the scales use a broad range of content, indices of internal consistency should be presented. Kaats (1973), reported in the Handbook for the POI by Knapp (1976), found an internal consistency coefficient based on Cronback's alpha of .80 for the Inner-Directed scale and .65 for the Time Competence scale (p. 77).

Predictive Validity

In the initial predictive validation study, reported by Shostrom (1964), prominent doctoral-level psychologists nominated criterion samples of "self-actualizing" and "non-actualizing" persons, who subsequently completed the POI. POI scale differences between these nominated samples were statistically significant for the major POI concepts of Time Competence and Inner-Direction. In addition, nine of the ten POI subscales significantly differentiated these clinically nominated groups.

Shostrom (1976) reported a number of other major studies to test hypotheses generated from the theory of the self-actualizing person (p. 37). Pursuing the hypothesis that hospitalized psychiatric patients would represent a nonactualizing population, Fox, Knapp, and Michael (1968) administered the POI to a sample of one hundred hospitalized mental patients. The sample scored significantly lower on all POI scales than either the nominated self-actualizing or normal adult samples reported in the earlier study by Shostrom. Further, all differences but one between the

hospitalized sample and a clinically nominated nonactualizing but nonhospitalized sample were in the expected direction, but were not so great as the normals or between the hospitalized sample and the self-actualizing sample. The hospitalized group was characterized by marked other-directedness and distorted orientation in time. The findings indicate that, as a group, the hospitalized population tended to have fewer ego satisfactions, seemed more frustrated, anxious, and tense, and appeared to have less self-esteem than other groups. All POI scales substantially distinguished between the hospitalized and normal populations, and between the hospitalized and self-actualizing samples.

In relating changes in POI scores to stages of Actualizing Therapy, Shostrom and Knapp (1966) found that all POI scales significantly differentiated a sample of outpatients beginning therapy from those in advanced stages of psychotherapeutic progress.

Shostrom (1976) presented another form of predictive validity involving the concurrent collection of data from instruments reflecting concepts espoused by different personality theorists (p. 38). Knapp (1965) showed that the concept of self-actualizing, as measured by the POI, is negatively related to the concept of neuroticism as measured by the Eysenck Personality Inventory (1963) (EPI). The EPI dimension of Neuroticism-Stability was negatively correlated with all POI scales.

To examine the relationship of self-actualizing to major personality constructs defined through factor analysis, Knapp and Comrey (1973) administered the POI and the Comrey Personality Scales (1970), a measure of major dimensions of personality, to a sample of eighty-four volunteer undergraduate students. Previous findings that concepts of self-actualizing are related to emotional health were reconfirmed, and certain theoretical concepts of actualizing measured by the POI were shown to be meaningfully related to factorial dimensions defined in Comrey's classification of personality.

In a study relating POI variables to the Guilford-Zimmerman Temperament Survey (1949) (GZ) and the Sixteen Personality Factor Questionnaire (1957) (16 PF), Meredith (1967) reported correlations ranging in magnitude up to .48 between the G-Z, Sociability (S), and the POI Self-Regard (Sr) scale. Correlations with the 16 PF ranged in magnitude up to .44 between Venturesome (H) and Self-Regard. Considering the major POI scale of Inner-Direction, impressive similarities to the 16 PF scales depict the self-actualizing individual as relatively more assertive, happy-go-lucky, expedient, venturesome, and self-actualizing students as active, ascendant, sociable, emotionally stable, and objective. Correlations between the other major POI scale, Time Competence, and G-Z and 16 PF temperament scales suggest that those whose primary orientation is in the present would be described from 16 PF as assertive, happy-go-lucky, venturesome, trusting, and self-assured, and from

the G-Z as relaxed, active, ascendant, sociable, emotionally stable, objective, and tolerant. The relatively low magnitude of correlations between these instruments and the POI indicates that they are measuring somewhat different aspects of personality.

As indicated earlier, the medical model stresses movement from illness to a mean of "normalcy", whereas the self-actualizing model stresses ways by which "normal" people can become more effective. In general, the MMPI is a measure of pathology and its results would be expected to complement POI results among nonactualizing or disturbed individuals. Shostrom and Knapp (1966) reported such results, relating POI and MMPI scales among a sample of persons in various stages of therapy.

The highest relationship between the POI and MMPI clinical scales were obtained between POI Time Competence and MMPI Psychasthenia, a measure of phobias and obsessive-compulsive concerns, and between POI Inner-Direction scale and the MMPI Depression scale, a measure of retroflectiveness or intropunitiveness. Shostrom (1976) suggested that the healthy counterpart to MMPI Depression on the POI might be the Acceptance of Aggression scale, the healthy complement to MMPI Psychasthenia on the POI might be the Spontaneity scale, and to Social Introversion on the POI might be the Feeling Reactivity, Acceptance of Aggression,

Capacity for Intimate Contact scales (p. 39).

Construct Validity

The construct validity of a test can be defined as the degree to which the test measures what it purports to measure. Shostrom (1976) reported two main studies related to the construct validity of the POI and to Maslow's assertion in regard to self-actualization and adjustment (p. 39). Maslow stated: "Self-actualizing people are not well adjusted in the naive sense of approval of and identification with the culture. They get along with the culture in various ways but of all of it may be said that in a certain profound and meaningful sense they resist enculturation" (p. 171).

Hekmat and Theiss (1971), through a social conditioning technique, studied the assertion that self-actualizing individuals resist enculturation and hypothesized that persons with low POI scores would respond more to reflection of feeling as a reinforcer for affective self-disclosures than those with moderate or high scores. Thus highly self-actualizing persons were expected not to respond to comments by the therapist with emotionally laden disclosures. The POI was administered to sixty subjects who were assigned, on the basis of their scores, to four groups: high self-actualizing, moderate self-actualizing, low self-actualizing, and stratified control. Conditioning consisted of reflective statements by the experimenter to every self-disclosure comment made by each subject during

an interview. The results indicated that prior to conditioning the high self-actualizing individuals displayed a significantly higher rate of affective self-disclosures than the moderate or low self-actualizing groups. During conditioning, however, the high self-actualizing individuals showed a substantially lower degree of responsiveness to social reinforcement when compared to the low and moderate self-actualizers. Analysis of adjusted scores indicated that the low self-actualizing group had the highest rate of conditioning, whereas the high self-actualizing individuals showed a nonsignificant gain in the rate of affective self-disclosures during conditioning. The results thus provided empirical support for Maslow's assertion that high self-actualizing individuals are resistant to enculturation.

Conformity behavior in a group setting is of theoretical importance to the concept of self-actualizing. Maslow (1970) described the actualizing person as one who would feel no constraint to yield for social influence. Crosson and Schwendiman (1972) found support for Maslow's description. It was hypothesized that relatively high self-actualizing individuals would exhibit independent behavior in a conformity situation. The obtained correlation of $-.28$ between Inner-Direction scale scores and the conformity behavioral score was significant and was accepted as supporting the hypothesis of a negative relationship between self-actualizing and conformity.

Faking of Responses

Knapp, reported in the POI Manual by Shostrom (1974), administered the POI to beginning psychology students with instructions to respond as though they were applying for a job and wanted to make a good impression. When results of the "good impression" set were compared with scores of another sample of introductory psychology students at the same college, obtained differences, in general, were not in the direction of greater self-actualizing. Furthermore, except for the two subscales of Self-Regard and Nature of Man Constructive, the profile based on mean scores obtained under these conditions did not reach the "normal adult" norms presented with the Inventory.

In a subsequent replication, reported in the Handbook for the POI by Knapp (1976), Foulds and Warehime (1971) found much the same pattern (p. 71). The authors concluded that deliberate attempts by undergraduate college students to "fake good" do not produce profiles characteristic of self-actualizing individuals and that students' conceptions of the "well-adjusted person" in our society are not entirely congruent with the model of the "self-actualizing person" followed in the development of the POI. The authors suggest that their findings provide increased confidence in the results obtained from use of the POI with college students.

In a study of the effects of "ideal self" instructions, Braun and Asta (1969) also found results inconsistent

across the POI scales. On six scales subjects appeared more self-actualizing under ideal-self instructions than under standard instructions, while on four others the reverse was true. Inner-Directedness and Capacity for Intimate Contact were not affected significantly by the different instructions.

In studying POI responses of felons, Fisher (1968) found, in a sample of one hundred and fifty, that this group scores significantly lower than normal subjects on eight of twelve POI scales. When instructed to make a good impression, felons achieved lower scores on nine of the twelve scales, which Fisher interpreted to mean that felons conceive of society as endorsing a lesser degree of self-actualizing than that which they themselves possess. Following up these findings, Fisher and Silverstein (1969) then administered the POI to two felon samples, one a control sample and the other with instructions to simulate poor adjustment. Lower scores on eight scales and a higher score on one subscale, Existentiality, were obtained under the "poor adjustment" instructions. The authors conclude that felons do recognize the social acceptability of the self-actualizing concept, but possess a distorted view of the norm, feeling that they are more self-actualizing than is normal or socially acceptable in the culture.

Braun (1966) administered the POI with instructions to answer as would a "typical neurotic," then, upon an immediate second administration, as this same hypothetical

person would answer after two years of therapy. On all twelve POI scales appreciably more favorable scores were achieved with the "after therapy" set. In a follow-up study, Braun and La Faro (1969) administered the POI to four college student groups under standard instructions, followed by readministration with instructions to either "make a good impression" or appear "well adjusted." In addition, two groups received special instruction on what self-actualizing is supposed to entail. Faked administration scores for the four groups were consistently less favorable than under standard instructions, while the groups receiving information about the concept of the actualizing person achieved considerably more favorable scores. Braun and La Faro concluded that "unless subjects have special information about the POI and self-actualization, the inventory shows an unexpected resistance to faking."

The study by Braun and La Faro described above suggests that knowledge of the characteristics of self-actualizing persons as defined by the POI, in addition to the motivation to make a good impression, are necessary in order for individuals to distort their POI responses appreciably in the direction of self-actualizing persons.

In a series of studies in which college students were presented either information about the concept of self-actualization, information about more conventional social adjustment, or no information, Warehime, Routh, and Foulds (1974) found that those receiving information about the

concept of self-actualizing were able to increase their scores on the POI when asked to use this information. However, when asked to respond honestly their scores were unaffected by such knowledge. Furthermore, scores on a social desirability scale were not related to the tendency of subjects to dissimulate POI responses. The authors concluded that the Inner-Directed scale is more resistant to faking than many other self-report inventories and that the POI is "remarkably unsusceptible to dissimulation."

In summary, "faking," or the conscious attempt to present oneself in a favorable light, more precisely in a socially desirable light, results in a generally depressed POI profile with an extremely elevated Self-Regard scale, while intellectualized responses based on a knowledge of the underlying theoretical concepts results in a typically hyperelevated profile. However, in this case, following the evidence of Warehime, Routh, and Foulds (1974), when instructed to respond honestly, scores may be unaffected by such knowledge. Thus there are two characteristic "lie profiles" built into the POI.

Evaluation of the POI

Several studies have demonstrated the reliability and the validity of the POI, as a measure of concepts considered to reflect self-actualization. Moreover, the number of studies dealing with deliberate faking of responses have demonstrated good resistance to faking, and have specified two characteristic "lie profiles."

a) Rotter Internal-External Control Scale

Description

As indicated above, Rotter (1966) and his colleagues, reported in "Locus of Control in Personality" by Phares (1976), endeavoured to construct an I-E Scale that would capitalize on the functional relationships among various goals, or reinforcements. It was recognized that for any given individual, behaviors based upon locus of control beliefs would be more highly related within a given need area than across different needs (p. 40).

Rotter (1966) described the I-E Scale as an additive scale, i.e., the items represent an attempt to sample I-E beliefs across a range of situations, such as interpersonal situations, school, government, work, and politics. Because it samples a variety of areas, the scale can more nearly lay claim to being a measure of generalized expectancy. If all the items clustered in one area, such as work, the scale would probably predict quite well to work situations but rather poorly to many other situations. Although the attempt to develop subscales representative of several need areas was abandoned, the additive nature of the scale was retained. Thus, the I-E Scale potentially will predict moderately well across a number of situations.

The I-E Scale does not possess complete generality. In the opinion of Phares (1976), "its effects on behavior are not uniform and invariant across all situations. We know that it predicts moderately well in a wide range of

situations, especially those that involve personal mastery or coping efforts" (p. 46).

As indicated above, the I-E Scale is an additive one, a scale that samples locus of control beliefs in a variety of situations. Thus, such a scale is multi-dimensional. Phares' (1976) review of research on the nature of the I-E Scale showed that though there is some commonality in the conclusions of various authors regarding the dimensionality of I-E, there is also much disagreement. Some find two factors, some three, and others five or more (p. 50).

Most of the time the I-E Scale is scored in the external direction. In Rotter's (1966) first publication on his instrument, mean scores ranging from 5.48 to 10.00 were reported. In college populations, means tended to be about 7.50 to 8.50. Over the years, reported by Phares (1976), these means have characteristically moved in the external direction at least two to four points, depending upon the specific conditions and populations (p. 45). Schneider (1971) reported mean I-E Scale means for University of Oklahoma students that range from 7.42 in 1966 to 10.38 in 1970.

In an attempt to disguise at least partially the purpose of the test, six filler items were subsequently added. Thus, the final version of the scale consisted of twenty-three I-E items and six filler items.

Reliability

Phares' (1976) review of research on the reliability of the I-E Scale showed that in general, the test-retest reliability for the test appears adequate (p. 42). Rotter (1966) reported reliabilities for several samples that vary from .49 to .83, depending upon the time interval and the sample involved. Hersch and Scheibe (1967) reported coefficients close to Rotter with .48 to .84. Similarly, Harrow and Ferrante (1969) reported a reliability coefficient of .75 for psychiatric patients over a six week time span. Kiehlbauch (1967) found reliability coefficients of .75, .39, and .26 in reformatory samples over three, six, and nine month intervals. Of course, the longer the time period between testing and retesting, the lower the reliability is likely to be because more events will have had an opportunity to affect the variable under study. In the investigation of Kiehlbauch, described above, test-retest reliabilities of .75, .39, and .26 were obtained at three, six, and nine month intervals, respectively. The reason for this decline is thought to have been the nature of intervening events. Using inmates of a reformatory, when tested at the beginning and near the end of their sentences, inmates were relatively more external and more anxious than they were at a midpoint in their sentences. Kiehlbauch argued that as prisoners begin their sentences, they are in a strange environment, without specific knowledge about the nature of the institution, and its values, unwritten rules.

This would lead to a heightened feeling of anxiety and helplessness. As time passes, the prisoners "learn the ropes" and become increasingly capable of predicting and controlling the rewards and punishments in their immediate institutional world. Accordingly, both externality and anxiety decline. As prisoners near the end of their sentences, the old uncertain ties return.

According to Phares (1976), these results strongly suggest that "locus of control beliefs can be influenced in a predictable fashion by events in individuals' lives that relate to variations in uncertainty, lack of control, or unpredictability" (p. 160).

Locus of control can be altered by the events in individuals' lives, but according to Phares (1976), "the simplest reason for changes in locus of control beliefs stems from age changes" (p. 158). Penk (1969) found that typically, internal control increases with the age of the child. Brecker and Denmark (1969) reported greater verbal fluency on the part of internals than of externals. Again, it would be not age itself but the concomitants of age that produce the change.

Any measure of a generalized personality variable must be both stable and at the same time sensitive enough to pick up real changes over time in the strength of that variable. In light of the studies described above, the I-E Scale appears stable enough over time when there is no evidence that significant events have transpired in the life

of the individual.

Validity

The third section of the first chapter cited the main conclusions of an impressive amount of studies using the I-E Scale. These studies present evidence for the construct validity of the I-E Scale. The following section discusses the validity of the I-E Scale in greater detail.

The best single indicator, reported by Phares (1976), of the validity of the I-E Scale would undoubtedly be evidence showing the internals are more active, alert, or directive in attempting to control and manipulate their environments than are externals. Since locus of control refers to expectancies for control over one's surroundings, a higher level of coping and activity would be anticipated from internals. To obtain important positive outcomes and avoid negative ones, internals should, over a range of situations, show more active controlling efforts. The foregoing hypothesis is the one most consistently verified in a wide variety of experimental studies (p. 60).

Seeman and Evans (1962) focused on the relationship between locus of control and the knowledge and information-seeking behavior of patients in a tuberculosis hospital. Recognizing the fundamental importance of the hypothesis just stated above, they found, as they had anticipated, that internals knew more about their condition, were more inquisitive with physicians and nurses about tuberculosis and about their own situation, and indicated less

satisfaction with the amount of information they were getting from hospital personnel. Relatively speaking, internals attempted to gain a greater degree of control over their life situations than did externals.

In the same vein, Seeman (1963) also studied the social learning of inmates in a federal reformatory. Consistent with the Seeman and Evans results, he found that internals were more knowledgeable about the manner in which the reformatory was run, were more familiar with parole regulations, and more cognizant of long-range economic facts that potentially could affect their future after release from the reformatory. The inmates had all been exposed to such information in an incidental fashion. Further, intelligence level was controlled. Again it appeared that more externally oriented individuals do not acquire the kind of information that would better enable them to cope with the world in an effective way.

Seeman (1966) found that male workers in Sweden who felt powerless also show a relative lack of political knowledge, even with education, social class, and income controlled.

In the light of the Seeman studies, Phares (1976) stated: "internals are more knowledgeable, at least in terms of personality relevant information, than are externals" (p. 62).

These studies have offered clear evidence that internals are more active than externals in attempting to

control their environments. The internals' belief in the efficacy of their own efforts appear to be of major importance in their behavior.

As indicated above, the experimental studies, supporting the hypothesis of a greater mastery effort by internals, offer an indicator of the validity of the I-E Scale.

Faking of Responses

Rotter (1966) reported that correlations between the I-E Scale and the Marlowe-Crowne Social Desirability Scale (M-C SDS) ranged from $-.07$ to $-.35$ and cited occasional substantial correlations between I-E scores and social desirability. In the opinion of Phares (1976), "such correlations are not independent of the situation or conditions under which the testing is carried out. Under some circumstances it may be to the individual's advantage to place himself or herself in a favorable light, and his or her answers to a questionnaire may be correspondingly affected. As with any behavior, making marks on a questionnaire is not independent of situational influences" (p. 42). Strickland (1965) studied responses to the I-E Scale and the M-C SDS and he did not obtain significant correlations. Feather (1967) found a significant correlation of $-.42$ for females but no significant correlation for males. Altrocchi, Palmer, Hellman, and Davis (1968) reported a significant correlation of $-.34$ for males but nothing of significance for females. Lefcourt and Wine (1969) found correlations

similar to the foregoing. Cone (1971) compared I-E Scale scores and Edwards Social Desirability Scale scores in groups of army mental health clinic outpatients and stockade prisoners, VA Hospital alcoholics, and disadvantaged youth. There were significant correlations, particularly in the two army groups. Cone concluded that the I-E Scale is susceptible to the influence of social desirability. According to Phares, "Cone did not discuss situational testing conditions, which may have influenced the data" (p. 43).

In the assessment of social desirability, one approach is to have subjects rate the I-E items for social desirability. Bernhardson (1968) used this approach and derived a social desirability index that correlated .82 with I-E Scale scores. Hjelle (1971), in a similar series of studies, reached the conclusion that the I-E Scale may not be free of contamination from social desirability. Joe (1972) reported data to indicate that thirteen of the internal alternatives on the I-E Scale were judged by subjects as significantly more socially desirable than the corresponding external statements.

In the opinion of Phares (1976), the studies dealing with the faking of responses of the I-E Scale suggest that "while the I-E Scale is probably not entirely free from the effects of social desirability, it would be incorrect to conclude that the scale is seriously impaired. We can conclude that at least a portion of the variance associated

with the I-E Scale is attributable to social desirability. The exact amount will probably vary depending upon the reinforcements that subjects see available from the testing conditions" (p. 43).

Evaluation of the I-E Scale

The I-E scores can be altered by a range of conditions. Some specific influences, like age changes and significant events in the life of the individuals can alter the locus of control. But, in general, the test-retest reliability for the I-E Scale appears adequate. The validity of the I-E Scale has been shown mainly by its utility over a wide range of predictive situations. The I-E Scale appears not entirely free from fakability. It seems plausible to think that the effects of social desirability depend on the testing conditions. The exact amount of social desirability probably varies depending upon the reinforcements that subjects see available from the specific testing.

Summary

In this section, the instruments used to measure locus of control and self-actualization were presented and discussed. A large number of studies based on different samples have demonstrated the validity of the POI. It correlates with several external variables, it resists faking, and the findings of test-retest reliability studies are comparable to other instruments, like the MMPI and EPPS.

In general, the psychometric qualities of the I-E Scale appear adequate. While this scale is not perfect, when the literature shows its widespread use, it offers the most useful instrument to assess the locus of control beliefs.

The following section devotes more attention to the sample of this study.

2. Description of the Sample

Based on Warehime and Foulds' (1971) finding that the major POI scale, Inner Support, is significantly correlated with the internal direction on the I-E, only for females, this present investigation employed only female participants. One hundred and seventy-two (172) females enrolled in courses in introductory psychology at the University of Ottawa volunteered to participate in a group experience. Volunteers had been solicited through distribution of written information (see Appendix I). At the first classroom visit, the author informed potential volunteers that a growth-group experience was being offered and that such groups focused on expanding participants' awareness of themselves and their ways of relating to others. Seventy-two (72) females had been selected from their scores on the I-E Scale, consideration being given to their class schedules. At the second classroom visit, people selected were informed and instructed to report to Psychological Services of the University of Ottawa the following week.

Each volunteer received the list of all the members of her group and the appointment planned for a first meeting (see Appendices II and III). Subjects were divided into internals and externals on the basis of their scores on the I-E Scale. Internals were defined as those who scored below the median ($Md = 12$) on the I-E Scale; externals were defined as those who scored above the median. Fifty-two (52) externals and twenty (20) internals had been chosen for the experiment. Externals and internals who were available for a first meeting at the same day, date, and hour on Tuesday, Wednesday, and Thursday, during the week of October 4, 1976, had been selected to participate in the group experience.

3. Procedures

a) Experimental Groups

Participants were randomly assigned on the basis of their pretherapy scores on the I-E Scale to one of the six following groups.

