INSIGHT VERSUS DESENSITIZATION: A COMPARATIVE STUDY

APPROVED:

[Signatures of Major Professor, Minor Professor, Chairman of the Department of Psychology, Dean of the Graduate School]

The present study was an attempt to show that the behavioral technique of desensitization is superior to insight-oriented psychotherapy in terms of not only behavior change for individuals undergoing desensitization but in terms of ease of acquisition to novice therapists who have virtually no clinical experience. It was hypothesized that if both treatment types were compared, then those subjects receiving desensitization would have significantly greater anxiety reduction than would either the insight oriented psychotherapy subjects or the no-treatment control subjects. In addition those subjects receiving insight oriented psychotherapy would have significantly greater anxiety reduction than would those subjects receiving no-treatment.

Seventy-five subjects were assigned to one of three groups termed the insight group, the desensitization group, and the no-treatment control group. Subjects were randomly assigned according to practicality and availability and were not expected to differ on pre-treatment measures. Five inexperienced graduate students were to serve as therapists. Each therapist administered both treatments
to an equal number of subjects for each type of treatment. Each subject assigned to an experimental group received individual treatment over a period of six weeks each session being 55 minutes in duration.

A post-test was administered to all subjects at the termination of the study. An analysis of variance was utilized to determine the significance level of post-treatment measures of test anxiety and self-ratings of improvement. A one-tailed \( t \) test was used to contrast the means of post-treatment measures.

The results of the analysis of variance of post-treatment TAQ scores indicated a significance level of .05 for treatment while the \( F \) ratio for therapists and for therapists by treatment interaction was not significant. The results of the \( t \) test indicated a significant difference between mean anxiety level at post-testing between the desensitization group and the insight group \((p<.05)\) while the mean difference between the post-test scores for the desensitization group and the control group was significant at the .01 level. The mean difference between the insight group and the control group was not significant. No significant differences were found to exist between self-ratings of improvement for desensitization group subjects and insight subjects.

The results were interpreted to support desensitization treatment as being significantly superior to insight
oriented psychotherapy for the reduction of test anxiety. It was concluded by the author that the technique of desensitization was superior in terms of acquisition to novice therapists, requiring less than three hours of training to become proficient, than was the insight oriented psychotherapy. Implications for desensitizing test anxiety in college freshmen were discussed. The most apparent limitation of the study was the lack of physiological measures of anxiety which would have given added validity to the results.
INSIGHT VERSUS DESENSITIZATION: A COMPARATIVE STUDY

THESIS

Presented to the Graduate Council of North Texas State University in Partial Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Robert A. Juda, B. S.
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Statement of the Problem and Review of the Literature

The evolution of psychotherapy has involved myriad innovations and varied approaches with theoretical frameworks ranging from the earliest Freudian theory at one extreme, being translated into a learning framework by Shoben (1949) and Dollard & Miller (1950), shifting to those proponents of an eclectic orientation (Bordin, 1955, 1968; Thorne, 1950, 1961), and continuing to the current behavioral position held by such writers as Bandura (1969), Lazarus (1963), Rachman (1969), and Wolpe (1958, 1969). Both extremes have discredited, scoffed at, and devaluated one another with neither position publishing relevant conclusive research. A summary of the facade current among clinical practitioners can be best expressed by Herron (1968, p. 354) in regard to child psychotherapy: "while child therapists know in their hearts that psychotherapy works research results are scanty and equivocal."

Although behavioral positions have been espoused since James (1915) and Watson (1924), the predominant mode of psychotherapy has, until the past decade, been of the traditional insight schema. However, in recent years a continually increasing controversy between the relative merits and efficacy of traditional "insight" oriented...
psychotherapy and "behavioral" techniques designed to change overt behavior has evolved. In 1952, with the publication of his controversial review article on the effects of psychotherapy, Eysenck (1952), by maintaining that improvement ranged from 72% for those receiving custodial or general practitioner care (no-psychotherapy) to only 44% improvement for those undergoing psychoanalysis (long-term therapy), succeeded in challenging the whole validity of psychotherapy. These findings led to a period of great popularity for those proponents of behavioral positions, and theoretical texts.

The main concern of this paper is the specific behavioral technique of desensitization as originally illustrated by Wolpe (1958) and revised by Wolpe & Lazarus (1966). Numerous studies can be found in the literature involving desensitization with fears and phobias. Little work, however, has been done in conjunction with test anxiety. Emory (1969) obtained significant anxiety reduction in 16 meetings over an 8 week period while Johnson (1966) reported a case of significantly improved performance on examinations which he attributed to the patients undergoing desensitization treatment. Further, an investigation by Mann & Rosenthal (1969) consisted of 3 groups of elementary school children receiving individual desensitization, group desensitization, or no treatment. The results indicated significant changes in test
anxiety scores and reading achievement scores for both desensitization groups after treatment while scores for the no-treatment group were not significant. Similar results were obtained by Katahn, Strenger, and Cherry (1966), Paul & Shannon (1966), and Taylor (1970) using desensitization in groups.

In 1966, Paul (1966) published a definitive study comparing the effects of insight psychotherapy and desensitization in reducing speech anxiety. His work was the first which compared both treatment types within the same study. The purpose of the present study was to determine if desensitization would have significant gains over insight oriented psychotherapy for the reduction of test anxiety and if so, to add further credence to Paul's results.

Further, the present study was an attempt to show that the behavioral technique of desensitization is superior to insight oriented psychotherapy in terms of not only behavior change for individuals undergoing desensitization but in terms of ease of acquisition to novice therapists who have virtually no clinical experience.

Anxiety: A Research Focus

Almost no theory of psychopathology existent fails to take into consideration the debilitating effects of anxiety upon individuals. Whether directly or indirectly, every form of therapy attempts to minimize these deleterious effects. Everyone, at one time or another, has
undergone acute feelings of anxiety, whether it be the expectant father in the waiting room, the teenager waiting for the arrival of her first date, or the student about to take an examination.

For the latter, performance anxiety can be a serious affair. While studies have shown that anxiety can have a motivating effect on performance, a student who repeatedly "blocks" or "freezes" while taking an examination finds this blocking difficult to comprehend. And like the student, many college counselors look with trepidation at their appointment schedules as final examination time approaches.

Because examinations are an integral part of the educational process, avoidant behavior is impossible; therefore, motivation to overcome the debilitating emotional reaction is high, and large numbers of homogeneous, cooperative subjects were expected to volunteer for this research.

