



UNIVERSITY
OF
JOHANNESBURG

COPYRIGHT AND CITATION CONSIDERATIONS FOR THIS THESIS/ DISSERTATION



- Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.
- NonCommercial — You may not use the material for commercial purposes.
- ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original.

How to cite this thesis

Surname, Initial(s). (2012) Title of the thesis or dissertation. PhD. (Chemistry)/ M.Sc. (Physics)/ M.A. (Philosophy)/M.Com. (Finance) etc. [Unpublished]: [University of Johannesburg](https://ujdigispace.uj.ac.za). Retrieved from: <https://ujdigispace.uj.ac.za> (Accessed: Date).

GP 10
BOWE

**LINEAR AND NON-LINEAR THERAPEUTIC METHODS
AND
IDENTITY INTEGRATION**

by

PATRICIA ANKE MARGIT BOWERY

submitted in partial fulfillment of the
requirements for the degree of

MASTER OF ARTS

273934/2/2

in

COUNSELING PSYCHOLOGY

in the

DEPARTMENT OF PSYCHOLOGY

at the

RAND AFRIKAANS UNIVERSITY

Supervisor : Prof. F.P. Hugo
Co-Supervisor: Mrs H.G. Pretorius

November 1986

Dedicated to my late father who
initiated my interest in psychology
in general, and to my brother,
Michael, whose quest for identity
made this study so relevant.

ACKNOWLEDGEMENTS

My gratitude to the following people cannot be adequately expressed.

- . Prof. Francois Hugo and Mrs Gertie Pretorius, my supervisors. Without their wisdom, knowledge, direction, and helping kindness, this creative process would never have been accomplished.
- . Prof. A.J.B. Widd who, in spite of his tremendous workload, spent many hours helping me with my statistical analysis.
- . The undergraduates who participated in the programs and from whom I learnt so much.
- . Hannetjie at the computer centre for her unfailing patience and friendliness.
- . John and Maryna, who always encouraged me to be myself, and who loved me when I failed as well as when I succeeded.
- . My mother, May, for her emotional support through the years which helped make this degree possible.
- . Monique and David for their assistance and loyalty, especially during crisis periods.
- . The Rand Afrikaans University and the Human Sciences Research Council whose financial support made this project possible.
- . The library staff of Unisa and the Rand Afrikaans University for their help in obtaining books and articles for this research.
- . Marion for her friendship and for giving up her valuable time to help me with correction of this manuscript.

- . My fellow students for their continuous encouragement and support.
- . Mike, Mark, Sean, Craig, Petra, and Monique. Although these special people probably frequently wished I had been quarantined while completing this task, they stuck with me through all the years of my academic career. I apologize for all those times when I placed my needs before theirs, and thank them for loving me regardless.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	i
LIST OF FIGURES AND TABLES	v
OPSOMMING	vii
 CHAPTER	
1 INTRODUCTION	1
2 THE CONCEPT OF IDENTITY: THEORY AND RESEARCH	6
2.1 Identity	6
2.2 Identity development	9
2.3 Identity integration versus identity confusion	16
2.4 Research on, and therapy for, identity confusion	21
3 THEORETICAL FRAMEWORK	27
3.1 Linear therapeutic orientation	31
3.1.1 Reality therapy	32
3.1.2 Rational emotive therapy	38
3.2 Toward a non-linear therapeutic orientation	41
3.2.1 Ecological systems model	45
3.2.2 A circular epistemology	48
3.2.3 Circular questioning	50
3.2.4 The circular questioning procedure	52
4 INTERVENTION PROGRAMS	62
4.1 General considerations	62
4.2 Reality-orientation program (Experimental Group A)	67
4.3 Circular questioning program (Experimental Group B)	75

	Page
4.4 Experimental Group C program	82
5 METHODOLOGICAL CONSIDERATIONS	84
5.1 Subjects	84
5.2 Sampling procedure	85
5.2.1 Post-program assessment	88
5.3 Research design	88
5.4 Measuring instruments	91
5.5 General statement of hypotheses	98
5.5.1 Specific hypotheses	98
6 RESULTS	103
7 DISCUSSION	113
7.1 Limitations of the study	125
7.2 Recommendations for future research	127
8 CONCLUSION	128
LIST OF WORKS CONSULTED	131
APPENDICES	
Appendix A	147
Appendix B	148
Appendix C	173
Appendix D	178

LIST OF FIGURES AND TABLES

Figure		Page
5.1	Schematic representation of sampling procedures.	87
5.2	The experimental design	91
 Table		
6.1	Multivariate analysis of variance general linear models procedure Manova test criteria for the hypothesis of no overall group effect	104
6.2	Results of the Hotelling T^2 : Testing the significance of the differences between the vectors of pre- and post-score means of Group A in respect of all variables	105
6.3	Significance of differences in means between pre- and post-test scores of Group A in respect of all variables	106
6.4	Results of the Hotelling T^2 : Testing the significance of the difference between the vectors of pre- and post-score means of Group B in respect of variables PHSF 8, PHSF 9, and PHSF 10	107
6.5	Results of the Hotelling T^2 : Testing the significance of the difference between the vectors of pre- and post-score means of Group B in respect of variables Ipat 8, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List	108

List of Figures and Tables(continued)

Table	Page
6.6 Significance of differences between pre- and post-test scores of Group B in respect of Ipat 8, Vrey's Self-Concept Scale and Zuckerman's Multiple Affective Adjective Check List	109
6.7 Results of the Hotelling T^3 : Testing the significance of the difference between the vectors of pre- and post-score means of Group C in respect of all variables	110
6.8 Results of the Hotelling T^2 : Testing the significance of the difference between the vectors of pre- and post-score means of Group D in respect of all variables	111
6.9 Significance of differences in post-score means between experimental Group B and experimental Groups A and C and control Group D in respect of variable Ipat 8	112

OPSOMMING

Vanuit die beskikbare literatuur blyk dit dat die lewenslange taak met betrekking tot die ontwikkeling van 'n geïntegreerde identiteit vele struikelblokke inhou. Om die individu in staat te stel om effektief by nuwe situasies aan te pas, wil dit voorkom asof selfkennis en die nodige insig in, en openheid vir eie ervarings noodsaaklik is.

Identiteitsverwarring is met die huidige ondersoek sistematies bestudeer ten einde 'n terapeutiese lineêre en nie-lineêre intervensieprogram, wat identiteitsintegrasie sal bevorder, op te stel en te evalueer.

Die ondersoeker het 'n realiteitgeoriënteerde program, gebaseer op Glasser se realiteitsterapie en Ellis se rationele-emotiewe terapie, asook 'n sirkulêre-vraagstellingsprogram wat die epistemologiese verskuiwing na nie-lineêre oorsaaklikheid illustreer, ontwikkel. Die bruikbaarheid eerder as die reg of verkeerd van die programme is beklemtoon, wat in ooreenstemming is met die ekologiese sistemiese paradigma.

'n Totaal van 32 identiteitsverwarde manlike voorgraadse studente van die Randse Afrikaanse Universiteit is op 'n ewekansige wyse aan drie eksperimentele en een kontrole groep toegeken. Eksperimentele groep A het die realiteitgeoriënteerde program gevolg, eksperimentele groep B die sirkulêrevraagstellingsprogram, en eksperimentele groep C 'n program van besigtiging en bespreking van verskeie opvoedkundige films. Die kontrole groep is aan geen program blootgestel nie.

Die afhanklike veranderlikes is deur Ipat 8 van die Ipat Angsskaal, die Sosiale Verhoudingskomponent van die Persoonlike, Huislike, Sosiale en Formele Verhoudingsvraelys, Vrey se Selfkonsep Skaal en Zuckerman se 'Multiple Affective Adjective Check List' gemeet. Die verskillende programme wat ontwikkel is, is as onafhanklike veranderlikes gebruik.

Die navorsingsontwerp wat in die studie aangewend is, is die voortoets-natoets-kontrolegroepontwerp.

Vanuit die statistiese analise van die resultate deur middel van die meervoudige veranderlike toetsstatistiek, Manova en Hotelling se T^2 , sowel as die enkelvoudige t -toets, het dit geblyk dat die realiteitgeoriënteerde program en die sirkulêrevraagstellingsprogram identiteitsverwarring by die proefpersone beduidend verminder het. Die sirkulêrevraagstellingsprogram in besonder, was in terme van die vermindering van die totale angsvlak beduidend meer effektief, in teenstelling met die ander groepe. Hierdie groep se sosiale vaardighede het nie beduidend verbeter nie. Beide bevindinge is as hipoteses gestel en bespreek.

Dit is voorgestel dat sommige tegnieke vanuit die lineêre paradigma met vrug in 'n nie-lineêre benadering aangewend kan word, mits die konteks waarbinne dit gebeur, in ag geneem word. Indien die sirkulêrevraagstellingsprogram alleen gebruik word, word langer periodes tussen die sessies voorgestel. Laastens, word die belangrikheid van 'n estetiese oriëntasie ten opsigte van terapie beklemtoon.

CHAPTER 1

INTRODUCTION

"Identity is the answer to everything. There is nothing that cannot be seen in terms of identity" (Minuchin, 1981, p. 213).

According to Erikson (1968) there is no feeling of being alive without a sense of identity. Thus, essentially, the meaning of an individual's life is contained within the identity he develops.

During his lifespan, the individual is often confronted by questions such as, "Who am I?", and "Where do I belong?". These questions are important because the answers direct the person's future behaviour. An individual's identity determines what he expects from himself and consequently how he judges himself; it influences his decisions, and it determines how he interacts with others (Gerdes, Ochse, Stander, & Van Ede, 1981).

The individual's identity plays a significant role during the various developmental stages. Levinson and his associates (Egan & Cowan, 1980) propose that people pass through a sequence of developmental periods. They distinguish between 'Preadulthood', 'Early Adulthood', 'Middle Adulthood', 'Late Adulthood', and 'Late Late Adulthood', as well as transitional periods which bridge the various stages. During transitional periods one's previous life structure is gradually being relinquished, but the new one, which should take its place, has not yet been built. Confusion often exists, since roles become unclear. Significant relationships are terminated or modified. Although such crisis periods may produce

growth and development, they may also lead to stagnation, frustration and loss. As with any loss, Kübler-Ross' five characteristic reactions may be experienced, that is, denial and isolation, anger, bargaining, depression, and, finally, acceptance (1969). In addition, old values are queried and new ways of looking at life are explored. As a result of experimentation, new choices can be made in areas such as love, marriage and career. Commitment to these choices will gradually lead to a new life structure which will form part of one's identity (Egan & Cowan, 1980).

However, because the individual's identity develops within a specific social and cultural environment, the identity so formed is a composite of both individual and internalized characteristics of his society. Erikson (1977, p. 242) phrases it thus: "... the style of integrity developed by his culture or civilization thus becomes the 'patrimony of his soul', the seal of his moral paternity of himself". De Monteflores and Schultz (1978) portray the process as cyclical, that is, a 'feedback process' between the person and his society. This feedback model describes a process whereby the person's actions provoke certain societal responses which, in turn, affect that person's subsequent actions.

In other words, identity development is an ongoing process. It starts at infancy. A sense of identity is acquired through interaction with one's social systems, such as families and schools (Lewis & Brooks-Gunn, 1981). Each interaction gives the growing child a sense of self in relation to that experience, that is, feedback. His concept of 'self' changes as growth (physical, emotional, and intellectual) occurs, with the quality of expectations and interactions also changing. Piaget (in Lynch, 1981) refers to identity in terms of a set of rules which are cognitive processes

and which guide a relationship between two or more events. Such rules support and guide survival. When the rules are validated, the child's sense of identity is positive; when challenged, or not successfully validated, the individual experiences frustration, increased anxiety, and a loss of self esteem (Lynch, 1981).

During middle childhood, rules become expectations, or idealized images, for which the growing person strives. As he approaches puberty, the opinion of others becomes increasingly more important. The prepubescent years provide the opportunity to experiment with the rules. Around early adolescence, the sense of identity becomes less stable. The individual's perception of self develops from group participation, groups of membership and groups of reference (Erikson, 1968). It appears, therefore, that a sense of identity springs from the adoption of a group's point of view and the interaction between the individual and that group's point of view. One's identity is thus clearly affected by others' responses to one's self.

Erikson (1977) concludes that the development of identity is a lifelong process having its culmination in the individual's encounter with death. The person who has successfully completed this process will face his death with integrity, whereas the unsuccessful person will view his death with fear and despair.

Because of the complexity of human development and the uniqueness of each individual, the variety of social and cultural environments in which the person may find himself, it appears logical to conclude that the development of a sound and integrated identity is not an easy task to accomplish.

The aim of this present study is to develop and evaluate

the effectiveness of a reality-orientation program and a circular questioning program to promote an integrated identity. Whereas the reality orientation focuses on **rational** knowledge, the circular questioning stresses **intuitive** knowledge. The purpose of the study is to present the two paradigms as two different, but not necessarily mutually exclusive, punctuations of 'reality'.

In order to illustrate the different views offered by the two models, it will first be necessary to discuss the concepts of identity. In Chapter 2, therefore, a description of the theory and research related to identity will be provided.

In Chapter 3 the epistemological shift from linear toward non-linear thinking is discussed. An integral part of this shift entails the introduction into the approach taken by Ecological System Theory. This Chapter will provide the theoretical framework from which a linear therapeutic orientation and an attempt toward a non-linear orientation will follow.

In Chapter 4 attention is given to general considerations considered relevant to the development of an effective program. The three different programs used in this study will be briefly described.

In Chapter 5 the methodological considerations relevant in this study will be described. It will provide a detailed discussion of the statistical design, the sample, and the validity and reliability of the measurements used, as well as a general and specific statement of hypotheses.

In Chapter 6 the results of the statistical analysis will be reported. Each hypothesis will be empirically

tested and appropriate Tables will be provided.

Finally, in Chapter 7 an integrated discussion will be given in which the empirical results will be placed in perspective against the background of the theoretical models proposed in Chapter 3, and the literature overview discussed in Chapter 2.

CHAPTER 2

THE CONCEPT OF IDENTITY: THEORY AND RESEARCH

In the past 20 years at least 50 empirical studies have sought in various ways to operationalize the concept of identity and to study its personality and behavioural correlates (Bourne, 1978). Nearly all these studies are based on Erikson's concept of identity. To those who value theoretical precision - especially the kind which is necessary if the concept is to be operationalized - the term 'ego identity' will probably seem hopelessly broad and vague. Marcia (1966) has, however, operationalized much of Erikson's terminology. His research will be described later in this Chapter.

2.1 Identity

Egan and Cowan (1980), Newman and Newman (1975), as well as Erikson (1968), concentrate on the psychosocial reciprocity aspect of identity. It refers to a reciprocal or mutual **relationship** with one's immediate environment and/or larger society. It implies, therefore, a sense of self defined in terms of a particular relationship to a certain group, community or society.

Egan and Cowan (1980) view identity as a fairly stable sense of whom one is, that seems to be shared by significant others. This view has both an internal, or psychological, aspect (a fairly stable sense of whom one is), and an external, or social aspect (that seems to be shared by significant others). This dual nature led Erikson (1968) to refer to identity as a truly psychosocial concept:

As Erikson (1959a) describes it, ego identity provides a bridge between the early childhood stages, when body and parent images are relevant, and the later stages

when societal expectations require the acceptance and practice of certain social roles. Erikson (1968) stresses the **continuity** of identity: the continuity between what the young person has become and what he hopes to become; between how he views himself and how he thinks others view him. Consequently, ego identity refers not just to a sense of self, but specifically to a sense of self which is socially acknowledged. In Erikson's view, therefore, although conceivably an individual may achieve a relatively stable sense of self, if that conception is neither recognized nor understood by his society, he lacks 'ego identity'.

The psychosocial aspect of identity is also stressed in Newman and Newman's definition of identity as "... the eventual commitment to a personal integration of values, goals, and abilities" (1975, p. 219). One's identity is not self-created; it develops from a magnitude of interactions between oneself and significant others.

Bourne (1978) adds that Erikson's concept of ego identity implies a way of 'being in the world'. That is, identity refers to the way a person finds a place for himself in his social environment and asks such fundamental questions as 'What is the meaning of life?', or 'What is the meaning of **my** life?'. Such an existential interpretation of the concept of ego identity leads to an enquiry into the individual's basic commitments which can be of many kinds - vocational, avocational, social, marital, ideological, and ethical. From an external point of view, a person's commitments would refer to tasks in which he appears most involved. From an internal point of view, the individual's commitments refer to those matters which he cares most about, or values. Either way, these commitments have a social significance and simultaneously provide the individual with a definition of himself.

Some researchers have discussed the concept of identity outside Erikson's writing. Minton and McDonald (1983/4), for example, focus on the role aspect of identity. In their opinion, personal identity implies the ascribed, achieved, and adopted roles which the individual typically portrays. Sexual orientation is considered one of the roles comprising personal identity. Other role-specific identities are associated with gender, parenthood, occupation, ethnicity and social class. Other researchers (Glaser, 1972; Klapp, 1969; McCall & Simmons, 1966; Strauss, 1959) have also viewed identity in terms of the individual's set of ascribed, acquired roles. Others (Levita, 1965, 1966; Lynd, 1958; Wheelis, 1958) have attempted to reconcile the 'role set' conception of identity with that corresponding to an intrapsychic, self-representational entity.

Gerdes et al. (1981, pp 70-71) attempted to combine the various aspects of identity. In their opinion identity contains three conceptually distinct aspects:

- * **Public or social identity**, where the individual defines himself (and is concomitantly defined by others) in terms of the societal roles and functions he performs;
- * **Personal identity**, which contains the individual's experience of self-sameness and self-consistency, despite changes which occur in him during the course of development and aging, or through role changes;
- * **Individual identity**, which is the experience and definition of self as individual, unique and separate. Individual identity encompasses both public and personal identities, but adds to them the recognition of "... the relativity of all the various life styles which have given meaning to human striving ...", and the unity of the purposive knowledge that "for him all human integrity stands or falls with the one style of integrity of which he partakes" (Erikson, 1977, pp 242-244).

Thus individual identity and values, interests and needs are inextricably related, and represent the means by which man claims 'moral paternity of himself'.

From the above discussion, it should be apparent that the concept of 'ego identity' is quite complex. One can understand Erikson's stated preference for not explicitly defining the term (Erikson, 1968, p. 16). Few, if any, personality-theoretical concepts include so many different perspectives. Perhaps Troiden's definition of identity may be considered to approach Erikson's concept to a certain degree. In his opinion, identity may be defined as "organized sets of characteristics an individual perceives as definitely representing the self in relation to a social situation (imagined or real)" (Troiden, 1985, p. 102). Attributes which are viewed as representing the self gradually become attitudes, action potentials toward self, elicited in social interaction.

2.2 Identity development

In addition to the measurable aspects of growth, Erikson (1968) suggests that the following should be incorporated in a discussion of development:

- * the libidinal needs which increase with development and, consequently, provide new ways of satisfaction, frustration, and sublimation;
- * the widening social radius, that is, the number and kind of people with whom the developing individual can interact meaningfully as his own capacities become increasingly more differentiated;
- * the developmental crisis which results from having to manage new tasks within a given time allowance;
- * a sense of conflict, together with an awareness of new dependencies and new ways of viewing familiar things;
- * a specifically new psychosocial strength on which

all future strengths are based.

Briefly, Erikson's view of 'ego identity' may be considered as a **developmental product or outcome**. It may be seen as an adaptive accomplishment, or achievement, of the individual versus his social environment. Erikson (1959b) also gives identity a **structural** role in the personality. It provides a stable frame of reference, or anchor point, from which the young person can confidently proceed to enter society and assume adult responsibilities. Finally, identity formation is a **dynamic** process. The individual chooses, examines, and integrates the various self-images formed during this development.

Erikson's theory of ego development is based on the assumption that the development of the person proceeds through a series of eight stages that are universal to mankind (epigenetic principle). Each psychosocial stage has its own crisis or critical turning point resulting from the growing person's predetermined pattern of growth and a readiness to interact with an increasing social radius, while at the same time, society anticipates and encourages this pattern of development (Erikson, 1968). At each successive stage, change and growth leads to disequilibrium within the personality structure of the growing person and between him and his environment. Such developmental crises must be resolved and equilibrium restored, before the individual can proceed to the next stage. Erikson (1963) conceives of these developmental crises in terms of two critically opposing psychosocial attitudes which dominate particular stages of growth. At each stage the individual is forced to confront and choose between two opposing patterns of being, and the mutual influence of both internal factors (in terms of readiness) and social factors (in terms of encouragement) is evident. Ideal development proceeds, then, by way

of a series of psychosocial gains. When the person has accomplished the developmental tasks of early life, and has consequently developed a sense of trust, autonomy, initiative and competence (pre-adolescent tasks), they form part of his identity (Erikson, 1963). With each successful accomplishment, the individual obtains the necessary strength within his personality to confront the next developmental stage. However, if the crisis (task) is not sufficiently resolved, the individual becomes more vulnerable to subsequent crises (Donovan, 1975). Personality traits are the product of the way each person resolves these developmental tasks. From each successful resolution self-esteem grows into a conviction that the individual is effectively moving toward a tangible future, that he is developing a well-defined personality within a social reality which he understands and which understands him (Constantinople, 1969).

Erikson (1968) considers adolescence to be highly significant in the individual's psychosocial development. The primary task is the development of a sense of identity; its opposite is identity confusion. The crisis, or developmental task, confronting the individual is to consolidate and integrate the knowledge he has gained about himself into a personal identity that shows awareness of his past and of a future which follows logically from it. For Erikson (1968), it is at adolescence that the products of previous crises are to be integrated within a personally appropriate, coherent identity. In Erikson's terms:

... in puberty and adolescence all sameness and continuities relied on earlier are more or less questioned again, because of a rapidity of body growth which equals that of early childhood and because of the new addition of genital maturity. (1977, p. 235)

Perhaps the major difficulty facing the adolescent is that of individual-time-orientation. For the first time he must orientate himself with respect to past, present and future. Rapid physical and psychological change threaten his present sense of continuity and sameness; society demands that he directs himself toward new adult tasks and responsibilities; old identifications are questioned; his new genital sexuality must find some expression. In the face of such change and discontinuity it is natural, then, that the adolescent should turn inward to re-examine himself, and outward to attempt to see himself as others see him. Thus, every aspect of identity, public, personal and individual, comes under scrutiny.

In the early stages of adolescence there is a sort of psychosocial moratorium during which the adolescent is able to experiment with different roles and identities; as adolescence progresses, and school leaving age approaches, however, societal pressures to resolve this crisis and develop an adult identity increase. If this crisis is successfully resolved, the individual is able to enter long-term and mutually satisfying love relationships. The question of one's childhood, 'Who will I be?', is faced in the form of important, ever-narrowing choices, career decisions and relationship commitments.

Erikson (1968) holds that the task of establishing an identity is a lifelong one, and that changing life circumstances and personal growth or change frequently lead to the emergence of identity crises in different forms at later stages in life. However, he also believes that successful resolution of the identity crisis in adolescence provides a stable foundation for the subsequent development and consolidation of identity during the adult years. Without a firm sense of identity the individual will be unable to meet the demands made upon him by subsequent crises during adulthood. That is, he

will be unable to love in a mature way, to be generative, and to achieve integrity, which refer to the three tasks of adulthood.

Bourne (1978) describes seven distinct facets of Erikson's concept of ego identity:

- * a developmental outcome;
- * an adaptive achievement;
- * a structural configuration or 'synthesis';
- * a dynamic process (that is, identity formation);
- * an experience of oneself;
- * a type of psychosocial reciprocity;
- * an existential stance.

Erikson's concept of identity incorporates most of the developmental tasks proposed by Egan and Cowan (1980) for moving into adulthood, namely:

- * becoming competent;
- * achieving autonomy;
- * developing and implementing values;
- * forming an identity;
- * integrating sexuality into life;
- * making friends and developing intimacy;
- * loving and making a commitment to another person;
- * making initial job or career choices;
- * becoming an active community member and citizen;
- * learning how to use leisure time.

Chickering (1969) agrees with Erikson that the development of identity is the keystone of the entire process of human development through life. Everything that has occurred previously is building toward identity; everything that follows the development of identity is building on identity. Chickering's view also corresponds to Erikson's with regard to the non-final aspect of identity; identity is viewed as a lifelong process (1969). He adds, that, although the development of identity may proceed in one

area, such as religious beliefs, it may stagnate in another, such as career.

Recent models (Coleman, 1982) suggest that minority groups, such as homosexuals, share similar stages of identity development. These models also propose that each stage of development must be resolved before subsequent stages can be completed successfully. Cass (1979) states that the homosexual's identity development proceeds from identity confusion through identity comparison, tolerance, acceptance, and pride, to identity synthesis.

Johnson (1981) agrees with Erikson that one's identity is built out of one's relationships with other people. As the individual interacts with others, he notices their responses to him. He seeks feedback as to how they perceive him, and he learns how to view himself as they view him. From the feedback of others, he develops a clear picture of himself. He incorporates into his identity the qualities he admires in other people. From his relationships with other people he adopts specific social roles that he integrates into the way he views himself. It is, according to Johnson (1981), within the person's relationships, that he discovers who he really is.

Glasser (1965) extends Johnson's viewpoint. In his opinion, identity develops from the individual's involvement with others, as well as his involvement with himself. It develops from recalling times when he felt pleased; what he liked he will tend to exemplify; what he disliked, he will tend to reject. He also discovers his identity by observing those causes or concerns with which he is involved. During crisis periods, by reflecting on his behaviour, he further clarifies and understands who he is. In addition, feedback from others provides meaningful information about himself. Finally,

his beliefs and values, his religion, and his philosophy of life further clarify his identity.

Marcia's research corresponds closely to Erikson's theory of ego development (1966). His efforts have focused on identifying and illustrating styles that are used by individuals to cope with identity concerns. According to his research, identity development proceeds in a series of crises and commitments. A crisis refers to a time period when the individual is actively involved in choosing, examining and trying out alternative roles, behaviours and philosophies. Commitment refers to making stable choices in important areas of life. On approaching adulthood, the individual must find a vocation which will satisfy him. He must also develop a world view or ideology which will help him to understand what is happening around him and provide him with a basis from which to judge and decide. According to Marcia (1966), identity is achieved when the individual has committed himself to an occupation and an ideology and has experienced a crisis before he made these commitments.

Podd (1972) refers to Erikson's adolescent identity crisis as the adolescent's need for a consistent, independent, self-definition which complies with societal demands. Choices with respect to occupation and ideology have to be made. Waterman (1982) adds that whatever occupation the individual chooses, it has to be recognized by his society and be personally expressive, whereas the development of an ideological world view has to be worthy of a personal commitment.

Waterman (1982) considers the following aspects of identity to be relevant:

- * a clear sense of self;
- * commitments regarding goals, values, and beliefs;

- * activity directed toward the implementation of these commitments;
- * consideration of identity alternatives;
- * the degree of self-acceptance;
- * a sense of personal uniqueness;
- * confidence in one's personal future.

Waterman (1982) concludes that to the extent the young person is exposed prior to, or during, adolescence, to a range of identity alternatives, the more likely it will be that he will experience an identity crisis. In addition, the larger the number of models who are perceived as living successfully, the greater the probability will be that the individual will form meaningful commitments.

In summary, many theorists suggest that individuals go through a sequence of developmental stages during which a person's identity unfolds. Each stage of development must be sufficiently resolved before subsequent stages can be completed. The adjustment and socialization of the individual is greatly affected by social expectations and self-development (Erikson, 1956), and is shaped according to the nature of his interpersonal relationships (Sullivan, 1953). Identity formation begins in early childhood and continues throughout life. Gradually a pattern of commitments to one's own life evolves. In Erikson's terms, the young individual is forced to make decisions and choices which will, with increasing immediacy, lead to commitments for 'life' (1968).

2.3 Identity integration versus identity confusion

Erikson (1968) claims that a successful adolescence and the attainment of an integrated identity are founded in early childhood, because each psychosocial strength exists in some form from the beginning and because

"...every act calls for an integration of all" (Erikson, 1977, p. 244).

In Minuchin's view, a strong sense of identity relies on the two basic needs or characteristics of the healthy child, nurturance and the possibility of independence within his family (1974).

Consistent with the epigenetic principle, Waterman (1982) proposes that, to the extent that pre-adolescent personality provides an appropriate foundation for coping with identity issues, the more successfully is identity development likely to proceed. In other words, when there are sufficient levels of basic trust, autonomy, initiative, and industry, which refer to Erikson's psychosocial strengths gained from adequate resolution of previous developmental crises, an integrated identity is likely to develop. At the same time, Waterman (1982) suggests that success in such other aspects of development as formal operations and moral reasoning may also contribute to advances in identity formation. Leadbeater and Dionne (1981, p. 112) state:

The adolescent's ability to consider alternative occupations and ideologies and to anticipate the consequences of a commitment to a particular role or belief for his adult life style are ... seen by Erikson and Marcia to be central to a positive resolution of the identity crisis.

Above and beyond what adolescents bring with them from childhood, however, the development of a sense of personal identity is significantly affected by the environment (Erikson, 1968). No one can develop self-concepts such as 'accepted', or 'worthwhile' all alone. Waterman (1982) finds that the greatest gains, but also the greatest losses, appear to occur during the college years. A college environment provides a diversity of experiences that can provoke identity concerns.

Erikson (1968) notes that a state of acute identity confusion usually occurs when the young individual is exposed to a combination of experiences which require his simultaneous commitment to physical intimacy, to decisive occupational choice, to energetic competition, and to psychosocial self-definition. Erikson (1968) adds that the stresses of rapid social, political and technological development may well contribute to the confusion experienced by the young person. Such development is aggravated by the information explosion, which contributes to a sense of uncertainty and discontinuity. Identity confusion is, according to Erikson (1968) characterized by an inability to choose a career or pursue further education. The identity confused person experiences a sense of futility, personal disorganization, and aimlessness.

Marcia (1966) considers that identity confusion is experienced by people who have not made stable choices; they lack commitment. They have neither entered a career, nor are much concerned about it. At the same time, they have neither accepted nor rejected the beliefs and values of others. Such individuals appear uninterested, or vague and confused, in regard to making any commitments. They are often depressed and appear to be suffering from what Seligman (1971) calls 'learned helplessness.

On the other hand, ego identity has been achieved if (1) the adolescent has experienced a preliminary crisis, that is, he has experimented with alternative roles and ideals, and (2) he has subsequently made relatively lasting commitments which define himself and give him a place in his society (Marcia, 1966).

