West, William George, Jr., *The Effects of Two Types of Group Counseling Procedures with Junior College Students.*

Doctor of Philosophy (Counseling and Personnel Administration), August, 1971, 127 pp., 14 tables, bibliography, 124 titles.

The problem with which this investigation was concerned was to measure personal adjustment, emotional adjustment, home adjustment, and self-concept changes that took place in junior college students as a result of one-counselor group counseling and male-and-female co-counselor group counseling. The rationale for male-and-female co-counselor group counseling relied on the formation of a simulated family in which individuals could socialize their feelings.

The subjects were seventy-five volunteer junior college students enrolled in two introductory psychology classes. All volunteers were administered the Adjective Check List, the Bell Adjustment Inventory, and the Tennessee Self-Concept Scale.

Subjects were randomly assigned to three groups: (1) experimental group A, which consisted of twenty-five subjects subdivided into two counseling groups of twelve subjects and thirteen subjects counseled by the same male and female co-counselors; (2) experimental group B, which consisted of twenty-five subjects subdivided into a counseling group of thirteen subjects counseled by a female counselor and a group
of twelve subjects counseled by a male counselor; and (3) a control group of twenty-five subjects who were involved in typical classroom activities such as listening to lectures and viewing films.

Fourteen counseling sessions lasting approximately one hour per week were arranged with each group. Four group facilitators, having at least a master's degree in counseling and experience in group counseling, were selected as the counselors for this study. The measuring instruments were administered to the subjects at three different times: pre-treatment, mid-treatment, and post-treatment.

Significant differences were found between the one-counselor group and the co-counselor group and between the control group and the co-counselor group in personal adjustment. However, the one-counselor group and the control group changed in a positive direction, whereas the co-counselor group changed in a negative direction. No significant differences were found among the three groups in home adjustment or self-concept. Significant differences were found among all three groups in emotional adjustment at the end of seven weeks. The significance of change, however, was not in the hypothesized direction. Significant differences were found between the co-counselor group and the control group in emotional adjustment at the end of fourteen weeks.
The findings indicated that short-term (seven weeks) one-counselor group counseling was more effective than was either short- or long-term male-and-female co-counselor group counseling or long-term one-counselor group counseling.

Although no statistically significant changes were found on some of the criterion measures of behavioral change, subjective counselor observations indicated students in male-and-female co-counselor group counseling had more positive changes when compared to the one-counselor group. The various subjective responses included positive changes in self-concept and students' becoming more friendly and accepting toward other group members. This discrepancy between subjective reports of counselors and the actual test data suggest that more refined instruments are needed to tap the sensitive changes that occur in group counseling participants.
THE EFFECTS OF TWO TYPES OF GROUP COUNSELING PROCEDURES WITH JUNIOR COLLEGE STUDENTS

DISSERTATION

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

For the Degree of

DOCTOR OF PHILOSOPHY

By

William George West, Jr., B.A., M.S.

Denton, Texas

August, 1971
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CHAPTER 1

INTRODUCTION

In recent years the concept of the junior college has played a significant role in higher education. In fact, student enrollment approximately doubled from the years 1955 to 1965 (44). Future estimates by experts (18) in junior college administration indicate an even more astonishing period of growth in the 1970's.

This tremendous increase in student enrollment among junior colleges is partially a result of the "Open Door" admissions policy, that is, admitting students regardless of aptitude or past achievement. This policy of many junior colleges in admitting almost anyone who applies has produced these results: (1) enrollments are generally high with student-teacher ratio and counselor-client ratios being correspondingly high; (2) although there is great diversity in terms of academic ability the typical student is either average or below average in achievement and aptitude when compared to students enrolled in four-year colleges; (3) the junior college student comes from a middle-class or lower-middle-class environment; (4) many of these students will either drop out, fail out, or terminate their education during this
two-year period (51). In addition Bown and Richer (5) have pointed out that junior college students are in relatively poorer mental health when compared to senior college students. Tillery (55) contends that junior college students have significantly different educational and vocational goals in comparison to their senior college counterparts. It appears, therefore, that the junior college with its varied population is greatly in need of counseling services to assist students.

Adjustment to college life is a difficult experience for many students and frequently nothing is done to help. Students who fail to make adequate adjustment in college may be perceived as a loss in an individual sense as well as a loss to society. Group counseling seems to offer the best answer to the solution of many of the problems faced by college students. Broedel, Ohlsen, Proff and Southard (6) suggest that group counseling is most suited for adolescents in need of peer support and understanding in their rebellion against authority.

They [adolescents] believe that their peers can and want to understand them. Because they often use peers as models and they want to win peer acceptance, adolescents appreciate the opportunity to exchange ideas with peers in a permissive and accepting group. Inasmuch as they are struggling for independence from adults, they also prefer peers' assistance in solving their problems. Moreover, they are genuinely reassured when they discover that their peers have problems similar to their own (6, p. 547).
That group counseling is effective in helping college students with their problems is supported by a multitude of research studies. In a review of group procedures with college students, LeMay (32, p. 293) emphasizes that "the evidence in support of group procedures at the college level cannot be ignored." Studies have been cited in which group procedures were found effective in promoting academic recovery (46, 1, 37, 24, 47, 33, 55, 8, 41) and assisting students in orientation to college (60, 2, 7, 59, 58, 49, 45). Larson (28) found improvement in students' personalities and increased realism in self perception as a result of group guidance courses in the junior college. Other studies have found group counseling to be effective in bringing about increases in ego strength (17), improvement in reading ability and study habits (28), and increase in self actualization (31).

As the research cited above indicates, the traditional approach of using either a male or female counselor in group counseling with college students has had favorable results. However, as is indicated by Kagen (25), research investigating comparative group counseling approaches with the college population is lacking. There is a particular need to investigate the effect of a male and female co-counselor combination in group counseling. The significance of a male and female co-counselor group counseling relationship becomes apparent
when compared to the family unit in our society and the impact family units have on the mental health of members (40, 4, 24, 36, 42, 50). Older more traditional counseling methods, such as one counselor per group, seem inappropriate in alleviating problems resulting from inadequate relationships within the family.

The thesis of this study was that the group counseling process is enhanced by the use of male and female co-counselors in the group. The primary advantage of the male and female co-counselor approach in group counseling lies in its potential for helping individuals to socialize their feelings in a simulated family environment. In a review of the literature on group psychotherapy, Mintz (39, p. 293) states that "it seems to be accepted as an axiom that every patient must work through problems originating in a two-parent family, and therefore joint treatment by a male and female therapist seems a natural and almost inevitable development in psychotherapeutic technique." However, as is readily recognized, not all problems in a family occur in two-parent families. There are many families with only one parent present. According to Warters (56) an individual's perception of self in relation to others becomes distorted within groups, most often the family group. She theorizes that a person is helped to redefine the self and correct distortions by working on his problems in a situation similar to the one that created his
need for distortion. Lundin and Aranov (35) suggest that "of all the factors operating in the co-therapist method the most outstanding is observed to be the simulated family setting which is created by the presence of two authority figures" (35, p. 78). In this situation the adolescent must learn to adjust to a reality determined by the presence of male and female adult figures.

Since many of the problems of adolescents are a result of inadequate family situations, it seems that a modified group counseling approach that incorporates the dynamics of the family is needed. A co-counselor group procedure would more realistically assist the adolescent in making appropriate adjustments involved in the complex multiple relationships that exist in life.

During the last few years in our society there have been shifting definitions of masculinity and femininity which have resulted in confusion among adolescents about their sexual role (37). Male and female co-counselor group counseling could assist participants in resolving some of this confusion by providing members with an opportunity to experience a wider range of masculine and feminine qualities. In a broad sense male and female co-counselors represent not only parental figures but also stand for masculine and feminine authority against whom various stereotypes can be tested. Male and female counselors also serve as models, thus encouraging a
greater understanding and acceptance of the male and female sexual role.

Structurally the male and female co-counselor group presents many possible relationships and significant changes often take place in the adolescent as he attempts and succeeds in simultaneously reaching two authority figures (40). In this new relationship older, inadequate attitudes may be discarded and newer understandings brought forth.

Statement of the Problem

The problem of this study was to measure personal adjustment, emotional adjustment, home adjustment, and self-concept changes that took place in junior college students as a result of one-counselor group counseling and male and female co-counselor group counseling.

Hypotheses

The following hypotheses were tested:

I. Students in co-counselor group counseling will have a significantly greater mean gain in personal adjustment as measured by the Adjective Check List than will students in one-counselor group counseling or the control group at the end of seven weeks.
II. Students in co-counselor group counseling will have a significantly greater mean gain in personal adjustment as measured by the Adjective Check List than will students in one-counselor group counseling or the control group at the end of fourteen weeks.

III. Students in co-counselor group counseling will have a significantly greater mean gain in home adjustment as measured by the Bell Adjustment Inventory than will students in one-counselor group counseling or the control group at the end of seven weeks.

IV. Students in co-counselor group counseling will have a significantly greater mean gain in home adjustment as measured by the Bell Adjustment Inventory than will students in one-counselor group counseling or the control group at the end of fourteen weeks.

V. Students in co-counselor group counseling will have a significantly greater mean gain in self-concept as measured by the Tennessee Self-Concept Scale than will students in one-counselor group counseling or the control group at the end of seven weeks.