Groups I and II were composed of twelve (12) participants; all externals. Groups III and IV were mixed groups of internal and external subjects; each mixed group was composed of five (5) internals and seven (7) externals. Groups V and VI had the same composition as groups III and IV with, however, conditions for a modeling effect. Internal subjects in each group had been identified and all group members informed that these students had been selected as models because of their observed tendency to perceive that

any event is contingent upon their own behavior or their own relatively permanent characteristics.

THERAPISTS "A" AND "B" WITH THREE (3)
CATEGORIES AND SIX (6) GROUPS

	Category I		Category II		Category III	
	Externals (alone)		Externals (with internals)		Externals (with internals as models)	
	Gr. I "A"	Gr. II "B"	Gr. III "A"	Gr. IV "B"	Gr. V "A"	Gr. VI "B"
Post	12 E	12 E	7 E	7 E	7 E	7 E
Follow-up	12 E	12 E	7 E	7 E	7 E	7 E

Sequence: pre-test, post-test, follow-up.

b) Criterion Measure

Shostrom (1974) suggested that the scores of the two scales of the POI, that include all the items (i.e. Time Competence and Inner-Directedness), can be used as global indices of self-actualization (p. 17). This was confirmed by Damm (1972). As indicated above, the "Time Competence" scale is interpreted as measuring the ability to live meaningfully in the present while the "Inner-Directedness" scale taps an independent, self-supportive orientation. These two scales provide the criterion measure for the present study.

The seventy-two (72) female subjects responded to the POI one week before the beginning of group therapy. All subjects responded to the POI on the second day after the termination of therapy and again a third time four (4) weeks after the first post-test.

c) Therapists

The groups were led by two (2) Ph.D II interns in clinical psychology. The therapists were not informed of the hypotheses under investigation, but they were informed of their tasks: to advise the members of the group of the exercises to be performed and to control the member participation.

The therapists outlined their tasks in the first session of each group. The experimental design controlled for possible differences in therapists' effects. Each therapist led three groups: one group composed solely of externals, another composed of internals and externals, and one group composed of externals and internals where internals were presented as models.

d) Therapy

The therapy format for the six (6) experimental groups was structured. The structured format of the groups consisted of a defined sequence of group exercises. Structured exercises were chosen for the present study to accommodate the central role of feedback in group therapy as

suggested by Harrisson (1971). While exercises provide an opportunity for giving and receiving feedback (Rogers, 1970), an atmosphere of psychological safety is a necessary condition for the constructive use of feedback. Guided by these considerations, the early exercises were designed to foster the development of such an atmosphere, while the later exercises put the focus primarily on feedback and confrontation. The structured exercises had been chosen from among those presented by Otto (1970). The following exercises were selected for the therapy: 1) Sensory Awareness Experiences; 2) Depth Unfoldment Experience; 3) The "I Have a Secret" Method; 4) The Historical Character Method; 5) The Happiest Fantasy of Your Childhood; 6) Existential Encounter Method; 7) Minerva Experiences; 8) Sex Fantasy Sharing; 9) Feedback. (A detailed description of each exercise is given in Appendix IV.)

Instructions for the conduct of the exercises were presented to the therapists of the groups in written form. There were no differences in the therapy format and in the therapists' tasks for all the experimental groups.

Because Kimball and Gelso (1974) suggested that therapy groups, to have the desired impact, should continue for at least fifteen hours, this present study invited the volunteers to a sixteen and one half hour group experience. Because Kilman (1974); Kilman and Howel (1974), Kilman, Albert, and Sotile (1975) suggested that persons who hold an external orientation respond most to a structured

treatment intervention which is spaced over time, the volunteers were invited to participate in this experience, not in a marathon group format, but for one and a half hour ($1\frac{1}{2}$) sessions once for the first week, twice for the second week, and three times a week for the following three weeks. All the participants came for eleven (11) meetings. The first meeting of each group was devoted to completing the POI and to taking decisions about the future scheduling. The ten (10) following meetings were devoted to nine (9) structured exercises, the second exercise of the program requiring two meetings. Each group worked together for sixteen and a half hours ($16\frac{1}{2}$) during a period of five (5) weeks.

Summary

As indicated in this section, participants were randomly assigned on the basis of their pretherapy scores on the I-E Scale to one of three variations of group compositions within spaced-structured-group therapy; namely groups composed solely of externals, groups composed of externals and internals, and groups composed of externals with internals as models.

The scores of the two scales of the POI that include all the items (i.e. Time Competence and Inner-Directedness) were used as global indices of self-actualization. The groups were led by two (2) Ph.D II interns in clinical psychology and they were not informed of the hypotheses under investigation. Each therapist led three groups; one

group composed solely of externals, another composed of internals and externals, and one group composed of externals and internals presented as models. The experimental design controlled for possible differences in therapists' effects. The therapy format for the six groups consisted of a defined sequence of group exercises.

The following section presents the null hypotheses and the statistical procedures used to verify them.

4. Null Hypotheses, Statistics and Summary

The following null hypotheses are listed in order of statistical investigation. There are three (3) sets of hypotheses. The crux of the study is contained in the third set.

a) First Set

1. Before the group therapy, there are no significant differences in the mean levels of self-actualization reported, as measured by the POI, between the three group Categories of externals: 1) solely of externals; 2) externals with internals, 3) externals with internals as models.

Expectations: no significant differences between externals of the three group Categories.

b) Second Set

2. After the group therapy, there is no significant relationship between the locus of control of participants and the perceived influence exerted on externals.

Expectations: significant relationship.

Internals significantly chosen more frequently than others as members who exerted the most influence on externals.

c) Third Set

3. After the group therapy, there are no significant differences in the mean levels of self-actualization reported, as measured by the POI, between the three group Categories of externals.

Expectations: significant differences between externals of:

--Category I (Groups I and II: solely of externals) and Category II (Groups III and IV: externals with internals). Higher POI means for externals of Category II.

--Category II (Groups III and IV: externals with internals) and Category III (Groups V and VI: externals with internals as models). Higher POI means for externals of Category III.

--Category I (Groups I and II: solely of externals) and Category III (Groups V and VI: externals with internals as models). Higher POI means for externals of Category III.

4. After the group therapy, there are no significant differences in the mean levels of self-actualization reported, as measured by the POI, between the results obtained by the Two Therapists throughout the three group Categories.

Expectations: no significant differences between the results obtained by the two Therapists.

5. After the group therapy, there are no significant changes in the mean levels of self-actualization reported, as measured by the POI, between the results obtained at pre-test, post-test I, and post-test II, throughout the three group Categories.

Expectations: significant changes in Time for all the Categories.

6. After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, as measured by the POI, between Categories x Therapists.

Expectations: no significant interactions.

7. After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, as measured by the POI, between Categories x Time.

Expectations: significant differences among Categories at the Time at post-test I and post-test II.

8. After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, as measured by the POI, between Therapists x Time.

Expectations: no significant interactions.

9. After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, as measured by the POI, between Categories x Therapists x Time.

Expectations: no significant interactions.

Statistics

Hypothesis I: In order to test for significant differences between the experimental groups before the group therapy, a one-way analysis of variance was performed. A level of significance of .01 was required for the rejection of the null hypothesis.

Hypothesis II: To test the independence between these two following factors: Locus of Control of participants and Perceived Influence exerted on externals, the χ^2 test was performed.

Hypothesis III, IV, V, VI, VII, VIII, IX: In order to test, after the group therapy, for significant differences between:

- The three group Categories (Hypothesis III).
- The results obtained by the two Therapists throughout the three group Categories (Hypothesis IV).
- The changes obtained in Time (pre-test, post-test I, post-test II), for the three Categories (Hypothesis V).

and to test for significant interactions between:

- Categories and Therapists (Hypothesis VI).
- Categories and Time (Hypothesis VII)
- Therapists and Time (Hypothesis VIII).
- Categories and Therapists and Time (Hypothesis IX).

a Split-Plot factorial-23.3 design was used to determine the relationship between Categories x Therapists x changes in Time.

In the two groups composed solely of externals, in order to equalize, for statistical analysis, the number of external subjects in each group of the experiment, seven (7) externals were randomly chosen and placed in each group. In order to test the possible significant differences between the results obtained by the two Therapists, further tests of analyses of covariance were performed.

1. Analysis of covariance of Categories and Therapists at post-test I with pre-test as the covariate.
2. Analysis of covariance of Categories and Therapists at post-test II with pre-test as the covariate.

In summary, this second chapter presented the instruments used to measure the locus of control and self-actualization, the sample, the procedure, the experimental groups, the criterion measure, the therapists, the therapy, the null hypotheses, and the statistical method employed in the analysis of data.

CHAPTER III

PRESENTATION AND ANALYSIS OF RESULTS

The first part of this chapter presents the results of the experiment, dealing first with pretherapy scores on the Rotter I-E (1966) scale for all the female volunteers for the experiment. Results pertaining to the first set of hypotheses follow. The first set refers to the control of the possible significant differences in the mean levels of self-actualization between the three group Categories of externals before the group experience. Results of the second set, dealing with the relationship between the locus of control of participants and the perceived influence exerted on externals are presented, followed by results pertaining to the crux of the study, dealing with the after therapy differences between externals of group Categories under investigation.

The second part of the chapter presents discussion of the results in the light of the basic rationale, followed by further speculation, conclusions, and suggestions for further research.

1. Presentation of Results

One hundred and seventy-two (172) females accepted the invitation to participate in group experience. The

volunteers were grouped under a major condition that included three classifications. Table 1* presents summarizing data for this condition.

Fifty-two (52) externals had been randomly assigned, accomodating their class schedules, to six (6) different groups: two (2) groups composed of twelve (12) externals and four (4) groups composed of seven (7) externals. Twenty (20) internals had been randomly assigned, again accomodating their class schedules, to four (4) groups with five (5) internals in each group. Table 2 presents the externals' and internals' means and standard deviations in three Categories on the I-E scale. Table 3 presents a summary of means and standard deviations of the ages reported of external participants for the three Categories. As indicated earlier, there were two (2) groups in each Category:

- Category I: two groups composed solely of externals.
- Category II: two groups composed of externals with internals.
- Category III: two groups composed of externals with internals as models.

*All tables are presented in Appendix VI.
Figures appear in Appenix VII.

a) Hypothesis I

Before the group therapy, there are no significant differences in the mean levels of self-actualization reported, between externals of the six groups.

Tables 4 and 5 present a one-way analysis of variance on the Time-Competence/Time-Incompetence and the Other-Versus Inner-Directedness scores for the six groups. No significant difference was found in the mean levels of self-actualization reported between externals of the six groups at pre-test on the Time Competence scores ($F = 1.11$, $df = 5/36$, $p > .05$) or on the Inner-Directedness scores ($F = 68$, $df = 5/36$, $p > .05$). Tables 6 and 7 show that the means of the Time-Competence/Time-Incompetence and the Other-Versus Inner-Directedness scores are close to each other for the six groups under investigation.

b) Hypothesis II

After the group therapy, there is no significant relationship between the locus of control of participants and the perceived influence exerted on externals.

In this experiment, in the first factor (Categories), Category I was composed of two groups of externals, Category II was composed of two groups of externals mixed with internals, and Category III was composed of two groups of externals mixed with internals acting as models.

Table 8 presents a χ^2 test for observed frequencies as rated by the externals of internals and externals chosen

in the top and bottom four (4) rank order with measuring the perceived influence exerted on externals in Category II, Group III.

This group was composed of externals and internals. The value of χ^2 is significant ($\chi^2 = 7.18$, $df = 1$, $p < .01$). Thus for this group, there is a significant relationship between the locus of control of participants and the perceived influence exerted on externals.

An examination of Table 9, shows a different result. In Group IV, composed of externals and internals, the value of χ^2 is not significant. ($\chi^2 = 1.15$, $df = 1$, $p > .05$). However, Table 10 shows that for the two groups of Category II, composed of externals and internals and studied as a whole, the χ^2 is highly significant ($\chi^2 = 7.04$, $df = 1$, $p < .01$). This tentatively suggests that externals were not perceiving internals as more influencing than externals. There are some indications that externals rate subjectively externals as more influencing than internals.

Table 11 presents an χ^2 test for observed frequencies, as rated by the externals, of internals and externals, where internals are designated as models, chosen in top and bottom four (4) rank order with measuring the perceived influence exerted on externals in Category III, Group V.

This group was composed of externals and internals as models. The value of χ^2 is not significant ($\chi^2 = 0.65$, $df = 1$, $p > .05$). However, Table 12 shows that in Group VI, also composed of externals and internals as models, the χ^2

is significant ($\chi^2 = 5.19$, $df = 1$, $p < .05$). Moreover, Table 13 shows that for the two groups of Category III, composed of externals with internals as models and studied as a whole, the χ^2 is significant ($\chi^2 = 5.15$, $df = 1$, $p < .05$). This suggests that internal females with the designated status of "model" may have been perceived as influencing for the externals.

c) Hypothesis III

After the group therapy, there are no significant differences in the mean levels of self-actualization reported, between the three group Categories of externals.

Tables 14 and 15 show the result of a three-way analysis of variance. After the group therapy, there are no significant differences between the three Categories on the Time-Competence scale ($F = 2.70$, $df = 2$, $p > .05$), or in the Inner-Directedness scale ($F = 0.55$, $df = 2$, $p > .05$).

Table 16 presents a summary of means and standard deviations of Time-Competence and Inner-Directedness scores of external subjects within the therapy groups (Pre-Post 1/Post 2). This table shows that means of Time-Competence and Inner-Directedness scales are pretty close to each other for the three Categories under investigation at first and second post-test. Figures 1 and 2 present a graphical comparison of POI Time-Competence and Inner-Directedness means for the three Categories of external subjects at post-test 1 and 2.

d) Hypothesis IV

After the group therapy, there are no significant differences in the mean levels of self-actualization reported, between the results obtained by the two Therapists within the therapy groups.

This has to do with the control of the possible influence of the Therapists in the results obtained within the therapy groups.

Analysis of variance in Table 14 shows no statistical contrast ($F = 0.12$, $df = 1$, $p > .05$) between the results obtained by the two Therapists on the Time-Competence scale. There are also no significant differences ($F = 0.002$, $df = 1$, $p > .05$) between the results obtained by the two Therapists in the Inner-Directedness scale. Figure 3 presents a graphical comparison of POI Time-Competence and Inner-Directedness means for the results obtained by the two Therapists within the therapy groups. Further tests of analyses of covariance, in Tables 17 and 18, show no significant difference between Therapists on the Time-Competence scale at the post-test 1 ($F = 0.00$, $df = 1$, $p > .05$) and post-test 2 ($F = 1.95$, $df = 1$, $p > .05$), using the pre-test scores as the covariates. However, analysis of covariance, in Tables 19 and 20, on the major scale Other-Versus Inner-Directedness scores show significant differences between Therapists at post-test 1 ($F = 4.37$, $df = 1$, $p < .05$) and at post-test 2 ($F = 4.52$, $df = 1$, $p < .05$) using the pre-test scores as the covariates. This suggests that the Therapists

exerted a significant treatment effect when pre-treatment scores are taken into consideration in the statistical analysis.

e) Hypothesis V (Minor)

After the group therapy, there are no significant changes in the mean levels of self-actualization reported between the results obtained at pre-test, post-test 1 and post-test 2 throughout the three group Categories.

Tables 14 and 15 show significant increases in the Time-Competence scale ($F = 8.87$, $df = 2$, $p < .001$) and the Inner-Directedness scale ($F = 61.62$, $df = 2$, $p < .001$) in all three Categories. The changes in Time reached significance beyond the .01 confidence level for the major scale of the POI, and Table 16 shows that the changes were all in the positive direction. Figure 4 presents a graphical comparison of POI Time-Competence and Inner-Directedness means for the changes obtained in Time within the therapy groups.

f) Hypothesis VI

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories and Therapists.

Tables 14 and 15 show no significant interactions (Categories x Therapists) for the Time-Competence scale ($F = 0.21$, $df = 2$, $p > .05$). Results obtained for the major scale of the POI, Inner-Directedness, failed also to

demonstrate significant interactions for Categories and Therapists ($F = .17$, $df = 2$, $p > .05$). Figures 5 and 6 present a graphical comparison of POI Time-Competence and Inner-Directedness means for the three Categories of external subjects as a function of the Therapists.

g) Hypothesis VII

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories and Time.

Three-way analysis of variance revealed no significant interactions between Categories and Time on the Time-Competence scale. Table 14 shows no evidence of significant differences between the three Categories over Time ($F = 1.57$, $df = 4$, $p > .05$). The results, presented in Table 15 for the Inner-Directedness scores show also no significant interaction between the three Categories over Time ($F = 0.68$, $df = 4$, $p > .05$). Figures 7 and 8 present POI Time-Competence and Inner-Directedness scores in pre-test, post-test 1 and post-test 2 periods for the three Categories of external subjects.

h) Hypothesis VIII

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Therapists and Time.

This has to do with the control of changes in Time taking into account the two Therapists. Table 14 presents

the results of three-way analysis of variance performed on the Time-Competence scale to determine the significance of the differences between the results obtained by the two Therapists at first and second post-test. No significant difference was found between the results obtained by the two Therapists in regard of the Time factor. However, results obtained for the major scale, Inner-Directedness, show a highly significant Therapists and Time interaction ($F = 4.54$, $df = 2$, $p < .01$), suggesting that the Inner-Directedness scores changed at pre-test--post-test 1--post-test 2 as a function of the Therapists.

Table 19 shows the results obtained by a two-way analysis of covariance on the Inner-Directedness scores (post-test 1 by Categories and Therapists with pre-test as the covariate). A significant difference was found among the groups of the two Therapists on the Inner-Directedness scale at post-test 1 ($F = 4.37$, $df = 1$, $p < .05$) and post-test 2 ($F = 4.52$, $df = 1$, $p < .05$). This result is coherent with the significant Therapists and Time interaction of the analysis of variance ($F = 4.54$, $df = 2$, $p < .01$), tentatively suggesting that the major scale of the POI changed in Time (pre-test--post-test 1--post-test 2) as a function of the Therapists. Figures 9 and 10 show POI Time-Competence and Inner-Directedness scores in pre-test--post-test 1--post-test 2 periods for external subjects as a function of the Therapists.

i) Hypothesis IX

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories, Therapists, and Time.

Three-way analysis of variance (Categories x Therapists x Time) revealed no significant interaction suggesting that the Time-Competence scores did not change as a function of Categories of externals, Therapists, and Time ($F = 1.47$, $df = 4$, $p > .05$). Table 14 shows also no evidence of any significant interaction with the Inner-Directedness scores within the therapy groups in taking into account Categories, Therapists, and Time ($F = 1.50$, $df = 4$, $p > .05$). Figures 11 and 12 show POI Time-Competence and Inner-Directedness scores on pre-test, post-test 1 and post-test 2 periods for external subjects as a function of Categories and Therapists.

Below is a listing of the hypotheses, with an indication of rejection or retention, as outlined in the foregoing pages. This summary is followed by discussion, further speculations, and suggestions for further research arising from this study.

Results of Testing of Null Hypotheses

Hypothesis I: Before the group therapy, there are no significant differences in the mean levels of self-actualization reported, between externals of the six experimental groups.

Retained.

Hypothesis II: After the group therapy, there is no significant relationship between the locus of control of participants and the perceived influence exerted on externals.

Category II	{	Group III-	Rejected
		Group IV--	Retained
		Whole (Group III and IV)--	Rejected
Category III	{	Group V--	Retained
		Group VI--	Rejected
		Whole (Group V and VI)--	Rejected

Hypothesis III: After the group therapy, there are no significant differences in the mean levels of self-actualization reported, between the three group Categories of externals.

Retained.

Hypothesis IV: After the group therapy, there are no significant differences, in the mean levels of self-actualization reported, between the results obtained by the two Therapists within the therapy groups.

Rejected.

Hypothesis V: After the group therapy, there are no significant differences in the mean levels of self-actualization reported, between the changes obtained in Time (pre-test/post-test 1/post-test 2) within the therapy groups.

Rejected.

Hypothesis VI: After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories x Therapists.

Retained.

Hypothesis VII: After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories x Time.

Retained.

Hypothesis VIII: After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Therapists x Time.

Retained for Time-Competence scale.

Rejected for Inner-Directedness scale (major scale).

Hypothesis IX: After the group therapy, there are no significant interactions in the mean levels of self-actualization reported between Categories x Therapists x Time.

Retained.

2. Discussion of Results

This section presents discussions of the results and suggestions for further research, dealing with the hypotheses in order. A summary of findings is then given, followed by further considerations drawn from this research.

a) Examination of Hypothesis I

Before the group therapy, there are no significant differences in the mean levels of self-actualization reported, between externals of the six groups.

This is one of the minor hypotheses derived from an attempt to verify if the groups composed randomly respect the "randomization rules." Normally, because all the groups have been composed randomly, they are not supposed to

present any differences among the groups before the treatment, thus this computation is a check about a theoretical assumption. Consequently, it was not expected to find any significant differences among the six (6) experimental groups before the group therapy. The data indicate that there are no significant differences. Thus, before the group experience, all the means of each group of externals were not significantly different on the Time-Competence and the Other-Directedness scales. These results confirm the laws of randomization, i.e. there are no reasons to think when all the groups are composed randomly that there are significant differences among them.

b) Examination of Hypothesis II

Relationship between the locus of control of participants and the perceived influence exerted on externals.

This hypothesis comes from many suggestions of studies dealing with the locus of control in the social context.

Externals seem less confident and, indeed, less competent as compared to internals. An external belief system would lead us to predict greater anxiety on the part of externals. Butterfield (1964), Liberty, Burnstein, and Moulton (1966), Watson (1967), Tolor and Rezmikoff (1967) supported a strong relationship between externality and a variety of measures of anxiety. Crowne and Liverant (1963) designed an Asch-like conformity situation. That is, they

placed each subject in a group and asked him to verbalize judgments that, if stated correctly, would run counter to the judgments verbalized by other group members. For one condition, the usual Asch procedures were followed. In the other condition, subjects were given money to bet on the correctness of their own judgments. In the first condition, internals and externals revealed similar patterns of yielding. But when money was being bet, internals went against the majority. They bet more money than externals did when they were defying the majority. Finally, the internals showed no significant differences in their bets on conforming and yielding trials, whereas the externals bet significantly less on their independent trials than on their yielding trials. The authors of this research suggested a greater resistance to group pressure on the part of internals and also a greater confidence level. In a related vein, Tolor (1971) found that when experimental conditions seemed to suggest that a stationary light was moving, externals were more prone to see that light as moving. In addition, those who reported movement received higher scores on separate measures of both alienation and anxiety. As Tolor suggested, such results imply greater susceptibility to persuasion on the part of alienated or externally oriented persons.

