

Eastern Illinois University
The Keep

Masters Theses

Student Theses & Publications

1977

A Study in Lowering Counselor-Trainee Anxiety Related to Selected Controversial Issues

Sharon L. Butts

Eastern Illinois University

This research is a product of the graduate program in [Educational Psychology and Guidance](#) at Eastern Illinois University. [Find out more](#) about the program.

Recommended Citation

Butts, Sharon L., "A Study in Lowering Counselor-Trainee Anxiety Related to Selected Controversial Issues" (1977). *Masters Theses*. 3297.

<https://thekeep.eiu.edu/theses/3297>

This is brought to you for free and open access by the Student Theses & Publications at The Keep. It has been accepted for inclusion in Masters Theses by an authorized administrator of The Keep. For more information, please contact tabruns@eiu.edu.

PAPER CERTIFICATE #2

TO: Graduate Degree Candidates who have written formal theses.

SUBJECT: Permission to reproduce theses.

The University Library is receiving a number of requests from other institutions asking permission to reproduce dissertations for inclusion in their library holdings. Although no copyright laws are involved, we feel that professional courtesy demands that permission be obtained from the author before we allow theses to be copied.

Please sign one of the following statements:

Booth Library of Eastern Illinois University has my permission to lend my thesis to a reputable college or university for the purpose of copying it for inclusion in that institution's library or research holdings.

July 21, 1977
Date

I respectfully request Booth Library of Eastern Illinois University not allow my thesis be reproduced because _____

Date

Author

pdm

A STUDY IN LOWERING COUNSELOR-TRAINEE ANXIETY

RELATED TO SELECTED CONTROVERSIAL ISSUES
(TITLE)

BY

Sharon L. Butts

B.S. in Ed., Delta State University, 1965

M.S. in Ed., Delta State University, 1968

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Specialist in Education

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1977

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

31 Jul 77
DATE

July 21, 1977
DATE

A STUDY IN LOWERING COUNSELOR-TRAINEE ANXIETY

RELATED TO SELECTED CONTROVERSIAL ISSUES

BY

SHARON L. BUTTS

B.S. in Ed., Delta State University, 1965

M.S. in Ed., Delta State University, 1968

ABSTRACT OF A FIELD STUDY

Submitted in partial fulfillment of the requirements
for the degree of Specialist in Education at the Graduate School
of Eastern Illinois University

CHARLESTON, ILLINOIS

1977

ABSTRACT

An effective counselor has cognitive mastery of theory, appropriate interpersonal and communication skills, and a degree of self-knowledge sufficient to allow open, honest, non-judgmental interactions with clients. It is the last criterion, implying the importance of self-awareness, which many counselors have to struggle with in the course of their training.

Self-knowledge, in fact, may be the most energizing force in effective counseling. (Rogers, 1961) To function fully and freely in counselor-client relationships requires that the counselor is willing to explore and learn about matters that frighten, inhibit and stifle himself. Growing awareness of self involves a counselor-trainee's coming to terms with feelings about critical issues, highly charged with affective content, which arise in counselor-client relationships.

The design and implementation of the study was based on the following assumptions: (1) that all counselors-in-training hold personalized feelings and attitudes (bias) both conscious and unconscious, concerning issues pertinent to counselor education, (2) that the holding of such bias is true of the issues of trial marriage, interracial intimacy, unwed pregnancy, venereal disease, death, abortion, lesbianism, suicide, seduction and homosexuality, (3) that the holding of an unrecognized bias about these above mentioned issues

heightens anxiety, impeding the counselor-trainee from dealing with the issues in an open, honest, and non-judgmental manner with the client, and (4) that a decrease in anxiety arising out of an unconscious bias will result in better ability to cope with controversial issues through increased self awareness.

The directional hypothesis was formulated: that, if the counselor-in-training is given the opportunity in a supportive atmosphere for an academic semester, to identify and deal with personally held attitudes and feelings about controversial issues a decrease in anxiety will result.

A multi-process approach was formulated for the presentation of controversial issues utilizing video-tape vignettes, self-rating scales, small and large group discussion. The target group was graduate counselor-trainees, whose curriculum included the practical counseling experience, in the Department of Educational Psychology and Guidance at Eastern Illinois University. Sample size fluctuated in pre and post groups because students dropped and/or added the courses during the semester. From the entire population, twenty-two pre-post pairs of scores were available to test the null hypothesis that the trainees' experience in the study and in the counseling classes made no difference in the anxiety level.

Students self-ratings collected from pre and post reports indicated highest anxiety level on the following three issues: suicide, homosexuality, and interracial intimacy. The post reports indicated a decrease in the anxiety level on all issues except abortion. The results indicate a tendency to confirm the directional hypothesis: that with exposure to personally held feelings and attitudes about selected controversial issues in a given supportive atmosphere of an academic semester in the counseling program the trainee will show a decrease in anxiety.

