

THE RELATIONSHIP BETWEEN CLIENT SOCIAL CHARACTER
AND COUNSELOR ORIENTATION AS A VARIABLE
IN INDIVIDUAL COUNSELING

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The problem of this study was to examine the relationship between a client's social character and his counselor's approach to counseling as they affect the outcomes of counseling. Outcomes of counseling were judged on the bases of decreased anxiety and decreased discrepancies between self concept and ideal self concept.

The purpose of this study was to investigate the relationship between two counseling approaches (cognitive and affective) and two types of client social character (inner-directed and other-directed) and to measure the effect of congruence between the two from the client's frame of reference.

The subjects for this study were students at North Texas State University. The counselors were doctoral students in the counseling program who were enrolled in practicum or internship courses. The clients were students who referred themselves for counseling.

Classifying and outcome measures were administered during the first and final counseling sessions. Only those dyads which met for a minimum of four sessions were included in the study. Ten clients in each of the four groups constructed met this

requirement. Pre- and post-test counseling measures for individual groups were compared using the t-test by the direct difference method for non-independent samples on the Personal Concept Scale and the Taylor Manifest Anxiety Scale. Differences between groups were compared by using the F-ratio for simple analysis of covariance. Inner-directed clients counseled by an affective approach and other-directed clients counseled by a cognitive approach showed significant reduction in anxiety after counseling. Inner-directed clients counseled by an affective approach did not show significant decreases in discrepancies between self concept and ideal self concept. There was a definite trend for other-directed clients counseled cognitively to show decreases in discrepancies between self concept and ideal self concept. When differences between groups were compared, there was no significant difference between any group either on the anxiety measure or the self concept measure. There was also a trend noted that some clients tended to improve more quickly than others on the basis of social character.

On the basis of statistical findings, it was recommended that a more sensitive measure of self and ideal self concept be utilized. Further exploration into the influence of the therapeutic effect of simply entering counseling on the client should be made. A more effective method to measure the counselor's basic style should be made, and a measure of counselor competency should be included in outcome studies.

On the basis of non-statistical observations, it was recommended that those clients who did not remain in counseling for

the required four sessions be studied to see if the variables under consideration were related to non-continuance. The possibility of a curvilinear relationship operating upon social character should be investigated.

In general, recommendations call for less global and more specific measures of social character, personal concept constructs, and counselor orientation. Further research which is process oriented, ideographic in nature, and longitudinal in structure was recommended as being more applicable for exploring counseling dimensions such as those of this study.

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AND COUNSELOR ORIENTATION AS A VARIABLE
IN INDIVIDUAL COUNSELING

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CHAPTER I

INTRODUCTION

Counseling theories can be classified according to several approaches. One way is to group them according to trait-factor, eclectic, behavioral, psychoanalytic, client-centered, and existential approaches (7). Within each approach there is variation in technique, and among the approaches there is overlapping with respect to technique. No system is completely different from any other. The degree of difference to be found with respect to technique among the various approaches can be placed along a continuum from cognitive to affective emphasis (5, p. 6). Patterson (5, p. 489) suggests that there may be two divergent trends in counseling--one toward a more cognitive approach and the other toward a more affective approach.

According to Bordin (1), a cognitive therapist places emphasis upon the intellectual process of reasoning out a problem. Affect is not totally absent from the counseling relationship, but it is definitely not the major concern. This kind of counseling method is described by Callis as including counselor discovery accompanied by interpretation. The counselor obtains the necessary information, understandings, and insights, and supplies the client with the proper experiences so that he can correct his inadequacies (2).

Bordin (1) describes the affective therapist as one who places emphasis on stimulating the client to further and deeper expression of his attitudes, through such methods as accepting and clarifying responses. Cognitive aspects may be present, but they are considered to be of minor importance. Callis (2) describes this kind of counseling as a client-self-discovery method. The counselor aids in this discovery by providing a safe situation in which the client need not spend all his energy defending himself against his environment and can work on material he already has on hand.

By definition, cognitive and affective categories are not discrete but overlap in varying amounts according to the particular approach being studied. Thus, a behavioral counselor could explore his client's feelings and still be considered a cognitive therapist, and a client-centered counselor could supply his client with information and still be considered an affective therapist. In this way, a given counselor could be described as either primarily cognitively oriented or primarily affectively oriented without having to be exclusively one or the other.

The phenomenological approach to counseling seeks to understand the behavior of the individual from his own point of view (3, p. 11). One individual cannot completely adopt the frame of reference of another, but any information which helps the counselor perceive his client's unique position in his world can enhance the counselor's understanding and promote the therapeutic process.

One variable within this framework is the client's social character. Social character, as defined by Riesman (6, p. 4), is the way in which an individual approaches the world and other people. This character is shared among significant social groups and is the product of the experiences of these groups. Riesman further states that society ensures some degree of conformity from its members in order to perpetuate itself. He postulates several ways in which this can be done. He calls these ways modes of conformity and uses this term interchangeably with social character (6, p. 6). The two major modes of conformity, or social character, are inner-directed and other-directed.

An individual whose social character is inner-directed tends to turn to his own inner values and standards for guidance in his behavior (4). On the other hand, an individual whose social character is other-directed typically depends on predominant social values and standards, along with the opinions and expectations of others, to give direction to his actions (4).

Several possible combinations emerge when counseling approaches are collated with client social character. An inner-directed client could be counseled affectively, or an other-directed client could be counseled cognitively. These two combinations will be defined as congruent counseling relationships. An inner-directed client could be counseled cognitively, or an other-directed client could be counseled affectively. These two

combinations will be defined as non-congruent, or complementary, counseling relationships. Determining the individual's social character could conceivably facilitate the counselor's adoption of his client's frame of reference, serve as a basis for differential choice of treatment, and enhance the likelihood of improved functioning of the client as a result.

Statement of the Problem

The problem of this study was to examine the relationship between the client's social character and the counselor's approach to counseling as they affect the outcomes of counseling.

Purpose of the Study

The purpose of this study was to investigate the relationship between two counseling approaches (cognitive and affective) and two types of social character (inner-directed and other-directed) and to measure the effect of congruence between the two from the client's position.

Hypotheses

To carry out the purpose of this study, the following hypotheses were formulated.

1. Clients who are other-directed will show a significant mean decrease in anxiety as measured by the Taylor Manifest Anxiety Scale after cognitive counseling.

2. Other-directed clients counseled cognitively will have a significantly smaller discrepancy between attitudes toward self and ideal self as measured by the Personal Concept Scale.

3. Clients who are inner-directed will show a significant mean decrease in anxiety as measured by the Taylor Manifest Anxiety Scale after affective counseling.

4. Inner-directed clients counseled affectively will have a significantly smaller discrepancy between attitudes toward self and ideal self as measured by the Personal Concept Scale.

5. Other-directed clients who have been counseled with a cognitive approach will show significantly lower mean scores on the Taylor Manifest Anxiety Scale than those counseled by an affective approach.

6. Other-directed clients who have received counseling from a cognitive therapist will show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled by an affective therapist.

7. Inner-directed clients who have been counseled by an affective approach will show significantly lower mean scores on the Taylor Manifest Anxiety Scale than those counseled with a cognitive approach.

8. Inner-directed clients who have been counseled affectively will show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled cognitively.

Definition of Terms

For the purpose of this study, the following definitions have been formulated.

Affective counseling.--This is a counseling approach based primarily on an emphasis on stimulating the client to further and deeper expression of feelings and attitudes through such methods as acceptance, reflection, and clarifying of responses. Counselors whose scores on the A-B Scale were above the 55th percentile were considered to be using an affective counseling approach. Cognitive interactions may have occurred, but they were not emphasized. This type of counseling is most often represented by client-centered, psychoanalytic, and existential counseling theories.

Cognitive counseling.--This counseling approach is based primarily on an emphasis upon individual processes of reasoning for the purpose of solving immediate problems. Typically, the emphasis is on learning more appropriate behaviors. Counselors whose scores on the A-B Scale were below the 45th percentile were considered to be using a cognitive counseling approach. The client-counselor relationship is not ignored and feelings are not totally avoided, but these are not the major concerns of the counselors using this approach. This type of counseling is most often represented by trait-factor, learning, and behavioral counseling theories.

Inner-directed social character.--This is a personality variable attributed to one who turns to his own inner values and standards for guidance in his behavior. Clients whose scores on the I-O Social Preference Scale exceeded the 55th percentile were described as having an inner-directed social character.

Other-directed social character.---This is a personality variable attributed to one who depends on predominant social values and standards, along with the opinions and expectations of others, to give direction to his actions. Clients whose scores on the I-0 Social Preference Scale were below the 45th percentile were described as having an other-directed social character.

Limitations of the Study

The counselors for this study were limited to doctoral students who were enrolled in Education 569 or Education 603 at North Texas State University sometime during the academic year 1970-71. These courses are designed for practicum and internship experiences for graduate students. The clients used in this study were limited to those who received counseling from the above-mentioned counselors and who continued with the same counselor for a minimum of four counseling hours.

Basic Assumptions

It was assumed that the clients and counselors have responded honestly to the instruments used. It was further assumed that any other counseling, whether professional or non-professional, that the clients might have received during their involvement in this study was equally distributed among the groups and would not affect the outcome of this study.

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CHAPTER II

REVIEW OF THE LITERATURE

The client-counselor relationship is a current concern in counseling research. Many client variables, counselor variables, and relationship variables have been explored. The problem of distinguishing which of these variables have direct effects on counseling outcomes increases as more variables are discovered or existing variables are subdivided. One variable which has been explored in other fields but not as yet in counseling, is the client's social character. Social character may be considered as a global variable when compared to such specific variables as sex, grade-point average, or ego strength.

Social Character

The concept of social character has its roots in sociology. It was developed by sociologist David Riesman to explain population growth in terms of social values and the characteristics of the people living during certain growth periods of society. The basis for this conceptualization was founded on the theory of incipient population decline. The Lonely Crowd (38) was written as an effort to deal with a historical problem, and through it Riesman sought to understand the social and psychological consequences of the shift from an industrial to a post-industrial culture.

