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The Effects of Differential Group Treatments on the Self-Actualization of Counselors in Training

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THE EFFECTS OF DIFFERENTIAL GROUP TREATMENTS ON THE SELF-ACTUALIZATION OF COUNSELORS IN TRAINING

by

Pamela Elizabeth

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
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To my grandmother,
   Blanche Bell Partington Moynihan

to my parents,
   Carolyn and Henry Heaton

and to my children,
   Michael, Leanne, and Donna Espindle
ACKNOWLEDGEMENTS

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Pamela Elizabeth
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CHAPTER I

INTRODUCTION

The purpose of counselor education programs is to prepare aspiring students to function as professional counselors. As with many professional graduate training programs, the task is multifaceted. Two significant factors are cognitive mastery and counseling performance. From the earliest practicable moment, cognitive mastery of theory must be integrated with the actual practice of counseling. Important to the integration of counseling theory and practice is the life experience the trainee brings to the counselor education curriculum. The personal qualities of the counselor are critical to the counseling relationship (Kell & Mueller, 1966). One of the personal qualities of effective counselors defined by Rogers (1962) is the phenomenon of personal congruence, that is, realness, genuineness on the part of the counselor. While personal congruence is a learned behavior, it also must be spontaneously used to maximize effectiveness in counseling relationships. As a result, counselor training programs strive to promote individualized spontaneous behavior which is both resourceful and responsible.

Writers such as Rogers (1962), Truax and Carkhuff (1967), and Williamson (1965) have written that nonintellectual qualities are basic to effective functioning in a counseling
relationship. Earlier, Rogers (1951) stressed the importance of an individualized orientation toward the counseling relationship. By individual orientation, Rogers meant that the trainee must be free to develop his/her own unique approach toward the counseling relationship in order to allow the person of the counselor to emerge. Therefore, training programs are placing increasing emphasis on the development of the counselor as a person.

The process of personal development or the unfolding of human potential has come to be known as self-actualization. In counselor education, processes designed to encourage or promote counselor self-actualization are focused at the intra-personal level of the trainee and usually in the affective domain. Maslow (1954, 1962) wrote of the self-actualizing person as one who is developing and utilizing all of his/her unique capabilities, a person active in the process of freeing him/herself of inhibitions and emotional turmoil. Shostrom (1972) described self-actualizing as a process of growing by continuously examining one's assumptions about life. For this reason, counselor educators encourage trainees to examine the nature of their own life in order to become aware of their own attitudes, needs, beliefs, and values. Kell and Mueller (1966) wrote:

Ultimately . . . it is the counselor's own life experience which is both the greatest asset and obstacle to inducing change in clients. . . . His training, then, should set him on the road to discriminating how it is that the various
aspects of his own person, as expressed in his relationships with his own clients, can either facilitate or stalemate his client's struggles to change. (p. 66)

The nature of human dynamics and conflicts dictates that they must be real and experienced before they can be understood and resolved. Thus, to promote a medium where counselor trainees can experience both inter- and intra-personal aspects of self-development, counselor educators have turned to group work for help. Today, many counselor training programs require a group work experience for trainees which is designed to promote personal and professional development.

The practice of group work in counselor education has engendered considerable research regarding the process and its results. Some evidence is available to indicate that group work helps promote personal growth in counselor trainees, and support for its practice is growing in scope.

Betz (1969) reviewed the published literature on the use of group procedures in counselor education and generally concluded (a) there is a growing body of literature, much of it being descriptive; (b) counselor educators and counselor trainees favorably evaluate the procedures; (c) few outcome studies are reported; and (d) there is a wide variety of terms employed.

Seelig (1973) compared changes in counselor candidates as a result of differing group experiences. The results indicated that all group experiences incorporated in this study facilitated self-actualization. However, no one group
facilitated change more than any other. Eiben and Clack (1973) and Maynard (1976) reported gains in personal growth of counselors/trainees following participation in groups.

Many single-treatment studies in counselor education have shown positive results. The types of group treatment have been varied; many times, treatment procedures are loosely defined. The group treatments described include marathon groups, encounter groups, sensitivity groups, gestalt groups, and others. The size of the group and the length of treatment time have varied across studies. Some group participants have been volunteers, while others have not. At this time, counselor educators do not know what kind of group treatment is most beneficial in fostering the self-actualizing qualities of trainees.

Importance of the Study

To meet the professional need of providing experiences for trainees which promote self-actualization, it is important to determine more specifically what kinds of group experiences may be most helpful. The present study addresses itself to that need. More precisely, it compares the effects of two different group training models on the self-actualization of counselor trainees following treatment.

Because counselor educators have not yet delineated the type of group experience which is most productive in influencing trainee self-actualization, two polar approaches
representing the socio-process cluster (Betz, 1974) were used as treatments. Both group models are committed to experiential learning which is subjectively determined of value by participants. A critical difference between the two models is their assumption of how learning can best take place. The first model, which for the purpose of this study will be called the Structured Trainee Group Experience (STGE), assumes a safe environment where anxiety is carefully managed by the structure of the group and the skill of the leader is best for learning. The second model, called the Tavistock Study Group Experience (TSGE), assumes that an ascetic environment, where the group structure and the role of the leader induce anxiety, is best for learning.

The selection of these contrasting models seemed appropriate in beginning to determine which types of group treatment may be most beneficial in promoting self-actualization of counselors in training.

Statement of the Problem

The study was concerned with the effects of two different experiential group models used in the training of counselors on trainee self-actualization. The treatment models chosen for this study differ in their assumption and, thus, creation of a desirable learning environment.

The study was designed to answer the following basic questions:
1. Will different levels of anxiety prevail in each of the two models chosen?

2. What will be the effects of the two group models on trainee self-actualization immediately following treatment?

3. What will be the effects of the two group models on trainee self-actualization 1 month following treatment?

4. How will participants in the different group models evaluate the experience immediately following treatment?

5. Is the group leader a source of difference in the outcome measures, regardless of the group treatments used?

**Definition of Terms**

To delineate the use of terms, the following definitions were used in this study.

**Structured Trainee Group Experience (STGE)**

The structured growth group developed for use in the present study was designed by the author for beginning counselors in training. The format of the group adhered to guidelines established by Betz (1974) for groups identified with the socio-process cluster. The model emphasizes attitude development through facilitated interaction and discussion. The author intends to publish a detailed description of the STGE in monograph form for use by other counselor educators.
Tavistock Study Group Experience

The small group model developed by Bion (1959) was later described and defined by Rice (1965). The individual is viewed as a socio-biological unit who must be understood within a social context. The model evokes powerful fantasies and affect through an environment which does not respond to needs of approval and specified structure.

Anxiety

Following the lead of Spielberger (1970), anxiety is generally defined as a feeling of fear and apprehension with no discernible exterior source. It is operationally defined by scores obtained on the state anxiety scale of the Spielberger State-Trait Anxiety Inventory (STAI).

Self-Actualization

For the purpose of this study, self-actualization is defined as the processes of developing one's capacities and talents, of understanding or integrating one's motives--or the state resulting from these processes (Maslow, 1954). It is operationally defined by scores obtained on the Personal Orientation Inventory (POI) as developed by Shostrom (1963).

Limitations of the Study

Certain factors have affected the generalizability of the results of the study. The population chosen for investigation did limit the maximum number of students available for inclusion in the study to 64. This led to the small
number of 30 volunteers able to take part, and resulted in the final sample size of 19 subjects. Due to the small sample size, membership in any one group did not exceed six. It is difficult to conclude that any one group of six or fewer volunteer subjects would be representative of the population.

An inherent limitation due to the sample is that more than twice as many females than males completed treatment. Due to the fact that participation was voluntary, an equal number of males and females were not available without further reducing sample size.

Two group leaders were used to control for possible leader preference of one treatment model.

Review of Selected and Related Literature

The idea of self-actualization probably originated with the Greek philosophers. The more contemporary turn-of-the-century philosophers, such as John Dewey, wrote of the phenomenon they called self-realization. Horney (1942), a psychoanalytic theorist, viewed self-actualization as the ultimate driving force to explain "a person's unrelenting will to come to grips with himself, a wish to grow and to leave nothing untouched that prevents growth" (p. 175).

Scientists such as Darwin have recognized that organic life has predictable, observable movement and directional force. Sullivan (1945), a behavior theorist, pointed out
that the "basic direction of the organism is forward" (p. 48). This directional force has been described by Rogers (1951) as a "tendency toward self-enhancement."

Goldstein (1940) first used the term self-actualization to describe this basic striving phenomenon of the human organism. Maslow (1954), a student and follower of Goldstein, further developed and operationally defined self-actualizing people by describing their clinically observed characteristics as follows:

1. Superior perception of reality.
2. Increased acceptance of self, of others, and of nature.
3. Increased spontaneity.
4. Increase in problem-centering.
5. Increased autonomy, and resistance to enculturation.
6. Greater freshness of appreciation, and richness of emotional reaction.
7. Higher frequency of peak experiences.
8. Increased identification with the human species.
9. Changed (the clinician would say "improved") interpersonal relations.
10. More democratic character structure.
11. Greatly increased creativeness.
12. Certain changes in the value system.

Maslow (1962) gave a more generalized definition of self-actualizing people as:
[They are] healthy people who have sufficiently gratified their basic needs for safety, belongingness, love, respect and self-esteem so that they are motivated primarily by trends to self-actualization (defined as ongoing actualization of potentials, capacities and talents, as fulfillment of missions, . . . as a fuller knowledge of, and acceptance of, the person's own intrinsic nature, as an increasing trend toward unity, integration or synergy within the person). (p. 25)

**Self-Actualization**

The first in-depth study of self-actualization was initiated by Maslow (1954). He intended to obtain answers to his own theoretical curiosities. The results of his investigations set a whole area of psychological thinking into motion.

At the onset, Maslow's beliefs were not widely accepted. He believed that the inner nature of man was either neutral, premoral, or positively good. Maslow studied the motivation and growth of a "healthy" population. He chose subjects who were fulfilling themselves by doing the best that they were capable of doing. He developed holistic impressions which yielded some important and useful characteristics of self-actualization. Out of Maslow's writings, a new focus for psychological research has evolved, a study of the healthy population to achieve a greater depth and breadth of knowledge about the human psychological condition.

To foster greater understanding through research, an instrument was needed which would measure the humanistic concepts of self-actualization. Shostrom (1963, 1964) developed an instrument to objectively measure the values and behaviors
that are important in the development of the actualizing person. This instrument, the POI, has stimulated considerable research into humanistic concepts and theory. The POI is designed to assess the level of self-actualization at which an individual is functioning.

For the purposes of this study, the analysis of the research literature was limited to self-actualization studies related to the fields of (a) education, (b) group work, and (c) counseling.

**Self-actualization and education.** A goal of humanistic education is for the schools to provide an environment for self-discovery and self-expression. Ford (1966) studied the relationship between the self-actualization of elementary school principals and the organizational climate of the school. He found that the principals of more open-climate schools obtained higher scores of actualization on the POI than the principals in the more closed-climate schools. These findings support the idea that the more self-actualized principals value environments which promote natural strivings of each student. Two years later, Smith (1968) found a relationship between self-actualization, open-mindedness of teachers, and their perception of their use of classroom behaviors related to student self-directed learning.

Dandes (1966) investigated the relationship between teachers' scores on the POI and responses to the Minnesota Teacher Attitude Inventory (MTAI). The MTAI had previously
been demonstrated to be related to teacher effectiveness. Dandes' study supported his prediction that the greater the self-actualization of teachers, the greater the possession of attitudes and characteristics of effective teaching.