The importance of societal attitudes in affecting a positive identity development has also been stressed by other authors (Humphreys, 1980; Malyon, 1982; Minton, 1981; Plummer, 1975; and Smith, 1980). Not only society affects

identity development, but also individuals and immediate families. Identity develops in an interpersonal context; the adolescent requires extensive opportunities to engage in experimental psychosocial behaviour. Under optimum psychological and social conditions, the evolution of identity results in the capacity for mature intimacy. Peer group validation is of fundamental importance in the development of autonomy and self-esteem. Peer group norms and prevailing social attitudes are, however, often conflicting.

Ego identity may well be harder for certain groups of people to attain than for others. Minority groups are, for example, often confronted by difficulties in establishing a firm and coherent sense of identity. Berger (1983) suggests that within Western and other homophobic (fear of homosexuality) cultures all individuals who identify themselves as homosexuals have experienced identity confusion. This is inevitable, in the researcher's view, as a result of society's condemnation of homosexual behaviour, thoughts and feelings. Thus the already complex task of forming an identity is further complicated for the homosexual adolescent by the conflict between cultural demands and his own psychosexual promptings. Because parents train children from an early age to view themselves as heterosexual, and children have no models of homosexual experiences, conflicting overt or covert behaviour leads to incongruence and a state of confusion. The adolescent homosexual is often encouraged to obtain peer-group validation by adopting a false identity, which is likely to produce stress and often leads to chronic anxiety (Farrell, 1975). Although other aspects of ego development may continue, rejection of homosexual tendencies prevents the process of total identity formation (Malyon, 1982).

The successful resolution of the crisis presented in the

stage of intimacy versus isolation, the first stage of adulthood cannot, by definition, occur until the identity crisis has been adequately resolved (Erikson, 1968). The person who is not sure of his identity is inclined to isolate himself from intimate interaction with others, because such interaction arouses too much anxiety. The giving of oneself to another, which is, according to Erikson (1968), the mark of true intimacy, cannot occur until one has a self to give. According to research conducted by Marcia (1966), there is a significant relationship between identity achievement and the attainment of intimacy. The individual who is not sure of himself shies away from interpersonal intimacy or becomes promiscuous (Erikson, 1968).

Coleman (1982) confirms that the homosexual, because of identity confusion, finds great difficulty in forming lasting intimate relationships. His finding, therefore, corresponds to Erikson's assumption that the identity confused person cannot attain a true sense of intimacy. Coleman (1982) finds that the homosexual's first relationships are often characterized by intensity, possessiveness and lack of trust.

The ideal is an integrated identity. Newman and Newman's definition of identity stresses choices insofar as they reflect a sense of identity (1975). When identity is achieved, choices regarding values and life direction have been, and are being, made which are based on accurate self-knowledge. Commitments are being expressed regarding occupation and values (Marcia, 1966); they are the observable signs of identity formation and achievement (Egan & Cowan, 1980). With an integrated identity, relationships are characterized by non-possessiveness, mutual trust and freedom. Terminations are seen in perspective and handled with normal grief reactions, rather than becoming psychologically gripping events..

Referring to Egan and Cowan's view of identity, it is clear that a stable sense of who one is, is not always easy to attain (1980). Because of man's adaptability, he can assume an almost infinite variety of behaviour identities. Gershman (1983) notes that man can adapt to almost any environment change. In exchange for adaptability, however, man is forever threatened with a loss, or breakdown, of his identity. Man has to struggle constantly to define himself.

2.4 Research on, and therapy for, identity confusion

There appears to be very little conclusive research regarding identity confusion and its associated characteristics, such as, anxiety, depression, poor interpersonal relationships, and a low self-concept. The DSM-III recognizes the psychological syndrome, or pattern, of 'Identity Disorder', but since its classification system is generally atheoretical and descriptive, making a DSM-III diagnosis only represents an initial step in a comprehensive evaluation leading to the formulation of a treatment plan. The DSM-III suggests that the essential feature of Identity Disorder is severe distress regarding the inability to reconcile aspects of the self into a relatively coherent and acceptable sense of self. There is uncertainty about a variety of issues relating to identity, including long-term goals, career choice, friendship patterns, sexual orientation and behaviour, religious identification, moral values, and group loyalties. Associated features are mild anxiety, and depression. Self-doubt, and doubt about the future, are also suggested, with either difficulty in making choices, or impulsive experimentation (American Psychiatric Association, 1980).

Marcia (1966) developed the Identity Status Interview to ascertain the person's previous (or present) experience of 'crisis' and his subsequent commitments in regard to

personal vocation as well as political and religious ideology. Two of the statuses represent different styles of identity resolution. If the person has formed his own identity after a period of crisis and decision making, he has the status 'identity achievement'. If he has assimilated his parents' standards, values, and ideology without a prior crisis, he has the status 'identity foreclosure'. In the 'moratorium' status, he is at present in a crisis, testing various commitments. Finally, in the 'identity diffusion' status, the individual may or may not have experienced crisis experiences, but he has not made lasting commitments. He shies away from any really demanding situations, or he seems aloof, aimless, drifting and empty (Orlofsky, Marcia, & Lesser, 1973). Orlofsky et al. (1973) state that identity diffusion subjects show confusion of goals by the ease with which the interviewer can push them from one so-called 'choice' to another. This finding appears compatible with Gruen's finding that subjects with a poorly defined sense of self are more inclined to accept a false personality picture of themselves (1960). They portray lower achievement motivation and are more apprehensive about succeeding (Orlofsky et al., 1973). Marcia (1966) states that diffused subjects' most frequent response to stress is withdrawal. Orlofsky et al. (1973) also note that diffused subjects show the lowest level of intimacy with same- and opposite-sex friends, or else appear to lack any significant social relationships. They are typified by apathy and lack of engagement.

Oshman and Manosevitz (1974) studied the relationship between resolution of the identity crisis and adjustment, using Marcia's identity statuses and the MMPI. They found that, whereas achievers could be characterized as warm, outgoing, enthusiastic individuals who focus on achieving their goals, diffused subjects did not show such conclusive traits. Donovan (1975), however, found that

identity diffused subjects had no plans or committed choices. The individuals were vague, troubled, and confused with regard to politics, religion, and sexual relations. They were unable to define their preferences or feelings. The parents of these diffused individuals did not appear to understand them very well or to be very involved with them. Feelings of inferiority, alienation and ambivalence were often mentioned. They also had a very low sense of self-esteem.

Since sexual identity is considered to be such an important aspect of a person's personal identity, and because the psychosocial aspect of identity is generally emphasized, the integration of a homosexual's identity is expected to produce even more problems. In Gershman's opinion, whereas heterosexuality may be associated with anxiety, compulsive homosexuality always is (1975). The researcher found that all homosexuals request help because of a general unhappiness with life and a feeling of having lost the direction of their goals and values. They also express difficulty in getting along with others, as well as with themselves. Gershman (1975) lists depression, guilt feelings, anxiety, compulsive doubting, indecision, listlessness and a pre-occupation with death as common concerns. He adds that in vulnerable people like homosexuals, self-esteem is very low.

Farrell and Nelson (1976) found that the identity diffused individual endeavours to resolve his confusion by changing his self-image. Weinberg and Williams (in Berger, 1983), however, state that such changes are seldom without costs. These researchers found that 'passing' homosexuals (those who play a heterosexual role) generally scored higher on indicators of depression, interpersonal awkwardness and anxiety about their homosexuality, than homosexuals who were open about their sexual preference.

Herron, Kinter, Sollinger and Trubowitz (1981/2) propose that confusion is common among homosexual individuals who openly disregard social sex roles. Since social sex roles are strongly affected by heterosexual adult models, to disregard these roles is to risk being labelled as deviant, bringing about conflict with society.

Morson and McInnis (1983) confirm that polarized thinking about gender, social sex roles, and sexual orientation results in sexual identity confusion.

Zehner and Lewis (1984) suggest that the development of a homosexual identity is marked by confusion. When individuals finally acknowledge their homosexuality, they usually experience a great deal of confusion and anxiety. Since most people can tolerate high levels of anxiety and confusion for only limited periods of time, this phase often leads to the repression of feelings of homosexuality. The researchers found that one way such individuals deal with the confusion and anxiety is to use excessive amounts of alcohol, or any other drug, to block out these uncomfortable feelings. Bieber (1974) adds that those who cling to homosexuality and avoid even thinking about change, are, by and large, chronically depressed, though they may project the reasons for their depression to other situations.

Few therapeutic models appear to exist regarding identity confusion per se. Gijs (1983) states that, according to several overviews (Reekers, 1977, 1981; Wafelbakker, 1981; Wolfe, 1979), it appears that, from a behaviour therapeutic viewpoint, no accepting counseling exists for young people with identity problems.

Morson and McInnis (1983) present group intervention (6 to 8 members) for work with identity confusion. They stress the importance of unconditional support for the exploration of the confusion in order to develop an

integrated identity. They reframe the confusion as normal, and facilitate exploration of it in all of its many aspects. In their opinion, such exploration is best done by education as to the behavioural, cognitive, and affective aspects of the identity confusion, followed by focusing on the stress experienced in each aspect.

Coleman (1982) proposes that, since no one can develop self-concepts such as 'valued' all alone, the individual must learn to take risks in order to gain acceptance from others. The therapist can discuss with his clients specific events that involve risk taking, but may lead to improved self-concepts.

In Malyon's view, therapy can encourage self-exploration which, in turn, helps to identify that which is important to the client and which brings satisfaction (1982). He emphasizes an affirmative approach to psychotherapy to facilitate the courage and integrity necessary when inner peace cannot be achieved through social conformity. The goals of his therapy involve both conflict resolution and self-actualization. He proposes four phases: therapeutic alliance; analatic phase; identity consolidation phase; and an existential phase. These phases may overlap and one may return to earlier phases.

Di Angi (1982) uses Kübler-Ross' model of the grieving process to explain the process of resolving internalized negative societal attitudes. The stages of grieving are denial, anger, bargaining, depression, and acceptance.

Meyer (1983) suggests that an existential approach is important in whatever therapy takes place when dealing with 'identity disorder'. Meyer (1983) recommends the use of reality therapy if the client is too far removed from facing choices. Reality therapy helps clients to face the choices they are avoiding and also to anticipate and accept the consequences of their

choices. Meyer (1983) suggests that an adolescent therapy group may be useful since it makes members aware that others face the same choices. At the same time, a group provides feedback with regard to alternative ways of dealing with problems.

CHAPTER 3

THEORETICAL FRAMEWORK

"Science ... means unrelenting endeavour and continually progressing development toward an aim which the poetic intuition may comprehend, but which the intellect can never fully grasp" (Planck, 1936, p. 83).

According to Capra (1983), man appears to be at a 'turning point' in all aspects of his culture - in medicine, physics, economics, political science, ecology, as well as psychology. By 'turning point' Capra suggests that the linear, mechanistic, fragmented worldview of Cartesian, Newtonian science is outdated; its concepts can no longer be applied because 'reality' can no longer be understood in terms of them. The way researchers have been looking at phenomena is no longer comprehensive enough to explain all that can be observed (Zukav, 1984). Today man lives in a globally interconnected, non-linear world, in which biological, psychological, social, and environmental phenomena are all interdependent (Capra, 1983). To describe this world appropriately, an ecological perspective, which the Cartesian worldview does not offer, is needed.

Newtonian thinking refers to a linear way of thinking. According to Zukav (1984), the left side of the brain perceives the world in a linear manner. It organises sensory input into the form of points on a line. For example, language which is linear, is a function of the left hemisphere (Allen, 1983; Sperry, 1982). This sphere functions logically and rationally. It is the left side of the brain that creates the concept of mono-causality, the idea that one thing causes another because it precedes it (Zukav, 1984).

Zukav (1984) proposes that Newtonian thinking reflects a left hemispheric bias. It almost ignores the typical characteristics of the right sphere which are intuitive, creative and receptive. The right brain perceives whole patterns. It perceives intuitively, without words, irrationally and receptively (Blakeslee, 1980). It understands without being able to verbalize.

Data strongly support the hypothesis that left and right spheres process information in analytic and holistic ways respectively (Dimond & Beaumont, 1974; Levy & Trevarthen, 1977; Sperry, 1982).

In this study an attempt is made to compare a traditional, linear, monocausal intervention and a new, non-linear, circular approach in order to promote identity integration. Whereas, in the linear approaches the central figure is the individual, even though various orientations take the environment (internal and/or external) into account, in non-linear approaches, the focus is placed on relationships and transactions between and around individuals: the aim is to become aware of the unity and mutual interrelation of all things; to transcend the notion of an isolated individual self; and to identify with the ultimate reality - always in motion, alive, organic: spiritual and material at the same time.

The linear approach views the individual as experiencing a specific trauma which, in turn, produces a distorted personality. It is he who has lost contact with reality even though others may be implicated. It is he who shows a specific interpersonal style. It is he who has learned, or is taught, a bad habit (Rademeyer, 1983). In other words, problems are viewed as being located within the individual, in contrast to the non-linear view which proposes that problems are located in the systems of which the individual is a subsystem.

Consequently the non-linear approach holds a systemic view.

It is assumed that the reader has a basic knowledge of system theory; therefore, only a general outline will be provided below. Specific concepts considered relevant in this study will, however, be highlighted when applicable.

It is suggested that both approaches may be effective with regard to identity integration. It is further hypothesized that particularly the non-linear approach will be successful because it is based on a closer approximation to reality (Capra, 1983). The non-linear approaches do not suppose they know the real truth, or the answer to the question of what reality is; instead they incorporate this 'unknowability' as a necessary component into their therapeutic approach. All things and events perceived by the senses are considered interrelated, connected, and are but different aspects or manifestations of the same ultimate reality (Capra, 1983). Whilst linear approaches claim the ultimate reality by making their models the whole, that is, the only way of conceptualizing reality (Auerswald, 1983), non-linear approaches see their models as merely punctuations (particular ways of conceptually interpreting a sequence of events, thereby producing pattern and meaning) of the whole. Whereas linear approaches discover reality, non-linear therapists see themselves rather as creators or co-creators of reality (Rademeyer, 1983). Albert Einstein's comment is relevant here: "Physical concepts are free creations of the human mind, and are not, however it may seem, uniquely determined by the external world" (1971, p. 31).

Zukav (1984) adds that, although most people believe that researchers are explaining the world, the Wu Li

Masters (people who indirectly teach the essence of things) know that they are only dancing with it. He stresses that the message of the Wu Li Masters is not to confuse the type of dance that they are doing with the fact that they are dancing. More simply expressed: the only surety is that what man thinks today will be a part of the past tomorrow. All that man can do is talk **about** an experience. However, a description of an experience is not the experience: it is only talk **about** it.

The non-linear approaches do acknowledge the importance of linear thinking as a basis of systemic understanding. They stress, however, the necessity of assessing how the elements of linear thinking are subsequently connected by evaluating their larger context. In Einstein's words:

... creating a new theory is not like destroying an old barn and erecting a skyscraper in its place. It is rather like climbing a mountain, gaining new and wider views, discovering unexpected connections between our starting point and its rich environment. But the point from which we started out still exists... (1971, p. 151).

Non-linear approaches do not, therefore, replace Newtonian thinking; they include it. The research of Newton remains valid within its limits. Non-linear approaches merely recognize the limitations of left hemispheric thinking and focus on what may be called a re-cognition of those right spheric aspects that have largely been ignored (Zukav, 1984). In a way, it is like regaining balance where man has been leaning too much toward one direction, toward reasoning and technology (Watson, 1980). In Watson's view, man not only needs both unconscious and conscious mechanisms but he particularly

requires an interaction between the two (1980). Whereas in linear approaches conscious or verbal processes are stressed, non-linear approaches include and focus on unconscious or non-verbal processes. Bateson's view of 'dialectic of form and process' appears to substantiate this approach. (1979). He clearly differentiates between content (form) and process; in other words, he distinguishes between what is perceived and how it is perceived. Keeney (1983) refers to Bateson's "zigzag ladder of dialectic between form and process" (p. 40). Although Bateson (1979) does not specifically appear to refer to right and left brain functioning, the term 'form' seems to tally with left brain functioning, whereas 'process' appears to equal right brain functioning. Whereas Bateson's 'form' refers to an abstraction which 'organizes' process by combining its elements so that they make sense, 'process' refers to the specific system being observed, which is the result of how an observer punctuates a sequence of events (1979). The two ways of observing should work together like the right and left spheres do in a healthy system. In Capra's opinion, holistic awareness will only occur if we combine our rational (left brain functioning) knowledge with our intuition (right brain functioning) for the non-linear nature of our environment. In other words, a dialectic recursive interplay should take place between both sides of the brain (1983).

3.1 Linear therapeutic orientation

Linear orientations assume that reality is something that can be measured and quantified. The cosmos is considered deterministic, in which the effect of any sequence of events can be predicted and examined (De Klerk, 1985). People are considered to have specific quantities or qualities which, in turn, promote certain

behaviours. The complexity of people is, therefore, largely ignored, as the person who is diagnosed becomes his label and is on a unidirectional cause-effect path of events, that is, event A causes event B but event B does not influence event A. Differences between people refer to inherent attributes of the particular persons in question. The researcher and therapist are considered to be objective observers who view reality from a neutral corner. The psychological facilitator is, in effect, viewed as a healer of the mind (Rademeyer, 1983). He, therefore, studies the individual in isolation. A person's problems are thus viewed as manifestations of his personality; the individual is seen as the site of pathology (Keeney, 1979).

The linear approach adopted in this study, and into which Albert Ellis' rational emotive therapy is incorporated, is the approach developed by Dr William Glasser, that is, reality therapy.

3.1.1 Reality therapy

"We believe that the consequences of behaviour determine emotional tone; so if we can control the behavior, we believe we also control the feeling" (Glasser, 1975, p. 132).

Glasser (1981, 1982) suggests that people's greatest psychological needs are belonging and being loved (cooperation), gaining power and recognition (competition), having fun (leisure), and being free (controlling one's life to whatever extent possible). Reality therapy is designed to help people meet these needs, by emphasizing self-responsibility, involvement with other people, the development of a success identity, and planning.

In essence, reality therapy depends on what might be called a psychiatric version of the three R's, namely,

responsibility, reality, and right-and-wrong.

To be **responsible** one acts in a way which fulfills one's needs such that one does not deprive others of the ability to fulfill their needs. A responsible person does that which gives him a sense of self-worth and a sense that he is worthwhile to others.

Reality is assumed to be closely related to responsibility. Glasser (1965) considers that all people with problems deny the reality of the world around them to a certain degree. The reality principle implies that people are willing to make immediate sacrifices for long-term satisfactions and gains. The responsible person does not deny the world, but recognizes that reality not only exists, but that he must fulfill his needs within its framework. He can stand the necessary pain which a full life implies, but he can also enjoy the rewards of a deeply responsible existence.

Glasser (1975) maintains that a satisfactory standard of behaviour is the prerequisite for being **right**. Behaviour is right when the individual acts in such a way that he gives and receives love and feels worthwhile to himself and others. To do right, the individual has to learn to improve when he does wrong and to give himself credit when he does right. If he does not evaluate his own behaviour, or, if after evaluating, he does not improve his behaviour, he will not fulfill his needs.

According to Glasser (1981, 1982), a **successful identity** develops if the person is able to fulfill his needs. Satisfaction of the needs presented above constitutes pathways to a success identity that is characterised by strength, responsibility, self-discipline, and confidence. In particular, people with a success identity have at least one other person who loves them

for what they are, and they, in turn, love at least one significant other person. In addition, they consider themselves most of the time as worthwhile beings. Feeling worthwhile is the result of accomplishing tasks and achieving success in these tasks.

A failure identity develops if a person cannot develop an identity through the pathways mentioned above. In Glasser's view, a failure identity often coincides with school age (1975). Before that time, most children view themselves as successful. At school age, the child has to develop social skills, verbal skills, intellect and thinking ability that facilitate self-definition, in terms of being successful or unsuccessful. A failure identity is characterised by weakness, irresponsibility, and a lack of confidence (Glasser, 1981, 1982). Failures are often lonely. Whereas the individual with a success identity competes, usually constructively, failures experience difficulty in facing the real world and find it uncomfortable, anxiety provoking, disparaging and depressing. They dislike competition. While successful people relate successfully to others, failures may associate with one another, but still complain that they are lonely and isolated. Those individuals who appear to have developed a failure identity, handle the accompanying discomfort in two ways, according to Glasser (1965), namely, by denial, or by ignoring reality. Glasser (1965) considers that mental illness refers to the various ways in which an individual denies or ignores reality. He denies or ignores reality to make himself more comfortable, to protect himself from facing the feeling of being meaningless and insignificant in his world. However, only anger, frustration, suffering, depression and withdrawal are the consequences.

According to Glasser (1965), reality therapy can be used to deal with any psychiatric problem. Except where an organic illness exists, people are assumed to act irresponsibly, not because they are 'ill'; they are 'ill' because they act irresponsibly. Individuals are responsible for fulfilling their needs, they are responsible for their own behaviour; they are not mentally disturbed, but they are making wrong decisions when their behaviour is deviant (Glasser., 1969).

The process by which the therapist guides the client so that he can face reality and fulfill his needs, is made up of three separate, but intimately interwoven procedures:

* **involvement**

The guiding principles of reality therapy, to be mentioned below, are directed toward achieving proper involvement; a completely honest, human relationship in which the person realizes that someone really cares for him. The therapist does not only accept him, but he also helps him fulfill his needs in a realistic and responsible way.

* **acceptance**

The therapist rejects unrealistic and irresponsible behaviour, but he still accepts the client and remains involved.

* **teaching**

The therapist teaches the client realistic and responsible ways to fulfill his needs.

Naomi Glasser (1980) outlines eight important steps in reality therapy, namely:

* **involvement**

* **ask people what they are doing now**

- * ask if what they are doing now is helping them
- * help the client to make a plan
- * encourage commitment to a plan
- * allow no excuses
- * allow no punishment
- * never give up

The following eight principles of reality therapy incorporate Naomi Glasser's steps (1980):

Principle 1: Personal

The focus is on discussing one's own experiences. Because focusing on problems tends to increase rather than decrease the person's involvement with his problems, any other topic is also considered relevant.

Principle 2: Behaviour

The focus is on present **behaviour** rather than on feelings. A person's actions determine the nature of his feelings. The therapist finds out what behaviour the client should correct. With a focus on behaviour, the client is guided to see himself accurately, to face reality, to fulfill his needs without depriving himself or others. The client is taught personal responsibility for his own behaviour.

Principle 3: The present

The focus is on the **present**. Clients are expected to face reality and to admit that they cannot undo their past. They must accept responsibility for what they are doing **now**.

Principle 4: Value judgement

Each client must judge his own behaviour; he must evaluate what he is doing to contribute to his own failure. When a person understands what he is doing,

he can also change his behaviour. The therapist starts from the client's attitudes and seeks realistic and responsible solutions to the problem(s).

Principle 5: Planning

When a value judgement is made, the client is expected to make specific plans which are concrete and realistic.

Principle 6: Commitment

The client must commit himself to his choice. Maturity and worthwhileness are the benefits of commitment.

Principle 7: No excuses

If a specific plan fails, the therapist discusses different ways of implementing a particular goal.

Principle 8: No punishment

Rather than punishment, the client is expected to accept the natural consequences of his own behaviour (Glasser, 1982).

In this study, one group of students is provided with a reality-orientation program with the purpose of promoting identity integration. The emphasis throughout the process is on self-responsibility and involvement with members.

The reality therapy counseling model is not a panacea. It does not necessarily work with all clients, but it offers a theoretically based approach for achieving efficient counseling. The theoretical framework guides the counselor and ensures a process strategy for assisting clients. The strengths of reality therapy are its 'wholeness', the strong interrelationships among steps in the process, and its compatibility with existing traditional thoughts concerning counseling.

3.1.2 Rational emotive therapy

Rational emotive therapy is a therapeutic approach developed by Albert Ellis during the 1950's. It may be considered a cognitive-behavioural model of intervention because, on the one hand, Ellis stresses the individual's rationality and thinking, and, on the other hand, he makes extensive use of behavioural therapeutic techniques. Both Glasser and Ellis de-emphasize a focus on feelings, but whereas Glasser concentrates on **behaviours**, that is, on **what** the person is **doing**, Ellis stresses the importance of a person's **thoughts**. Corey (1977, p. 141) states that rational emotive therapy is highly didactic, very directive, and concerned more with the dimensions of thinking than with those of feelings.

Ellis (in Grieger & Boyd, 1980) believes that a person's values, attitudes and beliefs form the basis of his personality. A person's childhood is particularly important because, during this time, his basic values, attitudes and beliefs are being formed. Each individual has the inherent potential to be rational or irrational. The person's goals are of primary importance. When people think, 'emote', or behave in a way which meets these goals, they behave rationally, but when they sabotage their own goals, they behave irrationally. A well-functioning person is, therefore, one who acts rationally, who has rational beliefs, and who has contact with reality.

Ellis (1975) stipulates that the individual's behaviour, thinking and emotions are interdependent. When people 'emote', they also think and act; when they act, they also think and 'emote'; when they think, they also 'emote' and act. Consequently, when a person's dysfunctional patterns are changed, his thinking, emotions and behaviours are changed as well.

Simply stated, rational emotive therapy takes the position that practically all emotional problems are created in man's head (Ellis, 1961, 1962, 1966).

Ellis (1975) proposes that irrational beliefs cause abnormal behaviour; they are obstacles in an individual's striving to personal growth. When individuals demand, insist, or dictate that they, somehow, must have their wishes satisfied, emotional reactions and disturbances may occur. Ellis (in Grieger & Boyd, 1980, pp 5-7) identifies three main categories of irrational beliefs, namely:

- * I must do well and win approval for my performances, or else I rate as a rotten person;
- * Others must treat me considerately and kindly, in precisely the way I want them to treat me; if they don't, society and the universe should severely blame, damn, and punish them for their inconsiderateness;
- * Conditions under which I live must get arranged so that I get practically everything I want comfortably, quickly, and get virtually nothing that I don't want.

The tendency of the person to insist that his own goals have to be satisfied is referred to by Ellis (in Grieger & Boyd, 1980) as **musturbatory thinking**.

The essence of rational emotive therapy lies in the ABCD paradigm where A (activating event) produces a response or belief (B) regarding A, resulting in certain emotions or consequences (C). D refers to the therapist's disputing of the client's beliefs, if they are irrational, which, ideally, leads to a more effective (E) functioning on the part of the client. When people talk to themselves at B (the 'belief system' or 'self-talk'), they express two kinds of thoughts: rational beliefs (rB) and irrational beliefs (iB). Whereas the rational beliefs do not provoke pain, the irrational

ones do. The latter are, however, not always easy to detect. People are generally inclined to think that they are making good sense, and they often have no idea how they are disturbing themselves with their irrational beliefs (Hauck, 1980). The therapist's task, therefore, is to seek out the client's irrational beliefs, communicate these to him, show him why they are irrational, and instruct him to debate with himself as to why his so-called 'rational beliefs' are actually irrational. When irrational beliefs are disputed, the client will experience new effects. At first he will gain an intellectual understanding of his problems, followed by a behavioural effect (Hauck, 1980).

Rational emotive therapy is, therefore, largely an active and directive education process, based on the idea that the client must learn to think rationally. The therapist plays mainly the role of a teacher and model, with the client taking the role of student or learner (Corey, 1977). The client must replace his 'oughts', 'musts', and 'shoulds' in his present thinking with rational thinking, appropriate emotions, and effective behavioural patterns. The therapist's task is to help the client to acknowledge his self-defeating behaviour and feelings, and to take responsibility for them. Homework tasks are considered an essential aspect of rational emotive therapy (Hauck, 1980). Its rationale is that, if a client wants to change his emotional disturbance, he should work, practise, and go against his irrational beliefs. Grieger and Boyd (1980, p. 82) say "... clients must engage in a sustained, energetic effort after they gain insight in order to change significantly".

Rational emotive therapy appears particularly well suited to groups (Hauck, 1980). It provides the opportunity for instruction which individual therapy does not allow (Corey, 1977). In group counseling,

each member can be given the chance to try out new skills in teaching others. When one member presents his problem, the group can still learn a great deal by listening and observing. Group members can identify with thoughts expressed, even though their own problems may be different. Members can help each other under the therapist's direction. As they learn how to detect and combat irrational beliefs, they gain control over their own habits.

In the reality-orientation program, use is made of rational emotive principles. These principles appear, in the investigator's viewpoint, to be very compatible with Glasser's stress on reality and self-responsibility. The members are taught to accept reality graciously (Hauck, 1980). By learning not to accept their negative emotions and their complaints about their lives, they learn responsibility and self-control.

3.2 Toward a non-linear therapeutic orientation

Within the social sciences, which have largely been based on, and which show parallel developments in, the natural sciences, man is used to believing something exists or does not exist, because his experiences appear to confirm the solidity and reality of the physical world (Kuhn, 1970; Watzlawick, 1976). These linear, rather simplistic realities appear, however, unable to incorporate the new developments in both the natural and the social sciences. Various researchers (Auerswald, 1983; Bateson, 1973; Hoffman, 1981) are proposing a completely new epistemology which conceptualizes the world in a way which more closely acknowledges its complexity.

Traditionally, man has viewed differences between objects or situations as being part of these objects or situations. In other words, any observed differences

are attributed to the inherent qualities of the specific object or situation in question. Bateson (1973, p. 427), however, states that a difference is not a thing or an event, it is an "abstract matter". The locus of differences between two objects or situations lies within the 'idea' that man attributes to the relationship between them. Difference is, therefore, **qualitative**, not quantitative (Bateson, 1978). Zukav (1984) puts it more clearly, perhaps. In his opinion, the world does not consist of things, but of interactions. Observed properties or attributes do not relate to specific properties or attributes of an object or situation; observations refer to properties of man's interactions with this object or situation. "When we observe we never see any substance; what we observe are dynamic patterns continually changing into one another, the continuous dance of energy" (Capra, 1983a, p. 82).

According to recent research (Bateson, 1979; Keeney, 1983), there is no direct relation between external events and man's experience thereof. Man constructs, or creates, the world; what man experiences depends to a large extent on his constructs (the way he views the world). Raw data regarding the reality of man's environment does not exist, according to Keeney (1983). What the adult eye observes and understands is linked to what it saw as a baby (Watson, 1980). Data is always based on man's senses, which, in turn, are linked to his constructs. A person's constructs determine what aspects of reality he will focus on, which, in turn, will affect his existing constructs.

Man perceives by means of his senses which give information or news about differences (Bateson, 1979). Light can only be observed because it can be distinguished from darkness. If the territory shows no difference, the map it represents, will remain blank. However, just as the

map does not equal the territory, so do our observations not equal reality. Past experience affects present perception which, in turn, influences future perception. As a result everybody's perception of reality is unique.