In general, Riesman's theory asserts that individuals can be classified into three major types of social character-- inner-directed, other-directed, and tradition-directed. Each type is found to be dominant during a particular growth phase of society. In the early stages of a society's growth, the tradition-directed character dominates. Tradition-directed people are those who are oriented in the traditional ways of their forefathers. They exist in a society in which a high proportion of the population is young and the birth and mortality rates are high (38, p. 6). Riesman considers this phase to be one of high growth potential, for if the death rate were to decrease, the population would increase very rapidly. The United States has grown beyond this stage of high growth potential, and it no longer supports tradition-directed people (38, p. 7). Current studies of social character do not include the tradition-directed character.

The second phase of societal development is the period of transitional growth. This occurs when the population begins to increase rapidly. The imbalance of births and deaths forces society to change its customary ways. The inner-directed character emerges to cope with the rapid changes in the social organization. These people turn to their own inner values and standards for guidance in their behavior. They manage to live socially and cope with the greater choices offered by society without the strict direction of the preceding generations. The source of direction is inner in the sense that it is implanted

early in life more by the immediate family nucleus rather than by a generation of elders (38, p. 14). Too many novel situations arise that require unique adjustments which were unnecessary several generations before. The old traditions still exist, but they are splintered--there are more of them from which to choose.

In the third phase of societal development, the birth rate begins to decline, and as the death rate remains low, the rate of growth slows down, and the stage of incipient population decline begins. The other-directed character emerges to cope with this new situation. While the first two types of social character had to deal with the material environment, the other-directed type has to deal more with other people. The other-directed character does just that, as he depends upon the people around him to give direction to his actions. The source of direction is other individuals. The peer groups take on the function of the parents of the inner-directed character and the culture of the other-directed character.

Riesman has described our society as becoming more other-directed as we enter the phase of incipient decline (38, p. 32). We seem to be in a transitional stage in which both inner- and other-directed people exist. Some doubts have been raised over Riesman's prediction of American trends, for a definite trend toward dominance by the other-directed social character has not been supported by research findings (25). Research generated by Riesman's prediction of increased other-direction has tended to either marginally accept it or reject it outright.

Centers (14), in a cross-sectional study of Los Angeles adults, found inner- and other-direction to be essentially normally distributed. He found a slight tendency for more highly educated people and older people to be more inner-directed, while young people were found to show a greater tendency toward other-direction. This was interpreted as support for Riesman's claim, but Centers also suggested that the same results could be possible if one considered inner-direction to be a function of age; that is, as individuals grow older, they tend to become more inner-directed. This possibility is not likely to be supported by Riesman himself, for he emphasizes the stability of character types in opposition to a developmental hypothesis (38, p. 41). Centers' study revealed no relationship between social class and social character, but he found men to be typically more inner-directed while women tended to be more other-directed.

Sofer (49) concluded from her study of male freshmen at a small college that Riesman's hypothesis could not be supported at all. When she correlated social character with adjustment, the results were close to zero. The majority of the subjects came from lower- or lower-middle-class Jewish families, while Riesman's theory was directed more to the middle- and upper-middle-class individuals. This group was relatively more homogeneous than those studied by Riesman in Faces in the Crowd (39). Either or both of these differences could account for the non-support of Riesman's hypothesis without negating it.

Riesman's theory has remained within the confines of sociological theory, and it has not been generalized to other fields such as psychology. Even within the field of sociology, little research has been generated to either support or discount his hypothesis. Perhaps this is because Riesman's speculations concerning population had become doubtful even before The Lonely Crowd was published (40), and the theory of social character has suffered from an association with an already disproved theory of population growth. Perhaps other areas seemed more important as even Riesman himself has become more interested in politics and less in social character, and the focus of attention was just shifted away from it (40). Whatever the reason, inner-direction and other-direction are rarely mentioned either in sociological or psychological publications.

Locus of Control

In the field of social psychology, Julian Rotter has derived a theory around a dimension which he describes as locus of control. He posits two characteristic approaches or generalized expectancies in relation to reinforcement. Rotter's approach has generated a great deal more research than Riesman's. Rotter's research is relevant here because the two approaches, according to their definitions, run a parallel course.

Locus of control can be considered to move along a continuum, with internal locus of control at one extreme and external locus of control at the other. Individuals who are considered internal

are described as viewing events as products of their own actions, capacities, or traits (22). Reward or reinforcement is perceived as following from, or being contingent upon, one's own behavior (43). Such a person would be considered inner-directed in Riesman's construct.

Individuals who are considered external are described as tending to feel that forces beyond their control are the essential factors in determining the occurrence of whatever reinforcements occur (36). Some of these forces would be represented by ideas of fate, chance, luck, and powerful others (21). An external individual could also be described as an other-directed person. Differences between individuals characterized by internal or external locus of control are attributed to each individual's case history rather than to the period of growth of the society in which he lives.

The Relationship Between Locus of Control and Learning

Much of the research on locus of control is based specifically on situations which can be perceived as either chance determined or skill determined as the effects of these perceptions affect reinforcement and the shaping of behavior. Liverant and Scodel (30) studied decision making under conditions of risk; the risk, in this case, was the placing of bets on the throwing of dice. The subjects were allowed to keep 10 per cent of the money they won by betting. The authors hypothesized that an individual's choice in this chance-determined situation was determined, to some extent, by the locus of control variable. The

internally-controlled persons attempted to maintain control in chance-dominated situations by cautious and planned selections of probabilities. Externally-controlled persons more often made their decisions based on hunches or previous outcomes. The principal differences between the two groups was that the internals chose intermediate probability bets, using skill in playing the odds, while the externals bet larger sums of money on the riskier wagers. Other studies (5, 24, 35, 37, 44) have compared skill versus chance orientations and found significant differences between internal and external locus of control.

Rotter and Mulry (45) assigned college students randomly to chance or skill groups and required them to match angles with sample angles which were presented. The task was so difficult that the subjects did not dispute the judgment of the experimenters as to the accuracies or errors of their matchings. The authors found that individuals who were characterized as internals took longer to decide in matching tasks which were defined as skill controlled than those in which the tasks were defined as being controlled by chance. Externals took longer on tasks which were defined as chance controlled than on those which were defined as skill controlled. This relationship was found in the learning trials as well as in the extinction trials. The results suggest that externals would be less motivated toward increasing skill or achievement. The authors suggest that the results could have implications for the study of cultural differences.

Locus of Control and Cultural
Differences

Social class and ethnic group membership, which can be viewed as a combination of past and present experiences, has also been found to reflect differences in locus of control. Battle and Rotter (2) studied children selected on the basis of sex, social class, and ethnic group membership and required them to state their expectancy of success in matching a series of lines which varied in length. They found lower class Negro children to be significantly more external than middle class Negroes or whites. Middle class children in general were significantly more internal than lower class children. The results suggest that social class differences override racial differences in determining locus of control. The overall findings of the study lend support to the construct validity of the internal-external locus of control variable as a generalized personality dimension.

Lefcourt and Ladwig (29) disputed these results. They found Negroes to be significantly more external than whites, irrespective of social class. These findings could be supported by the historical treatment of Negroes in that they often lived under conditions over which they had little or no control as a result of the oppression of the white race.

Gore and Rotter (21) investigated the relationship between locus of control and actively working toward social change. The subjects for this study were students at a South-

movements. They found that students who committed themselves very little or not at all to social action were operating under an external locus of control, while individuals who were inclined to see themselves as determiners of their own fate tended to commit themselves to personal and decisive social action. The commitment required for this study was verbal. The subjects were asked to what degree they would be willing to involve themselves in social action.

Strickland (51), in an extension of Gore and Rotter's study, used subjects who were actively involved in the civil rights movements at the time of the study. White college students administered the instruments to socially active Negro subjects, many of whom were members of the Student Nonviolent Coordinating Committee. The control group consisted of students at three Southern Negro colleges, and few, if any, were involved directly in protest movements at the time. The results indicated that Negro students who were known to be active in civil rights demonstrations were significantly more internal than Negro students who were not, or had never been, so involved. Subjects in the active group were older than those in the control group, but no significant difference was found between locus of control and age or amount of education. The effect of possible differential reactions to white examiners was not considered.

Locus of Control as a Developmental Process

Cromwell's study (16) supports Rotter's theory that locus

individual. He suggests that locus of control is influenced by past relationships with one's mother. This relationship was mentioned only incidentally in his study. Bialer (8) studied the relationship more deliberately and concluded that locus of control does involve a developmental process. This developmental process was found to exist in mentally retarded children as well as in normal children, with the retardates developing more slowly. Bialer states that in the early stages of development, the child is necessarily externally oriented because he is, in fact, controlled by others and because there is no conception of the relationship between the outcome of events and one's own behavior. As development progresses, the child begins to note that he can influence the outcome of events by his own actions, and the opportunity for developing an internal locus of control is realized. Bialer states that an internal locus of control is a necessary, but not sufficient, condition for the awareness of success and failure with children. If an experience is not perceived as being a consequence of one's behavior, then one cannot have failed. Bialer found that the more socially mature child was more internally controlled and showed greater responses to success and failure cues. The increase of internality with the increase of social maturity suggests the operation of a developmental process.

In relation to the awareness of success and failure, Efran (17) studied the tendency of high school students to forget failures. The tendency to forget failures was significantly

related to internal locus of control. The results suggest that the external student has less need to forget his failures since he has already accepted external factors as being responsible for determining his failures. The internal subject would be more likely to repress his failures as an ego defense mechanism.

Franklin (20) found that among high school students, those who intended to go on to college and those who had made attempts to investigate colleges, along with various other indications of achievement motivation, were significantly more internal than students whose achievement motivation was not so high.