CONTENT

CHAPTER I	Introduction.....	1
	A. Background.....	2
	B. Related Literature.....	4
	C. Statement of Problem.....	10
	1. Assumptions.....	10
	2. Hypothesis.....	10
	D. Procedure.....	11
	1. Video Vignettes.....	12
	2. Small and large group discussion.....	12
	3. Self-rating scales.....	13
	4. Presentation sequence.....	14
CHAPTER II	Results.....	16
	A. Presentation and Discussion of Data.....	16
	B. Demographic Data.....	20
	C. Conclusions.....	22
CHAPTER III	Future Recommendations.....	25
APPENDIX A	Video Script.....	27
APPENDIX B	Self-rating form.....	32
BIBLIOGRAPHY.....		34

CHAPTER I

Introduction

Ideally, the counselor-in-training meets the following criteria: cognitive mastery of theory, appropriate interpersonal and communication skill, and a degree of self-knowledge sufficient to allow open, honest, non-judgmental interactions with clients. It is this last criterion, implying the importance of self-awareness, which so many students in counselor education have had to struggle with in the course of theory training.

In slang terms, the counselor trainee presumably has "his head together" or at least is intensely engaged in that process of integrating self in these areas: value systems, limitations, philosophy of man, and dedication to the counseling profession; and acquiring, assimilating and utilizing professional counseling skills.

However, because knowledge of technique, theory, and method do not guarantee effectiveness in a counselor, it is important that trainees become aware of and learn to maintain their own basic value systems without coercing others to comply with theirs, and without attempting to imitate and accept values of their favorite teachers and therapists without through examination of their personal values. A fully functioning counselor is able to accept deviation from his own moral code of values and ethics without shutting off a client's

feelings and responses.

This study is a report of an attempt, using a multi-process approach, to enable trainees to confront and better understand their own feelings about a number of recognized controversial issues. A similar study has been done by Dr. Arthur R. Williams and Anne M. Williams, using family life educators as the target population.¹

Background

Somewhere immersed in the tangle of academic courses and professional jargon is the counselor-trainee; a person whose struggle with his own process of becoming is simultaneous with his focusing much time and energy toward achievement skills and mastering theory that will enable him to help others deal with their personal problems and enhance self-knowledge.

Because the counselor who does therapy has a obligation to understand his own feelings through the therapeutic process as well as the feelings of the client, it is feasible that the counselor education curriculum include some effective orientation for the counselor trainee himself. Such a curriculum serves a more complete function by at least providing structured opportunities which raise self-awareness and increase self-knowledge for every student.

¹Arthur R. Williams and Anne M., "A Multi-Process Approach to Lowering Educator Anxiety Related to Selected Controversial Issues in Family Life Education", Unpublished Paper. Presented at Annual Conference on the National Council on Family Relations, October 19, 1973. Toronto, Canada.

Self-knowledge, in fact, may be the most energizing force in effective counseling. Carl Rogers discusses the meaning of research for the future:

Certainly there is nothing to indicate that the coldly intellectual analytical factually-minded therapist is effective. It seems to be one of the paradoxes of the field, the individual must be willing to put his most passionate beliefs and firm convictions to the impersonal test of empirical research; but to be effective as a therapist, he must use this knowledge only to enrich and enlarge his subjective self and must be that self, freely and without fear, in his relationship to his client.²

Functioning fully, freely, and without fear involves learning something about those matters that frighten, inhibit, and stifle people, including counselor-trainee. Growing awareness of self involves a trainee's coming to terms with feelings about critical issues, highly charged with effective content, which arise in counselor-client relationships. If a counselor is aware of bias toward a certain issue, ability to function is at a more honest level, there are more options from which to choose, and one does not have to use energy attempting to conceal a high degree of internal anxiety and tension while trying to appear accepting and non-judgmental. In essence, understanding one's own feelings implies being accepting and non-judgmental of them. Recognizing uncomfortable feelings about discussing controversial issues does not mean that a counselor has to avoid confrontation with persons

²Carl Rogers. On Becoming A Person. Boston: Houghton Mifflin, 1961, p. 269.

or issues, but such recognition helps the counselor understand the intensity and quality of personal involvement in the therapeutic process.

This study grew out of the writer's personal interest and involvement in the counselor-training experience and curriculum in the Department of Guidance and Counseling at Eastern Illinois University and a strong commitment to integrate personal awareness, theory, and skill in therapeutic relationships. On a small scale, introducing awareness units into established curriculum could provide therapeutic counseling for the counselor-trainee.

Related Literature

A thorough study of research resulted in no comparable research done on controversial issues and anxiety level of counselor trainees other than the Williams unpublished paper which was read at one annual conference National Council on Family Relations at Toronto, Canada in 1973.³

Many articles report use of self-response forms in research; however results reported were not relevant this project. For this reason and because the self-response form proved to be an inadequate and ineffective measuring instrument to determine authentic anxiety responses, related literature on other studies using self-response seems inappropriate.