VI. Students in co-counselor group counseling will have a significantly greater mean gain in self-concept as measured by the Tennessee Self-Concept Scale than will students in one-counselor group counseling or the control group at the end of fourteen weeks.

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group counseling or the control group at the end of fourteen weeks.

Background and Significance of the Study

Co-counselor group counseling came into existence as a
device for training therapists. Hadden (21) had students of medicine
and psychiatry observe groups of his patients and in later sessions
these students alternated as group leaders. This approach seemed to
compensate for the sketchy preparation in medical schools for an
appreciation of the nature of mental illness, its symptomatology and
classification. The group therapy situation was the first opportunity
these students of medicine and psychiatry had to work with neurotic
patients in an intimate and prolonged basis. Hadden felt that begin-
ning psychiatrists should be more familiar with various therapeutic
procedures in order to treat patients satisfactorily or to be able to
refer them for specialized treatments. In addition to giving the
students a better understanding of psychotherapeutic mechanisms,
co-counseling assisted these participants in developing insight into
some of their own personality problems.
Haigh and Kell (22) concluded from their experience that the co-leader approach was more beneficial than post-session supervision because it allowed inexperienced students to participate as leaders and at the same time enhance their own personal growth. In addition, the hidden difficulties and mistakes of students in training were more easily recognized and dealt with more openly.

Another factor contributing to the development and increased use of co-therapist group therapy was the increased recognition that the traditional psychoanalytic approach was not optimally effective in helping certain patients (13, 57). Even modified short-term psychoanalytic approaches seemed inadequate and a search developed for methods which would be appropriate for more patients. Co-therapy seemed to be effective with "difficult patients" and especially at those times when individual therapy appeared to be at a standstill (40). Dyrud and Rioch (13) suggested that co-counselor group therapy was particularly effective as a method for rapid clarification of transference and countertransference problems. Another particularly gratifying outcome of co-therapy they found was improved working relationships among staff members.

According to Mullan and Sangiuliano (40) the introduction of the use of co-therapists in groups was largely the result of therapists' recognition of their own limitations. Mullan and Sangiuliano concluded
from their review of the literature that many of the problems frequently present in group therapy, such as resistance and defensiveness among participants, could be more effectively handled by two therapists. The additional therapist helped his partner to overcome the insecurity and feelings of inadequacy frequently held by a single therapist in group therapy. In addition the presence of co-therapists seemed to be an appropriate approach in dealing with drives toward domination, submission and the bid for status and acceptance activated by groups which served as substitutes for the family. Because of the intensity of human interaction within the group setting, Mullan and Sangiuliano theorized that there was a need for an additional therapist who could give support and assist in establishing greater ease and security with the group.

The use of opposite sex co-counselors in groups has been virtually non-existent in educational settings. However, studies utilizing other co-counseling approaches with comparatively normal clientele in schools and colleges have been reported (15, 38, 53, 29, 26, 30). These were mostly problem centered, descriptive, exploratory studies which often ignored the complexity of co-counseling. Some studies stated only that co-counseling was employed while neglecting to mention data regarding the co-counseling treatment used, the training and experience of the counselors, and other pertinent
information. Thus various group counseling approaches have been employed with varying degrees of success with students. Support may be found for one-counselor group counseling and for male and female co-counselor group counseling, and each approach seems to have a number of favorable aspects.

The use of co-counselor group counseling provides some advantages not generally associated with one-counselor group counseling or individual counseling. These advantages may occur in co-counseling involving counselors of the same sex or opposite sex.

1. Co-counselors provide the opportunity for more counselor feedback in a dynamic group situation. Lundin and Aranov (35, p. 79) concluded that "few therapists can treat all kinds of patients with equal success. Whatever may be the blind spots of the individual therapists, the chances are slight that they would occur in similar areas where two therapists are involved."

2. The mere presence of co-counselors may indicate greater interest in the client and his welfare than if only one counselor were present.

3. Co-counselors having different orientations and styles can interact and gain insight from each other and clients can determine the counselor with whom they can communicate most effectively.
4. Ordinarily not more than six to eight clients can be adequately counseled by one counselor. However, with a broader dynamic co-counselor group situation more clients could be counseled.

5. Co-counselors can observe the group interaction for research purposes and after the counseling sessions check out their "inter-judge reliability."

6. Co-counselors can contribute to closer staff relations in the school setting through the common experience of utilizing a team approach.

7. Co-counselors may help teachers and other professionals gain a better understanding of the counseling function and consequently become more optimistic and enthusiastic about seeing the counseling program implemented.

The advantages of having male and female co-counselors as advocated by various writers (9, 34, 35, 43) include:

1. Male and female co-counselors provide a situation involving counseling in a simulated family and society milieu.

2. Male and female co-counselors promote positive identification for clients whose homes have been characterized by parental conflict, separation, or death. If the group is perceived as a model family this may serve as a "corrective emotional
experience" for the client.

3. Re-experiencing the family constellation may help provide appropriate authority-student interactions, peer relationships, achievement motivation, study habits, and career aspirations (10).

4. Clients may re-experience their habitual attempts to divide and conquer their parents for their own personal gains. These methods of asserting themselves can be confronted and dealt with.

5. With the diversity of maturity levels in a group of adolescents the presence of male and female counselors allows for identification at more than one level. Some clients may identify with a parent image and others with a sibling image.

6. Group members can observe that male and female adults work out potential conflicts and in this sense the co-counselors may serve a role models of good interpersonal relationships for clients.

7. Male and female counselors possess a wealth of experience that can be shared and reality tested in group counseling.

8. Co-counseling provides an opportunity for the client to experience a genuinely accepting and permissive atmosphere from male and female adult figures.

9. Co-counseling provides the opportunity to perceive and interact with peers within the framework of a therapeutic male and
female adult counselor group.

10. Male and female co-counselors provide for a more valid observation of transference phenomena at various levels.

Since the male and female co-counselor approach provides distinct advantages over one counselor group counseling, including a more intensive experience in a dynamic group setting, it appears that this approach to group counseling offers more possibilities for clients to change. For example, this male and female co-counselor group situation involving realistic complex multiple relationships would seem to provide clients with more opportunity for constructive adjustment and attitudinal and personality changes.

If research studies can indicate that one approach to group counseling is more effective in producing adjustment, and attitudinal and personality changes, then much wasted effort, time, and expense in counseling college students can be eliminated. Increased concentration on the most effective group counseling approach would result in better utilization of counseling services. Also, in order to determine the optimum length of time needed to assist students in their efforts to change and to evaluate the overall process involved in counseling, it would be desirable to measure adjustment and attitudinal and personality characteristics in clients at periodic times during their group counseling experience.
Definition of Terms

1. Group counseling—is defined as:

... a dynamic interpersonal process focusing on conscious thought and behavior and involving the therapy functions of permissiveness, orientation to reality, catharsis, and mutual trust, caring, understanding, acceptance, and support. The therapy functions are created and nurtured in a small group through the sharing of personal concern with one's peers and the counselor(s). The group counselees are basically normal individuals with various concerns which are not debilitating to the extent of requiring extensive personality change. The group counselees may utilize the group interaction to increase understanding and acceptance of value and goals and to learn and/or unlearn certain attitudes and behaviors (16, p. 309).

2. Co-counselor group counseling—is a group counseling procedure, as defined above, utilizing two counselors (male and female). In this situation clients may explore problems that are significant to them within the security of a group of peers experiencing common problems and with whom they can identify. The group is characterized by permissiveness, acceptance, protection, and privileged communication. Fear of external direction or the pressure of adult coercion is absent. The clients perceive these adults in a new role; that is, as helpful, non-judgmental and non-threatening adults. There develops a deep feeling between both counselors which increases the intensity of the therapeutic field and allows them to respond to group members in a more meaningful and integrated manner. The
outcome is not merely two counselors interacting with a client but a close, responsible interaction of all those participating in order to discover who they are.

3. Self-Concept--refers to how an individual perceives himself:

... it reflects the overall level of self-esteem. Persons with high scores (total P scores on the Tennessee Self-Concept Scale) tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. People with low scores are doubtful about their worth; see themselves as undesirable; often feel anxious, depressed, and unhappy; and have little faith or confidence in themselves. ... The individuals' concept of himself has been demonstrated to be highly influential in much of his behavior and also to be directly related to his general personality and state of mental health (14, pp. 1-2).

4. Emotional Adjustment--(Emotionality) refers to the individual's feelings and to a lesser extent, thoughts which carry a heavy load of emotion. Often a high score on this section of the Bell Adjustment Inventory is symptomatic of general unresolved problems of learning to accept, express, and control one's emotions.

... the feelings tapped are essentially negative feelings about the self, although a few items deal with such feelings as they may have been projected into the environment. ... High scores on Emotionality suggest that the student has concern in one or more of the following areas: 1. a tendency to live in a world of daydreams and to imagine things, 2. volatile feelings such as fear, anger, and excitement, 3. depressive feelings coming from isolation and from feelings
of inferiority, 4. the feeling that one is the victim of fate and misfortune, 5. feelings of guilt, 6. feelings of self-consciousness, and easily hurt feelings, 7. worry, anxiety, and nervousness (3, p. 9).

5. Home Adjustment--reflects the degree of tension in the home life of the individual as measured by the Bell Adjustment Inventory.