Knowledge surpasses sensation; it results from integrating information perceived by the senses, from checking it against past experience, and from making an interpretation about it (Watson, 1980). All knowledge of the external world is derived from the relationships between observed external events; or from difference and/or change between them (Bateson, 1979). Therefore, information refers to a distinction or a difference and a difference refers to a relationship (or a change in the relationship). Man's perceptions are limited, however, and although his hypothesis about observed causes and effects may seem to be confirmed, that does not prove the accuracy of his assumptions about relationships (Bohm, in Epstein, 1980).

All interpretations of reality are determined by punctuations (Keeney, 1983). Punctuation refers to the way man's sensory-based experiences are organized in a meaningful pattern so that they make 'sense'. To understand a person it is, therefore, necessary to know how he punctuates reality - how he views things. Any situation can be differently punctuated; whatever is perceived can be differently interpreted, challenged or reframed. Any experience or idea is, however, only a partview of the whole. Man is unable to completely grasp the whole.

From the above description of how a person construes his own reality, it would appear that the only reality exists in the imagining 'I'. However, a person cannot make a reality all by himself. Maturana (1975) says that a person's existence requires observers who

confirm his perceptions. In other words, a consensual domain is required in which the person as observer can exist. This consensual domain, or area of consensus, evolves when communication and interaction between various observers take place. In a consensual domain a certain degree of stability (consensus) occurs between the observers' 'realities', by means of, inter alia, language, general values, rules, norms and traditions. People share the same reality to a certain extent. Their view of reality is, however, just a working hypothesis which has been adopted by consensus (Watson, 1980). It is essential to realize that ultimately everybody's perception of reality is unique to the individual (Dell, 1982).

Briefly, the non-linear way attempts to make use of both hemispheres. It endeavours to combine rational knowledge with an intuition for the non-linear nature of man's environment. It tries to provide reasonably accurate descriptions, rather than explanations, based on repeated observations (Capra, 1983). The only thing it says about an individual is how he probably will behave. It does not assume the existence of an objective reality apart from man's experience. The mind, according to this view, can only have 'ideas' about reality. Finally, it holds that it cannot observe something without changing it. To observe something is to alter it (Watson, 1980). Objective, experimental research is, therefore, impossible, according to Bavelas (1984). "The very act of observation must necessarily interfere with, and change the nature of a phenomena ... observation distorts interaction and renders it 'not real' ..." (p. 339). Zukav (1984, p. 56) adds that we "... are part of nature, and when we study nature there is no way around the fact that nature is studying itself".

A brief discussion of the ecological systems model which reflects the non-linear approach, will now follow. The circular epistemology derived from this model provides the basis for circular questioning, a therapeutic format used in this study.

3.2.1 Ecological systems model

The ecological systems model is derived from the study of the interrelations of organisms and environment (ecology), and is based on the concept of ecosystem, the interactional system of living things within their environment. An ecosystem approach emphasizes the biological and physical dimensions of organisms and environment, as well as their psychosocial characteristics and interactions. In an ecological approach, the physical resource base of the system and its transactions with other systems in the environment are considered critical (Andrews, Bubolz, & Paolucci, 1980).

An ecosystem model is based on a unifying holistic perspective which focuses on the interrelationships and feedback processes between components of a system (Buckley, 1967). Form, the relationship of the parts to each other is stressed, rather than the parts themselves (Watson, 1980). Basic to this approach is that a change in any part of the system affects the system as a whole and its other sub-parts, creating the need for system adaptation, rather than simply attending to a single part. In addition, systems are considered to be multi-leveled structures, where each level consists of subsystems, which are whole in regard to their sub-parts, and subparts with respect to the larger wholes (Capra, 1983).

According to the ecological approach, humans are part of the total life system and cannot be viewed apart from all other living species in nature and the

environments that surround them. The environment for the system supplies the resources needed for its survival (Bubolz, Eicher, & Sontag, 1979).

The boundaries of a system vary in permeability, permitting energy and other exchanges with the natural physical, social-cultural and behavioural environments, and with other systems in its environment, to take place to varying degrees (Bubolz, Eicher, & Sontag, 1979).

Each system has two important potentials that organize its structure: the potential of the system to change and the potential to stay the same, or maintain the status quo (Minuchin, 1974). Information that enters or re-enters the system through feedback, provides perceptual data allowing the system to test its behaviour in relation to the environment. Depending upon the level of feedback employed, the system either changes its pattern of internal organization, rules, goals and external relatedness, or it tries to maintain its previous pattern (Broderick & Smith, 1979). Dell (1982) stresses the evolutionary aspect of feedback. Each interaction with, and within, the system leaves a mark on the system, which 'causes' the system as a whole to evolve. Maintenance of the system implies system evolution, according to Dell (1982). Capra (1983) refers to the above potentials as (1) an integrative tendency to function as part of the larger whole, and (2) a self-assertive tendency to preserve its individual autonomy. The two tendencies appear opposite but are complementary. Ecosystems sustain themselves in a dynamic balance based on cycles and fluctuations, which are non-linear processes (Capra, 1983). In a healthy system there is a dynamic balance between integration and self-assertion.

Creative, changing systems function divergently, exploring all possible alternatives, in contrast to predictable systems which are convergent in their functioning (Bateson, 1979).

Each natural group is thus considered a cybernetic input-output system where feedback refers to a recursive process, that is, part of the system's input is reintroduced into the system as information about the output (Penn, 1982). It functions, therefore, as a self-regulating system which controls itself, according to rules formed over a period of time, through a process of trial and error. Rules indicate what is allowed and what is not allowed in the relationships. These rules (or repeating interactional patterns) are idiosyncratic to the particular group or systemic unit. Thus, as Watzlawick, Beavin, & Jackson (1967) point out, every behaviour (transaction) is a form of communication which provokes feedback consisting of another behaviour communication. In this way there is a co-evolution of rules of the system, or a reciprocal 'structural coupling' takes place, "in which the history of behaviors of the members of the system-to-be culminates in a stable, organizationally closed system" (Dell, 1982, p. 34).

Since any symptomatic behaviour is considered to be a central part of the system's idiosyncratic transactional patterns, the way to eliminate the 'symptom' is to become aware of and, consequently change, the rules of the system's game (Satir, 1967), or bring forth system transforming behaviours from individual members of the system (Dell, 1982). In order to change a system, however, alternatives have to be available to the system. The system must be ready for new information which makes sense with respect to its existing patterns of interactions as well (Keeney, 1983; Selvini, Boscolo, Cecchin, & Prata, 1978).

The systemic model does not have concrete concepts against which a system's functioning can be measured. In fact, it does not describe what is considered to be a normal system. It only states that a system should be able to adapt itself to a change in the external and/or internal environment (Barrows, 1982). This stance corresponds to the evolutionary paradigm which maintains that there is no ultimate reality or truth, and that all descriptions depend on where the observer chooses to punctuate events. Consequently, what is functional or dysfunctional, is an arbitrary punctuation.

The relative lack of concrete concepts does not, however, leave the therapist in a state of confusion. In this study the principles and methods of the Milan team (Dr L. Boscolo, Dr G. Cecchin, Dr J. Prata, and Dr Mara Selvini-Palazzoli (Tomm, 1981), which they considered extremely effective in interviewing families, are employed.

3.2.2 A circular epistemology

With the advent of the idea of circularity, a whole new perspective opens in which relationship and pattern are important, rather than objects with quantified characteristics. It holds that objects cannot be conceptualized as separate from the pattern or context in which they are embedded. Patterns are conceptualized as having reciprocal effects; they define objects in their relationships with other objects (Hoffman, 1981).

The circularity of events may perhaps be clarified by Zukav's statement that:

Reality is what we take to be true. What we take to be true is what we believe. What we believe is based upon our perceptions. What we perceive depends upon what we look for. What we look for depends upon what we think.

What we think depends upon what we perceive.
What we perceive determines what we believe.
What we believe determines what we take to
be true. What we take to be true is our
reality. (1984, p. 328)

The epistemology of circularity is multifaceted and, therefore, systemic. No part is more important than any other part, so it is not dualistic. It does not divide ecology into parts, so it is holistic. It is evolutionary because it stresses increasing complexity between time A and time B. Finally, it links observations from various viewpoints, so it is recursive (Hoffman, 1981). The systemic therapist, therefore, cannot be a neutral observer of a system. The therapist and the system which he observes form part of a larger system in which both, and any number of other elements, act and react upon one another in unpredictable ways; each action and reaction alters the reality of the new therapeutic system. The therapist's specific paradigmatic assumptions determine what data he considers to be relevant, and how he organizes these data. Diagnosis within a systemic paradigm, therefore, implies a creation of order, not a discovery thereof (Keeney, 1979). In Minuchin's words, diagnosis is "... merely a way of arranging data" (1981, p. 131).

From the idea of monocausality, circular epistemology adopts a concept that is nearer to that of 'fit'. Whereas the linear notion of 'causation' refers to a specified type of interpretation of fit (A causes B because A precedes B), the non-linear view proposes that transactions occurring in a system show a general complementarity, that is, they fit together (Dell, 1982). In addition, the system fits the environment; the system is one with the environment. Rather than using the term 'homeostasis' to explain system's functioning, Dell (1982) suggests that the term 'coherence' more

clearly describes the congruent interdependence in system functioning whereby all its aspects fit together. System behaviours arise from its coherence, but they also recursively affect the coherence itself. In other words, the system evolves, since a system cannot behave without changing itself. Simultaneously, the individual's coherence, and the coherence of other systems to which he belongs, co-evolute in a complementary way. The therapist, therefore, endeavours to intervene in ways which are complementary to the system's coherence, or its structured ordering: the way its members fit together (Dell, 1982).

3.2.3 Circular questioning

Selvini et al. (1980b) did not provide an adequate theoretical framework for their work. They did, however, establish three principles to enable the observer to understand their interventions. They call these principles hypothesizing, circularity, and neutrality (Weeks & L'Abate, 1982).

Hypothesizing refers to the therapist's assumptions about how a system functions. They are unproven suppositions which are tentatively accepted to provide a basis for further investigation. As such, an hypothesis is neither true nor false, but rather, more or less useful. It leads the therapist to track patterns of interactions (Selvini et al., 1980b).

In this study, the hypothesis is made that identity confused people lack information. Disturbed systems are often characterised by loosely defined relationships (Hoffman, 1981). Pathological systems are rigid and often unable to adapt to change; their rules or transactions are not flexible. By leaving relationships unclear, they prevent changes from disrupting the system. Members of such systems rarely define a

relationship or notice differences: they lack information. Consequently, if one is unsure or confused about one's relationships, it is more difficult to develop an integrated identity.

The second principle of the Milan team relates to Keeney's statement that the circularity of a system is made up of patterned circuits and populated by differences that produce information (1983). Keeney's statement is based on Bateson's view that 'information is a difference' and 'difference is a relationship' (or change in the relationship). (1978). Consequently, by **circularity**, the Milan team refers to "... the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationships, and, therefore, about differences and change" (Selvini et al., 1980b, p. 8). The circular questioning format adopted by the Milan team will be explained below.

The third principle of **neutrality** has developed from the epistemological assumption that any system is its best explanation. Consequently, a system can best be understood by tracking each person's perception of differences (Weeks & L'Abate, 1982). By obtaining and maintaining a metalevel from that of the system, the therapist collects information about differences and change. This position is acquired by an attitude of neutrality with respect to the system; the therapist does not take sides with any specific member. Even though the therapist remains neutral, he plays an active and central role in the interview.

Neutrality is also applied to the outcome of therapy. No specific or explicit goals are formed and the therapist is not considered to be responsible for change. In this way he supports the systemic supposition that

the system itself knows best how to change by making use of its own strengths and potentials (Tomm, 1984).

The use of a co-therapist facilitates neutrality in that each tries to observe and neutralize, as early as possible, any attempt toward coalition or privileged relationships.

3.2.4 The circular questioning procedure

The circular questioning procedure, adopted by the Milan team, incorporates the above-mentioned three principles. It refers to a practice method exemplifying how notions of circularity and coevolutionary change are used during therapy sessions (Penn, 1982). The procedure endeavours to obtain descriptions of relationships. In Penn's opinion, Bateson's principle of double description is relevant here (1982). By 'double description', Bateson (1979) means that, in order to get from one level of description to another, a double description is required, or different punctuations must be combined to obtain a more holistic view. Double descriptions produce a means to generate and discover various orders or patterns (Keeney, 1979), and a way in which new orders of difference, relationship, and context emerge (Penn, 1982). Double descriptions, therefore, refer to a higher order of description in an attempt to discover a pattern that connects the different punctuations. Consequently, they are descriptions of relationships.

The term 'coevolutionary change' also needs elaborating. By 'coevolution' the reciprocal nature of relationships is stressed. Interaction, rather than viewing just one side of a relationship, should be viewed as a unit of evolution (Bateson, 1979). Penn (1982) emphasizes that in any healthy ecology, both sides of a relationship evolve. She adds that the "... view of circularity

that connects therapist and family can therefore be seen as a consequence of the coevolutionary paradigm..." (p. 271). Change, in Keeney's view, is a continuous process which refers to the continuous interaction between the system and its environment. Both sides of the relationship co-evolute. Change, then, refers to a difference that occurs in the course of time (Bateson, 1980). It refers to the observing of a difference or change in a relationship between the behaviour of a system at time A and subsequently at time B.

'Coevolutionary change' is, therefore, only a fluctuation in a system which results from the recursive nature of feedback that has the potential to generate different orders of circularity. Each shaking, or fluctuation, produces responses in a system which are determined by the system's own coherence and which lead to continuous re-organizations (Maturana, 1975). Fluctuations have, therefore, the potential to provide the basis for an entirely different organization of the system at a later stage. It is, however, important to stress that the environment can only 'cause' the system to do something that it is already capable of doing (Dell, 1982). The system is merely "fluctuating through the domain of its coherence" (Dell, 1982, p. 29).

The main focus in the systemic circular questioning model is on Bateson's idea about information: the difference that makes a difference. The goal is always to ask questions that address a difference or define a relationship (Hoffman, 1981). Questions are **circular** in the sense that each question is built upon the information provided by the person's previous reply. The content of the person's answers are transformed into a question which will clarify relationships and lead to the confirmation, disconfirmation, or modification of the therapist's hypothesis. Through the circular style of interviewing, members comment (meta-communicate)

about observed relationships between other members. In accord with the principle of circularity, problems are defined in terms of specific interactive behaviours, in specific circumstances. Differences in behaviours, relationships and events, differences between members' individual characteristics, and differences in their ideas about particular issues are explored. Differences in relationships and behaviours over time, before and after significant events in the system's past, as well as in relation to hypothetical future events, are also explored. No interpretations or enquiries into feelings or motivation is made (Weeks & L'Abate, 1982).

Hoffman (1981) considers that circular questioning is aimed at the homeostatic principle of the system. By joining this tendency, the system (or individual) has to respond with an increase in the opposite tendency (to change), in order to maintain balance. Dell (1982), however, adds that the therapist should not join the system, or become part of a coevolved coherence too readily. He should "obviously use behaviors ... that differ from those already being used within the system" (p. 35). This stance corresponds to Bateson's view that unpredictability is needed to disturb regular patterns of systems before change can take place. By being too much an integral, or predictable, part of the system, the therapist will be unable to supply new information (different or new feedback about existing observed patterns) (1979). Circular questioning, being a pragmatic expression of a truly circular epistemology, is an interviewing technique which merely inserts punctuations that emphasise difference and circularity. In other words, the therapist gives interpretations (punctuations) of whatever patterns he observes. He looks for the "patterns which connect" (Bateson, 1979, p. 8), or for the "overarching coherence of the person" (Dell, 1982, p. 34).

According to Penn (1982), nine categories of circular questioning can be used. These categories form 'patterns which connect' (Bateson, 1979) and can be viewed as bridges that relate symptoms, system, and therapist as components of a larger coevolutionary process.

Category 1: Verbal and analogic information

Regarding verbal information, 'cue' words are transposed into statements about relationships and differences in relationships. "Who is most anxious when ... does not communicate?" is an example of using the cue word **anxious**. Analogic, or non-verbal, information refers to observed eye messages, facial expressions, specific movements, or untimely interruptions. Analogic and verbal information are compared and contrasted. At the same time, members notice the therapist noticing.

Category 2: Problem definition

"What is the problem now" is considered an important question which links relationships existing before the problem began with relationships at the onset of the problem.

Category 3: Coalition alignments in the present

After a problem has been defined, coalition alignments surrounding the problem are discovered. Questions such as "Who is worried when, or who feels more incapable when, or who notices first when" (problem definitions) are asked. Specific relationships are thus defined.

Category 4: A different sequence

Specific sequences which generally surround a problem are tracked. These sequences often show cycles of behaviour which repeat themselves. They refer, according to Watzlawick, Weakland, & Fisch (1974) to the system's solution to the problem. By means of releasing new information

into the system (providing different punctuations), such sequences are interrupted. Consequently, the problem which initiates the sequence will change.

Members are asked what they do when the problem occurs. Differences are noticed and commented upon. Questions of classification (ranking, who reacts first, who next, etc.) are employed to track coalitions. The rationale is to reveal specific patterns in relationships.

Category 5: Questions of classification and comparison

Relational patterns are revealed by means of classification and comparison questions. "Who is closest to now, who next, etc.?" is a classification question. "Is your depression better or worse lately?" is a comparison question. Changes in coalition alignments become clearer with the use of such questions. Classification questions can also be followed by comparison questions: "Was it ever different?".

Category 6: Agreement questions

"Who agrees most with?" is an agreement question which gives the therapist the opportunity to rank coalitions in terms of their strength and priority. If answers differ, the therapist explores the difference.

Category 7: Gossiping in the presence

Members are asked to comment (meta-communicate) about observed relationships between other members. Each member gets an opportunity to comment in order to provide a balance.

Category 8: Subsystem comparisons

Subsystem comparison, between subsystems as well as within specific subsystems, elicit finer distinctions with regard to relationships. When certain members agree on the existence of, say, a communication problem,

the therapist may ask which member communicates better with the other subsystems, or who communicates least well within their own subsystem. 'If' questions are also made use of: "If ... could communicate better ... would you improve or get worse?". These questions test the consequences of possible change in a system.

Category 9: Explanation questions

Previous relationships become clear by means of explanation questions. Depending on the feedback from the system, the therapist uses explanation questions to link present and past relationships. "What is your explanation of?". These questions provide the opportunity to investigate the onset of specific problems.

Briefly, by means of circular questions, information is collected in terms of:

- * specific interactive behaviour in specific circumstances (and not in terms of feelings or interpretations);
- * differences in behaviour, and not in terms of supposed personality traits inherent to the person;
- * ranking by various members of a specific behaviour or a specific interaction;
- * change in the relationship before and after a specific event;
- * differences in respect of hypothetical circumstances (Selvini, et al., 1980b).

Each member is asked to state the problem as he sees it and to provide his explanation as to its origin. Specific examples of the behaviour are requested and the effect it has on relationships. In other words, who does what in response to the symptom. Each member is requested to state what relationships were like before and after the onset of a problem. At all times questions are asked which have the purpose of clarifying differences

which will define relationships. Questions which link people and events together, as well as hypothetical questions, are relevant. Finally, questions are also asked which may give members new alternatives to think about: "What is needed before things will change?".

According to Watzlawick et al. (1967, p. 99), the cyclical pattern of behaviour involved becomes clear according to the definition of the self-fulfilling prophecy as:

... behavior that brings about in others the reaction to which the behavior would be an appropriate reaction. For instance a person who acts on the premise that "nobody likes me" will behave in a distrustful, defensive or aggressive manner to which others are likely to react unsympathetically, thus bearing out the original premise.

Penn (1982) considers that during the interviewing process, members of a system start making new links, that is, connections between different behaviours, events, and relationships. Consequently, they start viewing other members and specific behaviours in a different light and in a less 'linear' fashion. In other words, the complementary, instead of the causal, relationship between behaviours of members of a system comes to the fore (Hoffman, 1981). As Penn (1982) specifically states, circular questions compel one to give relational descriptions as answers. As such, they make people stop and think instead of reacting in a stereotyped way.

Tomm (1984) considers that since circular questions are always about interrelationships, they assist members to become observers of their own system. Hoffman (1981) adds that they also assist in promoting

more of the same kind of 'difference' thinking, that is, circular thinking, because they introduce the idea of patterns which connect. Keeney (1983) suggests that, by providing alternative punctuations, a different epistemology may evolve. Different views provide new perspectives, or new ways of looking at, or interpreting, relationships.

Selvini et al. (1980b) propose that the feedback generated through circular questioning might well be enough to produce change. Once relationships become more clearly defined, the therapist is not required to rely on advice, persuasion, or attempts to organize the relationships. He leaves it to the energy of the system, and to the energy of the members of that system to do the work for him. This stance is clearly linked with Maturana's idea about the system always acting in according with its structure. The systemic therapist remains complementary as a matter of course (Selvini et al., 1978). In Dell's terms, the task of the therapist "... is not to change the patient, but to help him or her to become nonsymptomatic in the ways available to his or her particular systemic coherence" (1982, p. 29). The therapist's intervention, therefore, does not cause the person to change, but the person's coherent organization determines what will occur. Moreover, a newly evolved coherence (change) can only be based on what has gone on before.

Change can be conscious or unconscious. Keeney (1983) stresses the unconscious nature of change. He bases his opinion on the assumption that the functioning of systems, which relies on recursive and circular processes, is generally not open to conscious thought.

In this study, one group of students is provided with a circular questioning program with the purpose of promoting identity integration. Descartes' famous

statement: "Cogito, ergo sum", has, according to Capra (1983) led to equating identity with the rational mind (left brain), rather than with the whole organism. Circular questioning provides an attempt to teach man how to think with his whole body. The emphasis throughout the process is on 'difference' or 'change' questions. Despite the lack of specific goals, the therapist has the metagoal of changing transactional patterns and belief systems. The therapist is an active participant since he continuously tracks relational patterns which he provokes through the use of circular questioning. When patterns become clear, relationships become increasingly more clearly defined. The 'disorder', identity confusion, which, according to the circular definition of a disorder, should rather be defined in terms of 'lack of information' (Schafroth, 1960), should consequently give way to 'order' or sufficient information. Sufficient information, or clearly defined relationships, open the way to re-definition of these relationships. In other words, change is more likely to ensue as a result.

To return briefly to Planck's statement quoted at the beginning of this Chapter, circular questioning does not offer something that is 'true', but rather something that is useful. Since the systemic circular model holds that we have no idea about the real nature of things, it proposes that traditional research (intellectual endeavour) adds little, if anything, to the knowledge and understanding of systems and the dynamics of systemic change (Gurman, 1983). In Kiesler's view, a more creative (or intuitive) way of dealing with the problem would be to search for a methodology which includes the principles of the new epistemology (1982). As yet, no such methodology appears to exist. In the meantime, man can only acknowledge that, although he cannot see the whole, he can still study the parts, that is, make use of linear methods, as long as he is aware of the circular nature of interactions in systems (Gurman, 1983).

The research design used in this study satisfies the traditional requirements better than the requirements of progress with regard to scientific paradigms. It is clear that extensive further study is needed to provide the new epistemology with the as yet undefined methodology.

CHAPTER 4

INTERVENTION PROGRAMS

4.1 General considerations

The aim of this study is to conduct a therapeutic intervention program for undergraduates and to evaluate the efficacy thereof, using the DSM-III criteria as its basis. Certain parameters, however, are relevant before such a therapeutic program can be implemented, namely:

- * Since students are registered for different courses, they will be occupied during different lecture times;
- * Non-residential students may be on campus for lectures only, after which they return to their homes.

Any intervention program will, therefore, have to consider the time structure of the university. Three practical considerations are:

- * the implementation of the intervention within the academic year;
- * the issue of individual versus group therapy;
- * the length of the intervention.

With respect to the implementation of an intervention program, it appears that the most important consideration is related to examination and holiday times. To ensure participation in the program, it seems essential to conduct any therapy program outside these times.

The advantage of therapy within a group context was demonstrated by Levine (1969, p. 11): "Group therapy can help with almost anything that individual therapy can, providing an appropriate group is available and the individual will accept the group as the mode of treatment".

Woodman and Lenna (1980) consider counseling to be

preferable to individual counseling because:

- * the use of a group provides structured interaction with others and it helps to break down social isolation;
- * it provides support and mutual respect which can assist each member to clarify understanding of self and to test new insights before acting on them outside of the group;
- * deficiencies in, or the insensitivity of, counselors, who are not fully aware of the diversities within a specific population, may so be counteracted.

Cohn, Coombs, Gibian, and Sniffen (1963) feel that a healthier self-adjustment can best be made through a group experience. The focus of such a dynamic process is upon building an interpersonal helping climate in which each person can develop insight into self.

Driver (1985) believes that sharing of self, with others of similar attitudes, helps one sort through values and receive feedback. She describes how common experiences strengthen a feeling of community and lessen anxiety. A sense of family develops, providing emotional support.

● Glasser (1965) also recommends group therapy. The emphasis is upon growth through the therapeutic effect of each group member upon the other. Reality testing can occur in a safe environment where group members can provide life-like situations for examination. Since the opportunity for involvement is so much greater, therapy is likely to move along more rapidly than is usually the case with the same individuals in individual treatment. Group members with similar experiences can confront one another with reality and suggest alternative ways to deal with it. At the same time, members accept this confrontation more easily than if it had come from the therapist.

The efficacy of group therapy, especially with regard to

interpersonal relationships, is pointed out by Delgado (1983, p. 339):

The group concept can give the individual support and, at times, help point out problems in relating to others more quickly than can be accomplished in individual therapy; in fact, this form of treatment is especially helpful for people having difficulty in relationships.

Gershman (1975) confirms Delgado's view that group therapy is useful for the study of interpersonal relationships. In a group, problems regarding peer rivalry often come to the fore. Clients are inclined to express themselves more freely in a group, thus taking advantage of the group's semi-social nature.

Finally, Bieber (1974) discusses the therapeutic advantage of a homogeneous group. He considers that clients are less resistive about joining when told their group mates will have similar problems.

With regard to the third consideration - length of intervention, Barrow and Hayashi's statement on motivation of group members is relevant:

Another major challenge has been to keep participants motivated in the face of increasing academic demands. As we approached the end of the semester, attendance suffered and students devoted less time to the homework as assigned. We question whether a program of more than five or six sessions is realistic in an academic environment. (1980, p. 61)

Bieber (1974) considers that the length of the intervention will depend on many clinical considerations, the most obvious being the client's familiarity with his problems and defences.

Levine (1979, p. 6) stresses the role of external factors when deciding on the length of an intervention program:

Very often, the number of meetings is dictated by such external realities as the individual member's stay in the agency or hospital, or the length of the school year. When externalities dictate the number of meetings, the purposes and groupings must be oriented to those realities.

Finally, Yalom (1975) mentions the importance of continuity between meetings. In this view, a well-functioning group continues to work through issues from one session to the next. This is more easily done if the group meets more than once a week.

Considering the practical realities of a university setting, the present investigator decided on a short-term, closed group therapy approach, outside examination and holiday times, as a mode of intervention.

Regarding the actual contents of such an intervention program, the literature does not appear to offer any specific approach to identity confusion and/or integration. No specific intervention programs to promote identity integration seem to exist. Erikson (1968) recommends that the therapist should offer the young individual support in the rebuilding of the most vital ego functions which, to the extent that he has built them, he has relinquished. A program of activities is of primary importance; one which permits each member to develop his talents under professional guidance.

It was decided to construct a group program consisting of a combination of therapeutic components. The following components were considered necessary for the composition of such a program.

Promoting cohesion among group members - group dynamics

According to Yalom (1975), cohesion refers to the degree to which members are attracted to the group. He defines cohesion as "the resultant of all the forces acting on all the members to remain in the group" (p. 46). The experience of group cohesion provides the group members with a model for interpersonal behaviour that is expected to be therapeutic for identity integration. Yalom (1975) mentions that group cohesiveness enhances the development of other important phenomena as well. When acceptance and understanding is experienced, clients will tend to express and explore themselves, to become aware of, and hence integrate, aspects of themselves which, until then, were unacceptable, and to relate more deeply to others. Self-esteem is also greatly influenced by the member's role in a cohesive group, according to Yalom (1975). Social behaviour required of highly cohesive members is strongly supported by the group and is eventually socially adaptive to the individual, both in and out of the group situation.

Reduction of anxiety and depression

Various researchers have indicated a link between identity confusion, on the one hand, and anxiety and depression, on the other hand. Rook and Peplan (1982) proposed that social anxiety hinders the successful initiation of relationships. Relaxation training has been used by Barrow and Hayashi (1980) as part of their program to reduce the anxiety shy people usually experience in social relationships. Depression may largely be due to lack of reinforcement, including social reinforcement (Rimm & Masters, 1979). This finding appears linked to the poor interpersonal relationships shown by identity confused people. Glasser (1965) also suggests that depression often masks the real problem, for example, poor interpersonal relationships.

It would appear, therefore, that relaxation and interpersonal relationship skills training should form part of any intervention for identity confused people.

Increasing communication and social skills

Identity confused people are often lonely. Orlofsky, Marcia, and Lesser(1973) showed that loneliness, in turn, is inversely related to social risk taking and intimate self-disclosure. To develop conversational skills was seen by Cox and Gunn (1980) as an important aspect of social skills training. From the literature review, it is evident that identity confused people often portray social skill deficits. Thus, the inclusion of techniques to increase communication and other social skills in a group intervention program for identity confused people is self-explanatory.

The general proposition of this study is that a group program which addresses the above components will result in a reduction of the experience of identity confusion among its participants.

The experimental group programs were implemented in the second semester, at the beginning of the second academic week. The programs consisted of six sessions of approximately 90 minutes each, that is, two sessions per week for three weeks. The three experimental groups were run simultaneously at two separate venues at the Institute for Child and Adult Guidance at the Rand Afrikaans University. The present investigator and a colleague (MA Intern Counseling Psychologist) were present at the three groups.

4.2 Reality-orientation program (Experimental Group A)

There are eight specific components involved in using reality therapy with a reality-orientation program.

One: Involvement, that is, making friends, and learning each member's concern

The first, and probably the most critical, step is considered to be the establishment of a relationship between the therapist and each member. Establishing a warm, honest, personal involvement helps to fulfill the member's need for belonging and love. Through the relationship, the member learns to feel loved by the therapist, learns to love the therapist, and learns to feel worthwhile. The stress is on the member's approach behaviours, rather than on his avoidance behaviours. Through involvement, the member can begin to evaluate his own behaviour and see what is realistic and responsible (Glasser, 1968).