The major thrust of enthusiasm is directed at literature related to personal beliefs, awareness, and needs of people

³Ibid.

in the counseling profession midst social change. Regardless of individual differences in personality theory professional approaches, some authors feel that basic beliefs are necessary for the counselor.

Miller, (1970) states that, "With recognition of the tentativeness with which we must hold all convictions, but with faith that counselors can exist and function effectively in the midst of change, there are some basic beliefs that seem to make up the major planks in the raft to which we cling in our surging sea of social change."⁴

A belief in the inherent value of individual differences among mankind.

A belief in the capacity of each individual for self-understanding and personal growth.

A belief that personal growth is a process of learning more about one's self and his environment - a constant process of personal adaptation to this changing environment as he sees it.

A belief that man is primarily a social being whose adjustments to his society are limited basically by his own inadequacies in understanding that society.

A belief that society is never static, but constantly in a state of dynamic change toward the better.

A belief that guidance and counseling services are essential to the preservation of our democratic society, and even more essential to the preservation of the best features, and to a constant reevaluation of the worst features of that society.

⁴D.H. Miller and N. Abeles, "Counselor Need for Affiliation and Nurturance as Related to Liking for Clients and Counseling Process," Journal of Counseling Psychology, 12 (1965), p. 355.

A belief that counselors can develop special techniques and skills that enable them to contribute more effectively to the process of helping individuals learn how to maintain a self-adjusting role in society. (Miller, 1970)

Miller suggests that each counselor, in order to better identify his own situation, could modify these beliefs, add other beliefs and discard some of these. But without a "set of beliefs of some kind, he cannot long continue to counsel students in our changing world. For his own professional growth and peace of mind, each counselor must time to time review, reevaluate, and reinforce the basic beliefs of which he is committed."⁵

Hobart Mowrer also feels that an individual must learn about himself and his own value system in order to be mentally healthy. He has developed an effective new method known as Integrity Therapy for treating emotional problems, which is especially popular among psychologists and psychiatrists with religious convictions. His philosophy is almost the opposite of Freudian theory. Mowrer finds that instead of mental problems resulting from the individual's attempts to live up to unnaturally high moral codes, they occur when a man does not live up to his own moral convictions. Mowrer states, "We have found good reason to believe that psychopathology instead of stemming from unexpressed sex and hostility, comes rather from an outraged conscience and the violated sense of human decency and responsibility." He continues, "The problem

⁵Ibid., p. 357.

presented by psychopathology...is one that is best conceptualize not as an illness but as a kind of ignorance and moral failure.⁶

When a counselor realizes that a client is struggling with moral confusion or failure, he may feel frustrated that he can see the "right" alternative while the client has difficulty comprehending the situation. It is easy to forget that the client has to discover the problem and come to his own solution.

Alfred Benjamin states that moralizing is a mixture of advice giving and urging with one significant addition. When the counselor simply advises and persuades, he relies on his own judgment. For him, at least, this suffices. When he moralizes, however, he resorts to new weapons; he brings more powerful ammunition into action. He arrays these forces against the client to make him "see the light". The main weapons the counselor chooses are those two the client will find most difficult to combat: (1) conscience - his own and counselor's or Everyman's and (2) morals - those sacred, social norms that none in his right senses would possible oppose or even question.⁷

The client is trapped. To surrender is to admit defeat. To resist is to declare himself an outlaw. Shall he bend the knee or raise his head in challenge. Thus beleaguered,

⁶Frank Goble. The Third Force. New York: Grossman & Co., 1970, p. 126.

⁷Alfred Benjamin. The Helping Interview. Boston: Houghton Mifflin, 1969, p. 140.

he may act in a number of ways, but the chances are it will be acting, pretense. What is really happening within himself (the client) he is sure to keep well hidden. The foe is too formidable, the pressure too great, for anything but play-acting or evasion.

True, it may not always be playacting; the "culprit" may genuinely feel guilty and be shocked by his own behavior. Moralizing has been known to work. The client's head fails upon his breast; he is deeply sorry and admits defeat. The counselor has triumphed. But has the client really been helped? What has he learned from this experience that will enrich his life and stimulate change in a direction meaningful for him? We can venture to guess that he has probably learned to become more careful in the future so that he will not get caught again; or to accept the fact that resistance against an enemy so powerful is hopeless and that hence the wisest course is to submit or comply; to give up trying to find himself and, instead, study the foe-counselor and emulate.⁸

On the other hand, if the client is genuinely indignant and refuses to submit, if, openly defiant, he challenges the foe to do his worse, what has been learned that will enable him to change in a worthwhile direction? Her experience tells us he has usually learned that the enemy is powerful indeed and that in order to survive he must become more powerful still. He must become shrewd to outwit him. He must become a master of strategy. He may seem to submit, temporarily

⁸Ibid.

disarming his opponent, at present personified by the counselor, in order to strike out hard at the first opportunity. He may, on the contrary, not give an inch but hold his ground as well as he can, never getting close to his own self because he is too busy withdrawing, defending, and attacking.