It was hypothesized that if both treatment types, insight psychotherapy and desensitization, were compared for the reduction of test anxiety, then those Ss receiving desensitization would have significantly greater anxiety reduction as measured by Sarason's Situational Test Anxiety Questionnaire (TAQ) than would either the insight oriented psychotherapy Ss or the no-treatment control Ss. In addition, those Ss receiving insight oriented psychotherapy would have significantly greater anxiety reduction than would those Ss receiving no-treatment.
Methods

Experimental Design and Procedure

The research design was an adaptation of the design described by Paul (1966). Basically, five graduate students were to serve as therapists using two different methods, insight and desensitization, for the treatment of test anxiety. A third group of Ss had no contact with the therapists. Ss were randomly assigned to each treatment group according to availability and practicality and were not expected to differ on the pre-treatment measures of test anxiety. An analysis of variance was utilized to determine the significance level of post-treatment measures of test anxiety and self-rating of improvement. A one-tail t test was used to contrast the means of post-treatment measures. The general experimental design and procedure can be seen in Table 1.

Subjects

A total of 390 students enrolled in an introductory psychology course, Psychology 163, at North Texas State University were tested using the college form TAQ (Mandler & Sarason, 1952). A copy of the TAQ and the scoring instructions can be found in Appendix A and Appendix B. Following E's method of selection and assignment, discussed
below, 75 students were assigned to one of 3 groups termed the desensitization group, the insight group, and the no-treatment control group. From the original 75 Ss, 63 Ss completed the post-test phase, 30 of them being male, and 33 female. Ages ranged from 18 years to 37 years with a mean age of 20 years. The number of Ss completing the post testing in the desensitization group, the insight group, and the no-treatment control group was 20, 23, and 20 respectively.

A follow-up of the 12 Ss who dropped out of the study indicated that one S had a visiting relative at the time of the first meeting and reported being too embarrassed to come for the rescheduled sessions, 3 Ss dropped out of school, 3 Ss dropped the psychology course, and 5 Ss could not be located either in class or at home.

Instruments

Test anxiety questionnaire. The major instrument administered was the TAQ (Handler & Sarason, 1952), a questionnaire found to significantly differentiate between high test anxiety individuals and low test anxiety individuals. Further supporting evidence has been reported by Handler & Cowen (1958), who found a test-retest reliability coefficient of .91 and a split-half correlation of .89 for the TAQ. They also reported that no significant sex differences existed. As the target behavior for this study was test anxiety, Ε selected the TAQ as a suitable instrument to gauge that behavior.
Self-rating scale. In addition to the objective measure obtained from the TAQ, a subjective rating of feelings of improvement was made by each S. Ss rated their improvement on a five point scale ranging from one (no improvement) to five (very much improvement).

Procedure

Instructions to subject population. The TAQ was administered following the authors' standard instructions. In addition to the instructions R informed the Ss that the questionnaires were being used for a master's thesis which was an attempt to compare several types of therapy. Confidentiality of the questionnaire results was stressed. Students were told by the administrator that the questions did not involve anything of a moral, ethical, religious, or sexual nature, and that they could glance over the questionnaires and, if they found anything too threatening, they could hand it in and leave. Questionnaires were handed out to all students and they were given the opportunity to glance over them. The students were asked to indicate their name, social security number, course section, time of class meeting, sex, age, and school status at the top of their questionnaires. The administrator stressed that since it was solely for research, Ss should answer the questions as truthfully as was possible.

Scoring the TAQ. The instruments were scored by an unbiased scorer, a psychology student who had
received special training from A but who did not know
which Ss would be given a particular treatment. The
questionnaires were scored using a ten point profile
overlay. Scores on the line were placed in the lower
scoring category.

Assignment to groups. As Taylor (1971) and Leffingwell
(1971) found a cutoff score of 225 to be an adequate
indice for high test anxiety in North Texas State Univer-
sity undergraduate population, students scoring above
225 were asked to voluntarily participate in the study.
E explained that they might benefit personally by having
less anxiety associated with testing, improve their aca-
demic performance, and meet their academic requirements
for participation in research. To further decrease the
likelihood of Ss dropping out before completion of the
study, all participants were asked to sign written
contract-like statements, which may be found in Appendix
C, to participate for the full period of time. In addition,
each subject was asked to designate three one-hour time
intervals when he could be available, the day and time
to remain constant over the 6 weeks of therapy. Therapists
submitted similar schedules of available times with Ss
being assigned to therapists in one of three groups con-
tingent upon practicality and availability. All experi-
mental Ss were notified by mail when and where to meet.

Therapists

Therapists were five inexperienced volunteer graduate
students working on master's degrees at North Texas State University; four therapists were enrolled in the Clinical Psychology program, while the remaining therapist was enrolled in the Counseling program. There were three males and two females. Their professional experience was limited almost exclusively to classroom work with practical experience so limited as to classify them as novice therapists in regard to insight oriented psychotherapy, while none had any experience with desensitization techniques. Since it was found by Paul (1966) that volunteer therapists would not cooperate as fully and as willingly as paid therapists, E made arrangements with various professors for the student therapists to receive extra credit in their coursework. Three therapists received extra credit in a play therapy course while the remaining two therapists were given credit for a term project in either clinical psychology or methods and techniques of counseling.

Instruction for desensitization. Therapist instructions for desensitization included a written handout by Paul (1966), which can be found in Appendix D. The handout explained the technique employed in desensitization with an adequate discussion of exploring the history of the problem, explaining the rationale, constructing the hierarchy, and teaching progressive relaxation. E gave a practical demonstration using one of the therapists
as a subject. They were told to practice on one another, their wives, family, and friends so as to be thoroughly familiar, comfortable, and confident with the procedure before seeing their first subject. E sat in on practice sessions and made corrections the few times it was needed.

Instruction for insight-oriented psychotherapy. The therapists were instructed that the framework for the insight oriented psychotherapy group was traditional psychotherapy based on the assumption that "insight" into the cause-effect relationship would actually decrease the anxiety rate associated with taking tests. The instructions included a handout from Rogers (1951, pp. 483-524) discussing the therapeutic atmosphere and a handout from Axline (1969) discussing the basic principles of non-directive therapy (Appendix E). Along with the handout, two films from Rogers's (1965) film series were shown.

Therapists were instructed to use reflections only, restating the subject's words or feelings, with all therapists understanding that they were not to make interpretations of the material. In addition, therapists were further instructed to be aware of the "compulsion to utter" when a silent period occurred. When such periods did occur, therapists were told to use various related phrases such as "sometimes it's hard to think of things to say" or "sometimes it's difficult to get started." They were instructed to create a permissive, accepting, non-threatening atmosphere
in which the subjects would feel free to explore their feelings without fear of ridicule or rejection.