Examining the relationship between self-actualizing, creativity, and intelligence among high-school students, Damm (1970) found that students who had obtained high scores on measures of both intelligence and creativity were more self-actualizing than those who had obtained a high score only on intelligence or creativity, or on neither. Damm concluded that if education has as its goal the productive self-fulfillment of every student, the curriculum should encourage a development of both intellectual and creative abilities.

A number of studies in educational settings have contributed to an understanding of the interrelationship between self-actualization and underachievement. Lieb and Snyder (1967), in a study with college underachievers, examined the interaction of underachievement and scores derived from pre- and post-course administration of the POI. Underachievers were divided into two treatment groups: group discussion or lecture. While no significant differences were found between treatments, significant increases for the total experimental sample were obtained in grade-point average and self-actualizing as measured by the POI Inner-Directed Scale. The authors suggested that the special attention afforded the experimental group may have met lower needs of belongingness,
love, and esteem, releasing individuals for further personal
development or greater self-actualizing.

In a related study, Pearson (1966) investigated the
effects of different group guidance processes on pre- and
post-course administration of the POI in a freshman orienta-
tion course. Four groups were used, employing small-group
interaction, group participation with a leader, regular
leader-planned classes, or the control condition with students
exempted from the class. The hypothesis was that increases
in self-actualizing would be greatest for students exposed to
a permissive, group-directed form of guidance permitting
intense interaction between students. All significant ratios
favored this approach, and grade-point averages were signifi-
cantly higher for this group. Pearson felt that the results
reflected an increased self-acceptance generated by the con-
fidence placed in student ability to find effective solutions
to problems.

LeMay and Damm (1968) used the POI to study the value
orientations of college underachievers who had volunteered to
receive group counseling centered on academic and personal
problems. In comparing POI scores for the underachiever
sample with those obtained from a matched group of academi-
cally successful students, the latter were significantly
higher on the major Inner-Directed Scale and five of the sub-
scales. The results indicated that the academically success-
ful group were more able to effectively direct their own

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lives relatively independent of peer pressure, and tended to be more capable of developing intimate relationships with others.

Self-actualization studies conducted in the field of education have often been concerned with the relationship between self-actualization and a number of other variables such as learning environment, teacher effectiveness, achievement, intelligence, and creativity.

Self-actualization and group work. The gaining popularity and widespread use of group experiences as a force for behavior and personality change are attested to by the number of group studies reporting treatment effects. Intensive group experiences have been offered under many different names and in a wide variety of settings with both similar and divergent populations.

A number of studies have demonstrated the sensitivity of the POI in measuring changes in self-actualization following participation in an intensive group experience. In a study of the effects of nonprofessionally led encounter groups with university and community volunteers, Bebout and Gordon (1972) reported the results of a pre- and post-encounter group experience. The sample for which POI analyses were reported involved 70 males and 65 females. Pre- to post-test changes were analyzed separately for sexes, and significant increases were obtained for the major scales and four subscales regardless of sex.
Seeman, Nidich, and Banta (1972) examined the effects of a transcendental meditation program on self-actualization. They administered the POI to an experimental group of 20 college students, and to a control group of 20, prior to initiation of the program and 2 months following completion of the program. Significant mean changes in the positive direction were obtained for the experimental group on the major scale of Inner-Directed and on four of the subscales. No changes were significant for the control group.

In a replication of the above study, Nidich, Seeman, and Dreskin (1973) reported significant increases on both major scales and on 8 of the 10 subscales, with no significant changes for the control group.

Trueblood and McHolland (1971) have reported on the effects of the "human potential" group process in helping students to become more self-actualizing. The POI was administered twice to two groups of junior-college students. One group consisted of 33 students enrolled in a 14-week human potential seminar and the other a control sample of 62 students. Analysis of the results showed that the number of students in the experimental group who changed in a positive direction was significantly higher than in the control group. In the experimental group, significant changes between pre- and post-treatment administration were found on the major scale of Inner-Directed and on 4 of the 10 subscales.

Guinan and Foulds (1970) reported changes on POI scores
following a marathon group experience. The study was designed to investigate changes which might occur among a group or relatively normal college students following a voluntary, 30-hour weekend marathon experience. The 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.

In two related studies, Foulds (1970, 1971) reported similar changes in POI scores following an 8- or 9-week growth group experience in which groups met for one 4-hour period per week.

A study reported by the Counseling Center Staff of the University of Massachusetts (1972), employing the POI in evaluating the effects of group participation in sensitivity groups, failed to demonstrate positive results. Forty-two volunteer college students participated in one of three types of short-duration sensitivity groups and were compared with six control students recruited from a class. Although significant increases on POI scales were observed in all three treatment groups, the control group increases were such that results failed to support the hypothesis that group participation would produce greater change in self-actualizing.

In examining the effectiveness of a human relations training program among rural high school teachers, Banmen
and Capelle (1972) used the POI to measure pre- to post-test changes in a sample of 32 educators volunteering for a 3-1/2 day program. Gains following the program were significant for the major Inner-Directed Scale and for five subscales. The POI was readministered 3 months following the program. In the follow-up scores, all previously significant scales plus one additional 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 maintained over a 3-month period.

Investigating the longer-term effects of a 10-day sensitivity training laboratory, Reddy (1973) administered the POI prior to the first group meeting, prior to the last group meeting, and 1 year from the close of the laboratory. Follow-up interaction effects were significant for the major scales as well as for 7 of the 10 subscales. Results were interpreted as demonstrating that sensitivity training group participants exhibited changes in self-actualizing 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 laboratory, others exhibited major gains after returning to their usual environment. Further analysis showed that this different rate was related to level of
anxiety of the participants as measured by the Multiple Affect Adjective Check List (Zuckerman & Lubin, 1965). Correlations between POI changes and the measure of anxiety suggested that participants who experienced higher levels of anxiety during the laboratory did not exhibit changes on the POI at the close of the laboratory.

Self-actualization and counseling. The POI has been used extensively in counseling settings as a research instrument, and some important findings have been reported between the years 1964 and 1977. Several studies have investigated counselor self-actualization as it relates to counselor effectiveness.

Weinrack (1972) related counselor POI scores with student ratings of a school-based guidance program. His study included 23 counselors and ratings from 1,658 eleventh-grade students. He concluded that guidance programs that were rated as highly effective by students tended to be administered by counselors who obtained high Time Competence scores. He also concluded that the more self-actualized the counselor, the higher the rating of: (a) the guidance program, (b) the identification of the counselor as a source of assistance, and (c) the overall success of the guidance program.

McClain (1970) reported a correlation study conducted at a summer institute with 30 school counselors. Counselors were rated in terms of self-actualization by institute staff members. Ratings were correlated with scores on the POI
scales. Significant correlations were obtained between staff ratings and POI scales of Inner-Directedness, Spontaneity, and Self-Acceptance. McClain concluded that the POI does differentiate degrees of self-actualization among normal adults.

Jansen and Garvey (1973) related POI scales to supervisor ratings of counselor effectiveness with a sample of 88 clergymen in counseling training. High-rated clergymen obtained POI scores generally above the adult norm but below the nominated self-actualizing sample. Clergymen rated low obtained mean scores approximately those of the non-actualizing sample.

In his dissertation research, Foulds (1967) found a significant positive relationship between self-actualization and the ability of counselors to communicate empathic understanding and genuineness in counseling. Later, Foulds (1969) found that the POI had discriminating power with respect to known correlates of therapeutic effectiveness. For example, he suggested that the POI might be useful as a screening device for predicting facilitating ability for counselors and other helping professionals, and he also suggested its use for assessing progress in personal development.

In a provocative but inconclusive study, Hood (1968) matched high and low self-actualizing counselors with high and low self-actualizing student clients, on a rotating basis. He found the greatest amount of positive change when low
counselors were matched with low clients. Results of the study, however, did not reach statistical significance and its general conclusions must be approached with caution.

The role of the para-professional is related to the counselor role studies. For example, residence hall staff are expected, among other duties, to assist students in processing their college experience. Graff and Bradshaw (1970) presented evidence that the POI is highly related to dormitory-assistant effectiveness as measured by ratings of students and personnel deans. The authors concluded the POI may be useful in the selection of effective dormitory staff.

In another study of para-professionals, Tap and Spanier (1973) found that college students volunteering to work as telephone counselors in a suicide prevention service scored significantly higher than non-volunteers on the two major POI scales. These findings suggest that voluntary participation in a helping role may indicate greater self-actualization.

An interesting comparison of two teaching models was reported by Archer and Kagan (1973). The POI was used in the evaluation of techniques for the teaching of interpersonal relationship skills by university para-professionals. Groups were led by undergraduate residence hall staff. The interpersonal process-recall video-feedback training model was compared with groups using a limited-structure encounter-group model and with no-treatment control groups. Participants in the structured video-feedback groups scored
significantly higher than did the encounter or control group participants. The authors noted that the most important implication of the study is that para-professionals may operate more effectively when considerable structure is provided.

**Summary**

The review of the literature revealed no studies in which the POI was used to compare levels of, or changes in, self-actualization as a result of differing group treatments within a counselor education curriculum. The present study compared the effects of two experiential group models used in the training of counselors on self-actualization, as measured by scores on the POI.
CHAPTER II

RESEARCH DESIGN AND METHODOLOGY

The study investigated the effects on trainee self-actualization of two different experiential group models used in the training of counselors. The scope of Chapter II encompassed the research design and methodology, which are reported under the following headings: Design, Setting and Population, Sample, Treatment Procedures, Group Leaders, Treatments, Instruments, and Analysis Procedures.

Design

The design used in this study was a variation of the Pretest-Posttest Design, referred to by Ary (1972) as the classical design for change experiments. The purpose of the design was to compare the effects of two treatments in which subjects were randomly assigned to four groups. The use of separate control groups was omitted. Support for the omission of separate control groups came from Campbell and Stanley when they stated that

the comparison of treatment with no treatment is an oversimplification. The comparison is actually with the specific activities of the control group which filled the time period corresponding to that in which the experimental group receives the treatment. (p. 13)

In this sense, it may be said that each experimental treatment
group served as a control for the other. The design used in the study is presented in Table 1.

Table 1
Research Design: Effects of Differing Group Treatments on Self-Actualization of Counselor Trainees

<table>
<thead>
<tr>
<th>Group Model</th>
<th>STGE</th>
<th>TSGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leader A</td>
<td>Leader B</td>
</tr>
<tr>
<td>Pretest</td>
<td>POI₁</td>
<td>POI₁</td>
</tr>
<tr>
<td>Anxiety measure</td>
<td>STAI</td>
<td>STAI</td>
</tr>
<tr>
<td>Post-test</td>
<td>POI₂ + TE</td>
<td>POI₂ + TE</td>
</tr>
<tr>
<td>Follow-up</td>
<td>POI₃</td>
<td>POI₃</td>
</tr>
</tbody>
</table>

The independent variables were the group models used in treatment—the Structured Trainee Group Experience (STGE) chosen to manage anxiety, and the Tavistock Study Group Experience (TSGE) chosen to induce anxiety. There were three dependent variables in the self-actualization study:

1. Change scores obtained on the POI, between pre- and post-measures, and post- and follow-up measures.

2. Scores on the State-Trait Anxiety Inventory (STAI), a self-report measure of anxiety.

3. Trainee evaluation (TE) of the group experience measured on a 5-point rating scale.
Setting and Population

The study was conducted at James Madison University in Harrisonburg, Virginia. The university operates on a semester system and has a campus enrollment of approximately 7,800 undergraduate and graduate students. The counselor education graduate program offers two master's degrees, a 36-hour M.Ed. in Counseling and a 42-hour M.A. in Human Services; the second degree requires six additional course hours in research. The counselor education faculty consists of 5 full-time and 11 adjunct appointments. The curriculum includes two supervised field practicums. The program has state approval from the Commonwealth of Virginia for the training of school counselors and has accreditation from the Southern Association of Colleges and Universities and the National Council for the Accreditation of Teacher Education.