High scores on Home Adjustment tend to be associated with one or more of these conditions in the family: 1. inability to live up to the expectations of one or both parents, 2. role reversals of parents, 3. feelings of parental rejection, 4. persistent tensions in the home, 5. arbitrary restriction and non-affectionate discipline, 6. sibling rivalries, 7. inability to identify with or relate to one or both parents, 8. divorce or separation in the home, 9. possessive parents, 10. fear of parents. In most instances low scores mean that the student is getting along well at home and that this phase of his adjustment is satisfactory to him (3, pp. 6-7).

6. Personal Adjustment--refers to the individual's attitude toward life as measured by the Adjective Check List.

The high scoring subject is seen as dependable, peaceable, trusting, friendly, practical, loyal, and wholesome. He fits in well, asks for little, treats others with courtesy, and works enterprisingly toward his own goals. . . . The subject low on the personal adjustment scale sees himself as at odds with other people and as moody and dissatisfied. This view is reciprocated by observers, who describe the low scorer as aloof, defensive, anxious, inhibited, worrying, withdrawn, and unfriendly (19, p. 7).
Limitations of the Study

This study was limited to students enrolled in two introductory psychology classes at Tarrant County Junior College in Fort Worth, Texas.


27. Kemp, C. Gratton, "Behaviors in Group Guidance (Socio-Process) and Group Counselor (Psyche Process)," Journal of Counseling Psychology, X (Fall, 1963), 373-377.


51. Speegle, Philip, Lecture to the Faculty of Tarrant County Junior College, Fall, 1968.


58. Williams, C., "An Experimental Study to Determine the Effectiveness of the Freshmen Orientation Course at North Texas State College," Dissertation Abstracts, XIX (1959), 3241-3242.


CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Professionals in the field of group counseling and group psychotherapy have had difficulty in trying to decide what exactly constitutes group counseling. Gundlach (22, p. 176) concluded that "there is no simple, universal patient; there is no universal treatment named group therapy; and there is no simple, wonderful, universal outcome measure." Thus despite the fruits of some productive research there still seems to be sporadic confusion regarding the definition of group counseling, types of clients who would best benefit from the group counseling experience, and specific criteria employed to evaluate group counseling outcomes. Moreover, Anderson (3) states that there is still no body of theoretical knowledge on which the practice of group counseling can be solidly grounded.

A review of the literature indicates that group counseling is suffering the growing pains that are characteristic of relatively new approaches in the area of mental health. However, although a newcomer to the field of mental health, group counseling has produced
some encouraging results especially with regard to the effect that group counseling has had on the adjustment of college students. Group counseling has made a significant contribution in helping students who are experiencing a variety of problems including vocational adjustment, academic adjustment, and the difficulties students have in their orientation to college life.

Kagan (29) in his review of research in group counseling suggests a need for further research to determine the effect of new well thought out procedures in group counseling. In his evaluation of comparative procedures in group counseling, Kagan concluded that within the broad realm of group counseling procedures, many variations in structure and in emphasis are possible; yet few studies have attempted to compare the relative advantages of different approaches.

An increase during the past three years in the number of methodologically sound studies on group procedures provides considerable evidence for the conclusion that certain as yet unspecified group procedures--at the hands of some counselors, with some clients, in some settings, and at certain times--will result in improved client grade point average, attitudes, knowledge, and behavior (28, p. 284).

**Comparative Procedures in Group Counseling**

Solzberg (55) investigated the effects of a leaderless group approach to counseling. The subjects were thirty-five inpatients of a privileged psychiatric ward involved in open-ended group counseling
sessions at various intervals during a sixteen-week period. The
frequency of statements, which included comments scored as environ-
mental, spontaneous, nonspontaneous, personal or group statements,
made when the counselor attended the group sessions was not signifi-
cantly different when compared to frequency of client statements
made in those sessions which the counselor observed but did not
attend. More "spontaneous" comments were made when the coun-
selor was absent although there were fewer "relevant" comments.
Group members seemed to work harder on personal problems when
the leader was present. A study by Seligman (51) in which he used
the Hill Interaction Matrix to measure hospitalized psychiatric
patients interaction produced similar conclusions. Leaderless groups
were found to spend significantly more time on "low-level" interaction
when compared to leader-led groups. The reverse procedure resulted
in "high-level" interaction.

There has been considerable controversy regarding the
amount of structure which should be provided by the group leader.
In a comparison of leader-structured, nondirective and group struc-
tured groups, Gilbreath (20) found that the ego strength and grade
point average of freshman and sophomore male underachievers
increased more under leader-structured groups. Students with high
dependency needs, as measured by the Sterns Activity Index,
increased their grade point average when they participated in leader-structured groups whereas dependent subjects participating in non-directive groups did not tend to raise their grade point average. Students with high independency needs, though, improved their grade point average in the non-directive groups, but did not improve their grade point average in the leader-structured groups.

**Co-Leadership Group Psychotherapy**

The use of more than one counselor in group counseling has become more prevalent in recent years and a variety of labels has been employed to designate this particular approach to counseling. Among those labels used are "cotherapy" (19), "combined therapy" (4), "role-divided three-cornered therapy" (9), "collaborative therapy" (21), "dual leadership therapy" (35), and various other titles within the counseling literature. Although an accepted designation has yet to be made, the term "co-counseling" (14, 26) seems to be emerging.

According to Mullan and Sangiuliano (43) there is an explicit distinction between "multiple therapy" and "cotherapy." In cotherapy the leaders rely to a great extent on purposeful, preconceived role-playing activity in the course of treatment. In multiple therapy the therapists are allowed a full measure of participation in the groups
in order to assist themselves in the process of becoming. The relationship between the two therapists is a crucial factor and intimate and painful interchange between the multiple therapists is believed to be essential even though it occurs with considerable anxiety and disruption for both. The therapeutic relationship evolves into mutuality because of a need to exist simultaneously both as individuals and as a unit in a continuing process. Although the therapists may start with similar training or identical experience the basis of mutuality lies in their willingness to experience and experiment.

Lundin and Aranov (35) suggest that individuals who function as cotherapists should be conscious of their feelings toward one another and systematic evaluation of therapy sessions including honest and open criticism between therapists should be encouraged. They also suggest that therapists' roles should be fixed with the male therapist aggressive and the female therapist protective.

Various other therapeutic roles have been depicted in group counseling literature including the "probing" versus "support" roles suggested by Bock, Lewis, and Tuck (9); the "good" and "bad" therapists' roles of Cameron and Stewart (12); the "active" and "passive" or "reflector" roles of Adler and Berman (1); and the "participant observer" and "therapist" roles of Nash and Stone (45).
A few research studies have employed male and female therapists for specific purposes. Stranahan (58) conducted a study with delinquent boys in which a female therapist was initially used in order to provide the subjects with the needed dependence on a warm mother image. A male therapist was later added in order to provide the correct image of both male and female adult figures and to provide group members with the opportunity to experience a model family atmosphere. Stranahan stated that the male adult was particularly effective in helping the boys work through oedipal problems. Perry (47) and MacLennan and Rosen (38) also employed an added male therapist to a female-led group in order to help subjects resolve problems of male identification.

The co-leadership approach has been used by people of various disciplines (30, 34, 36, 62). Wolff (61), working with hospital patients, concluded that a social worker co-therapist provided an excellent bridge between the institutional setting and the outside world. The transition between the hospital and everyday living and work was observed to be eased as a result of the reality contact made possible by the social worker and the information she brought into the group. Hulse, Rindsberg, and Epstein (27) used a male psychiatrist and a female social worker as co-therapists in a child guidance clinic. The social worker also worked with the parents, maintaining liaison
between them and the children's psychiatrist. Case material of thirteen mothers treated for various periods of time showed increased ability to re-enact childhood experiences in relation to parents and siblings. In addition the co-therapy approach produced a greater decrease in anxiety and an increase in insight than individual therapy that preceded the prolonged group treatment.

**Co-Leadership Used for Supervisory Purposes**

The co-leadership approach to group counseling has been used by counselors to improve professional competence and to gain personal insights. Mallars (39), using client, counselor and supervisor satisfaction with the counseling experience as the criterion for effective counseling, compared a practicum student co-counselor group approach with a standard group counseling approach. Reported results showed a significantly greater satisfaction with the co-counselor group approach.

Pine, Todd, and Bownheim (48, p. 345) believe that in the co-leadership situation "a greater opportunity exists for understanding and appreciating the individual and group effects, because each therapist can serve both as a sounding board and a check for the reverberating effects of the working through of resistances."

According to Lot (34) the presence of two therapists makes for
increased alertness and consequently fewer therapist errors are committed. Gans (19) suggested that using supervisory co-leaders would improve the level of therapeutic competence provided the level of clinical experience of the two therapists was about the same.

Solomon, Loeffler, and Frank (53) note the necessity for cooperative effort in co-leadership work. In this approach, "one can become aware of 'blind spots' within one's own personality structure, without feeling threatened as if he were alone" (53, p. 134).