**Treatment of the Subjects**

The actual therapy took place in four rooms allocated for the study by the Counseling Center, North Texas State University. The rooms were essentially barren with the exception of a four-legged flat topped desk and two straight backed wooden arm chairs. Each room had one window overlooking the campus and an adjacent bathroom with toilet facilities. Desensitization rooms were similar with one exception; fluffy, overstuffed, high-back arm chairs were included to further enhance Ss' ease of relaxation.

Each S assigned to an experimental group, insight or desensitization, received individual treatment over a period of six weeks, each session being 55 minutes in duration. Each therapist administered both treatments making all therapists equal in number of Ss and types of treatment administered. All therapists were aware that the criterion of change was decrease in test anxiety. The general experimental design and procedure can be seen in Table 1.

**Desensitization.** The desensitization treatment used was similar to that described by Paul (1966). The initial ten minutes of the first session were spent exploring the history and present condition of the Ss test anxiety. The next five to ten minutes were spent explaining the
rationale and the course of treatment. The Ss were instructed that their inappropriate emotional reactions were the result of prior faulty learning in individual and social situations; because the response was learned it could also be unlearned. The procedure used in emotional unlearning involved the construction of a hierarchy of situations which progressively increased in their ability to elicit increasing amounts of anxiety. Using this hierarchy of situations, the S visualized each situation while relaxed. Because anxiety and relaxation are incompatible or mutually exclusive responses, the anxiety aroused would be counterconditioned with the result being a relaxed or a non-anxious state. The next ten minutes were spent arranging the standardized hierarchy (Emory & Krumboltz, 1967) of test anxiety situations starting with those situations which produced most anxiety to those producing none or very little anxiety. The anxiety hierarchy and instructions can be found in Appendix F. The procedure required that anxiety-arousing stimulus situations progress in equal or nearly equal increments analogous to a flight of stairs. Although hierarchies were the same for all Ss, individual Ss were allowed to add or drop an item or two from the stimulus hierarchy if it did or did not pertain to them. Ss who progressed through the whole hierarchy were given four additional items dealing with more important test situations. The final 20 to 30 minutes of the first session were spent
Table 1
General Experimental Design and Procedure

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretreatment Battery</th>
<th>Interview</th>
<th>Type of Treatment</th>
<th>Post-Treatment Battery</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>T. A. Q.</td>
<td>Yes</td>
<td>Systematic Desensitization</td>
<td>T. A. Q. Self-Rating</td>
</tr>
<tr>
<td>(n=25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>T. A. Q.</td>
<td>Yes</td>
<td>Insight Psychotherapy</td>
<td>T. A. Q. Self-Rating</td>
</tr>
<tr>
<td>(n=25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>T. A. Q.</td>
<td>No</td>
<td>No treatment</td>
<td>T. A. Q. (only)</td>
</tr>
<tr>
<td>(n=25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
teaching the subject progressive relaxation. This procedure, a modified version of Jacobson's (1938), required the individual to alternately tense and relax the muscles of the major muscle groups while concentrating on the sensations, especially the feelings of relaxation, until a state of deep relaxation was achieved. Each S was instructed to practice the progressive relaxation twice daily for a period not to exceed 15 minutes. The second through the fifth sessions were primarily spent visualizing the hierarchy situations while in a state of relaxation. The first several minutes were spent checking the progress of relaxation and correcting errors when needed. Next was the induction of the relaxation. Relaxation induction varied with individuals but rarely exceeded twenty minutes. After inducing relaxation, imagery was tested and the hierarchy situations were presented in accordance with instructions from Appendix D. Two to 6 items were presented per session for a time period of 3 to 30 seconds. Presentation of individual items varied from 2 presentations to 10. Therapists were told to maintain a warm, friendly, concerned attitude and to answer questions in a general social learning framework with no discussion of dynamics being allowed.

Insight-oriented psychotherapy. The insight oriented psychotherapy group Ss were told that they would have 55 minutes in which to explore their feelings about test anxiety. The hour would be theirs to do with as they
desired, the only limit being that they talk about their test anxiety. Each therapist announced the time limit five minutes prior to termination. Later sessions were started with the statement "would you like to pick-up where we left off last week" and then direction was left to the discretion of the individual S.

No-Treatment Control. The no-treatment control group consisted of 25 students selected randomly from the population of individuals who met the cut-off criterion. Control Ss were unaware of their participation. After completion of the study they were notified by mail to report to the Counseling Center as part of their course work. They were then asked to fill out the post-test questionnaire. Twenty of twenty-five Ss reported for post-testing while a follow-up check on the remaining five Ss found that they either were no longer enrolled in the class or had very irregular attendance.

In several instances Ss missed their scheduled appointments. When this occurred, individual therapists contacted the Ss and made new appointments for the earliest possible time, all new appointments being made within the same week. Working in coordination with the Counseling Center, provisions were made for additional counseling should the need arise. Two Ss from the insight group were referred for further counseling.
Results

The results of the analysis of variance (Winer, 1962) of post-treatment TAQ scores are presented in Table 2. The obtained $F$ ratio for treatments was significant at the .05 level while the $F$ ratio for the therapists and for therapists by treatment interaction was not significant.

**TABLE 2**

Summary of Analysis of Variance of Post Treatment TAQ Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>$F$</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Treatments)</td>
<td>16,256.15</td>
<td>2</td>
<td>8,128.08</td>
<td>3.88*</td>
</tr>
<tr>
<td>B (Therapists)</td>
<td>1,038.70</td>
<td>4</td>
<td>259.68</td>
<td>.124</td>
</tr>
<tr>
<td>AB (Interaction)</td>
<td>18,475.64</td>
<td>8</td>
<td>2,309.46</td>
<td>1.10</td>
</tr>
<tr>
<td>Within Cell</td>
<td>100,438.32</td>
<td>48</td>
<td>2,092.47</td>
<td></td>
</tr>
</tbody>
</table>

*Significant at .05 level.