The population chosen for this study was all students enrolled in counselor education courses which involved the practice of personal counseling during spring semester of 1978. These laboratory courses included Techniques of Counseling, the Counseling Practicum, and the Advanced Counseling Practicum. The combined enrollment for these courses was 64 students.

An abstract of the research proposal was approved by the chairman of the Psychology Department and filed with the chairman of the Human Subjects Research Committee (see Appendix A). Approval was sought and obtained from the Counselor
Education faculty for the author to elicit volunteers to take part in the study. Students were offered an opportunity to participate in a 2-day group workshop at no cost to them, in return for being subjects for dissertation research. Students were not told the exact nature of the groups or the purposes of the research, but were told that the groups had faculty approval and would be led by experienced professional counselors (see Appendix A).

Sample

To qualify as subjects, students had to be available to attend all-day group workshops on two specified consecutive Saturdays and/or two specified consecutive Sundays. Volunteers who met this criterion were asked to fill out a consent form which permitted the use of the results from instruments administered for this study (see Appendix A).

Students qualifying as subjects were randomly assigned to one of four treatment groups: the STGE with Leader A, the TSGE with Leader A, the STGE with Leader B, or the TSGE with Leader B. There were 30 student volunteers who qualified to be subjects in the study. Three exceptions to the random assignment procedure were required to accommodate for conflicts of time available for participation. These three subjects were assigned first to the workshop day convenient for them, and the remaining subjects were randomly assigned to one of the four treatment groups. The distribution of
volunteers to group assignment is shown in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>Leader A</th>
<th>Leader B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured Trainee Group Experience (STGE)</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Tavistock Study Group Experience (TSGE)</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

Total N = 30.

A common problem in group work research is attrition, a reduction in the size of the sample population during the period of time covered in a study. It is not unusual in a study involving volunteer subjects, meeting more than once, for prospective subjects to "drop out" or be unable to participate for a number of reasons. As expected, a number of volunteers for this study either did not begin or were unable to complete their voluntary commitments.

Because of human factors, 7 of the 30 volunteers "dropped out" before treatment began. One withdrew, one had a family illness, another reported car trouble, and the remaining four either confused dates, changed their minds, or forgot. All but one subject unable to begin treatment notified the author of their cancellation.

Four subjects who began treatment did not return for the second day. Three of these subjects had begun the TSGE
and one had begun the STGE. Table 3 depicts the number of volunteers participating in groups each day of treatment.

Table 3
Group Size Each Day of Treatment

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>Day 1&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Day 2&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leader A</td>
<td>Leader B</td>
</tr>
<tr>
<td>STGE</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>TSGE</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

<sup>a</sup>Total N = 23.  <sup>b</sup>Total N = 19.

Only subjects upon whom complete data were available were included in the analysis procedures. Since data were incomplete on the 7 volunteer subjects who never began treatment and on the 4 who "dropped out" after 1 day of treatment, only data on the 19 subjects who completed treatment were used in the analysis procedures.

The final group of 19 volunteers upon which the analysis was based consisted of 13 females and 6 males, ranging in age from 22 to 48, with a mean age of 28.21 years.

Treatment Procedures

One week prior to the first group meeting, the author revisited volunteers in their respective classrooms and administered the POI as a pre-treatment measure of self-actualization (see Appendix B). At this time they were
reminded of the location and time of the workshops and were asked to notify the author of conflicts in their schedules.

Each treatment model was offered between the hours of 10:00 a.m. and 4:00 p.m. on two consecutive weekends. The STGE model was conducted on two consecutive Saturdays, and the TSGE was conducted on two consecutive Sundays. All sessions were held at the James Madison University Counseling and Student Development Center. Groups receiving the same treatment met simultaneously in separate rooms. Each group room was comparable in size, lighting, and furnishings. To further standardize the environment, folding chairs were placed in a circle in the center of each room prior to the first session.

Each group received 9 hours of treatment over a 2-day period. The equivalent of three group sessions were conducted on each day of treatment. It was intended that 2 full days of treatment would reduce the number of absences at each group meeting and allow for greater interaction between participants both during group sessions and between sessions.

During the second half of the first day of treatments, all subjects were given the STAI as a self-evaluation anxiety measure (see Appendix B). This instrument was administered to help determine if treatment effects had been achieved through different anxiety states between treatment models.

At the end of the second day of each treatment model, the POI was re-administered to all subjects as a
post-treatment measure of self-actualization. The trainee evaluation form (TE) was also given at this time to assess participant response to the treatment models (see Appendix B). One month following the end of treatment, the POI was re-administered to all subjects to measure the effects of treatment over time.

**Group Leaders**

Two group leaders conducted both treatments. The group leaders had similar academic backgrounds, were skilled and experienced in group work, and had previously co-led groups. One group leader was trained in group work under the supervision of Robert Betz, author of the group guidelines adhered to in the STGE. Prior to the start of treatment, the leader provided her colleague with additional leadership training appropriate for use with the STGE. Both group leaders had been participants in a 5-day residential training program using the Tavistock Group Relations Training Model, of which the Study Group is a significant component. Both leaders were well read in the literature pertaining to the use of the Study Group and received additional leadership training from an experienced Tavistock trainer, Hugh Martin, Jr., Executive Director of Human Services Training and Research Council, Inc., Charlottesville, Virginia.
Treatments

The different desired treatment effects of high and controlled anxiety were achieved through the well-defined group structure and explicit leader behavior of each model. These features were important in the selection of the models used to insure greater consistency between leaders and to make replication possible. The following two sections describe the group structure and leader behaviors characteristic of each model.

Structured Trainee Group Experience

The STGE model was used with the two groups that met on consecutive Saturdays. Pertinent aspects of group structure were compiled on a handout which included leader assignment, group rosters, room locations, time schedule, topical outline, and a discussion of the concepts and purposes of the STGE model (see Appendix C). Group leaders are the only staff needed in this model. All meetings were held in the same facilities. Each group met for three sessions each Saturday.

Each session lasted for 90 minutes. Each day, an hour was scheduled for lunch between the first and second sessions, and a 15-minute break was scheduled between the second and third sessions. The use of group time was highly structured. A designated topic was the focus of each meeting. Specific exercises were used to facilitate experiential learning and to stimulate discussion. A detailed account of group
activities and time allotments is included in Appendix C.

The role of the STGE leader is primarily that of a facilitator. The theoretical orientation of the group facilitator is similar to that of the humanistic school of psychology. The STGE leader interacts freely with participants, employing a variety of counselor techniques such as attending, reflection of verbal content and feeling, open-ended questioning, summary statements, and self-disclosure. The facilitator offers support and encouragement to participants and helps the group to overcome anxious silences. The voice tone is friendly and body language is attentive and open. The facilitator is a leader and also a participant of group activities. Verbal structuring by the leader sets the stage for group interaction. The leader opens the first session with a discussion of the group structure, reiterating the contents of the handout. Leader and participant expectations are clearly defined early in the first meeting to reduce anxiety and begin to build a safe environment for group interaction. The leader begins and ends each session on schedule and socializes with participants between sessions. In introducing exercises, the leader describes the activity and its purpose, and gives an example or demonstrates how it will be done, before encouraging members to engage in the activity.

A typical outside-of-group behavior for the STGE leader would be to greet participants when they arrive for treatment.
and make "small talk" with them before reminding them that it is almost time to go to the designated group rooms to begin work. A typical within-group behavior of the STGE leader would be to respond to the group in any of the following ways:

- You say that you're really comfortable with this group, but I'm aware that your voice is shaking a little.
- It is difficult for you to express your feelings right now.
- Would someone like to share their fantasy with the group?
- I would like the group to help me to summarize what we have been doing for the past hour.

In general, the STGE leader assumes a great deal of responsibility for insuring group comfort while guiding the group through self-exploration.

**Tavistock Study Group Experience**

The TSGE model was used with the two groups that met on consecutive Sundays. Pertinent aspects of group structure were compiled on a handout which included leader assignment, group rosters, room locations, time schedule, and a discussion of the concepts and purposes of the TSGE model (see Appendix D). All meetings were held in the same facilities. Staff needed in this model included group leaders, a discussion leader, and an administrator. The structure called for both individual group and combined group activities during the first day. Each group met separately for three sessions each Sunday. Each of these sessions lasted for 75 minutes,
except for the final meeting which met for 2 hours. Each day, an hour was scheduled for lunch following the first session. On the first day of treatment, groups were combined for two activities between the second and third individual group sessions. At this time they completed the STAI and were able to discuss their experiences with an outside Tavistock trainer, who served as the discussion leader. A summary of the discussion group leader's observations is included in Appendix D. A 15-minute break preceded final group sessions on each day. Exposure to the TSGE model totaled 9 hours. The more specific use of group time was unstructured.

The role of the TSGE leader is primarily that of an authority figure, and is referred to as a consultant. The theoretical orientation of the group consultant is similar to that of the psychodynamic school of psychology. The consultant uses only two counseling techniques—observation and interpretation of the group's behavior. For the most part of group time, the consultant remains silent. The silence of the consultant sets the stage for group interaction. The consultant does not look directly at group members and does not respond verbally to questions and comments directed to him/her. Anxiety, which is typically high at the start of any new group, is escalated by the silence of the group leader. The consultant adheres closely to time structure by entering the group room precisely at starting time, and
leaving precisely at the designated time for it to end. Interaction with participants does not occur between sessions until the end of the last day of treatment. Between scheduled group sessions, consultants meet in a separate room, unavai­lable to group membership. The role of the consultant does not change until the last group meeting, when the consultant behavior resembles that of a facilitator to help group members apply what they have learned to their life situation.

Observation statements and interpretations are made infrequently by the consultant and are aimed at revealing the unconscious motivations of the group's behavior. Typically, the first session is confusing for group members and they attempt to include the consultant in conversation, asking questions like "What are we supposed to do?" When it becomes apparent that the consultant will not interact with the mem­bers, they will introduce themselves to one another and dis­cuss outside events or what they can do. Awkward silences are prevalent in this model. After 20 or more minutes, the consultant may speak for the first time with a statement like: "It is obvious that the group is more interested in comfort than with working at the task at hand." The group will search through the handout to determine what the task is. The task is defined in the handout as "to study their own behavior." Such an ambiguous task continues to escalate anxiety. After repeated efforts to engage the consultant in conversation, the group will predictably begin to verbally
attack one of its members. An interpretation at this point might be: "The lamb is being led to slaughter," or "The group is attacking one of its members to avoid dealing with their hostility toward the consultant."

In general, the TSGE leader role is to encourage self-exploration through interpretations of group behavior in the here and now. The two additional staff met dependency needs somewhat. The role of the administrator was to greet participants, answer their questions, and give them the handouts. The discussion group leader's role was as teacher and facilitator, to assist group members to understand the concepts used by the TSGE model.