Two: Learning what each member is currently doing

Reality therapy is a direct approach, dealing with the present. The therapist encourages members to make value judgements about their own behaviours. They focus on action (what the members are doing now), rather than on what they are thinking or feeling, and insist on members assuming responsibility for their choices and the consequences of these choices. The therapist helps each member explore the many options open to him for doing something about his specific problem.

Three: Learning whether present behaviour is helping

The motivation to change comes from the realization of a discrepancy between what the member is experiencing now and what he wants. Getting the members to evaluate their present behaviour makes the dissonance more clear and leads them to an open commitment to resolve the difficulty by deciding what to try next (Glasser, 1965). The members must decide whether or not to change their behaviour. The honest, intense involvement of the therapist and the members is considered a prerequisite for success. The therapist examines the inconsistencies

between the members' actions and their values and needs. He focuses on actions and insists that members take the responsibility for their own decisions.

Four: Making a plan

Planning is considered an important part of reality therapy (Glasser, 1965). Plans to change behaviours involve questions such as "What do you think would be a better way to do things?". The therapist assists each member to formulate specific plans; he offers suggestions, but he does not provide plans himself. Each plan has to be concrete and specific ("How and when will you do this?"), positive rather than negative or punitive, and should have a high probability of success. Clarification, confrontation, interpretation, and working toward constructive and creative change are the goals. The therapist does not impose his own value system on members; rather he examines and evaluates the members' values. In other words, the therapist challenges members, but he does not punish them or reject them for not having the 'right' values or beliefs. He rejects unrealistic behaviour, but he still accepts the person and maintains respect for him. He guides the members toward better ways of fulfilling their needs, without harming themselves and others.

Five: Getting a commitment

Reality therapy makes use of a teaching technique that deals directly with the choices made by the members (Glasser, in Corsini, 1979). When specific plans have been made, the members are required to assume responsibility for implementing them.

Six: Learning whether commitment is met

It is considered important to follow through with a check on progress and to support success. Positive reinforcement is given to realistic, responsible and

right behaviour. Members' efforts are, therefore, reviewed. They are helped to revise their goals and plans for further resolution of difficulties, and they are supported for all their successes. They are also assisted to review the ways in which they have resolved their difficulties, so that they can handle future concerns in a realistic and responsible manner.

Seven: Establishing reasonable consequences

The therapist accepts no excuses for failing to reach goals (Glasser, 1965). If the contract is not fulfilled, questions such as "When will you do this?", and not "Why didn't you do this", will be asked. If the member is unsuccessful, he is required to accept the natural consequences of not having followed the plan, and then to think of a new plan. Members are required to be self-responsible and to control their own situations. The therapist, however, never rejects or punishes members. Natural consequences are used when the rules are broken, not punishment.

Eight: Never giving up

The goal is to outlast the members because they are inclined to give up on themselves first. The therapist always stresses present behaviour; what members are currently doing, and what the consequences of alternative choices might be (Glasser, 1965). He refuses to indulge in self-defeating conversations about negative experiences and symptoms.

The stress throughout the process is on self-responsibility and involvement with members in helping them develop responsible, realistic and right decisions. At appropriate times, the therapist may make use of self-disclosure. When the therapist discloses himself in the group, he facilitates the therapeutic process (Yalom, 1975).

In implementing the above components, the following sessions were presented:

Sessions 1

The first session opened with welcoming each group member, after which members were provided with a typed program and guidelines and suggestions, as outlined in Corey, Corey, Callanan, and Russell (1982), to promote active participation. Members were then instructed to form subgroups and discuss a name/title/metaphor or analogue, which, in their opinion, best represented their group. The group leaders formed a further subgroup. Each group was expected to provide a rationale for its choice. The object of this exercise was to provide cohesion by means of the nonverbal and verbal interaction which occurs when a group of people work together.

Each group member was then required to identify himself with a specific animal. Again each member was expected to provide a rationale for his choice of animal.

During the second half of the session, each group was required to discuss what is meant by the following concepts:

- * identity;
- * reality.

During the last part of the session, the group leaders gave a short lecture on identity development and reality therapy.

Session 2

After a brief review of the homework exercises, members were requested to discuss the importance of having realistic and responsible goals, in particular long-term goals and career choice, in their respective groups.

Each group shared its ideas and beliefs with the other groups. Members of each group were praised and encouraged for their efforts in this regard. The group leaders integrated the information supplied and provided a summary.

To promote proactive self-definition, a fantasy exercise was given which was geared to free all members from the past and present. Specific questions were asked and had to be answered. The discussion offered ample opportunity to bring the ideal self back into the world by making the necessary reality adjustments. As the individual's ideal self took shape, the therapists reinforced it by pointing out aspects that were already present in the individual and that could be enhanced. Each member was encouraged to think of ways to develop those aspects that he did not see as being part of himself. The original list of each person was worked on so that it became a realistic, positive profile of that which each person wished to become.

The last part of the session was spent teaching the members progressive relaxation procedures using a prerecorded relaxation exercise.

Session 3

After a brief review of the homework exercises, members were required to make a list of issues related to living as sexual men and to discuss, in their respective groups, how realistic and responsible choices relating to sexual orientation contribute to identity integration. The aim was to increase the group members' insight into their own choices in order that they might act from greater self-knowledge. Lists of issues and insights gained were shared with the other groups. Each member was taught the importance of taking responsibility for self in sexual activities. The group leaders integrated

the information supplied and gave a summary which included themes such as love relationships and sexual fidelity; sexual choice; abortion and contraception; how well each member could identify and meet his social and sexual needs with others; and how well each member could place personal intimacy in perspective with other needs, such as for affection and support.

Members were then requested to discuss, in their respective groups, assumptions and rigidity about 'shoulds' with regard to masculinity and femininity, and to identify the positive masculine and feminine aspects of themselves. Information was shared with the other groups.

The rest of the session was didactic in nature and concentrated on conveying the basic principles behind rational emotive therapy, which, according to the literature overview, seems to be an appropriate form of cognitive behaviour modification therapy within a group context. The strategy used was that of Zastrow's 'self-talk' therapy which is based on rational emotive therapy principles (1979).

Session 4

After a brief review of the homework exercises, members were requested to discuss, within their respective groups, the importance of interpersonal relationships in the development of an integrated identity and self-definition. Insights were shared afterwards.

Each member was then asked to fill in the 'Friendship Relations Survey' in order to assess each member's understanding of his behaviour in interpersonal relationships. The questionnaire provided an index of interpersonal risk taking with 'willingness to self-disclosure' and 'receptivity to feedback' as subcomponents.

The group leaders integrated the provided information and gave a summary of the importance of interpersonal relationships in identity integration. Identity confusion often results from lack of information and polarized thinking and feelings.

The last part of the session was spent discussing Ellis' list of irrational beliefs (1962). Group members were taught how to identify these, and were then shown the role of 'self-talk' (and the beliefs on which it is based) in influencing a person's identity and personality.

Session 5

After a brief review of the homework exercises, members were requested to discuss, within their respective groups, aspects of communication/conversation which they considered important in interpersonal relationships and for the development of an integrated identity. Insights were shared with the other groups.

An anecdote about 'What is real?' described in Kottler (1983) was then read to the members. Members were required to describe their reactions to the story.

To promote self-disclosure, a series of unfinished fantasy situations were presented to the group members. Each member had to think about his ending to the situation, after which each gave his own ending to one situation. Afterwards, each person told the group what he had learned from the endings given to the situations, about himself and about the other members.

Session 6

After a brief review of the homework exercises, the members were given a 'warm-up' exercise as outlined in De Gouveia (1983). Results were compared and discussed afterwards.

Members were then required to discuss, in their respective groups, the importance of a commitment to specific components of a World View. The specific components were:

- * moral ideology;
- * religious affiliation;
- * political affiliation.

The group leaders integrated the information supplied and gave a summary.

Specific moral dilemmas were then presented to the group members, and members' reactions were requested. The aim was to promote each member's insight into which issues were relevant to him with regard to moral dilemmas.

Members were asked to return for the follow-up session in order to complete the post-program questionnaires.

Full details of the reality-orientation program are provided in Appendix B.

The reality-orientation program is assumed to produce significant improvement among the subjects taking part. The content is particularly aimed at reducing anxiety and depression, and increasing interpersonal relationship skills and self-image. Homework tasks are specifically geared to recognize, experience and practise reality therapy and rational emotive therapy principles, inside and outside the group situation.

4.3 Circular questioning program (Experimental Group B)

The present literature does not appear to offer any guidelines regarding the implementation of circular questioning in a group context, that is, where members do not form part of a natural group. The present investigator has attempted to adapt the basic principles of circular questioning so that they could be applied

appropriately to a randomly formed group of students. The basic tenet of circular questioning has been strictly adhered to: questions were always asked that addressed a difference or defined a relationship. Furthermore, the pattern of circular questioning followed the feedback or responses which the circular questions elicited from the members. The nine categories of circular questioning described by Penn (1982) were continuously used, that is:

- * verbal and analogic information;
- * problem definition;
- * coalition alignment in the present;
- * a different sequence;
- * questions of classification and comparison;
- * agreement questions;
- * gossiping in the presence;
- * subsystem comparisons;
- * explanation questions.

The group leaders also used the three principles considered to be indispensable to interviewing group members, namely:

- * hypothesizing;
- * circularity;
- * neutrality (Selvini et al., 1980b).

Group members were often requested to metacommunicate about observed relationships between other members.

Selvini et al's practical methods for collecting information were applied to the members as follows:

- * in terms of specific interactive behaviour in specific circumstances;
- * in terms of differences in behaviour;
- * in terms of ranking by various members of the group of a specific behaviour, or a specific interaction;
- * in terms of change in a relationship before and after a precise event;
- * in terms of differences in respect of hypothetical circumstances. (1980b).

Circular questions compelled members to experience the circularity of their relationships. With such questions they were forced to give relational descriptions as answers.

As a consequence of this new approach to therapy, a full description of each session is impossible. Because the sequence of circular questions depends on the feedback or responses provided by the members, each group will necessarily follow a different pattern. However, examples of circular questions used, are described below.

Session 1

This session was exactly the same as for the reality-orientation program, except that circular questioning was used to point out differences found between the various groups, and between the individual members' responses. A further exception refers to the group leaders' brief lecture on circular questioning instead of reality therapy (See Appendix C).

Session 2

After a brief review of the homework exercises, members were requested to discuss, in their respective groups, the importance of having realistic and responsible goals, in particular long-term goals and career choice, and how these goals contribute to identity integration. Each group shared its ideas and beliefs with the other groups. Members of each group were praised and encouraged for their efforts in this regard. The group leaders integrated the information supplied and provided a summary.

By means of circular questioning, individuals were assisted in understanding, defining and clarifying their life goals, both immediate and long-term.

To promote proactive self-definition, a fantasy exercise, as outlined in Woodman and Lenna (1980), was given to the members. This exercise was geared to free all members from the past and present. Specific questions were asked and had to be answered. Two volunteers were asked, by means of circular questioning, answers to 'difference' or 'change' questions.

The last part of the session was spent teaching the members progressive relaxation procedures using a prerecorded relaxation exercise.

Session 3

After a brief review of the homework exercises, members were requested to make a list of issues relating to living as sexual men, and to discuss how realistic and responsible choices relating to sexual orientation contribute to identity integration. The aim was to increase the group members' insight into their own choices, in order that they might act from greater self-knowledge. Lists of issues and insights gained were shared with the other groups. Each member was taught the importance of taking responsibility for self in sexual activities by means of circular questioning. The group leaders integrated the information supplied and gave a summary which included themes such as love relationships and sexual fidelity; sexual choice; abortion and contraception; how well each member could identify and meet his social and sexual needs with others; and how well each member could place personal intimacy in perspective with other needs, such as for affection and support.

Members were then requested to discuss, in their respective groups, assumptions and rigidity about 'shoulds' with regard to masculinity and femininity, and to identify the positive masculine and feminine aspects of themselves.

Information was shared by the various groups. Differences were pointed out by means of circular questioning.

The last part of the session was spent on exercises geared to build trust.

Session 4

After a brief review of the homework exercises, members were requested to discuss, within their respective groups, the importance of interpersonal relationships in the development of an integrated identity and self-definition. Insights were shared afterwards. Use was made of circular questioning to point out any differences found. The group leaders integrated the information supplied and gave a summary of the importance of interpersonal relationships in identity integration. Identity confusion often results from lack of information and polarized thinking and feelings.

An anecdote described by Stickney (in Zeig, 1980), called 'The Wind and the Sun', was then read to the members. Members' reactions were compared and differences were remarked upon.

The last part of the session was spent on individual exercises to show how each person reacted differently to specific situations/persons.

Session 5

After a brief review of the homework exercises, members were requested to discuss, within their respective groups, the various aspects which they considered of importance in communication and conversation. Insights were shared afterwards. Use was made of circular questioning to show any differences. The group leaders integrated the information supplied and gave a summary of the importance

of having communication/conversation skills.

An anecdote about 'What is real' described in Kottler (1983) was then read to the members. Members were required to describe their reactions to the story. Differences were pointed out by means of circular questioning.

To promote self-disclosure, a series of unfinished fantasy situations were then presented to the group members. Each member had to think about his ending to the fantasy situation, after which each member gave his own ending to one situation. Afterwards each member told the group what he had learned from the endings given to the fantasy situation, about himself and about the other members. Use was made of circular questioning to show any differences.

Session 6

After a brief review of the homework exercises, the members were requested to complete a 'warm-up' exercise described by De Gouveia (1983), individually, and afterwards in their respective groups. Results were shared and differences found were pointed out by means of circular questioning.

Members were then required to discuss, in their respective groups, the importance of a commitment to specific components of a World View in the development of an integrated identity. The specific components were:

- * moral ideology;
- * religious affiliation;
- * political affiliation.

Use was made of circular questioning to show any differences found.

Specific moral dilemmas were then presented to the group members, and members' reactions were requested. By means of circular questioning differences were pointed out.

Full details of the circular questioning program are provided in Appendix B.

The circular questioning program is assumed to produce significant improvement among its participants in respect of overall level of anxiety, self-image, and degree of depression. Circular questioning makes use of questions which show differences and, therefore, indirectly define relationships. Because circular questioning does not directly address communication/relationship skills, nor does it give practical, relevant homework tasks, it is assumed that this group will not improve significantly with regard to social skills within a few weeks. According to the circular questioning paradigm, any living system has evolved into a coherence in which a range of interactions is more or less satisfying (Campbell, Redes, Draper, & Pollard, 1983). A circular questioning program is assumed to provide fluctuations into the system's stable pattern of relating, so that new, potentially available, patterns may emerge, and a new coherence may evolve over time. The Milan team confirm that the circular questioning procedure has a greater impact on a system if long intervals between sessions are applied. Fluctuations, or the introduction of elements of unpredictability into a system, need time so that the system can adapt, or can organize itself into a new way of functioning (Selvini et al., 1980a).

Anxiety, however, which results from any threat to the internal "conceptual system from external events or by awareness of inner processes or thoughts" (Lynch & Gergen, 1981, p. 19), is expected to reduce significantly. It is assumed that there will be a significant difference between the circular questioning group and the other groups, at posttest, on anxiety, over and above the effects of pretest scores. When members, by means of circular questioning, become aware of their actions and

reactions and the consequences thereof, alternative ways of acting and reacting become available to them. A sense of inner control will then develop and, subsequently, less threat or anxiety will be experienced.

4.4 Experimental Group C program

The experimental Group C met for an extent of time equivalent to that of the other two experimental groups, that is, six sessions of approximately 90 minutes each. During the sessions, various films, of varying lengths, on a number of topics, were presented. The topics chosen provided a basis for a stimulating, thought provoking discussion after the viewing. The group discussion was led by the group leaders, whose tasks were to encourage any contribution on the topics by the group members, and to keep them involved in the discussion until the session ended.

The purpose of the program was that the activity of this experimental group should control for the extra attention the experimental Groups A and B received, and also for the social interaction elicited by the reality-orientation program and the circular questioning program. It is assumed that experimental Group C will not improve significantly at posttest.

Below is a list of the films shown. The topic of each film is indicated in brackets. A list of references for the films is found in Appendix B.

Session 1: The Outsider (Suppressed frustration)
The Right to Decide (Parents versus Government)

Session 2: Too Much too Soon (Sexual education)
Mercy or Murder? (Euthanasia)
People who take Risk having something in common
(Risk-taking)

- Session 3: Jealousy (Sign of Love?)
Baby Aids (Contaminated blood transfusions)
What is Love? (Facets of love)
- Session 4: The Fitness Obsession (Drug effect of
exercising)
Our gifted Children and how to Nurture their
Needs (Advantages and disadvantages of
being gifted)
- Session 5: The New Frankness (Homosexuality)
Sex Education
- Session 6: The Other Woman (Triangle relationships)
Mob Town, USA (Effects of socio-economic
conditions on crime rate)

CHAPTER 5

METHODOLOGICAL CONSIDERATIONS

The general proposition of this investigation is that a group program which covers important aspects of identity, as outlined by the DSM-III, will result in a reduction in the experience of identity confusion among its participants. It is also hypothesized that reduction in the experience of identity confusion will be accompanied by changes in the associated variables, namely, anxiety, depression, interpersonal relationships, and self-concept.

The primary purpose of this study is to examine objectively the effects of a group experience upon anxiety, depression, interpersonal relationships, and self-concept.

The specific purpose investigated in this study is to systematically and empirically measure four variables: the reduction of anxiety; the reduction of depression; the increase in interpersonal relationship skills; and the increase of a positive self-concept, for a small group of undergraduate males, through a prescribed group process.

5.1 Subjects

It was decided in advance that only males would be used in this study to prevent confounding of variables. The following criteria were used to arrive at the sample:

* Population

Only students who were registered for an undergraduate course and who had completed the test battery at the beginning of their first academic year at the Rand Afrikaans University were considered eligible for this investigation. Two of the independent measures used in this investigation were included in this battery, namely, the Ipat Anxiety Scale, and the

Personal, Home, Social, and Formal Relations Questionnaire. These measures will be fully described below (See 5.4).

* **Age**

Because the present investigator specifically wanted to deal with identity confused students, only students between the ages of 18 and 24 were included in the sample.

* **Identity confusion**

Students with scores of 7+ on the Ipat Anxiety Scale and 3- on the Personal, Home, Social, and Formal Relations Questionnaire were identified as identity confused.

* **Co-operation**

The program was offered to selected students, but only those who appeared interested, and promised their co-operation, were included.

5.2 Sampling procedure

A letter was sent to all subjects with significant scores on the Ipat Anxiety Scale and the Personal, Home, Social and Formal Relations Questionnaire with the request to contact the investigator urgently (See Appendix A). An individual meeting was arranged with selected students to obtain their consent and co-operation for the research project.

The aims of the initial interview were:

- * to inform participants regarding the forthcoming program in general terms;
- * to inform participants that they would be randomly selected for the experimental and control groups;
- * to inform participants with regard to specific group procedures such as confidentiality;

- * to make a commitment to further therapy after completion of the program, if so desired;
- * to inform each member of the importance of group norms:
 - . that the group assumes responsibility for its own functioning;
 - . that the more important the members consider the group, the more effective the group becomes;
 - . that the group functions best if the members appreciate the valuable help they can provide for one another.
- * to motivate prospective participants to take part in the program and to complete the full program;
- * to answer any relevant queries arising from the initial contact.

Of the 34 students selected, 32 decided to take part. All the subjects were Caucasian. The I.Q.s of the students ranged from 98 to 132.

After the interview, consenting participants filled in Vrey's Self-Concept Scale and Zuckerman's Multiple Affective Adjective Check List, with the purpose of investigating two further indicators of identity confusion. These two measures will be fully described below (See 5.4).

Subjects were then randomly allocated to the experimental and control groups. A schematic representation of the sampling procedures is shown below (See Figure 5.1).

FIGURE 5.1

Schematic representation of sampling procedures

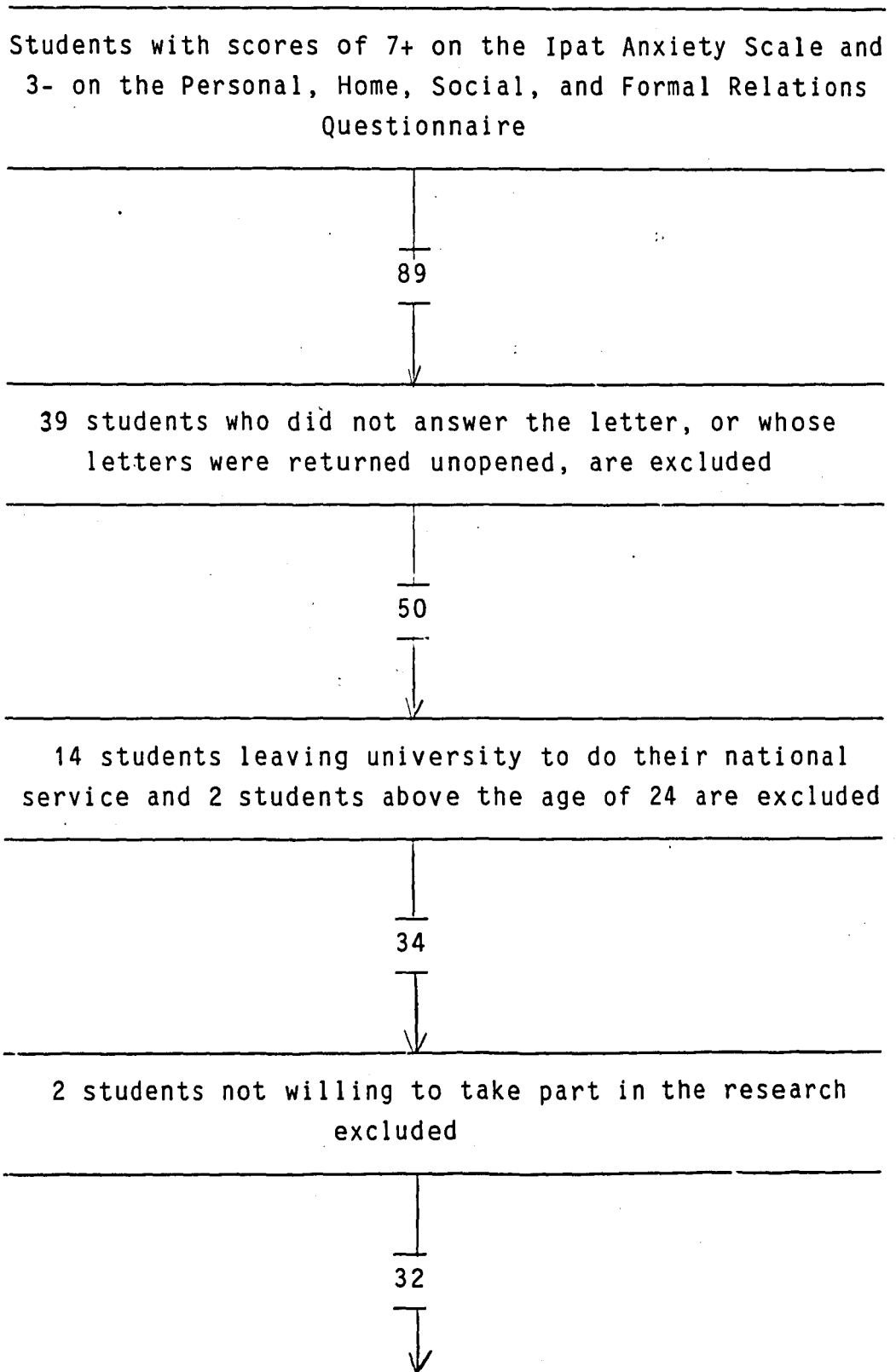
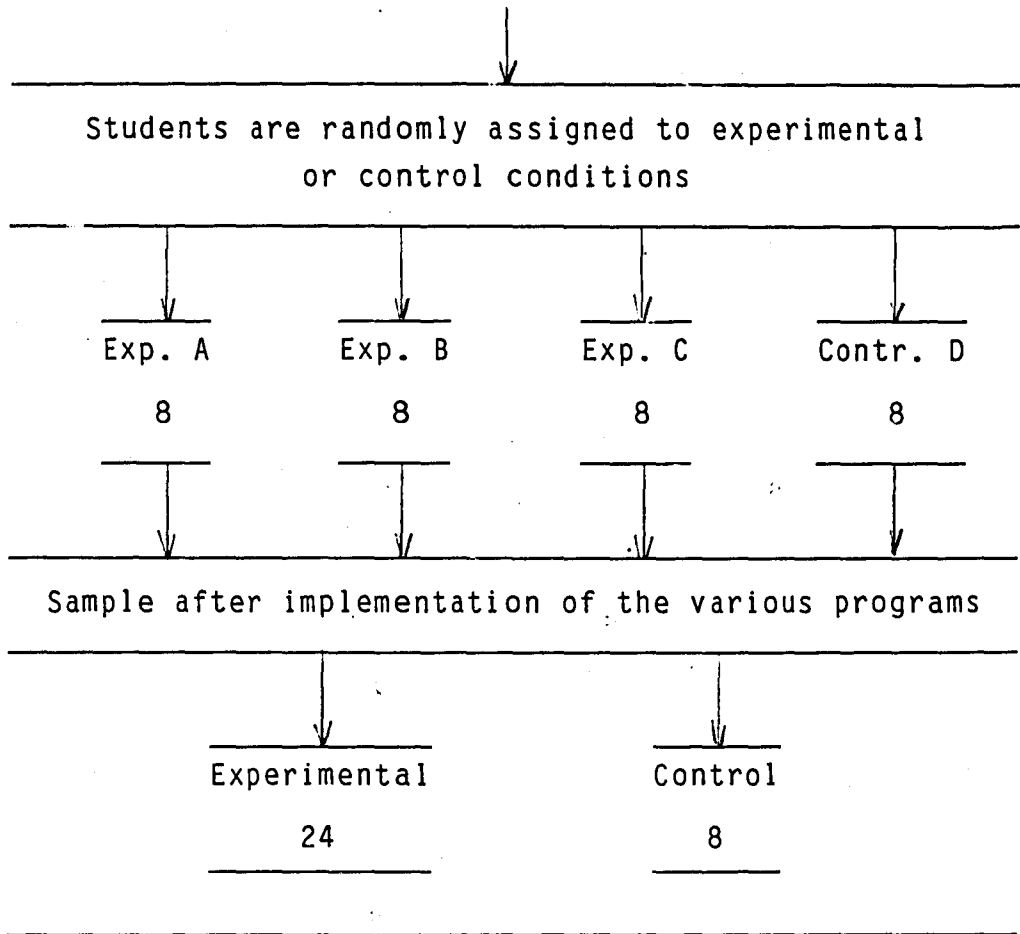


Figure 5.1 (continued)



5.2.1 Post-program assessment

During the week following the completion of the programs, the Ipat Anxiety Scale, the Personal, Home, Social, and Formal Relations Questionnaire, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List were again administered to the whole sample.

5.3 Research design

The present study employed an experimental research design. The design of this study was the pretest-posttest control group design (Campbell & Stanley, 1973). The design can be illustrated as follows:

R (= random assignment)	RO ₁	X ₁	O ₂
	RO ₁	X ₂	O ₂
	RO ₁	X ₃	O ₂
	RO ₁		O ₂

where X₁, X₂, and X₃ refer to experimental programs A, B and C respectively; O₁ stands for pre-program scores, and O₂ for post-program scores.

Two experimental groups (Group A and Group B) took part in specific intervention programs while one experimental group (Group C) took part in viewing films and subsequent discussion for an amount of time equivalent to that of experimental groups A and B. Control Group D received no program whatsoever. It is assumed that the latter group will not show any significant improvement at posttest.

This research design controls for a variety of confounding variables, or rival hypotheses, as Campbell and Stanley (1973) describe, such as, history, maturation, testing, regression, and selection. Because this study employed this experimental design, causation can be inferred between independent and dependent variables.

With regard to external validity, Campbell and Stanley (1973) refer to four possible sources of experimental external invalidity, namely, the reactive effect of testing, the interactive effects of selection biases and the experimental variable, reactive effects of experimental arrangements, and multiple-treatment interference.

Because two of the dependent variables were included in the test battery administered to each student at the beginning of the academic year, it appears logical to

assume that no significant bias was created by a possible identification of these variables. Selected students were, furthermore, unaware of what variables were measured on Vrey's Self-Concept Scale and Zuckerman's Multiple Affective Adjective Check List.

The interactive effect of selection biases and the experimental variable was controlled for by implementing the programs within three weeks, outside holiday and examination times, to students who promised to participate for the full duration of the program.

Reactive arrangements were also partially controlled for by holding the experimental groups simultaneously at different venues at the Institute for Child and Adult Guidance at the Rand Afrikaans University, and by keeping the students blind to their experimental status, that is, experimental group or control group.

The last source of possible external experimental invalidity is irrelevant to this study. No previous treatment was provided to any of the groups.

The experimental design is illustrated in Figure 5.2 below.

FIGURE 5.2

The experimental design

Group	Variable	
	Independent variables	Dependent variables
Experimental Group A 8 members 2 group leaders	Reality-orientation program	Ipat Anxiety Scale The Personal, Home Social, and Formal Relations Questionnaire
Experimental Group B 8 members 2 group leaders	Circular questioning program	Vrey's Self-Concept Scale
Experimental Group C 8 members 2 group leaders	Films and discussion	Zuckerman's Multiple Affective Adjective Check List
Control Group D 8 members	No program	

5.4 Measuring instruments

The following self-report questionnaires were used to measure the dependent variables:

- * Ipat Anxiety Scale
- * The personal, Home, Social, and Formal Relations Questionnaire (PHSF)

- * Vrey's Self-Concept Scale
- * Zuckerman's Multiple Affective Adjective Check List

To enable appropriate between- and within-group comparisons to be made, the investigator decided to include only the following subtests in the test battery: Ipat 8, PHSF 8, PHSF 9, PHSF 10, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List. The rationale for this choice was that, since each group consisted only of 8 subjects, a maximum of 7 measures could be allowed in order to obtain sufficient degrees of freedom.

5.4.1 Ipat Anxiety Scale

Aim

The Ipat Anxiety Scale was constructed with the aim of making a quick evaluation of a subject's manifest, free anxiety level, in an objective and standard manner (Cattell, Scheier, & Madge, 1968). Its primary aim is to provide an accurate, global picture of a subject's total anxiety level, whether it is caused by his environment, or it is relatively independent of his immediate situation. According to Cattell et al. (1968), it can be usefully applied to determine how sensitive a person is for therapy.

Description

The scale is a brief, non-stressful, clinically-valid questionnaire to measure anxiety. It can be applied to all but the lowest educational levels and it is appropriate for ages 14 years upward. The scale consists of 40 questions, each of which has three alternative answers which refer to the overt or covert experience of anxiety.