Moralizing can be overwhelming. At best, it helps the client see how society judges him and how others look upon his behavior. At worst, it blocks examination of self and self-motivated action and stifles further expression of feelings and attitudes. It can result in shiftless submission or stubborn defiance.⁹

In the midst of rapid social change and often frightening nature of today's brave new worlds, the counselor-trainee faces a host of theories, increasing numbers of therapies, techniques, trick, gimmick, and how-to's. The counselor who has not turned inward for self-knowledge and self-fulfillment finds himself operating in a dehumanized, "taped-program" fashion, Bruno Bettelheim (1962) in The Informed Heart offers a pattern for new integration and deepening of vision that accepts the challenge of modern mass society and makes it serve the full and fully human life. In order to achieve this, "No longer can we be satisfied with a life where the heart has its reasons which reason cannot know...The daring heart must invade reason with its own living warmth even if the symmetry of reason must give way to admit love and the pulsation of life." The counselor-trainee would do well to

⁹Ibid., p. 141.

be informed on academic matters, professional skills, but to integrate these with an informed goes beyond doing well to living totally with a vibrant aliveness and creativity that transcends classroom and textbook learning.¹⁰

Statement Of The Problem

The design and implementation of this study was based on the following assumptions and hypothesis.

Assumptions:

1. That all counselors-in-training hold personalized feelings and attitudes (bias) both conscious and unconscious, concerning issues pertinent to counselor education.

2. That the holding of such bias in true of the issues of trial marriage, interracial intimacy, divorce, unwed pregnancy, venereal disease, death, abortion, suicide, sexual aggression, and homosexuality.

3. That the holding of an unrecognized bias about these above mentioned issues heightens anxiety, impeding the counselor-in-training from dealing with the issues in an open, honest, and non-judgmental manner with the client.

4. That a decrease in anxiety arising out of unconscious bias will result in better ability to copy with controversial issues through increased self-awareness.

Hypothesis:

That, if the counselor-in-training is given the opportunity, in a supportive atmosphere for an academic

¹⁰Ibid., p. 93.

semester, to identify, and deal with personally held attitudes and feelings about controversial issues, a decrease in anxiety. Therefore the null hypothesis to be tested is that there will be no difference in self-reported anxiety levels at the beginning of the semester and again at the end of the semester.

Procedure

A multi-process approach was formulated for the presentation of controversial issues utilizing video-tape vignettes, self-rating scales, small (buzz group) and large group discussion. The use of these varying techniques enabled the project to meet the following objectives:

1. That the issues be presented in a bias-free manner (video-tape playback) at the beginning of the semester.
2. That the observer be given time (self-rating scales) to react privately to the presentation of each issue.
3. That time be afforded for the sharing of identified feelings by the observers. (small and large group discussions)
4. That input (mini-lecture) be given on how to recognize one's own anxiety.
5. That video-vignettes be shown the second time after the mini-lecture on anxiety. (two self-rating scales providing a composite score for pre-test)
6. That observers be given time to react privately again using gained knowledge about anxiety cues.
7. That, at the conclusion of the semester, the presentation of the issues be repeated (video-taped) to allow

re-evaluation of attitude and value identification by the observer.

Video-Tape Vignettes

The use of video-tape afforded the opportunity to "present" each issue in an exact manner at the beginning and end of the semester. Since the sole function of each vignette was to raise a particular issue, bias-free, in order to elicit an affective response, the vignettes did not necessitate elaborate dramatization nor appreciable length (none exceeded thirty seconds). Also, by creating "dead space" (ten seconds) between each vignette on the final tape, it was possible for the observer to rate his response to each issue before viewing the next vignette.

Despite the brevity made possible by the video vignettes, the nature of the subjects made the production of bias-free dramatizations most difficult. Television production necessarily involves a team approach: writing, directing, producing, and acting. Because of the inherent affective content of the issues, constant vigilance was required in all phases of the production of the vignettes to insure that no one working on them inserted his or her own "slant" into the final product. Students from the theater arts department at Eastern Illinois University participated in the preparation of the vignette, under the helpful direction of Dr. Jack Rang. The difficulties encountered in keeping the vignettes bias-free tended to confirm the controversial nature of the selected issues.

Small And Large Group Discussion

During the pretest the respondents were requested to

break into small buzz groups following the initial viewing of the video-tape vignettes and the marking of the first response sheet. No structure or agenda was suggested, except that each small group be prepared to later report the discussion content to the larger group.

Following the small group sessions, the reports from the buzz groups were used to generate more discussion in the larger group.

Next, the group was given some input about recognizing anxiety within themselves: how to be aware of tension, body change, breathing, proprioception. After the mini-lecture on anxiety cues, the tapes were shown again and the respondents rated themselves a second time.