Corsini, Calia, and DeNevers (15) conducted an eight-week institute in counseling and guidance designed to provide experienced counselors with an opportunity to acquire greater proficiency in counseling with small groups. An important feature of the institute was the use of male and female co-counselors with groups in order to determine whether this kind of co-counseling would be appropriate for working with problem children in groups in school settings. The institute began with a two-week sensitivity training experience intended to get trainees involved in a meaningful group experience and thus serve as a model for the counseling groups. Trainees were then paired as co-counselors on the basis of sociometric data and the recommendation of the sensitivity group trainer. The co-counselors worked under the surveillance of a practicum supervisory staff and the direction of a consultant in counseling. Although the institute
was conducted in a comparatively brief training period, the members appeared to acquire a reasonable degree of competency and confidence in working with students in group counseling. Evaluative data collected at the completion of the institute suggested that the co-counselors worked well with each other and preferred working as a co-counseling team rather than autonomously. The counselors had little trouble establishing satisfactory ways of operating as co-counselors in groups, and most of them felt that mutual choice of partners following acquaintanceship was the best way of establishing counseling teams.

According to MacLennan (37) there are dangers in the use of a co-leader group for training purposes. He maintains that frequently, because of the complicated relationships between the therapists, the group becomes more difficult to lead and to use as a representative model of group counseling. In addition the co-leader trainee may be relegated to the position of observer if the experienced therapist assumes the primary leadership position. Furthermore, rivalries may exist between co-leaders and there may develop a need to prove oneself in the presence of the other leader. In order to avoid the pitfalls associated with the use of co-leaders, careful working out of responsibilities and roles might be done in advance of actual group counselor training experiences.
Sabath (50) cautions the use of co-therapists because the differences in discipline, theoretical positions or the conflict between experienced practitioners and neophytes are often the basis for "inter-transference" between team members. He contends that intertransference takes the form of an authority system similar to that of a sick family whereby "family" position or status is based largely on staff hierarchy, age, and tenure. Sabath observed rebellion among individuals in lower positions and parent figures discharged their hostilities on those in offspring positions.

**Advantages of Co-Leadership for Experienced Therapists**

There has been some disagreement regarding the advantages of co-leadership after a therapist gains confidence and experience. Gans (19, p. 87) believes that once co-therapists have the necessary competence for doing group therapy, "there is no advantage in working together with one group as co-therapists." However, Rabin (49) in a survey of group therapists discovered that therapists greatly valued the therapeutic efficiency of co-leadership. The general consensus was that co-therapy was preferred over traditional group therapy as a method of treatment. Rabin concluded that the more highly experienced and trained therapists who had gone through personal analysis were most likely to favor the co-leader approach.
In addition, he reported that the benefits of co-therapy tended to increase with advanced preparation among therapists.

**Selection of Co-Counselors**

The selection of two counselors who form an effective team is crucial in co-counseling. Gans (19) suggests five conditions to be considered in pairing together co-counselors: (1) each must know his own limitations and assets and work within this framework; (2) each must make way for his partner's assets and not exploit his limitations; (3) each must avoid temptations to jockey for pre-eminent position in the group; (4) each must have ample experience in individual and group therapy; and (5) each should be able to adjust to differences in techniques and methodological approach.

According to Rabin's (49) survey the three most common criteria for selection of a co-leader are: (1) there should be a "good relationship" between the therapists; (2) there should be compatibility of techniques; and (3) the combination should be male and female. Mullen and Sangiuliano (43) concluded that (1) therapists must wish to be involved in an interpretative activity which is experiential, and (2) they must recognize that they themselves will be changed in the group process. The therapists must base their commitment to co-leadership on a willingness to change.
Characteristics of Co-Counselors

Many psychoanalytic therapists who emphasize the duplication of the family structure in group therapy maintain that father and mother figures should both be pleasant (27, 33). Demarest and Teicher (17) suggested that transference relationships to parental figures are facilitated through the use of the male-female combination in group therapy.

Some therapists indicate that the sex of the therapist is relatively unimportant in comparison to his personality (8, 35, 46). These practitioners frequently mention that co-therapy with like-sexed therapists provides the same benefits to patients as a group led by opposite-sexed therapists. Regardless of the sex of the therapists the patients will react to one of the two male therapists as a female or select one of the two female therapists to take the male transference role. Mintz (42) prefers the use of two sexes in group therapy in order to give clients the opportunity to separate the sexes in a realistic situation. He concluded that the advantage of experiencing a more realistic life situation involving interaction with male and female therapists was essential in order to discourage reality distortion which might occur in a group led by like-sexed therapists. "Two male therapists joining together in the pretense that one therapist shall be
regarded as a female creates a continuing atmosphere of fantasy in the group" (43, p. 293).

The relative advantages of using an older and younger therapist in group counseling is also an unresolved issue. Lott (34) and Solomon and Solomon (54) report that patients are able to work through antagonistic feelings toward their father and other significant older people in their lives in a group having an older and younger therapist. The question of co-leader racial differences was investigated by Brayboy and Marks (11). The results of their study were largely restricted to subjective analysis of how clients deal with racial differences, and they concluded that there were distortions of prejudice among both white and Negro participants. One proposed advantage was "the more co-therapists vary from the conventional stereotypes, the greater the potential area of investigation" (11, p. 480).

Special Problems of Resistance

Resistance by clients serves as a major block toward progress in counseling. Frequently clients may assign to the co-counselors attributes which are polar in an effort to divide and conquer the counselors or out of a need to resist change and thus impede progress in counseling. Pine, Todd, and Bownheim (48) postulate
five types of resistance in co-therapy groups: (1) unfavorable comparison of co-therapists; (2) making a scapegoat of one of the therapists; (3) the patient himself assuming the role of the therapist; (4) using the therapist to perpetuate symptoms (e.g., playing on the sympathy of a therapist, or concentrating on material which appeals to the therapist); and (5) avoiding relationships with patients of the "other" therapist (e.g., taking sides, denying the existence of the other therapist).

Co-Leadership in Group Family Treatment

Success in co-leadership family therapy has been reported by Belmont and Jasnow (6), Sonne and Lincoln (56), Perry (47), Green (21), and Markowitz and Kadis (40).

Mullan and Sangiuliano (44) suggested that one way to reverse the process of the "sick patient-child" is through the therapeutic reorientation of the key members (parents) of the family. They maintain that four processes occur as a result of co-therapist family therapy: (1) the father and mother are brought together more and more for their mutual satisfaction as husband and wife; (2) the patient is encouraged to give up his attempts to act the role of an adult and move to become what he is, the infant or child; (3) the mother becomes better able to fully accept the child for what he is, not how he acts. She is then more able to give him the unconditional
love which he requires; and (4) the father is better able to give
timely conditional love, and be less tied up with his selfishness.

Co-Leadership Involving Various Client Problems

Many counselors feel that the co-leadership approach to
group counseling is appropriate to a wide range of client problems.
Co-leadership group counseling has been used with senile women (33),
delinquent adolescents (1, 58), homosexuals (52), chronic psycho-
neurotics (12), and psychotics and schizophrenics (35, 46).

Rabin (49) concluded, from a survey of group therapists,
that co-therapy is seen as preferable for "acting-out" patients,
borderline schizophrenics, marital couples, "oral characters,"
very mistrustful patients, patients who are very fearful of heterosexual
relations or have homosexual longings, and patients who depend-
ently cling to persons of one sex.

Mullan and Sangiuliano (43) in a report on various group
therapy practices related the conditions under which most therapists
felt multileadership might apply. The conditions mentioned were:
(1) in the therapeutic impasse; (2) when the therapist finds himself
with either insufficient feeling or sometimes definite negative feelings
toward the patient; (3) with deeply involved patients who are
entrenched in the early childhood parent-child relationship problems;
(4) when the therapist feels that the expenditure of self and emotional fatigue will be too great if he works alone with the group; and
(5) during the terminal phase of therapy to facilitate separation.

Co-Leadership Approaches in Educational Settings

Studies employing co-leadership group counseling approaches in educational settings are rather sparse and those studies that do exist are limited by poor research design. However, Borg (10, p. 18) has referred to the co-leadership approach in group counseling as "a relatively new procedure that can be adapted to many educational studies."

Freeman and Craig (18) reported the use of co-counseling with bright underachieving high school students. The co-counseling approach received positive subjective evaluation from the students, parents, and school personnel. Bestland (7) found that group co-counseling with male acting-out high school students helped them to improve their school attendance and become less involved in misconduct in school. Catron (13) studied the effect of group co-counseling in which thirteen groups from a total of 110 normal high school students participated in approximately twelve counseling sessions. The obtained results from pre- to post-test administrations of a modification of the Butler and Haigh Q Sort indicated that the
perception of self changed significantly in the direction of "good" adjustment.

Mezzano (41) compared the effect of male and female co-counselor group counseling with one-counselor group counseling involving ninety-six low-motivated high school male students. Subjects were randomly assigned to six experimental groups composed of seven subjects each. Three of these groups were then counseled by male and female co-counselors while the other three groups participated in one-counselor group counseling. Mezzano found a significant positive change in grade point average for the co-counselor group participants when compared to a no-treatment group. These results were not immediate but occurred later after a period of incubation in which newly gained insights by clients were translated into action. In another similar study Story (57) concluded that male and female co-counselor group counseling helped low-motivated high school male students to better cope with reality and exhibit more appropriate classroom behavior.

House and Lange (26) investigated co-counseling with elementary pupils having various problems such as being socially isolated, acting out, shy, experiencing difficult home environment, or underachieving. The objectives and procedures in this co-counseling project included the participation of teachers in groups
as co-counselors. Although only tentative results were available, the subjective evaluation of school personnel and students seemed positive.