Locus of Control and Personality Factors

Autonomy can be described as a function of locus of control. Cromwell et al. (16) compared normal subjects with schizophrenic patients in a reaction time experiment involving varying degrees of autonomy for the subjects. They reported that the normal subjects did better in, and preferred situations of, internal control, while schizophrenics did better in and preferred externally controlled conditions. The authors suggest that responses in the direction of external locus of control would be expected as a function of excessive parental control, and that a relationship exists between covertly controlling mothers, perceived hostility in the mother, and the tendency to do poorly in autonomous conditions.

Phares (36) used internally versus externally controlled male experimenters to attempt to change the expressed attitudes

of female subjects on various issues. All experimenters read from standard instructions which were used in their attempts to influence the subjects. The subjects used had scored near the mean on a measure of locus of control in order to minimize resistance or susceptibility to social influence. The data indicates that the internal experimenters were able to induce greater changes in attitude statements on the part of their subjects than were external experimenters. The amount of influence exerted by the externals was essentially no different from the amount of influence exerted on the control group. Since both groups of experimenters performed the same procedures, it is difficult to see how the differential influence was exerted. Visual cues and nonverbal communication seem to be likely possibilities, but these were not explored in this study. Phares recommended that similar investigations be conducted with subjects who are clearly either external or internal and who hold strong attitudes.

Hersch and Schiebe (22) reported personality correlates with the internal-external control dimension. They found that internal scorers seemed to be best characterized as high on measures of defensiveness, achievement, dominance, endurance and order. They tended to score low on succorance and abasement. Using a second personality measure, internals scored higher on dominance, tolerance, good impression, sociability, intellectual efficiency, achievement via conformance, and well-being. The converse of these relationships described the

external subjects. The internal subjects described themselves most frequently as clever, efficient, egotistical, enthusiastic, independent, self-confident, ambitious, assertive, boastful, conceited, conscientious, deliberate, persevering, clear-thinking, dependable, determined, hard-headed, industrious, ingenious, insightful, organized, reasonable, and stubborn. The only adjective that externals checked significantly more often was self-pitying. The most effective individuals were the internally oriented individuals. Internality was consistently associated with indexes of social adjustment and personal achievement.

Locus of Control in Counseling

Lamb (27) found that the relationship between self-concept strength and internal locus of control was positive and significant. She also found a significant relationship between negative self-concept and external locus of control. Her results suggest that to be self-directed implies strength of self-concept. Her findings support Rogers' observation that successful clients come increasingly to feel that the locus of evaluation lies within themselves, and they look less and less to others for approval, standards to live by, and for decisions and choices (41). This can be interpreted as implying that the goal of client-centered counseling is to increase the internal locus of control.

Rotter (43) disagrees with the implication that internal locus of control is the ultimate goal of counseling. He suggests that it is likely that individuals at both extremes of the internal-external locus of control continuum are essentially

unrealistic. He warns that there are indications that the people at either end of the continuum are likely to be considered maladjusted by most definitions.

Raskin (28) has indirectly linked the internal-external orientation to successful client-centered counseling. He found that the more successful and client-centered the counseling, the greater the degree to which the client has based his values and standards upon his own experience and decreased the degree of reliance upon the judgments and expectations of others in forming his own values.

Lamb (28), in his study of locus of control in directive and non-directive group counseling, found that the self-concept of both the internally and externally oriented groups deteriorated under directive group counseling. His results also seemed to indicate that the self-concept of both the internally and externally oriented groups improved under client-centered group counseling. Of the four possible combinations (internal clients counseled nondirectively, internal-directive, external-nondirective, and external-directive), only one combination achieved statistical significance. The groups comprised of externally oriented individuals experienced more positive self-concept change in client-centered group counseling than the externally oriented group did in directive group counseling. Lamb concluded that directive group counseling was ineffective in facilitating significant behavior change as measured by self-concept changes. He found that client-centered

group counseling was more effective in facilitating positive self-concept change than was directive group counseling, regardless of the reward posture of the groups.

By defining directive counseling as a situation in which the counselor takes the attitude of the authority who is in the position of giving the client direct advice and telling the client what he considers the best solution to his problem, it would seem that the other-directed client would be more comfortable in this type of situation. If non-directive counseling is defined as a situation in which the counselor places primary responsibility on the client for working out a solution to his situation, then it would seem that it is the inner-directed client who would benefit most from this type of approach.

Summary

Research has demonstrated that people with different social characters or different loci of control perceive things differently. Awareness of such a learning or personality variable operating in a client would tend to lead to a greater understanding of that client, which, in turn, could facilitate the development of rapport and understanding in a counseling relationship, as well as suggesting the most favorable method of modifying the existing behavior through the knowledge of which modes of reinforcement are likely to be most successful.

If individuals with an internal locus of control or an inner-directed social character are not as likely to be influ-

and are willing to accept personal responsibility for their actions, then perhaps more successful outcomes, whether they be reduction of anxiety or increased self-concept, would be more likely if the therapy situation was designed so that the client could feel that he is in control of the situation. On the other hand, an external individual might show greater improvement if such responsibility was not foisted upon him early in therapy but rather developed gradually. Such possibilities have not been sufficiently studied through research in counseling. Implications of previous research indicate that locus of control, or social character, could be a significant variable to be dealt with in counseling situations.

Differences in Counseling Theories

There are many different theories of counseling. Clear superiority of one mode of therapy over another has not been demonstrated. As a prospective counselor selects the theory with which he will work, at least three factors are operating to influence his choice: (1) his own personality, (2) his philosophy concerning man and the nature of man, and (3) the program in which he has been trained. These three factors are interrelated; but at this point, the degree of relatedness is speculative. A successful counselor believes in himself and the effectiveness of his approach. His theory works for him, and he feels comfortable with it.

The counselor who was choosing a model thirty years ago did not have too much difficulty. At that time a therapist

could choose one of the Freudian or neo-Freudian approaches; or, if those were incongruent with his personality and philosophy, he could follow Rogers into the relatively new field of client-centered therapy. Research testing the effectiveness of therapies which were practiced in the fifties typically pitted psychoanalysis against the non-directive approach, as did Fiedler's studies (18, 19). Fiedler concluded that the therapeutic relationship was the critical variable in successful therapy, for differences between approaches were found to be non-significant. Fiedler did allow that a given technique could serve to make a therapist feel more secure in his position, and thus indirectly affect the course of therapy.

Significant differences between existing approaches were the exception rather than the rule. When significant differences did occur, they were more likely to be confusing than clarifying. Seeman (47) investigated differences between directive and non-directive counseling in a vocational counseling setting. This type of situation would usually give the advantage to the trait and factor approach; however, Seeman found non-significant differences between the two approaches. He did find significantly different client reactions for pairs of counselors whose techniques were similar. He concluded that some factor other than therapeutic method was producing these differences. Perhaps if he had investigated the relationship between the client variables and the counseling techniques, an explanation for the unexpected differences might have been found.

In a more recent comparison of Adlerian and client-centered treatments, Schlien (46) found no differences between the two therapy groups. Success rates for the study ranged from 70 to 85 per cent, and the author considered that such a high success rate in clients did not really test the differences between the two types of psychotherapy.

Ashby, Ford, Guernev and Guernev (1) compared the effects of reflective and leading types of psychotherapy on university students. Six therapists were involved, all of whom preferred the leading type of therapy. These therapists used a non-directive approach with two clients and an interpretive approach with two other clients. It would seem that difficulties would arise from the possibility that the counselors were not equally effective in both roles and that clear preference for one method over the other would contaminate the study. Results indicated that therapists were better able to hold clients in interpretive therapy than they were in non-directive therapy. Therapists consistently rated their clients as having improved more under an interpretive treatment than under a non-directive one. Therapist rating was the only change variable that reflected differences between treatments. This would tend to support the notion of counselor bias. The authors concluded that the view that a leading and a reflective type of therapy produce different effects on clients was slightly supported. The authors also stated that the study indicated that the clients' views of the

therapeutic relationship depended upon the interaction of the clients' own dynamics, the kind of therapy utilized, and the individual characteristics of the therapists involved.

Bergin (6), in his survey of psychotherapy research, has drawn several conclusions relevant to the relative effectiveness of different schools of psychotherapy. According to his research, the client-centered approach is the only school of interview-oriented psychotherapy which has consistently yielded positive results. He observed that effective treatment variables cut across the various therapeutic school lines. Bergin found traditional therapies to be limited in effectiveness and relevant for only a small minority of disturbances. Even though most studies of behavior therapy were, at that time, limited by the lack of objective controls, Bergin considered them to show considerable promise and recommended that behavior modification should be studied further.

Paul (33) investigated the effectiveness of insight versus desensitization therapy on students rated high in performance anxiety. These students were enrolled in public speaking courses, and all were motivated for treatment. The therapists involved were all considered to be insight therapists. Reduction in anxiety was the criterion. Insight therapy was to be used to reduce anxiety through the understanding of the problem, while desensitization was to reduce anxiety by constructing an anxiety hierarchy and using relaxation techniques. Therapy was limited to five sessions. Using desensitization, 100 per cent of the

subjects showed improvement, while only 47 per cent were considered improved under insight therapy. There was no difference between insight-oriented psychotherapy and an attention-placebo treatment. All treatment methods resulted in significantly greater treatment effects than the untreated control group. According to Paul, desensitization therapy produced a consistently greater measurable reduction in the physiological and motoric aspects of stress-engendered anxiety. He states that the bulk of evidence in the literature supports the superiority of direct treatment over the traditional "depth" approaches.

Most of the handicaps of this study, such as the orientation of the therapists, favored insight therapy, but the criterion measure would seem to favor desensitization. Insight therapies usually deal with self concept. No measures were taken to see if any changes of this nature took place, but that was not the object of this study. According to Carkhuff (10, p. 55), inferential evidence indicates that different kinds of treatment affect different outcome indexes. Thus, in this study, clear superiority of desensitization with respect to reduction of overt anxiety has been demonstrated, but superiority regarding other kinds of outcomes has not. As Carkhuff further states, concomitant indexes must be employed in order to pin down differential treatment effects (10, p. 56).