The procedure for the posttest was similar to that of the pretest except that there was no input about anxiety cues, and the respondents rated themselves only once.

Self-Rating Scale Sheets

A self-rating scale sheet entitled "Response Self-Report Form" was distributed to each observer before each video-tape presentation of the vignettes. A reproduction of the self-rating scale sheet appears in Appendix B.

The introductory paragraph at the top of the sheet informed the respondents that the purpose of the research was to evaluate the effectiveness of the video-taped segments, and that the respondent was to imagine being in the position of interacting with a client about the subject presented in each segment and to record a self-rating from 1 (very comfortable) to 10 (very uncomfortable) on each of the twelve

scales. The scales were designated by the numbers one through twelve so that, during the first presentation, the respondent was unaware of the topic to be raised by each vignette. Additionally, prior to the running the tape, demographic data pertaining to sex, age, religion, race, and years of teaching experience was requested.

The use of the self-rating scales enabled each respondent to note reaction to each vignette and to refresh memory concerning reactions later in the small and large group discussions. Using a second scale sheet for the concluding presentation of the video-tape vignettes afforded the respondent an opportunity to re-assess or re-evaluate reaction to each issue. The two ratings were completed during the first session and, in composite represented the pre-assessment of the dependent variable.

Presentation Sequence:

The overall presentation occurred in the following sequence:

Pretest

1. General opening remarks by the presenters as first scale sheets are distributed.
2. Introduction of scale sheets, pointing out and clarifying, in needed, instructions on self-rating scale sheets.
3. First presentation of video-tape vignettes.
4. Formation of buzz groups for initial discussion.
5. Reforming of groups as a whole and generation of large group discussion via reports from buzz groups.

6. Mini-lecture on recognizing anxiety cues.
7. Distribution of second scale sheet.
8. Reinforcement of scale-sheet instruction and second presentation of video-tape vignettes.
9. General discussion and collection of scale sheets, and closure of session.

Posttest

1. General opening remarks by presenters as scale sheets are distributed.
2. Introduction of scale sheets, pointing out and clarifying, if needed, instructions on the sheet.
3. Presentation of video-tape vignettes.
4. Formation of buzz groups for initial discussion.
5. Reforming of group as whole and initiation of large group discussion via reports from buzz groups.
6. General discussion, expression of thanks for participation, and closure of session.

CHAPTER II

Results

This experiment was designed to test the null hypothesis that a semester in graduate practicum counseling courses would make no difference in the trainee's anxiety level toward controversial, emotion-laden issues. The efforts were not aimed at judging personal values; not was the measurement instrument designed to raise comparisons of degree of liberalism between students. The experience was designed to assess where trainees viewed themselves on a continuum of anxiety, to raise personal awareness levels and to provide a basis for further personal exploration.

Counselor-trainee in graduate courses, whose curricula included practical experience, in the Department of Guidance and Counseling at Eastern Illinois University were the target group. Sample size fluctuated in pre and post groups because students dropped and/or added the course during academic semester. However, from the entire population, twenty-two pre-post pairs of scores were available to test the null hypothesis that the trainees experience in the counseling class made no difference in the anxiety level.

The data suggest changes did occur in levels of anxiety responses from pre to post observation and provide some evidence for questioning the null hypothesis, as indicated in tables 2 and 3.

Presentation And Discussion Of Data:

Table I summarizes the demographic data submitted by the counselor-trainee taking part in the project.

TABLE I

SEX	Male	6
	Female	15
RACE	White	20
	Black	1
RELIGION	Protestant	12
	Catholic	6
	Other	4
AGE	19-23	14
	24-28	8
EXPERIENCE		$\frac{1}{2}$ year

Readily noted is the fact that the group was predominantly female, white and protestant. Also, the group consisted of young adults with relatively little experience in the counseling or teaching profession.

The self-rating scales were scored both as to response range for each item and a mean score on each item on pre and posttest. The scores were interpreted as indicating the level of anxiety for each issue; the higher the score, the higher anxiety implied in the response.

The figures in Table 2 seem to indicate a decrease in reported anxiety. The range for four issues remained the same on both pre and posttest: interracial intimacy (white female, black male), death, seduction and homosexuality. Apparently these issues were more intense for some of the participants and their discomfort did not diminish during the semester. Seduction, however, was ranked similarly on pre and posttest but was not ranked out of the "comfortable range." Table 2 also reveals that the majority of participants rated themselves within the "comfortable" range on both pre and posttest on all issues.