Although Haigh and Kell (23) have stressed the potential which co-leadership group counseling has for research with students, such research is limited. Lawrence and Keill (31) studied three male and three female subjects ranging from seventeen to twenty-two years of age who participated in co-therapy for a total of fifty sessions. These college students were volunteers who complained of experiencing anxiety and tension, of lacking self-confidence, and of inadequacy in social and academic situations. The data from pre- and post-treatment Rorschach and Incomplete Sentence Tests indicated "favorable" changes in outlook and behavioral functioning as a result of group therapy. The authors suggested that open discussion of individual and shared problems served to support and encourage the expression of anxieties and conflicts and provide insight among group participants. Therapists and students generally found co-leader group therapy a rewarding and stimulating experience.

Katahn, Strenger, and Cherry (29) employed co-therapy which included the application of Wolpe's method of systematic desensitization with fourteen highly test anxious college students. Desensitization was used to alleviate the student's anxiety, and counseling was
used to help the students develop skills for improved academic performance. Groups met with a leader and a co-leader for a total of eight sessions lasting approximately one hour per session. Compared with a control group of twenty-nine subjects, grade point averages for the co-therapy group showed a significant increase and anxiety scores a significant decrease at the completion of the program. The results of a questionnaire administered at the end of the study indicated that although the participants felt that the relaxation training and systematic desensitization were helpful, all considered counseling to have been more significant in the reduction of their anxiety and their increased academic effectiveness. Since counseling, which consisted mostly of suggestion and advice, and systematic desensitization were combined, it was impossible to determine which aspect of the program was more important in producing the results. The authors neglected to mention the significance of the co-therapist approach.

Support is provided by Lazarus (32) for the use of co-therapists in employing desensitization techniques. He theorizes that

When the therapists assume co-equal roles, patients appear to derive greater nonspecific benefits from the usual clinical medium of verbal interchange. There are obvious and specific advantages in having two individuals who pool their resources in the elusive
task of identifying relevant stimulus constellations, constructing properly graded hierarchies, and weighing up other crucial diagnostic and therapeutic factors (32, p. 73).

Culbert (14) reported the effects of leader self-disclosure in two T-groups involving a total of twenty upper-division college and graduate students. The same two male co-trainers participated in both T-groups during the twice weekly counseling sessions which lasted a total of fourteen weeks. The Self-Disclosure Questionnaire was used to provide a measure of how much personal information the subjects felt they knew about the co-trainers, and the Problem Expression Scale was used to operationalize changes in the qualitative variable of "self-awareness." The obtained results indicated that more self-disclosing trainer participation serves to accelerate ratings of self-awareness and stimulates participants to reach their upper potential on the Problem Expression Scale more quickly. The results suggest that trainers might optimally begin their participation in groups with a higher rate of self-disclosure and gradually become more selective as time passes.

Barton (5) utilized co-counseling with college students having parental conflicts or conflicts with peers of the opposite sex. Subjective evaluation of the counseling experience was positive although the major part of the report dealt with a discussion of
transference material. Danet (16) investigated the effect of videotape playback procedures in group therapy using co-therapist treatments. An evaluation of the effectiveness of the co-therapy treatment was not made although the rigid application of video playback procedures was felt to be disruptive to the therapeutic progress.

Summary

Research conducted with college and junior college students indicates that group counseling is beneficial in helping students make various academic, vocational, and emotional adjustments. Studies focusing on variations in group procedures and techniques have produced favorable results and these group procedures have often provided distinct advantages over more traditional group counseling approaches. Male and female co-counselors in group counseling have been used by professionals from various disciplines for both training and therapy. Opposite-sexed co-counseling allows for the creation of a simulated family situation, thereby permitting the participants an opportunity to gain understanding and to work through their problems. The co-leadership approach offers special advantages in dealing with resistance to treatment, provides for increased counselor alertness, and promotes a higher level of therapeutic competence. Experienced and trained practitioners favor the co-leader approach over traditional single therapist group therapy as a method of treatment.
The selection and pairing of co-counselors are extremely important since it is imperative to have two counselors who form an effective team. Various criteria need to be considered in pairing co-counselors together. Sex, age, and racial differences of co-counselors have been considered with no general agreement of counselor characteristics as being desirable for effective co-counseling. Special attention has been given to the use of co-leadership in group family treatment; it is felt that one way to reverse the process of mental disturbance is through group counseling involving key members of the family. Co-leadership group counseling seems appropriate to a wide range of client problems including delinquent adolescents, homosexuals, psychoneurotics, and "acting out" patients.

A limited number of studies utilizing the co-counselor procedure in educational settings have been reported. Although these studies are limited by poor research design and a lack of objective evaluation devices, they mark a beginning at investigating a therapeutic approach out of which favorable changes in behavior may precipitate. Increases in grade point average, better adjustment to reality, more appropriate classroom behavior, and improvement in school attendance were significant outcomes of male and female co-counselor group counseling research on the elementary and
secondary school level. Although research is almost non-existent in the area of co-counselor group counseling on the college level, a few studies indicate favorable outcomes. There seems to be great potential for research utilizing this counseling approach in helping students make various life adjustments.
CHAPTER BIBLIOGRAPHY


CHAPTER III

METHODS AND PROCEDURES

This study was conducted to investigate personal adjustment, emotional adjustment, home adjustment, and self-concept changes that took place in junior college students as a result of one-counselor group counseling and male and female co-counselor group counseling. The study was based on the assumption that the use of male and female co-counselors would enhance group counseling process and outcomes.

Since many of the problems adolescents have in the process of reaching adulthood are frequently related to a faulty field of interaction involving the adolescent and his parents, there appeared to be a need to modify the typical group counseling approach to simulate the family environment. In this group situation the participants would have the opportunity to secure understanding and, in general, modify their relationship capacities to self and others within the framework of a therapeutic "family" atmosphere. Former inadequate modes of behavior could be confronted and examined in the presence of understanding, accepting, permissive male and female co-counselors who could serve as models for the adolescents to
identify with. Hopefully the therapeutic gains made in this "family" situation would serve as a springboard for the adolescent to generalize his behavior to other life situations.

**Population**

The south campus of Tarrant County Junior College serves approximately five thousand students from the upper-lower to lower-middle socio-economic class. The vast majority of these students have graduated from nearby high schools, live in the immediate vicinity of the junior college, and could be described as "educationally disadvantaged," because their past academic achievement and aptitude test scores are below average when compared to that of all senior college freshmen and sophomores. Approximately 70 per cent of these students complete their formal education at the junior college level.

**Subjects**

During the spring semester of 1970, seventy-five full-time freshmen and sophomore students at Tarrant County Junior College participated in this study on the basis of their enrollment in two introductory psychology classes and their resulting decision to become participants. Although the students were not required to participate in the study, they were encouraged to do so by their psychology instructor. All students in both classes of thirty-seven and thirty-
eight students volunteered to participate in the study. The population of the study ranged from eighteen to twenty-one years of age and included thirty-nine male and thirty-six female students; forty-two of these students were freshmen and thirty-three were sophomores.

Description of the Instruments

Changes that take place in participants as a result of group counseling are often difficult to measure accurately. Therefore, it was important to select instruments sensitive to personal adjustment, emotional adjustment, home adjustment, and self-concept changes resulting from one-counselor group counseling and a male and female co-counselor group counseling experience. The measurement of personality changes in a junior college setting is an especially difficult task because of the general high level of mental health among college students as compared to the institutionalized patients for which many personality devices were originally designed. Therefore, an attempt was made to select instruments having normative populations similar to the population in this study.

One of the difficulties in many personality assessment devices is that often the person being rated is dichotomized into a number of distinct categories of personality description which may not be completely descriptive of the person. Most individuals, especially
those with varied experiences and higher levels of education, have a wide scope of human behaviors. Consequently some personality measures are inadequate in assessing the diversity of behavior characteristic of the more complex individual. In addition many personality measures that are able to depict the behavior of complex individuals require a special training for the person making the assessments. The Adjective Check List (ACL) has special merit in personality assessment because of the wide scope of human behavior encompassed which brings flexibility of research usage and the possibility of discovering new and unsuspected relationships in any given study. In addition, no special knowledge or competence is required for the person administering the personality rating.

The Adjective Check List had its inception as a technique for gathering the observations of staff members in personality assessment. The list was developed by incorporating different theoretical viewpoints (e.g., Freud, Jung, Mead, Murray) into words thought to be more or less essential for describing personality. The particular value of the check list approach is that it can offer words and ideas commonly used for description in everyday life in a format which is systematic and standardized. Although first developed for use by observers in describing others, the Adjective Check List is frequently employed by an individual for self-description.
The ACL consists of three hundred common adjectives listed alphabetically, and the subject is instructed to check all those items he considers to be descriptive of himself. There are presently twenty-four experimental scales and indices available for use with the ACL. They are total items checked, defensiveness, favorable, unfavorable, self-confidence, self-control, ability, personal adjustment, achievement, dominance, endurance, order, intraception, nurturing, affiliation, heterosexuality, exhibition autonomy, aggression, change succorance, abasement, deference, and counseling readiness. The instrument can be administered individually or to a group and can be hand scored or machine scored. Test-retest reliability for male and female college students on the subscales ranges from .46 to .90 over a ten-week time interval (8).