Studies dealing with the resistance to subtle influence reported that Biondo and MacDonald (1971) studied the responses of internal and external students to some proposed

changes in university grading procedures in pre- and post-influence design. They reported several things. Externals conformed to both high and low levels of influence by shifting in the direction of the influence. Internals, however, reacted against the high-influence attempt and moved in the opposite direction. The internals were not particularly responsive to the low-influence condition. The authors insisted on the more conforming behavior of externals as compared to internals. In the context of a group therapy, one expectation was that externals might be most influenced by internals. Thus externals, presenting a greater vulnerability to the influence of others, would be expected to rate internals as influencing, especially since Julian, Lichtman and Rychman (1968) found that internals attempted to exert more influence in interpersonal situations; and, since Gore (1962) has shown that internals were able to induce significantly more attitudinal change than were their external counterparts.

Externals, in regard of their personality characteristics, are more prone to be influenced. Internals, also in regard of their personality characteristics, are more prone to be influencing. Consequently, externals would be expected to rate internals as more influencing than externals.

Ritchie and Phares (1969) investigated the role of communicator status or prestige in producing differential changes in attitudes. They proposed, that externals would

exhibit greater changes in attitude following exposure to an argument emanating from a high-prestige source than one from a low-prestige source. Further, it was expected that externals would show more attitude change than internals following exposure to a high-prestige source. On the other hand, no differences were anticipated between groups of internals and externals presented with low-prestige communications. Internals were expected to show about the same amount of change regardless of the status of the argument source. Subjects first filled out a survey regarding their attitudes toward national budget expenditures. Approximately two weeks later, subjects filled out the survey again. During the two week period, half the subjects received arguments attributed to a prestigious national authority while the other half received arguments attributed to an obscure graduate student in a small college. The groups were matched for initial views. A similar (control) group received no influence attempts. As predicted, externals changed more in response to a high-prestige source than to a low-prestige source, and also changed more than internals when both received a communication from a high-prestige source. Internals did not differ in attitudes toward communications from high- and low-prestige sources. The authors concluded that externals are not uniformly susceptible to influence attempts in all situations; they are markedly affected by the prestige manipulation. Internals seem more responsive to the context of the communication in the

light of their previously held opinions than to the prestige of the source. In the context of a group therapy, the particular status attributed to internals as models might produce in externals a tendency to rate them as influencing and to learn from them.

As indicated above, studies suggested a greater resistance to group pressure on the part of internals, a greater confidence level, a greater susceptibility to persuasion of externally oriented persons, a more conforming behavior of externals as compared to internals, and externals seem affected by the prestige manipulation. Internals were found also as influencing.

The above studies show that externals are influenced; in the context of a spaced-structured-group therapy, the present interest was to study the possibility that externals rate subjectively internals as influencing.

In this investigation, externals do not rate subjectively internals as more influencing than externals. The results show some indication that externals rate subjectively externals as more influencing than internals. However, when internals are designated as models, the present data show some indication that externals rate subjectively internals as more influencing than externals.

Present data suggest that models are chosen significantly more frequently than others as members who exerted the most influence, as rated by the externals. The designated status of "model," may have exerted a pressure on

externals to force them to be more respectful of the model status, rather than being influenced by the internals.

c) Examination of Hypothesis III (Major)

After the group therapy, there are no significant differences in the mean levels of self-actualization reported between the three group Categories of externals.

The main purpose of this study was to investigate the relative effectiveness of three variations of group compositions within spaced-structured-group therapy, namely the comparison of groups composed solely of externals, groups composed of internals and externals and groups composed of externals with internals as models.

Research has found that internal and external subjects showed different modes of conflict-resolution in spaced-structured-group therapy in relation to structured or unstructured therapist roles. Kilman, Albert and Sotile (1975) suggested that the differential reactions of internals and externals may have a corresponding effect on the therapeutic outcome in groups. Consequently, group composition in terms of internal and external orientation may influence the therapeutic outcome.

According to Warehime and Fould's finding (1971), the major scale, Inner-Directedness, is significantly correlated with the internal orientation for females on the

I-E scale. Moreover, Butterfield (1964), Watson (1967), and Feather (1967) found that internals reported a lower level of anxiety and showed a greater belief in their ability to induce changes in their environment. Julian, Lichtman, and Rýckman (1968) found that internals attempted to exert more influence in interpersonal situations. Davis and Phares (1967), Jones and Schraner (1968), Julian and Katz (1968), and Phares (1965) found that internals preferred to rely upon themselves rather than on the assistance of an acknowledged competent other.

In the light of these suggestions, emerging from the examination of the studies on the topic, one main expectation was that in the context of spaced-structured-group therapy, mixed groups of internal-external locus of control participants will be more effective in facilitating self-actualization for the externals than groups composed solely of externals.

Phares (1976) reported data on the locus of control and the amount of social influence exerted, that internals attempt to exert more influence in interpersonal situations, and externals reported a greater vulnerability to influence from others, thus, they seemed to be prone to imitate others. Bandura (1969), Blake (1958), and Campbell (1961) suggested that models who possess high status in prestige are emulated

to a considerably greater degree than models of subordinate standing. Thus, the second main expectation was that in the context of spaced-structured-group therapy, mixed groups of internal-external locus of control subjects where internals have a superior status will be more effective in facilitating self-actualization for the externals than mixed groups where internals do not have a particular status.

On the contrary to expectations, no significant difference was found between the three Categories of externals on the Time-Competence and the Inner-Directedness scales. The most reasonable interpretation seems to be that in this study, females who hold an external orientation do not respond more favorably to a structured treatment which is spaced over time with the absence or the presence of internals as models or not in group therapy. These findings are limited to structured-group therapy.

d) Examination of Hypothesis IV

After the group therapy, there are no significant differences in the mean levels of self-actualization reported in the results obtained by the two Therapists.

The groups were led by two (2) Ph.D. II interns in clinical psychology. They were not informed of the hypotheses under investigation, but they were informed of their tasks. The therapists' task was to advise the members of the groups of the exercises which they had to perform and to

control the order of member participation.

The Therapists outlined their tasks in the first session of each group. Each Therapist led three (3) groups: one group composed solely of externals, another composed of internals and externals, and one group composed of externals and internals where internals were presented as models.

Because the Therapists' behavior can make a substantial difference in the benefit derived from a group therapy, the experimental design controlled for possible differences in Therapists' effects. After the therapy, significant differences were found between the results obtained by the two Therapists on the major scale, Inner-Directedness, suggesting that, in this experiment, two different leaders with their uniqueness create, in the results obtained after the therapy, a significant difference within the therapy groups. In other words, in the context of this experiment, how leaders conducted themselves produced, after the therapy, a significant difference on the major scale scores. As indicated earlier, this suggests that the therapists exerted a significant treatment effect.

e) Examination of Hypothesis V

After the group therapy, there are no significant changes in the mean levels of self-actualization reported, between the results obtained at pre-test, post-test 1 and post-test 2 throughout the three group Categories.

A consistent pattern of increased self-actualization scores following the group therapy emerges from examination of the six experimental groups. The scores of the six groups under investigation changed significantly in a positive direction on the Time-Competence and Inner-Directedness scales. These findings support the hypothesis that personal growth groups are productive of psychological growth as defined by the POI.

These changes are consistent with Rogers' (1970) observation that groups help ameliorate individual loneliness and increase personal risk taking behavior. The results show that participants exhibited changes in measures of self-actualization and over time maintained or continued these changes. It indicates that the change is not at a superficial level, but is deeper and more lasting.

This finding is consistent with the outcomes of many kinds of group therapies cited earlier which employed control groups. (Alperson, Alperson and Levine (1971), Byrd (1967), Guinan and Foulds (1970), Kimball and Gelso (1974), Seeman, Nidick and Banta (1972), Walton (1973), Young and Jacobson (1970).) Increased self-actualization scores following group therapy emerge also from examination of some studies without control groups. (Banmen and Capelle (1972), Bebout and Gordon (1972), Culbert, Clark and Bobele (1968), Reddy (1973).) Of nine studies reported in which treatment results were compared with a control sample not involved in group therapy, all studies except one (eight out of nine)

reported significant increases on the major Inner-Directed scale. Treppa and Fricke (1972) failed to demonstrate positive results and according to Knapp (1976), the most reasonable interpretation seems to be that the studies that obtained positive results employed a minimum of fifteen hours of group meeting as contrasted with ten hours or an unspecified amount of time in those obtaining negative results. It should be noted that this study was different from all the others in the fact that the therapists' task was extended to participants in two groups by the inclusion of internal subjects who were expected to facilitate change without any specific roles, and in two additional groups in which the internals were designated as models.

In the present experiment, it should also be noted that without additional objective assessment of this change (e.g. ratings by others) the participants may have attributed more change in the Time-Competence and Inner-Directedness measures to themselves simply as a function of having participated in a therapy group. There was no control group, so the effects of writing the same test three times and extraneous events taking place between these testings were not controlled. (Campbell and Stanley, 1963.) There were no reports from outside observers to confirm reported changes. Thus, contaminating factors may have affected the positive results of the groups under investigation. Bearing the limitations in mind, the changes in self-actualization obtained are supportive of many other studies cited earlier

and the significant differences found between the results obtained by the two Therapists suggest that other variables besides the testing effect and extraneous events were involved in producing significant changes in Time.

f) Examination of Hypothesis VI

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories and Therapists.

After the group therapy, no significant difference was found on the Time-Competence and Inner-Directedness scales across the three Categories. The exploration of possible significant differences among Categories as a function of Therapists indicated that the Time-Competence and Inner-Directedness scores did not differentially change within the therapy groups as a function of Therapists. The analysis of the effects obtained after the group therapy, suggests that the two Therapists did not create, after the therapy, a significant statistical contrast in the Categories of externals.

g) Examination of Hypothesis VII

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories and Time.

The lack of significant Categories and Time interaction indicated that the Time-Competence and Inner-Directedness scores did not differentially change within the

therapy groups as a function of Time. These results suggest that the three Categories of externals did not differentially change as a function of Time. This finding indicates that the rate of change of the groups composed solely of externals were not significantly different from the rate of change of the groups composed of externals with internals, and the groups composed of externals with internals as models.

h) Examination of Hypothesis VIII

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Therapists and Time.

Regarding the Time-Competence scale, no significant Therapists and Time interaction was found. However, a highly significant Therapists and Time interaction indicated that the Inner-Directed scores changed within the therapy groups as a function of the Therapists. According to Knapp (1965), the Inner-Directed scale is the best single estimate of self-actualizing. Therefore, with regard to the important value of the major scale of the POI as a measure of self-actualization, this result was evaluated to be of particular importance.

Table 15 showed greater changes in Time from the results obtained by one therapist, when compared to the other. Figure 10 showed that one therapist performed better than the other. These results suggest that one

therapist group got better faster than the other, suggesting tentatively that the rate of change of one therapist group was significantly different of the rate of change of the other.

i) Examination of Hypothesis IX

After the group therapy, there are no significant interactions in the mean levels of self-actualization reported, between Categories, Therapists and Time.

The results show that there are no significant interactions in POI Time-Competence and Inner-Directedness means between Categories, Therapists, and Time. These findings suggest that the Time-Competence and the Inner-Directedness scores did not differentially change within the therapy groups as a function of Categories, Therapists, and Time. The most reasonable interpretation of these data seems to be that females who hold an external orientation do not respond differentially in a spaced-structured-group therapy to the presence or absence of internals in the group, even if internals are presented as models.

At this point, it is appropriate to present a summary of findings. This is followed by further considerations with regard to this research.

Summary of Findings

1. Externals do not rate subjectively internals as more influencing than externals.

2. There are some indications that "models" are chosen more frequently than others as members who exerted the most influence, as rated by the externals.
3. There are some indications that externals rate subjectively externals as more influencing than internals.
4. A consistent pattern of increased self-actualizing scores following the spaced-structured-group therapy emerges from examination of the outcomes for the six groups under investigation.
5. External females exhibited changes in measures of self-actualizing and these changes were maintained at follow-up, four weeks after post-test 1.
6. External females do not achieve greater significant therapeutic benefits within a spaced-structured-group format, with or without the presence of internals in their group.
7. External females do not achieve greater significant therapeutic benefits within a spaced-structured-group format with internals as models in their group.

8. In the results obtained after the therapy, the two Therapists created a significant statistical contrast within the therapy groups.
9. The rate of change of the groups composed solely of externals was not significantly different for the externals from the rate of change of the groups composed of externals with internals and from the groups composed of externals with internals as models.
10. The rate of change of one therapist group was significantly different of the rate of change of the other.

j) Further Considerations from this Research

The major finding of this experiment is that after the group therapy, there were no significant differences for external females, in the mean levels of self-actualization reported, between the groups composed solely of externals, the groups composed of externals with internals, and the groups composed of externals with internals as models. It was hypothesized that composing mixed groups of internal-external locus of control participants within a spaced-structured-group therapy would be more effective in facilitating self-actualization for the externals than groups composed solely of externals, as measured by the POI. Also, it was expected that composing mixed groups of internal-

external locus of control participants within a spaced-structured-group therapy, where internals have a superior status, would be more effective in facilitating self-actualization for the externals than mixed groups where internals do not have a particular status.

Several questions arise as a result of the findings in this study. Do internals seem to produce no therapeutic benefits or is it the small proportion of internals who do not seem to effect the results of the group therapy, or, conversely is it that there were too many externals?

Phares (1964) strongly suggested that a major variable in the study of social influence situations is the internal-external control dimension. Gore (1962) has demonstrated that susceptibility to social influence is mediated by I-E dimension. Internals were able to induce significantly more attitudinal change than were their external counterparts. Phares (1976) reported data on the locus of control and the amount of social influence exerted, that internals attempt to exert more influence in interpersonal situations and externals reported a greater vulnerability to influence from others. Results of the present research tentatively suggest that, in a spaced-structured-group therapy, externals do not rate subjectively internals as more influencing than externals. What are the specific factors contributing to neutralize the possible influence of internals in a spaced-structured-group therapy?

In this experiment, it was theoretically expected that mixed groups of internal-external locus of control subjects where internals have a superior status will be more effective in facilitating self-actualization for the externals than mixed groups where internals do not have a particular status. It should be noted that, even if there are some indications that internals with the designated status of "model" may have been perceived as influencing for the externals, models do not seem to be either detrimental or beneficial for the externals to increase their self-actualizing scores following spaced-structured-group therapy.

Kilman, Albert, and Sotile (1975) have found that internal and external subjects showed different modes of conflict-resolution in spaced-structured-group therapy, in relation to structured or unstructured therapist roles. The authors suggested that the differential reactions of internals and externals may have a corresponding effect on the therapeutic outcome in groups. In the present experiment, the personal characteristics of externals and internals did not seem to influence, for the externals, the outcomes of the therapy. It is possible that the nature of the therapy, using exercises, may have accounted for these results. It might be of interest for further studies to replicate this experiment using unstructured-group therapy formats.

The major purpose of this study was to investigate the relative effectiveness for external females, of three

variations of group compositions within spaced-structured-group therapy, namely the comparison of groups composed solely of external locus of control participants and mixed groups of internals and externals, and groups composed of externals with internals as models. The experimental design controlled for possible differences in Therapists' effects. The results of this control suggested that the rate of change of one therapist group was significantly different from the rate of change of the other. Moreover, the results obtained by the two Therapists within the therapy groups were significantly different. This finding may have important implications for research investigators. What are the therapists' characteristics, tending to accelerate the process of change in group's members? What is the influence of the therapist's level of actualization on the therapeutic outcome? What are the differential effects of high or low actualized therapists on the group members' actualization? Are some specific personality characteristics more likely to effect changes in self-actualization?

The evidence for the utility of the locus of control concept had been established earlier. Phares (1976) specified that much research clearly identifies internals as superior in their efforts at coping with and gaining a measure of control over their environment. As compared to externals, internals acquire more information, retain and utilize it better, and are generally more effective in the

broad realm of cognitive processing. In social contexts, internals are more independent and more reliant upon their own judgments. They are less easily influenced. In individual therapy, the most appropriate treatment format for the internal client is to provide him with the opportunity to demonstrate that he does have personal control over the reinforcements in his life. By contrast, the investigators found external clients to benefit from increased structure and direction. In group therapy, the investigators suggested that persons who hold an external orientation respond most to a structured treatment intervention which is spaced over time and they demonstrated a more favorable outcome for external subjects than internal subjects in a structured traditional group.

This present investigation failed to demonstrate a more favorable outcome for external females in a spaced-structured-group therapy under three different conditions: groups composed solely of externals, externals with internals, and externals with internals as models. Even though the internal-external variable has been demonstrated to be an important factor in social influence and therapeutic change, it does not appear to play a significant role within the limitations of this study. It would be of interest to extend the investigation of the variables of this study to an unstructured group format.

Table 21 shows clearly the finding of significant changes in self-actualization obtained over time. This

suggests that a group therapy which focuses on expanded awareness, authenticity, and more effective interpersonal communication may be a fruitful method of fostering increased self-actualization and the personal growth of the participants. However, Guinan and Foulds (1969) and Foulds (1971) suggest, in similar results following group experience, that the precise causes of these changes remain open to speculation. For example, in this experiment, significant differences between the two Therapists may account for a part of the changes observed. Future research efforts should attempt to compare the results of outcome studies of therapy groups with differential academic qualifications for the therapists in the context of a structured-group therapy using specific exercises.

Another question arises as a result of this study. Does the repeated testing of the same subject on the same test account for positive changes in the six groups? Following Treppa and Fricke (1971), future research should include several procedures for measuring the effect of a group therapy. What are the behavioral correlates associated with changes on self-report measures of self-actualization? The fact that the six groups under investigation change in the same direction suggests the hypothesis that repeated testing might be produced the positive changes obtained in self-actualization. However, Klavetter and Mogar (1967), Ilardi and May (1968), on the reliability of the POI, as well as data from Foulds and Warehime (1971),

Braun and Lafaro (1969) on the "fakability" of this test, do not support this hypothesis. Moreover, the significant differences found between Therapists indicate that other variables beside the testing effect and extraneous events were involved in producing significant changes in Time.

The next section of this thesis presents the summary, conclusions, and suggestions for further research.

SUMMARY AND CONCLUSIONS

This paper investigated the relative effectiveness of three variations of group compositions within spaced-structured-group therapy, namely the comparison of groups composed solely of externals, groups composed of internals and externals, and groups composed of externals with internals as models. The literature was reviewed to present the concepts of self-actualization and locus of control, the changes in self-actualization following group therapy, the changes following group therapy, and the locus of control variable. The major interest of the study centered on the personal characteristics of group members, as defined by the locus of control variable, as capable of influencing group functions, and the effects of these different characteristics in influencing the therapeutic outcome. Because external subjects reported more distress than internal subjects, this present study put the focus on this particular population. Based on Warehime and Foulds' (1971) finding that the major POI scale, Inner Support, significantly correlated with the internal direction on the I-E, only for females, this present investigation employed only female participants. It was expected that, within a spaced-structured-group therapy, mixed groups of internal-external locus of control subjects would be more

effective in facilitating self-actualization for the externals than groups composed solely of externals. Second, it was also expected that mixed groups of internal-external locus of control participants where internals were designated as "models" would be more effective for the externals than mixed groups where internals do not have a particular status.

Participants were randomly assigned on the basis of their pretherapy scores on the I-E scale to one of three categories. Category I: Groups I and II were composed of twelve (12) participants, all externals. Category II: Groups III and IV were mixed groups of internal and external subjects: each mixed group was composed of five (5) internals and seven (7) externals. Category III: Groups V and VI had the same composition as Groups III and IV, with, however, conditions for a modeling effect. Internal participants in each group had been identified and all group members were informed that these students had been selected as models because of their observed tendency to perceive that any event is contingent upon their own behavior or their own relatively permanent characteristics.

The groups were led by two (2) Ph.D. interns in clinical psychology. They were not informed of the hypotheses under investigation, but they were informed of their tasks: to advise the members of the group of the exercises to be performed and to control the member participation. Each therapist led three groups: one group composed

solely of externals, another composed of internals and externals, and one group composed of externals and internals where internals were presented as models. The experimental design controlled for possible differences in therapists' effects.

The treatment format for the six groups was structured. The structured format of the groups consisted of a defined sequence of group exercises. All the participants came for eleven meetings, working together for sixteen and a half hours during a period of five weeks.

To test the hypotheses, the participants responded to the POI one week before the beginning of group therapy. They responded to the POI on the second day after the termination of therapy and again a third time four weeks after the first post-test.

In order to test for possible significant differences among the groups at pre-test, a one-way analysis of variance was performed with the scores obtained at pre-test. A Split-Plot factorial-23.3 design was used to determine the relationship between Categories x Therapists x changes in Time. To test the possible significant differences between the results obtained by the two Therapists, further tests of analyses of covariance were performed on post-test 1 and post-test 2, with Categories and Therapists as the main variables and pre-test as the covariate. To test the relationship between the locus of control of participants and the perceived influence exerted on

externals within the therapy groups, with groups composed of externals and internals, the X^2 test was performed.

Results of the analysis led to the following main conclusions: There are significant differences between the results obtained by the two Therapists. The rate of change of one therapist group is significantly different to the rate of change of the other. There are some indications that "models" are chosen more frequently than others as members who exerted the most influence, as rated by externals. Externals do not rate subjectively internals as more influencing than externals. There are some indications that externals rate subjectively externals as more influencing than internals. Spaced-structured-group therapy seems to be productive, for external females of psychological growth as defined by the POI. In the context of spaced-structured-group therapy, females who hold an external orientation do not respond differentially to group composition which mixed externals with internals or to compositions in which internals are designated as models.

Some suggestions for further research arising from this present project are as follows.

Suggestions for Further Research

1. To replicate this experiment using an unstructured-group therapy format.

2. Exploration of the therapists' personality characteristics tending to accelerate the process of change in groups' members.

3. In group therapy, exploration of different therapists' levels of actualization on the therapeutic outcome.

4. To compare the results of outcome studies of therapy groups with differential academic therapists' qualifications in the context of structured therapy using specific exercises.