**Instruments**

Three paper-and-pencil instruments were used in the collection of data in this self-actualization study. The POI was used as a measure of self-actualization. The STAI was used as a self-report measure of anxiety. The TE form was used to rate different aspects of the group experience.

**Personal Orientation Inventory**

The POI was used in this study as the repeated measure of self-actualization. The POI is a comprehensive measure of values and behavior seen to be important in the development of self-actualization. The POI was conceptualized and the initial scale constructs delineated by Shostrom (1964) during the summer of 1962, with the consultation of Maslow.
The POI consists of 150 two-choice comparative value and behavior judgments. All items are scored twice. The first scoring is for the two basic scales of personal orientation, the Time Competence (TC) and Inner-Directed (I) scales. These two basic scales are usually scored and interpreted as ratio scales; however, Shostrom (1966) recommended that, for statistical analysis, scores from the Time Competence and Inner-Directed scales be used in preference to ratio scores, due to the statistical complexities of ratio scores. The second scoring is for 10 subsidiary scales which were designed to tap values important 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 (Nc), Synergy (Sy), Acceptance of Aggression (A), and Capacity for Intimate Contact (C).

Klavetter and Mogar (1967) obtained test-retest reliability coefficients for POI scales based on a sample of 48 undergraduate college students. The inventory was administered twice, a week apart, with the instructions that it was part of the experiment to take the inventory twice.

Reliability coefficients for the major scales of Time Competence and Inner-Directed are .71 and .77, respectively, and coefficients for the subscales range from .52 to .82. In general, the correlations obtained in this study are at a level commensurate with other personality inventories. In
a separate study, Ilardi and May (1968) examined the
stability of POI scores among a sample of 46 student nurses
over a 1-year period and reported coefficients ranging from
.32 to .74, which the authors concluded are well within the
ranges of somewhat comparable test-retest studies with inven-
tories such as the Minnesota Multiphasic Personality Inven-
tory and the Edwards Personal Preference Schedule.

Shostrom (1964) demonstrated that POI scores signifi-
cantly differentiated a sample of clinically nominated, self-
actualizing individuals from a sample nominated as non-
actualizing. This study provided important initial evidence
for the validity of the POI in that the inventory was shown
to discriminate between individuals who have been observed
in their life behavior as having attained a relatively high
degree of actualizing, and those who do not evidence such
development. Results of the analysis indicated that the POI
significantly differentiated the groups on the two major
scales and on 9 of the 10 subscales. All differences were
in the expected direction.

In reports by Fox (1965) and Fox, Knapp, and Michael
(1968), a sample of 100 hospitalized psychiatric patients
were found to be significantly lower on all POI scales than
the nominated self-actualizing and normal adult samples
reported by Shostrom (1964).
State-Trait Anxiety Inventory

Anxiety was measured by the STAI, which was developed by Spielberger, Gorsuch, and Lushene (1968). The STAI is comprised of separate self-report scales for measuring two distinct anxiety concepts: state anxiety (A-State) and trait anxiety (A-Trait). The A-Trait Scale consists of 20 statements that ask people to describe how they generally feel. The A-State Scale also consists of 20 statements, but these ask people how they feel at a particular moment in time.

State anxiety (A-State) is conceptualized as a transitory emotional state which is characterized by subjective, consciously perceived feelings of tension and apprehension. A-State may vary in intensity and fluctuate over time.

Trait anxiety (A-Trait) refers to relatively stable individual differences in anxiety-proneness.

The test-retest reliability data were gathered on subgroups of subjects who were included in the normative sample of undergraduate college students. The correlations for the A-Trait Scale were reasonably high, ranging from .73 to .86. The correlations for the A-State Scale were anticipatedly low because a valid measure of A-State should reflect the influence of unique situational factors existing at the time of testing. Alpha coefficients were used on the A-State Scale. These reliability coefficients ranged from .83 to .92. Thus, the interval consistency of both STAI subscales is reasonably good.
Concurrent validity of the STAI was established by correlating the STAI with other anxiety scales, such as the Taylor Manifest Anxiety Scale (TMAS) and the Zuckerman Multiple Affect Adjective Check List (MAACL). Correlations were reported to be moderately high with both college student and patient populations. More important, however, is the demonstration by Spielberger et al. (1968) that scores on the STAI A-State Scale increase in response to various kinds of stress and decrease as a result of relaxation training, which provides evidence of the construct validity of the scale.

Trainee Evaluation (TE) Form

An 11-item evaluation form was developed for use in this study. Participants were asked to rate aspects of the group experience on a 5-point scale, with 1 being unsatisfactory and 5 being outstanding (see Appendix B).

Analysis Procedures

Subjects were randomly assigned to one of four groups involved in one of the two treatment models selected for comparison. To determine if the four groups were different in level of self-actualization prior to treatment, a one-way analysis of variance was applied to the group mean scores obtained on the two major scales of the POI pretest.

Following are the research hypotheses used in the study. All hypotheses are nondirectional.
H₁: There is a difference in reported anxiety levels (STAI) between groups of counselor trainees experiencing different treatment models.

H₂: There is a difference in self-actualization (POI) between groups of counselor trainees following 9 hours of participation in different group treatment models.

H₃: There is a difference in self-actualization (POI) between groups of counselor trainees 1 month following participation in different group treatment models.

H₄: There is a difference between treatment models in trainee evaluation (TE) of the group experience following 9 hours of different treatment.

A 2 x 2 factorial design was used for analysis. The independent variables were treatment (STGE and TSGE) and leader (A and B). Dependent variables include (a) group mean scores obtained on the scales of the STAI; (b) group mean change scores on the scales of the POI, derived from repeated measures; and (c) group mean item ratings on TE.

Kerlinger (1973) argued that setting a priori confidence levels for experiments involving two treatments is too restrictive and does not lend itself to adequate interpretation of the data. Thus, data were examined and decisions were made on the magnitude of the statistic and its influence on repeating experimental error. Inspection of the data led to post hoc establishment of a .10 level as reasonable for this study.
Summary

The purpose of the study was to compare the effects on trainee self-actualization of two divergent group treatment models. The research sample consisted of 30 volunteer subjects enrolled in counselor education laboratory courses at a medium-sized state university in Virginia. Volunteer subjects were randomly assigned to one of four groups involved in one of the two group models selected for comparison. Experienced group leaders conducted both treatments. One of the group treatment models was specifically designed for use in the study. The two group models used, the STGE and the TSGE, were selected for their well-defined group structure and explicit leader behaviors.

Treatments were conducted during the spring semester of 1978. Each group received 9 hours of treatment over a 2-day period. The POI was administered as the self-actualization measure, pre- and post-treatment and 1 month following treatment. The STAI was used to measure anxiety levels during the first day of treatment. All groups completed an evaluation form (TE) at the close of treatment. Hypotheses were tested by use of a two-way analysis of variance model.
CHAPTER III

ANALYSIS PROCEDURES

In Chapter III, the results of an analysis of data on the research sample, prior to treatment, are presented first. Second, the results and presentation of the analyzed data used in testing the four study hypotheses are given.

The author is assuming that the basic assumptions underlying the use of analysis of variance statistics are met. The normality assumption is assumed because there is no way available to the author to verify it. The author will be looking for any obvious difference in variance in the research findings, and if no blatant differences are revealed, the homogeneity of variance assumption will also be assumed.

All responses to the items of the POI were scored twice, once for the major scales, Time Competence (TC) and Inner-Directed (I), and again for the subscales. Shostrom (1966) suggested that a quick estimate of an individual's level of self-actualization may be obtained from the major scales alone. Knapp (1971) found that the I scale was the best single estimate of self-actualization. Damm (1970) found a high correlation between scores on the subscales and scores on the major scales.

The research findings regarding the POI results in this study are based on data obtained on the two major scales.
The subscale data are reported in summary form in Appendix E.

**Sample Data**

The research sample consisted of 30 volunteer graduate students enrolled in counselor education laboratory classes at a medium-sized state university in Virginia. The subjects were randomly assigned to one of four groups. Because 11 subjects dropped out of the study, for reasons mentioned in Chapter II, the analysis is based on the data collected from the 19 subjects who completed treatment. Of these volunteers, 13 were female and 6 were male, ranging in age from 22 to 48, with a mean age of 28.21 years.

To determine whether the treatment groups were similar in level of self-actualization prior to treatment, a one-way analysis of variance was applied to the group means of the two major scales of the POI pretest.

The pretest comparisons for the groups on the major POI scales, TC and I, are presented in Tables 4 and 5. A chart summarizing the sample comparison data on the 10 subscales is included in Appendix E (Table 1).

As evidenced in Table 4, the tested level of time competence was similar between groups prior to treatment. As evidenced in Table 5, the tested level of inner-direction was similar between groups prior to treatment.

It was concluded that prior to treatment the four groups did not differ significantly from each other in average level
Table 4
Comparison of Personal Orientation Inventory Time Competence Scale Scores Between Groups Before Treatment

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>N</th>
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<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>18.00</td>
<td>1.22</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>16.16</td>
<td>3.81</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>16.33</td>
<td>2.08</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>16.40</td>
<td>2.79</td>
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One-Way Analysis of Variance

<table>
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<tr>
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<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>10.984</td>
<td>3</td>
<td>3.661</td>
<td>0.463</td>
<td>0.713</td>
</tr>
<tr>
<td>Within</td>
<td>118.700</td>
<td>15</td>
<td>7.913</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>129.684</td>
<td>18</td>
<td></td>
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</table>

Table 5
Comparison of Personal Orientation Inventory Inner-Directed Scale Scores Between Groups Before Treatment

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>N</th>
<th>M</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8.86</td>
<td>.78</td>
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<td>6</td>
<td>9.51</td>
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<td>9.14</td>
<td>1.08</td>
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One-Way Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
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<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>2.341</td>
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<td>.780</td>
<td>.660</td>
<td>.589</td>
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<tr>
<td>Within</td>
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<td>1.183</td>
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<td>Total</td>
<td>20.080</td>
<td>18</td>
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</table>

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of self-actualization as measured by the major POI scales, TC and I. In addition, all groups were similar prior to treatment on 9 of the 10 subscales.

Research Findings

The research findings are presented in the following manner: (a) statement of the null hypotheses, (b) presentation of the data, and (c) discussion of the findings. Four hypotheses were used in the study. Based on the application of a weighted two-way analysis of variance, results of hypothesis testing are reported and hypotheses are accepted, not accepted, or rejected at the .10 level of probability.

Null Hypothesis 1

There are no differences in the mean levels of anxiety reported between group models during treatment.

Scores obtained on the two scales of the STAI were used as a measure of anxiety. The first STAI scale measures state anxiety (A-State) in response to a specific situation. The second STAI scale measures trait anxiety (A-Trait), defined as personal tendency or proneness toward experiencing anxiety.

Statistical analyses on both scales were used in testing the first hypothesis. A two-way analysis of variance was applied to group means obtained on each of the STAI scales. The independent variables were treatment and leader. The dependent variables were group mean scores obtained on state- and trait-anxiety scales of the STAI. Group means on the

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A-State Scale were compared to determine differences in levels of anxiety due to the different treatment models. Group means on the A-Trait Scale were compared to determine differences in anxiety-proneness of subjects between treatment models.

The results of the two-way analysis of variance on the A-State Scale are presented in Table 6, and the results on the A-Trait Scale are presented in Table 7. A discussion of the findings follows the presentation of the data.