To determine which group means differed significantly, a $t$ test was utilized to perform specific contrasts between group means. The results of these analysis are presented in Table 3. The difference between mean anxiety level at post-testing between the desensitization group and the control group was significant.
TABLE 3
Comparison of Pre- and Post-Treatment Mean Scores on the TAQ by Treatment Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desensitization</td>
<td>20</td>
<td>243.6</td>
<td>14.6</td>
<td>20</td>
<td>185.9</td>
<td>61.9</td>
</tr>
<tr>
<td>Insight</td>
<td>23</td>
<td>245.4</td>
<td>18.9</td>
<td>23</td>
<td>215.1</td>
<td>30.2</td>
</tr>
<tr>
<td>Control</td>
<td>20</td>
<td>245.5</td>
<td>14.7</td>
<td>20</td>
<td>238.8</td>
<td>34.0</td>
</tr>
</tbody>
</table>

a indicates desensitization group mean was significantly lower than insight group mean (t=1.88, p<.05, one-tail test), and was significantly lower than the control group mean (t=2.65, p<.01, one-tail test).

No significant differences were found to exist between self-ratings of improvement for desensitization group Ss and insight group Ss.

Discussion

Post-test results indicated that there was a significant difference in anxiety reduction for those Ss receiving desensitization while neither the insight group nor the control group had significant differences in anxiety reduction. Furthermore, there were no significant differences between therapists, giving added support that the process of treatment was responsible for the anxiety reduction.

The results obtained were consistent with Paul's results.
(1966) for the reduction of speech anxiety. The desensitization group had significant anxiety reduction. The insight group, although they approached significance, had statistically non-significant reduction which was moderately more than the no-treatment control group. Paul also found no significant differences among therapists. If, according to Sarason (1957), both speech anxiety and test anxiety are classified under a broader heading of general performance anxiety and the generalization found between the two remains constant, the implications for desensitization in reducing other performance anxieties are innumerable.

One conclusion which was drawn by E as a result of the data was the implications for training students and novice therapists. The time required to teach the technique of desensitization was less than 3 hours while insight oriented psychotherapy traditionally requires years of study and more important, of rigorous practice. This behavioral technique would provide the student or therapist with an adjunctive tool which could be utilized immediately to realize therapeutic gains.

The significant results obtained have several possible implications for educational and school settings. If colleges and universities instituted programs to desensitize test anxiety in college freshmen during freshmen orientation, a large percentage of students who
flunk out of school because they "choke" or "freeze" on examinations might possibly be eliminated. College counselors could use the technique much more easily and with much savings in time enabling them to help more students. Studies in group desensitization give even further credence to the potential of desensitization of test anxiety in groups (Katahn, Strenger, & Cherry, 1966; Lazarus, 1963; Paul & Shannon, 1966; Wolpe, 1958, 1969).

A factor which should be noted was that post-test measures were taken the week prior to final examinations. Whether or not this had an effect on post-test scores in either direction was impossible to determine although it would seem that anxiety would be higher in near proximity to final exams and the start of summer vacation.

The most apparent limitation of this study was the lack of objective measures of physiological arousal. It was planned at the outset to use a polygraph to obtain measures of anxiety but the equipment broke down and could not be repaired in time to suit the requirements of this study. Had the physiological indices which were planned been obtained, they might have given added validity to the results.
Appendix A

THE MIDPOINT IS ONLY FOR YOUR GUIDANCE. DO NOT HESITATE TO PUT A MARK (X) ON ANY POINT ON THE LINE AS LONG AS THAT MARK REFLECTS THE STRENGTH OF YOUR FEELING OR ATTITUDE.

Section I.

The following questions relate to your attitude toward and experience with group intelligence or aptitude tests. By group intelligence tests we refer to tests which are administered to several individuals at a time. These tests contain different types of items and are usually paper and pencil tests with answers requiring either fill-ins or choices of several possible answers. Scores on these tests are given with reference to the standing of the individual within the group tested or within specific age and educational norms. The College Entrance Board tests which you have taken represent this type of test. Please try to remember how you usually reacted toward these tests and how you felt while taking them.

1. How valuable do you think group intelligence tests are in determining a person's ability?

<table>
<thead>
<tr>
<th>Very valuable</th>
<th>Valuable in some respects and valueless in others</th>
</tr>
</thead>
</table>

2. Do you think that group intelligence tests should be used more widely than at present to classify students?

<table>
<thead>
<tr>
<th>Should be used</th>
<th>Should be used less widely</th>
<th>Should be used at present</th>
<th>Should be used more widely</th>
</tr>
</thead>
</table>

3. Would you be willing to stake your continuance in college on the outcome of a group intelligence test which was previously predicted success in a highly reliable fashion?

<table>
<thead>
<tr>
<th>Very willing</th>
<th>Uncertain</th>
<th>Not willing</th>
</tr>
</thead>
</table>
4. If you know that you are going to take a group intelligence test, how do you feel beforehand?

Feel very unconfident  Midpoint  Feel very confident

5. After you have taken a group intelligence test, how confident do you feel that you have done your best?

Feel very unconfident  Midpoint  Feel very confident

6. When you are taking a group intelligence test, to what extent do your emotional feelings interfere with or lower your performance?

Do not interfere  Midpoint  Interfere a great deal

7. Before taking a group intelligence test, to what extent are you aware of an "uneasy" feeling?

Am very much aware of it  Midpoint  Am not aware of it at all

8. While taking a group intelligence test to what extent do you experience an accelerated heartbeat?

Heartbeat does not accelerate at all  Midpoint  Heartbeat noticeably accelerated

9. Before taking a group intelligence test to what extent do you experience an accelerated heartbeat?

Heartbeat does not accelerate at all  Midpoint  Heartbeat noticeably accelerated

10. While taking a group intelligence test to what extent do you worry?

Worry a lot  Midpoint  Worry not at all
11. Before taking a group intelligence test to what extent do you worry?

Worry a lot     Midpoint     Worry not at all

12. While taking a group intelligence test to what extent do you perspire?

Perspire not at all     Midpoint     Perspire a lot

13. Before taking a group intelligence test to what extent do you perspire?

Perspire not at all     Midpoint     Perspire a lot

14. In comparison with other students how often do you think of ways of avoiding a group intelligence test?

Less often than    Midpoint    More often than other students

15. To what extent do you feel that your performance on the college entrance tests was affected by your emotional feelings at the time?

Affected a great deal    Midpoint    Not affected at all

THE MIDPOINT IS ONLY FOR YOUR GUIDANCE. DO NOT HESITATE TO PUT A MARK (X) ON ANY POINT OF THE LINE AS LONG AS THAT MARK REFLECTS THE STRENGTH OF YOUR FEELING OR ATTITUDE.