The five components which are measured are:

- * lack of self-sentiment
- * lack of ego strength
- * suspiciousness
- * guilt proneness

* frustrative tension or id pressure

The scale is further divided into two subscales to measure unconscious or hidden anxiety (A-scale), and symptomatic, conscious anxiety (B-scale). The total anxiety score (Ipat 8) is obtained by adding A- and B-scores. The total anxiety score is based on all 40 items. Cattell et al. (1968) consider this score to be by far the most important one and, in general, all that is necessary to know.

The questionnaire provides a sten scale as a normalized scale. It gives sten scores of 1 to 10 with an average of 5,5 and a standard deviation of 2. A sten of 1, 2, or 3 on this measure refers to the individual's stability, security and general mental health. A sten of 7 is suggestive of psychological disturbance, whereas, according to Cattell et al. (1968), a sten of 8, 9, or 10 denotes a definite psychological maladjustment which almost certainly adversely affects study performance and social adaptability.

Reliability and validity

The scale has been standardized for the South African white population. The test-retest reliability (two-week interval) of the Ipat 8 scale varies between 0,83 and 0,88 for English- and Afrikaans-speaking boys and girls. The construct validity of the scale, as determined by the square root of the split-half reliability, is estimated at 0,89 for Afrikaans-speaking pupils and 0,87 for English-speaking pupils.

5.4.2 The Personal, Home, Social, and Formal Relations Questionnaire

Aim

The questionnaire has been developed by the Institute for Psychological and Edumetric Research of the Institute of the Human Sciences Research Council with the aim of

measuring personal, home, social, and formal relationships of students and adults in order to determine their level of adaptation and adjustment (Fouché & Grobbelaar, 1971).

Description

The questionnaire measures 11 components of adjustment, which are divided into four main adjustment areas, namely, personal, home, social, and formal adaptation (Smit, 1982). A Desirability Scale is also included.

The main component, Social Relations, used in this study, refers to PHSF 8, PHSF 9, and PHSF 10. This component refers to the way in which a person engages in harmonious and informal relations within the social environment.

*** PHSF 8 - Sociability (G)**

This subtest measures the degree to which a person has a need for, and spontaneously participates in, social group interaction.

*** PHSF 9 - Sociability (S)**

This subtest measures the degree to which a person has a need for sociable interaction with a specific person of the opposite sex.

*** PHSF 10 - Moral sense**

This subtest measures the degree to which a person feels that his behaviour corresponds to the accepted norms of society (Fouché & Grobbelaar, 1971).

The normalized scale used in this questionnaire is a stanine scale. It provides standard scores of 1 to 9 with an average of 5 and a standard deviation of 1,96. A high score (above 5) indicates good adjustment, whereas a low score (below 5) indicates maladjustment.

Reliability and validity

The reliability of the questionnaire for the various components ranges from 0,63 to 0,94 for Afrikaans- and English-speaking boys and girls (Fouché & Grobbelaar, 1971). Smit (1982) considers the reliability to be satisfactory. Van der Westhuizen (1979) considers that the questionnaire focuses on the dynamic aspects of the personality. It therefore provides insight into the interaction between the person and other people in his environment.

Research done with the preliminary form of the questionnaire showed that the test possesses a high degree of construct validity (Fouché & Grobbelaar, 1971), as well as a high degree of concept validity.

5.4.3 Vrey's Self-Concept Scale

Aim

Vrey (1974) defines self-concept as follows: "The self-concept refers to the configuration of convictions regarding myself and attitudes toward myself which are dynamic and of which I normally am aware or can be made aware of" (p. 95).

Vrey (1974) developed the scale to increase one's understanding of the human being. Understanding of the adult person, in Vrey's view, will be greatly facilitated, if it is known how the adult looks at himself. The self-concept, as frame of reference, as basis for judging, and way of dealing with, other people, underlines the relationship aspect in its tendency to portray steady acting- and behaviour-patterns. The self-concept is the criterion which, consciously or unconsciously, is used as a guide in self-perceptions and other experiences, and also in the formation of relationships. In other words, the self-concept contributes to the quality of

relationships (Vrey, 1974).

Description

The scale consists of 100 items. Each item provides contrasting descriptions of two persons, named A and B. The respondent has to decide which of the two descriptions corresponds most to his own personality. Items distinguish between a positive (high score: stanine 7, 8 and 9) and a negative (low score: stanine 1, 2 and 3) self-concept. A positive self-concept denotes a positive evaluation of the self in relation to certain values. Vrey (1974) distinguishes six aspects or dimensions of the self-concept, namely, the physical self; the personal self; the family self; the social self; the moral self; and the critical self. Specific items in the scale refer to these dimensions.

Reliability and validity

The reliability of the scale ranges between 0,61 and 0,80 (Vrey, 1974). According to Vrey (1974), in order to determine the construct validity of the scale, scores should be correlated with a different self-concept test. Unfortunately no such test appears to exist. Vrey (1974), therefore, determined the scale's internal consistency by means of the two-point series correlation between each item score and total test score. The reliability coefficient ranges from 0,56 to 0,78.

5.4.4 Zuckerman's Multiple Affective Adjective Check List (Today Form for Depression) (MAACL)

Aim

The MAACL was designed to provide level state and trait measures of three negative affects: anxiety, depression, and hostility. The scores obtained when subjects check how they **generally** feel are used as a **trait** measure; when subjects are told to respond in terms of how they

feel today, the results are regarded as a state measure. Data suggest that the MAACL provides a brief, reasonably valid, self-report state measure of the negative affective condition: depression (Megargee, in Buros, 1972).

Description

The test consists of 40 items to assess depression - 20 plus (for example, fine gay, and unhappy), and 20 minus (for example, blue, sad, and unhappy). A total score is obtained by adding the minus items circled by the subject to the plus items not circled. The higher the total score, the more depressed the subject feels.

Megargee (in Buros, 1972) recommends using the inventory primarily as a research tool rather than for routine diagnostic application. As a research tool, the MAACL has been employed by dozens of investigators concerned with evaluating the effects of varied stresses and possible methods of stress reduction, for example, different types of therapy. Meaningful changes in affect have consistently been found. The unique characteristic of the MAACL is that the Today Form permits the assessment of transient levels of negative affect.

Reliability and validity

Odd-even and plus-minus reliabilities for the Today Form have a median of 0,72 for different groups of subjects. The temporal stability of the Today Form, which purports to show day-to-day fluctuations, has low test-retest coefficients. However, high coefficients of stability are typically found in psychiatric patients.

Megargee (in Buros, 1972) mentions that the split-half reliability of the MAACL is high when the items are divided by the traditional odd-even method. The plus-minus split has however yielded poorer results. Investigations also show that the construct validity

of the Today Form is adequate (Megargee, in Buros, 1972).

5.5 General statement of hypotheses

Following the general research proposition, the primary and the specific purpose of this study (See first paragraph, this Chapter), the present investigator tested the following hypotheses:

- * The proposed experimental programs for Group A and Group B will effect a reduction in the experience of identity confusion among its participants. This hypothesis will be supported by the changes between pre- and post-program scores on the selected variables.
- * There will be a significant difference between the various groups on Ipat Anxiety Scale at posttest, over and above the effects of pretest scores.

Given the stated purposes set forth, the following specific hypotheses were developed.

5.5.1 Specific hypotheses

Since no known factors could have affected the four groups through the allocation procedure, and subjects had no prior knowledge of their assignment either to the experimental or control groups, it appears reasonable to assume that the allocation was 'random in effect' (Lord, 1963).

In order to test this assumption, the mean pre-scores over the groups for each measurement have to be tested for equality. For this purpose hypothesis 1 was formulated.

Hypothesis 1

Null Hypothesis

The mean pre-scores for the experimental and control groups do not differ significantly with regard to all

measures.

Alternative Hypothesis

The mean pre-scores for the experimental and control groups differ significantly with regard to all measures.

Hypothesis 1 will be tested by the use of the multivariate analysis of variance, Manova. This statistical method allows the simultaneous consideration of more than one dependent variable (Kleinbaum & Kupper, 1978). As a result, the probability of making a Type I-error is kept at alpha. In other words, the risk of falsely rejecting the null hypothesis (Type I-error) is remedied through the use of a multivariate statistical analysis because it prevents Type I-error inflation, which might well occur if univariate analyses are used in multivariate studies (those having more than one dependent variable) (Leary & Altmaier, 1980). The maximum probability (P) with which this investigator is willing to risk a Type I-error (alpha), or the level of significance chosen, will be 5% ($P = 0,05$).

The Manova will be used to test statistically whether the vectors of means of the four independent groups differ significantly over all measures. The Manova used in this study has three associated F -values by means of which its significance can be tested. If the Manova is insignificant (difference of F 0,05), the Null Hypothesis will be accepted.

The general proposition of this study is that the reality-orientation program and the circular questioning program will effect a significant reduction in the experience of identity confusion as indicated by a significant change in specific variables. For this purpose the following five hypotheses were formulated.

Hypothesis 2

Null Hypothesis

The mean pre-scores for experimental group A do not differ significantly from its post-scores on all the measures.

Alternative Hypothesis

The mean pre-scores for experimental group A differ significantly from its post-scores on all the measures.

Hypothesis 3

Null Hypothesis

The mean pre-scores for experimental group B do not differ significantly from its post-scores on PHSF 8, PHSF 9, and PHSF 10.

Alternative Hypothesis

The mean pre-scores for experimental group B differ significantly from its post-scores on PHSF 8, PHSF 9, and PHSF 10.

Hypothesis 4

Null hypothesis

The mean pre-scores for experimental group B do not differ significantly from its post-scores on Ipat 8, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List.

Alternative Hypothesis

The mean pre-scores for experimental group B differ significantly from its post-scores on Ipat 8, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List.

Hypothesis 5

Null Hypothesis

The mean pre-scores for experimental group C do not differ significantly from its post-scores on all the measures.

Alternative Hypothesis

The mean pre-scores for experimental group C differ significantly from its post-scores on all the measures.

Hypothesis 6**Null Hypothesis**

The mean pre-scores for control group D do not differ significantly from its post-scores on all the measures.

Alternative Hypothesis

The mean pre-scores for control group D differ significantly from its post-scores on all the measures.

Hypotheses 2, 3, 4, 5, and 6 will be tested by the use of Hotelling T^2 multivariate test statistic for dependent groups. This multivariate test statistic provides a means of testing the null hypothesis that one population does not differ in its pre- and post-score means on any of the measures applied. Hotelling T^2 has an associated F -value by means of which its significance can be tested. If the Hotelling T^2 is statistically significant, the null hypothesis of no difference is rejected and it is concluded that there is at least one within-group difference on at least one dependent variable (Kleinbaum & Kupper, 1978). If significant differences are found, individual t -tests will be performed to test the significance of differences in respect of each of the tests applied.

If the Hotelling T^2 is not statistically significant, no further comparisons will be made because it implies that the pre- and post-scores do not differ significantly from each other.

A specific proposition of this study is that on Ipat 8 the subjects in experimental Group B would improve significantly more than subjects in the other groups. For this purpose the following hypothesis was formulated.

Hypothesis 7

Null Hypothesis

The mean post-score for experimental group B does not differ significantly from the mean post-scores for experimental group A and C, and control group D with regard to Ipat 8.

Alternative Hypothesis

The mean post-score for experimental group B differs significantly from the mean post-scores for experimental groups A and C, and control group D with regard to Ipat 8.

Hypothesis 7 will be tested by the use of the appropriate statistical method depending on whether Null Hypothesis 1 has been accepted or rejected. If Null Hypothesis 1 is accepted, Hypothesis 7 will be tested by the use of a t-test, which shows differences on single variables. Since direction of difference is implied, a P-value will be given for a one-tailed test.

If Null Hypothesis 1 is rejected, Hypothesis 7 will be tested by comparing the post-scores for the experimental and control groups with an analysis of covariance, Ancova. Ancova involves a combination of analysis of variance and regression concepts. This procedure tests the significance of differences between means of final experimental data by taking into account the correlation between the dependent variable and one or more covariates. The pre-scores will be used as covariates in this study. According to Newman and Newman (1977), the chance of committing a Type I-error is minimal when an analysis of covariance is applied.

CHAPTER 6

RESULTS

The general proposition of this study is that the reality-orientation program and the circular questioning program will be effective in reducing identity confusion among those undergraduates who took part.

The specific hypothesis is that members taking part in the circular questioning program will improve significantly with regard to Ipat 8.

Statistically, hypothesis testing proceeds by testing the null hypothesis that there are no differences among experimental and control groups. The alternative hypothesis will only be accepted if analysis of data supports the evidence that the probability of wrongly rejecting the null hypothesis is less than 5%.

The subjects used in this investigation were assumed to have been randomly distributed to the experimental and control groups. Consequently there should not be a significant difference between the pre-scores for the four groups.

The following hypothesis was proposed to test this assumption.

Hypothesis 1

Null Hypothesis

The mean pre-scores for the experimental and control groups do not differ significantly with regard to all measures.

Alternative Hypothesis

The mean pre-scores for the experimental and control groups differ significantly with regard to all measures.

Table 6.1 below represents the results of the Manova test statistic to test the equality of vectors of the pre-score group means.

Table 6.1
Multivariate analysis of variance
General linear models procedure
Manova test criteria for the
Hypothesis of no overall group effect

Test Name	Value	Approx.F	Hypoth.DF	Error DF	Sign. of F
Pillais	0,56424	0,96519	18	75,00	0,507
Hotelling	0,93291	1,12295	18	65,00	0,352
Wilks	0,49001	1,04444	18	65,54	0,426

Table 6.1 shows that there is no significant difference among vectors of the pre-score means of the experimental and control groups. Null hypothesis 1 is therefore accepted.

Hypothesis 2

Null Hypothesis

The mean pre-scores for experimental group A do not differ significantly from its post-scores on all the measures.

Alternative Hypothesis

The mean pre-scores for experimental group A differ significantly from its post-scores on all the measures.

Hypothesis 2 is tested by the use of Hotelling T^2 multivariate test statistic for dependent groups.

Table 6.2 below shows the results.

Table 6.2

Results of the Hotelling T^2 : Testing the significance of the difference between the vectors of pre- and post-score means of Group A in respect of all variables

Mahalanobis D^2	268,9413
Hotelling T^2	2151,5304
Associated F -value	102,4538
Degrees of Freedom	6 and 2
P -value	0,0097

The obtained Hotelling T^2 statistic is 2151,5304 with an associated F -value of 102,4538. The associated F -value with 6 and 2 degrees of freedom is statistically highly significant ($P = 0,0097$). The difference between the pre- and post-scores is therefore statistically significant. Null Hypothesis 2 is thus rejected.

Since significant differences are found, individual t -tests are performed to test the significance of differences in respect of each of the tests applied. Since direction of differences is implied, P -values are given for one-tailed tests.

Table 6.3 below gives the significance of differences between pre- and post-scores in respect of the various tests.

Table 6.3

Significance of differences in means
between pre- and post-test scores of
Group A in respect of all variables

Variable	Mean	Std.Dev.	Sample Size	<u>t</u>	DF	<u>P</u>
Ipat 8	5,2500	5,3918	8	2,75	7	0,0142*
PHSF 8	-4,8750	6,9578	8	-1,98	7	0,0440*
PHSF 9	-1,3750	7,8729	8	-0,49	7	0,3181
PHSF 10	0,0000	3,7033	8	0,00	7	0,5000
Vrey	-10,3750	6,3457	8	-4,62	7	0,0012**
Zuckerman	5,7500	3,8079	8	4,27	7	0,0019**

* significant at the 5% level

** significant at the 1% level

Table 3 shows that there are significant within-group differences on four dependent variables: Ipat 8, PHSF 8, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List. Since post-scores are deducted from pre-scores, Group A subjects scored significantly lower on the Ipat 8 and Zuckerman's Multiple Affective Adjective Check List, and significantly higher on the PHSF and Vrey, that is, they have improved in the hypothesized direction.

Hypothesis 3

Null Hypothesis

The mean pre-scores for experimental group B do not differ significantly from its post-scores on PHSF 8, PHSF 9, and PHSF 10.

Alternative Hypothesis

The mean pre-scores for experimental group B differ significantly from its post-scores on PHSF 8, PHSF 9, and PHSF 10.

Hypothesis 4 is tested by the use of Hotelling T^2 multivariate test statistic for dependent groups.

Table 6.4 below shows the results.

Table 6.4

Results of the Hotelling T^2 : Testing the significance of the difference between the vectors of pre- and post-score means of Group B in respect of variables PHSF 8, PHSF 9, and PHSF 10

Mahalanobis D^2	1,2376
Hotelling T^2	4,9502
Associated F -value	1,4143
Degrees of Freedom	3 and 12
P -value	0,2867

The obtained Hotelling T^2 statistic is 4,9502 with an associated F -value of 1,4143. The associated F -value with 3 and 12 degrees of freedom is statistically insignificant ($P = 0,2867$). The difference between the pre- and post-scores is, therefore, statistically insignificant. Null Hypothesis 3 is thus accepted.

Hypothesis 4

Null Hypothesis

The mean pre-scores for experimental group B do not differ significantly from its post-scores on Ipat 8, Vrey's

Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List.

Alternative Hypothesis

The mean pre-scores for experimental group B differ significantly from its post-scores on Ipat 8, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List.

Hypothesis 4 is tested by the use of Hotelling T^2 multivariate test statistic for dependent groups.

Table 6.5 below shows the results.

Table 6.5

Results of the Hotelling T^2 : Testing the significance of the difference between the vectors of pre- and post-score means of Group B in respect of variables Ipat 8, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List

Mahalanobis D^2	9,3761
Hotelling T^2	75,0098
Associated F -value	17,8593
Degrees of Freedom	3 and 5
P -value	0,0042

The obtained Hotelling T^2 is 75,0098 with an associated F -value of 17,8593. The associated F -value with 3 and 5 degrees of freedom is statistically highly significant ($P = 0,0042$). Null Hypothesis 4 is, therefore, rejected.

Since significant differences are found, individual t -tests are performed to test the significance of differences in respect of each of the tests applied. Since direction of difference is implied, P -values are given for one-tailed tests.

Table 6.6 below gives the significance of differences in means between pre- and post-scores in respect of the various tests.

Table 6.6

Significance of differences between pre- and post-test scores of Group B in respect of Ipat 8, Vrey's Self-Concept Scale and Zuckerman's Multiple Affective Adjective Check List

Variable	Mean	Std.Dev.	Sample Size	t	DF	P
Ipat 8	10,3750	6,2550	8	4,69	7	0,0011**
Vrey	11,7500	7,4017	8	-4,49	7	0,0014**
Zuckerman	8,3750	6,1861	8	3,83	7	0,0038**

** significant at the 1% level

Table 6.6 shows that there are significant within-group differences on the three dependent variables. Null Hypothesis 4 is, therefore, rejected, Group B subjects have improved in the hypothesized direction.

Hypothesis 5

Null Hypothesis

The mean pre-scores for experimental group C differ

significantly from its post-scores on all the measures.

Alternative Hypothesis

The mean pre-scores for experimental group C differ significantly from its post-scores on all the measures.

Hypothesis 5 is tested by the use of Hotelling T^2 multivariate test statistic for dependent groups.

Table 6.7 below shows the results.

Table 6.7

Results of the Hotelling T^2 : Testing the significance of the difference between the vectors of pre- and post-score means of Group C in respect of all variables

Mahalanobis D^2	11.6756
Hotelling T^2	93,4049
Associated F -value	4,4479
Degrees of Freedom	6 and 2
P -value	0,1949

The obtained Hotelling T^2 statistic is 93,4049 with an associated F -value of 4,4479. The associated F -value with 6 and 2 degrees of freedom is statistically insignificant ($P = 0,1949$). The difference between pre- and post-scores is, therefore, statistically insignificant. Null Hypothesis 5 is thus accepted.

Hypothesis 6

Null Hypothesis

The mean pre-scores for control group D do not differ significantly from its post-scores on all the measures.

Alternative Hypothesis

The mean pre-scores for control group D differ significantly from its post-scores on all the measures.

Hypothesis 5 is tested by the use of Hotelling T^2 multivariate test statistic for dependent groups.

Table 6.8 below shows the results.

Table 6.8

Results of the Hotelling T^2 . Testing the significance of the difference between the vectors of pre- and post-score means of Group D in respect of all variables

Mahalanobis D^2	8,5921
Hotelling T^2	68,7367
Associated F -value	3,2732
Degrees of Freedom	6 and 2
P -value	0,2524

The obtained Hotelling T^2 statistic is 68,7367 with an associated F -value of 3,2732. The associated F -value with 6 and 2 degrees of freedom is statistically insignificant ($P = 0,2524$). The difference between pre- and post-scores is, therefore statistically insignificant. Null Hypothesis 6 is thus accepted.

Hypothesis 7

Null Hypothesis

The mean post-score for experimental group B does not differ significantly from the mean post-scores for experimental groups A and C, and control group D with regard to Ipat 8.

Alternative Hypothesis

The mean post-score for experimental group B differs significantly from the mean post-scores for experimental groups A and C, and control group D with regard to Ipat 8.

Because Null Hypothesis 1 is accepted, Hypothesis 7 is tested by the use of a t-test. Since direction of differences is implied, P-values are given for a one-tailed test.

Table 6.9 below shows the results.

Table 6.9

Significance of differences in post-score means between experimental Group B and experimental Groups A and C and control Group D in respect of variable Ipat 8

	Group B	Group(A,C,D)		
Mean	36.8750	43,8750	<u>F</u> -value	1,51
Std.Dev.	6,1281	10,7837	Degrees of freedom	1 and 30
Sample Size	8	8	<u>t</u> -value (separate)	2,27*
			<u>t</u> -value (pooled)	1,73**

* significant at the 5% level (P = 0,017; DF 21,8)

** significant at the 5% level (P = ,047; DF 30)

The obtained t-value is statistically significant. The mean post-score for experimental Group B differs significantly from the mean post-scores for experimental Groups A and C, and Control Group D with regard to Ipat 8. Null Hypothesis 7 is, therefore, rejected. Group B subjects have significantly improved in the hypothesized direction.

CHAPTER 7

DISCUSSION

"We cannot claim any accuracy at all for our attempts to make statements about the world, because we cannot set ourselves apart from that which we are observing" (Hoffman, 1981, p. 344).

Referring to Hoffman's statement, the present investigator does not claim any accuracy for her attempts to make statements about the results obtained in her study. She neither claims to know 'reality', nor does she claim to provide a 'true' explanation of changes found. She adheres to Bateson's statement that, since the investigator has to read her data in some way to study it, a transformation of the raw data is unavoidable (1978). Her statements are, therefore, considered mere punctuations and different investigators may well punctuate the same results in different ways.

Dell (1985) suggests that, as long as the investigator realizes the self-recursive nature of his behaviour, it becomes irrelevant what epistemologies he uses, or what theories he adheres to. It appears more relevant to adopt an approach which is useful, rather than one which is 'right' (Bandler & Grindler, 1979). Rather than asking which therapy is successful, it would be better to ask 'which intervention obtains success with what kind of client under which circumstances' (Paul, 1969; Strupp & Bergin, 1969). The therapist should, therefore, search for what needs to be done in order to achieve success with a particular model (Keeney & Ross, 1983).

A systemic approach to therapy has been adopted in this study. Even though Glasser's reality therapy and Ellis' rational emotive therapy were applied to one group of students, it is the investigator's opinion that her systemic approach has, undoubtedly, affected the manner in which the program was presented. Glasser's and Ellis' principles were consistently used, and homework tasks were relevant to the therapies employed, but the investigator's metagoal of changing transactional patterns and belief systems present in the subjects, might well have made an important impact on the group's functioning.

Whether the reality-orientation program or the circular questioning program was presented, complexity was attempted to be built into the groups by means of introducing information and news of differences, that is, alternative punctuations to the subject's views of reality.

The reality-orientation program introduced this complexity in a direct way by confronting subjects with their irrational beliefs, the choices they had made and were making, the values and attitudes they held, their relationships, their standards of behaviour and their philosophy of life. Specific, responsible and realistic goals were formulated. Plans had to be made, and commitment to them was required. Responsibility for their own choices and actions was stressed throughout the program. The homework tasks were specifically geared to practise learned reality and rational emotive principles, both in and outside the group situation. Although warmth, empathy and congruence, the core conditions considered relevant for effective therapy, formed an essential aspect of the reality-orientation program, the reality therapists were not afraid to point out irresponsible behaviour. The therapists were

very directive, although involved. They were alternately teachers, judges, advisers and interpreters. Although no punishment was given for uncompleted tasks, no excuses were allowed and members were merely requested to make new, realistic and responsible plans when old ones failed.

According to Glasser (1976), this approach leads to the possibility of becoming 'addicted' to positive behaviour and to leading a more integrated and rewarding life. By being responsible, realistic and right, the individual is able to fulfill his two basic needs for love and worthiness. To find happiness, he knows what to do, how to do it, and where to get the strength to get it done. Such a person may suffer, but, when he feels pain, he will try to do something and, if there is nothing he can do, he will just bear the necessary pain without doing something irrational. Glasser (1965, 1976) focuses, therefore, on the individual, on direct cause-effect events. The complexity and interdependence of human behaviour is largely ignored. Problems are seen to be situated within the person. Change occurs when a person becomes more responsible, realistic and right. By being more responsible, realistic and right, the individual's needs are met. When his needs are met, his life becomes more fulfilling.

Glasser's approach to reality, however, may well be differently punctuated. Subjects' inquiries into their standards of behaviour, their goals and choices, provide information and news of differences. Fluctuations occur in the system (subject) which lead to a new coherence in which the newly acquired knowledge 'fits'. This new coherence refers, then, to a change in the person.

Glasser's, or the investigator's, way of punctuating reality does not mean either view is accurate or

truthful; it only means that, if they produce change, they are useful (Dell, 1982). The various ways of punctuating human behaviour (theories) are useful as long as one is never convinced that one of them represents the one and only reality (Watzlawick et al., 1974). They are only models of how people construe and maintain their reality.

The circular questioning program provided complexity to its participants in an indirect way. This implies a move from an atomistic approach to a systemic one, from linear causality to circularity, from psychology to ecology (Rademeyer, 1983). Problems are viewed as control mechanisms, as transactions which are embedded in the structure of the social systems within which the individual finds himself. These transactions are endeavours to control the processes which take place within and between systems. Consequently, problems can be solved by re-organizing sequences of transactions. The therapist's task, therefore, is to use his influence to activate new, potentially available, interactional patterns (Rademeyer, 1983). He takes a metaposition with regard to each member, to his patterns of interacting and his beliefs, and he avoids being pulled into the system (Tomm, 1984). He respects the wisdom of the system, that is, he believes that the system is its own best explanation. He believes that individuals always behave out of their own coherence (Dell, 1982). In other words, he occupies a neutral position, in contrast to the reality therapist who actively confronts his client with his irresponsibility. The systemic therapist is a facilitator rather than a director. The core conditions for effective therapy (warmth, empathy and congruence) are, however, not violated with the use of circular questions. A circular questioning therapist knows that each human action makes sense and that each individual copes in the way he knows best.

This assumption is a highly respectful one. His aim is to arrive at an understanding of how transactions 'fit' together. He tries to elicit the ways in which members construe (punctuate) events and behaviour, to find the 'patterns which connect' (MacKinson, 1983). This is acquired by means of circular questions or questions regarding knowledge within context. These questions attempt to discover which perturbation (fluctuation or introduction of news of differences) is needed so that the system's coherence will respond with 'change' or evolve into a new coherence, that is, a difference which occurs in the course of time (Bateson, 1980). During a circular questioning session, new realities (new ways of punctuating events) evolve (Penn, 1982). A change, or a new coherence has evolved.

The aim of this study was to develop and evaluate the effectiveness of a linear and a non-linear approach to promote identity integration. Both approaches are two different, but not necessarily mutually exclusive, ways of punctuating reality. In reality therapy, a successful or integrated identity is achieved when a person's basic needs are satisfied in a responsible, realistic and right way. Specific, explicit steps are taken to achieve such an identity. In the non-linear approach, identity confusion refers to 'lack of information'. In circular questioning, relationships become more clearly defined. It facilitates a circular view that stresses the complementary fit which balances relationships (Van der Velden, Van der Hart, & Van Dijck, 1980). The person becomes more aware of differences over time. He is given the opportunity to make new connections between events, relationships and people. In turn, this new information provides new alternatives in dealing with his current situation. The sense of 'Who am I?' and 'Where do I belong?' becomes increasingly clear and thus his sense of identity becomes more

firmly established.

The investigator assumed that both approaches would be effective. Whilst she recognized the circular nature of interactions in systems, she also acknowledged that her interventions were linear. The traditional design used in this study is linear in its search for a causal relationship between treatment and effect variables. The relationship was studied by manipulating values of the variables of interest and simultaneously controlling extraneous nuisance variables (Kazdin, 1980). Such a design ignores the complex interrelatedness of variables and may be viewed as an arbitrary punctuation of reality (Gurman, 1983). Gurman (1983), however, also suggests that old methods should not be rejected before new ones have been developed. The employment of traditional research methods is still necessary because there is, as yet, no other way to account for therapeutic endeavours. The way of thinking of the analytic and humanistic investigators and the linear research methods have provided insight and progress in psychotherapy and they cannot, therefore, be rejected before the new way of thinking and research methodology satisfy the investigator's needs. Moreover, rather than rejecting traditional methods, the new world view should incorporate them in such a way that they are seen in a new light (Keeney, 1979).

The hypotheses set forth in Chapter 5, and tested by means of traditional statistical analysis, show clearly that 'change' has taken place among members who took part in the reality-orientation program and the circular questioning program. The programs can, therefore, be considered to have been useful. The complexity introduced into the group has produced statistically significant changes among its members. A discussion of each hypothesis will now follow.

Hypothesis 1 tested the assumption that the means of the pre-test scores were similar. Since the F -values associated with the Manova test statistic were insignificant, it could be concluded that the vector of mean scores of the four groups did not differ significantly. They came from the same universe and they had been successfully assigned to four random groups. However, since the probability associated with the F ratios did not approximate unity, there is a probability that between-group variation on the pre-test scores influenced between-group variation on the post-test scores to a detectable extent. The use of a covariance analysis or an analysis of the difference scores could, therefore, have been considered with possibly different results.