Table 6
Comparison of Group State Anxiety Resulting from Differing Group Treatments as One Variable and Leader as a Second Variable

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>STGE</td>
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<tr>
<td>Leader A</td>
<td>5</td>
<td>36.20</td>
<td>9.88</td>
</tr>
<tr>
<td>Leader B</td>
<td>6</td>
<td>26.50</td>
<td>5.08</td>
</tr>
<tr>
<td>TSGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader A</td>
<td>3</td>
<td>44.33</td>
<td>16.62</td>
</tr>
<tr>
<td>Leader B</td>
<td>5</td>
<td>40.60</td>
<td>10.38</td>
</tr>
</tbody>
</table>

Two-Way Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
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<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1</td>
<td>549.25</td>
<td>5.48</td>
<td>.034</td>
</tr>
<tr>
<td>Leader</td>
<td>1</td>
<td>200.51</td>
<td>2.00</td>
<td>.178</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>39.56</td>
<td>.39</td>
<td>.539</td>
</tr>
<tr>
<td>Within</td>
<td>15</td>
<td>100.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 7
Comparison of Group Trait Anxiety Resulting from Differing Group Treatments as One Variable and Leader as a Second Variable

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>STGE Leader A</td>
<td>5</td>
<td>34.80</td>
<td>2.95</td>
</tr>
<tr>
<td>Leader B</td>
<td>6</td>
<td>40.00</td>
<td>8.80</td>
</tr>
<tr>
<td>TSGE Leader A</td>
<td>3</td>
<td>46.00</td>
<td>5.56</td>
</tr>
<tr>
<td>Leader B</td>
<td>5</td>
<td>39.80</td>
<td>11.96</td>
</tr>
</tbody>
</table>

Two-Way Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1</td>
<td>134.44</td>
<td>1.91</td>
<td>.188</td>
</tr>
<tr>
<td>Leader</td>
<td>1</td>
<td>1.11</td>
<td>.02</td>
<td>.902</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>144.40</td>
<td>2.05</td>
<td>.173</td>
</tr>
<tr>
<td>Within</td>
<td>15</td>
<td>70.51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As evidenced by Table 6, a significant difference at the .03 level was found between treatments in state anxiety. The STGE participants reported significantly lower levels of state anxiety when compared to TSGE participants. Anxiety responses were different in each treatment model. Based on the data, it is concluded that the differences in anxiety were due to the different treatments. The anticipated treatment effects on group anxiety had been achieved.

As evidenced by Table 7, no significant differences in trait anxiety were found in subjects between treatment models. This further supports the conclusion that different anxiety states prevailed in each model due to the treatment.
conditions, not personality differences.

In summary, significant differences in state anxiety were found between treatment models. During the STGE treatment, designed to manage anxiety, significantly lower state-anxiety scores were obtained. During the TSGE treatment, designed to evoke anxiety, significantly higher state-anxiety scores were obtained. No differences were found between treatment groups in general proneness toward anxiety. Leaders were not found to be a significant source of difference. Based on the results reported in Tables 6 and 7, the null hypothesis was rejected at the .10 level. Different effects on anxiety were achieved by the two treatment models.

**Null Hypothesis 2**

There are no differences in the mean changes in self-actualization between group models following 9 hours of different treatments.

A two-way weighted means analysis of variance was applied to group mean change scores obtained from pre- and post-treatment administrations of the POI. The two independent variables were treatment and leader. The dependent variables were change scores obtained on the two major POI scales, TC and I.

The results of the two-way analysis of variance for the two major scales are presented in Tables 8 and 9. A summary of the results obtained from scores on the subscales is included in Appendix E (Table 2). A discussion of the findings follows the presentation of the analyzed data.
Table 8

Comparison of Group Change in Time Competence Between Pre- and Post-Measures Resulting from Differing Group Treatments as One Variable and Leader as a Second Variable

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader A</td>
<td>5</td>
<td>.40</td>
<td>1.94</td>
</tr>
<tr>
<td>Leader B</td>
<td>6</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>TSGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader A</td>
<td>3</td>
<td>.00</td>
<td>3.60</td>
</tr>
<tr>
<td>Leader B</td>
<td>5</td>
<td>-1.20</td>
<td>1.30</td>
</tr>
</tbody>
</table>

Two-Way Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1</td>
<td>14.40</td>
<td>3.18</td>
<td>.095</td>
</tr>
<tr>
<td>Leader</td>
<td>1</td>
<td>.18</td>
<td>.04</td>
<td>.846</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>8.71</td>
<td>1.92</td>
<td>.186</td>
</tr>
<tr>
<td>Within</td>
<td>15</td>
<td>4.53</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examination of the data presented in Table 8 reveals significant differences at the .095 level between treatments on the TC scale following treatment. Mean change scores from the STGE model were higher than mean change scores from the TSGE model.

Examination of the data presented in Table 9 reveals that the difference between treatments was significant at the .025 level on the I scale. The mean change scores of STGE groups were significantly higher than the TSGE groups on the I scale following treatment.
### Table 9

Comparison of Group Change in Inner-Direction Between Pre- and Post-Measures Resulting from Differing Group Treatments as One Variable and Leader as a Second Variable

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader A</td>
<td>5</td>
<td>.44</td>
<td>1.25</td>
</tr>
<tr>
<td>Leader B</td>
<td>6</td>
<td>.70</td>
<td>.80</td>
</tr>
<tr>
<td><strong>TSGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader A</td>
<td>3</td>
<td>-0.80</td>
<td>1.01</td>
</tr>
<tr>
<td>Leader B</td>
<td>5</td>
<td>-0.26</td>
<td>.60</td>
</tr>
</tbody>
</table>

**Two-Way Analysis of Variance**

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1</td>
<td>5.38</td>
<td>6.17</td>
<td>.025</td>
</tr>
<tr>
<td>Leader</td>
<td>1</td>
<td>.71</td>
<td>.82</td>
<td>.381</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>.09</td>
<td>.10</td>
<td>.756</td>
</tr>
<tr>
<td>Within</td>
<td>15</td>
<td>.87</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Analysis of the pre- to post-measure data revealed significant differences between group models on the major scales of the POI following 9 hours of different treatment. The STGE treatment group change scores were higher on both scales than were the TSGE treatment group scores. Differences on the TC scale reached significance at the .095 level, and differences on the I scale reached significance at the .025 level.

On the subscales, significant differences were found on the Self-Regard Scale, and an interaction effect was found on the Self-Actualizing Value Scale (see Appendix E, Table 2).
As evidenced in Tables 8 and 9, change scores on the major scales of the POI were different between group models, and the null hypothesis was rejected at the .10 level. Leaders were not found to be a major source of difference between group models. The STGE treatment model was more effective in promoting gains in self-actualization than was the TSGE treatment model.

Null Hypothesis 3

There are no differences in mean changes in self-actualization between group models 1 month following different treatments.

A two-way weighted means analysis of variance was applied to group mean change scores obtained between the post-treatment administration of the POI and the follow-up measure given 1 month following the end of treatment. The two independent variables were treatment and leader. The dependent variables were change scores obtained on the major scales of the POI between post-test and follow-up measures.

The results of the two-way analysis of variance for the two major scales, TC and I, are presented in Tables 10 and 11. A summary of the results obtained from scores on the subscales is included in Appendix E (Table 3). A discussion of the findings follows the presentation of the analyzed data.

As evidenced by Tables 10 and 11, no significant differences were found between groups on either the TC scale or the I scale, 1 month following different treatments.

Differences were found on the subscales of
### Table 10

Comparison of Group Change in Time Competence Between Post- and Follow-Up Measures Resulting from Differing Group Treatments as One Variable and Leader as a Second Variable

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>STGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader A</td>
<td>5</td>
<td>2.00</td>
<td>1.58</td>
</tr>
<tr>
<td>Leader B</td>
<td>6</td>
<td>1.33</td>
<td>3.01</td>
</tr>
<tr>
<td>TSGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader A</td>
<td>3</td>
<td>.00</td>
<td>4.58</td>
</tr>
<tr>
<td>Leader B</td>
<td>5</td>
<td>.80</td>
<td>2.04</td>
</tr>
</tbody>
</table>

#### Two-Way Analysis of Variance

<table>
<thead>
<tr>
<th>Source</th>
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<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1</td>
<td>7.13</td>
<td>.94</td>
<td>.348</td>
</tr>
<tr>
<td>Leader</td>
<td>1</td>
<td>.02</td>
<td>.00</td>
<td>.960</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>2.39</td>
<td>.31</td>
<td>.583</td>
</tr>
<tr>
<td>Within</td>
<td>15</td>
<td>7.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-Actualizing Value, Nature of Man Construct, and Synergy (see Appendix E, Table 3).

Based on the results presented in Tables 10 and 11, the null hypothesis was not rejected. Significant differences in mean changes in self-actualization were not found between group models 1 month following treatment. Since no differences were found between models in mean changes in self-actualization 1 month following treatment, it was concluded that the initial differences in self-actualization which occurred between models were maintained.
Table 11
Comparison of Group Change in Inner-Direction Between Post- and Follow-Up Measures Resulting from Differing Group Treatments as One Variable and Leader as a Second Variable

<table>
<thead>
<tr>
<th>Treatment Model</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>STGE Leader A</td>
<td>5</td>
<td>.44</td>
<td>1.34</td>
</tr>
<tr>
<td>STGE Leader B</td>
<td>6</td>
<td>.53</td>
<td>.82</td>
</tr>
<tr>
<td>TSGE Leader A</td>
<td>3</td>
<td>.13</td>
<td>.28</td>
</tr>
<tr>
<td>TSGE Leader B</td>
<td>5</td>
<td>.28</td>
<td>.81</td>
</tr>
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</table>

Two-Way Analysis of Variance

<table>
<thead>
<tr>
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<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1</td>
<td>.35</td>
<td>.27</td>
<td>.613</td>
</tr>
<tr>
<td>Leader</td>
<td>1</td>
<td>.06</td>
<td>.05</td>
<td>.828</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>.00</td>
<td>.00</td>
<td>.961</td>
</tr>
<tr>
<td>Within</td>
<td>15</td>
<td>1.31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Null Hypothesis 4

There is no difference between group treatment models in the mean trainee ratings of the group experience following 9 hours of treatment.

A two-way weighted means analysis of variance was used to compare group means obtained on the 5-point TE form administered at the end of treatment. The two independent variables were treatment and leader. The dependent variables were mean scores obtained on each of the 11 items on the TE form.

The results of the two-way analysis of variance on the TE form are summarized in Table 12. Means and standard
Table 12
Summary of Results of Two-Way Analysis of Variance on Group Mean Item Ratings from Trainee Evaluation Form

<table>
<thead>
<tr>
<th>Item</th>
<th>Probability</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Clarity of your group's purpose</td>
<td>.007</td>
<td>.906</td>
<td>.353</td>
</tr>
<tr>
<td>2) Your psychological comfort with the workshop</td>
<td>.007</td>
<td>.922</td>
<td>.456</td>
</tr>
<tr>
<td>3) Length of group sessions</td>
<td>.009</td>
<td>.743</td>
<td>.333</td>
</tr>
<tr>
<td>4) Number of group sessions</td>
<td>.019</td>
<td>.606</td>
<td>.606</td>
</tr>
<tr>
<td>5) Leaders' ability to facilitate learning</td>
<td>.000</td>
<td>.308</td>
<td>.308</td>
</tr>
<tr>
<td>6) Your small group leader as a person</td>
<td>.000</td>
<td>.191</td>
<td>.191</td>
</tr>
<tr>
<td>7) Your involvement and participation</td>
<td>.105</td>
<td>.029</td>
<td>.544</td>
</tr>
<tr>
<td>8) Sense of group cohesiveness (togetherness)</td>
<td>.000</td>
<td>.061</td>
<td>.007</td>
</tr>
<tr>
<td>9) Resolution of group issues</td>
<td>.004</td>
<td>.251</td>
<td>.787</td>
</tr>
<tr>
<td>10) Relevance of your group to your professional development</td>
<td>.020</td>
<td>.817</td>
<td>.644</td>
</tr>
<tr>
<td>11) Relevance of your group to your personal development</td>
<td>.021</td>
<td>.564</td>
<td>.188</td>
</tr>
</tbody>
</table>

Differences between treatments were found on all items. Differences on 10 of the 11 items reached .022 or greater statistical significance. Ratings on all items were higher with the STGE model than with the TSGE model. Item 7, rating...
of participant involvement, did not reach statistical significance between group models, but was revealed to reach a .029 level of significant difference between leaders. A leader effect and an interaction effect occurred on Item 8, rating group cohesiveness. On each of these items, Leader A was rated more highly than Leader B. Also on Item 8, the combination of Leader A with the STGE model was rated statistically higher than the combination of Leader B with the TSGE model.