In order to test the criterion of symptom substitution which is often leveled at behavior therapists, Paul (34) conducted a follow-up study on the same subjects two years later.

All treated subjects were located, and all participated in the follow-up. Paul found that the relative gains in focal treatment were maintained, and there was no evidence of symptom substitution. There was evidence of additional improvement through generalization, and there were no relapses for any treated subjects, no matter what treatment they had received.

Differential Effects and the Therapy Analog

Zytowski suggests experimental analog therapy as a viable method to test the efficacy of different theoretical models (54). The analog is an approximation of the therapeutic relationship within the confines of the laboratory. Counselor behavior is constructed in a laboratory situation which is as parallel to actual behavior in the field as possible. The behavior of the experimenter is designed to simulate that of a therapist, and the subject is brought to feel a symptom approximating an actual client experience. In this situation, anxiety, for instance, would be induced in the subject rather than existing prior to the initiating of therapy. Some desirable dependent variables are neglected in the analog model, and the full potential of this model has not been established, but Zytowski concluded that research indicates that such a program is a promising approach to the study of counseling and psychotherapy.

Using the analog technique, Heller, Davis, and Sanders (54) found that their subjects preferred an active interviewer

to a passive one, regardless of the degree of hostility or friendliness expressed by the interviewer. Sonne and Goldman (50) found that subjects who scored high on the California F Scale tended to prefer eclectic counseling over client-centered counseling. This was interpreted as indicating the presence of a dependency relationship. Snelbecker (54) compared reflective and leading type therapies. He found the reflective style to be more favorably received, regardless of the subject's personality. He concluded that the perception of the therapists was more influenced by the therapist's behavior than by the personality of the subject.

Cognitive Versus Affective Counseling Styles

The analog studies did not directly compare one counseling theory with another. Instead, they grouped counselors in terms of active-passive, reflecting-leading, didactic-experiential, emotional-intellectual, or affective-cognitive dimensions. This type of approach seems to be a favorable alternative, in view of the increasing numbers of therapeutic models, the overlaps between them, and the recognition that more is operating in therapeutic effectiveness than just the theoretical orientation of the therapists. Most of the existing approaches can be placed along a continuum from cognitive to affective emphasis. Patterson feels that the ends of such a continuum appear to be diverging, thus increasing the probabilities of discovering differential effects (32, p. 489).

The beginnings of this method of comparison can be traced to Whitehorn and Betz (52), when they discovered that some therapists were successful in working with schizophrenic patients and others were not. The two classes of therapists were called Type A and Type B. Each of these two therapist types can be located at one end of the affective-cognitive continuum. Whitehorn and Betz (53) later found that certain items of the Strong Vocational Interest Blank discriminated successfully between the two groups. These items were used to make up the A-B Scale. Since the inception of the scale, research concerning this dimension has been increasing.

In a study of one hundred patients, Whitehorn and Betz (53) found that trustful communication was highly associated with improvement, and such a situation occurred with greater frequency among A therapists. A therapists tended to use a problem-solving approach, which encouraged self-determination and emphasized the patient's inner experience. Therapist and patient were more likely to collaborate on exploring possibilities, and spontaneity was respected. B therapists tended to use a corrective approach with conformity to the "way things are" or existing societal norms as the dominant value. B therapists tended to restrict the spontaneity of their patients.

McNair, Callahan, and Lorr (31) compared A and B therapists with neurotic outpatients after four and twelve months of treatment. Most of the therapists claimed Freudian or eclectic orientations. A therapists tended to emphasize insight

or understanding as treatment goals; otherwise, the two therapist types did not differ with respect to goals of therapy. Patients of B therapists showed significantly greater improvements on the Taylor Manifest Anxiety Scale and Barron's Ego Strength Scale both after four and twelve months of treatment. The authors indicate that B therapists had more common interests with their patients, and this could have affected treatment outcomes. Differences in socio-economic level was suggested as a possible cause for results discrepant from the Whitehorn and Betz studies.

Carson, Harden, and Shows used a therapy analog to investigate therapist differences. They used three patient types: (1) self-indulgent, turning-against-others patients, who could be classified as inner-directed and neurotic; (2) self-depriving, turning-against-the-self type patients, who could be classified as other-directed and neurotic; and (3) avoiding-of-others patients, who could be considered inner-directed and schizophrenic. Their results suggest that differences between A and B therapists are related to the personality of the patient involved. In this study, A therapists were more successful with the first and third types of patients, and B therapists were more successful with the second type of patients. In these situations, the therapists were more likely to interpret more directly and deeply, and to range more broadly in exploratory activity. The authors suggest that these findings provide a promising means of resolving the discrepancy between the results

of the Whitehorn and Betz study and the McNair, Callahan and Lorr study.

The suggestion by Carson (12) that therapists were more uncomfortable with patients with whom they were more successful was investigated and supported by Kemp (26). The therapists in this and previous studies did not differ between groups with respect to experience, theoretical orientation, and profession. Results of the study indicated differential sensitivity to pathology between the two therapist types. Kemp suggests that the more effective therapists were more interested in their particular patients, thus became more involved, more threatened, and therefore acted in more effective ways.

Carson (13), in a review of the A-B literature, contributes further descriptive information concerning the A-B variable. He reports that B therapists tended to be strongly field independent, while A therapists were more influenced by the surrounding frame and were more variable in performance. He interprets the findings to indicate that B therapists were more differentiated cognitively than A therapists. The A-B variable has been demonstrated to influence interpersonal processes by implying differential sensitivity to characteristics of the client. Carson reports several studies which indicate that A's and B's respond with greater perceived collaboration, activity, and efficacy, and perceive their clients

distrustful-extrapunitive and trusting-intrapunitive, respectively.

Berzins, Siedman, and Welch (7) suggest that the principle of complementarity, rather than similarity, is operating in the A-B results previously cited. In terms of inner-other-direction, A's, who are considered other-directed, are more successful with inner-directed clients, while B's, who are considered inner-directed, are more successful with other-directed clients. The study deals with modes of handling anger, and it supports the theory of complementarity in a laboratory setting.

Boyd (9) applied the A-B concept to normal clients and a master's degree level counselor population. He adopted a process model for his investigations. A career development problem was used, rather than a strictly therapeutic task, with high school senior boys. Boyd found that the A-B concept was not supported with his population. He suggested that the counselor behavior was, to some extent, under the control of the client and that this supports the contention that counselors must be aware of the impact of client statements on their own interview behavior. He advises that counselors concentrate on applying differential treatment approaches according to client type.

Howard, Orlinsky, and Trattner (23) attack theoretical orientation as a relevant clinical variable. They found little relationship between measures of therapist orientation and patient experience for their total sample. They measured the impact of various therapeutic approaches upon different types of clients

and disorders. When the patients were separated into more homogeneous diagnostic groups, some significant relationships emerged. The results of this study suggested that anxiety reactions were better dealt with in a directive type encounter. Schizophrenics were likely to do best with therapists who emphasized personal relationship and directiveness. Personality disorders tended to respond positively to an emphasis on personal relationship, while depressive reactions were more amenable to treatment which emphasized impersonal learning and the therapist's role responsibility. Therapist attitude appeared to be important. The authors suggested that the therapist who is aware of his personal limitations and of his own emotional responsiveness to patients could be more sensitive and better able to respond therapeutically to the emotional problems of his clients. They concluded that therapist orientation, per se, made only a slight impact on the patients' therapeutic experiences.

In another process study, Segal (48) recorded therapy hours of A and B therapists to determine if a relationship existed between the A-B Scale and behavior in psychotherapy. The therapists for this study were assumed to be homogeneous with regard to theoretical orientation. Segal concluded that his hypothesized relationship did exist. He found A therapists to be more negative, while B therapists tended to be more facilitative, less direct, and more encouraging to their clients. He described B therapists as tending to follow the client's lead,

while A therapists were more likely to provide a direction for the client to follow. He concluded that an A type of therapy was better for some clients, while a B type of therapy was better for others. Segal suggests that therapists develop specific skills to help in the matching of therapist to client in order to increase the probability of a positive outcome.

Bednar used A and B therapists with schizophrenic and psychoneurotic patients and measured the quality of the therapeutic relationship as perceived by both therapist and client after the fifth interview (3). He found no evidence to support the Whitehorn and Betz studies. Bednar suggested that the discrepancy could be attributed to the raters. He used self ratings, while Whitehorn and Betz used expert ratings.

In a subsequent study, Bednar used trained raters instead of self ratings with a similar population (4). He still found no significant differences in therapeutic conditions offered by the therapists. He did find that A therapists were more successful in alleviating problems of subjective distress in both patient groups, while B therapists were more successful in dealing with problems of impulse control in both groups. Bednar suggested that the A-B dimension may be more relevant to the types of psychological change effected rather than client diagnosis.

Another alternative in differential treatment has become increasingly popular. Carkhuff (11, p. 30) suggests that both affective and cognitive approaches are necessary in different

phases of treatment with the same client. He describes the initial phase of treatment as involving self-exploration leading to self-understanding. How long a client remains in this phase depends upon the level of functioning of both the client and the counselor. The second phase is described as being action-oriented and involving the cognitive, problem-solving approach. In the second phase, the emphasis shifts from client responding to client initiating. The issue becomes what to do with the understanding of the problem which initially brought the client to counseling. Carkhuff considers this two-phase approach to be essential, but the phase order can be inverted to better deal with certain clients (11, p. 31). That is, with some the emphasis can be on understanding before action, while with others who cannot deal with the understanding phase initially, some sort of action treatment is first needed.

Summary

Interpretations resulting from often different, but sometimes similar, treatments of therapeutic orientations are often conflicting and easily become confusing. Much of this confusion is resolved through investigations on a higher or more generalized level. In some instances, researchers have been able to resolve apparent discrepancies and diametric oppositions uncovered by previous research. One is led to believe that as yet unresolved discrepancies may be resolved once the appropriate framework is established.