Hypothesis 2 tested the assumption that Group A would show significant changes on the variables statistically manipulated in this study. That is, subjects were assumed to experience less anxiety and depression, to have an increased self-concept and to have increased interpersonal relationship skills, as measured on the Ipat 8, Zuckerman's Multiple Affective Adjective Check List, Vrey's Self-Concept Scale, and PHSF 8, 9 and 10, respectively after exposure to the reality-orientation program. For this purpose the post-scores were compared with the pre-scores to test if, and in what direction, they differed significantly from each other. The results showed clearly that significant changes had taken place. In particular, subjects scored significantly lower on Ipat 8 and Zuckerman's Multiple Affective Adjective Check List, at post-testing time. Since these measures test overall level of anxiety and depression respectively, it was concluded that subjects experienced significantly less anxiety and depression at post-testing time. In addition, subjects scored significantly higher on PHSF 8, and on Vrey's Self-Concept Scale which denote a significant improvement

in the degree to which members have a need for, and spontaneously participate in, social group interaction, and the degree to which members view and understand themselves, respectively. According to Vrey (1974), a positive self-concept contributes to the quality of relationships, that is, scores on Vrey's Self-Concept Scale and on PHSF 8 correlate positively. Driver (1985) adds that common group experiences lessen anxiety and depression. The significant improvement found among members of Group A appear, therefore, to correspond to what was hypothesized to occur. Members did not score significantly higher on PHSF 9 and 10, which refer to the degree to which members have a need for sociable interaction with a specific person of the opposite sex, and the degree to which members feel that their behaviour corresponds to the accepted norms of society, respectively. Because only male students participated in the reality-orientation program, it may be assumed that improved sociable interaction with specific persons of the opposite sex would not occur within such a brief time span. Subsequent improvement may well occur, however, when members' improved need for spontaneous participation in social group interaction generalizes to sociable interaction with members of the opposite sex. An issue which is considered relevant here, is that three of the eight group members had homosexual tendencies. It is therefore deemed unlikely that these specific members would score significantly higher on PHSF 9.

The finding that members did not score significantly higher on PHSF 10 may be explained using Podd's research regarding moral ideology (1972). If group members have reached Kohlberg's second level of moral development (conventional level), they emphasize, in Podd's opinion, duty to one's family and one's job as paramount in making moral decisions. One of the most stressful areas that homosexuals experience refers to the conflict over parental knowledge of their sexual orientation. Disclosing to parents seems to be the

hardest part. Frequently, they are the last to be told, or are never told. The same applies to work or study situations. Since the homosexual's behaviour deviates from society's norms, it may be concluded that, the degree to which he feels that his behaviour corresponds to the accepted norms of society, will change subsequent to the experience of a group process. In the reality-orientation program continuous stress was placed on responsible, realistic and right behaviour. It can, therefore, be expected that homosexuals would even more clearly experience that their behaviour does not correspond to society's and other members' norms. Although, in the investigator's opinion, the homosexual group members were fully accepted as worthwhile people by the therapists and other members, it was also evident that the homosexuals' sexual behaviour was not considered responsible, realistic and right behaviour by the heterosexual group members. The issue of whether or not the homosexual's sexual behaviour is responsible, realistic and right behaviour is beyond the purpose of this study.

Hypothesis 3 tested the assumption that Group B would not show significant changes in respect of PHSF 8, 9 and 10. The results showed that no significant changes had taken place. It is, however, hypothesized that significant improvement will occur when members' increased insight into the circularity of their transactions and into the 'patterns which connect', promotes further fluctuations within and between systems (within the subjects and between the subjects and their environment or larger systems). By means of the introduction of complexity, or news of differences, into the system, an element of unpredictability is present which may provoke processes such as evolution, thinking, creativity and transformation (Bateson, 1979). New ways of interacting thus become available, as long as

the chosen elements of unpredictability have made sense in terms of the concepts which already exist within the system. If the news of differences makes sense, the system will assimilate the acquired news and will evolve to a new coherence, that is, it will change. In order to assimilate this knowledge, time is needed. The circular questioning program was applied to a group of relatively unrelated subjects. The Milan team, who originated this therapeutic format, found it most useful for families whose members are naturally much more related. What element of unpredictability would make sense to the family becomes, therefore, more easy to detect. Fluctuations provoked by the introduction of complexity into the family have a greater ripple effect than would be expected if they were introduced into a 'family' of unrelated systems. Whether or not the fluctuations produced in these unrelated systems, by means of the circular questioning program, will make sense in the subject's systems of which he forms part, remains to be seen. It is, however, expected that if the fluctuations produced in the individual members made sense, they will, themselves, evolve into a new coherence, that is, they will change and will consequently affect their wider systems. This expectation is based on the system's postulation that a change in any part of the system affects the system as a whole and its other sub-parts, creating the need for system adaptation.

Hypothesis 4 tested the assumption that Group B would show significant changes with regard to scores on Ipat 8, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List. That is, subjects were assumed to experience less anxiety and depression and to have a more positive self-concept. The results showed clearly that significant improvement had taken place at the 1% level of significance. It can, therefore, be concluded that the use of circular

questioning produced significant reduction in anxiety and depression and promoted a more positive self-concept. As outlined in Chapter 2, these changes should lead to a more integrated identity.

Hypothesis 5 tested the assumption that Group C would show no significant changes with regard to all measures after exposure to the various films and the discussion thereafter. This assumption was tested by comparing the group's pre- and postscores on all measures by the Hotelling T^2 test statistic. Since the multivariate test was insignificant, t -tests of individual measures may not be measured (Leary & Altmaier, 1980). It is, however, considered interesting to note that Group C appears to have improved significantly with regard to scores on the Vrey's Self-Concept Scale at the 1% level of significance. If this result is statistically significant, further statistical analysis would be necessary. It seems, however, reasonable to assume that exposure to films which addressed controversial and relevant topics may well have served to increase subjects' understanding of themselves. The discussion following the films may have led to greater insight as to the subjects' and other members' ways of judging and dealing with situations and people.

Hypothesis 6 tested the assumption that Group D would not spontaneously improve between pre- and posttesting time. The results showed that no significant changes had taken place on any of the variables measured.

Hypothesis 7 tested the assumption that there would be a significant difference between Group B and the other groups on Ipat 8 at posttest, over and above the effects of Ipat 8 at pretest. The t -test used showed that there was a significant difference. Group B's

mean post-score was significantly lower than that of the other groups. Group B's overall level of anxiety was, therefore, significantly lower when compared to the overall level of anxiety of the other groups. The investigator's assumption that the indirect way of introducing complexity into the system would reduce anxiety significantly more effectively was, therefore, supported. By describing anxiety in terms of personal diffused feelings of distress, or an unpleasant state to be reduced or avoided (McReynolds, 1976), and, by describing 'diffusion' in terms of 'lack of information', it may be concluded that the introduction and assimilation of news of differences (information) has reduced this diffusion and, consequently, anxiety. Since circular questioning indirectly introduces new information to the system, such a format is expected to be less threatening or anxiety provoking than a more direct procedure. Subjects are requested to answer questions that emphasize difference and circularity. The focus is on **how** each member reacts to certain situations, events or people. Neutrality is maintained at all times. Consequently, subjects are expected to become more relaxed; less threat to the self should, therefore, be experienced and, therefore, the level of overall anxiety is assumed to decrease. This assumption is in accordance with Wolpe's reciprocal inhibition principle which, briefly, states that one cannot be relaxed and anxious at the same time (1958).

It appears relevant to point out again that the investigator's way of collecting and arranging data refers to her way of punctuating reality. Carlos Castrandea's statement, quoted in Capra (1983, p. 21), may clarify the investigator's opinion:

Any path is only a path, and there is no affront to one self or to others, in dropping it if that is what your heart tells you ... Look at every path closely and deliberately. Try it as many times as you think necessary. Then ask yourself, and yourself alone, one question ... Does this path have a heart? If it does, the path is good; if it doesn't it is of no use.

The investigator's path appears to have produced significant results. Her hypotheses have been confirmed. The aim of her study, to develop and evaluate a program to promote identity integration, appears, therefore, to have been reached.

7.1 Limitations of the study

The sample used was representative of a group of identity confused male undergraduates of the Rand Afrikaans University, and not of identity confused people in general. According to Campbell and Stanley (1966, p. 17), "generalization is never fully justified logically", that is, logically, "we cannot generalize at all". A very recent statement made by Lyall Watson confirms Campbell and Stanley's view. He adds:

What we have to recognize is that most of the phenomena are spontaneous and reports about them are going to be anecdotal. Now science does not like anecdotes because it can't subject them to scrutiny very easily. You can't weigh and measure an anecdote or compare it with another anecdote. But what you can do and what, I think, we should be doing is to go out into the field and look at as many of these spontaneous occurrences as possible. Then you can generalize ... then you can say it happens under these circumstances, to these kinds of people ...' (broadcasted by Radio South Africa: 'Our Guest in Town Tonight',

24 November, 1986).

Clearly more samples are required to reach a more reliable and valid conclusion about the program's effectiveness.

The number of subjects available and willing to participate in the experiment may also be considered to be a limiting factor. The sample size was limited because of the following very important factor: the optimal number of participants in an effective group experience is a maximum of between 8 and 12.

The number of sessions (six) scheduled by the investigator may have prevented more significant results. This limitation is particularly relevant with regard to Hypothesis 3 discussed above.

According to Campbell and Stanley (1966), the most obvious weakness of the pretest-posttest control design is that it has not sufficient control for the interaction of testing with the treatment and results. People are by nature curious and their expectations may well have affected the outcome.

Research in circular questioning therapy is a further limiting factor. Rather than describing it as a science, it should perhaps be considered a fine art which is difficult, if not impossible, to be measured by present scientific instruments (Watkins, 1965). A different research methodology is clearly needed.

Finally, the behavioural correlates assumed to be those of identity confusion, that is, anxiety, depression, poor interpersonal relationship skills, and a low self-concept, may well be found to be associated with a different 'disorder'. However, by defining identity confusion in terms of 'lack of information', the

investigator made an effort to control for this possibility.

7.2 Recommendations for future research

Since both interventions used in this research project have been shown to be effective, a combination of reality therapy and circular questioning may prove to be beneficial.

If circular questioning is used as an intervention, it is recommended that larger intervals between sessions should be held. Each system has its own time span to absorb 'news of differences'. The more enmeshed a system is, the longer it generally takes to assimilate knowledge. System re-organization can take a long time. The Milan team, therefore, suggest 'long, brief therapy' because, although the number of hours spent with the 'family' (group) is small, the length of time needed for evolving into a new coherence can be very long (Hoffman, 1981).

The professional qualifications of the leadership should include, in addition to expertise in group dynamics, a skillful level of therapeutic knowledge and training. Sensitive concerns can be raised during group sessions. Keeney (1983) states that the pathology of a system may be perpetuated if the therapist works without an aesthetic orientation. Only wisdom or "a sense of recognition of the facts of circuitry" is safe and effective when dealing with ecosystems (Bateson, 1972, p. 146).

CHAPTER 8

CONCLUSION

"The importance of experiencing oneself, of being aware, is that it allows a far more effective way of adapting to new and varied situations" (Watson, 1980, p. 135).

From quantum mechanics, the foundation of modern physics, the discovery was made that it is impossible to measure more than one quantity at a time: measuring the one prevents measuring the other (Zukav, 1979). The new epistemological paradigm extended this discovery to the study of human behaviour: punctuating a sequence of events at time A automatically excludes alternative punctuations at the same time by the same observer. Different punctuations are linked to, and limited by, the observer's senses, his constructs, the data available, and how data are represented in the consulted literature. These various punctuations are, however, not necessarily mutually exclusive. After all, they all deal with the same 'reality'.

The present investigator's way of viewing reality represented one punctuation among the many possible alternatives. The principle aim of her study was to develop and evaluate the effectiveness of a reality-orientation program and a circular questioning program to promote identity integration. Emphasis was placed on the usefulness of the program rather than on whether it was 'right' or 'true'.

From the available literature it appeared that the lifelong task of developing an integrated identity is fraught with difficulties. To develop a stable sense of self was, however, considered necessary to enable the person to adapt to the multitude of vastly changing

environments in which he might find himself. Identity integration was associated with the individual's firm commitment to identity related issues - vocational, avocational, social, marital, ideological and ethical. Identity confusion, on the other hand, was linked to the aimlessness of individuals who drift through life, appearing uninterested or vague, and confused in regard to making any commitments.

The investigator developed a reality-orientation program based on Glasser's reality therapy and Ellis' rational emotive therapy, and a circular questioning program which illustrated the epistemological shift toward the concept of non-linear causality. It was, however, stressed that the investigator's metagoal of changing transactional patterns, by means of introducing complexity into the system, might well have affected the system's functioning.

The research design employed in this study was the pretest-posttest control group design described in Campbell and Stanley (1973). Three experimental groups of 8 subjects each were used and one control group of 8 subjects. Group A received the reality-orientation program; Group B was given the circular questioning program; Group C was exposed to films and subsequent discussion; and Group D received no program whatsoever. The total sample consisted of 32 male undergraduates of the Rand Afrikaans University, who had significant scores on at least two of the measures used. The measurements used were Ipat 8, PHSF 8, 9, and 10, Vrey's Self-Concept Scale, and Zuckerman's Multiple Affective Adjective Check List, which reliably test anxiety, social skills, self-concept and transient depression respectively. Subjects were randomly assigned to the various groups. The programs ran for three consecutive weeks, two sessions of approximately 90 minutes each per week.

The statistical analysis of the measures, using the multivariate test statistics, Manova and Hotelling T^2 , as well as the t -test, showed that statistically significant changes had taken place between pre- and posttesting time.

From the results it was concluded that both the reality-orientation program and the circular questioning program were successful in reducing identity confusion, as measured by its behavioural correlates (anxiety, depression, poor interpersonal relationship skills, and a poor self-concept) among the participants. In particular, Group B subjects improved significantly with respect to anxiety. Their overall level of anxiety, as measured on the Ipat 8, was significantly lower than that of the other three groups. Group B did not improve with regard to social skills. This finding corresponded to the assumption that the indirect way of introducing complexity into the system would not improve social skills in such a brief time span. Group C and D did not show significant improvement, as was hypothesized.

In the discussion of the obtained results it was pointed out that generalization of the results, the limited number of subjects for each group, the number of sessions, and possible interactive effects of testing were possible limitations of the study. In addition, attention was paid to the implication of the paucity of research with regard to circular questioning.

It was recommended that a combination of reality therapy and circular questioning could prove beneficial. If the circular questioning program were to be used on its own, longer intervals between sessions were recommended. Finally, the importance of an aesthetic orientation toward therapy was stressed.

LIST OF WORKS CONSULTED

Allen, M. (1983). Models of hemispheric specialization. Psychological Bulletin, 93, 73-104.

American Psychiatric Association (1980): Diagnostic and statistical manual of mental disorders (Third edition). Washington, D.C.: APA.

Andrews, M., Bubolz, M., & Paolucci, B. (1980). An ecological approach to study of the family. Marriage and Family Review, 3, 29-40.

Auerswald, E.H. (1983). Thinking about thinking in family therapy. Unpublished manuscript.

Barrow, J., & Hayashi, J. (1980). Shyness clinic: A social development program for adolescents and young adults. Personnel and Guidance Journal, 59, 58-61.

Barrows, S.E. (1982). Interview with Mara Selvini Palazzoli and Guiliana Prata. The American Journal of Family Therapy, 10, 60-69.

Bateson, G. (1973). Steps to an ecology of mind. London: Paladin Books, Granada.

Bateson, G. (1978). Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution and epistemology. New York: Paladin Books, Granada.

Bateson, G. (1979). Mind and nature. A necessary unity. London: Wildwood House, Ltd.

Bateson, G. (1980). Mind and nature. A necessary unity. Glasgow: Fontana.

- Bavelas, J.B. (1984). On 'naturalistic' family research. Family Process, 23(4), 337-341.
- Berger, R.M. (1983). What is a homosexual? A definitional model. Social Work, 4, 132-141.
- Bieber, T. (1974). Group and individual psychotherapy with male homosexuals. Journal of the American Academy of Psychoanalysis, 2(3), 255-260.
- Blakeslee, T.R. (1980). The right brain: A new understanding of the unconscious mind and its creative powers. London: McMillan.
- Bohm, D. (1980). The enfolded orders and consciousness. In G. Epstein (Ed.), Studies in non-deterministic psychology. New York: Human Sciences Press.
- Bourne, E. (1978). The state of research on ego identity: A review and appraisal. Part I. Journal of Youth and Adolescence, 7(3), 223-251.
- Broderick, C., & Smith, J. (1979). The general systems approach to the family. In W. Burr, R. Hill, R.I. Nye, & I. Reiss (Eds.), Contemporary theories about the family (Vol. 2). New York: Free Press.
- Bubolz, M., Eicher, J., & Sontag, S. (1979). The human ecosystem: a mode. Journal of Home Economics, 71(1), 28-31.
- Buckley, W. (1967). Sociology and modern systems theory. Englewood Cliffs, N.J.: Prentice Hall.
- Campbell, D., Reder, P., Draper, R., & Pollard, D. (1983). Working the the Milan method: Twenty questions. Occasional papers on family therapy No. 1. Institute of

Family Therapy (London) Ltd.

Campbell, D.T., & Stanley, J.C. (1966). Experimental and quasi-experimental designs for research. Chicago: Rand McNally.

Campbell, D.T., & Stanley, J.C. (1973). Experimental and quasi-experimental designs for research. Chicago: Rand McNally.

Capra, F. (1983). The turning point: Science, society and the rising culture. London: Fontana.

Capra, F. (1983a). The tao of physics: An exploration of the parallels between modern physics and Eastern mysticism. London: Fontana.

Cattell, R.B., Scheier, I.H., & Madge, E.M. (1968). Handbook for the IPAT anxiety scale questionnaire. Pretoria: Institute of the Human Sciences Research Council.

Chickering, A.W. (1969). Education and identity. San Francisco: Jossey-Bass.

Cohn, B., Coombs, C.F., Gibian, H., & Sniffen, H.M. (1963). Group counseling: An orientation. Personnel and Guidance Journal, 42, 355-356.

Coleman, E. (1982). Developmental stages of the coming out process. Journal of Homosexuality, 7, 31-43.

Constantinople, A. (1969). An Eriksonian measure of personality. Development in college students. Developmental Psychology, 1(4), 357-372.

Corey, G. (1977). Theory and practice of counseling and psychotherapy. California: Wadsworth Publishing Co.

- Corey, G., Corey, M.S., Callanan, P.J., & Russell, J.M. (1982). Group techniques. Monterey: Brooks/Cole Publishing Co.
- Corsini, R.J. and Contributors (1979). Current Psychotherapies (2nd ed.). Illinois: F.E. Peacock Publishers.
- Cox, R.D., & Gunn, W.B. (1980). Interpersonal skills in the schools: Assessment and curriculum development. In D.P. Rathjen & J.P. Foreyt (Eds.), Social competence: Interventions for children and adults. New York: Pergamon Press.
- De Gouveia, A.D. (1983). The effects of a short-term group intervention programme on lonely, white first-year university students. Unpublished manuscript, University of Port Elizabeth.
- De Klerk, C.M. (1985). Two models: Implications for the practice of family therapy. Unpublished manuscript, The Rand Afrikaans University.
- Delgado, A.K. (1983). Questions patients most often ask about mental health. In N. Plese (Ed.), Questions patients most often ask doctors. New York: Bantam Books.
- Dell, P.F. (1982). Beyond homeostatis: Toward a concept of coherence. Family Process, 21(2), 21-41.
- Dell, P.F. (1985). (Review of The invented reality: How do we know what we believe we know?). Family Process, 24, 290-294.
- De Monteflores, C., & Schultz, S.J. (1978). Coming out: Similarities and differences for lesbians and gay men. Journal of Social Issues, 34, 59-72.

Di Angi, P.R. (1982). Grieving and the acceptance of the homosexual identity. Issues in Mental Health Nursing, 4(2), 101-113.

Dimond, S.J., & Beaumont, J.G. (Eds.) (1974). Hemispheric function in the human brain. New York: Halsted.

Donovan, J.M. (1975). Identity status and interpersonal style. Journal of Youth and Adolescence, 4(1), 37-55.

Driver, H.I. (1985). Counseling and learning through small group discussion. Madison, W.I.: Monona Publ.

Egan, G., & Cowan, M.A. (1980). Moving into adulthood. Themes and variations in self-directed development for effective living. Monterey, Brooks/Cole Publishing Co.

Einstein, A. (1971). The evolution of physics. Cambridge: Cambridge University Press.

Ellis, A. (1975). Rational-emotive psychotherapy. In D. Bannister (Ed.), Issues and approaches in the psychological therapies. London: John Wiley.

Ellis, A., & Harper, R.A. (1961). A guide to rational living. New York: Prentice-Hall.

Ellis, A., & Harpter, R.A. (1962). Reason and emotion in psychotherapy. New York: Lyle Stuart.

Ellis, A., & Harpter, R.A. and others (1966). How to prevent your child from becoming a neurotic adult. New York: Crown Publishers.

Erikson, E.H. (1956). The problem of ego identity. Journal of the American Psychoanalytic Association, 4, 56-121.

Erikson, E.H. (1959a). Identity and the life cycle. Psychological Issues, 1(1), 1-171.

Erikson, E.H. (1959b). Identity and the life cycle. Psychological Issues, 1(1), 179-261.

Erikson, E.H. (1963). Childhood and society (2nd ed.). New York: Norton.

Erikson, E.H. (1968). Identity: Youth and crisis. London: Faber.

Erikson, E.H. (1977). Childhood and society. Frogmore St. Albans Herts: Friad/Paladin.

Farrell, R.A. (1975). Conforming to deviance. In R.A. Farrell and V.L. Swigert. Social deviance. Philadelphia: J.P. Lippincott Co.

Farrell, R.A., & Nelson, J.F. (1976). A causal model of secondary deviance: The case of homosexuality. Sociological Quarterly, 17(1), 109-120.

Fouché, F.A., & Grobbelaar, P.E. (1971). Manual for the PHSF relations questionnaire. Pretoria: Institute for Psychological and Edumetric Research.

Gerdes, L.C., Ochse, R., Stander, C., & van Ede, D. (1981). The developing adult. Durban: Butterworth.

Gershman, H. (1975). The effect of group therapy on compulsive homosexuality in men and women. The American Journal of Psychoanalysis, 35, 303-312.

Gershman, H. (1983). The stress of coming out. The American Journal of Psychoanalysis, 43(2), 129-138.

- Gijs, L. (1983). Accepterende gedragstherapie, homo-seksuele oriëntatie en uitbouw van een homoseksuele identiteit (Accepting behaviour therapy, homosexual orientation and unfolding of a homosexual identity). Gedragstherapie, 16(2), 87-103.
- Glaser, W. (1972). The identity society. New York: Harper.
- Glasser, W. (1965). Reality therapy. New York: Colophon Books.
- Glasser, W. (1969). Schools without failure. New York: Harper.
- Glasser, W. (1975). Reality therapy. New York: Harper.
- Glasser, W. (1976). Positive addiction. New York: Harper.
- Glasser, N. (1980). What are you doing?. New York: Harper.
- Glasser, W. (1981). Stations of the mind: New directions for reality therapy. New York: Harper.
- Glasser, W. (1982). The basic concepts of reality therapy (Chart). Los Angeles: Institute for Reality Therapy.
- Grieger, R., & Boyd, J. (1980). Rational-emotive therapy: A skills-based approach. New York: Van Nostrand Reinhold.
- Gruen, W. (1960). Rejection of false information about oneself as an indication of ego identity. Journal of Consulting Psychology, 24, 231-233.

- Gurman, A.S. (1983). Family therapy research and the 'new apistemology'. Journal of Marital and Family Therapy, 9(3), 227-234.
- Harris, R.J. (1975). A primer of multivariate statistics. New York: Academic Press.
- Hauck, P.A. (1980). Brief counseling with RET. Philadelphia, Pennsylvania: The Westminster Press.
- Herron, W.G., Kinter, T., Sollinger, I., & Trubowitz, J. (1981). Psychoanalytic psychotherapy for homosexual clients: New concepts. Journal of Homosexuality, 7(7), 177-192.
- Hoffman, L. (1981). Foundations of family therapy. A conceptual framework for system change. New York: Basic Books.
- Humphreys, L. (1980). Exodus and identity: The emerging gay culture. In M. Levine (Ed.), Gay men: The sociology of male homosexuality. New York: Harper.
- Johnson, D.W. (1981). Reaching out. Interpersonal effectiveness and self actualization (2nd ed.). New Jersey: Prentice-Hall.
- Kazdin, A.E. (1980). Research design in clinical psychology. New York: Harper.
- Keeney, B.P. (1979). Ecosystemic epistemology: An alternative paradigm for diagnosis. Family Process, 18, 117-129.
- Keeney, B.P. (1983). Aesthetics of change. New York: Guilford.

- Keeney, B.P., & Ross, J.M. (1983). Cybernetics of brief family therapy. Journal of Marital and Family Therapy, 9, 375-382.
- Kiesler, D.J. (1982). Interpersonal theory of personality and psychotherapy. In J.C. Anchin, & D.J. Kiesler (Eds.), Handbook of interpersonal psychotherapy. New York: Pergamon Press.
- Klapp, O.E. (1969). Collective search for identity. New York: Holt, Rinehart & Winston.
- Kleinbaum, D.G., & Kupper, L.L. (1978). Applied regression analysis and other multivariable methods. North Scituate, Mass.: Duxbury Press.
- Kottler, J.A. (1983). Pragmatic group leadership. Monterey, California: Books/Cole.
- Kübler-Ross, E. (1969). On death and dying. New York: Beacon Press.
- Kuhn, T.S. (1970). The structure of scientific revolution (2nd ed.). Chicago: University of Chicago.
- Leary, M.R., & Altmaier, E.M. (1980). Type I error in counseling research: A plea for multivariate analyses. Journal of Counseling Psychology, 27, 611-615.
- Levine, B. (1979). Group psychotherapy: Practice and development. Englewood Cliffs, N.J.: Prentice Hall.
- Levita, D.J. (1965). The concept of identity. New York: Basic Books.
- Levita, J.J. (1966). On the psychoanalytic concept of identity. International Journal of Psychoanalysis, 47, 299-305.

Levy, J., & Trevarthen, C. (1977). Perceptual, semantic and phonetic aspects of elementary language process in split-brain patients. Brain, 100, 105-118,

Lewis, M., & Brooks-Gunn, J. (1981). The self as social knowledge. In M.D. Lynch, A.A. Norem-Hebeisen, & K. Gergen (Eds.), Self concept. Advances in theory and research. Cambridge: Ballinger.

Lord, F.M. (1963). Elementary models for measuring change. In C.W. Harris (Ed.), Problems in measuring change. Madison, Wis.: University of Wisconsin Press.

Lynch, M.D. (1981). Self-concept development in childhood. In M.D. Lynch, A.A. Norem-Hebeisen, & K. Gergen (Eds.), Self concept. Advances in theory and research (pp 119-132). Cambridge: Ballinger.

Lynch, M.D., Norem-Hebeisen, A.A., & Gergen, K. (1981). Self concept. Advances in theory and research. Cambridge: Ballinger.

Lynd, H.M. (1958). On shame and search for identity. New York: Harcourt.

Malyon, A.K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. Journal of Homosexuality, 7, 59-69.

Marcia, J.E. (1966). Development and validation of ego-identity status. Journal of Personality and Social Psychology, 3, 551-558.

Maturana, H.R. (1975). The organization of the living: A theory of the living organization. International Journal of Man-Machine Studies, 7, 313-332.

McCall, G.J., & Simmons, J.L. (1966). Identities and interactions. New York: Free Press.

Megargee, E.I. (1972). Evaluation of Zuckerman's MAACL. In O.K. Buros (Ed.), The seventh mental measurement yearbook, Vol. 1. Highland Park, New Jersey: The Gryphon Press.

Meyer, R.G. (1983). The clinician's handbook. The psychopathology of adulthood and late adolescence. London: Allyn & Bacon.

Minton, H.L. (1981). Emancipatory social psychology as a paradigm for the study of homosexuality. Paper presented at the annual meeting of the Canadian Psychological Association, Toronto, June.

Minton, H.L., & McDonald, G.J. (1983/4). Homosexual identity formation as a developmental process. Journal of Homosexuality, 9(2/3), 91-104.

Minuchin, S. (1974). Families and family therapy. London: Tavistock.

Minuchin, S. (1981). Family therapy techniques. London: Harvard University Press.

Morson, T., & McInnis, R. (1983). Sexual identity issues in group work: gender, social sex role, and sexual orientation considerations. Social Work with Groups, 6, 67-77.

Newman, B.M., & Newman, P.R. (1975). Development through life: A psychosocial approach. Homewood, Ill.: Dorsey Press.

Newman, I., & Newman, C. (1977). Conceptual statistics for beginners (4th ed.). Akron: The University of Akron.

Orlofsky, J.L., Marcia, J.E., & Lesser, I.M. (1973). Ego identity status and the intimacy versus isolation crisis of young adulthood. Journal of Personality and Social Psychology, 27, 211-219.

Oshman, H., & Manosevitz, M. (1974). The impact of the identity crisis on the adjustment of late adolescent males. Journal of Youth and Adolescence, 3(3), 207-216.

Paul, G.L. (1969). Behaviour modification research. Design and tactics. In C.M. Franks (Ed.), Behavior therapy. Appraisal and status. New York: McGraw-Hill.

Penn, G. (1982). Circular questioning. Family Process, 21(3), 267-280.

Planck, M. (1936). The philosophy of physics. New York: Norton.

Plummer, K. (1975). Sexual stigma: An interactionist account. London: Rutledge & Kegan Paul.

Podd, M.H. (1972). Ego identity status and morality: The relationship between two developmental constructs. Developmental Psychology, 6(3), 497-507.

Rademeyer, G. (1983). Simptome, stelsels en sielkundiges. (Symptoms, systems and psychologists). Professorial Inauguration, University of South Africa.

Rimm, D.C., & Masters, J.C. (1979). Behaviour therapy: Techniques and empirical findings (2nd ed.). London: Academic Press.

Rook, K.S., & Peplan, L.A. (1982). Perspectives on helping the lonely. In L.A. Peplan, & D. Perlman (Eds.), Loneliness - A source book of current theory, research and therapy. New York: Wiley.

Satir, V. (1967). Conjoint family therapy. Palo Alto, California: Science and Behavior Books.

Schafroth, M.R. (1960). The concept of temperature. In H. Messel (Ed.), Selected lectures in modern physics. London: McMillan.

Schwartz, M.F., Masters, W.H. (1984). The Masters and Johnson treatment for dissatisfied homosexual men. American Journal of Psychiatry, 141(2), 173-181.

Seligman, M.E.P. (1971). Learned helplessness. San Francisco: Freeman.

Selivini-Palazzoli, M., Boscolo, L., Cecchin, C., & Prata, G. Paradox and counterparadox. New York: Aranson.