	VERY COMFORTABLE		MODERATELY COMFORTABLE		NEUTRAL		MODERATELY UNCOMFORTABLE			VERY UNCOMFORTABLE		GROUP X
	1	2	3	4	5	6	7	8	9	10		
Pre	7	6	3	2	3			1			2.59	
Post	12	6	2	1	1						1.86	
Pre	4	6	4	2	2	2		1		1	3.27	
Post	4	9	3	2	1	1				1	2.68	
Pre	8	8	2	2	2						2.14	
Post	13	5	2	2							1.77	
Pre	11	5	2	3		1					1.95	
Post	10	8	4								1.64	
Pre	11	4	5	1	1						1.91	
Post	12	7	3								1.64	
Pre	5	7	2	3	3				2		3.05	
Post	7	10	2	2	1						2.09	
Pre	6	5	4	2	2	2	1				3.00	
Post	6	9	3	2	1		1				2.09	
Pre	9	9		1	2	1					2.13	
Post	10	5	2	4	1						2.18	
Pre	4	7	5	1	3	1				1	3.09	
Post	7	4	7	2		1			1		2.59	
Pre	5	5	4	4	3	1			1	1	3.50	
Post	2	6	6	3	2	1					2.86	
Pre	5	12	2	2				1			2.40	
Post	8	6	3	4				1			1.95	
Pre	5	5	4	5		1				2	3.50	
Post	6	3	7	2		2		1		1	2.73	

Table 3 shows that there was a consistent trend toward towering of the mean anxiety response levels. A comparison of Tables 2 and 3 reveals that while the anxiety response ranges went well above the "comfortable" range the mean anxiety level on the issues was clearly in the range labelled "comfortable." Table 3 also indicates that there was considerable decrease in the anxiety except for the issue of abortion. A likely explanation for the counter trend with respect to this issue is that the issue of legalized abortion in the state of Illinois was a social issue that was receiving explosive public exposure both pro and con at the time this project was in progress.

TABLE 3

ISSUE	MEAN ANXIETY LEVEL	
	PRE	POST
Trial marriage	2.59	1.86
Interracial intimacy (WF/BM)	3.27	2.68
Divorce	2.14	1.77
Unwed pregnancy	1.95	1.64
Veneral disease	1.91	1.64
Interracial intimacy (BF/WM)	3.05	2.09
Death	3.00	2.36
Abortion	2.13	2.18
Lesbianism	3.09	2.59
Suicide	3.50	2.86
Seduction	2.40	1.95
Homosexuality	3.50	2.73

Demographic Data:

The target group consisted of trainees who were enrolled in three classes, two classes of students in counseling practicum and one group enrolled in Problems and Practices of Counseling. Pre-test participants included 17 males and 12 females, post test respondents included 18 males and 13 females. Total number for pretest was 29 and the total number of post-test participants was 31. There was one black participant in the pre and post-test groups and the remaining were Caucasian. The age of the participants ranged from 20 to 41 years of age. Two-thirds of the participants of both pre and post-test groups were in the 20-30 year old age range. The median for teaching experience of the participants was nine months on the pre test and one year and four months on the post test. Data on religious choice showed various preferences: Some respondents left the religious choice blank (7 on the pre and 9 on the post; three reported "agnostic" on the pre test and one reported "agnostic" on the post test. There were no Jewish respondents. The remaining participants indicated that they preferred "protestant" as their choice.

From the entire sample population, a group of 22 subjects who completed both pre and post experiences were available. This group included 6 males and 16 females, 21 white and 1 black participants; the ages in the group ranged from 19 to 23 years of age. Fourteen were in age range 19-23 and 8 were over 23 years of age. Six of the participants in this matched pair group listed Catholic as their religious choice, 12 listed

Protestant and 4 left religious choice item blank. The media for years teaching experience was one-half year.

Table 4 is a rank ordering based on the mean anxiety responses. It is interesting to note that suicide, homosexuality and interracial intimacy (WF/BM) were reported highest on both pre and post observations. The vignette depicting interracial intimacy with black female and white male scored consistently lower. The ranking was fairly consistent on both pre and post measures except for the issue of abortion which moved from ninth rank in pretest to sixth rank in the posttest. A speculative interpretation for the high anxiety level regarding interracial intimacy, homosexuality, and death is that the majority of the midwestern students participating have probably had very little personal confrontation with these issues which local culture has tended to label "taboo".

TABLE 4

RANK ORDER OF ANXIETY RESPONSES

PRE	POST
1. Suicide	1. Suicide
1. Homosexuality	2. Homosexuality
2. WF/BM Intimacy	3. WF/BM Intimacy
3. Lesbianism	4. Lesbianism
4. WM/BF Intimacy	5. Death
5. Death	6. Abortion
6. Trial marriage	7. WM/BF Intimacy
7. Seduction	8. Seduction
8. Divorce	9. Trial marriage
9. Abortion	10. Divorce
10. Unwed pregnancy	11. Unwed pregnancy
11. Veneral Disease	11. Veneral Disease

Conclusion:

The multi-process approach described in this paper was successful in indicating a tendency to confirm the directional hypothesis: that with exposure to personally held feelings and attitudes about controversial issues in a given supportive atmosphere of academic semester in the counseling program the trainee will show a decrease in anxiety.