THE MIDPOINT IS ONLY FOR YOUR GUIDANCE. DO NOT HESITATE TO PUT A MARK (X) ON ANY POINT OF THE LINE AS LONG AS THAT MARK REFLECTS THE STRENGTH OF YOUR FEELING OR ATTITUDE.

Section II.

The following questions relate to your attitude toward individual intelligence tests and your experience with them. By individual intelligence tests we refer to tests which are administered to one individual at a time by an examiner. These tests contain different
types of items and thus present a variety of tasks. Those tasks can be both verbal and manipulative, i.e., verbal or written answers to questions or manipulation of objects such as is involved in puzzles, form boards, etc. Examples of tests of this type would be the Stanford-Binet test and the Wechsler-Bellevue test. Please try to remember how you have usually reacted to them.

16. Have you ever taken any individual intelligence tests?

Yes ____________________ No ____________ (Circle the appropriate answer.)

IF your answer to the above question is YES, indicate in the questions below how you do or did react to individual tests.

IF your answer to the above question is NO, indicate in the following questions how you think you would react or feel about individual intelligence tests.

17. When you are taking an individual intelligence test, to what extent do (or would) your emotional feelings interfere with your performance?

Would not interfere ____________ Midpoint ____________ Would interfere with it at all ________ a great deal ____________

18. If you know that you are going to take an individual intelligence test, how do you feel (or expect that you would feel) beforehand?

Would feel very ________ Midpoint ________ Would feel very ________ unconfident ________ confident ________

19. While you are taking an individual intelligence test, how confident do you feel (or expect that you would feel) that you are doing your best?

Would feel very ________ Midpoint ________ Would feel very ________ unconfident ________ confident ________

20. After you have taken an individual intelligence test, how confident do you feel (or expect that you would feel) that you have done your best?

Would feel very ________ Midpoint ________ Would feel very ________ unconfident ________ confident ________
21. Before taking an individual intelligence test, to what extent are you (or would you be) aware of an "uneasy" feeling?

<table>
<thead>
<tr>
<th>Am not aware</th>
<th>Midpoint</th>
<th>Am very much aware of it</th>
</tr>
</thead>
</table>

22. While taking an individual intelligence test, to what extent do you (would you) experience an accelerated heartbeat?

<table>
<thead>
<tr>
<th>Heartbeat does not accelerate at all</th>
<th>Midpoint</th>
<th>Heartbeat noticeably accelerated</th>
</tr>
</thead>
</table>

23. Before taking an individual intelligence test, to what extent do you (would you) experience an accelerated heartbeat?

<table>
<thead>
<tr>
<th>Heartbeat does not accelerate at all</th>
<th>Midpoint</th>
<th>Heartbeat noticeably accelerated</th>
</tr>
</thead>
</table>

24. While taking an individual intelligence test, to what extent do you (would you) worry?

<table>
<thead>
<tr>
<th>Worry a lot</th>
<th>Midpoint</th>
<th>Worry not at all</th>
</tr>
</thead>
</table>

25. Before taking an individual intelligence test, to what extent do you (would you) worry?

<table>
<thead>
<tr>
<th>Worry a lot</th>
<th>Midpoint</th>
<th>Worry not at all</th>
</tr>
</thead>
</table>

26. While taking an individual intelligence test, to what extent do you (would you) perspire?

<table>
<thead>
<tr>
<th>Would never perspire</th>
<th>Midpoint</th>
<th>Would perspire a lot</th>
</tr>
</thead>
</table>

27. Before taking an individual intelligence test, to what extent do you (would you) perspire?

<table>
<thead>
<tr>
<th>Would never perspire</th>
<th>Midpoint</th>
<th>Would perspire a lot</th>
</tr>
</thead>
</table>
28. In comparison to other students, how often do you (would you) think of ways of avoiding taking an individual intelligence test?

<table>
<thead>
<tr>
<th>More often than</th>
<th>As often as</th>
<th>Less often than</th>
</tr>
</thead>
<tbody>
<tr>
<td>other students</td>
<td>other students</td>
<td>other students</td>
</tr>
</tbody>
</table>

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Section III.

The following questions relate to your attitude toward and experience with course examinations. We refer to major examinations, such as mid-terms and finals, in all courses, not specifically in any one course. Try to represent your usual feelings and attitudes toward these examinations in general, not toward any specific examination you have taken. We realize that the comparative ease or difficulty of a particular course and your attitude toward the subject matter of the course may influence your attitude toward the examinations; however, we would like you to try to express your feelings toward course examinations generally. Remember that your answers to these questions will not be available, at any time, to any of your instructors or to any official of the University.

29. Before taking a course examination, to what extent are you aware of an "uneasy" feeling?

<table>
<thead>
<tr>
<th>Am not aware</th>
<th>Midpoint</th>
<th>Am very much aware of it</th>
</tr>
</thead>
</table>

30. When you are taking a course examination, to what extent do you feel that your emotional reactions interfere with or lower your performance?

<table>
<thead>
<tr>
<th>Do not interfere</th>
<th>Midpoint</th>
<th>Interfere a great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>with it at all</td>
<td>Midpoint</td>
<td></td>
</tr>
</tbody>
</table>

31. If you know that you are going to take a course examination, how do you feel beforehand?

<table>
<thead>
<tr>
<th>Feel very unconfident</th>
<th>Midpoint</th>
<th>Feel very confident</th>
</tr>
</thead>
</table>
32. After you have taken a course examination, how confident do you feel that you have done your best?

<table>
<thead>
<tr>
<th>Feel very unconfident</th>
<th>Midpoint</th>
<th>Feel very confident</th>
</tr>
</thead>
</table>

33. While taking a course examination, to what extent do you experience an accelerated heartbeat?

<table>
<thead>
<tr>
<th>Heartbeat does not accelerate at all</th>
<th>Midpoint</th>
<th>Heartbeat noticeably accelerated</th>
</tr>
</thead>
</table>

34. Before taking a course examination, to what extent do you experience an accelerated heartbeat?

<table>
<thead>
<tr>
<th>Heartbeat does not accelerate at all</th>
<th>Midpoint</th>
<th>Heartbeat noticeably accelerated</th>
</tr>
</thead>
</table>

35. While taking a course examination, to what extent do you worry?

<table>
<thead>
<tr>
<th>Worry a lot</th>
<th>Midpoint</th>
<th>Worry not at all</th>
</tr>
</thead>
</table>

36. Before taking a course examination to what extent do you worry?

<table>
<thead>
<tr>
<th>Worry a lot</th>
<th>Midpoint</th>
<th>Worry not at all</th>
</tr>
</thead>
</table>

37. While taking a course examination, to what extent do you perspire?

<table>
<thead>
<tr>
<th>Never perspire</th>
<th>Midpoint</th>
<th>Perspire a lot</th>
</tr>
</thead>
</table>

38. Before taking a course examination, to what extent do you perspire?

<table>
<thead>
<tr>
<th>Never perspire</th>
<th>Midpoint</th>
<th>Perspire a lot</th>
</tr>
</thead>
</table>

39. When, in your opinion, you feel well prepared for a course examination, how do you usually feel just before the examination?