Studies which have abandoned a strict comparison between therapeutic schools in favor of personality variables operating within and between the counselor and his client appear to be most promising in this respect. Most researchers in this area have called for further exploration into these variables.

Instrumentation seems to be a problem. Conflicting interpretations as to just what characterizes an A therapist as opposed to a B therapist are discouraging, but researchers are not prepared to abandon what promises to be one of the most effective instruments in dealing with the distinguishing of counselor differences. The main discrepancy in definition was found in Segal's study. His definitions of the two therapist types were opposite from the other studies cited. Explanations for why his definitions were different are not immediately available. The fact remains that there are measurable differences in both process and outcome studies involving different types of therapists. How these types of therapists will ultimately be defined has not been absolutely resolved, but the trend seems to be toward the counselor's use of differential treatment on the basis of information about the client. This type of approach would be difficult for one counseling system to handle. This does not seem to present a problem, however, for many theorists are beginning to abandon their reliance on one system as a blending of systems is becoming a system in its own right. As Rogers states,

I believe that the present variations in thought and

thought, or dogma, is over. Institutions and organizations which indoctrinate therapists in one point of view only are pure anachronisms in today's situation (42, p. 9).

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CHAPTER III

METHODS AND PROCEDURES

Subjects

The subjects for this study were students at North Texas State University. Most of them contacted the North Texas Counseling Center to request counseling and were scheduled with counselors on an availability basis. Subjects for the practicum counselors were referred to the practicum supervisor, who in turn referred them to the counselors.

Doctoral students who were majoring in counseling and were enrolled in either Education 569 or Education 603 served as counselors for the study. Students in Education 569 were in the early stages of their doctoral work, while students in Education 603 were about midway through the program.

Description of Instruments

Taylor Manifest Anxiety Scale

The Taylor Manifest Anxiety Scale was designed to ascertain overt symptoms of anxiety. It consists of fifty items taken from the Minnesota Multiphasic Personality Inventory and was judged by five clinicians to be indicative of manifest anxiety as defined by Cameron (3). These fifty items were submitted to fifteen judges to rate their comprehensibility. As a result,

twenty-eight items were rewritten to improve the ease of understanding.

Fifty-nine college students were given the first scale and then the revision three weeks later. Pearson product-moment correlation was reported to be .85 (19). This was comparable to a test-retest reliability coefficient of .89 for the original scale. Test-retest correlation on the revision was .88 over a period of four weeks. When the test was administered to normal subjects, the median was approximately fourteen. When it was administered to neurotic and psychotic individuals, the median was approximately thirty-four. Taylor concluded that the scale could discriminate between the two groups (19).

Several validity studies involving the scale have reported that it correlates substantially with clinical estimates of anxiety (2, 6, 8, 21). Rubin, et al (32) found that psychiatric adjustment was negatively correlated with the Taylor Manifest Anxiety Scale and reported a correlation of $-.49$.

Personal Concept Scale

The Personal Concept Scale (18) was designed to measure client perception of self concept and ideal self concept. It utilizes the semantic differential technique as introduced by Osgood (11). According to Endler (5), the semantic differential technique is an objective, reliable, valid, and general method for measuring the connotative meaning of concepts. The results of Endler's study indicate that the evaluative meaning of the

self concept is significantly modified during psychotherapy in the direction of greater self valuation.

The scale is used to measure change in and discrepancies between the client's self concept and his ideal self concept as he perceives it. The scale involves a set of twenty-seven point scales, terminating in bi-polar adjectives. Clients are asked to rate each concept on the entire set of scales.

The items were screened by a panel of four judges who were instructed to evaluate the scale in terms of face validity and bi-polarity for each scale. Those items which were not considered satisfactory on either of the two dimensions by the panel were deleted from the instrument.

Test-retest reliability co-efficient for the original scale was .79 over a two week period. Ninety-four undergraduate psychology students at North Texas State University served as subjects. Test-retest reliability co-efficient for the final revision was .70 using thirty-six rehabilitation subjects rating self and ideal self concept. The reliability co-efficient for the self concept scale alone with sixteen rehabilitation subjects was .82 (18).

Schieffer found change in self concept and ideal self concept to be significant at the .001 level in a study involving vocational rehabilitation people placed in a sheltered workshop situation. Such changes in attitude were attributed to the job placement. These people had been previously unemployed, and the workshop provided a situation in which they could work at constructive tasks (17).

I-0 Social Preference Scale

The I-0 Social Preference Scale (9) is a five point rating scale on each of a series of items made up from material furnished by the works of David Riesman (13, 14). The items are forced-choice and stated in the first person singular. Items retained were repeatedly answered over all the possible choices with internal consistency determined by item analysis to be statistically significant at the .05 level of confidence. Individual item reliability was checked by the test-retest method and evaluated by means of tetrachoric correlation coefficients. All but two items proved to be reliable at the .05 level of confidence. The overall scale obtained a test-retest coefficient of .85 over a four week period. Graduate students majoring in fields considered clearly indicative of inner-directedness or other-directedness were utilized for validation purposes. The difference between the means of these two groups was found to be significant at the .001 level of confidence. The scale correlated .69 with reports on actual aspects of behavior believed to reflect social character.

A-B Scale

The A-B Scale (20) was developed by Whitehorn and Betz to differentiate between therapists who had demonstrated success with schizophrenic patients and those who were not so successful. Successful therapists were labeled "A" and non-successful therapists were labeled "B". The scale is composed of twenty-three

items were found to evoke significantly contrasting responses ($p < .05$) from A and B therapists. Accuracy of prediction for nine therapists was 80 per cent for A type therapists and 100 per cent for B type therapists. When therapist type was predicted for thirty therapists, the accuracy of prediction was 82 per cent for A therapists and 85 per cent for B therapists (20).

Recent research has indicated that the A-B variable may be strongly related to therapist personality characteristics, style of therapeutic interaction, and therapy outcome (12). A myriad of descriptive terms have been used to describe A and B therapists. Such a wide variety of characteristics has served to confuse the exact nature of the A-B dimension. Analog studies involving the A-B Scale seem to have been most instrumental in this respect (12, 14). Chartier (4) and Razin (12) suggest that the analog studies have been premature and that more extensive testing of the scale in the clinical setting, along with the clearing up of methodological problems, should serve to clarify the issue. Although it is sometimes difficult to separate technique from personality variables among practicing therapists (12), those studies which deal primarily with therapist orientation (1, 7, 16) describe A and B therapists along the same dimensions and in the same direction. According to these studies and Kurpies (10), the A therapists are described as being oriented toward affective therapy modes, and the B therapists are described as being oriented toward the cognitive therapy modes.

Procedures for Collecting Data

A meeting was held with the participating doctoral students during their regular class meeting. They were informed of the nature of the study and the type of assistance requested of them. This was explained both verbally and by means of a cover letter. The instruments were described, and their order of presentation to the client was noted. Instructions were given for submitting the desired information to be used in the analysis of the data.

Each counselor conducted an intake interview at the beginning of a counseling relationship to determine the nature of the situation and the likelihood of the client's continuing in counseling. If the client was only interested in test interpretation or was required to see a counselor because of failing grades, the likelihood of his continuing counseling for at least four sessions was considered poor, and he was not included in the study. For those clients who were deemed likely to continue in counseling, this meeting was counted as the first session. At the conclusion of the first session, the client was asked to return to the main office to complete the instruments involved in the study. Those counselors who did not have access to the main office used rooms other than those in which counseling occurred for the administration of the instruments. The instruments were given to the client in packet form in the following proscribed order: (1) Personal Concept Scale, (2) I-O Social Preference Scale, and (3) Taylor Manifest Anxiety Scale.

Counseling continued with hourly sessions until the relationship was terminated by either the client or the counselor. At the end of the final session, the client again completed the instruments following the same procedures used in the first testing session. The names of those clients who did not complete the post-test information were submitted to the secretary of the counseling center. She then contacted the clients and requested that they return to the counseling center for follow-up testing.

Treatment of Data

On the basis of scores in the A-B Scale, counselors were classified as being either A or B type therapists. Those counselors whose scores fell within the middle 10 per cent of the scale were not included in the study. Clients were described as either inner-directed or other-directed by means of the I-0 Social Preference Scale. Those clients whose scores fell within the middle 10 per cent of the scale were not included in the study.

Clients who received counseling were classified into one of four groups: (1) inner-directed clients counseled affectively, (2) inner-directed clients counseled cognitively, (3) other-directed clients counseled cognitively, and (4) other-directed clients counseled affectively. For hypotheses I through IV, pre- and post-test means on the Personal Concept Scale and Taylor Manifest Anxiety Scale were compared using the t test for correlated samples. For hypotheses V through VIII, differences between groups were compared using the F-ratio for simple analysis of co-variance.

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CHAPTER IV

STATISTICAL ANALYSIS OF RESULTS AND DISCUSSION

Analysis of Data

The purpose of this chapter is to present and analyze the statistical findings of this study. Analyses of the results were made utilizing the t test for correlated samples and simple analysis of covariance techniques. The .05 level of significance was established as the basis upon which the hypotheses would be accepted.

In Hypothesis I, it was predicted that clients who were other-directed would show a significant mean decrease in anxiety as measured by the Taylor Manifest Anxiety Scale after cognitive counseling. The results of the t test computed to test this hypothesis are shown in Table I.

TABLE I
SIGNIFICANCE OF MEAN DIFFERENCE IN ANXIETY
SCORES FOR C-B TREATMENT GROUP

Group	N	Mean	Mean Difference	Standard Deviation	t
Pre-Test	10	27.7	4.60	9.01	6.73*
Post-Test	10	23.1		5.09	

* $P < .001$

It will be noted that the t value for the variable under consideration in this hypothesis exceeded the established level of confidence; therefore, the hypothesis was accepted.

In Hypothesis II, it was predicted that other-directed clients counseled cognitively would have a significantly smaller discrepancy between attitudes toward self and ideal self concept as measured by the Personal Concept Scale. The results of the t test computed to test this hypothesis are shown in Table II.