In comparing the results of Williams' study with this one, it is noted that while Williams dealt with only eight issues the mean anxiety response on those issues was significantly lower when compared to the mean anxiety response on the same eight issues in this study.¹² The members of the group in Williams' study were on the whole nearly a decade older than the counselor trainees and all were actively involved in teach family-life courses. Indeed, one must consider the possibilities that the "halo effect" was in process at the seminar where the collected data and the fact that maturation and experience do tend to increase self-awareness and decrease anxiety about emotional, controversial issues.

There were several collorary learnings in the process of implementing this project. There were important because they revealed ways in which this study could have been executed more effectively and perhaps provided more statistically significant data.

During the filming of the vignettes, the drama group was

¹²Ibid.

given the opportunity to express their feelings about the issues involved. Most indicated verbally that they would be very comfortable playing the roles. However, when the shooting began and the vignette on homosexuality was next on the agenda, there was a long hesitant pause before a student volunteered; and finally the director requested that another young man help in the dramatization. There was no reluctance in their volunteering to dramatize the lesbian vignette. Speculation leads this writer to believe that our culture was clearly reflected here: touching among women is acceptable while physical contact between males outside of sports is disdained.

While the "actors" were all members of theater classes and had volunteered for fun or to please their professor who was directing the video-taping, the entire production staff verbalized profound reactions to the four hour experience of making these vignettes. These occurrences suggest that just visual exposure and playacting regarding these issues may be of some therapeutic value in raising awareness.

The second learning came from discussing with groups of students later during the semester their feelings about seeing the vignettes. Often students would say that they had felt comfortable at the initial viewing but realized later that they were disturbed at the idea of dealing with certain issues with other people, both counselors and clients. While their expectations of themselves in the counselor role were to be accepting, relaxed, and helpful, they found that by becoming aware of their "gut reactions" that "yeh, that is scary for

me." The self-rating sheets provided no space for these kinds of comments or question. These insights were revealed instead at a later time to the writer in a spontaneous and casual manner.

CHAPTER III

Future Recommendations

Biofeedback responses would be far more reliable indicators in registering anxiety levels. Perhaps to have individuals view the tape and rank their anxiety level on the self-response forms and then to use biofeedback monitoring as a more scientific measure immediately after would provide some concrete evidence for dealing with the discrepancy between how a counselor-trainee would like to view his anxiety about certain issues and how he actually responds to issues that are anxiety-laden for him. An instrument could be designed to determine how the level indicated on the matching corresponds with the self-report form.

Follow-up interviews with the counselor-professor and counselor-trainee might (1) open up avenues of personal exploration of feelings, (2) raise awareness of the anxiety levels of trainees, (3) find tools to deal with anxiety recognition, (4) reduce anxiety level and to increase trainee's "functioning" level, (5) increase understanding of emotionally-laden problems people deal with.

While this experience is not designed to be a panacea for reducing counselor-trainee anxiety, it could be an effective beginning place and it could serve as a tool for aiding one in dealing with his own biases and prejudices whenever or wherever they emerge in counselor-client sessions.

The feasible way of integrating the experience into the counseling curriculum would be using it as part of the

trainee's practicum experience. Integrating the experience into practicum would be valuable for several reasons: (1) The group is usually small, (2) the professor has individual sessions with each person, and (3) the small group setting creates a supportive atmosphere in which trainees could disclose feelings about anxiety and solicit feedback on personal anxiety, thus the trainee is better equipped to be more honest, open, and skillful in dealing with client's anxieties, be they "far out" or centering around controversial issues.

APPENDIX A

Vignette Scripts

Script #1 Trial Marriage

LS (long shot) Boy and girl sitting facing each other.

Female: We see each other all the time.

Male: And we still pay rent for two apartments.

Female: Yeah.

Take to CU (Close up) of couple as they talk.

Male: Why don't we move into one apartment? It'll be cheaper.

Fade out.

Female: That's fine with me.

Script #2 Inter-racial Intimacy (black male, white female)

TCU (tight close-up) on white girl, looking up expectantly, as about to be kissed.

ZOOM OUT slightly as she kisses, to reveal black male.

Both look into camera.

FADE OUT

Script #3 Divorce

Open:

girl:

MS (medium shot) over teacher's shoulder to reveal student talking to teacher

Miss Barnes, I - uh - wanted to explain why I wasn't in class yesterday -- I had to go to court
PAUSE

Slow ZOOM - IN to TCU (tight close-up) of girl

-- to testify for my parents' divorce.

Scripts used in the preparation of the video-tape vignettes are reproduced below. They are presented in television script format, visual directions on the left, sound descriptions, including dialogue on the right. Standard abbreviations are written out in parentheses following each one for those who may not be familiar with TV jargon. The sequencing of the vignettes (except for the conscious separation of the interracial vignettes) was decided upon the basis of variety of length, visual and auditory content rather than subject content.