A source of information on the validity of ACL scales may be found in their correlations with well established existing personality measures. Correlations between each ACL scale and its counterpart on the Edwards Personal Preference Schedule resulted in ten of the fifteen coefficients being significant at or beyond the .01 level of confidence (13). Six of the fifteen need scales were found to be significantly related to the drop-out rate of college females (14). The ACL has also been used to identify clients who terminate counseling prematurely (11) and in pinpointing personality characteristics
related to adjustment by adolescents with different child-rearing histories (12).

The rationale for the use of male and female co-counselors in group counseling relies heavily on the formation of a simulated family in which clients can interact in order to modify their feelings and behavior. In evaluating the changes that take place in clients, more objective approaches often rule out feelings because they are subjective and difficult to measure. However, in order to understand personality dynamics and human motivation it seems necessary to give the individual's feelings central consideration since they are the prime reasons for his behavior. Emotions seem to permeate every aspect of an individual's personality and consequently greatly influence just about every phase of his daily life. The Bell Adjustment Inventory provides information from the person concerning how he thinks and feels about his family relationships and how well he understands and has learned to live with his feelings and emotions.

The revised student form of the Bell Adjustment Inventory consists of two hundred questions to be answered "yes," "no," or "?," and provides six scores: home, health, submissiveness, emotionality, hostility, and masculinity-femininity. The instrument yields scores that reflect the individual's own impression of his adjustment. The manual points out that the Bell differentiates satisfactorily
between groups identified as high and low on the dimensions named in the individual scales (3).

Correlation between the Bell and other inventories has been used to demonstrate concurrent validity. Burros (5) points out that except for masculinity-femininity, the relationships presented in the manual are astonishingly high. The Bell correlates highly with the Minnesota Multiphasic Personality Inventory and the Thurston Personality Schedule. Relationships range from .72 between Bell submissiveness and Allport ascendance-submissiveness, to .93 between Bell emotionality and the related scores on the Thurston Personality Schedule. The reported reliabilities of the Bell scales are generally high with odd-even correlations in the .80's. The normative samplings for approximately 670 male and female college students are based on a composite of freshmen, sophomores, and juniors.

In an attempt to evaluate the home adjustment scale on the Bell, Woolf (23) studied the relationship between home adjustment and the behavior of 211 female junior college students who were divided into two groups having excellent or very poor home adjustment. He concluded that the unfavorable behavior of students as rated by their instructors and advisers tended to be associated with low home adjustment scores, and favorable ratings tended to be associated with high home adjustment. In another study (20) ten
subjects who received individual psychotherapy improved significantly on the Bell from pre- to post-treatment testing. Hamlin and Albee (10) conducted a study in which sixteen college students participated in nondirective group therapy for one semester. Subjects in therapy showed statistically significant changes from pre- to post-test on both the Bell and the Rorschach Inkblot Test. The Bell has also been used to study the relationship between academic achievement and personality adjustment of male college students (9) and to investigate the relationship of home adjustment to social adjustment among northern and southern college students (22).

Each individual's self-concept determines to a large extent his behavior. If the person views himself in unrealistic ways, he will tend to approach life in an unrealistic manner; and if he sees himself as undesirable and worthless, he will tend to act accordingly. Thus, knowledge of how a person perceives himself may give some indication about the person's general personality and state of mental health. Rogers (18) stresses the importance of a person's self-concept in determining behavior. He concludes that "Psychotherapy deals primarily with the organization and the functioning of the self" (18, p. 40). It is expected that counseling will result in enhancement of the self concept while other less positive experiences might result in lowered self esteem.
The *Tennessee Self-Concept Scale* provides an indication of how a person perceives himself, and this may be used as a measure of progress resulting from counseling experiences. The *Tennessee Self-Concept Scale* consists of one hundred self-descriptive statements and was used in the present study to provide a comprehensive measure of self-concept. The scale is self-administering and allows the subject to portray his own picture of himself. The instrument has been used with individuals encompassing the whole range of psychological adjustment (7). The *Counseling Form* of the scale which gives a Total Positive Score was used in the present study to secure an overall picture of the individual's self-concept. The Total Positive Score test-retest reliability is .89 with reliabilities on the sub-scales ranging from .61 to .92. A diversified sampling of approximately 640 males and females from across the country comprised the normative group. The norms are not representative of the overall population in that special attention seems to be extended to college students, white subjects, and persons in the twelve-to-thirty age bracket (7). However, these norms were representative of the students included in the present study.

In Runyan's (19) study of racial differences, no significant self-concept differences as measured by the *Tennessee Self-Concept Scale* were found between white and Negro college students. However,
there was a significant negative relationship between total P Scores and the use of defense mechanisms for both races. Letner (16) studied the effects of group counseling with forty-one males in a state reformatory and found that the counseled group differed significantly on several scales of the Tennessee Self-Concept Scale when compared to the noncounseled control group after a total of twenty counseling sessions. Axmaker (2) attempted to determine the effect of group counseling on the self-concepts of junior college students. The results obtained from the Tennessee Self-Concept Scale failed to support any significant positive relationship between changes in self-concept and experience in group counseling. However, information from the Group Experience Evaluation form completed ten weeks after counseling was concluded showed that most group members had positive feelings about their group counseling experience.

In a study conducted by Berryman (4) four groups of junior high school students experiencing emotional problems received group counseling twenty-five minutes per day, three days per week, for eight weeks. He found no significant positive increase in self-concept as measured by the Tennessee Self-Concept Scale for students who received group counseling although teachers' observation indicated that a substantial number of these students altered their behavior in a positive direction following group counseling. In another study
utilizing the **Tennessee Self-Concept Scale** Lamb (15) investigated the use of directive and client-centered group counseling techniques employed with college students who demonstrated internal and external reward expectancies. Subjects were matched on the basis of intelligence, sex, age, internal-external reward expectancies, as defined by the **I-E Scale**, and then participated in six counseling sessions. Lamb concluded that client-centered group counseling was more effective than directive group counseling in facilitating positive self-concept change. Verett (21) studied the effects of a five-week group counseling institute on twenty-four junior college counselors who participated in group counseling led by the institute instructors. After approximately thirty hours of counseling during the institute period there was no significant change in the participants' self-concept as measured by the **Tennessee Self-Concept Scale**. However, data from a questionnaire administered at the conclusion of the institute indicated that the participants felt that they gained in self-concept, and that they felt better able to relate to others as a result of the institute.

Aschraft and Fitts (1) tested subjects before and after psychotherapy with the **Tennessee Self-Concept Scale** in order to measure changes as a result of treatment. The therapy group changed significantly in the predicted direction on eighteen of the twenty-two variables, while the control group changed on only two
variables. The *Tennessee Self-Concept Manual* (7) points out that "there is considerable evidence that people's concepts of self do change as a result of significant experiences. The *Tennessee Self-Concept Scale* reflects these changes in predicted ways, thus constituting additional evidence for the validity of the instrument" (7, p. 28).

**Procedures Followed During the Study**

The possibility of conducting a study using male and female co-counselors in group counseling with students at Tarrant County Junior College was discussed during the fall semester of 1969 with the Dean of Instruction and the Chairman of the Department of Behavioral Sciences at Tarrant County Junior College, South Campus. The decision to proceed with the study was based on the rationale that students should have a wide range of experiences while in college in order to better prepare them for life. Traditional lecture courses are often inadequate in preparing students to develop as well-rounded human beings, and consequently group counseling serves to supplement and enhance the educational experience of the junior college students.

The matter of requiring students to participate in group counseling was considered, but it was decided to allow students freedom of choice in order to insure an optimum degree of motivation.
among counseling participants. Students were randomly assigned to experimental and control groups in order to guard against pre-conceived experimental bias. The duration of the study was to a great extent determined by the time allotted for class meetings and by the length of the school semester. Counseling sessions were scheduled in such a manner as to insure that each group met on a weekly basis. It was considered to be important for each group to meet every week on schedule without interruption so that the counseling process would not be disrupted. Therefore, the scheduling of counseling sessions had to be built around school holidays and functions, and time had to be provided for pre-treatment, middle-treatment, and post-treatment testing.

The study involved three groups: (1) experimental group A, which consisted of twenty-five subjects subdivided into two counseling groups of twelve subjects and thirteen subjects counseled by male and female co-counselors; (2) experimental group B, which consisted of twenty-five subjects subdivided into a counseling group of thirteen subjects counseled by a female counselor and a group of twelve subjects counseled by a male counselor; and (3) a control group of twenty-five subjects.

Members for experimental group A, experimental group B, and the control group appeared in each of two introductory psychology
classes and consequently each psychology class had approximately one-half of the total subjects comprising each group. Thus experimental group A derived twelve subjects, four males and eight females from one class and thirteen subjects, six males and seven females, from the other class, with a total of thirteen males and twelve females for the whole group. Subjects were randomly assigned to each group by the writer.