5. Exploration of the behavioral correlates associated with changes in self-report measures of self-actualization.

APPENDIX I

WRITTEN INFORMATION GIVEN IN CLASSES

GROWTH-GROUP EXPERIENCE

The Psychological Services of the University of Ottawa in the context of a doctoral thesis in psychology is pleased to offer to students a growth-group experience. Such groups focus on expanding participants' awareness of themselves and their ways of relating to others.

RESEARCH PROJECT

With regard to the nature of this study, the invitation presents some restrictions:

1. The participants must be females.
2. Only 72 students of a potential of 200 will be selected for this opportunity of personal development. The selection will be done from the questionnaire of 29 questions you will complete. There are no good or wrong answers in this questionnaire, but the study requires people with certain psychological characteristics.

METHODOLOGY

This growth-group experience requires nine sessions. All the volunteers will be invited to participate in this experience for two-hour sessions, twice a week for five weeks.

Each group will be composed of twelve students. Groups will begin during the week of October 4. We will schedule the groups in order to accommodate the participants. I will come back in this class during the week of October 4 to name the students selected and to specify the hour of the first meeting.

POINTS VALUE

The Faculty of Psychology will give ten (10) points to each student enrolled in this personal development experience. In order to obtain the ten (10) points, the requirements are the following: (this agreement is certified by prof. M. C. Dekoninck: _____)

1. To be present for the nine (9) sessions.
2. To complete two personality questionnaires before the growth-groups.
3. To complete one personality questionnaire after the experience.
4. To return four weeks after the experience to complete a follow-up personality questionnaire and to receive the explanations related to the nature of this study:
 1. The theoretical background.
 2. The definition of the main concepts.
 3. The problem under investigation.
 4. The hypotheses.
 5. The experimental design.

On this occasion, each student will receive the results and the interpretation of their individual personality profiles obtained before and after the growth-group experience.

PROFESSIONAL STAFF

The groups will be led by the professional staff of the Psychological Services of the University of Ottawa. Each meeting will take place on the campus, at 17 Copernicus.

INTERESTED PEOPLE

If you accept this invitation, sign your name on the questionnaire you will complete and complete the following section. You keep for yourself the first two pages and you return only the last page.

(PLEASE PRINT)

NAME _____

ADDRESS _____

FACULTY _____

AGE: _____

TEL.: _____

Circle the section of PSY 1200 in which you are registered

A B C D

There will be a first meeting for each group on Tuesday, Wednesday or Thursday during the week of October 4. One of the purposes of this first meeting is to organize the meeting hours with each group leader.

Circle all the hours when you can be available for this first meeting. It is very important to circle all the hours when you can be available. It is only for the first meeting.

Tuesday	Wednesday	Thursday
1:30	8:30 10:00	8:30
3:30	1:30	10:00
5:30	3:30	1:30 3:30
7:30	5:30 7:30	5:30 7:30

Simon Papillon
Psychological Services
University of Ottawa

APPENDIX II

VERBAL INFORMATION PRESENTED TO VOLUNTEERS

INTRODUCTORY OF PSYCHOLOGY: PSY 1200

People selected in four (4) classes:

- A. Prof. Dorothy Meuser = 18 students
- B. Dr. McCarrey = 26 students
- C. Dr. Stretch = 11 students
- D. Prof. Peter Meuser = 17 students

TOTAL: 72 students

Verbal Information

n student volunteers to participate in a growth-group experience have been selected in this class.

I am going to read off the names of those students who have been selected to participate in the growth-group experience in this class.

I will pass out a piece of paper to those students participating in the growth-group with the following information:

1. The name of the psychologist of their group.
2. The names of all the members of their group.
3. The address to go to for the sessions.
4. The day, the date and the hour of the first meeting.

The appointment indicated for your first meeting comes from one of the hours you have circled. It has been possible to respect completely the hours you can be available for the first meeting; but this appointment is just for the first meeting. Bring your schedule in order to be able to plan the days and hours of the sessions with the psychologist.

I am going to call your names and please raise your hand when you hear your name so that I can give you the paper.

As you will notice on the sheet handed to you, all initial meetings will take place at the Psychological Services of the University of Ottawa. No room number is indicated for the initial meeting. I will meet you at the door and introduce you to the psychologist of your group.

Don't forget your schedule

Thank you very much

See you next week

APPENDIX III

EXERCISES USED

SENSORY AWARENESS EXPERIENCES

(Exercise 1)

A graduated series of sensory awareness experiences ranging from personal to interpersonal experiences are offered. For theoretical consideration and further explanation concerning sensory awareness work, the reader is referred to a number of sources--1, 2, 3, 4, 5, 6. (A number of additional volumes by diverse authors are in preparation and expected to be published in 1970/71.)

The instructions for sensory awareness experiences are given in a verbatim style as if the person conducting the sensory awareness experiences were addressing a group. Watch the group closely to be sensitive to group needs. It is recommended that the person directing these experiences read over this script several times, and follow the major steps and exercises fairly closely, while at the same time having the freedom to depart from the original script,* improvise, using his own words, etc. The script can be used as a broad guide so that the facilitator can work out his own wording for each of the exercises. You can also tape record yourself for practice.

* Exercises 1-3 are based on the work of Sally McClure; Exercises 4-6 are based on the work of Roberta Otto; both students of Mary Whitehouse, Los Angeles, one of the pioneers in the sensory awareness area who is nationally known for her work.

On reading and following this script, there is only one major rule--silence (or pauses) must be prolonged. (If you think you should start reading again or continue with the experience--don't do it! Let the pause extend again so it is twice its original length.)

EXERCISE 1--INITIAL BODY AWARENESS

"You begin by sitting on the floor, or you can remain seated in your chair. Take off your shoes; put both feet on the floor. Put them down flat and close your eyes. If you are sitting on the floor, cross your legs or stretch them out in front of you. Do what is comfortable for you. (Pause). This is a non-verbal experience with eyes closed.

Now begin to become aware of your body--feel first your breathing--is it rapid? Is it shallow? Is it deep? Let it be without labeling it, without changing it. If it wants to change, let it change. There is no need to do anything now, just become aware of your breathing, what it says to you, and what it wants to do. (Silence).

Can you now become aware of your spine and back? Become aware of your spine and back where you are carrying your weight. Is the weight hanging heavy or is it easy? Is it holding you up or are you holding it up? (Silence).

Now move your spine slightly to become fully aware of where your back is. You can sway back and forth a little or from side to side--feel your spine and where your center is. Keep your eyes closed. (Silence).

Now let your spine go, or, if you want to, continue to be aware of it, but begin to become aware of your chest. Are you letting it drop down into your belly? Is your chest lifted, or is it relaxed?

Now, feeling your chest and your spine, can you rock your spine and the upper part of your body just a bit to feel yourself sitting where you are sitting. (Silence).

Are you moving your body as a whole or is your head leading or are you following your head? Whatever it is, it's O.K. (Short silence).

Now concentrate your awareness on your contact where you are sitting. Feel your thighs and the soles of your feet--are they holding you up? Are you pushing? (Silence).

For those sitting on the floor--are you letting yourself sink into the floor? Or are you forcing yourself into the floor? Hold yourself off, then let yourself sink deep into where you are sitting or lying. (Silence).

Are your thigh muscles relaxed or tense? Let them go, let them sink in. (Silence).

And now bring your awareness to your back, neck and to your head. Move your back and your head so that your head is somewhat balanced and not hanging. (Silence). Can you tip your head toward your shoulder? Become aware of the weight and carriage of your head. Feel how it affects your spine. (Silence). You can become aware of the small movement of your head through your whole body--Feel your head

free on top of your shoulders. (Silence). Tip your head to the other shoulder. Feel the weight. (Silence). Bring it back slowly so that it rests easily on top of your shoulders. Feel it rest there. (Silence). Now slowly let your head drop forward, sense the weight. (Silence). Slowly lift your head until it is back on top of your shoulders. (Silence). Slowly drop your head on your back. Feel the stretch in your neck. (Silence). Now bring the head back slowly. (Silence). Slowly drop your head to one shoulder and hold it. (Silence). Now slowly roll it to the back and sense it there. (Silence). Gently roll your head to the other shoulder and hold. (Silence). Now slowly roll it to the front and feel what is happening. (Silence). Now reverse, roll your head to the side and hold it. (Silence). Now to the back. (Silence). Now to the other side. (Silence). Now to the front. (Silence). Finally, slowly lift your head until it is sitting easily on top of your shoulders. Sense how you feel. (Silence).

EXERCISE 2--TOTAL BODY AWARENESS EXPERIENCE

Not let consciousness and awareness of all parts of your body float through you. Become aware that all of you is here. (Silence).

As you become aware of your total body, become aware of your face. (Remember to keep your eyes closed). Begin by tightening your eyes. Then let them go. Repeat. Tighten your mouth--scrunch it together and narrow it in--then let it go. Repeat this. (Silence).

Now feel your forehead. Wrinkle it; let it relax. Become aware of your nose. Move it, wriggle it, tense it, and relax it. (Silence).

Open your face as much as possible. Open it wide. You can feel your forehead broadening, your eyes relax. (Silence).

Open your mouth. Let it relax--tense it again, and let it relax again. Move your lips so you can really feel then relax. Now move your chin vigorously. Let it relax. (Silence).

See if what you have just done affects the rest of your body. Feel if it changes the way you are sitting. Feel what is going on in your body. (Long silence).

Now let your face become relaxed. For a few minutes, let your face become relaxed. Let your face speak to you. Some muscles will want to move. Let them. Just wait and let it happen. (Silence).

Your head may want to move with this. There may be practically no movement or some. Don't force or rush it. Just let it happen. Be aware while it happens. (Silence).

See if your lips are moving or if your eyes are tensing or if there is tensional movement in the corners of your mouth. Let the movement be released. (Silence).

Focus your attention on your hands. Are they relaxed? Are they holding each other? Are they holding you? Can you now let them separate easily and open them up as far as you can. (Silence).

Now lengthen your fingertips so they reach outward away from you. Shut them, open them, repeat this.

(Silence). Now repeat this several times. (Silence).

Now turn your hands over so that your palms are upward. Feel your palm. Become aware of it. Now turn your palm any way you want to, but let it curl and relax.

Now let your palms tense and relax. Let them curl hard and relax. Do this several times. (Silence).

See what happens in your arms in the process. Let whatever wants to happen in your arms happen. Let it occur naturally. Feel where your arms are--are you holding them close? Have they become part of the expression?

Now find out what your hands want to do. Relax, don't hold your body. Let your hands do whatever they want to do as if they had a life of their own which you do not have to label or analyze. Just let your hands be. Let your arms become part of this movement. While you are doing this, find out where your elbows are. Do they want to come into this? (Silence).

Let your hands discover each other. Explore your hands. (Silence). Feel your fingers. (Silence). Discover your wrist. (Silence). Now move up and feel your arms. (Silence). Then your elbows. (Silence). Reach up and touch your upper arms. (Silence). Feel how they join the shoulder. (Silence). Now feel your shoulders and your neck. (Silence). Feel how your head sits on your neck. (Silence).

Touch your face. (Silence). Discover the feel of your face, your nose. (Silence). Touch your eyes, your mouth, cheeks. (Silence). Your hair and eyes. (Long silence). Continue discovering yourself. (Silence). Touch yourself where you wish. (Silence). Touch your chest. (Silence). Your stomach, your legs. (Silence). Your buttocks. (Silence). Your back, your sides; wherever you wish. Discover yourself--sense yourself. (Long silence).

Now feel what wants to be stretched. (Silence). Stretch it--sense yourself; enjoy stretching--enjoy it. (Long silence).

Now being aware of all the parts of your body you want to be aware of, open your legs. Feel the movement. Tense your legs and leave them open. Then close them in again. Now stretch your legs and close them in. Stretch them hard, then relax them. Repeat this several times. (Silence).

EXERCISE 3--SENSORY AWARENESS EXPERIENCE LEADING
INTO INTERPERSONAL COMMUNICATION

Now with your eyes still closed, move your body slowly and find a comfortable awareness of your body. Find a comfortable awareness as you are sitting. Become aware of your whole body. (Silence).

Now become aware that there are sounds other than my voice in the room. Let them go through you. Let these sounds pass through you. Can you listen? But don't reach out--be passive. Let your ears hear what comes through

them. (Silence).

Try not to label. Let the sounds just come to you. (Silence).

Now, as if you were at this moment just born, open your eyes and look about you. You have no labels, categories, names or designs to impose. You are just there. Simply feel. Perhaps you are a flower, an animal, or a child for the first time. Be patient as you are looking-- there is a great deal to see. (Silence).

Can you begin to see the people around you--see their faces--shift your body a little and see everyone's face. Let the contact occur and let it pass. (Silence).

See each one in turn. See each other mutually and let that pass. And shift and move very gently as you do this. (Silence).

At this time a record, such as Ravi Shankar's recording entitled "Ravi Shankar in Concert" (World Pacific Stereo 1421) can be played at medium sound level. (This is optional).

Look around. Let your eye contact have meaning. There are people here with whom you can be close or distant-- it doesn't matter. Are you looking at them or skipping over them and moving? Let it occur and then pass on. Just let it happen. Shift, make contact with another person and let it pass. (Silence). Would you rather look at people or some other place. It's okay. Look wherever you want to look, or you may want to find someone with whom you would

like to be close. See where there is someone alive to you. Look that person in the eye. Move to him. Take his hand, but don't rush this. See where there is someone alive to you; or on the other hand, you may prefer not to move and touch the hand of someone, or you may want to be friendly and reach out and touch someone by the hand. Feel free to get up and move over and touch that person. Sit opposite each other. You may also prefer to work alone. (At this point, the facilitator selects a person and takes this person by the hand.)

If you are having trouble finding someone, get up and move around physically--unless you really want to be alone. If you want to be alone, find a place where you are by yourself and yet part of the group. (Silence).

At this point, move into slapping exercises.

EXERCISE 4--THE SLAPPING EXERCISE

Sit near your partner or alone. Begin slapping yourself gently on your arms, your chest, your sides, your legs, using the flat of your hand. (Silence). (Facilitator illustrates.)

Now, one of the partners faces the other partner's back--begin to slap his back gently, moving up and down the back--while the partner continues to slap himself all over. Sense what is happening. (Silence). Exchange positions and repeat.

EXERCISE 5--THE AWARENESS EXPERIENCE

At this point, one partner should lie on his stomach on the floor. He should support his head comfortably with his arms. The other partner now places his hand on the lower part of the small of his back. Leave your hand there, pressing firmly, and gently for whatever time feels comfortable to you--then quietly remove your hand--without saying a word. Sense what is happening. (Silence).

Exchange positions and repeat.

It is suggested that the facilitator demonstrate this exercise.

It is possible to end here--on this quiet note.

EXERCISE 6--FINAL SLAPPING AND SOUND EXERCISE

Everybody stand. Begin slapping yourself all over, wherever you wish. Slap your chest, your face, the top of your head, your neck, stomach, sides, legs--make loud sounds if that feels good to you. (Silence). Thank you.

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DEPTH UNFOLDMENT EXPERIENCE--A METHOD
FOR CREATING INTERPERSONAL CLOSENESS*

(Exercise 2)

Depth Unfoldment Experience is a new small-group technique for helping people to break down interpersonal estrangement. It is also a method designed to help people "get to know each other." It is more than an "ice-breaker" or superficial "get-acquainted" device. The DUE method was one of the methods developed by the writer and first tried in a laboratory group of the Human Potentialities Research Project in the fall of 1964.

Background

The Human Potentialities Research Project at the University of Utah was in existence from 1961-1967 and represented a small group approach to the human potential. It was an underlying hypothesis of this research that the average "healthy" human being is functioning at a fraction of his potential. A number of contemporary behavioral scientists in the United States (Gardner Murphy, Abraham Maslow, Erich Fromm, Carl Rogers, Margaret Mead, among others) subscribe to this hypothesis. The work in the area

*Revision of an article by the same title which was published in "Adult Education," Vol. 17, 2 (Winter 1967): 78-84.

of human potentialities conducted at the University of Utah was essentially in the nature of pilot research projects and focused on the development of theory and methods designed to help non-patient populations to function more optimally. This work with healthy or normal groups has been described in detail elsewhere.

Much of the human potentialities research at the University of Utah was conducted within the framework of a course entitled Adult Education 31, "Developing Your Personal Potential," which was offered every quarter except the summer quarter through the Division of Continuing Education. The non-credit course is still offered and is open to anyone who wishes to enroll. It is described in the catalogue of the Division of Continuing Education as follows--"This program is designed to help to discover capabilities, strengths, talents and abilities which you have but which you may not be aware of or using fully. Emphasis is on discovering your potentialities and developing them, leading to more vital, operative, satisfying living and productivity."

The class meets for two hours, once a week, throughout the quarter for an average of ten sessions. All class meetings were tape-recorded and the tape recordings used for purposes of evaluation and analysis. During the first meeting, the class was informed that they were enrolled in a laboratory group having a two-fold purpose: 1) To help group members identify their strengths and actualize their

potential, 2) To develop and test concepts and methods designed to help people achieve more optimum functioning.

It was our observation (and this was supported by an analysis of tape recordings) that prior to the use of Depth Unfoldment Experience, hereafter referred to as the DUE method, groups had spent between five and six meetings "getting acquainted" and attaining that level of interpersonal closeness which enabled them to communicate with the minimum intrusion of "social masks." Formerly, it was only after the fifth or sixth meeting that most group members really began to be involved with each other. This meant that a significant portion of the group life was spent essentially on the "get acquainted process" in an effort to achieve interpersonal closeness. Therefore, it became important to develop a method which would help people to get to know each other intimately and closely in a relatively short space of time.

The purpose and aims of the DUE method are as follows:

1. To foster interpersonal involvement of group members on an emotional level and to create an atmosphere distinguished by the sharing of self leading to interpersonal closeness early in the group life.
2. To provide a means of helping people who are strangers in a group to "get acquainted" within a relatively short space of time.

3. To facilitate meaningful communication between group members and to maximize frank and open communications as early in the group life as possible.
4. To provide group members with an experience which can develop increased self-understanding and self-awareness.
5. Through the sharing of emotionally significant experiences and incidents, to offer participants an opportunity for empathy and sensitive understanding of fellow group members.

Use of the Method

The method is introduced by leading into the experience directly and announcing that this is the only mandatory method of the group methods designed to actualize potential: "This method will first be described in detail then I (the group facilitator) will begin the process, then it will be everyone else's turn. If you don't use up your six minutes, we'll ask questions of the person whose turn it is in an effort to get to know him better." It has been my conclusion that people who are unwilling or unable to enter into the DUE method may not be ready for an intensive group experience of the type described as "Core Group Methods."

The method utilizes a three-minute egg timer of the hourglass variety (obtainable in most variety stores). Each

person has six minutes for the process of sharing of himself. Five of the six minutes are to be devoted to sharing with the group key experiences and key incidents beginning early in childhood which the person believes have been deeply formative in relation to the development of his personality. Usually, the following or similar words are used in this connection--"We want each person to share those important experiences throughout his lifetime--beginning early in childhood--which he considers to be of importance in the sense of leaving a strong impression on his personality. Share with us those experiences you consider important in relation to the person you are today. Share such experiences you consider important in your life--beginning early in childhood and bringing us up to date.* Between sharing these experiences which you consider have something to do with the person you are today gives us some summary sentences describing what happened in your life between incidents or experiences. An example of a summary sentence is--"And following this I went to college, worked in a store, then this happened." Now we want you to take five minutes sharing these important experiences in your life with us which you believe have a lot to do with the person you are now. The last of your six minutes we want you to tell us what you consider the happiest moment in your life."

It is then pointed out that the facilitator would begin the process by sharing of himself for the first six minutes. He would then flip a coin--if it lands "heads,"

the egg-timer is passed to the person on the right who would be next. If "tails" came up, the one next in line for the DUE experience would be the person sitting on the left of the facilitator. At this time, it is also made clear to the group that if a person does not use up his full six minutes, the group is expected to ask personal questions of him in an effort to get to know him better. This is done until the full six minutes are used up.

We have found that the group facilitator's way of sharing of himself sets the tone and establishes the depth of the experience. If the facilitator remains on a superficial level and does not share of himself deeply, the subsequent self-presentations by members will be superficial. The deeper the level of sharing by the facilitator when he begins the process, the deeper, as a rule, will be the sharing of self by group members. Usually, it is best when the group facilitator can share one to two incidents in early childhood, one to two in later childhood and adolescence and another one or two in later life. However, this has to be "played by ear," and the quality of the sharing (the level of emotional giving, in a measure the reliving of the experience) is more important than the total number of incidents communicated. The group leader should, however, strive to retain some semblance of chronology by using connective summary sentences between incidents so that group members will get a general overview of how his life developed.

After the facilitator has used up his six minutes, it is important that he repeat the instructions before handing the egg-timer to the person on his right or left.

Repeated use of the method by a number of group leaders has revealed a tendency on their part to search out new meaningful experiences to share with the group. If experiences are repeated (by group leaders) which have been shared with a previous group, the affective involvement in most instances continues to be strong and vital despite the element of repetition.

The DUE process should be limited to about six to seven persons at one session. We have found that the emotional involvement of participants around this experience is so strong that after the seventh person has shared himself the group usually displays symptoms of fatigue. "I am all wrung out--you really get in there with them," and "you feel so much--it wears you out," are remarks commonly heard. The group facilitator usually interrupts the process after the sixth or seventh person has presented himself to ask if the group wishes to break and to decide whether to go on and finish the process during the first part of the next group meeting. To further implement the get acquainted process, the facilitator can pair group members before the break and announce "Get two interesting items about your partner." Quick feedback is obtained before continuing with the DUE.

Participants in the experience usually become so involved that they forget to turn over the egg-timer at the end of three minutes. The facilitator, through motions and gestures, can usually ask the individual sitting next to the person involved in the self-presentation to turn over the egg-timer. When approximately one minute remains, it is well for the facilitator to interrupt gently--"You have about one minute left to share the happiest moment in your life." It is very important that the facilitator not let participants exceed their six-minute limit. This will be experienced as "playing favorites" by the group. If a person does not use up his full six minutes, the group facilitator should take considerable initiative by asking personal questions in an effort to get to know the presenting person better. The facilitator needs to have questions ready to ask the person whose turn it is if the group is slow in asking questions. If no questions are asked the person will usually feel the group is not interested in him. (The types of questions to be asked suggest themselves by the nature of the self-presentation and often involve gaps in the presentation or things left out or unclear.) As an alternative, the group leader can vigorously encourage the group to ask questions--"Now is the time to ask some personal questions of Mary in our effort to get to know her better. We have about two and a half minutes for this." (Again, this total DUE process has to be "played by ear" as there are some exceptions where it is best to exceed the

six minute time limit.) Use of the method is especially effective if name tags are affixed prior to the DUE experience. This gives the facilitator an opportunity to use a group member's name twice--"It is now Jean's turn." "Thank you Jean--we'll now hear from Mark."