As evidenced by the data presented in Table 12, there were differences between groups in trainee evaluation following different group treatments, and the null hypothesis was rejected. Trainees involved in the STGE model evaluated the group experience significantly more positively than did trainees in the TSGE model.

**Summary**

Prior to treatment, the average level of self-actualization did not differ significantly between counselor trainees assigned to four groups involved in two different group treatment models. Significant differences in anxiety prevailed between treatment models. Immediately following treatments, groups differed significantly in average changes in self-actualization. Subjects assigned to the STGE model, designed to control anxiety, obtained greater initial gains in self-actualization than did subjects assigned to the TSGE.
model, designed to evoke anxiety. These differences were maintained over time. Evaluations of the group experience were significantly different between treatments. The STGE participants rated the experience significantly more positively than the participants assigned to the TSGE model on 10 of the 11 items on the TE form.
CHAPTER IV

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

Summary

Counselor training programs are placing increasing emphasis on the development of the counselor as a person. The medium of the group has been employed in many training programs to promote personal development. The types of group treatment reported in the counselor education literature have been varied and often loosely defined. The purpose of the study was to determine more specifically what kinds of group experience may be most helpful in promoting self-actualization of counselor trainees. Two group models used in the training of counselors were selected for use in the study. They were chosen for their divergent approaches to group work, well-defined group structures, and explicit leader behaviors. The Structured Trainee Group Experience (STGE) model, specifically developed for use in the study, is designed to manage anxiety within a comfortable range. The Tavistock Study Group Experience (TSGE) model evokes anxiety beyond the range of comfort. The models were compared on three variables: (a) the level of anxiety which prevailed during treatment, (b) the changes in self-actualization levels obtained immediately following treatment and 1 month later, and (c) trainee evaluations of the group experience.
The sample consisted of 30 volunteer subjects enrolled in master's level counselor education laboratory courses at a medium-sized state university. Subjects were assigned to either the STGE model or the TSGE model. Two groups were involved in each treatment model. Two leaders conducted each treatment and were comparable in training and expertise. Data were analyzed on the 19 subjects who completed treatment.

Small group research using volunteers is plagued with the problem of subject attrition; this study proved to be no exception. It is not known what effect the loss of 11 subjects had in this study on the internal and external validity of the experiment.

To obtain a pre-measure of a subject's level of self-actualization, the Personal Orientation Inventory (POI) was administered to all subjects prior to treatment. Each group was exposed to 9 hours of treatment over a 2-day period. The State-Trait Anxiety Inventory (STAI) was used to measure differences in anxiety levels during the first day of treatment. At the end of the second treatment day, the POI was re-administered to measure differences in self-actualization following treatment. The Trainee Evaluation (TE) form was also given to assess participant response to group treatment. One month following treatment, the POI was administered for the third time.

A one-way analysis of variance was used to reveal differences in self-actualization levels between groups prior
to treatment. A two-way analysis of variance was used to compare models and leaders to determine (a) if differences in anxiety prevailed between treatments, (b) if difference changes in self-actualization occurred between models immediately following treatment and on the 1-month follow-up measure, and (c) if trainee evaluations of the experience were different between treatment models.

Analysis of the data revealed that no differences were found between groups prior to treatment. Different anxiety states did prevail in each treatment model and significantly higher levels of state anxiety were reported during use of the TSGE model. Differences in mean change levels of self-actualization were found between models immediately following group treatments. The STGE model was more effective in promoting initial gains in self-actualization than was the TSGE model. One month following treatment, no significant differences in mean change levels of self-actualization were found between treatment models. The initial differences found in self-actualization changes between models were maintained. Trainees involved in the STGE model evaluated the group experience significantly more favorably than did the trainees involved in the TSGE model.

Discussion

The findings of the study strongly suggest the use of the STGE model as the preferred group treatment model for use
with master's level counselor trainees. The STGE model was found to promote greater self-actualization and more positive evaluations of the group experience. These findings are important not only in developing the trainee as a person, but in promoting more positive attitudes toward usefulness of group interventions as a medium for behavior change. In addition, the findings support that the differences in self-actualization changes between models were generally maintained over time.

The early attrition of volunteer subjects from 30 to 22 was unavoidable. One might speculate that the additional loss of four subjects who actually began treatment but did not complete it was due to personal dissatisfaction with the group experience.

The STGE model was designed to be easily replicated. For all of these reasons, the STGE model would be a viable choice of group intervention to be used with beginning counselors in training. The model provides for leader modeling of facilitative techniques which promote a safe environment for self-exploration. The use of the specific topics and exercises combined with discussion techniques did promote self-actualization. Additional topics and exercises could be added to the model to expand treatment time if desired.

With the variety and number of single-treatment studies in the literature reporting gains in self-actualization, it would seem that almost any group treatment is likely to
increase levels of self-actualization. One can only speculate why greater gains in self-actualization occurred with use of the STGE model than with the TSGE model.

It could be that the TSGE was too threatening a model to be used early in training. Although early training encourages self-exploration and understanding, it often does so in non-threatening ways. Early training techniques focus on listening and reflecting in a supportive manner. It is likely that trainees participating in the TSGE model expected group leaders to be verbally gentle and supportive and, when confronted with the consultant role, reacted with anger as well as anxiety. The observations reported by the outside group discussion leader referred to feelings of "being tricked" expressed by the TSGE members. Since three of the four subjects who began treatment and did not complete it dropped out of the TSGE model, one may speculate that these trainees were not prepared to deal with the uncomfortable feelings evoked and experienced in this model.

The findings suggest that the TSGE model is not the preferred treatment model to be used with master's level trainees. Perhaps the TSGE model would be better utilized with counselors more advanced in their training, such as with advanced doctoral students. More experienced counselors may be better able to experience and manage higher levels of anxiety and may be more receptive to learning from the TSGE model.
Recommendations

A major limitation of the study is its generalizability. Similar research efforts should strive for a much larger sample, to enable group sizes to be greater and to include a larger number of groups. The use of volunteer subjects presents difficulty in sampling procedures and in maintaining the sample for the duration of the experiment. It may be more desirable to sample a more captive population, such as all entering M.A., Ed.D., or Ph.D. counseling students, and to arrange to conduct research using a group experience which is included in the graduate curriculum.

Similar group research may produce different findings by altering the group treatment exposure schedule. Instead of a 2-day workshop approach, consecutive group sessions may be varied by meeting weekly or daily. It may also be interesting to compare the effects of group treatment at different points in a training program.

One area for further research would be to investigate the usefulness of the STGE model with peer leadership. As noted previously, the findings of Archer and Kagan (1973) suggest that para-professionals may operate more effectively when considerable group structure is provided. Since the STGE model is highly structured, it would be interesting to determine if it could be used effectively by peer leaders with counselors in training.

Another area suggested for further research would be
to investigate the usefulness of the TSGE model in more advanced group training with doctoral students. Prolonged exposure to the TSGE model with a more sophisticated population may yield different results.

The purpose of the study was to delineate which group treatment approaches are most beneficial in promoting trainee self-actualization. Additional studies need to be designed to assess the relative effectiveness of other treatment approaches. It is anticipated that the STGE model, developed for use with beginning counselor trainees, will be used in future experimental designs and will also serve as a training model in counselor education programs.
REFERENCES

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REFERENCES


Betz, R. L. Socio-process groups: Definition, leader behavior and member role. Unpublished manuscript, Western Michigan University, 1974.


APPENDIX A

Abstract of Research Proposal; Information Given to Prospective Volunteers; and Consent Form
TO: Dr. Harold McGee, Head, Psychology Department
FROM: Pamela Elizabeth
DATE: March 6, 1978
SUBJECT: Use of Counselor Education Students in Dissertation Research

Abstract of Research Proposal

The Effects of Differential Treatment Upon the Self-Actualization of Counselors in Training

During spring semester, students enrolled in Techniques and Practicum classes in the Counselor Education Department will be given an opportunity to volunteer as subjects in this study. One intervention will be conducted on two consecutive Saturdays, using the Structured Trainee Group Experience (STGE) model, where the leader's role is primarily that of a facilitator. The second intervention will be held on two consecutive Sundays, using the Tavistock Study Group Experience (TSGE) model, where the leader's role is primarily that of consultant. Subjects will be assigned to only one treatment group. Two groups will be exposed to each treatment model. Two leaders will be conducting each treatment intervention. The Personal Orientation Inventory (POI) will be used as a pre-/post-measurement. The groups will be held at the James Madison University Counseling and Student Development Center. Appropriate statistical analyses will be run on all groups to determine if there are differences between groups following treatment and over time.

Consent forms will be signed by all volunteers prior to treatment. Information regarding participants will be treated as confidential by the researcher.

PE
Your class is one of the classes selected to be invited to take part in dissertation research. My name is Pamela Elizabeth, and I am the doctoral intern at the counseling center here. My home university is Western Michigan University in Kalamazoo. I am working on a doctorate in counseling.

I am looking for volunteers to participate in group research for my dissertation. Your faculty is aware of the study and have given their approval for the research to be conducted with their counselor education students. Individuals taking part in the study will remain anonymous. Individual test results used in the research will be treated as confidential. You may have access to the individual results by making an appointment with me at the counseling center when the study is completed.

Those of you who volunteer and complete the group work will receive a summary of the findings after the dissertation is done.

The exact nature of the group cannot be revealed prior to treatment. The groups will be conducted at the JMU counseling center by experienced and skilled group leaders. The group experiences are designed to add to your understanding of yourself and others. There will be no cost to you as a participant, as I need your cooperation to conduct research. There will be paper-and-pencil instruments administered over the course of the study. No additional reading or paper work will be required. Some of your faculty have agreed to count time spent in groups toward field-experience requirements.

In order to volunteer, you must be available to participate in all-day groups offered on two consecutive weekends. If you would like to participate, please give me your name.
Consent Form

I, __________________________, have agreed to participate as a volunteer in dissertation research conducted by Pamela Elizabeth, a doctoral student in the Department of Counseling and Personnel at Western Michigan University.

It is my understanding that my individual responses will be kept confidential by the researcher.

I understand that my participation involves responses to the Personal Orientation Inventory, an evaluation form, membership in a group, and demographic data given on this form.