The two psychology classes from which the subjects were drawn met separately three times a week for one-hour periods. One class meeting time a week was used for the present study and during this time each class was divided so that experimental group A, experimental group B, and the control group each met in separate rooms at Tarrant County Junior College. The total time of the study was approximately one hour per week for a period of fourteen weeks, from February 4, 1970, to May 18, 1970. The one-hour time limit per session was not strictly adhered to and most of the total of fourteen counseling sessions lasted approximately one hour and ten minutes. In order to prevent extraneous counselor variables from contaminating the study, the same male and female co-counselors were used with all twenty-five subjects; i.e., both counseling groups of thirteen subjects and twelve subjects had the same counselors.
Each control group of thirteen subjects and twelve subjects listened to lectures on introductory psychology and had periodic tests over this material. Films were presented on study methods, different educational programs, and effective use of the library. Tape recordings explaining various psychological principles in learning and the biological makeup of man were also utilized. Since the control group received prescribed treatment, it was referred to as a treatment group. The regular teacher in the two psychology classes served as the leader for the control group. He had a master's degree in counseling, course work in group counseling, had engaged in several supervised counseling practicums, and was working on a doctoral degree in counseling.

Counselors Participating in the Study

There were four group facilitators who participated in the study. The male and female co-counselors had their course work completed and were about to receive master's degrees in counseling and psychology. Both of these counselors had course work in group counseling along with supervised counseling practicum experience in a mental hospital and an academic setting. In addition, they had attended workshops and group counseling institutes. The male counselor had two years' counseling experience and the female counselor had four years' experience as a counselor.
Two counselors, one male and one female, conducted group counseling on the traditional one-counselor-to-a-group basis. The male counselor had a master's degree in counseling which included a group counseling course and a supervised practicum and had extensive experience working with groups. The female counselor also had a master's degree in counseling and had just initiated her work toward a doctoral degree in counseling. She had courses in group counseling, a supervised practicum, and institute training in group counseling. The male counselor had four years' counseling experience and the female counselor had two years' experience as a counselor. All counselors who participated in the study considered themselves to be client-centered in their counseling philosophy.

Procedures for Collecting Data

All students who made up the population sample were administered the Adjective Check List, the Bell Adjustment Inventory, and the Tennessee Self-Concept Scale by the writer in a group setting in one of their regularly scheduled psychology classes. Each instrument was administered three times to the experimental and control groups. The first administration was called the pre-treatment administration and took place on February 4 and 6, 1970. The subjects were given one hour to complete the Adjective Check List and the Bell Adjustment
Inventory and all participants finished within fifty minutes. Two days later, on February 6, 1970, the subjects were given one hour to complete the **Tennessee Self-Concept Scale** and everyone finished within forty minutes. During all administrations the subjects were told that the instruments were for research purposes only and that they were to be answered honestly.

The second administration of the test battery was called the middle-treatment testing situation and took place on March 25 and 27, 1970, seven weeks after the initial administration. The subjects were again given one hour to complete the **Adjective Check List** along with the **Bell Adjustment Inventory** and two days later were allowed one hour to complete the **Tennessee Self-Concept Scale**. All subjects were finished within the allotted time period.

The third administration of the instruments was at the conclusion of the study on May 15 and 18 after fourteen counseling sessions. The subjects were given the same instructions and the same amount of time that had been given during the pre-treatment administration and the middle-treatment testing situation. The third administration of the instruments was referred to as the post-treatment administration.
Treatment of Data

The research hypotheses were converted to the null form for statistical treatment. Analysis of variance for repeated measures was used to determine significance of difference on mean gain scores. The .05 level of significance was designated as appropriate to reject the null hypothesis, and the Newman-Keuls Procedure was used to determine the difference between all possible pairs of group treatment and testing means.
CHAPTER BIBLIOGRAPHY


CHAPTER IV

STATISTICAL ANALYSIS OF RESULTS AND DISCUSSION

The purpose of this chapter is to present the results obtained from the data collected. Subjects were tested using the Adjective Check List, the Bell Adjustment Inventory, and the Tennessee Self-Concept Scale before treatment began, after seven weeks of treatment, and after fourteen weeks of treatment which was at the completion of the study. By testing subjects at three different time intervals, it was possible to determine not only if changes occurred but at what interval the changes took place. Thus, this testing schedule provides for a better understanding of the process of group counseling by making it possible to depict when changes in personal adjustment, emotional adjustment, home adjustment, and self-concept occurred. The hypotheses are restated in the null form for purposes of statistical analysis.

Null Hypothesis I

There will be no significant difference in Personal Adjustment as measured by the Adjective Check List by students who have had co-counselor group counseling, by students who have had
Null Hypothesis II

There will be no significant difference in Personal Adjustment as measured by the Adjective Check List by students who have had co-counselor group counseling, by students who have had one-counselor group counseling, and by students in the control group at the end of fourteen weeks.

Table I contains the means and standard deviations of

<p>| Table I |
|-----------------|-----------------|-----------------|-----------------|
| MEANS AND STANDARD DEVIATIONS FOR PERSONAL ADJUSTMENT AS MEASURED BY THE ADJECTIVE CHECK LIST FOR SUBJECTS IN CO-COUNSELOR GROUP COUNSELING, ONE-COUNSELOR GROUP COUNSELING, AND THE CONTROL GROUP AT PRE-, MID-, AND POST-TREATMENT TESTING |</p>
<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Treatment Mean</th>
<th>Pre-Treatment S.D.</th>
<th>Mid-Treatment Mean</th>
<th>Mid-Treatment S.D.</th>
<th>Post-Treatment Mean</th>
<th>Post-Treatment S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Co-counselor</td>
<td>47.48</td>
<td>8.72</td>
<td>43.72</td>
<td>9.49</td>
<td>43.88</td>
<td>9.92</td>
</tr>
<tr>
<td>2. One-counselor</td>
<td>46.12</td>
<td>8.55</td>
<td>47.60</td>
<td>10.15</td>
<td>47.20</td>
<td>8.80</td>
</tr>
<tr>
<td>3. Control group</td>
<td>46.08</td>
<td>10.80</td>
<td>47.44</td>
<td>10.30</td>
<td>48.48</td>
<td>8.92</td>
</tr>
</tbody>
</table>

*Low scores indicate decreased personal adjustment.
Figure 1. Mean Personal Adjustment Scores for Treatment Groups at Pre-, Middle-, and Post-Treatment Testing

*Low scores indicate decreased personal adjustment.
personal adjustment scores on the Adjective Check List for the three treatment groups at pre-, middle-, and post-treatment testing. Figure 1 shows in graph form these same mean personal adjustment scores on the Adjective Check List for all groups. Although slight, the one-counselor group and the control group showed some gain in personal adjustment from pre-treatment through post-treatment testing. The co-counselor group showed a decrease in mean personal adjustment scores at the end of seven weeks followed by a leveling off period between the middle-treatment and post-treatment test administrations.

Analysis of variance for repeated measures was utilized to test null hypotheses I and II and the results are shown in Table II. The comparison between treatment groups tested the overall differences between the three treatment groups while holding the testing time differences constant. With 2 and 72 degrees of freedom an F-ratio of 3.15 was needed to reach significance at the .05 level in the comparison of the co-counselor group, one-counselor group and the control group on personal adjustment as measured by the Adjective Check List. The F-ratio obtained for main effects was 0.51 and thus fell below the required level for significance. The comparison for the pre-, mid-, and post-test administrations tested the overall differences between the three test administrations without regard to
TABLE II

ANALYSIS OF VARIANCE FOR REPEATED MEASURES OF PRE-, MIDDLE-, AND POST-TEST MEAN SCORES ON SCALE VIII, PERSONAL ADJUSTMENT, OF THE ADJECTIVE CHECK LIST

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Mean Square</th>
<th>F-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between B (Treatment Groups)</td>
<td>2</td>
<td>115.49</td>
<td>0.51 (NS)</td>
</tr>
<tr>
<td>Error B</td>
<td>72</td>
<td>224.69</td>
<td></td>
</tr>
<tr>
<td>Within A (Pre-, Mid-, Post-Test Administration)</td>
<td>2</td>
<td>2.08</td>
<td>0.08 (NS)</td>
</tr>
<tr>
<td>AB (Interaction)</td>
<td>4</td>
<td>80.89</td>
<td>3.29*</td>
</tr>
<tr>
<td>Error W</td>
<td>144</td>
<td>24.52</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>224</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05

Differences between groups. With 2 and 144 degrees of freedom, an F-ratio of 3.07 was needed to reach significance. The F-ratio obtained for main effects was 0.08 and was therefore not significant.

With 4 and 144 degrees of freedom, an F-ratio of 2.45 was needed to reach significance at the .05 level in the comparison of the interaction of the treatment groups and pre-, middle- and post-treatment test administrations. The obtained F-ratio of 3.29 for AB (interaction) was significant at the .05 level and indicates that the differences among the treatment groups in interaction with test...
administrations was not likely to have occurred by chance. In order to test the differences between all the possible pairs of means to find where significant differences exist, the Newman-Keuls Procedure was used for further analysis of the data. An analysis of the differences between all the possible pairs of means of personal adjustment scores on the Adjective Check List for the three treatment groups at pre-, middle- and post-treatment testing is presented in Tables III, IV, and V.