As a final step in the use of the DUE method, we use an "empathy-building technique" which further facilitates communication and deepens relationships. The following instructions are used--"We will now have a non-verbal experience. We ask you to hold the hands of the neighbor on each side of you so that everyone in the group will be holding hands forming a circle. We then want you to close your eyes. Do not talk and have loving thoughts and loving feelings about everyone in the group and have loving thoughts and feelings about yourself. We ask you to do this for five minutes. I will call out the time." The instructions are then repeated slowly to initiate the experience.

The group facilitator should enter into the experience and can place his watch in front of him so he can occasionally open his eyes and check the time. At the end of five minutes, the comment is made: "Our five minutes are up--Now what is your reaction to this experience?" Although the technique seems deceptively simple, responses by participants indicate a high level of involvement and deepening of relationships. This empathy-building technique with its attendant discussion furnishes an excellent closure for the DUE method. It should be noted that especially

with high school and some college groups the empathy-building technique should not be used. Apparently, the touching heightens sexual anxieties and causes much giggling, unrest, etc.

After the sharing of reactions to the DUE experience, the facilitator initiates "Dialogue Time." In the following or similar manner--"We now have about thirty minutes for dialogue time. Many of us have questions that have been raised. Now is the time to ask questions of each other and dialogue in order to get to know each other better."

Occasionally, in the course of using the DUE method, members have burst into tears when sharing an especially meaningful incident. At such times, it has been our experience that the non-verbal as well as the verbal support which the group brings to bear has very quickly helped to re-establish the person's equilibrium. In only one instance over a year's period of time has it been necessary to postpone a self-presentation to the next meeting. In this instance, a middle-aged professional woman began to share some of her deep feelings of grief surrounding a particular incident with her father which occurred during her adolescence. As she told about this incident, she began to weep, was shaken by deep sobs and seemed to have difficulty in her composure. It was then that the person in charge suggested she finish her presentation at the next group meeting.

The effect of this incident on the group was to create a greater feeling of "we-ness" or closeness. Several group members remarked that "it took a lot of courage to share this with all of us." Subsequent self-presentations seemed to be on a deeper level. It has been our observation that the use of the DUE method fosters increased freedom in communication between group members and also seems to trigger "affinity relationships." For example, there have been many instances of group members who at a later point in the life of the group would make comments such as the following--"When Mary told all these things about herself, I felt I really understood her as I had had a similar experience. I talked to her afterwards about this, and now we are good friends."

We have also noticed that although some group members are able to share only superficial aspects of themselves, effort counts; and if the group feels the person is really trying to share of himself, this appears to have considerable impact. The content of the experience shared often seems to be less important to the group than the feeling, tone or emotional investment which accompanies the sharing of an experience. Generally, the more sensitive and responsive the group, the more sensitive and searching the questions addressed to the person who does not use up his full six minutes.

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THE "I HAVE A SECRET" METHOD

(Exercise 3)

Origins of this method are unknown, and the reader's help in tracing the originator is solicited so that proper credit can be given. The method has been used by seminar leaders at Esalen Institute, Big Sur Hot Springs, California. The method, which is probably a variation of the original, is included in this collection as it is highly effective and provides a good balance for some of the positively-oriented techniques.

Purposes of the "I Have a Secret" method are to help participants develop empathy, to assist them to become more sensitive to the feelings and attitudes of others, and to provide some alternative possibilities of working through the problem(s) presented by the "secret."

The method is first described in its entirety to the group members. It is made clear that participation is voluntary and that no one will be forced to participate.

Use of the Method

Use of the method is initiated by the person in charge making the following or similar comments: "All of us have secrets--many times these are secrets which we feel for some reason that we cannot share. It is the purpose

of this method to help you share a particular secret anonymously with the group and through their reaction and the group's presentation of alternative approaches to gain a better understanding of some of the possibilities inherent in this secret. The method is also designed to give us an experience in empathy--how another person feels."

As a first step in the use of this method, everyone who wishes to participate is urged to write a brief paragraph or several sentences describing his secret on a slip of paper. This is to be done anonymously with no names signed. A receptacle or bowl is passed around and the slips are collected. This bowl is then placed in the middle of the circle.

At this time, the person in charge asks the members who wish to actively participate to write their name on a slip of paper and fold the slip. A second bowl is passed around, the names collected, and the bowl passed to the person in charge. He draws a name from the bowl and gives the following instructions: "Please go to the 'my secrets' bowl in the middle of the group circle and draw one of the slips of paper. Please read the secret aloud."

After this is done by the person whose name was drawn, the person in charge remarks--"Now put yourself into this person's shoes--get inside the person's skin who has written this. How does he feel?" The person whose name has been drawn now verbalizes the feelings of the person who "has the secret."

Now there should be group interaction with participants contributing any additional feelings the person with the secret may have about the situation. Next, the following question is explored by the group as a whole-- "What other possibilities (or alternatives) are there inherent in the situation for the person who has the secret?"

An additional question which may be explored is-- "What are the feelings (and possibilities) for the other person(s) involved in the "I Have a Secret" situation (if any)?"

Another name is then drawn and the process is repeated. It is well to have a break and use sensory awareness experiences or another method after the third or fourth name has been drawn. There is usually considerable emotional involvement by the group as a whole and some fatigue may be noted.

CAPSULATED CASE--The secret on the slip was "I have had a casual, brief homosexual affair with a friend and never have told my husband about this." The person whose name was drawn visualized feelings of "guilt--mostly about not telling her husband, some anxiety. Feel confused about the whole thing. Maybe some questioning of myself? Feel a little unsure of myself--but also feel this experience has helped me, etc." The group added "feelings of remorse, possible feelings of increased tenderness toward husband, self, friend, feelings of having passed through a stage of development, of having grown, etc." The group also explored feelings of husband being told. Some spontaneous role-playing was done.

Not only does use of the method furnish participants with an experience in empathy, but the "person with the

secret" often gains valuable insights and perspectives in relation to his situation.

THE HISTORICAL CHARACTER METHOD*

(Exercise 4)

This method works best in a small group (nine to twelve people) but can also be used as a part of a triad or dyad experience. If employed in a group, the Historical Character Method should not be used until after a climate of trust and open communication have been established. This is a voluntary method and no one should be pressured to participate. The length of the experience is about one hour to one and one-half hours.

To assure optimum spontaneity and effectiveness in the use of the method, the facilitator should begin with Step I and follow instructions--but should read only Step I. Next, read Step II, but do not read Step III, etc. (If the method is to be used in a dyad, triad, or small group, the instructions can be read aloud by someone.)

Step I. "If you could be any historical personage of the past, who would you choose to be? Choose a minimum of three historic personages (those you would like to be if you could go back into the past) and a maximum of five. List your three to five historic personages on a piece of paper." (Allow five to ten minutes for Step I. Someone should call time.)

*I am indebted to Roberto Otto, who furnished the original idea for this method.

The facilitator may wish to give examples of names of historical personages. The following are samples of historic personages lists.

(Professional male)

1. Stanley the Explorer
2. Plato
3. Leonardo da Vinci
4. Goethe

Comment: "To me creativity is exploring."

(Employed woman)

1. King Leopold's young mistress.
2. The last Czarina of Russia
3. Thomas Jefferson

Comment: "I chose women who had stardom--Jefferson contributed much and led a good life."

DO NOT READ AHEAD!

Step II. "There is now a six-minute silent period. Look over your list. What historic personage would you be first if you had the choice? Second? Rank order them.

DO NOT READ AHEAD!

Step III. At this point, group members can look over their lists and share them with each other. Group members can ask themselves the following questions:

Why did I rank order them this way?

What patterns are there?

Why?

The above questions may be written on a blackboard, etc., if

available. Group members should feel free to engage in open, informal dialogue using these questions as a guide.

Step IV. As a closure for this experience, group members could discuss the following question--"WHAT HAVE I DISCOVERED ABOUT MYSELF AS A RESULT OF THIS EXPERIENCE?"

This method has yielded very interesting results which have varied from person to person. For some, it is an enjoyable fantasy experience. A number of people are usually able to gain considerably expanded self-awareness and understanding as a result of this experience. For others, it is an exercise in open communication and interpersonal sharing. Many times, hidden aspects of self and aspirations are uncovered. Often, leads to the ideal self-image become apparent which can then be followed up by use of the Ideal Self-Utilization Method. (See p. 131.)

THE HAPPIEST FANTASY OF YOUR CHILDHOOD

(Exercise 5)

The following fantasy experience is most effective in a small group setting. It is preferable if the members of the group know each other or are casual acquaintances or friends, but this method will work well with a stranger group. If it is a stranger group, it is best to use this experience after the get-acquainted period is over and a free flow of communication has been established. The method is designed to be read aloud by a group member or the person in charge. Begin the experience by reading as follows:

"This is an invitation to go back into your childhood. Close your eyes and think back to the times when you were small, when you were a child back home. Recall your happiest fantasy. What was the happiest fantasy of your childhood? Were you the central figure in a fairy tale or story of adventure; were you a hero in sports or a central figure in the movies? Were you a prince or princess, a cowboy, a locomotive engineer? Was your happiest fantasy one of being a person or an animal?" (Long silence).

"If you cannot remember, imagine what your happiest fantasy in childhood might have been. Please keep your eyes closed and think back to the happiest fantasy of your

childhood. We will take four to five minutes while you go back. Please do not talk, but seek out the happiest fantasy of your childhood." (The period of silence should be timed.)

"Perhaps you have now uncovered the happiest fantasy of your childhood. If you feel like it, you might want to share this fantasy aloud. If you cannot recall it, imagine what your happiest fantasy in childhood might have been and share that. It is the ground rule of this fantasy game that no one will ask you about the nature of your fantasy. What matters is to share the fantasy and to have fun in sharing it.

Now what is the happiest fantasy of your childhood? Can you tell others about it? Who will volunteer to share their happiest fantasy from childhood first?"

EXISTENTIAL ENCOUNTER METHOD

Roberta Otto*

Herbert A. Otto

(Exercise 6)

One purpose of this method is to help the participant sharpen his perceptions, thinking, and feelings about what really matters to him in life. A further objective is to help him get a clearer idea of what he considers to be most satisfying (and fun) at this point in his existence and to assist him in relating the foregoing objective to the adventure of actualizing his potential. Hopefully, as a result of this experience, some changes in life styles may take place which will enable him to have an increasing number of highly satisfying experiences.

This method includes both a written exercise and an interpersonal experience. This method can be undertaken alone, but it is more effective when used in a group setting.

The facilitator should first make sure that everyone has a pencil and several sheets of paper ready. He then proceeds with the method as follows:

- A. He announces the name of the method and states that it is both a written exercise and

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interpersonal experience. He states that the group will be divided into partnership teams of two persons. (It is best to pair men and women together, if possible.) As soon as the division into dyads has been accomplished, the person in charge says that the first task is for each partnership team to get to know each other.

"You should spend at least fifteen minutes getting to know each other. Ask personal questions you do not usually ask. Try to learn as much about each other as you can in this period of time."

- B. On completion of the get-acquainted period, the group facilitator should use the following or similar words--"You may wish to take notes about what I am going to say. This method requires you to use your imagination. Imagine that a doctor has just told you that you have a type of illness for which there is no known cure. Even worse than that, you have about six weeks to live. During this time, to all appearances, you will be in good health; and you will be able to function normally to the end. Now, supposing you take one week to put all your affairs in order. Supposing you have done this, and you have put everything in good order. At this point, you receive the news that a relative has died

and is leaving you six thousand dollars which is immediately remitted in cash as a part of the estate settlement.

So here is a part of Question #1: You now have six thousand dollars and five weeks to live.

WHAT WOULD YOU DO?

- C. The facilitator now announces that this is the written part of the exercise. Each person is told to write out the answer to the previous question. "These answers will not be collected and will remain as each person's private record of the experience. You are asked not to talk to your partner while writing the answer to Question #1."
- D. The facilitator, at this point, should allow about twenty minutes for completion of Question #1.
- E. He now makes the following announcement--"Please do not share with your partner what you have written in answer to Question #1 but write out the answer to Question #2 which I will give you. Question #2 is--"What is the relationship of what you have written to the meaning of your existence?"
- F. The facilitator should allow about ten to twenty minutes for completion of Question #2. He then makes the following remarks--"Now share

what you have written with your partner in the light of the following questions:

1. What implications does this have for you now?
2. What action or change in life style is indicated, if any?"

(Facilitator should write Question 1 and 2 on the blackboard.) The objective is for your partner to help you work out a plan of action. We will take about forty-five minutes for this, then have group sharing.

The total experience usually takes about one and a half hours or longer to complete. The facilitator then poses the following question--"What is your reaction to this experience?"

The Existential Encounter can help participants reassess what is satisfying and precious to them in their lives. This process can bring about changes which can lead to fuller self-realization and the harvesting of much which otherwise might remain potential in existence.

Addendum

This group method is also very effective if a simplified version is used. The group is not divided into pairs, but the facilitator reads the information on p. 72, part B to the group. After fifteen to twenty minutes, he then asks for feedback (see section F) from the total group.

THE MINERVA EXPERIENCE

(Exercise 7)

This method is named after the Roman goddess, Minerva, goddess of health and wisdom who sprang fully armored from the head of Jupiter. It will be recalled that one of the contributions from psychoanalysis, and traceable to the early works of Freud, is the hypothesis that every person in the process of growing up undergoes a series of traumatic experiences which are repressed or "forgotten" and which become part of the unconscious. It is one of the tasks of the therapist to help the patient explore his unconscious and to discover and work through these traumatic incidents so that they can be more successfully integrated into the life experience. Psychic energy is thus made available which has formerly been invested in the repression of traumatic material.

In a similar manner, it is our hypothesis that there are in the background of every person, especially during childhood and also throughout life, a web of highly formative positive experiences. This web-work of creative, positive incidents consists of experiences charged with deep emotional meanings called Minerva experiences. These experiences have a great deal to do with the way an individual grows and develops and the network of his strengths and potentialities and are believed to be as important if not more important

than traumatic incidents (Otto, 1967; Otto 1966). The uncovering and recall of Minerva experiences can make psychic energy available through increased self-understanding and by providing clues to strengths and potentialities, some of which may be latent or hidden. Although there are some similarities, the Minerva experience concept differs from Maslow's concept of peak experiences which he defines as follows--"The word peak experience is a generalization for the best moments of the human being, for the happiest moments of life, for experiences of ecstasy, rapture, bliss, of the greatest joy (Maslow, 1963). The essential difference is that Minerva experiences are defined as a network of highly formative and growthful experiences having strongly positive affective components and which play a dominant role in the genesis of personality resources, thus significantly affecting personality development. Maslow's research and findings from peak experiences add to and deepen our understanding of Minerva experiences, a more inclusive construct.

The following examples of Minerva experiences have been taken from tape recordings of Utah Laboratory Groups:

I finally thought of some experiences. We lived on a farm, and it was not too far from town, but we didn't go into town very often. Mother and Dad usually went in on Saturdays and got their groceries and we were hoping that they would bring us home something good; so while they were gone, we rushed and rushed to get Sunday's cleaning done just in time for Mother so that she would be so surprised. They would come home, and they would have a small bag of candy for nine kids; but that candy was really treasured. Maybe that is why today that I like candy so much. I just eat tons of it.

* * * * *

This incident I remembered of the teacher opening the window, and we sang to the birds--I still have a good feeling toward birds, and I, of course, am not a member of the Audubon Society, but there is a fellow at work that is, and I like to go talk to him about the birds; and if I see a certain bird, I like to go and ask him what type it is. If I go to the farm at Mirror Lake, I observe some hill cranes; and I reported them to this fellow, and every year I report when I return, and so forth. I have always had a good feeling, since then, toward birds and outdoor birds.

There is another incident that I can recall that has made me, what would you say, unafraid to tackle mechanical jobs--repairing, for instance, my refrigerator or washer at home or at work. I was the engineer on testing a big rock mill, and everybody seemed to be afraid to touch it; but I wasn't afraid to make a modification on it--and I could see it work. I believe that stems back to when I was seven or eight and I bought a bicycle, and I took the brake apart. I believe it was a Morrow Brake, and if you remember those brakes--all the parts that used to be in there . . . I was sitting on the cellar steps trying to fix this brake, and I was washing it--and my father came along and looked at it, and saw all those parts and said: "Do you think you can get it back together?" And I said "Yeah." I worked on it for a while, and then I wrecked it--and it sat there for a couple of days; and my father asked me what I was going to do with it. And I said: "Well, I didn't know." And he got a can and gathered up all of the parts and put them in the can. He didn't say a word. He just took them all downtown and had it put back together. He didn't bawl me out or anything. He could have set a pattern there where I would have been afraid to tackle mechanical things, but he left a good feeling in my mind--even though I failed. Now I am not too afraid to tackle any mechanical thing, although that is not particularly my line. I remember I redesigned a part--so it doesn't bother me to try.

The Minerva experience method has been developed as part of the work of the Human Potentialities Research Project, the University of Utah, and has been largely used as a group method, although this concept has direct application

to individual therapeutic and treatment programs.

To initiate use of the method, Minerva experiences are defined and the method described in detail to the group. The decision whether to use Minerva experience is then made by the total group. When the group reaches a decision to use this method, an advance assignment is made asking all group members to think about and "go back into their childhood" to uncover such Minerva experiences. It has been found that if an assignment is given at one group meeting to recall these experiences, most group members will make an effort to recall such experiences in the interim period until the next meeting of the group. This considerably facilitates use of the method. Conversely, I have found that if no such advance assignment is made, the sharing of Minerva experiences in the group is greatly diminished. If it is impossible to make an advance assignment, the group should be given twenty to thirty minutes "quiet time" to recall and write out Minerva experiences, using key words or sentences.

During the session following the assignment, the definition of the Minerva experiences (p. 89) is first given, then a layer removal or "onion-skin procedure" is used to foster recall of these experiences. A chart is placed on the blackboard with the top item reading "Age 15 to 20," under that are placed the words "Age 10 to 15," then "Age 6 to 10," "Age 3 to 6," and "Below 3 years." This chart has been found to be helpful and fosters the

process of recall.

Participants are urged to let their "mind and memory wander freely and to free associate if needed," and to begin by recalling experiences they have had within the last 5 to 10 years. Following this, participants are urged to share Minerva experiences within the age ranges at the top of the chart. Whenever a participant finishes sharing an experience, the person directing Minerva experiences asks the following question: "About what age would you place this experience?" This appears to facilitate recall.

The group facilitator should be careful to discourage the sharing of traumatic experiences which the participant perceives at a later time to have had a very growthful impact on him. If one so-called "growthful trauma" is allowed to be shared, the "flood-gates of trauma" are usually opened and the group experience takes a different direction. The sharing of "growthful traumatic experiences" can be handled as follows--"All of us have had traumatic or hurtful experiences which we later discovered were very growthful for us--but we do not want you to share these. Share only positive formative experiences." (At this point, the definition of Minerva experiences, p. 89, can again be given.)

Oftentimes, a "trigger phenomenon" can be observed as the sharing of a Minerva experience triggers the recall of forgotten incidents in other group members. The group moves down the chart but not rigidly since to maintain

spontaneity of sharing it is often best to have a group member share an especially vivid memory even though it falls outside of the age range which the group is exploring.

When there is a marked decline in the recall of Minerva experiences or when the group has reached the bottom of the chart, the person conducting the group experience states that he will now describe some odors (or experiences with smell) as this has been found to greatly facilitate the recall of early memories often leading to the uncovering of Minerva experiences. He asks participants to close their eyes, then recites (using his own free flow of associations) in a similar manner as follows--"The smell of the hot sun on sand, of a wet dog coming in from the rain, of the seashore and seaweeds, of bread (cookies) baking, of freshly mown hay, etc." Participants usually interrupt with exclamations indicating recall, which is shared and explored with relation to possible Minerva experiences only at the end of the odor association recital. It is always well to ask the participant to try and pinpoint the age at which a particular experience took place, as this seems to help place the experience in perspective and provide structure for more recall.

The description of odors (an appeal to one of the most primitive and basic senses) at times produces an unprecedented flow of memories. As a final step in the use of the method, the following question is raised--"What clues to your strengths and potentialities do you now have and

what are the implications of this experience?" The group then spends some time on integrating material which has been uncovered, on deepening insights and on relating their discoveries to the aims and goals which they wish to achieve within the framework of the group.

If there is insufficient time for this final step, the facilitator can provide closure by the following or similar remark--"What do you feel now?" (Ask for brief feedback.) "Let's enjoy these feelings. Don't try to force a relationship to the present. Let this come into you later."

It is particularly effective to use Minerva experiences as the closing experience on the final meeting date of a group which has focused on the actualizing of potential. Very positive feelings are engendered by use of the method and a significant number of participants have reported gains in energy and vitality following use of the method.

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SEX FANTASY SHARING

Herbert A. Otto, Ph.D.

(Exercise 8)

This method was first field-tested in December 1969 and during the early parts of 1970. In May, 1970, I used the method in its final form during a Fantasy Marathon weekend I conducted for Cambridge House, a Growth Center, in Milwaukee, Wisconsin. Sex Fantasy Sharing proved to be so highly effective that I have been using it as one of the Core Group Methods since then.

It is generally accepted by many members of the helping professions that most people have occasional or more extensive moments of sexual fantasizing many times during a day. There is often considerable guilt associated with such fantasies and the fantasies are rarely if ever shared with another person. Oftentimes because the sexual fantasies are "unwanted," are persistent in their appearance and come unbidden, elements of tension or anxiety are linked with the guilt feelings. Many persons seem to believe that sexual fantasizing is unusual, bizarre, strange, sinful, or indicative of some disorder.

Use of the Method

The Sex Fantasy Sharing experience should not be used until a high climate of trust, sharing and openness has been created in the group. I use the method during the last third of a marathon or toward the very end of a series of group sessions (session 12 out of 14 planned).

To initiate the experience I usually make the following or similar remarks--"We are going to have an experience called Sexual Fantasy Sharing. It is voluntary and no one is forced to participate. The first part is written but what you write is yours and will not be collected and you will share it only if you wish to do so."