Selvini-Palazzoli, M., Boscolo, L., Cecchin, C., & Prata, G. (1980a). Paradox and counterparadox. New new model in the therapy of the family in schizophrenic transaction. New York: Jason Arison.

Selvini-Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980b). Hypothesizing - circularity - neutrality: Three guidelines for the conductor of the session. Family Process, 19(1), 3-12.

Smit, G. (1982). Psigometrika: Aspekte van toetsgebruik. (Psychometrics: Aspects of test use). Pretoria: Haum Opvoedkundige Uitgewers.

Smith, J. (1980). Ego-dystonic homosexuality. Comprehensive Psychiatry, 21, 119-127.

Sperry, R. (1982). Some effects of disconnecting the cerebral hemispheres. Science, 217, 1223-1225.

Stickney, J.H. (1980). In Zeig, J.K. (Ed.), A teaching seminar with Milton H. Erickson. New York: Brunner/Mazel.

Strauss, A.L. (1959). Mirrors and masks: The search for identity. Glencoe, Ill.: Free Press.

Strupp, H.H., & Bergin, A.E. (1969). Some empirical and conceptual bases for co-ordinated research in psychotherapy: A critical review of issues, trends and evidence. International Journal of Psychiatry, 7, 18-90.

Sullivan, H.S. (1953). The interpersonal theory of psychiatry. New York: Norton.

Tomm, K. (1981). The Milan approach to family therapy: A tentative report. Unpublished manuscript.

Tomm, K. (1984). One perspective on the Milan systemic approach: Part II. Description of session format, interviewing style and interventions. Journal of Marital and Family Therapy, 10, 253-271.

Troiden, R.R. (1985). Self, self-concept, identity, and homosexual identity: Constructs in need of definition and differentiation. Journal of Homosexuality, 10(3/4), 97-150.

Van der Velden, K., Van der Hart, O., & Van Dijck, R. (1980). Positief Etiketteren (Positive reframing). In K. Van der Velden (Ed.), Directive therapie. Vol. 2. Deventer: Van LogLin Slateris.

Van der Westhuizen, J.G.L. (1979). Manual for the use of psychological and scholastic tests as aids in school guidance. Pretoria: HR HSRC.

Vrey, J.D. (1974). Handleiding vir die adolessente-self-konsepskaal (ASKS). (Manual for the adolescent's self-concept scale). Pretoria: Universiteit van Suid-Afrika.

Waterman, A.S. (1982). Identity development from adolescence to adulthood: An extension of theory and a review of research. Developmental Psychology, 18(3), 341-358.

Watson, L. (1980). Lifetide: A biology of the unconscious. London: Hodder & Stoughton.

Watkins, J.G. (1965). Psychotherapeutic methods. In B.B. Wolman (Ed.), Handbook of clinical psychology. New York: McGraw-Hill.

Watzlawick, P. (1976). How real is real?. New York: Vintage.

Watzlawick, P., Beavin, J.H., & Jackson, D.D. (1967). Pragmatics of human communication. A study of interactional patterns, pathologies, and paradoxes. New York, Norton.

Watzlawick, P., & Weakland, J.H. (1977). The interactional view. New York: Norton.

Watzlawick, P., Weakland, J.H., & Fisch, R. (1974). Change. New York: Norton.

Weeks, G.R. (1977). Toward a dialectical approach to intervention. Human development, 20, 277-292.

- Weeks, G.R., & L'Abate, L. (1982). Paradoxical psychotherapy and practice with individuals, couples and families. New York: Brunner/Mazel.
- Wheelis, A. (1958). The quest for identity. New York: Norton.
- Wolpe, J. (1958). Psychotherapy by reciprocal inhibition. Stanford, California: Stanford University Press.
- Woodman, N.J., & Lenna, H.R. (1980). Counseling with gay men and women. San Francisco: Jossey-Bass.
- Yalom, I.D. (1975). The theory and practice of group psychotherapy (2nd ed.). New York: Basic.
- Zastrow, C. (1979). Talk to yourself. Englewood Cliffs, N.J.: Prentice-Hall.
- Zehner, M.A., & Lewis, J. (1983). Homosexuality and alcoholism: Social and developmental perspectives. Journal of Social Work and Human Sexuality, 2(2/3), 75-89.
- Zukav, G. (1979). The dancing Wu Li masters. An overview of the new physics. New York: William Morrow.
- Zukav, G. (1984). The dancing Wu Li masters: an overview of the new physics. London: Fontana.

APPENDIX A

Randse Afrikaanse UniversiteitAucklandpark Johannesburg
Posbus 524 Johannesburg 2000Telegramadres: R-UNIV
Teleks: 424526 SA
Telefoon: 726-5211 X3106

Ons verw.

Datum 21 Junie 1986

Ek versoek u dringend en so spoedig as moontlik in verbinding te tree met Mev. P.A.M. Bowery van die Instituut vir Kinder en Volwassene Leiding (IKV), tel. 7265211 Uitbreiding 3106.

By voorbaat dankie.

P.A.M. Bowery
Voorligting sielkundige

APPENDIX B

- Section A:** Reality-orientation program
(Experimental Group A)
- Section B:** Circular questioning program
(Experimental Group B)
- Section C:** Experimental Group C program

REALITY-ORIENTATION PROGRAM**(Experimental Group A)****Session 1: Promoting cohesion and trust**

1. The group leaders meet the group members at the predetermined venue and time.
2. The group leaders welcome the members to the session and distribute name tags to all the members.
3. Members are invited to introduce themselves briefly, giving their names, age, home town, and the degree for which they are registered.
4. Each member is provided with a typed program as outlined in Appendix D.
5. The group leaders instruct the members to form subgroups and discuss name/title/metaphor or analogue which, in their opinion, best represents their group with its individual members. The group leaders form a subgroup as well. Fifteen minutes are allowed for this process. Each group provides a rationale for its chosen title. Positive reinforcement is provided by the group leaders for active participation by the members.
6. Each member is required to identify himself with a specific animal. Members may choose to use their group to assist them with this task or decide for themselves. Each member is to provide a rationale for his choice after ten minutes. Feedback by group members is encouraged by the group leaders.
7. Each group is required to discuss what is meant by the following concepts:
 - . identity
 - . reality

Fifteen minutes are allowed for this discussion, after which each group shares its ideas and thoughts.
8. It is shared with the members that it is natural to feel anxious and uncertain and that there will be others in the group who are experiencing similar concerns. To promote members getting the most from the forthcoming sessions, each member is provided with a list of guidelines and suggestions to optimize active participation, as outlined in Appendix D.
9. An informal lecture on identity development and reality therapy, as outlined in Appendix C, will be given by the group leaders.

10. The following homework tasks are given to the members:
- a) to write down what they would like to have done, or who they would like to have become, or how they would like to have changed in six months or a year. To give these statements to the leaders in self-addressed, stamped envelopes. The leaders will mail them unopened at the end of the time period.
 - b) to write down what they hope to do, 5, 10, 15 years from now.
 - c) to rate each of the problems as outlined in Appendix D (Problem Checklist).

Session 2: Long-term goals and career choice

1. Before the session begins the members' self-addressed statements are collected and the homework tasks are reviewed by the group leaders. Members of the group are praised and encouraged for any active participation in this regard.
2. Members are requested to discuss the relevance of having realistic and responsible goals, in particular long-term goals and career choice and how these goals contribute to identity integration, within their respective groups. Each group shares its ideas and beliefs with the other groups. Members of each group are praised and encouraged for their efforts in this regard. The group leaders integrate the information supplied and provide a summary.

We believe that all individuals have goals and that these goals can be developed in a hierarchy of levels of aspiration. In reality therapy, individuals are assisted in understanding, defining and clarifying their life goals, both immediate and long-term. 'Which career should I choose?' is a question that at some time or another is asked by everyone. There are, however, certain things which one should know before one can make a responsible and realistic choice. One should, for example, choose a career or a course of study

- which suits one's aptitude and abilities
- in which one is genuinely interested, and
- which also suits one's character.

Not only self-knowledge, but also knowledge of the world of career is necessary if one is to make a wise choice.

Why is career planning necessary?

- it provides meaning and focus to a person's life
- it gives greater opportunity to move ahead
- it provides greater work satisfaction and greater

- variety of career choices since the individual obtains more control over his own career
- it provides greater work satisfaction because the individual obtains the assurance that relevant people look after his interests
- it can increase performance when the person finds himself in a position which he likes and which corresponds to his ambitions
- it can increase the quantity and quality of the work (the higher the performance, the higher the profits, in general)
- it provides a healthy work climate
- it can lead to a more rewarding area

3. Members are now sent on a fantasy trip. Everyone enters a rocket ship which eventually lands on a perfect planet populated only by 'ideal' people. Members are requested to discuss, in their respective groups, the following questions:

- what would it be like?
- how would the people act?
- how would you live and act there?

Insights and ideas are shared with the other groups. The discussion offers the opportunity to bring the ideal self back into the world by making the necessary reality adjustments. The following questions are looked into:

- what is your ultimate goal(s)?
- do these goals fulfill your need to be loved and love, as well as to be worthwhile?
- what is your present situation?
- how can you reach your goals?
(self-study, formal education, practical application, in-task training, etc.)
- can you think of any obstacles? How can you bridge these?
- when can you start reaching your goals? When are you going to do what? Are these plans realistic and responsible?

The leaders encourage each member to list all the possible alternatives to a situation without any initial judgement of the values or practicalities of these alternatives. When alternatives are offered, the members will often be amused by how ridiculous some of the alternatives they choose are. As the individual's ideal self takes shape, the group leaders reinforce it by pointing out aspects that are already present in the individual and those that can be developed. The members are also encouraged to think of ways to develop those aspects that they do not see as being part of themselves. The original list of each person is worked on so that it becomes a realistic, positive profile of that which each person wishes to become.

5. The group leaders provide a brief rationale with regard to relaxation. Tension, caused by anxiety, depression, low self-concept or disturbed interpersonal relationships causes specific muscles to become tight. One cannot be tense and relaxed at the same time. Since negative emotions are associated with tensed muscles, relaxing these muscles should, in turn, promote positive feelings. The relaxation exercise is aimed to relax muscles which, in turn, promotes relaxation and a feeling of well-being. At the same time, being able to relax muscles produces a feeling of being in control of one's emotions. In other words, whatever situation you may find yourself in, you can decide whether or not you become tense or relaxed.
6. The relaxation tape of Professor E. Wolff of the Rand Afrikaans University is played and members are encouraged to make a copy of the tape.
7. The following homework tasks are given to the members:
 - a) to write down specific behaviours or attitudes they want to change and what they are willing to do, in and outside the group, to make these changes. To compose these contracts at home, bring them back to the group at the third meeting and discuss them in the group.
 - b) to practise the relaxation technique at least once a day.
 - c) to start writing a journal/diary and answer the following questions:
 - how do I feel about being in this group?
 - how do I see people in the group? How do I see myself in it?
 - what do I fear most? How might I deal with my fears?
 - how do I prevent getting the most from this group?
 - d) to bring along family pictures.

Session 3: Sexual orientation

1. Before the session begins the members' homework tasks are reviewed. What attitudes/behaviours are members prepared to change? How, when and where? Specific plans have to be formed and commitments to these made. Relevant choices and plans are looked into, in the light of responsibility and reality.
2. Members are requested to discuss, in their relevant groups, issues related to sex which, in their opinion, promote an integrated identity. Each group shares its ideas and beliefs with the other groups. Members are

praised and encouraged for their efforts in this regard.

3. The group leaders integrate the information supplied, and give a summary. The aim is to increase the group members' insight into their own choices in order that they may act from greater self-knowledge. Specific issues are discussed with the members:

Sexual choice

Heterosexual, homosexual or bisexual? Whatever choice is made it must be responsible and realistic. Consequences have to be accepted. Each choice has disadvantages and advantages. No choice is without some pain. To be able to have an integrated identity, this sexual choice has to be lived out openly, at least with significant others. Minority groups regarding sexual choice have to take the consequence of facing rejection by the majority, whether this is deserved, fair or not. Who says this is a fair world, anyway?. By denying an important aspect of one's identity, one's identity can never be integrated although other aspects can develop fully.

Love relationships and sexual fidelity

What type of relationship works for you which is realistic as well as responsible (that is, it does not deny the rights of others and it somehow fits into your reality). For example, complementary versus symmetrical relationships. It does not matter which one, as long as the other agrees on the relationship defined as such.

Sexual needs

How do they compare in your relationships? Are there sexual needs which are 'right' and 'wrong'?

Sexual love versus need for affection and support

Some people have a stronger need for affection and support than for sex. What are you going to do about this? What are your plans?

Abortion/contraception

4. Since the family is the first group in which one learns the basics about oneself and oneself in relationship to the world, all members were asked to bring family pictures. Members are requested to explore, in their groups, the many messages and roles learned in their respective families. Cultural assumptions and rigidity about 'shoulds' with regard to masculinity and femininity are explored. The concept of androgyny is stressed and each member is asked to identify the positive masculine and feminine aspects of themselves. Ideas and insights are shared with the other groups.

5. The group leaders mention the importance of having a sense of inner control: the sense that 'I can take certain steps to maximize the probability of change and I can create and support the environment I live in'. The rationale is that as members learn to take responsibility for themselves, the feeling that any behaviour is an option increases.
6. The group leaders give a brief introduction to the power of 'self-talk' in order to increase the group members' insight in, and control over, their emotions. The introduction is outlined in Appendix F.
7. The following homework tasks are given to the members:
 - a) to write down in their journal/dairy:
 - how do I feel about the group at this point?
 - how do I feel about myself and my participation in it so far?
 - what am I doing outside the group to attain my goals?
 - how would I feel if the group were to end now?
 - d) to make a list of their own ABC's.

Session 4: Interpersonal relationships

1. Before the session begins the members' homework tasks are reviewed. What is everybody doing about attaining goals? Have specific plans been made? Any specific things members want to share with other members? Members' lists of their own ABC's are discussed and queried.
2. Members are requested to discuss, within their respective groups, the issues related to interpersonal relationships which, in their opinion, promote the development of an integrated identity and self-definition. Insights are shared afterwards.
3. Experiment by the group leaders: one leader sits crosslegged in the centre of the group in a meditating position for five minutes, staring into the distance. Afterwards all members are asked how they experienced this exercise. The rationale is to provide insight into each person's way of reacting to new situations. Do members find that they react this way when a new situation presents itself?
4. Each member is asked to fill in the 'Friendship Relations Survey' (outlined in Johnson, 1981) (See Appendix D), in order to assess each member's understanding of his behaviour in interpersonal relationships.

5. The group leaders integrate the information supplied and give a summary of the importance of interpersonal relationships on identity formation.

- . One has to relate somehow to other people; the social world of the growing person becomes increasingly larger when he goes to school, to university, to a work situation, marital and other situations. Through interacting with others, we build our identity. We note their responses, find out how they view us. It is within our relationships that we find ourselves.
- . Many questions about 'reality' cannot be answered by merely using our senses, for example, we can smell a flower or touch a leaf, but we cannot always clearly know what is fair or unfair, good or bad, beautiful or ugly without comparing our opinions with others.
- . Four basic skills are involved in building interpersonal relationship skills:
 - a) knowing and trusting each other
 - b) communicating with each other accurately and unambiguously
 - c) accepting and supporting each other
 - d) resolving conflicts and relationship problems constructively

Getting to know each other involves telling, or in some other way disclosing, how you are reacting to what is going on, and how you feel about it. Such openness depends on your self-awareness and self-acceptance; if you are unaware of your feelings and reactions, you cannot communicate them, and if you cannot accept them, you will try to hide them.

6. The last part of the session is spent on discussing Ellis' list of Irrational Beliefs, outlined in De Gouveia (1983) (See Appendix D). A copy of this list is given to each member.

In the last session we saw how our self-talk affects our emotions. We realized that we can challenge and change our self-talk into more positive ways of thinking and thus experience more positive feelings.

Our self-talk is based on our attitudes and beliefs. Just like our self-talk, they can be either rational or irrational. Now look at the irrational beliefs briefly. They may well produce many negative feelings. Our experiences and the way we interpret these experiences interact to help develop and form our personality and identity. A practical example could be of two people coming from the same background and developing totally differing personalities, one leading a life of crime while the other becomes a

Productive community leader. One likely reason may be that their self-talk, the way they interpret their experiences may vary (not the experiences themselves!).

People with a negative identity view themselves as 'failures'. They usually use the following negative kinds of self-talk: I can't do anything well;

Why don't people leave me alone. People with a success identity are characterized by the following kinds of self-talk: I am a worthwhile person; I have certain specific talents.

How do you develop a success identity? You identify your negative self-talk, challenge and replace it with rational, positive self-talk.

The group leaders also stress that the group's purpose is not to solve problems, but to give members an opportunity to identify personal issues and to explore solutions to these issues.

7. The following homework tasks are given to the members:
 - a) to read the list of Irrational Beliefs in order to discover their own. To make a list of 'shoulds', 'musts', and 'oughts'.
 - b) to describe any important situation during the coming week in terms of their self-talk and formulate ways of challenging their negative self-talk. To bring their statements to the group next week for discussion.
 - c) to construct a critical turning points chart.

Session 5: Communication/conversation skills

1. Before the session begins, homework tasks are reviewed and discussed. Can members describe any specific situation they have experienced during the past week in terms of ABCD? What have members learned about themselves? Have members learned something about the other members? Remember you only get from a group experience what you yourself put into it. By sharing your own feelings and thoughts, you get to know yourself a little better and the others will learn how their behaviour and expressions affect you.
2. Let's see what the following passage from a children's story means to you; how it applies to your life.

'What is REAL?', asked the Rabbit one day when they were lying side by side near the nursery fender, before Nana came to tidy the room. 'Does it mean having things that buzz inside you and a stick-out handle?' 'Real isn't how you are made', said the Skin Horse. 'It is a thing that happens to you. When a child

loves you for a long, long time, not just to play with, but REALLY loves you, then you become REAL'.

'Does it hurt?', asked the Rabbit.

'Sometimes', said the Skin Horse, for he was always truthful. 'When you are REAL, you don't mind being hurt however'.

'Does it happen all at once, like being wound up?', he asked, 'or bit by bit?'

'It doesn't happen all at once', said the Skin Horse.

'You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or have to be kept carefully kept. Generally by the time you are real, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are real, you can't be ugly, except to people who don't understand'.

The members are asked to discuss their various reactions to the story. The group leaders stress that to be real you have to take risks, you have to love without fear. There are those of us in the group who act fragile or have sharp edges, and until we stop being afraid of getting broken, we will never learn to love ourselves, much less anyone else!

3. Communication/conversation skills

Members are requested to discuss aspects of communication/conversation which they consider relevant in interpersonal relationships, within their respective groups. Afterwards, insights and ideas are shared with the other groups. The leaders integrate the information supplied and provide a summary of how to develop conversation/communication skills.

You cannot **not** communicate; to live is to communicate. Through communication we learn to understand, trust, and like each other and ourselves. Effective communication exists when the person you relate to interprets what you say the way you meant it.

The following points are relevant:

- . being aware of your own feelings and reactions.
- . being responsible for your own feelings and reactions.
- . showing these feelings honestly and openly by means of explicit and clear I-messages. They promote self-examination rather than defensive behaviour.
- . conveying positive feelings of warmth and liking, not just negative feelings.
- . making your verbal and non-verbal behaviour congruent (35% of communication is verbal, 65% is non-verbal).
- . accepting the other's feelings and reactions as you accept your own.
- . making sure you understand the other's feelings and reactions by paraphrasing.
- . defining a conflict area - often a conflict is differently defined by the parties concerned.

- . communicating your intentions to cooperate.
 - . reaching an agreement.
 - . self-examining continuously.
 - . realizing that non-expression of negative feelings leads to negative relationships and negative emotions, for example, apathy, depression, guilt.
 - . being aware of secondary emotions. Always find primary emotions and express these.
 - . noticing how your behaviour affects others. See whether they match your intention. Therefore, ask for feedback from significant others.
 - . giving feedback which -
 - focuses on behaviour rather than on the person
 - describes rather than judges
 - is specific rather than general
 - is here-and-now rather than there-and-then
 - focuses on actions that the person can change.
4. We are now going to concentrate on expressing those fears members most struggle with. The group is a place where you can express and examine those fears to see how realistic and rational they really are.

Members are asked to describe a situation they are experiencing particular difficulty in and to state whether they would like to behave differently in that situation. After checking the situation, they are requested to select several 'co-workers' from the group, describe the specific incident and tell how they typically would be in this situation. Then they have to try to tell each of the co-workers things they would not normally say and they can say aloud what they are thinking and telling themselves with each of them.

- ~~After the role-playing both the members and the leaders provide feedback by telling each member how they might feel if they were his co-worker.~~
5. To promote self-disclosure a series of unfinished fantasy situations are presented to the group members (see attached list). Each member thinks about his ending to the situations after which each member gets a turn to provide his own ending to one situation. Afterwards each member tells the group what he has learned about himself and the others from the endings given to the fantasy situations.
6. The following homework tasks are given to the members:
- a) to consider the positive and negative aspects of your experiences in the group to be shared with the other members in the last session.
 - b) to write down in a few sentences what you hope for each member in the future. Be as specific as possible.

The fantasy situations are:

1. There is a person you know reasonably well, although you are not really good friends. One day he enters your room and starts telling you that he has just asked your girlfriend for a date. What do you do? What happens?
2. You are walking down a dark street. Up ahead you see two people fighting. One is obviously hurt. What do you do? What happens?
3. You enter a room full of people who are talking and are clearly having a nice time. All by himself one person stands in the middle of the room. After ten minutes he still stands by himself. What do you do? What happens?
4. Your friends are ridiculing a person you met a few weeks ago and with whom you had a good, long discussion. What do you do? What happens?
5. You are sitting in class. Your friend next to you is teasing a newcomer continuously. The newcomer clearly feels uncomfortable. He catches your eye. What do you do? What happens?
6. You are enjoying yourself, being alone and just lying in the sun. A person you do not particularly like comes and lies next to you. What do you do? What happens?
7. Your very strict and dominating lecturer accuses your friend of something you know he has not done. Your friend is, however, very shy and you know he will not assert himself. What do you do? What happens?
8. Completely unexpectedly, a stranger tells you a big secret. If you would tell your housefather about it, you are sure he would immediately be expelled from university. What do you do? What happens?

Session 6: World View

1. Before the session begins homework tasks are reviewed. Any positive and/or negative experiences which members would like to share? Statements with regard to each member? Members are encouraged to share their statements. Feedback from recipients is also welcomed.

2. **Warm-up Exercise: The desert disaster**

We will now give you a so-called warm-up exercise (See Appendix D). Relevant details are described on the photocopy we give you now. You are given five minutes to complete step 1.

After five minutes have elapsed, group members are asked to reach consensus within their respective groups. The time available for this step is fifteen minutes.

After fifteen minutes each group mentions its choice to the other groups with a rationale. The three representatives of each subgroup discuss whose choice appears the best one.

3. **World View**

Members are requested to discuss, within their groups, the importance of having a specific political, religious and moral view. Insights and ideas are shared afterwards with the other groups.

4. The group leaders distribute to the members a photocopy of Appendix D (Basic Assumptions).
5. Our lives are governed by basic assumptions about human behaviour. When we are disappointed or frustrated we would question these basic assumptions. Pain is a sign that something is wrong and it should provoke our intelligent inquiry. Only by questioning our basic assumptions, we can learn how rational, realistic and responsible they are. We will, for example, never know how 'determined' our lives are, until we, by means of intelligent inquiry, find out limits. Knowing our limits, we can then move freely within these limits.
6. We will now give you a few moral dilemmas and you are expected to indicate what you think ought to be done and to justify this course of action. Your reactions will teach you something about your views regarding morality.. This exercise will also show if there are important differences in the way you choose the most important issues of moral dilemmas and what basic assumptions govern your choices.

Should John, a loving husband, steal an exorbitantly priced drug for his dying wife?

Should you give your 13-year old daughter permission to buy contraceptives?

Should you allow the use of animals in medical experiments to test harmfulness on human beings?

Should you allow euthanasia or mercy killing?

Should you allow abortion. In What cases? Or in no cases?

Should you allow nine criminals to go free in order to prevent one innocent person to be convicted?

Should you pick up a purse full of money on a train when you are very broke?

Should you work for an advertising agency and try to sell a product which you know is worthless but you will make a lot of money?

Should you defend a person in court when you know he is guilty?

Should you help a drowning person if you are the only person around but you cannot swim all that well?

7. Lets for a moment reflect on our own mortality. Put your hand on your heart. Feel it beating, pumping blood throughout your body. It is a living organ that will wear out after beating about three billion times. Seems like a lot, but you have already used nearly a billion beats. Even now, while you are listening, another few thousand slip by, gone forever. How long did you sleep last night? That is about 30 000 heartbeats. And how many moments have you thrown away feeling sorry for yourself, being depressed, or angry? Each time your heart beats, you lose another second of your life forever.

What does the above mean to you?

8. All members are requested to return for the follow-up session.

CIRCULAR QUESTIONING PROGRAM

(Experimental Group B)

Session 1: Promoting cohesion and trust

This group session will be identical to session 1 for Experimental Group A except for point 9:

9. An informal lecture on identity development and circular questioning as outlined in Appendix C will be given by the group leaders.

Session 2: Long-term goals and career choice

1. Before the session begins the members' self-addressed statements are collected and the homework tasks are reviewed by the group leaders. Members of the group are praised and encouraged for any active participation in this regard.
2. Members are requested to discuss, in their respective groups, the relevance of having realistic and responsible goals, in particular long-term goals and career choice. Each group shares its ideas and beliefs with the other groups.
3. The group leaders explain that all individuals have goals and that these goals can be developed in a hierarchy of levels of aspiration. By means of circular questioning, individuals are assisted in understanding, defining and clarifying their life goals, both immediate and long-term.
4. Circular questioning is now initiated by the group leaders. Members' cooperation in circular questioning is encouraged. The following questions are relevant:
 - In what respect do the statements made by the various groups differ?
 - What explanation could you give for these differences?
 - Does everybody in the group/subgroups agree on these differences?
 - Who agrees most on the differences mentioned, who second most, and so on?
 - Do other members agree on the rank order mentioned in the above question?
 - What is the effect or consequence of the differences found?
 - Who noticed a difference first in each group. Why did this person notice it first? Does the person mentioned agree?
 - Who noticed any other differences between the various groups? Do all members agree, and if not, why not?
 - What would be needed before the various groups agree

on the differences mentioned?

At all times, the circular questions are based on the previous replies.

5. A fantasy exercise as outlined by Woodman and Lenna (1980) is now given which is aimed to free all members from the past and present. Members are sent on a fantasy trip. Everyone enters a rocket ship which eventually lands on a perfect planet populated only by 'ideal' people. Questions to be asked are:
 - What would it be like?
 - How would the people act?
 - How would you live and act there?

Two volunteers are asked to answer the above questions. The following type of circular questions are asked by the group leaders and other group members:

In what respect do the statements made by the two members differ?
 What explanation could you give for these differences?
 Who agrees most on the differences mentioned, who second most, and so on?
 Do other members agree on the rank order mentioned?
 What is the effect or consequence of the differences found?
 What other differences can be found between the two volunteers?
 What have you learned about yourself and others as a result of these questions?

6. As point 5 (Reality-orientation program, session 2).
7. As point 6 (Reality-orientation program, session 2).
8. The following homework tasks are given to the members:
 - a) to practise the relaxation technique at least once a day.
 - b) to start writing a journal/diary and answer the following questions:
 - . how do I feel about being in this group?
 - . how do I see people in the group? How do I see myself in it?
 - . what do I fear most? How might I deal with my fears?
 - . how do I prevent getting the most from this group?
 - c) to bring along family pictures.

Session 3: Sexual orientation

1. Before the session begins the members' homework tasks are reviewed. Any relevant topics are looked into. The group leaders use circular questioning to promote increased self-knowledge.
2. Members are requested to answer the following questions:
 What am I seeking to express by my sexual behaviour?
 Does my behaviour convey this intent?

When various answers have been given, the following circular questions can be used:

- . In what respect do the answers made by the various individuals differ?
- . What explanation can you give for this difference?
- . Does everyone in the group agree on this difference(s)?
- . Who agrees most on the difference(s) mentioned, who second most, and so on?
- . Do other members in the group agree on the rank order mentioned?
- . What is the effect or consequence of the difference(s)?
- . Who notices any other differences and what are they?
- . What would have to happen to diminish the difference(s) found? What effect would this change have on others and on the respective person?
- . (to the respondents): what is the difference between your behaviour before you became aware of yourself as a sexual person and after? What is the effect of your sexual behaviour on others? Who in your family does what in your family as a result of your sexual behaviour? Who first noticed your sexual behaviour? Who agrees most and who agrees least with your sexual behaviour? Would your parents/sisters/brothers agree with your answers? If not, why not?
- . What is needed to eliminate or increase the difference(s)?
- . suppose you did not have any sexual feelings, what difference would this make in your behaviour?
- . with whom in your family can you communicate best regarding sexuality, with whom least well?

Members' active participation is encouraged. Questions have to be circular, however, and the focus is on relationships, not on specific feelings or thoughts.

4. Since the family is the place where one learns first the basics about oneself and oneself in relationship to the world, all members were asked to bring family

pictures. Members are requested to explore the many messages and roles learned in their respective families. Cultural assumptions and rigidity are explored. The concept of androgyny is stressed and each member is asked to identify the positive masculine and feminine aspects of himself. To facilitate self-exploration, these aspects are discussed by members in their respective groups and afterwards shared with the other groups. Again use is made of circular questioning by the group leaders.

Relevant questions are:

In what respect do the various roles with regard to sexuality differ?

What explanation can you give for this/these difference(s)?

Who of the other members appears most like you regarding sexuality and who least? What causes this difference in your opinion? Does the other person(s) agree? If not, why not?

Who agrees most, second most, and so on, in sexual matters? If not someone from the group, who in your family? Who would be second best, and so on?

What is the difference between the positive and feminine aspects in yourself? If the difference between them greater or less great than anyone else in the group?

Who in the group do you consider has the most positive masculine/feminine traits? Who second most, and so on? Does the other person agree? If not, why not?

Suppose you only had positive feminine traits, what would the effect be on your family/peer group? Why? If you only had positive masculine traits what would the effect then be? Why?

With whom do you feel you could associate more easily with? Why?

What would have to happen before you have the ideal combination of masculine/feminine traits? Who would be affected by this change most, who second most, and so on, in your family/peer group?

Members' active participation is encouraged and positively reinforced. The emphasis is on circular questioning at all times; no interpretations, value judgements or advice is provided at any time.