Signed: ______________________
Date: ______________________

Age: ______________________
Sex: ______________________
APPENDIX B

Personal Orientation Inventory; State-Trait Anxiety Inventory, Form L; and Trainee Evaluation Form
Due to the copyrights (Shostrom, 1962; EDITS, 1963), only a few items of the POI are presented here to give the reader a sample of the instrument (available through Educational and Industrial Testing Service, San Diego, California).

1) a. I am bound by the principle of fairness.
   b. I am not absolutely bound by the principle of fairness.

2) a. When a friend does me a favor, I feel that I must return it.
   b. When a friend does me a favor, I do not feel that I must return it.

3) a. I feel I must always tell the truth.
   b. I do not always tell the truth.

4) a. No matter how hard I try, my feelings are often hurt.
   b. If I manage the situation right, I can avoid being hurt.

5) a. I feel that I must strive for perfection in everything that I undertake.
   b. I do not feel that I must strive for perfection in everything that I undertake.

6) a. I often make my decisions spontaneously.
   b. I seldom make my decisions spontaneously.

7) a. I am afraid to be myself.
   b. I am not afraid to be myself.

8) a. I feel obligated when a stranger does me a favor.
   b. I do not feel obligated when a stranger does me a favor.

9) a. I feel that I have a right to expect others to do what I want of them.
   b. I do not feel that I have a right to expect others to do what I want of them.

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April 14, 1978

Ms. Pamela Elizabeth
737 Walnut Lane, E-4
Harrisonburg, VA  22801

Dear Ms. Elizabeth:

In response to your recent request, I am very pleased to give you permission to reproduce the State-Trait Anxiety Inventory for your dissertation research entitled "The Effects of Differential Group Treatments Upon the Self-Actualization of Counselors in Training."

It is my understanding that your research will be carried out at James Madison University, Harrisonburg, Virginia.

I will look forward to receiving further details on your procedures and your results as these become available. Best wishes on your research project.

Sincerely,

CHARLES D. SPIELBERGER, PH.D.
Professor and Director,
Doctoral Program in Clinical
  and Community Psychology

CDS/dll

THE UNIVERSITY IS AN AFFIRMATIVE ACTION 
EQUAL OPPORTUNITY INSTITUTION
Self-Evaluation Questionnaire

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene
Stai Form X-1

Name ______________________________ Date ____________________

Directions: A number of statements which people have used
to describe themselves are given below. Read each statement
and then circle the appropriate number to the right of the
statement to indicate how you FEEL right now, that is, AT
THIS MOMENT. There are no right or wrong answers. Do not
spend too much time on any one statement, but give the answer
which seems to describe your present feelings best.

1 = Not at all
2 = Somewhat
3 = Moderately so
4 = Very much so

1) I feel calm. .......... 1 2 3 4
2) I feel secure. ........... 1 2 3 4
3) I am tense. ............. 1 2 3 4
4) I am regretful. .......... 1 2 3 4
5) I feel at ease. .......... 1 2 3 4
6) I feel upset. ............ 1 2 3 4
7) I am presently worrying over possible
misfortune. ............... 1 2 3 4
8) I feel rested. ........... 1 2 3 4
9) I feel anxious. .......... 1 2 3 4
10) I feel comfortable. ...... 1 2 3 4
11) I feel self-confident. .... 1 2 3 4
12) I feel nervous. .......... 1 2 3 4
13) I am jittery. ............ 1 2 3 4
14) I feel "high strung." ....... 1 2 3 4
15) I am relaxed. ........... 1 2 3 4

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Self-Evaluation Questionnaire, Form L
(Stai Form X-1, Continued)

1 = Not at all
2 = Somewhat
3 = Moderately so
4 = Very much so

16) I feel content. ....................... 1 2 3 4
17) I am worried. .......................... 1 2 3 4
18) I feel over-excited and "rattled."... 1 2 3 4
19) I feel joyful. .......................... 1 2 3 4
20) I feel pleasant. ........................ 1 2 3 4
Self-Evaluation Questionnaire
Stai Form X-2
(Cont.)

Name ___________________________ Date ______________________

Directions: A number of statements which people have used
to describe themselves are given below. Read each statement
and then circle the appropriate number to the right of the
statement to indicate how you GENERALLY feel. There are no
right or wrong answers. Do not spend too much time on any
one statement, but give the answer which seems to describe
how you generally feel.

1 = Almost never
2 = Sometimes
3 = Often
4 = Almost always

21) I feel pleasant. ........................ 2 3 4
22) I tire quickly. .......................... 2 3 4
23) I feel like crying ..................... 2 3 4
24) I wish I could be as happy as others
    seem to be. ............................ 1 2 3 4
25) I am losing out on things because I
    can't make up my mind soon enough. . . 1 2 3 4
26) I feel rested. .......................... 1 2 3 4
27) I am "calm, cool, and collected." ... 1 2 3 4
28) I feel that difficulties are piling up
    so that I cannot overcome them. ....... 1 2 3 4
29) I worry too much over something that
    really doesn't matter. ................. 1 2 3 4
30) I am happy. ............................ 1 2 3 4
31) I am inclined to take things hard. ... 1 2 3 4
32) I lack self-confidence. ............... 1 2 3 4
33) I feel secure. .......................... 1 2 3 4
34) I try to avoid facing a crisis or
difficulty. .............................. 1 2 3 4

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Self-Evaluation Questionnaire, Form L  
(Stai Form X-2, Continued)

1 = Almost never  
2 = Sometimes  
3 = Often  
4 = Almost always

35) I feel blue. ................. 1 2 3 4
36) I am content. ................. 1 2 3 4
37) Some unimportant thought runs through my mind and bothers me. ............ 1 2 3 4
38) I take disappointments so keenly that I can't put them out of my mind. ............ 1 2 3 4
39) I am a steady person. ............ 1 2 3 4
40) I get in a state of tension or turmoil as I think over my recent concerns and interests. ............ 1 2 3 4

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**Trainee Evaluation Form**

**Leader ________________**

Please evaluate your small group experience. **Do not sign your name.**

Circle the number to the right of each statement which best describes your reaction.

1 = Unsatisfactory  
2 = Below average  
3 = Average  
4 = Good  
5 = Outstanding

1) Clarity of your group's purpose .. 1  2  3  4  5  
2) Your psychological comfort with the workshop . . . . . . . . . . 1  2  3  4  5  
3) Length of group sessions . . . . 1  2  3  4  5  
4) Number of group sessions . . . . 1  2  3  4  5  
5) Leaders' ability to facilitate learning . . . . . . . . . . . . . . . 1  2  3  4  5  
6) Your small group leader as a person 1  2  3  4  5  
7) Your involvement and participation 1  2  3  4  5  
8) Sense of group cohesiveness (togetherness) . . . . . . . . . . 1  2  3  4  5  
9) Resolution of group issues . . . . 1  2  3  4  5  
10) Relevance of your group to your professional development . . . . . . 1  2  3  4  5  
11) Relevance of your group to your personal development . . . . . . . . . 1  2  3  4  5

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APPENDIX C

Structured Trainee Group Experience Handout and Outline

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Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Structured Trainee Group Experience (STGE): Handout

Saturday, March 11 & 18
10 a.m. - 4 p.m.
James Madison University
Counseling and Student Development Center

Group Leaders:
1.
2.

STGE Group Assignments:

<table>
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Room Assignments:

- STGE A 204
- STGE B 203
- Participant Lounge 206

The waiting room (206) is available for use as a lounge by group participants. Hot water for coffee or tea will be available. Rest rooms are located on the first floor.

WORKSHOP SCHEDULE

Saturday, March 11, 1978

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>10:00</td>
<td>Arrival</td>
</tr>
<tr>
<td>10:15 - 11:45</td>
<td>Session I: &quot;Trying on Feedback&quot;</td>
</tr>
<tr>
<td>11:45 - 12:45</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:45 - 2:15</td>
<td>Session II: &quot;Assertiveness&quot; and Self-Evaluation</td>
</tr>
<tr>
<td>2:15 - 2:30</td>
<td>Break</td>
</tr>
<tr>
<td>2:30 - 4:00</td>
<td>Session III: &quot;Authority &amp; Power&quot;</td>
</tr>
</tbody>
</table>
Saturday, March 18, 1978

10:00 Arrival
10:15 - 11:45 Session IV: "Prior Influences"
11:45 - 12:45 Lunch
12:45 - 2:15 Session V: "Risk-Taking"
2:15 - 2:30 Break
2:30 - 4:00 Session VI: "Gift-Giving"

The Structured Trainee Group Experience (STGE) emphasizes development and is grounded in the tradition of educational prevention. While information may be part of the STGE, the heart of the process is to enhance attitudinal development. The underlying assumption of STGE is that there is a correlation between attitude and behavior in a given situation. Group exercises will be used to stimulate self-awareness and discussion. The leader models facilitative behaviors and works toward providing a safe environment for exploration.
Structured Trainee Group Experience: Outline

10:00 - 10:15 Greet participants, give them the handout.

Session I (10:15-11:45)—"Trying on Feedback"

10:15 - 10:30 Structuring: leader clarifies what to expect.
Time: 6 sessions (1-1/2 hours each).
Place: Counseling Center (room #).
Role expectations: leader and participants.
Content: topics, exercises, discussion.
Workshop goals: attitude development,
awareness of self and others, skill
building, safe environment.
Individual goals: elicit from participants.

10:30 - 10:50 Introduction exercise: leader models attending, listening, paraphrasing.
Tell three things about yourself:
1. Your name.
2. An important hero/heroine of yours.
3. One other thing you would like us to
   know about you.
Structured group process: leader verbally attends to all three points, e.g., observing
if hero/heroine is same or opposite sex, why
is that person important to you, is hero/
heroine of the past or is he/she contemporary, world-renowned or little-known.

10:50 - 11:00 Discussion on "what is feedback."
Elicit ideas from participants.
Leader shares any additional ideas he/she may have.
Leader verbally acknowledges each comment to reinforce participation.

11:00 - 11:10 Present guided fantasy (see attached page).

11:10 - 11:30 Leader facilitates the group in processing the fantasy experience.
Leader draws the analogy of the fantasy to feedback, suggesting that feedback can be tried on, modified, set aside, or disregarded.
Leader encourages members to give one another feedback about what they shared on their fantasy.
Session I (Continued)

11:30 - 11:45 Last 15 minutes the leader focuses the group process on "What was it like for you to give this feedback . . . to receive it?"

Old, Present, and New Clothes Guided Fantasy

Leader briefly describes what a guided fantasy is. "I will ask you to get comfortable and to close your eyes if you would like. Then I will ask you to begin to picture in your mind different items and verbally guide you through a fantasy experience. When the fantasy is over, I will ask you to share some parts of the fantasy which seemed interesting or important to you. Now, make yourself as comfortable as possible and relax. You may want to close your eyes while you relax. As you begin to feel more relaxed, we will begin the fantasy. Picture yourself in a room, standing before three boxes. The box on your left is filled with clothes from the Goodwill Store. The box before you is filled with clothes from your closet and dresser. The box just to your right is filled with new clothes from a local clothing store. As you picture yourself looking at these boxes, you continue to relax. Now, picture yourself rummaging through the box on your left, the one filled with items from the Goodwill Store. Select one item from that box. What is it? Do you want to try it on? Try it on and see how you feel about that item. Does it fit well? Do you like how it looks? Now you must decide if you want to wear it or return it to the box. We will turn our focus now to the box before you." Continue to guide participants in this manner through the next two boxes. When you are done, tell them, "The fantasy is ending now. We will soon open our eyes and remember we are meeting as a group. The fantasy is over. Open your eyes as you are ready. In a moment, I will ask each of you to share something from your fantasy which seemed important to you. Who would like to begin to share something of their fantasy?"
**Session II (12:45-2:15)—"Assertiveness"

12:45 - 12:55 (10 min.)
Briefly summarize first session. Then open a discussion of "What is assertiveness?" pursuing how assertiveness might relate to feedback.