There are three parts to Sexual Fantasy Sharing:

PART I

The following or similar remarks are made--"Now that everyone has pencil and paper and is ready to write, I want to stress again that what you write is for yourself and no one will be forced to read to the group what he has written. We find that by writing out your most frequent sexual fantasy, new dimensions of awareness and understanding often make their appearance.

Now at the top of the paper, write out the following heading--"My Most Frequent Sexual Fantasy." Now write out the sexual fantasy you have most often; whatever it might be--involving man, women, several people, animals or things.

You have about twenty minutes to write out your most frequent sexual fantasy. As much as possible, try to be detailed.

About a third from the bottom of the paper, write the question "Have you ever acted it out?" Then answer the question after you have written the first part.

PART II

(The facilitator should watch the group to determine their readiness for this part). "I see most of you have finished writing. Let's start by discussing this question.

WHAT FEELINGS DO WE HAVE ABOUT SEXUAL FANTASIES--
OUR OWN AND OTHER PEOPLE'S? (Discussion follows.)

Facilitator then remarks: "As a next step now would anyone like to read or share what they have written?"

(If indicated, facilitator should ask--"Have you ever acted it out?" at the end of a reading.)

The facilitator at this point encourages the sharing of sexual fantasies giving everyone who wishes to a chance to read what they have written.

PART III

The facilitator now makes the following or similar comment: "Let's discuss the question--What is the optimum use of sexual fantasies--how can we best use them?"

Finally, the facilitator makes this remark--"As a closure for this experience, let's do some sharing around the following:

"Would you like to share what you now feel are some of the outcomes of this experience for you? (What have you learned about yourself or from this experience?)

How do you feel about sexual fantasizing now?

What is your reaction to this experience?

When appropriate and toward the end of the experience, I usually make the following comments--"It took me a while to learn to enjoy my sexual fantasies but now I really enjoy them. I feel there is nothing wrong with enjoying your sexual fantasies. The more we can share them with those close to us the better. Sharing sexual and our other fantasies is the equivalent of adding a whole new dimension to the level of our communication. Perhaps this experience has been a door opener for you in this direction."*

I use poster no. 23, p. 43--NEVER FEEL GUILTY ABOUT YOUR FANTASIZING during this experience--I usually use it as a "flash-card" producing it when the group has on its own accord won through and reached the same or similar conclusion contained on the poster. If I feel the group is still somewhat uptight and needs encouragement, I may put the poster up prior to or after the group has finished writing out their fantasies.

*For additional material on the importance of sex fantasy sharing, see Herbert and Roberta Otto, Total Sex (New York City, 10017, 750 Third Ave.: Peter H. Wyden, 1972), (\$9.95).

Some of the outcomes reported as a result of using the Sex Fantasy Sharing method:

- (a) Lessening, lowering, or disappearance of guilt feelings associated with having sexual fantasies.
- (b) Feelings of relief that others have similar fantasies--"I am glad to find out others have these fantasies and there is nothing wrong with me."
- (c) Improved communication and a more enjoyable sex life involving couples.
- (d) Greater openness in communication directed to others and feelings of "greater freedom," "relief," etc.
- (e) Considerable readiness on the part of the group to explore attitudes, feelings and problems associated with sexuality and sexual intercourse.

FEEDBACK

(Exercise 9)

During this meeting, I am going to give you the suggestion to train yourself to give feedbacks. "Feedback" is a special term which is used in groups like this one, and you are maybe not familiar with this term. Then, here is the meaning, and how we are planning to use it.

To give a feedback means to say to another person what kind of impact he has on you, how he seems to you, and the feeling he can provoke on you. Remember the definition: it means to say to another person how he seems to you and what feeling he provokes on you.

Example

Paul, I like to hear you talk. What you say is pleasant . . . you know, I can be upset or in a bad mood, but when you are joking, you make me see life from a nice point of view. I become happy and I think more pleasant things.

Look, this person was giving feedback to another person. He was saying how the other person was looking at him and what feelings he was provoking in him. You can give feedback by your speech, your bodily moves, even by the way you are touching another person.

To give feedback and to use feedback which you receive from others are two of the best ways to get profit

from this group. When you receive feedback, you can become more sensitive to the sort of message you give to others. In giving feedback, you point out to others the kind of impact you get from them and the kind of communication they create with you.

You know, with the years, in working with groups, we learned that there are some ways to give feedback which is really helpful for others and there are some ways to do it which are not helpful at all. Here are some of the things that we learned: a couple of things to do and a couple of things to avoid.

First: When you say to somebody what feeling he provokes in you, let him know what he is doing which provokes this feeling in you. Give him examples.

Second: When you give somebody a feedback from something you don't like, take care to express things which he can change if he wants. For example: his way to dress, to behave or to talk; do not express things that he cannot change at all like his face or the color of his eyes.

More than these two things to do, there are two ways to avoid in this feedback question:

First, never judge the other person.

Second, never give advice.

When a feedback is given rightly and honestly, it can be like a mirror which gives you the opportunity to see yourself more clearly and to get a better understanding of yourself. You probably begin to realize how the feedback can

be important for you.

I must suggest something to you which can help you begin to give you feedbacks.

First, one of you, a volunteer, will begin. He will give each person a feedback. He will talk to one person of the group at a time and he will talk to each member of the group in turn.

Let's make a review of the instructions: If you are the volunteer, you have to speak to each person, giving him a feedback: how he appears to you, how his actions make you feel. These feelings can be pleasant or unpleasant. Take care to say to the other person his specific behavior which provokes this feeling in you. Do it by examples and mention something that he can change if he wants to. Don't judge him, don't give him advice. If it can help you, you can begin each time in talking to each person using his name and saying: see how you appear to me . . . or I would like to say to you that, with you, I feel . . . and tell him honestly your own feelings. When the first person has completed the circle, the next person begins in his turn and so on until everybody has had his turn. When each member will have given a feedback to each other, take the time to talk together about where you're at and also say goodbye to your group because it is your last meeting.

APPENDIX IV

INSTRUCTIONS PRESENTED TO GROUP MEMBERS
IN REGARD OF THE RANKING OF MEMBERS
WHO EXERTED THE MOST INFLUENCE
DURING THE GROUP THERAPY

INSTRUCTIONS PRESENTED TO GROUP MEMBERS
IN REGARD OF THE RANKING OF MEMBERS
WHO EXERTED THE MOST INFLUENCE
DURING THE GROUP THERAPY

At the outset of this growth-group experience, your group was composed of twelve (12) participants. Disregarding the psychologist of your group, please list the names of members who exerted the most influence on you during this experience. List the names by rank order. The first name on the list should be the one who exerted the most influence on you, the second a bit less and so on.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Simon Papillon
Psychological Services
University of Ottawa

Name: _____

APPENDIX V

TABLES

TABLE 1

CONDITION OF GROUPING ON THE BASIS OF

I-E SCORES

(N = 172; \underline{Md} = 12.0; \underline{SD} = 3.6047)

I-E Designation	I-E Score	N
1. Internals	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	82
2. Balance Group	12	16
3. Externals	13, 14, 15, 16, 17, 18, 19, 20	74
		N = 172

TABLE 2
 EXTERNALS AND INTERNALS MEANS AND STANDARD
 DEVIATIONS IN SIX GROUPS ON THE
 I-E SCALE

Category	Group	I-E Designation	<u>M</u>	<u>SD</u>	N
I	I	Externals	15.16	1.68	12
I	II	Externals	14.91	1.25	12
II	III	Externals	14.85	1.30	7
		Internals	6.00	1.10	5
II	IV	Externals	15.57	1.41	7
		Internals	5.40	1.41	5
III	V	Externals	16.28	2.38	7
		Internals	5.40	2.44	5
III	VI	Externals	14.57	.23	7
		Internals	5.80	1.78	5

TABLE 3

SUMMARY OF MEANS AND STANDARD DEVIATIONS FOR THE AGES
 REPORTED OF EXTERNAL SUBJECTS FOR THE SIX GROUPS

Category I				Category II				Category III			
<u>Group I</u> <u>Ext. Alone</u>		<u>Group II</u> <u>Ext. Alone</u>		<u>Group III</u> <u>Ext.-Int.</u>		<u>Group IV</u> <u>Ext.-Int.</u>		<u>Group V</u> <u>Ext.-Int.</u> <u>as models</u>		<u>Group VI</u> <u>Ext.-Int.</u> <u>as models</u>	
<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
20.28	3.20	22.00	2.82	21.00	4.61	18.85	1.19	20.42	2.53	19.28	1.30

TABLE 4

SUMMARY OF ONE-WAY ANALYSIS OF VARIANCE ON
 TIME-COMPETENCE/TIME-INCOMPETENCE SCORES
 FOR THE SIX GROUPS AT PRE-TEST

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Time-Competence/	Between	5	5.22	1.11
Time-Incompetence	Within	36	5.66	
at Pre-Test	Total	41		

TABLE 5

SUMMARY OF ONE-WAY ANALYSIS OF VARIANCE ON
 OTHER-VERSUS INNER-DIRECTEDNESS SCORES
 FOR THE SIX GROUPS AT PRE-TEST

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Other-versus Inner-	Between	5	77.52	0.68
Directedness at Pre-Test	Within	36	113.12	
	Total	41		

TABLE 6

SUMMARY OF MEANS AND STANDARD DEVIATIONS OF
 TIME-COMPETENCE/TIME-INCOMPETENCE SCORES
 FOR THE SIX GROUPS AT PRE-TEST

Group	PRE-Group Therapy	<u>M</u>	<u>SD</u>
Externals		17.28	2.21
Externals		16.85	1.86
Externals and Internals		16.57	2.57
Externals and Internals		16.42	2.63
Externals and Internals as models		15.14	2.11
Externals and Internals as models		15.28	1.25

TABLE 7

SUMMARY OF MEANS AND STANDARD DEVIATIONS OF
 OTHER-VERSUS INNER-DIRECTEDNESS SCORES
 FOR THE SIX GROUPS AT PRE-TEST

Group	PRE-Group Therapy	<u>M</u>	<u>SD</u>
Externals		77.85	6.49
Externals		80.28	9.99
Externals and Internals		84.42	11.58
Externals and Internals		84.28	11.96
Externals and Internals as models		79.14	13.71
Externals and Internals as models		86.00	8.42

TABLE 8

χ^2 TEST FOR OBSERVED FREQUENCIES ON EXTERNALS
 AND INTERNALS CHOSEN IN TOP AND BOTTOM FOUR
 (4) AT REGARD OF THE PERCEIVED INFLUENCE
 EXERTED ON EXTERNALS IN CATEGORY II,
 GROUP III

Group	Top	Bottom
Internals	8	18
Externals	20	10

Value of $\chi^2 = 7.18$ ($p < .01$)

TABLE 9

χ^2 TEST FOR OBSERVED FREQUENCIES ON EXTERNALS
 AND INTERNALS CHOSEN IN TOP AND BOTTOM FOUR
 (4) AT REGARD OF THE PERCEIVED INFLUENCE
 EXERTED ON EXTERNALS IN CATEGORY II,
 GROUP IV

Group	Top	Bottom
Internals	11	15
Externals	17	13

Value of $\chi^2 = 1.15$ ($p > .05$)

TABLE 10

χ^2 TEST FOR OBSERVED FREQUENCIES ON EXTERNALS
AND INTERNALS CHOSEN IN TOP AND BOTTOM FOUR
(4) AT REGARD OF THE PERCEIVED INFLUENCE
EXERTED ON EXTERNALS IN CATEGORY II.

Group	Top	Bottom
Internals	19	33
Externals	37	23

Value of $\chi^2 = 7.04$ ($p < .01$)

TABLE 11

χ^2 TEST FOR OBSERVED FREQUENCIES ON EXTERNALS
AND INTERNALS CHOSEN IN TOP AND BOTTOM FOUR
(4) AT REGARD OF THE PERCEIVED INFLUENCE
EXERTED ON EXTERNALS IN CATEGORY III,
GROUP V

Group	Top	Bottom
Internals	15	12
Externals	13	16

Value of $\chi^2 = 0.65$ ($p > .05$)

TABLE 12

χ^2 TEST FOR OBSERVED FREQUENCIES ON EXTERNALS
 AND INTERNALS CHOSEN IN TOP AND BOTTOM FOUR
 (4) AT REGARD OF THE PERCEIVED INFLUENCE
 EXERTED ON EXTERNALS IN CATEGORY III,
 GROUP VI

Group	Top	Bottom
Internals	18	9
Externals	10	19

Value of $\chi^2 = 5.19$ ($p < .05$)

TABLE 13

χ^2 TEST FOR OBSERVED FREQUENCIES ON EXTERNALS
AND INTERNALS CHOSEN IN TOP AND BOTTOM FOUR
(4) AT REGARD OF THE PERCEIVED INFLUENCE
EXERTED ON EXTERNALS IN CATEGORY III.

Group	Top	Bottom
Internals	33	21
Externals	23	35

Value of $\chi^2 = 5.15$ ($p < .05$)

TABLE 14
 SUMMARY OF THREE-WAY ANALYSIS OF VARIANCE
 (CATEGORIES x THERAPISTS x TIME) ON
 TIME-COMPETENCE/TIME-INCOMPETENCE
 SCORES AT PRE/POST 1/POST 2

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Time-Competence/ Time-Incompetence	Categories A	2	0.39	2.70
	Therapists B	1	0.17	0.12
	Time C	2	0.22	8.87*
	A x B	2	0.31	0.21
	A x C	4	0.40	1.57
	B x C	2	0.40	1.56
	A x B x C	4	0.37	1.47

* $p < .001$

TABLE 15

SUMMARY OF THREE-WAY ANALYSIS OF VARIANCE
 (CATEGORIES x THERAPISTS x TIME) ON
 OTHER-VERSUS INNER-DIRECTEDNESS
 SCORES AT PRE/POST 1/POST 2

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Other-versus	Categories A	2	0.16	0.55
Inner-Directedness	Therapists B	1	0.79	0.002
	Time C	2	0.89	61.62*
	A x B	2	0.53	0.17
	A x C	4	0.99	0.68
	B x C	2	0.65	4.54**
	A x B x C	4	0.21	1.50

* $p < .001$

** $p < .01$

TABLE 16

SUMMARY OF MEANS AND STANDARD DEVIATIONS OF TIME-COMPETENCE AND INNER-DIRECTEDNESS
OF EXTERNAL SUBJECTS WITHIN THERAPY GROUPS (PRE/POST 1/POST 2)

Scale	Test- ing	Category I				Category II				Category III			
		Group I Ext. Alone Ther. A		Group II Ext. Alone Ther. B		Group III Ext.-Int. Ther. A		Group IV Ext.-Int. Ther. B		Group V Ext.-Int. as models Ther. A		Group VI Ext.-Int. as models Ther. B	
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	M	<u>SD</u>	<u>M</u>	<u>SD</u>
Time Compe- tence*	Pre- Test	17.28	2.21	16.85	1.86	16.57	2.57	16.42	2.63	15.14	2.11	15.28	1.25
	Post 1	17.57	2.50	18.57	1.92	15.57	1.77	16.28	2.26	17.42	3.37	15.42	3.44
	2	18.00	2.13	19.71	1.73	17.71	2.10	18.00	2.13	17.57	4.72	16.85	3.62
Inner- Direc- ted- ness* (Major Scale)	Pre- Test	77.85	6.49	80.28	9.99	84.42	11.58	84.28	11.96	79.14	13.71	86.00	8.42
	Post 1	85.57	6.51	85.85	8.70	91.28	11.94	87.14	13.78	89.14	8.18	88.14	6.69
	2	91.35	8.13	87.14	10.92	91.85	9.11	91.42	12.07	91.55	7.67	92.42	6.29

* Higher scores indicate higher levels of self-actualization.

TABLE 17

SUMMARY OF TWO-WAY ANALYSIS OF COVARIANCE
 ON TIME-COMPETENCE/TIME INCOMPETENCE
 SCORES. (POST 1 TEST BY CATEGORIES
 AND THERAPISTS WITH PRE-TEST AS
 THE COVARIATE)

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Time-Competence/	Categories A	2	10.96	2.12
Time-Incompetence	Therapists B	1	0.001	0.00
	A x B	2	10.39	2.01

TABLE 18

SUMMARY OF TWO-WAY ANALYSIS OF COVARIANCE
 ON TIME-COMPETENCE/TIME INCOMPETENCE
 SCORES. (POST 2 TEST BY CATEGORIES
 AND THERAPISTS WITH PRETEST AS
 THE COVARIATE)

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Time-Competence/	Categories A	2	4.04	0.69
Time-Incompetence	Therapists B	1	11.33	1.95
	A x B	2	3.12	0.53

TABLE 19

SUMMARY OF TWO-WAY ANALYSIS OF COVARIANCE
 ON OTHER-VERSUS INNER-DIRECTEDNESS SCORES.
 (POST 1 TEST BY CATEGORIES AND THERAPISTS
 WITH PRE-TEST AS THE COVARIATE)

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Other-versus Inner- Directedness	Categories A	2	9.65	0.29
	Therapists B	1	142.70	4.37*
	A x B	2	11.73	0.35

* $\underline{p} < 0.05$

TABLE 20

SUMMARY OF TWO-WAY ANALYSIS OF COVARIANCE
 ON OTHER-VERSUS INNER-DIRECTEDNESS SCORES.
 (POST 2 TEST BY CATEGORIES AND THERAPISTS
 WITH PRE-TEST AS THE COVARIATE)

	Source	<u>df</u>	<u>MS</u>	<u>F</u>
Other-versus Inner-Directedness	Categories A	2	15.23	0.47
	Therapists B	1	146.09	4.52*
	A x B	2	35.63	1.10

* $p < .05$

TABLE 21

THREE-WAY ANOVA F - VALUES FOR PRE/POST/FOLLOW-UP ON TIME
 COMPETENCE AND INNER-DIRECTEDNESS SCORES

POI Scale	<u>Source of Variance</u>						
	<u>Between</u>		<u>Within</u>			Cate- gories x Thera- pists x Time	
Categories	Therapists	Time	Categories x Therapists	Categories x Time	Therapists x Time		Time
Time- Competence	2.70	0.12	8.87*	0.21	1.57	1.56	1.47
Inner- Directedness	0.55	0.002	61.62*	0.17	0.68	4.54**	1.50

* $p < .001$

** $p < .01$

APPENDIX VI

ILLUSTRATIONS

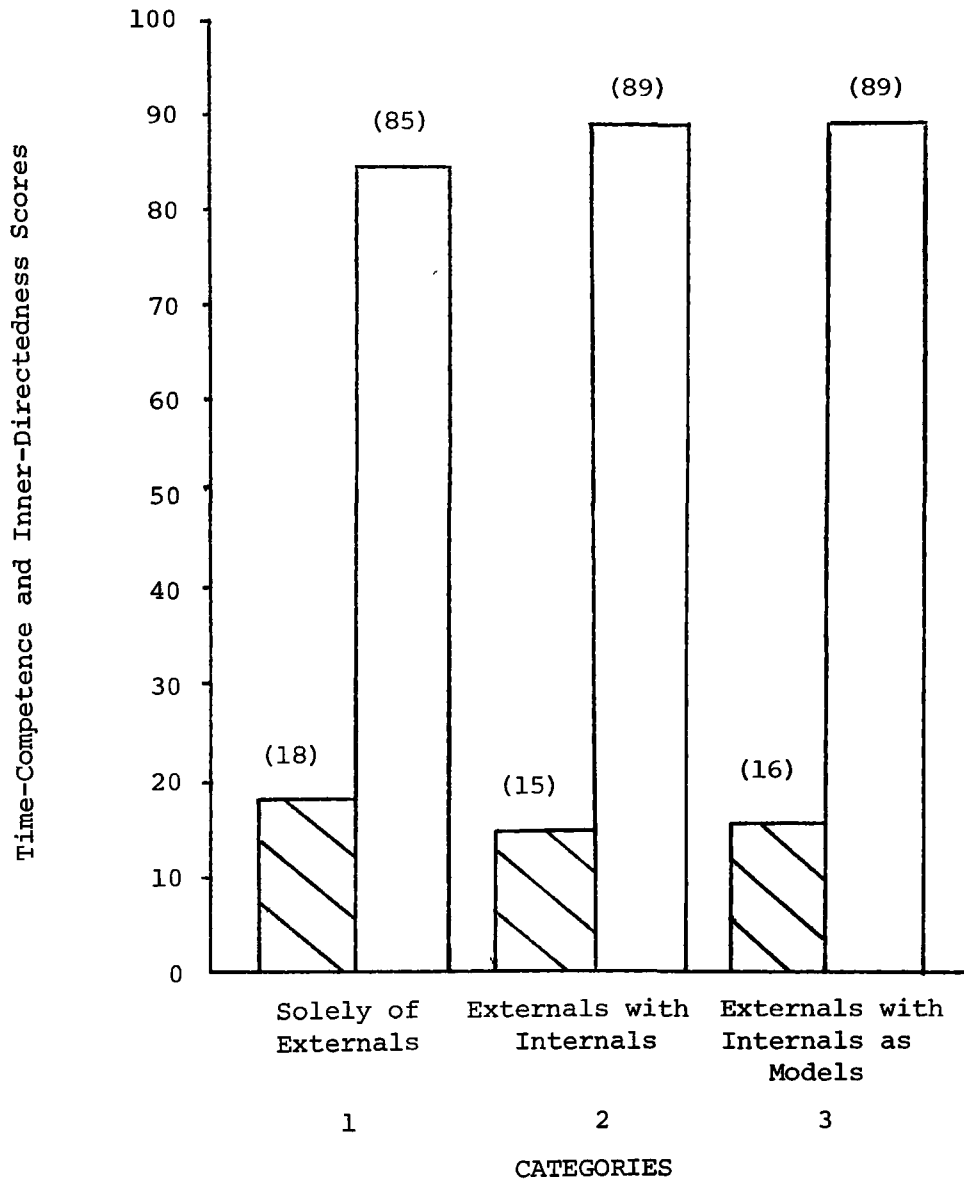
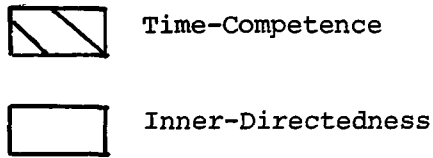


Figure 1:- Graphical Comparison of POI Time-Competence and Inner-Directedness Means for the Three Categories at Post-test 1.