5. The following homework tasks are given to the members:

a) To write down in their journal/diary:

- how do you feel about the group at this point?
- how do you feel about yourself and your participation in it so far?
- how would you feel if the group were to end now?

- b) To write down what you have learned about yourself and about others in the group. Imagine that this was the last session and you had to tell each member what you hoped for him in the future, what would you say? What negative and what positive things can you think of in respect of each person? Bring these statements to the group and share your views if you feel open enough to do so.

Session 4: Interpersonal relationships

1. Before the session begins the members' homework tasks reviewed. Did you all do your homework? Would any member like to comment? Remember you only get from a group experience what you yourself put into it. By sharing your own feelings and thoughts, you get to know yourself a little better and the others will learn how their behaviour and expressions affect you.

Members' reactions determine the type of circular questions asked by the group leaders. Differences are focused on continuously. Members are encouraged to point out differences as well.

3. Members are requested to discuss, within their respective groups, the importance of interpersonal relationships on the development of an integrated identity and self-definition. Use is made of circular questioning to point out any differences found. Questions such as described in the previous sessions are relevant.
4. We now will read you an anecdote called 'The Wind and the Sun'. We will first read to you the first two paragraphs after which we would like you to discuss, within your groups, what you think the outcome of the anecdote will be. Afterwards we will read to you the remainder of the story and ask for your comments. (See attached sheet)

Use is made of circular questions to compare the various reactions made by members. Members are positively reinforced when discovering differences themselves.

5. We will now ask you to observe us closely for the following few minutes and describe afterwards exactly what feelings and thoughts you experienced.

The group leaders both sit in the middle of the room, corss-legged, not saying a word, for about 3-4 minutes.

Differences in reactions are pointed out by means of circular questioning. The rationale is to show members how each reacts when exposted to a new situation, for example, by withdrawing, walking away, ridiculing it, finding it humorous, thinking of

other things, feeling uncomfortable or whatever. Members are asked whether they recognise that their way of reacting is general when exposed to a new situation. Questions such as, whose reaction most closely corresponds to their, and who least, are asked.

6. It appears that one of the common goals is to be able to trust one another so that one can feel relatively free to open up. Members are, therefore, requested to discuss, in their respective groups, what it would take for the group to feel secure enough for members to reveal themselves.

By means of circular questioning differences are shown and discussed. Members are asked what they have learned about themselves and the other members. Are there people with similar fears? What can the others do to make them feel less insecure or fearful? Is the way you are now alright for you, or would you like to be different? In what way?

7. The following homework tasks are given to the members:
 - a) to construct a critical turning chart: draw a map of your life and include some of the following points of interest: major turning points, major crises, big decisions, new opportunities, major accomplishments, key failures, important people, major disappointments.
 - b) to write down in what respects you consider the other members to be different from or similar to you?

THE WIND AND THE SUN

The North Wind and the Sun once fell into a dispute as to which was stronger of the two. They related their most famous exploits, and each ended as he began, by thinking he had the greater power.

Just then a traveler came in sight, and they agreed to test the matter by trying to see which of them could soonest make the traveler remove his cloak.

The boastful North Wind was the first to try, The Sun meanwhile watching behind a gray cloud. He blew a furious blast and nearly tore the cloak from its fastenings, but the Man only held his cloak more closely, and old Boreas spent his strength in vain.

Mortified by his failure to do so simple a thing, the Wind withdrew at last in despair. I don't believe you can do it either, he said.

Then out came the kindly Sun in all his splendour, dispelling the clouds that had gathered and sending his warmest rays down upon the traveler's head.

The Man looked up gratefully, but growing faint with sudden heat, he quickly flung aside his cloak, and hastened for comfort to the nearest shade.

Session 5: Communication/conversation skills

1. Before the session begins the members' homework tasks are reviewed. Have you all constructed a critical turning points chart? Who would like to start telling the other members about his turning points?

All members are encouraged to share their turning points, and any differences are pointed out by means of circular questioning.

Have you also written down in what aspects you consider other members to be different from or similar to you? Please share these aspects.

Feedback from recipients is encouraged. Members are asked what they have learned about themselves and the others. Circular questioning is used throughout.

2. Members are requested to discuss, in their respective groups, the various aspects which they consider of importance in communication and conversation. Insights are shared afterwards. Use is made of circular questioning to show any differences and similarities.
3. An anecdote about 'what is real' (see attached sheet) is read to the members. Members are required to describe their reactions to the story. Differences are pointed out by means of circular questioning.
4. Members are asked to describe a situation they are experiencing particular difficulty in. Descriptions are compared and differences are pointed out by means of circular questioning.
5. To promote self-disclosure, a series of unfinished fantasy situations is presented to the group members (see reality-orientation program, session 5). Each member thinks about his own ending to the situation after which each member gives his own ending to be compared with other member's endings. Differences are pointed out by means of circular questioning.
6. The following homework tasks are given to the members:
 - a) to consider any positive and/or negative aspects of their experiences in the group and share them with the other members in the last session.
 - b) to think of any relevant issues they would like to discuss in the last session.

'What is real'

'What is REAL', asked the Rabbit one day when they were lying side by side near the nursery fender, before Nana came to tidy the room. 'Does it mean having things that buzz inside you and a stick-out handle?'

'Real isn't how you are made', said the Skin Horse. 'It is a thing that happens to you. When a child loves you for a long, long time, not just to play with, but REALLY loves you, then you become REAL'.

'Does it hurt?', asked the Rabbit.

'Sometimes', said the Skin Horse, for he was always truthful. 'When you are REAL, you don't mind being hurt, however'.

'Does it happen all at once, like being wound up?', the Rabbit asked, 'or bit by bit?'

'It doesn't happen all at once', said the Skin Horse. 'You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or have to be carefully kept. Generally by the time you are REAL, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are REAL, you can't be ugly, except to people who don't understand'.

Session 6: World view

1. Before the session begins homework tasks are reviewed. Members are encouraged to share their negative and/or positive experiences in the group sessions. Differences are pointed out by means of circular questioning.

Members are asked if they would like to discuss any specific issues. Feedback is encouraged from all members and use is made of circular questions to show any differences.

2. **Warm-up exercise: The desert disaster**

As point 2, of session 6 of the reality-orientation program. Use is made of circular questioning to point out any differences.

3. **World view**

This point is outlined under points 3, 4, 5 and 6 of session 6 of the reality-orientation program. Use of circular questions is made to point out differences.

4. All members are requested to return for the follow-up session.

EXPERIMENTAL GROUP C PROGRAM

The following is a list of the films shown to experimental Group C:

- | | | | |
|-----------|---|---|---------------|
| Session 1 | - | 20/20 Show History
The Outsider | (Sielk/5) |
| | - | 20/20 Show History
The Right to Decide | (Verpleegk/1) |
| Session 2 | - | 20/20 Show History
Too Much Too Soon | (Sielk/26) |
| | - | 20/20 Show History
Mercy or Murder? | (Regte/9) |
| | - | 20/20 Show History
People Who Take Risk Have
Something in Common | (Sielk/48) |
| Session 3 | - | 20/20 Show History
Jealousy | (Sielk/37) |
| | - | 20/20 Show History
Baby Aids | (Sielk/37) |
| | - | 20/20 Show History
What is Love? | (Sielk/16) |
| Session 4 | - | 20/20 Show History
The Fitness Obsession | (Sport/11) |
| | - | 20/20 Show History
Our Gifted Children and how
to Nurture their Needs | (Sielk/38) |
| Session 5 | - | 20/20 Show History
The New Frankness | (Sielk/34) |
| | - | 20/20 Show History
Sex Education | (Sielk/6) |
| Session 6 | - | 20/20 Show History
The Other Woman | (Sielk/39) |
| | - | 20/20 Show History
Mob Town, USA | (Sielk/21) |

APPENDIX C

**Section A: Lecture on identity development
 Important principles of reality
 therapy**

Section B: Principles of circular questioning

SECTION A

Lecture on identity development

Ego identity can be defined as a fairly stable sense of who one is that appears to be shared by the people in one's life who are important to one. Personal identity has two main elements, a sense of belonging and a sense of being separate.

Our identity is built out of our relationships with other people. Our first relationship is with our mother. How she responds towards her child, determines how the child sees himself, how he develops a feeling of trust, willpower, initiative and competence. As we grow up, we note how other people interact with us and so we learn to view ourselves as they view us. When others view us as worthwhile, we tend to view ourselves similarly and vice versa. Within our relationships we discover who we are, as a person. No one can develop self-concepts, such as, 'accepted' all alone.

We develop our identity throughout our lives, but especially during adolescence it becomes important, when he is to integrate all the knowledge he has gained about himself into a sound and clear identity. Beliefs, attitudes and behaviours are then re-evaluated in the light of what he has been in the past and of what he hopes to become in the future. When identity is achieved, realistic and responsible choices regarding values and life-directions can be made since they are then based on accurate self-understanding.

Important principles of reality therapy

According to Glasser, the originator of reality therapy, we have two basic needs: the need to love and be loved, and the need to feel that we are worthwhile to ourselves and to others. Love and self-worth are considered the two pathways leading to a successful identity.

Responsible, realistic and right, are the three 'r's of reality therapy. To be responsible, one acts in a way which fulfills one's needs in such a way that does not prevent others of the ability from fulfilling their needs. A responsible person does that which gives him a feeling that he is worthwhile to others and to himself.

Reality is closely related to responsibility. The reality principle implies that people are willing to

make immediate sacrifices for long-term satisfactions and gains. The responsible person does not deny the world, but realizes that reality not only exists but that he must fulfill his needs within its framework.

To be right, we must maintain a satisfactory standard of behaviour. To do so, we must learn to correct ourselves when we do wrong and to credit ourselves when we do right (according to our own realistic and responsible standards).

Reality therapy focuses on discussing one's own experiences; it stresses present behaviour rather than the past; it expects people to evaluate their behaviour; it requires people to make realistic and responsible plans and to commit themselves to these plans; it accepts no excuses for failing to carry out plans; and it expects people to take the responsibility for their own actions.

SECTION B

Principles of circular questioning

Circular questioning is aimed at increasing self-knowledge in an indirect way. After all, how do we come to know things? By means of our senses we perceive but our senses are limited; with different senses we would perceive different things. There is no direct relation between reality out there and our internal experience thereof. We largely construct or create the world ourselves, that is, what we experience depends to a large extent on our constructs, the way we view the world. Constructs, in turn, are influenced by our past experiences, our background. They determine what aspects of reality we will focus on, which, in turn, will influence our existing constructs, and so on, in a circular fashion.

Thus, we perceive by means of our senses which provide information, or news about differences. Light can only be observed because it can be distinguished from darkness. If there is no difference in the territory, there will be nothing to say in the map which will, therefore, remain blank. But just like a map does equal the territory, so does our experience not equal reality. Everyone's perception of reality is unique.

We are, therefore, going to concentrate on differences. By showing differences, one gradually learns how each person reacts differently to various situations and people. It will then be known, how, when, and where each person reacts in typical, individual ways. According to this method it is irrelevant to talk about a person's aggressiveness or depression. It is considered important to note when, how, with whom, and where the person is aggressive or depressed. Thus, we look at relationships.

So-called 'problem' situations are often characterized by people who do not have clearly defined relationships. In particular, people with identity confusion generally show poorly defined relationships; they do not appear to know why, when and where they react to other people and situations. Learning when, how, where, and with whom one reacts in specific ways, one's relationships become gradually better defined, one's relationship to oneself and to others. With clearly defined relationships, one's identity also becomes slowly firm and sound. But this all takes time.

Circular questioning may appear strange, not specifically directed toward clear goals. Questions are based on previous replies, in other words, whatever members say is changed into a kind of 'difference' question. The more members participate and volunteer information about themselves, even if this information appears not relevant to them, the easier it is to formulate further questions. Also, whenever members themselves notice differences, by pointing them out, they get to know themselves better.

Briefly, with circular questions one cannot not give a relationship description as an answer, which, in turn, provides a deeper insight into the way one reacts in specific situations and people, and, thus, leads to deeper self-knowledge and understanding, and, therefore, to a more integrated and sound identity.

APPENDIX D

- Section A: Program for experimental Group A
- Section B: Program for experimental Group B
- Section C: Guidelines and suggestions for group members
- Section D: Problem checklist
- Section E: Friendship relations survey
- Section F: List of irrational beliefs
- Section G: Basic assumptions
- Section H: Warm-up exercise

SECTION A

Program for experimental Group A

This will be a personal growth and self-exploration group for young people between the ages of 18 and 24. The group will not be a therapy group aimed at treating the severely disturbed; instead it will focus on the problems and concerns of the typical young adult.

The group will meet for a limited time as follows:

- . Six meetings twice weekly during the early evenings.
- . Monday the group will meet from 18h00 to 19h30.
Wednesday the group will meet from 18h30 to 20h00.
- . A follow-up meeting on August 25 from 17h30 to 19h30.

During the first session the leaders will give specific suggestions to assist the participants in getting the most from their group experience. during this initial meeting the focus will be on getting acquainted, developing a climate of trust, and learning how to function productively as a group member.

Goals and objectives

The group will be a place for self-exploration; participants will be invited to examine their values, behaviours, and relationships with others and to take a serious and honest look at the quality of their lives. The members will decide **what**, **how much**, and **when** to share of themselves, and they will decide for themselves the nature and extent of changes they want to make. However, participants are expected to be active members in the group.

Specific goals for group participants are as follows:

- . to develop sufficient trust of the group to allow for an honest sharing of feelings and attitudes, and to learn how to carry this trust into everyday life;
- . to grow in self-acceptance and self-respect;
- . to become tolerant of others, to respect others' differences;
- . to learn how to make decisions and accept the consequences;
- . to become less isolated by discovering that others in the group have similar problems;
- . to become sensitive to the needs of others;
- . to learn specific ways of applying in everyday life what is learnt in the group.

Topics for group exploration

The themes to be explored will be related to the young adult's struggle toward autonomy and search for identity. Certain topics will be given emphasis, but group members will have the opportunity to discuss the aspects of those topics that are most relevant and meaningful to them. Below is a list of topics for group exploration. Other topics of concern can be developed.

- . Long-term goals and career choice
- . Love, sex, intimacy
- . Friendship patterns
- . Communication/conversation skills
- . World view

SECTION B**Program for experimental Group B**

This program is as outlined for experimental group A, except for the second paragraph which reads as follows:

The group will meet for a limited time as follows:

- . Six meetings twice weekly during the early evenings.
- . Tuesday the group will meet from 18h30 to 20h00.
Thursday the group will meet from 18h30 to 20h00.
- . A follow up meeting on August 25 from 17h30 to 19h30.

SECTION C

Guidelines and suggestions for group members1. Have a focus

Commit yourself to getting something from this group by focusing on what you hope to accomplish. In clarifying your goals, review specific issues you want to explore, specific changes you want to make, and what you are willing to do to make these changes.

2. Be flexible

Don't be too committed to your agenda that you can't work with what comes up spontaneously within the group.

3. Don't wait to work

The longer you wait to actively involve yourself, the harder it will become.

Be greedy

The success of a group depends on your being greedy to do your own work. If each of you takes responsibility for pursuing your own work, everyone should take enough opportunity to take the spotlight.

Pay attention to feelings

If you do nothing but expound your theories and opinions, you will not explore your life on an emotional level. Be aware of what your feelings 'say'.

Express yourself

We are often afraid to voice our thoughts and feelings. However, we can often do more harm to ourselves and to others around them if we do not express them. Thus, if you have feelings that relate to the group, be willing to express them. Negative as well as positive feelings.

Be an active participant

You will help yourself most if you take an active role in the group. Silent members prevent others from learning from them.

Experiment

Look at the group as a place in which you are relatively safer and freer than usual to express yourself in different ways and to try out different sides of yourself.

Grow

No matter how well your life may be going now, it can always be enriched by the opportunity to explore your feelings, values, beliefs, attitudes, thoughts, and to consider changes you may want to make.

Don't expect change to be spontaneous

Changes do not usually happen all at once or without some backsliding. Give yourself credit for what you are willing to try and for subtle changes you can see yourself making.

Don't expect others to appreciate your changes

Expect to find less support outside the group than within it for your struggles, and use the group as a place to explore some of the resistance you encounter outside.

Don't expect to be understood within the group

In many respects you simply will not be understood by others in the group. Nobody is able to get a complete picture of you, or to understand you totally. Members will only see a few dimensions of you in the group.

Don't expect to understand others in the group

Like you, others in the group are presumably working on expressing sides of themselves that they do not normally have an opportunity to express. If you let yourself think that that's the whole picture, you are forgetting how complex people are.

Stick with one feeling at a time

You may have mixed emotions about an issue, but if you want to fully face that issue, try to stick with those feelings one at a time.

Avoid advising, interpreting, questioning

As you listen to others in the group, you will often be tempted to offer advice. Doing so occasionally can be fine, but people can easily be put off by well-meant advice. Rather express feelings and experiences of your own that others have touched on.

Don't gossip

Use 'you' rather than 'he', if the 'he' is a member of the group. This often leads to powerful expression of feelings or thoughts.

Don't 'band-aid'

If you rush in to be helpful or supportive or comforting to someone who is expressing something painful, you are not respecting his ability and desire to fully express what he wants to say. People grow from living through their pain; let them do it.

Give feedback

When people express something that touches you, let them know by emphasizing your own feelings and reactions whether positive or negative.

Avoid storytelling

Avoid narratives of your history. Express what is present, or express what is past if you are presently experiencing it.

Exaggerate

Rather than wondering whether you are exaggerating your emotions, give yourself permission to nurture your feelings a bit and discover where they lead.

Be open to feedback

When others give you feedback about their reactions to your work, remember that, like you, they are there to try out new ways of expressing themselves directly. The most constructive approach usually is to listen and to think the feedback over until you get a grasp on what part of it fits.

Avoid sarcasm and indirect hostility

If you feel angry, say so directly; don't use sarcasm.

Discover your defenses

Look out for your usual way of reacting. You might, for example, tend to withdraw, rationalize, deny, or whatever.

Decide for yourself how much to disclose

You need to take some risks with saying more than you are comfortable saying. However, pushing yourself and participating in a context that puts you under some pressure should be distinguished from disclosing things about yourself simply because others seem to expect or need it.

Carry your work outside the group

Try new ways of presenting and expressing yourself out in your everyday life with due respect for timing and with caution.

Express good feelings

Groups tend to focus on the negative sides of our experience. Share, however, your positive experiences too.

Take responsibility for what you accomplish

What you accomplish, is going to be up to you!

SECTION D

Problem checklist

Directions: Rate each of the following problems as they apply to you at this time and indicate the degree to which you would like help from the group with them.

1. This is a major problem of mine, one I hope will be a topic of exploration in the group.
 2. This is a problem for me at times, and I could profit from an open discussion of the matter in this group.
 3. This is not a concern of mine and I do not feel a need to explore the topic in the group.
- . Feeling accepted by my peer group
 - . Learning how to trust
 - . Getting along with my parents (brothers, sisters, etc.)
 - . Getting a clear sense of what I value
 - . Worrying about whether I am 'normal'
 - . Being fearful of relating to the opposite sex
 - . Dealing with sexual feelings, actions and standards of behaviour
 - . Being too concerned about doing what is expected of me to the extent that I do not live by my own standards
 - . Worrying about my future
 - . Wondering whether I will be accepted by important others
 - . Trying to decide on a career
 - . Additional problems I would like to pursue:

SECTION E

Friendship Relations Survey

This questionnaire was written to help you assess your understanding of your behavior in interpersonal relationships. There are no right or wrong answers. The best answer is the one that comes closest to representing your quest for good interpersonal relationships. In each statement, the first sentence gives a situation and the second sentence gives a reaction. For each statement indicate the number that is closest to the way you would handle the situation.

- 5 - You always would act this way
- 4 - You frequently would act this way
- 3 - You sometimes would act this way
- 2 - You seldom would act this way
- 1 - You never would act this way

Try to relate each question to your own personal experience. Take as much time as you need to give a true and accurate answer for yourself. *There is no right or wrong answer.* Trying to give the "correct" answer will make your answer meaningless to you. *Be honest with yourself!*

1. You work with a friend, but some of her mannerisms and habits are getting on your nerves and irritating you. More and more you avoid interacting with or even seeing your friend.
Never 1—2—3—4—5 Always
2. In a moment of weakness you give away a friend's secret. Your friend

finds out and calls you to ask about it. You admit to it and talk with your friend about how to handle secrets better in the future.

Never 1—2—3—4—5 Always

3. You have a friend who never seems to have time for you. You ask him about it, telling him how you feel.
Never 1—2—3—4—5 Always
4. Your friend is upset at you because you have inconvenienced him. He tells you how he feels. You tell him he is too sensitive and is overreacting.
Never 1—2—3—4—5 Always
5. You had a disagreement with a friend and now she ignores you whenever she's around you. You decide to ignore her back.
Never 1—2—3—4—5 Always
6. A friend has pointed out that you never seem to have time for him. You explain why you have been busy and try for a mutual understanding.
Never 1—2—3—4—5 Always
7. At great inconvenience, you arrange to take your friend to the doctor's office. When you arrive to pick her up, you find she has decided not to go. You explain to her how you feel and try to reach an understanding about future favors.
Never 1—2—3—4—5 Always
8. You have argued with a friend and are angry with her, ignoring her when you meet. She tells you how she feels and asks about restoring the friendship. You ignore her and walk away.
Never 1—2—3—4—5 Always
9. You have a secret that you have told only to your best friend. The next day, an acquaintance asks you about the secret. You deny the secret and decide to break off the relationship with your best friend.
Never 1—2—3—4—5 Always
10. A friend who works with you tells you about some of your mannerisms and habits that get on his nerves. You discuss these with your friend and look for some possible ways of dealing with the problem.
Never 1—2—3—4—5 Always
11. Your best friend gets involved in something illegal that you believe will lead to serious trouble. You decide to tell your friend how you disapprove of his involvement in the situation.
Never 1—2—3—4—5 Always
12. In a moment of weakness, you give away a friend's secret. Your friend finds out and calls you to ask about it. You deny it firmly.
Never 1—2—3—4—5 Always
13. You have a friend who never seems to have time for you. You decide to forget her and to start looking for new friends.
Never 1—2—3—4—5 Always
14. You are involved in something illegal, and your friend tells you of her disapproval and fear that you will get in serious trouble. You discuss it with your friend.
Never 1—2—3—4—5 Always

15. You work with a friend, but some of her mannerisms and habits are getting on your nerves and irritating you. You explain your feelings to your friend, looking for a mutual solution to the problem.
Never 1—2—3—4—5 Always
16. A friend has pointed out that you never seem to have time for him. You walk away.
Never 1—2—3—4—5 Always
17. Your best friend gets involved in something illegal that you believe will lead to serious trouble. You decide to mind your own business.
Never 1—2—3—4—5 Always
18. Your friend is upset because you have inconvenienced him. He tells you how he feels. You try to understand and agree on a way to keep it from happening again.
Never 1—2—3—4—5 Always
19. You had a disagreement with a friend, and now she ignores you whenever she's around you. You tell her how her actions make you feel and ask about restoring your friendship.
Never 1—2—3—4—5 Always
20. A friend who works with you tells you about some of your mannerisms and habits that got on his nerves. You listen and walk away.
Never 1—2—3—4—5 Always
21. At great inconvenience, you arrange to take your friend to the doctor's office. When you arrive to pick her up, you find she had decided not to go. You say nothing but resolve never to do any favors for that person again.
Never 1—2—3—4—5 Always
22. You have argued with a friend and are angry with her, ignoring her when you meet. She tells you how she feels and asks about restoring the friendship. You discuss ways of maintaining your friendship, even when you disagree.
Never 1—2—3—4—5 Always
23. You have a secret that you have told only to your best friend. The next day, an acquaintance asks you about the secret. You call your friend and ask her about it, trying to come to an understanding how to handle secrets better in the future.
Never 1—2—3—4—5 Always
24. You are involved in something illegal, and your friend tells you of her disapproval and fear that you will get in serious trouble. You tell your friend to mind her own business.
Never 1—2—3—4—5 Always

Friendship Relations Survey Answer Key

In the Friendship Relations Survey there are twelve questions that deal with your willingness to self-disclose and twelve questions that are concerned with your receptivity to feedback. Transfer your scores to this answer key. Reverse the scoring for all questions that are starred, that is, if you answered 5, record the

score of 1 if you answered 4, record the score of 2 if you answered 3, record the score of 3 if you answered 2, record the score of 4 if you answered 1, and if you answered 5, record the score of 5. Then add the scores in each column.

*Willingness to Self-Disclose**Receptivity to Feedback*

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

Total _____

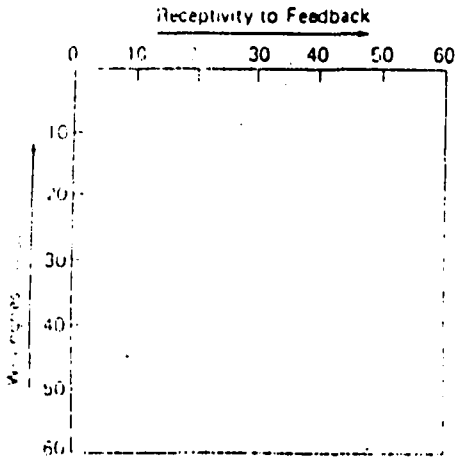
Total _____

On the Friendship Relations Survey Summary Sheet below, add the totals for receptivity to feedback and willingness to self-disclose to arrive at an index of interpersonal risk taking which you will use in chapter 3.

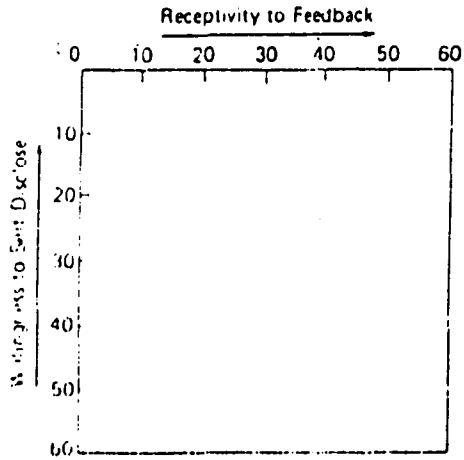
Friendship Relations Survey Summary Sheet

Draw horizontal and vertical lines through your scores (Part a) and the group's receptivity to feedback and willingness to self-disclose (Part b). The results should look like the Johari Window.

	<u>Your Score</u>	<u>Group Average Scores</u>
Receptivity to Feedback:	-----	-----
Willingness to Self-Disclose	(+) -----	(+) -----
Interpersonal Risk-Taking:	-----	-----



(a) Your Scores



(b) Group Average Scores

SECTION F

Irrational beliefs

1. The idea that it is absolutely necessary to be loved and approved by virtually every significant other person in one's community.
2. The idea that one should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself worthwhile.
3. The idea that certain people are bad, wicked, or villains and they should be severely blamed and punished for their deeds.
4. The idea that it is awful and catastrophic when things are not the way one should very much like them to be.
5. The idea that human unhappiness is externally caused and that people have little or no ability to control their sorrows and disturbances.
6. The idea that if something is or may be dangerous or fearsome one should be terribly concerned about it and should keep dwelling on the possibility of its occurring.
7. The idea that one should be dependent on others and need someone stronger than oneself on whom to rely.
8. The idea that it is easier to avoid than to face certain life difficulties and self-responsibilities.
9. The idea that one's past history is an all-important determinant of one's present behaviour and that because something once strongly affected one's life, it should indefinitely have a similar effect.
10. The idea that one should become quite upset over other people's problems and disturbances.
11. The idea that there is invariably a right, precise, and perfect solution to human problems and that it is catastrophic if the correct solution is not found.

Think of what you most often seem to be telling yourself during situations you seem to find yourself in. Study the list and determine which one of the beliefs listed most characterizes your self-talk.

Here are some hints which may prove helpful in detecting your irrational beliefs:

- a) **Look for awfulizing** eg 'I think it is awful that she dares to accuse me'.
- b) **Look for something you think you can't stand** eg 'I can't bear her treating me in this shabby and flaselly accusing way'.
- c) **Look for your musturbating** eg 'I must do well and must win approval for my performance, or else I rate as a rotten person'; 'You must act kindly and considerately and justly toward me, or else you amount to a louse'; 'The conditions under which I live must remain good and easy, so that I get practically everything. I want without too much effort and discomfort or else the world turns damnable and life hardly seems worth living'.

In other words, look for your own 'musts', 'shoulds', and 'oughts' with regard to yourself, others and the conditions you find yourself in.

- d) **Look for your damning of yourself or others** eg 'My boss fired me from my job. I can only see myself as a rotten person who deserves nothing good in life'.

SECTION G

Basic Assumptions

Disappointment and frustration lead us to question the basic assumptions that guide our lives. Pain is a message that something is wrong and provokes our intelligent inquiry.

Basic assumptions

- . free or determined
- . rational or irrational
- . subjective or objective
- . active or reactive
- . environment or constitution
- . knowledgeable or unknowledgeable

Example:

A person who sees the world as a terrible or fearful place (determined) lives every moment according to that principle. His activity is governed by his need for protection. When, however, the same person begins to feel a respect for life and himself and others, he takes difficulties and struggles as part of a life movement rather than as proof of what is bad. Such a difference is a transformation of his whole presence - how he lives, how he spends his time and how he responds to a problem. There exist always new possibilities for responding to a specific situation/person. From a perspective which does not assume that the situation/person is a certain way, a relationship opens, becomes flexible, free.

SECTION H

Warm-up exercise: The desert disaster

A company has decided to fly two product development teams to a desolate desert area where the prototype of a new all-purpose jeep is to be tested. You are a member of one of these teams. Your team was assigned to reach the testing area early and to set up camp. The other team is scheduled to reach the camp in five days' time.

As a result of mechanical defects, your aircraft had to carry out an emergency landing approximately 300 kilometres from the testing area and any other human beings. During the landing much of the equipment on board the aircraft was damaged and no distress signal could be sent out.

Since survival probably depends on reaching the testing area, the most critical items available have to be selected for the 300 kilometre journey. The only undamaged items are listed below. Your job is to put the seven items into the order of their importance in enabling the group to reach the testing area. Assign the value of 1 to the most important item, 2 to the second most important items, and 7 to the least important item, etc.

Step 1

Team members write their assessments in the column marked 'individual'. The time available for this step is 5 minutes.

Individual

Team

1. TV-set
2. Concentrated food
3. Parachute material
4. Map of the desert
5. Heavy sealed lead box containing vouchers entitling each team member to R5 000 on arrival in P.E.
6. 25 litres of water
7. Signal flares

Step 2

Teams reach consensus on the order of the items, recording team decisions in the 'Team' column. The time available for this step is 15 minutes.