TABLE II
SIGNIFICANCE OF MEAN DIFFERENCE IN SELF CONCEPT
DISCREPANCY SCORES FOR O-B TREATMENT GROUP

Group	N	Mean	Standard Deviation	Mean Difference	t
Pre-Test Discrepancy	10	36.1	24.85	15.30	2.25*
Post-Test Discrepancy	10	21.8	14.12		

* t must equal or exceed 2.26 to be significant at the .05 level of confidence.

It will be noted that the t value for the mean gain scores on the Personal Concept Scale did not exceed the established level of confidence. This indicates that the clients did not improve significantly with respect to discrepancies between self and ideal self concepts; therefore, the hypothesis was rejected.

In Hypothesis III, it was predicted that clients who were inner-directed would show a significant mean decrease in anxiety

as measured by the Taylor Manifest Anxiety Scale after affective counseling. The results of the t test computed to test this hypothesis are shown in Table III.

TABLE III
SIGNIFICANCE OF MEAN DIFFERENCE IN ANXIETY SCORES
FOR I-A TREATMENT GROUP

Group	N	Mean	Standard Deviation	Mean Difference	t
Pre-Test	10	24.6	7.26	2.90	2.87*
Post-Test	10	21.7	7.34		

* $t < .05$

It will be noted that the t value for the mean gain scores on the Taylor Manifest Anxiety Scale exceeded the established level of confidence. This indicates that the clients did improve significantly with respect to decreased level of anxiety; therefore, the hypothesis was accepted.

In Hypothesis IV, it was predicted that inner-directed clients counseled affectively would have a significantly smaller discrepancy between attitudes toward self and ideal self as measured by the Personal Concept Scale. The results of the t test computed to test this hypothesis are shown in Table IV.

It will be noted that the F ratios for the mean gain scores on the Personal Concept Scale did not exceed the established level of confidence. This indicates that the clients did not improve significantly with respect to discrepancies between self and ideal self concepts; therefore, the hypothesis was rejected.

TABLE IV
SIGNIFICANCE OF MEAN DIFFERENCE IN SELF CONCEPT
DISCREPANCY SCORES FOR I-A TREATMENT GROUPS

Group	N	Mean	Standard Deviation	Mean Difference	t
Pre-Test Discrepancy	10	25.9	15.73	.60	.12*
Post-Test Discrepancy	10	25.3	13.19		

* t must equal or exceed 2.26 to be significant at the .05 level of confidence.

In Hypothesis V, it was predicted that other-directed clients who had been counseled with a cognitive approach would show significantly lower mean scores on the Taylor Manifest Anxiety Scale than those counseled by an affective approach. The results of the analysis of covariance computed to test this hypothesis are shown in Table V.

TABLE V
ANALYSIS OF COVARIANCE OF MEAN DIFFERENCE IN ANXIETY
SCORES FOR FOUR TREATMENT GROUPS

Source of Variation	Sum of Squares	DF	Mean Squares	Post-Test F
Between	27.56	3	9.19	0.5823*
Within	552.25	35	15.78	
Total	579.81	38

* F ratio must equal or exceed 4.17 to be significant at the .05 level of confidence.

It will be noted that the F ratio for the mean difference scores on the Taylor Manifest Anxiety Scale did not reach the established level of significance; therefore, the hypothesis was rejected. This would indicate that the improvement of other-directed clients counseled cognitively did not differ significantly from other-directed clients who were counseled affectively.

In Hypothesis VI, it was predicted that other-directed clients who had received counseling from a cognitive therapist would show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled by an affective therapist. The results of the analysis of covariance computed to test this hypothesis are shown in Table VI.

TABLE VI
ANALYSIS OF COVARIANCE OF MEAN DIFFERENCE IN SELF
CONCEPT SCORES FOR FOUR TREATMENT GROUPS

Source of Variation	Sum of Squares	DF	Mean Squares	F
Between	383.63	3	127.88	
Within	4622.26	35	132.06	0.97*
Total	5005.89	38

* F ratio must equal or exceed 4.17 to be significant at the .05 level of confidence.

It will be noted that the F ratio for the mean difference scores on the Personal Concept Scale did not reach the established

level of confidence; therefore, the hypothesis was rejected. This would indicate that the improvement of other-directed clients counseled cognitively did not differ significantly from other-directed clients who were counseled affectively.

In Hypothesis VII, it was predicted that inner-directed clients who had been counseled with an affective approach would show significantly lower mean scores on the Taylor Manifest Anxiety Scale than those counseled with a cognitive approach. The results of the analysis of covariance computed to test this hypothesis have been shown previously in Table V.

It will be noted that the F ratio for the mean differences scores on the Taylor Manifest Anxiety Scale did not reach the established level of significance; therefore, the hypothesis was rejected. This would indicate that the improvement of inner-directed clients counseled affectively did not differ significantly from inner-directed clients who were counseled cognitively.

In Hypothesis VIII, it was predicted that inner-directed clients who had been counseled affectively would show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled cognitively. The results of the analysis of covariance computed to test this hypothesis have been shown previously in Table VI.

It will be noted that the F ratio for the mean difference scores on the Personal Concept Scale did not reach the established level of confidence; therefore, the hypothesis was

rejected. This would indicate that the improvement of inner-directed clients counseled affectively did not differ significantly from inner-directed clients who were counseled cognitively.

Discussion of Results

The purpose of this chapter was to present and analyze the statistical findings of this study. The analyses of the results were planned to utilize the t test by the method for correlated samples and simple analysis of covariance. The .05 level of confidence was established as the basis upon which the hypotheses would be accepted. Although the forty clients did show significant overall improvement with respect to reduction of anxiety, differential mean gains for each group were not significant. A definite trend toward significant change in discrepancies between self concept and ideal self concept for other-directed clients counseled cognitively was noted.

Discussion of Personal Concept Scale

It was predicted in Hypotheses II and IV that other-directed---cognitive and inner-directed--affective matched dyads would produce significant movement toward congruence between client self concept and ideal self concept as measured by the Personal Concept Scale. This scale was designed to measure the client's perceptions of these concepts (7). Endler (3) had found that the evaluative meaning of the self

concept was significantly modified during psychotherapy in the direction of greater self valuation. The rejection of Hypotheses II and IV did not support those findings, but trends were noted for the other-directed--cognitive dyad.

It was further predicted in Hypotheses VI and VIII that these dyads would produce movement significantly greater than that of other-directed--affective and inner-directed--cognitive dyads, respectively. These hypotheses were rejected. Significant over-all changes were not demonstrated across groups, and the changes which did occur did not affect individual groups differentially. It can be concluded that some change did occur in some cases but that it did not seem to be related to the type of client or the type of counselor or any dyadic combination involved.

It is possible that social character may affect the quality of self concept change but not the quantity. An individual who chooses to enter a counseling relationship may already be amenable to altering the discrepancy between his self concept and his ideal self concept, and his dyadic combination may affect the way in which these concepts are modified and the time it takes to do it. One type of dyad may typically decrease discrepancies through increasing the self concept, while another dyad may work toward decreasing the ideal self concept. Actual differences may exist between groups with respect to the Personal Concept Scale which are not observable through difference scores. Further research is needed to explore this possibility.

Discussion of Taylor Manifest Anxiety Scale

It was predicted in Hypotheses I and III that other-directed--cognitive and inner-directed--affective matched dyads would produce significant movement toward decreased anxiety as measured by the Taylor Manifest Anxiety Scale. The acceptance of these hypotheses supports Rubin et al (6), who found that lowered anxiety scores correlated significantly with psychiatric adjustment.

It was further predicted in Hypotheses V and VII that these dyads would show significantly greater decreases in anxiety than those of other-directed--affective and inner-directed--cognitive dyads. These hypotheses were rejected. Significant over-all changes were demonstrated across groups, but these changes did not affect individual groups differentially. It can be concluded that decreases in anxiety are not directly related to the type of client or the type of counselor or any dyadic combination involved.

It is also possible here that the fact that a person enters counseling and thereby actively seeking to resolve his conflicts may initially alleviate anxiety. Further follow-up on the clients who received counseling would show whether the reduction in anxiety had any lasting effects and clarify the relationship of anxiety and counseling.

Discussion of Time Variable

Although no hypotheses dealt directly with time as a variable, it was included in the statistical analysis. On the Taylor

Manifest Anxiety Scale, there was a strong indication that some clients tended to improve more quickly than others ($p < .06$). Since no client participated in counseling for more than twenty sessions, all clients may be said to have been treated in short-term therapy (1). Avnet (1), in her study of short-term therapy, found that 80 per cent of 1,115 clients considered themselves improved after 1 to 5 counseling sessions. Twenty-five per cent of these considered themselves recovered. Psychiatric appraisal, however, identified only 46 per cent as improved and 5 per cent as being recovered. A similar kind of phenomenon could be operating with the participants of this study.

If the evaluation of improvement is left up to the client, then short-term therapy is indeed effective, and time is a relevant variable to consider in analyzing results.

Discussion of A-B Scale

Research concerning which kinds of counselors are type A and which are type B has been confusing. Part of this is due to the different kinds of terms associated with the types (1, 5, 8). Generally, A counselors have been described as counseling with an affective style and B counselors, cognitively (4).

Descriptions of counselors for this study were made on the basis of the A-B Scale. Descriptions based on subsequent observations of counselors involved in this study were not always consistent with the A-B typing. This was particularly true of some male counselors who were classified as B therapists, but

whose style was more congruent with an affective approach. None of the female counselors were classified in the B category, yet some of their approaches were basically cognitive. This kind of inconsistency between classifications and observations suggests the possibility of a sexual loading on the scale. This could be due to properties of the scale itself or to learned sexual roles of the counselors. Complete confidence in the differentiation of the A-B Scale cannot be maintained because of this interfering factor. It also suggests a possible explanation as to why the statistical results showed no significant discriminations between the groups.