<table>
<thead>
<tr>
<th>Confident</th>
<th>Midpoint</th>
<th>Anxious</th>
</tr>
</thead>
</table>
THE MIDPOINT IS ONLY FOR YOUR GUIDANCE. DO NOT HESITATE TO PUT A MARK (X) ON ANY POINT OF THE LINE AS LONG AS THAT MARK REFLECTS THE STRENGTH OF YOUR FEELING OR ATTITUDE.
Appendix B

Test Anxiety Questionnaire (College Form)

Scoring Instructions

The questionnaire is usually administered in group session and the examiner impresses on the Ss the need for frankness and for considering each question carefully before answering.

For scoring purposes Items No. 1, 2, 3, and 16 are eliminated. Each of the other 35 items is scored on a ten-interval scale. The graphic scale is divided into ten equal intervals and the item is scored depending into which interval the S's mark falls. The interval at the low end of the scale, i.e., that end which indicates little or no anxiety reactions, is given a score of 1, the next one a score of 2, and so on up to the high anxiety end of the scale which is given a score of 10. For ease of scoring, we have found that a transparent overlay prepared for each page of the questionnaire provides a rapid and reliable scoring procedure.
Appendix C

I am volunteering to participate in Bob Juda's thesis experiment and agree to be available—and on time—for sessions each (day) at (time). I am aware that this study will be six (6) weeks in duration with one (1) hour of testing before and one (1) hour of testing after the completion of the study; eight (8) hours total over a six (6) week period.

X
Appendix D

Systematic Desensitization Treatment Manual

This treatment is basically the Systematic Desensitization Therapy of Wolpe, with several modifications directed toward reducing the number of sessions required for anxiety reduction. There are five major procedures involved in the use of this technique: (1) exploration of history and current status of symptoms; (2) explanation of rationale; (3) construction of anxiety hierarchy; (4) training in progressive relaxation; and (5) desensitization proper—working through the hierarchy under relaxation.

Although flexibility is normally the rule with this approach, the goals of research require that all therapists follow the outlined procedures as closely as feasible. Unlike the interpretation given by several writers in the area, this procedure is not to be carried out as a cold, manipulative operation; instead the therapist should be as warm, interested, and helpful as he would be in any helping relationship. The main difference between this approach and more traditional methods is that the therapist openly guides and directs the course and content of treatment, with a minimum of time and effort spent on introspection, and little or none spent on the client's searching for etiological factors. All happenings and incidences will be interpreted within this system if questioned, and dynamics left uninterpreted unless questioned. If questioned, interpret in a general manner—only superficially. In any case, it is most important that the therapist remain confident and stay with this specific treatment. Since the "target behavior" (test anxiety) will have been determined prior to the therapist's contact with the client, focus on retraining will begin with the first session, with desensitization proper beginning in the second session.

The following time schedule should handle most clients.

First Session:
1. Exploration of history and current status of symptoms. (5-10 minutes)
2. Explanation of rationale and course of treatment (5-10 minutes)
4. Training in progressive relaxation (20-35 minutes).
   Test imagery if time available.
Second to fifth sessions:
1. Check on success with relaxation and correct any
problems arising (2-10 minutes).

2. Induce relaxation—present visualizations.

3. Check on images and anxiety both in treatment and outside.

**SPECIFIC PROCEDURES**

1. Exploration of history and current status of symptoms.
   For the research project, this phase will be relatively short, serving primarily as an "icebreaker" and as a period in which to establish rapport. To help describe subjects and to further therapist understanding, determine (a) how long the subject has experienced performance anxiety, (b) to what degree performance anxiety interferes with functioning, and (c) whether other social or evaluative situations also arouse anxiety. This should be completed in no more than 10 minutes of the first session.

2. Explanation of rationale and course of treatment. It is important that each subject understand and accept the treatment process. Both the theory and course of treatment should be briefly explained and repeated if questions arise. It should be made clear that the anxiety is a result of learning, and that the treatment is a learning process. If any subject seems to have trouble understanding, rephrase your explanation in language he can understand. Be sure to allay any doubts the more sophisticated subjects may have, e.g. "this does not produce inhibitions that might lead to symptom substitution, but is desensitizing—removing the problem." The following brief explanation usually suffices for introductory purposes.

   "The emotional reactions that you experience are a result of your previous experiences with people and situations; these reactions oftentimes lead to feelings of anxiety or tenseness which are really inappropriate. Since perceptions of situations occur within ourselves, it is possible to work with your reactions right here in the office by having you image or visualize those situations.

   "The specific technique we will be using is one called desensitization. This technique utilizes two main procedures—relaxation and counterconditioning—to reduce your anxiety. The relaxation procedure is based upon years of work that was started in the 1930's by Dr. Jacobsen. Dr. Jacobsen developed a method of inducing relaxation that can be learned very quickly, and which will allow you to become more deeply relaxed than ever before. Of course, the real advantage of relaxation is that the muscle systems in your body cannot be both tense and relaxed at the same time; therefore, once you have learned the relaxation technique, it can be used to counter anxiety, tenseness, and feelings like those you experience in the test situation.

   "Relaxation alone can be used to reduce anxiety and tension and I'll be asking you to practice relaxation
between our meetings. Often, however, relaxation is inconvenient to use, and really doesn't permanently overcome anxiety. Therefore, we combine the relaxation technique with the psychological principle of counterconditioning to actually desensitize situations so that anxiety no longer occurs.

"The way in which we will do this is to determine the situations in which you become progressively more anxious, building a hierarchy from the least to the most anxious situations with regard to taking a test. Then I will teach you the technique of progressive relaxation, and have you practice this. You will see how this operates in a few minutes when we actually start training. After you are more relaxed than ever before, we will then start counter-conditioning. This will be done by having you repeatedly imagine the specific situations from the anxiety hierarchy while under relaxation. By having you visualize very briefly, while you are deeply relaxed, the situations that normally arouse anxiety, those situations gradually become desensitized, so that they no longer make you anxious. We start with those situations that bother you the least, and gradually work up to the test itself. Since each visualization will lower your anxiety to the next, a full-fledged anxiety reaction never occurs.