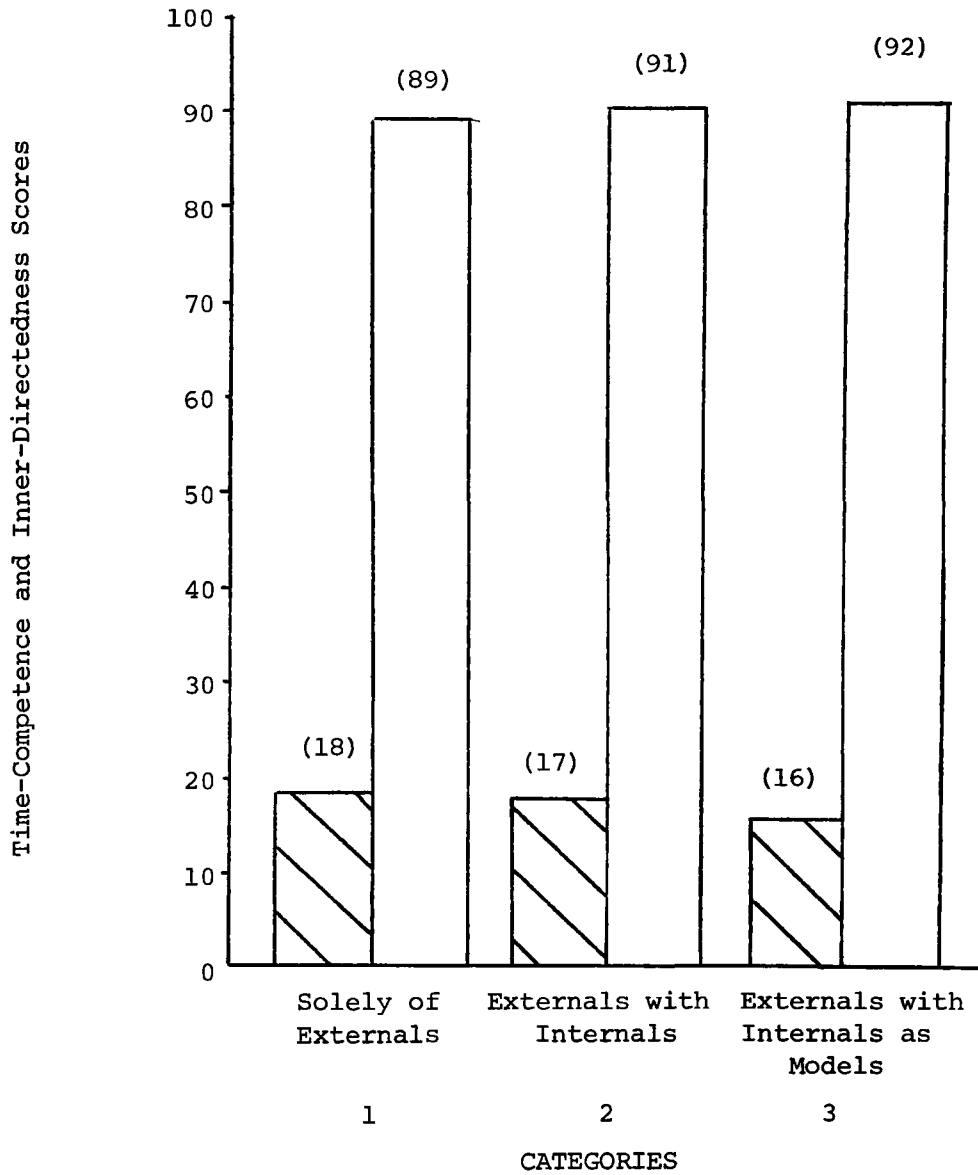
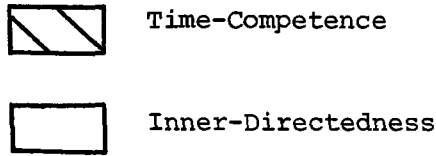


Figure 2:- Graphical Comparison of POI Time-Competence and Inner-Directedness Means for the Three Categories of External Subjects at Post-test 2.

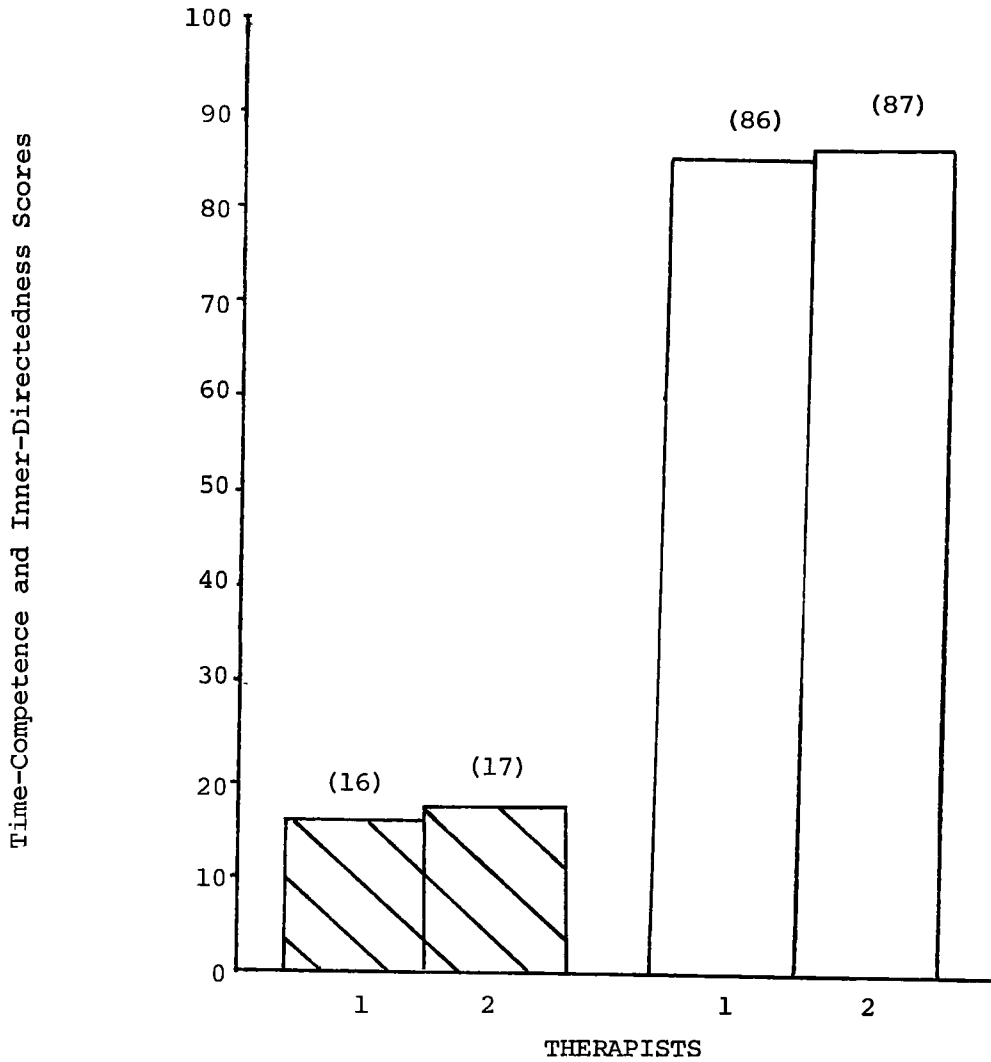
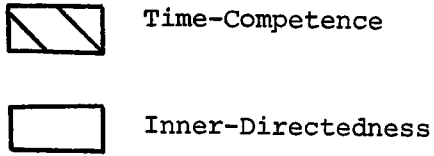


Figure 3:- Graphical Comparison of POI Time-Competence and Inner-Directedness Means for the Results Obtained by the Two Therapists within the Therapy Groups.

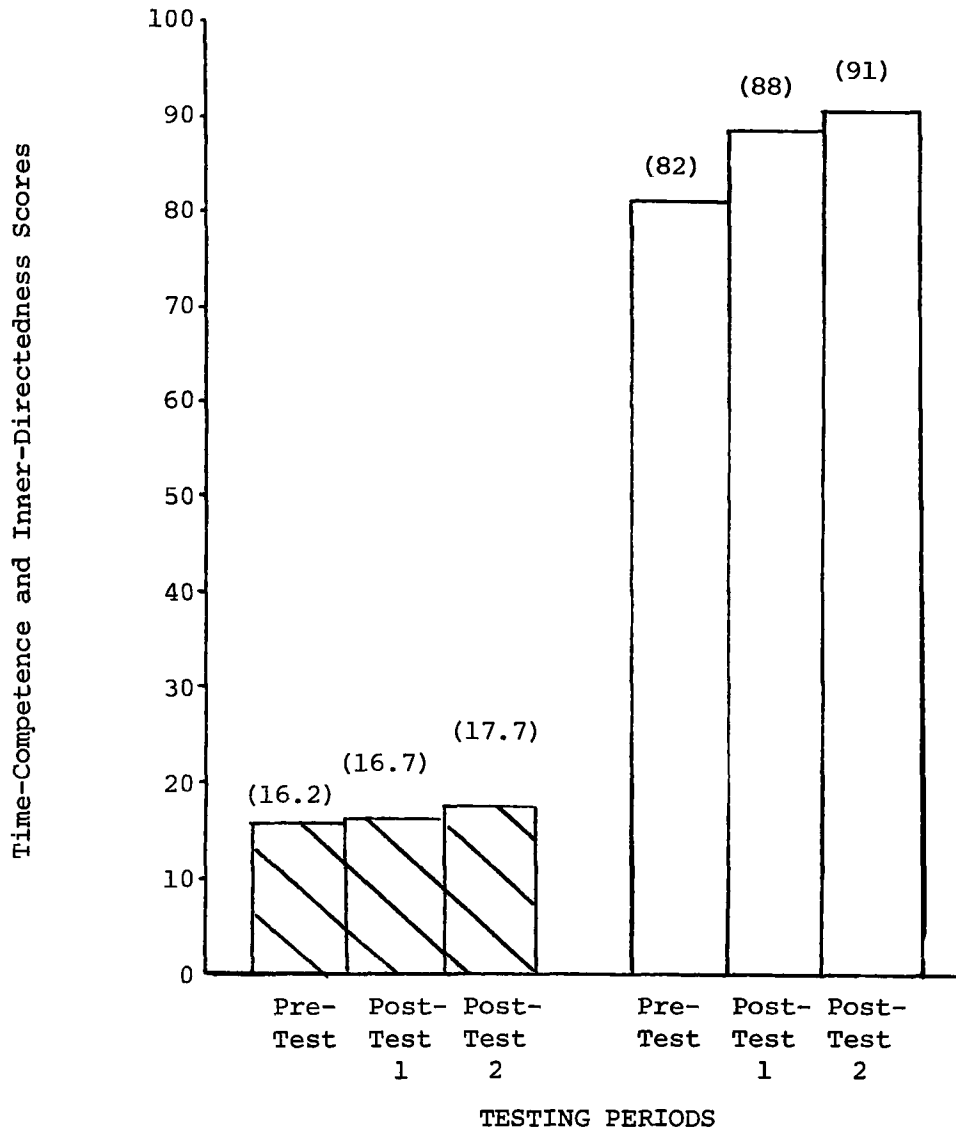
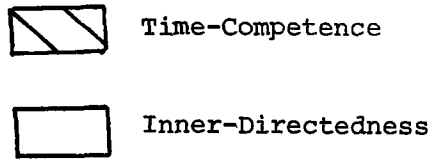


Figure 4:- Graphical Comparison of POI Time-Competence and Inner-Directedness Means for Changes in Time Within the Therapy Groups.

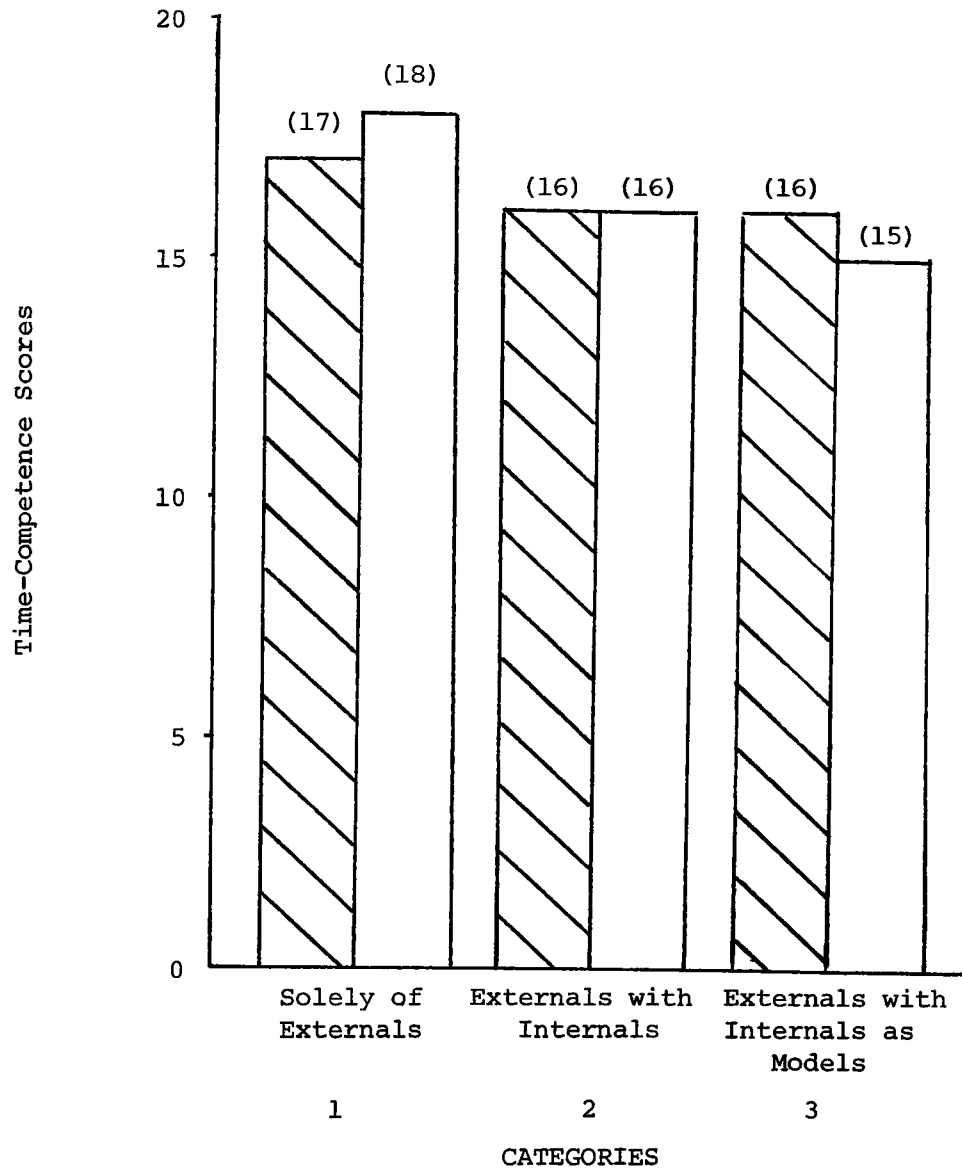
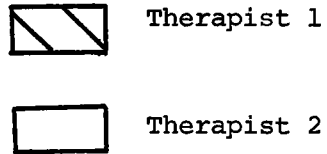


Figure 5:- Graphical Comparison of POI Time-Competence Means for the Three Categories of External Subjects as a Function of the Therapists.

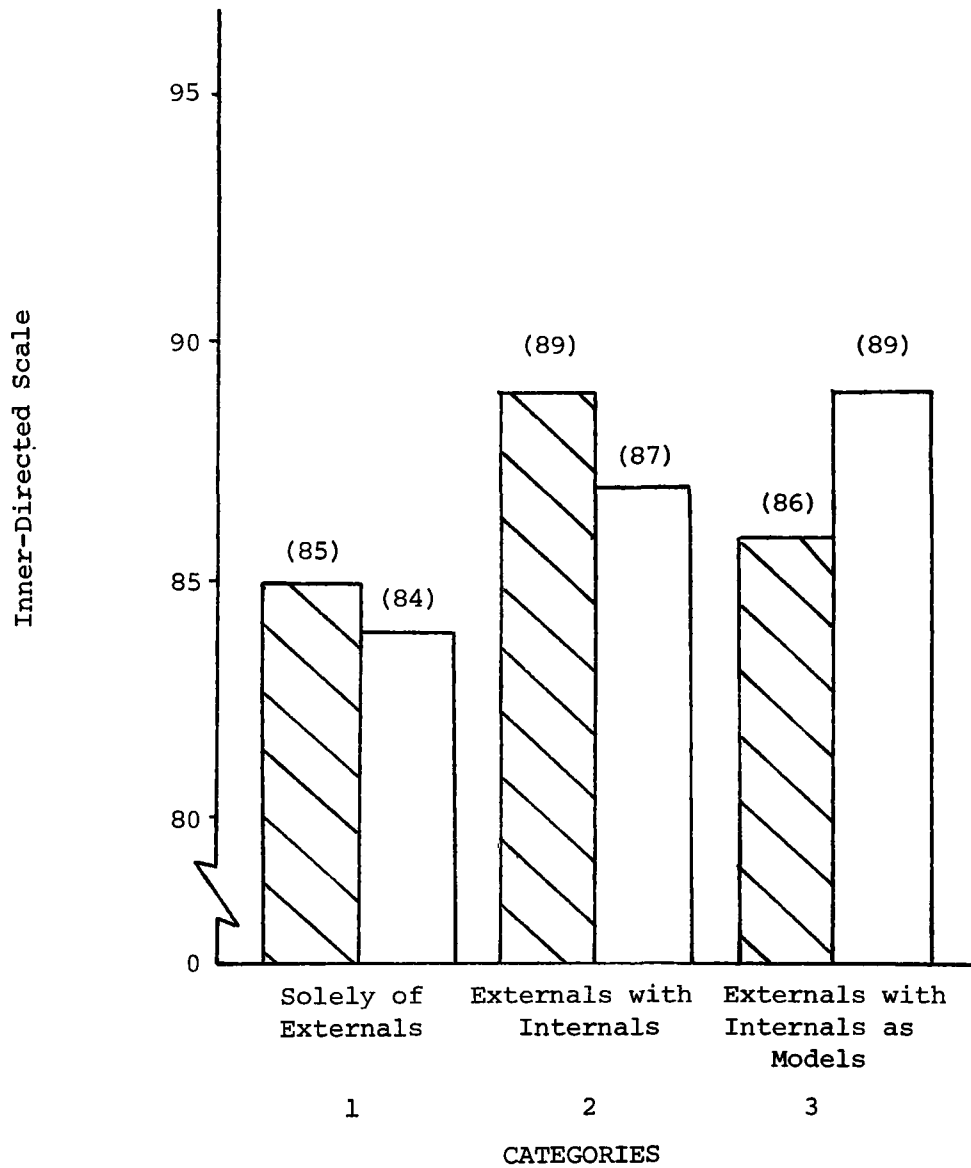
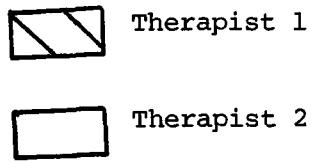


Figure 6:- Graphical Comparison of POI Inner-Directedness Means for the Three Categories of External Subjects as a Function of the Therapists.

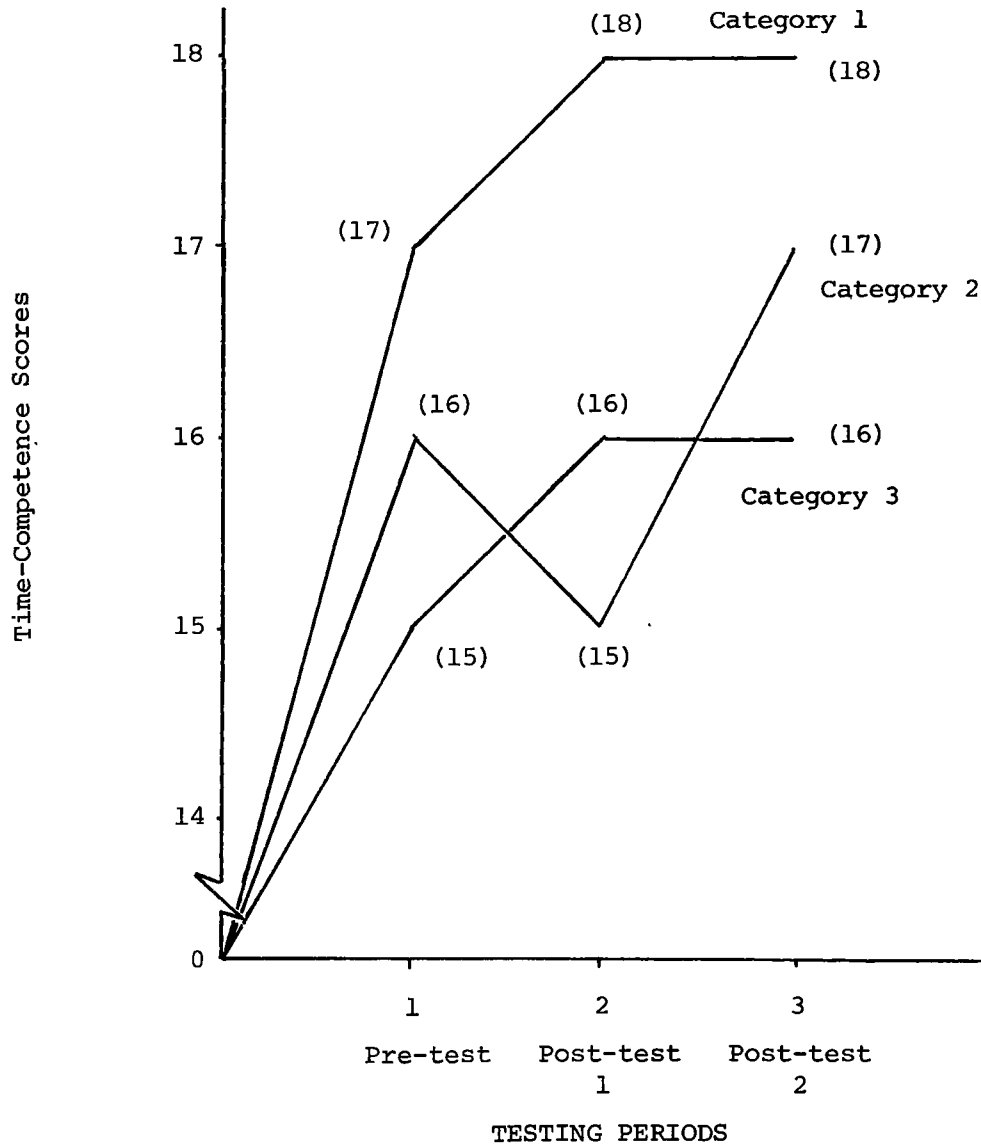


Figure 7:- POI Time-Competence Scores in Pre-test, Post-test 1 and Post-test 2 Periods for the Three Categories of External Subjects.