Summary

Statistical results in Chapter IV have shown that individual counseling was effective in reducing anxiety for college students. No such effectiveness was demonstrated for concept constructs, but definite trends were noted. Differential effects between two kinds of counselors and two kinds of clients were not demonstrated for anxiety reduction or decreased discrepancies related to self and ideal self concepts. Speculation regarding the results and recommendations for further research are given in the following chapter.

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CHAPTER V

SUMMARY, FINDINGS, AND RECOMMENDATIONS

Summary

The primary purpose of this study was to investigate the relationship between cognitive and affective counseling approaches and inner-directed and other-directed client social character and to measure the effect of congruence between the two from the point of view of the client. The hypotheses were stated as follows.

I. Clients who are other-directed will show a significant mean decrease in anxiety as measured by the Taylor Manifest Anxiety Scale after cognitive counseling.

II. Other-directed clients counseled cognitively will have a significantly smaller discrepancy between attitudes toward self and ideal self as measured by the Personal Concept Scale.

III. Clients who are inner-directed will show a significant mean decrease in anxiety as measured by the Taylor Manifest Anxiety Scale after affective counseling.

IV. Inner-directed clients counseled affectively will have a significantly smaller discrepancy between attitudes toward self and ideal self as measured by the Personal Concept Scale.

V. Other-directed clients who have been counseled with a cognitive approach will show significantly lower mean scores

on the Taylor Manifest Anxiety Scale than those counseled by an affective approach.

VI. Other-directed clients who have received counseling from a cognitive therapist will show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled by an affective therapist.

VII. Inner-directed clients who have been counseled by an affective approach will show significantly lower mean scores on the Taylor Manifest Anxiety Scale than those counseled with a cognitive approach.

VIII. Inner-directed clients who have been counseled affectively will show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled cognitively.

The subjects were forty students enrolled in North Texas State University, who completed a minimum of four sessions with an assigned counselor. Counselors were intern and practicum students and were assigned clients on an availability basis.

The counselors responded to the A-B Scale before counseling was initiated. All clients responded on a pre- and post-test basis to the Personal Concept Scale, the I-O Social Preference Scale, and the Taylor Manifest Anxiety Scale.

Following the collection and tabulation of the data, the results were analyzed by three factor analyses of variance with repeated measures and three factor analyses of covariance. The statistical analysis of the data revealed the following.

Hypothesis I was supported. Other-directed clients did show a significant mean decrease in anxiety as measured by the Taylor Manifest Anxiety Scale.

Hypothesis II was not supported. Other-directed clients counseled cognitively did not show a significantly smaller discrepancy between attitudes toward self and ideal self concept as measured by the Personal Concept Scale, but a definite trend in this direction was noted.

Hypothesis III was supported. Clients who were inner-directed did show a significant mean decrease in anxiety as measured by the Taylor Manifest Anxiety Scale.

Hypothesis IV was not supported. Inner-directed clients who were counseled affectively did not show a significantly smaller discrepancy between attitudes toward self and ideal self as measured by the Personal Concept Scale.

Hypothesis V was not supported. Other-directed clients who had been counseled with a cognitive approach did not show significantly lower mean scores on the Taylor Manifest Anxiety Scale than those counseled by an affective approach.

Hypothesis VI was not supported. Other-directed clients who had received counseling from a cognitive therapist did not show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled by an affective therapist.

Hypothesis VII was not supported. Inner-directed clients who had been counseled by an affective approach did not show

significantly lower mean scores on the Taylor Manifest Anxiety Scale than those counseled with a cognitive approach.

Hypothesis VIII was not supported. Inner-directed clients who had been counseled affectively did not show significantly smaller discrepancies between the two parts of the Personal Concept Scale than those counseled cognitively.

Findings

1. It may be concluded that individuals whose social character is defined as other-directed will (a) make significant progress in counseling toward decreasing anxiety, (b) show a trend toward making significant progress in counseling toward increasing congruence between self and ideal self concept, (c) make significant changes in counseling, regardless of the type of counselor they work with, in terms of reducing anxiety, and (d) make no significant changes in congruence between self and ideal self concept, regardless of the type of counselor they work with.

2. It may be concluded that individuals whose social character is defined as inner-directed will (a) make significant progress in counseling toward decreasing anxiety, (b) make no significant progress in counseling toward increasing congruence between self and ideal self concept, (c) make significant changes in decreasing anxiety, regardless of the type of counselor they work with, and (d) make no significant changes in congruence between self and ideal self concept, regardless of

Recommendations

In view of the findings of this study, the following recommendations are made.

1. A more sensitive use of the Personal Concept Scale should be used to explore the quality of change in self concept and ideal self concept with respect to social character.
2. Further exploration into the influence of the therapeutic effect of simply entering counseling on client change should be conducted.
3. Further study of time as a variable effecting counseling results with different social characters should be explored.
4. An effective method to measure a counselor's basic style should be devised.

Non-Statistical Observations

Statistical analysis of the data for this study is inadequate. It has been shown that clients improved significantly, but that the selected variables had no effect on counseling outcomes. The results suggest that these variables be abandoned as relevant factors pertaining to the counseling relationship; however, non-statistical information which has been gathered during this study indicate that this would be a hasty conclusion. Such information suggests that the statistical treatment reaches superficial conclusions and that valuable information exists to be explored in connection with the selected variables on a different level.

Speculations arising from this study have resulted from observations and counseling experience instead of from extrapolation from the direct pre- and post-test measures of outcomes. The statistical data did not include the more than fifty clients who terminated counseling before the four required sessions. It would seem to be just as important, if not more so, to explore the possible reasons why these clients did not continue. It can be stated that the proffered counseling relationship did not meet the needs of many who terminated prematurely. This could be attributed to some type of mismatch between counselor and client. Most of these clients were categorized as inner-directed. If these clients had been obligated to attend four sessions, or if post-testing were done on these clients and included in this study, then significant differences among treatment groups might have been observed. These clients might have been shown not to have improved, and this lack of improvement might have been found to be related to the client variable, the counselor variable, or the interaction between the two.

The factors involved in why a particular client continues or withdraws from counseling, why and how counseling effects change in individuals, and the interrelationships between client and counselor may be too complex to be consolidated into a dichotomy of the client's social character and the counselor's basic approach. A more refined exploration into these variables might yield valuable information which could provide significant

contributions to counseling practice and counselor education which had been hidden by treating the data in terms of outcome.

It is possible that the counselors in this study intuitively incorporated the social character of their clients into their understanding of the counseling process. After initial sessions, the counselors may have developed a sense of such contributing factors of social character as autonomy, need for approval, and dependence operating within the clients, and as a result, responded differentially to their clients, while remaining within their own basic framework from the outset of counseling. The counselor may also have shifted from his preferred orientation in an attempt to better meet the needs of his client, and this would not have been noticed in analyzing results. Those counselors who did not respond sensitively to their clients' needs may find their levels of communication reduced with certain clients who may have sensed such an incompatibility and terminated the relationship.

Analysis of the data has shown that the clients improved significantly with respect to anxiety reduction, but the results dealing with personal concepts were mixed. Differential effects were not significant. Inspection of the raw data shows that within the treatment groups some clients deteriorated, some improved slightly, and some improved markedly. Those clients whose discrepancies were high on the Personal Concept Scale (more than thirty points) showed much smaller discrepancies after counseling was terminated. Those clients whose discrepancies were low on the Personal Concept Scale (less than ten points)

showed either slight improvement or even deterioration. Those who had more to gain, gained more. Those who had less to gain, gained less or even lost some. This could be expected independent of the selected variables, and this did occur. Valid, non-statistical methods of appraising this type of situation need to be employed to investigate this.

The orientation of the counselor seemed to have little direct effect on facilitating client improvement. Only the orientation of the counselor was considered in this study, and no effort was made to control for counselor competency within his chosen orientation. Observationally, some cognitive counselors seemed just as competent with both kinds of client social character, while some affective counselors seemed equally ineffective with both kinds of clients. A tendency was also noted for the counselors with less didactic and experiential training to be more likely to be categorized as being affectively oriented.

Perhaps counselor competency is the major variable and orientation serves only a secondary function. In comparing groups of counselors in the future, they should be matched in terms of their professional level of functioning. This could be controlled by evaluating the counselors on rating scales for the communication skills, which have been developed by Carkhuff. With this kind of variability accounted for, a more valid investigation of counselor orientation could be conducted.

The possibility exists that within a prognostic framework related to counseling success, that social character may function curvilinearly. That is, extremely inner-directed individuals and

extremely other-directed individuals may be so entrenched in their life styles that they are highly resistant to change. This would be another possible explanation for why Sofer found no correlation between social character and adjustment, and it supports Rotter's contention that extreme scores on either dimension would be undesirable in terms of adjustment. Those clients whose social character is not so extreme may be considered more amenable to change and offer a greater probability of success in counseling.

The extremely inner-directed client may be so independent and impervious to the opinions and values of others that he cannot surrender enough control to the counselor to allow him to have any impact on his life style. The extremely other-directed client may be so dependent upon the counselor and have such a high need for approval that he complies too readily with the counselor, and change is merely a verbalization to cooperate with the counselor. Those clients who are not so definitely one type of social character or the other might be able to be dependent enough on the counselor for him to have an impact on their life style, while maintaining a sufficient degree of autonomy so that this impact can penetrate below the surface of compliance. If this possibility does exist, then the statistical treatment used in this study will have masked some significant interactions between client social character and counselor approach.

This study was conducted in a manner typical of outcome research utilizing grouped data. In order to control for all the

possible explanations for unaccounted for variability which have been mentioned, a more complicated multivariate analysis must be used. In addition, a much larger number of cases would need to be considered to have any credence in the results so obtained. Counseling is a time-consuming process, both within the counseling relationship itself and in terms of collecting sufficient numbers of client-counselor pairs from the field if such pairs are not to be constructed artificially.