12:55 - 1:10 (15 min.)
Assertiveness exercise #1: "... and I don't have to explain to you" exercise.
Leader describes and models the exercise.
Gives an example: "I'm upset with my boss and I don't have to explain that to you."
Go around circle at least three times.
Assist group to process how that exercise felt, what it revealed, etc.

1:10 - 1:25 (15 min.)
Assertiveness exercise #2: dyad exercise on personal life space.
Take a few minutes to identify your comfort zone. Model comfortable body space with a volunteer. Have participants work in pairs to determine their physical body space comfort zone with one or two others.
Assist in group process: "What did you learn about yourself . . . your partner? How did it feel when someone got too close? How does this relate to assertiveness?"

1:25 - 1:40 (15 min.)
Assertiveness exercise #3: group "jam"--cocktail party exercise.
Group members bunch together, attend to feelings; break as if at a cocktail party, attend to feelings, assume a comfortable distance for conversation.
Assist group process on what you were aware of, how you felt, what it may mean.

1:40 - 2:00 (20 min.)
Discussion to relate the exercises to being counselors in training, their student, work, and personal life.
Identify feedback received (verbal and non-verbal).

2:00 - 2:15 (15 min.)
Complete the Self-Evaluation Questionnaire (STAI).
Session III (2:30-4:00)—"Authority and Power"

2:30 - 2:45 Discussion on: What is authority?—granted. What is power?—assumed. Delineate differences, elicit examples of authority figures and powerful people.

2:45 - 3:00 Dyad chair exercise: Leader explains and models the exercise with a volunteer. Have one person stand on the chair, the partner sits on the floor close to other's feet. Maintain eye contact, be aware of feelings. Up person makes one "I know" statement and one "You should" statement. Repeat each statement two or three times, exaggerating voice tone and gestures. Structured group process—how did it feel to be a down person? An up person?

3:00 - 3:15 Reverse roles in the dyad chair exercise.

3:15 - 3:30 Discuss power and authority relationships. Brainstorm examples and roles you've filled in personal and work life (e.g., doctor-patient, parent-child, attorney-client, teacher-student, management-labor, counselor-client).

3:30 - 3:45 Group discussion on personal power and personal authority. Relate the exercise to what it may mean to each one's personal life and professional life.

3:45 - 4:00 Work for first-day closure. Review the day in terms of feedback, sources of feedback, increase awareness and understanding of self and others. Ask each member to share one important lesson he/she may have learned in the first three sessions.
10:00 - 10:15  Arrival, social time.

Session IV (10:15-11:45) -- "Prior Influences"

10:15 - 10:30  Discussion of the week's events between sessions and any carry-over which may have occurred.

10:30 - 10:45  Leader introduces fantasy in similar manner as before. Paper-and-pencil fantasy -- "Prior Influences." Relax -- breathe deeply -- relax. Focus your thoughts on the images I suggest and feel free to make notations. Write down your birth and one important event that occurred around that time.

A. Picture yourself as a pre-schooler:
   What did you look like?
   Favorite games/activities.
   Playmates.
   Special place you went to or liked to be.
   Nickname.

B. Grade school:
   Favorite teacher.
   Best friend.
   "Message you got re: self as a student."
   Favorite subject(s).
   After-school activities.
   Secret wish(?) -- what was it?
   Early career ideas.
   Remember being teased? about what?

C. Junior/senior high:
   Picture yourself.
   Favorite person.
   "Message you got re: physical attractiveness."
   Part-time jobs?
   What courses did you elect?
   Which did you avoid?
   Career ideas.
   Who did you look up to? Why?
   Significant event in life around this time?

D. College:
   First major -- did you change it? to what?
   Who did you want to impress?
   What kind of impression did you wish to make? Why?
Session IV (Continued)

Career goal?
Role model.
How are you an extension of some of these ideas today?

10:45 - 11:00 Assist group in sharing the event which took place around the time of each person's birth. Process one or two pre-school items which seemed important to members using reflection, pairing, etc. Follow similar procedure through each time period.

11:00 - 11:15 Process one or two grade-school items.

11:15 - 11:30 Process one or two high-school items.

11:30 - 11:45 Process college and summarize to the present by asking members to look for patterns and themes in their lives and in the lives of others.
Session V (12:45-2:15)—"Risk-Taking"

12:45 - 1:00  Paper-and-pencil exercise.
(15 min.) Three qualities you like/admire most in
others, three things you dislike most in
others.
Select one from each list you would like to
share.
How does this relate to our own personal
qualities?
How does this fit into our counseling?

1:00 - 1:30  Write down one "really wicked" or lousy
(30 min.) thing you've done in your life, one "kind
of lousy" thing, one "neat" thing, and one
"really terrific" thing you've done.
Select one to share with the group.
Process.

1:30 - 2:15  Unstructured feedback.
(45 min.) What kind of feedback do you want and need
from the group?
Ask for it.

Session VI (2:30-4:00)—"Gift-Giving"

2:30 - 3:30  Closure.
(60 min.) Give a phrase or sentence or two to each
member (as a gift)—something you will
remember about them or have learned from
them (as a gift from them).
Recipient of feedback accepts in silence
until everyone speaks—they may respond
and discuss.

3:30 - 4:00  Complete the process evaluation form and
(30 min.) post-test. (This time could be used to
verbally evaluate the STGE.)
APPENDIX D

Tavistock Study Group Experience Handout and Discussion Leader Observations and Comments
Tavistock Study Group Experience (TSGE):
Handout

Sunday, March 12 & 19
10 a.m. - 4 p.m.
James Madison University
Counseling and Student Development Center

TSGE Staff:
Consultants:
1. 
2. 

Group Discussion Leader

Administrator

TSGE Assignments:

<table>
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Room Assignments:

<table>
<thead>
<tr>
<th>Room Description</th>
<th>Room Number</th>
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<tbody>
<tr>
<td>TSGE A</td>
<td>204</td>
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<tr>
<td>TSGE B</td>
<td>203</td>
</tr>
<tr>
<td>Discussion Group</td>
<td>206</td>
</tr>
<tr>
<td>Self-Evaluation Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Administration (STAI)</td>
<td>206</td>
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</tbody>
</table>

The waiting room (206) is available for use as a lounge by group participants. Hot water for coffee or tea will be available. Rest rooms are located on the first floor.
## WORKSHOP SCHEDULE

### Sunday, March 12

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<td>10:15 - 11:30</td>
<td>TSGE A &amp; B</td>
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<tr>
<td>11:30 - 12:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:30 - 1:45</td>
<td>TSGE A &amp; B</td>
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<tr>
<td>1:45 - 2:05</td>
<td>Self-evaluation questionnaire</td>
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<tr>
<td>2:05 - 2:35</td>
<td>Discussion group</td>
</tr>
<tr>
<td>2:35 - 2:45</td>
<td>Break</td>
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<td>2:45 - 4:00</td>
<td>TSGE A &amp; B</td>
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### Sunday, March 19

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<td>2:00 - 4:00</td>
<td>TSGE A &amp; B</td>
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CONCEPT SHEET

The Tavistock Study Group Experience is designed to provide an opportunity for learning through experience. The primary task of the workshop participants is to study group behavior in the here and now. The task of the group consultant is to assist the group in examining its own behavior.

This workshop is a modification of the Tavistock Training Model, based on the work of the late A. K. Rice of the Tavistock Institute, London. The concept of the Study Group was first developed by Wilfred Bion. Bion pointed out that groups behave on two levels at the same time. On one level, groups come together to accomplish a task. On the other hand, individuals and groups of individuals behave in ways that are not wholly explicable in terms of their rational and overt intentions. Bion explained group behavior by concluding that there are essentially two groups functioning in any one group, the task group and the basic assumption group. He observed four types of basic assumption behavior.

The first of these he called dependency. When a group has assumed this basic assumption, they look for someone on whom they can depend, someone to assume responsibilities. They look for a strong leader who can protect them. In Tavistock conferences, groups often start by attempting to seduce the consultant into being a basic assumption dependency leader. The pairing basic assumption group is the most difficult to describe. Sometimes a group reaches a point at which it exhibits relatively little anxiety. There seems to be optimism and a faith that something good will come of their activity. To the outside observer, there seems to be little productive work and little chance that the primary task will be completed. Nevertheless, the group seems to be secure in their trust that a plan or a leader will emerge from their present activities. The last two basic assumptions are related. They are fight and flight. In basic assumption fight, an active leader is chosen. An ideal leader is someone who is a little paranoid, since he can always find an enemy against whom the group can act. The group is likely to act in a hostile way and casualties within its ranks may be permitted. In the related but opposite reaction of flight, the group tends to turn inward, to talk about the outside world as a threatening and hostile place to spend much time talking about itself and seeing little hope of improving the present situation.

Other key concepts include that of authority, which is simply defined as the right to do work. Power comes from personal characteristics which are used to control or influence others.
without necessarily having the authority to do so. Power structures and the authority structures do not always coincide. A final concept is that of responsibility. Responsibility comes with authority. Sometimes individuals and groups fail to assume responsibility, particularly when the primary task is ill-defined.

Assumptions

1. Individuals are affected in their behavior by unconscious determinants.

2. Understanding the denied or repressed causes represents an important contribution to leadership and the work of the groups.

Selected Bibliography


Summary of Notes and Observations Made
by Tavistock Discussion Group Leader

Group impressions. Group participants were hostile at first, bewildered by the model, and angry because they felt inadequate to deal with the task. Most participants contributed something to the discussion. A lot of dependency was apparent, unfulfilled expectations, and denial of their own abilities due to anger at consultants. The group seemed to appreciate the discussion. Even though they were floundering, they had not given up.

I started off the discussion by emphasizing that learning is change and that internal change is sometimes painful. I stressed that the TSGE was an opportunity to learn by setting your own goals, which may be very different from usual learning situations. One young man summarized my introduction when he said, "It is easy to be irresponsible."

The following are some of the comments directed to me:

"Are the sessions being taped?"

"We are being tricked."

"Will they [the consultants] tell us the secret at some point to make all of this clear?"

"The task is unclear, unfair, and unmanageable."

"They should make it more clear."

There seemed to be an expectation that they came to participate in warm-fuzzy sessions and felt tricked and angry because it was not like that at all. Some expressed boredom with the exercise. Some said they would probably come back next week, but would not have high expectations. This seems to come from dependency of expecting to be taken care of. The reaction to that not happening is the feeling of deprivation, lethargy, and anger. The assumption that learning should be nice and comfortable was prevalent. Some discussion centered around the role of the consultant. One person said that when he realized the consultant was giving the group information which they accept or reject that this made him feel better.
APPENDIX E

Summaries of Results Obtained on Subscales of Personal Orientation Inventory; and Means and Standard Deviations Obtained on Trainee Evaluation Form
### Table A

**Summary of Personal Orientation Inventory Subscale Pretest Score Comparisons Between Groups Before Treatment (One-Way Analysis of Variance)**

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Summary of Personal Orientation Inventory Change Scores on Subscales Between Pre- and Post-Measures (Two-Way Analysis of Variance)

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Group Means and Standard Deviations for Item Ratings on Trainee Evaluation Form

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