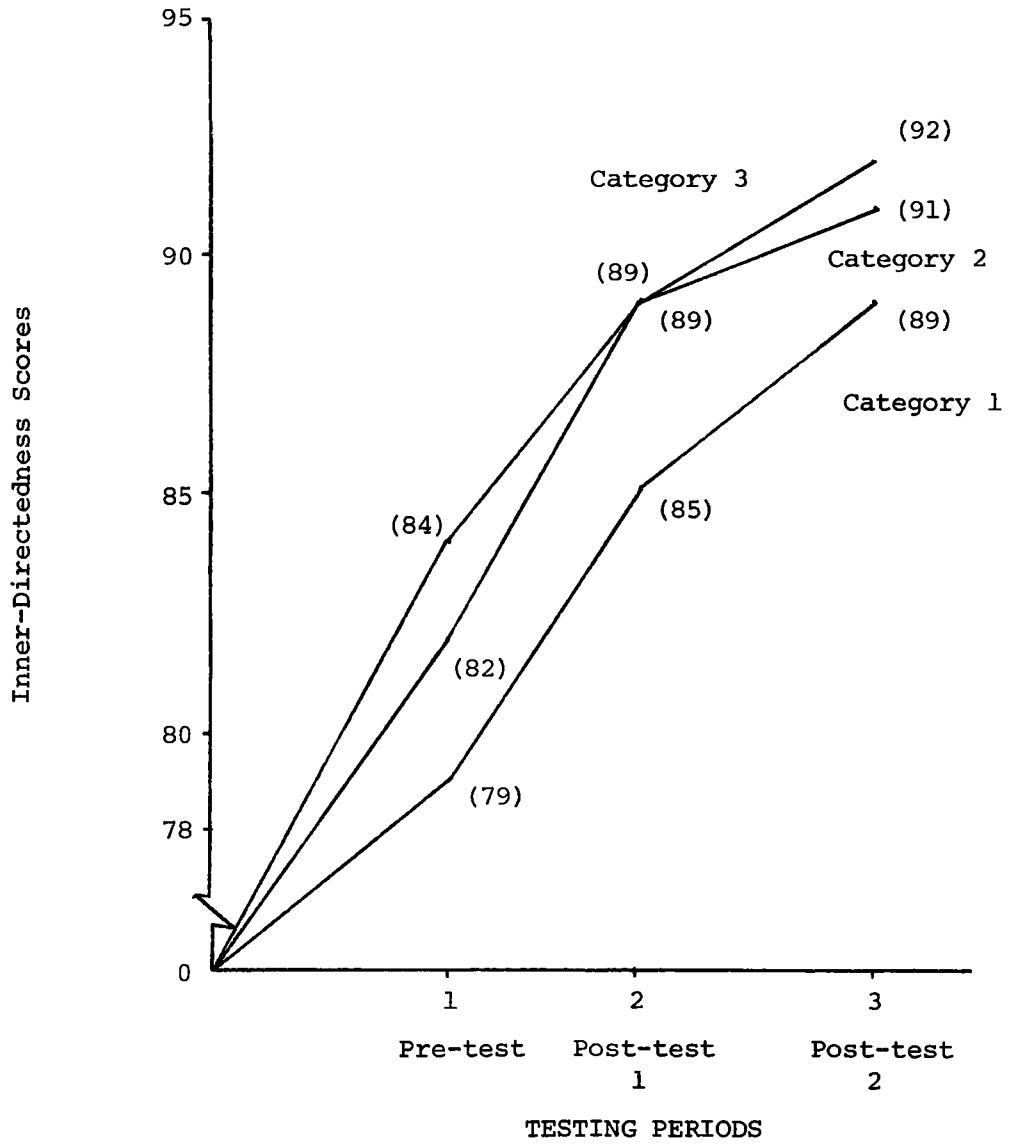


Figure 8:- POI Inner-Directedness Scores in Pre-test, Post-test 1, and Post-test 2 Periods for the Three Categories of External Subjects.

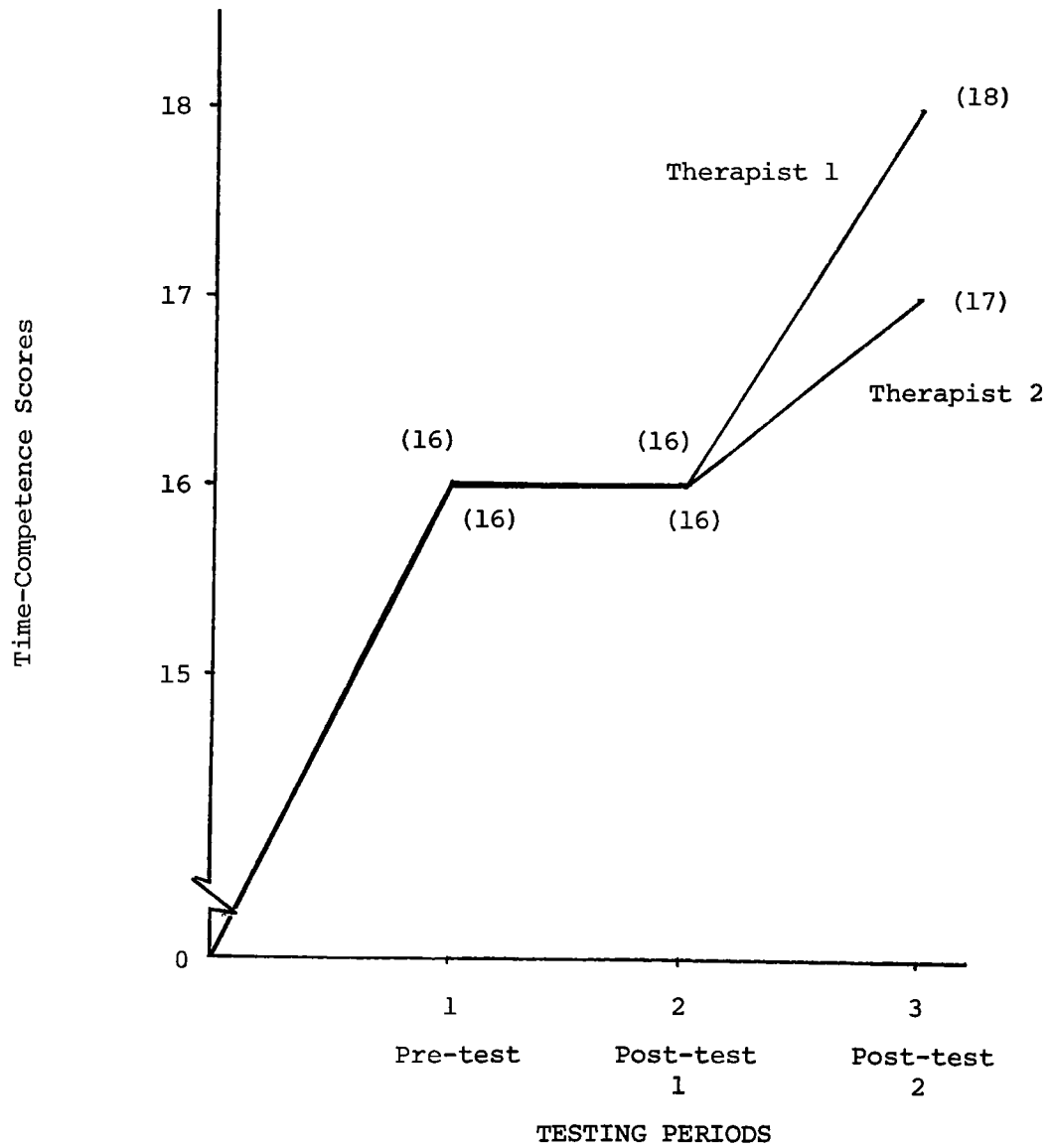


Figure 9:- POI Time Competence Scores in Pre-test, Post-test 1, and Post-test 2 Periods for External Subjects as a Function of the Therapists.

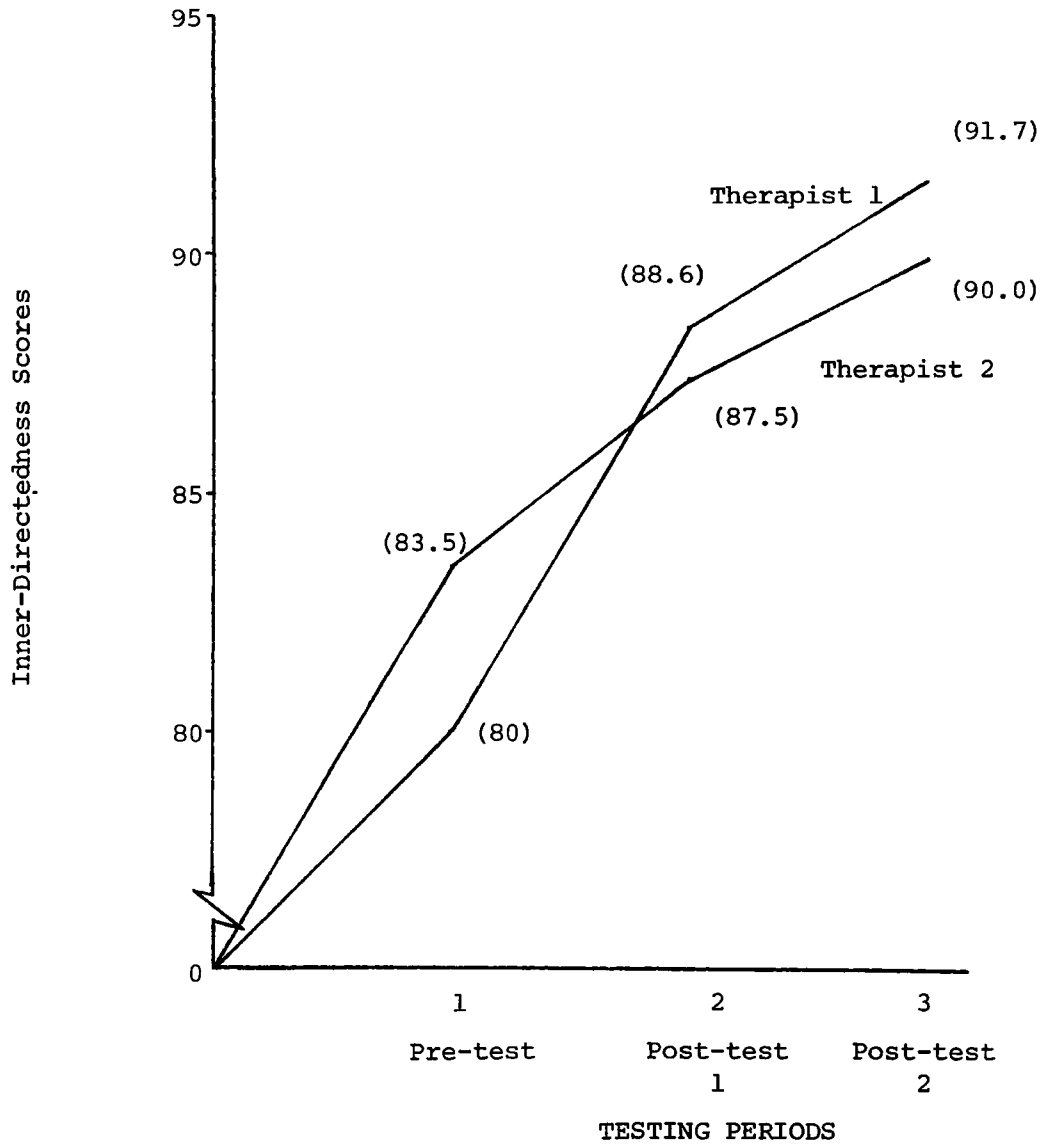


Figure 10:- POI Inner-Directedness Scores in Pre-test, Post-test 1 and Post-test 2 Periods for External Subjects as a Function of the Therapists.

. Solely of Externals
 - - - - - Externals with Internals
 _____ Externals with Internals as Models

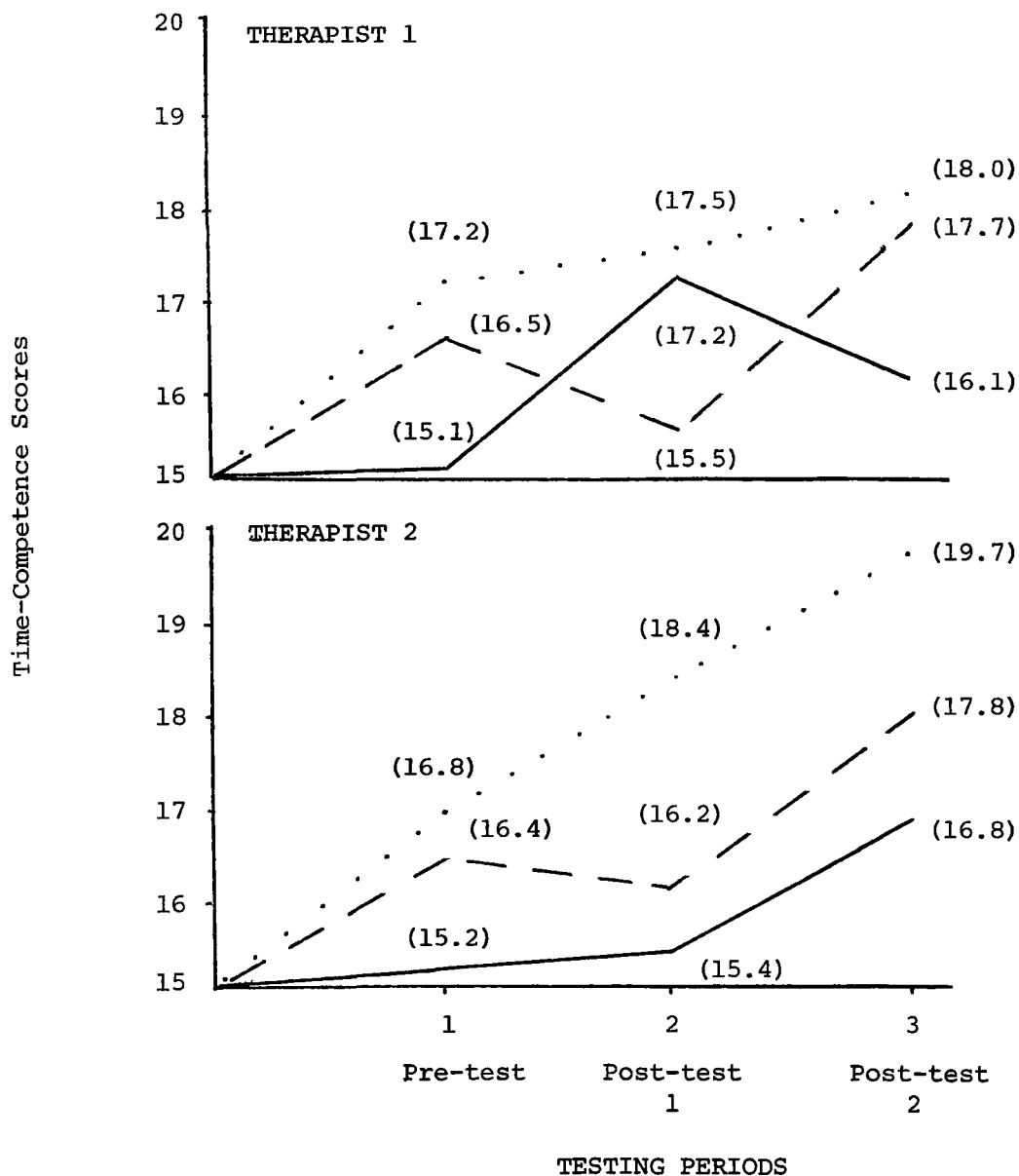


Figure 11:- POI Time-Competence Scores in Pre-test, Post-test 1, and Post-test 2 Periods for External Subjects as a Function of Categories and Therapists.

. Solely of Externals
 - - - - - Externals with Internals
 _____ Externals with Internals as Models

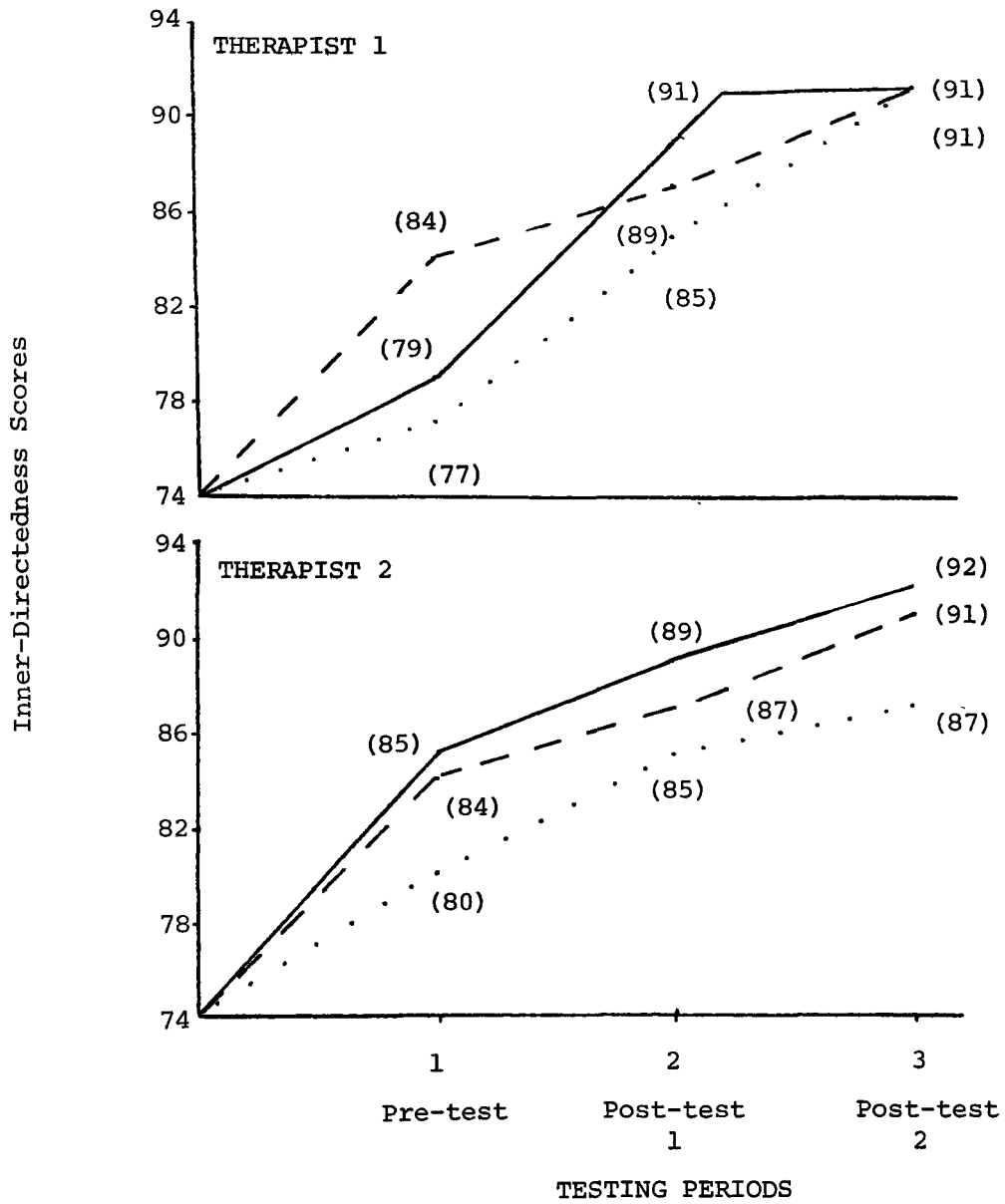


Figure 12:- POI Inner-Directedness Scores in Pre-test, Post-test 1, and Post-test 2 Periods for External Subjects as a function of Categories and Therapists.

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ABSTRACT

This paper investigated the relative effectiveness, for external females, of three variations of group compositions within spaced-structured-group therapy, namely the comparison of groups composed solely of externals, groups composed of internals and externals, and groups composed of externals with internals as models. Seventy-two (72) undergraduate females were assigned to six (6) groups within three (3) experimental conditions. Two (2) groups were composed solely of externals, two (2) were composed of externals and internals, and two (2) were composed of externals and internals presented as models. The groups were led by two (2) Ph.D. interns in clinical psychology. The therapists were informed of their tasks: to advise the members of the group of the exercises to be performed and to control the member participation. Each therapist led three (3) groups: one group composed solely of externals, another composed of internals and externals, and one group composed of externals with internals presented as models. The structured format of the group consisted of a defined sequence of group exercises.

The relationship between the locus of control of participants and the perceived influence exerted on externals was studied, using the χ^2 test. Self-reports of actualization

were subjected to statistical analysis in a three-factor repeated measures design. (Pre-test/post-test/follow-up Split-Plot factorial-23.3 design.) In this study, structured groups and therapist variables showed significant effects, but external orientation variables seemed to show no effect. More precisely, analysis of the results showed that there were significant differences between the results obtained by the two therapists. Moreover, the rate of change of one therapist group was significantly different from the rate of change of the other. Also spaced-structured-group therapy which focuses on expanding participants' awareness of themselves and their ways of relating to others may be a fruitful method of fostering increased self-actualization and the personal growth of external females. The three experimental conditions; solely externals, externals with internals, externals with internals as models, were found for external females to be equally effective in increasing self-actualization. The results tentatively suggested that undergraduate females who hold an external orientation respond in a positive direction to a structured-group therapy which is spaced over time, while internal females within the therapy groups do not seem to be either detrimental or beneficial for the externals to increase their self-actualizing scores following spaced-structured-group therapy. External females did not rate subjectively internals as more influencing than externals. However, there was some indication that internals with the designated status of

"model" may have been perceived as influencing for the externals.