The needs of counseling theory and counselor education have gone beyond the contributions available through outcome studies. Research needs to proceed to deeper levels than such broad issues as whether or not clients in general improve, and move into more complex and sensitive information gathering such as has been suggested in this chapter. Process study must replace outcome research, ideographic research must replace the nomothetic, and longitudinal observations must replace the horizontal. Counseling research is ready to and needs to shift its analytical gears. It is the more individual focus on process that will supply the medium for enhancing and making more meaningful the knowledge that already exists in the field of counseling. The picture is on the screen; now the fine tuning needs to be adjusted.

I AM

plain	:	:	:	:	:	:	sexy
feminine	:	:	:	:	:	:	masculine
warm	:	:	:	:	:	:	cool
unaware	:	:	:	:	:	:	aware
tense	:	:	:	:	:	:	relaxed
deep	:	:	:	:	:	:	shallow
certain	:	:	:	:	:	:	uncertain
accepted	:	:	:	:	:	:	rejected
cautious	:	:	:	:	:	:	adventuresome
talkative	:	:	:	:	:	:	quiet
close	:	:	:	:	:	:	distant
disturbed	:	:	:	:	:	:	contented
active	:	:	:	:	:	:	passive
down	:	:	:	:	:	:	up
powerful	:	:	:	:	:	:	weak
following	:	:	:	:	:	:	leading
loose	:	:	:	:	:	:	tight
early	:	:	:	:	:	:	late
conservative	:	:	:	:	:	:	liberal
clear	:	:	:	:	:	:	hazy

APPENDIX B

I-O SOCIAL PREFERENCE SCALE

DIRECTIONS: A number of controversial statements or questions with two alternative answers are given below. Answer every item as it applies to you. Indicate your preference by writing appropriate figures in the boxes on the answer sheet. Some of the alternatives may appear equally attractive or unattractive to you. Nevertheless, please make a real attempt to choose the alternative that is relatively more acceptable to you.

If you definitely agree with alternative (a), and disagree with (b), write 2 in the first box and leave the second blank.	a (2)	b ()
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If you definitely agree with (b) and disagree with (a), write 2 in the second box and leave the first blank.	a ()	b (2)
--	----------	----------

If you have a slight preference for (a) over (b), write	a (1)	b ()
---	----------	----------

If you have a slight preference for (b) over (a), write	a ()	b (1)
---	----------	----------

Do not write any combination of numbers except one of the four given. Never write more than one figure in for any one question. There are no right or wrong answers to this questionnaire. Do not spend too much time on any one item. Please do not leave out any of the questions unless you find it really impossible to make a decision.

1. With regard to partying, I feel
 - a. the more the merrier (25 or more people present).
 - b. it is nicest to be in a small group of intimate friends (6 or 8 people at the most).
2. If I had more time
 - a. I would spend more evenings at home doing the things I'd like to do.
 - b. I would more often go out with my friends.
3. If I were trained as an electrical engineer and liked my work very much and would be offered a promotion into an administrative position, I would
 - a. accept it because it means an advancement in pay which I need quite badly.
 - b. turn it down because it would no longer give me an opportunity to do the work I like and am trained for, even though I desperately need more money.
4. I believe that
 - a. it is difficult to draw a line between work and play and therefore one should not even try it.
 - b. one is better off keeping work and social activities separated.
5. I would rather join
 - a. a political or social club or organization.
 - b. an organization dedicated to literary, scientific or other academic subject matter.
6. I would be more eager to accept a person as a group leader who
 - a. is outstanding in those activities which are important to the group.
 - b. is about average in the performance of the group activities but has an especially pleasing personality.
7. I like to read books about
 - a. people like you and me.
 - b. great people or adventure.
8. For physical exercise or as a sport, I would prefer
 - a. softball, basketball, volleyball, or similar team sport.
 - b. skiing, hiking, horsebackriding, bicycling, or similar individual sport.
9. With regard to a job, I would enjoy more
 - a. one in which one can show his skill or knowledge.
 - b. one in which one gets in contact with many different people.
10. I believe
 - a. being able to make friends is a great accomplishment in and of itself.
 - b. one should be concerned more about one's achievements rather than with making friends.

11. I think it is more desirable
 - a. to be popular and well-liked by everybody.
 - b. to become famous in the field of one's choice or for a particular deed.
12. With regard to clothing
 - a. I would feel conspicuous if I were not dressed the way most of my friends are dressed.
 - b. I like to wear clothes which stress my individuality and which not everybody else is wearing.
13. On the subject of social living, I think
 - a. a person should set up his own standards and then live up to them.
 - b. one should be careful to live up to the prevailing standards of the culture.
14. I would consider it more embarrassing
 - a. to be caught loafing on a job for which I get paid.
 - b. losing my temper when a number of people are around of whom I think a lot.
15. I respect the person most who
 - a. is considerate of others and concerned that they think well of him.
 - b. live up to his ideals and principles.
16. A child who has had intellectual difficulties in some grade in school
 - a. should repeat the grade to be able to get more out of the next higher grade.
 - b. should be kept with his age group though he has some intellectual difficulties.
17. In my free time
 - a. I'd like to read an interesting book at home.
 - b. I'd rather be with a group of my friends.
18. I have
 - a. a great many friends who are, however, not very intimate friends.
 - b. few but rather intimate friends.
19. When doing something, I am most concerned with
 - a. what's in it for me and how long it will last.
 - b. what impression others get of me for doing it.
20. As leisure-time activity, I would rather choose
 - a. woodcarving, painting, stamp collecting, photography, or a similar activity.
 - b. bridge or other card game, or discussion groups.

21. I consider a person most successful when
 - a. he can live up to his own standards and ideals.
 - b. he can get along with even the most difficult people.
22. One of the main things a child should be taught is
 - a. cooperation.
 - b. self-discipline.
23. As far as I am concerned
 - a. I am only happy when I have people around me.
 - b. I am perfectly happy when I am left alone.
24. On a free evening
 - a. I like to go and see a nice movie.
 - b. I would try to have a television party at my (or a friend's) house.
25. The persons whom I admire most are those who
 - a. are very outstanding in their achievements.
 - b. have a very pleasant personality.
26. I consider myself to be
 - a. quite idealistic and to some extent a "dreamer".
 - b. quite realistic and living for the present only.
27. In bringing up children, I believe the parent should
 - a. look more at what is done by other families with children.
 - b. stick to their own ideas on how they want their children brought up regardless of what others do.
28. To me it is very important
 - a. what one is and does regardless of what others think.
 - b. what my friends think of me.
29. I prefer listening to a person who
 - a. knows his subject matter real well but is not very skilled in presenting it interestingly.
 - b. knows his subject not as well but has an interesting way of discussing it.
30. As far as I am concerned
 - a. I see real advantages to keeping a diary and would like to keep one myself.
 - b. I'd rather discuss my experiences with friends than keep a diary.
31. Schools should
 - a. teach children to take their place in society.
 - b. be concerned more with teaching subject matter.

32. It is desirable
- that one shares the opinions others hold on a particular matter.
 - that one strongly holds onto his opinions even though they may be radically different from those of others.
33. For me it is more important to
- keep my dignity (not make a fool of myself) even though I may not always be considered a good sport.
 - be a good sport even though I would lose my dignity (make a fool of myself) by doing it.
34. When in a strange city or foreign country I should have no difficulty because
- I am interested in new things and can live under almost any conditions.
 - people are the same everywhere and I can get along with them.
35. I believe in coffee breaks and social activities for employees because
- it gives people a chance to get to know each other and enjoy work more.
 - people work more efficiently when they do not work for too long a stretch at a time and can look forward to special events.
36. The greatest influence upon children should be
- from their own age group and from educational sources outside the family since they can be more objective in evaluating the child's needs.
 - from the immediate family who should know the child best.

APPENDIX C

THAS

Instructions:

This inventory consists of numbered statements. Read each statement and decide whether it is true as applied to you or false as applied to you.

If a statement is TRUE or MOSTLY TRUE as applied to you, mark T.

If a statement is FALSE or NOT USUALLY TRUE as applied to you, mark F.

Remember to give YOUR OWN opinion of yourself. Do not leave any blank spaces.

1. I do not tire quickly.
2. I am often sick to my stomach.
3. I am about as nervous as other people.
4. I have very few headaches.
5. I work under a great deal of strain.
6. I cannot keep my mind on one thing.
7. I worry over money and business.
8. I frequently notice my hand shakes when I try to do something.
9. I blush as often as others.
10. I have diarrhea once a month or more.
11. I worry quite a bit over possible troubles.
12. I practically never blush.
13. I am often afraid that I am going to blush.
14. I have nightmares every few nights.
15. My hands and feet are usually warm enough.

16. I sweat very easily even on cool days.
17. When embarrassed, I often break out in a sweat which is very annoying.
18. I do not often notice my heart pounding, and I am seldom short of breath.
19. I feel hungry almost all the time.
20. Often my bowels don't move for several days at a time.
21. I have a great deal of stomach trouble.
22. At times I lose sleep over worry.
23. My sleep is restless and disturbed.
24. I often dream about things I don't like to tell other people.
25. I am easily embarrassed.
26. My feelings are hurt easier than most people.
27. I often find myself worrying about something.
28. I wish I could be as happy as others.
29. I am usually calm and not easily upset.
30. I cry easily.
31. I feel anxious about something or someone almost all the time.
32. I am happy most of the time.
33. It makes me nervous to have to wait.
34. At times I am so restless that I cannot sit on a chair for very long.
35. Sometimes I become so excited that I find it hard to get to sleep.
36. I have often felt that I faced so many difficulties I could not overcome them.
37. At times I have been worried beyond reason about something that did not really matter.
38. I do not have as many fears as my friends.

39. I have been afraid of things or people that I know could not hurt me.
40. I certainly feel useless at times.
41. I find it hard to keep my mind on a task or job.
42. I am more self-conscious than most people.
43. I am the kind of person who takes things hard.
44. I am a very nervous person.
45. Life is often a strain for me.
46. At times I think I am no good at all.
47. I am not at all confident of myself.
48. At times I feel that I am going to crack up.
49. I don't like to face a difficulty or make an important decision.
50. I am very confident of myself.

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