"We've used these procedures on many different types of clinical problems, including several students with performance anxiety, with excellent results. Most of these procedures will become clearer after we get into them. Do you have any questions before we continue?

3. Construction of anxiety hierarchy. The anxiety hierarchy is one of the most important aspects of this treatment. The object is to determine situations related to testing which run from very slight, controllable amounts of anxiety to the most extreme anxiety attendant upon the actual taking of the test. It is not necessary to determine every instance, since generalization from one instance to another will bridge the gap. It is necessary to determine situations close enough together to allow generalization to occur.

3a. The basic test anxiety hierarchy. Based upon interviews with students and analysis of the situation, the following temporal hierarchy should form the basic framework, thus reducing the time involved. The (0) item should be non-anxious and used to test imagery.

(0) lying in bed in room just before going to sleep—describe room.
(1) the teacher announces and discusses a course examination with the class
(2) one month before an important exam.
(3) two weeks before an important exam.
(4) one week before an important exam.
(5) three days before an important exam.
(6) two days before an important exam.
(1) one day before an important exam.
(2) cramming for an exam the night before.
(3) on the way to school the day of an examination.
(4) entering the room where an exam is to be given.
(5) sitting at your desk and waiting for the distribution of the exams.
(6) the examination paper lies face down on the desk.
(7) in the process of taking an exam.
(8) seeing an exam question and not being sure of the answer.
(9) having thirty minutes left to complete an examination and an hour's worth of work to do.

This hierarchy is to serve only as a guide; each subject should have his own. The procedure is as follows. First explain that you wish to determine specific situations from the least to the most anxiety producing. Ask the subject when he first notices feelings of tenseness and anxiety; then work through each of the items to determine if some items should be excluded or others included. Write down the specifics associated with each item, so that you may better control the imagery of the subject, i.e., exactly where the subject studies, cues in the room, times, etc. You should have enough understanding so that, if necessary, you may "fill in" another item during desensitization without help from the subject. Most hierarchies will not be shorter than 8 items, nor longer than 12 items.

4. Training in progressive relaxation. This is a most important procedure, and one that should be mastered. It should be explained to the subject that this technique will take some time (20-35 minutes) at first, but as he learns, the time for inducing deep relaxation will be shortened. Training begins by having the subject systematically tense his gross-muscle systems, holding them tense until you say "relax" at which time the subject lets go immediately. If the muscles are first tensed, they will relax more deeply when they are released. Also explain that you want the subject to focus all his attention on each muscle system as you work through the various groups, so that after practice he will not have to tense the muscles first in order to achieve deep relaxation.

4a. The Method. Seat the subject in an overstuffed chair, with the therapist sitting slightly to one side. Legs should be extended, head resting on the back of the chair, and arms resting on the arms of the chair. No part of the body should require the use of muscles for support. Have the subject close his eyes to minimize external stimulation. The room should be quiet and lights dimmed if possible.

(1) Instruct the subject to "make a fist with your dominant hand (usually right). Make a fist and tense the muscles of your (right) hand and forearm; tense until it trembles. Feel the muscles pull across your fingers and
the lower part of your forearm." Have the subject hold this position for 5 to 7 seconds, then say "relax" instructing him to just let his hand go: "Pay attention to the muscles of your (right) hand and forearm as they relax. Note how these muscles feel as relaxation flows through them" (10 to 20 seconds).

"Again tense the muscles of your (right) hand and forearm. Pay attention to the muscles involved" (5-7 seconds). "O.K., relax; attend only to those muscles, and note how they feel as the relaxation takes place, becoming more and more relaxed, more relaxed than ever before. Each time we do this you'll relax even more until your arm and hand are completely relaxed with no tension at all, warm and relaxed."

Continue until subject reports his (right) hand and forearm are completely relaxed with no tension (usually 2-4 times is sufficient).

(2) Instruct the subject to tense his (right) biceps, leaving his hand and forearm on the chair. Proceed in the same manner as above, in a "hypnotic monotone," using the (right) hand as a reference point, that is, move on when the subject reports his biceps feels as completely relaxed as his hand and forearm.

Proceed to other gross-muscle groups (listed below) in the same manner, with the same verbalization. For example: "Note how these muscles feel as they relax; feel the relaxation and warmth flow through these muscles; pay attention to these muscles so that later you can relax them again." Always use the preceding group as a reference point for moving on.

(3) Nondominant (left) hand and forearm—feel muscles over knuckles and on lower part of arm.

(4) Nondominant (left) biceps.

(5) Frown hard, tensing muscles of forehead and top of head (these muscles often "tingle" as they relax).

(6) Wrinkle nose, feeling muscles across top of cheeks and upper lip.

(7) Draw corners of mouth back, feeling jaw muscles and cheeks.

(8) Tighten chin and throat muscles, feeling two muscles in front of throat.

(9) Tighten abdominal muscles—make abdomen hard.

(10) Tighten muscles of upper right leg—feel one muscle on top and two on the bottom of the upper leg.

(11) Tighten chest muscles and muscles across back—feel muscles pull below shoulder blades.

(12) Tighten right calf—feel muscles on bottom of right calf.

(13) Push down with toes and arch right foot—feel pressure as if something were pushing up under the arch.

(14) Left upper leg.

(15) Left calf.

(16) Left foot.
For most muscle groups, two progressions will suffice. Ask the subject if he feels any tension anywhere in his body. If he does, go back and repeat the tension-release cycle for that muscle group. It is often helpful to instruct the subject to take a deep breath and hold it while tensing muscles, and to let it go while relaxing. Should any muscle group not respond after four trials, move on and return to it later. Caution: some subjects may develop muscle cramps or spasms from prolonged tension of muscles. If this occurs, shorten the tension interval a few seconds, and instruct the subject not to tense his muscles quite so hard.

Although the word "hypnosis" is not to be used, progressive relaxation properly executed, does seem to resemble a light hypnotic-trance state, with the subject more susceptible to suggestion. Relaxation may be further deepened by repetition of suggestions of warmth, relaxation, etc. Some subjects may actually report sensations of disassociation from their bodies. This is complete relaxation and is to be expected. Subjects should be instructed to speak as little as possible while under relaxation.