Script #4 Unwed Pregnancy

Open:	(male voice over)
LS (long shot) girl sitting in waiting room, quietly, a bit uneasily	Her name is Linda Brown.
ZOOM slowly on girl, she begins to fidget	She's waiting to talk to you.
MCU (medium close-up) of girl; wets her lips, rubs hands, left hand no ring.	She has a problem.
TCU (tight close-up) of girl looking young and scared, anxious.	She's pregnant.

Script #5 Venereal Disease

Open:	
Camera pans a blackboard on which there are many symbols and phrases typical of subjects taught in school -- panning stops and focuses TCU (tight close-up) on initials "VD"	(Male voice over) How much do your students know?

Script #6 Inter-racial Intimary (white male, black female)

Open:

Silhouette MS (medium shot)
of back of couple sitting
together.

Truck to reveal frontal MS
as they embrace.

Remain on couple until
embrace ended and both
look up into camera.

Script #7 Death

Open:

MS (medium shot) two
boys conversing

CU (close-up) of 2nd
boy)

Script #8 Abortion

Open:

TCU (tight close-up) of
girl's left hand reaching
for receiver of phone.

ZOOM OUT to MCU (medium
close-up) of phone and
girl's other hand holding
business card for "Abortion
Referral"

SLOW ZOOM OUT as girl
starts to dial; hangs up,
pauses

MS (medium shot) of girl
picks up receiver again a
and dials

1st male:

Parents' Night -- what a drag!
I won't even ask my parents to
come. Are your Parents coming?

2nd Male: My parents are dead.

(sound effect)
Dial tone.

(sound effect)
dialing.....

dial tone, and dialing
phone ringing (on line)

TCU (tight close-up) of
girl's face with receiver
to ear -- reaction.

(Female voice over line)
Abortion referral, can I help you?

Script #9 Female Homosexuality

CLOSE UP from back of
couple embracing.

Take to medium shot of
couple from the side.

Hold camera till women
turn and look into the
camera.

Script #10 Suicide

Medium shot of two females
seated in class

Close-up as 1st girl
whispers to the 2nd

1st girl: Where's Susan today?

Close up of 2nd girl
as she begins to write
a note...

Tight Close-up of note

Her father killed himself last
night.

Script #11 Seduction

Medium shot of couple
seated side by side.

ZOOM IN as male puts his
hand on the girls' knee.
Moves his hand up her
thigh a little and smiles.

FADE OUT

Script #12 Male Homosexuality

Medium shot of male seated,
reading book.

ZOOM OUT as another male enters

Medium close up as entering
male walks up behind the
seated male, leans over and
embraces him, and kisses him
on the cheek.

APPENDIX B

Self-Report Form

This is a self-report form which we are asking you to use so that we might better evaluate the TV-tape segments you are about to see. There are twelve TV-tape segments with ten second intervals between each to give you a chance to rate your reactions. Each segment deals with a controversial area in counselor-in-training education. We are asking you to rate yourself as to how comfortable you would feel in interacting with students on the subject presented in each segment. Notice that each scale ranges from 1 (very comfortable) to 10 (very uncomfortable). Please fill in the following data, and then rate your reactions in the manner we have asked on each scale. Thank you for this help.

Sex _____ Race _____ Age _____ Religion _____
 Years Teaching _____

Scale 1
 1 2 3 4 5 6 7 8 9 10

Scale 2
 1 2 3 4 5 6 7 8 9 10

Scale 3
 1 2 3 4 5 6 7 8 9 10

Scale 4
 1 2 3 4 5 6 7 8 9 10

Scale 5
 1 2 3 4 5 6 7 8 9 10

Scale 6
 1 2 3 4 5 6 7 8 9 10

Scale 7
 1 2 3 4 5 6 7 8 9 10

Scale 8

1 2 3 4 5 6 7 8 9 10

Scale 9

1 2 3 4 5 6 7 8 9 10

Scale 10

1 2 3 4 5 6 7 8 9 10

Scale 11

1 2 3 4 5 6 7 8 9 10

Scale 12

1 2 3 4 5 6 7 8 9 10

Page 34

BIBLIOGRAPHY

- Benjamin, Alfred. The Helping Interview. Boston: Houghton Mifflin, 1969.
- Bettleheim, Bruno. The Informed Heart. New York: MacMillan, 1962.
- Goble, Frank. The Third Force. New York: Grossman & Co., 1970.
- May, Rollo. Existential Psychology. New York: Random House, 1961.
- Miller, D.H. and Abeles N. "Counselor Needs for Affiliation and Nurturance as Related to Liking for Clients and Counseling Process," Journal of Counseling Psychology, Vol. 12, 1965.
- Rogers, Carl. On Becoming A Person. Boston: Houghton Mifflin, 1961, p. 269.
- Williams, Arthur R. and Anne N. "A Multi-Process Approach to Lowering Educator Anxiety Related to Selected Controversial Issues in Family Life Education", Unpublished Paper. Presented at Annual Conference of the National Council on Family Relations, October 19, 1973. Toronto, Canada.