In bringing subjects back to "normal" the numerical method of trance termination should be used: "I'm going to count from one to four. On the count of one, start moving your legs; two, your fingers and hands; three, your head, and four, open your eyes and sit up. One—move your legs; two—move your fingers and hands; three—move your head around; four—open your eyes and sit up." Always check to see that the subject feels well, alert, etc., before leaving.

The subject should be instructed to practice relaxation twice a day between sessions. He should not work at it more than 15 minutes at a time, and should not practice twice within any three-hour period. He should also practice alone. Relaxation may be used to get to sleep if practiced while horizontal; if the subject does not wish to sleep, he should practice sitting up. Properly timed, relaxation can be used for a second wind during study.

By the third session, if the subject has been practicing well, relaxation may be induced by merely focusing attention on the muscle groups, and instructing the subject to "concentrate" on muscles being relaxed, "warm," etc. However, if any subject has difficulty following straight suggestions, return to the use of tension-release.

5. Desensitization proper — working through the hierarchy under relaxation. Preparatory to desensitization proper, usually at the end of the first session, the subject's imagery should be tested. This may be done by asking him to visualize item (O): "Now visualize yourself lying in bed in your room just before going to sleep. Describe what you see. Do you see it clearly? Do you see color? Do you feel as if you were there? All right, now stop visualizing that and go on relaxing." Some subjects may report clear, distinct images, as if they were watching a movie; this is fine, but not necessary. The minimum requirement is that
their visualizations be as clear as a very vivid memory. Describing these visualizations as a dream is often helpful. With more practice, images will usually become clearer. It is also important that the subject can start and stop an image on request, and this should be determined. If difficulties arise in any of these areas, present a few more common, nonanxious images, describing for the subject just what he would experience; for example, entering the office. It is important that the subject visualize situations as if he were there—not watching himself!

Before inducing relaxation in the second session, explain exactly what you'll be asking the subject to do, since his verbalizations are to be kept at a minimum. Tell him that if anytime during the session he feels any tension or nervousness whatever, to signal by raising his (right) index finger. This is important, and should be made clear from the beginning.

After relaxation is induced, presentation of images begins with item (1). "Now I want you to visualize yourself sitting alone in your room two weeks before a test, thinking about tests" (10 seconds). "Stop visualizing that, and go on relaxing." Ask if the subject felt any tension and if he was able to start and stop the image on request. Then repeat item (1) again. "One more time, visualize yourself, two weeks before a test, sitting alone in your room thinking about taking a test" (10 seconds). "Stop visualizing that, and go on relaxing—completely relaxed, no tension anywhere in your body, warm and relaxed."

Follow the above paradigm throughout the hierarchy if the subject does not become anxious: i.e., present each item in the hierarchy, specifying all major aspects of the image. Allow 10 seconds to elapse after each presentation, then instruct the subject to "stop visualizing that, and go on relaxing." Continue suggestions of warmth, relaxation, lack of tension, heaviness, etc., for 30 to 45 seconds, and again present the image. Present each item in the hierarchy at least twice. If the subject does not signal anxiety, and the therapist does not detect anxiety during two 10 second presentations of an item, move on to the next item in the hierarchy.

If, on the other hand, the subject signals anxiety or the therapist detects anxiety in the subject, immediately instruct the subject to "stop visualizing that, and go on relaxing." Then continue with suggestions of relaxation (at least one minute) until the subject reports as deep a relaxation as before. Then inform him that you will shorten the presentation so that anxiety will not occur. Then, present the same item again for a period of only 3 to 5 seconds. If anxiety is still aroused, drop back to a 10-second presentation of the previous item in the hierarchy. If, however, the 3 to 5-second presentation does not arouse anxiety, give 30 to 45 seconds of relaxation suggestions.
and present the same item again for 5 seconds, then 10
seconds, then 20 seconds. If the item can be presented
for 20 seconds, move on to the next item in the hierarchy.

It is precisely at these points that clinical sensi-
tivity must guide the presentations: one must know when to
move back, when to construct new items and when to move on
up the hierarchy. However, the above guidance should
handle most situations. Some items may require as many as
8 to 12 presentations of differing time intervals, with lower
level items interspersed. Most items will be handled
successfully in 2 to 4 presentations.

Never end a session with a presentation that arouses
anxiety. Approximately 5 to 10 minutes before the end of
a session, either stop with a successful item, or go back to
the previous item in the hierarchy. "Awaken" the subject
and discuss the session with him, reassuring him about any
difficulties that may have come up. If by some quirk any of
the presentations are nullified, or they do not carry over
into real life, rapidly repeat those items in the next
session. Normally, each session will begin with a single
presentation of the last successfully completed item.

All subjects should easily complete the hierarchy in
the five sessions. However, if any subject does not com-
plete the hierarchy, take note of the number of items still
to be covered, so this fact may be taken into account in
evaluation. As many as six of the easier items may be
covered in the second session, and only one or two items in
later sessions; however, be sure to keep a record for each
subject so that the proper items are covered.
Appendix E
Guidelines for Insight Psychotherapy

The BASIC PRINCIPLES which guide the therapist in all non-directive therapeutic contacts are very simple, but they are great in their possibilities when followed sincerely, consistently, and intelligently by the therapist.

The principles are as follows:

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child’s ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child’s.
6. The therapist does not attempt to direct the child’s actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.
Appendix F

Anxiety Hierarchy

NAME ___________________________ GROUP ___________________________

Each statement below describes a situation that is in some way related to taking examinations. If you found yourself in any one of these situations, you might be bothered quite a bit—somewhat—not at all. Look over the list of situations. If you can think of other situations which bother you in relation to taking exams, add these situations to the list. You do not have to add any situations, but please feel free to do so.

When the list seems to contain all of the situations that might bother you, look it over again for a moment. Then pick the situation that would bother you the most and place a 1 beside it. Next, look at the remaining situations. Of these, pick the one that would bother you the most and place a 2 beside it. Continue with this procedure until you have ranked all of the items on the list, including any that you may have added.

___ on the way to school the day of an examination
___ in the process of taking an exam
___ sitting at your desk and waiting for the distribution of the exams
___ cramming for an exam the night before
___ entering the room where an exam is to be given
___ the teacher announces and discusses a course examination with the class
___ having thirty minutes left to complete an examination and an hour's worth of work to do
___ seeing an exam question and not being sure of the answer
___ the examination paper lies face down on the desk
___ one day before an important exam
___ two days before an important exam
___ three days before an important exam
one week before an important exam.
two weeks before an important exam.
one month before an important exam.
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