**TABLE III**

**NEWMAN-KEULS TEST OF THE DIFFERENCE BETWEEN PERSONAL ADJUSTMENT MEAN SCORES ON THE ADJECTIVE CHECK LIST FOR THE THREE TREATMENT GROUPS AT PRE-TREATMENT TESTING**

<table>
<thead>
<tr>
<th>Group Treatments</th>
<th>Co-counselor</th>
<th>One-counselor</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Means</td>
<td>47.48</td>
<td>46.12</td>
<td>46.08</td>
</tr>
<tr>
<td>Co-counselor</td>
<td>47.48</td>
<td>---</td>
<td>1.36</td>
</tr>
<tr>
<td>One-counselor</td>
<td>46.12</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Control</td>
<td>46.08</td>
<td></td>
<td>---</td>
</tr>
</tbody>
</table>

C.V. 1.58 C.V. 1.89
The data in Table III show that there were no significant differences between any of the treatment groups at the pre-treatment test administration. The data in Table IV indicate that a critical value F-ratio of 1.89 was required in order for there to be a significant difference at the .05 level between the one-counselor group and the co-counselor group at middle-treatment testing. On the basis of the obtained F-ratio of 3.88 it can be inferred that the difference between the one-counselor group and the co-counselor group could not

TABLE IV

NEWMAN-KEULS TEST OF THE DIFFERENCE BETWEEN PERSONAL ADJUSTMENT MEAN SCORES ON THE ADJECTIVE CHECK LIST FOR THE THREE TREATMENT GROUPS AT MIDDLE-TREATMENT TESTING

<table>
<thead>
<tr>
<th>Group Treatments</th>
<th>One-counselor</th>
<th>Control</th>
<th>Co-counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Means</td>
<td>47.60</td>
<td>47.44</td>
</tr>
<tr>
<td>One-counselor</td>
<td>47.60</td>
<td>---</td>
<td>0.16</td>
</tr>
<tr>
<td>Control</td>
<td>47.44</td>
<td>---</td>
<td>3.72*</td>
</tr>
<tr>
<td>Co-counselor</td>
<td>43.72</td>
<td></td>
<td>---</td>
</tr>
</tbody>
</table>

C.V. 1.58        C.V. 1.89

*Significant at the .05 level
have occurred by chance. In order for there to be a significant difference between the control group and the co-counselor group, a critical value F-ratio of 1.89 was also required. The obtained F-ratio of 3.72 indicates a significant difference between the control group and the co-counselor group at the middle-treatment test administration. However, these significant differences between groups are not in the hypothesized direction.

The data in Table V indicate that there was a significant

**TABLE V**

**NEWMAN-KEULS TEST OF THE DIFFERENCE BETWEEN PERSONAL ADJUSTMENT MEAN SCORES ON THE ADJECTIVE CHECK LIST FOR THE THREE TREATMENT GROUPS AT POST-TREATMENT TESTING**

<table>
<thead>
<tr>
<th>Group Treatments</th>
<th>Control</th>
<th>One-counselor</th>
<th>Co-counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Means</td>
<td>48.48</td>
<td>47.20</td>
</tr>
<tr>
<td>Control</td>
<td>48.48</td>
<td>---</td>
<td>1.28</td>
</tr>
<tr>
<td>One-counselor</td>
<td>47.20</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Co-counselor</td>
<td>43.88</td>
<td></td>
<td>---</td>
</tr>
</tbody>
</table>

C.V. 1.58        C.V. 1.89

*Significant at the .05 level
difference between the control group and the co-counselor group and a significant difference between the one-counselor group and the co-counselor group at post-treatment testing, which was after fourteen weeks of treatment. The change, however, is not in the hypothesized direction since the results show that the co-counselor group decreased in adjustment. Therefore, null hypotheses I and II are partially rejected.

**Null Hypothesis III**

There will be no significant difference in home adjustment as measured by the *Bell Adjustment Inventory* by students who have had co-counselor group counseling, by students who have had one-counselor group counseling, and by students in the control group at the end of seven weeks.

**Null Hypothesis IV**

There will be no significant difference in home adjustment as measured by the *Bell Adjustment Inventory* by students who have had co-counselor group counseling, by students who have had one-counselor group counseling, and by students in the control group at the end of fourteen weeks.

Table VI contains the means and standard deviations of home adjustment scores on the *Bell Adjustment Inventory* for the three
treatment groups at the pre-, middle- and post-treatment test
administrations. These mean scores are shown in graph form in
Figure 2. Home adjustment scores decreased, indicating increased

| TABLE VI |
| MEANS AND STANDARD DEVIATIONS FOR HOME ADJUSTMENT AS MEASURED BY THE BELL ADJUSTMENT INVENTORY FOR SUBJECTS IN CO-COUNSELOR GROUP COUNSELING, ONE COUNSELOR GROUP COUNSELING AND THE CONTROL GROUP AT PRE-, MID-, AND POST-TREATMENT TESTING |

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Treatment</th>
<th>Mid-Treatment</th>
<th>Post-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
</tr>
<tr>
<td>1. Co-counselor</td>
<td>63.64</td>
<td>27.79</td>
<td>66.48</td>
</tr>
<tr>
<td>2. One-counselor</td>
<td>60.56</td>
<td>26.97</td>
<td>53.40</td>
</tr>
<tr>
<td>3. Control Group</td>
<td>71.20</td>
<td>20.98</td>
<td>66.04</td>
</tr>
</tbody>
</table>

*Low scores indicate increased home adjustment.*

adjustment, for the one-counselor group and the control group during
the first seven weeks of the study followed by slight increases in
home adjustment scores during the last seven weeks of treatment.
The co-counselor group showed an increase in home adjustment
scores, indicating decreased home adjustment, from pre-treatment
Figure 2. Mean Home Adjustment Scores for Treatment Groups at Pre-, Middle- and Post-Treatment Testing.

---

Co-Counselors

One-Counselor

Control Group

*Low scores indicate increased home adjustment*
to middle-treatment testing followed by a leveling off period during the remaining seven weeks of counseling.

The results of analysis of variance for repeated measures, which was utilized to determine if there were significant differences among the group means across the three test administrations, are shown in Table VII. With 2 and 72 degrees of freedom, an

TABLE VII

ANALYSIS OF VARIANCE FOR REPEATED MEASURES OF PRE-, MID-, AND POST-TEST MEAN SCORES ON THE HOME ADJUSTMENT SCALE OF THE BELL ADJUSTMENT INVENTORY

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Mean Square</th>
<th>F-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between B (Treatment Groups)</td>
<td>74</td>
<td>3039.61</td>
<td>1.54 (NS)</td>
</tr>
<tr>
<td>Error B</td>
<td>2</td>
<td>1968.28</td>
<td></td>
</tr>
<tr>
<td>Within</td>
<td>72</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>A (Pre-, Mid-, Post- Test Administration)</td>
<td>2</td>
<td>217.48</td>
<td>1.45 (NS)</td>
</tr>
<tr>
<td>AB (Interaction)</td>
<td>4</td>
<td>187.97</td>
<td>1.26 (NS)</td>
</tr>
<tr>
<td>Error W</td>
<td>144</td>
<td>149.05</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>224</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p < .05

F-ratio of 3.15 was needed to reach the .05 level of significance in the comparison of the treatment groups in home adjustment as
measured by the Bell Adjustment Inventory while holding the testing time differences constant. The obtained F-ratio of 1.54 for main effects was not significant at the .05 level. With 2 and 144 degrees of freedom, an F-ratio of 3.07 was needed to reach significance at the .05 level in the comparison of the pre-, middle- and post-treatment test administrations. An F-ratio of 1.45 was obtained and therefore the difference between the three test administrations without regard to differences between groups was not significant. With 4 and 144 degrees of freedom, an F-ratio of 2.45 was needed to reach significance at the .05 level in the comparison of the interaction of the treatment groups and pre-, middle- and post-treatment test administrations. The obtained F-ratio of 1.26 was not acceptable at the .05 level of significance. Therefore, Null Hypothesis III and Null Hypothesis IV were accepted, indicating that there was no significant difference in home adjustment as measured by the Bell Adjustment Inventory in students who had co-counselor group counseling, in students who had one-counselor group counseling, and in students in the control group at the end of seven weeks and at the end of fourteen weeks. It should be pointed out that the students involved in this study were not selected because of demonstrated maladjustment. Therefore, possibly change could not be expected.
Null Hypothesis V

There will be no significant difference in self-concept as measured by the Tennessee Self-Concept Scale by students who have had co-counselor group counseling, by students who have had one-counselor group counseling, and by students in the control group at the end of seven weeks.

Null Hypothesis VI

There will be no significant difference in self-concept as measured by the Tennessee Self-Concept Scale by students who have had co-counselor group counseling, by students who have had one-counselor group counseling, and by students in the control group at the end of fourteen weeks.

Table VIII contains the means and standard deviations of self-concept scores on the Tennessee Self-Concept Scale for the three treatment groups at the pre-, middle- and post-treatment test administrations. These mean scores are shown in graph form in Figure 3. The co-counselor group showed a decrease in self-concept between pre-treatment and middle-treatment testing followed by an increase from middle-treatment to post-treatment testing. The one-counselor group showed a slight increase in self-concept during the first seven weeks of counseling followed by a decrease
during the remaining half of the study. The control group decreased in self-concept during the first seven weeks followed by a slight increase during the remaining seven weeks of treatment.

**TABLE VIII**

MEANS AND STANDARD DEVIATIONS FOR SELF-CONCEPT AS MEASURED BY THE TENNESSEE SELF-CONCEPT SCALE FOR SUBJECTS IN CO-COUNSELOR GROUP COUNSELING, ONE-COUNSELOR GROUP COUNSELING, AND THE CONTROL GROUP AT PRE-, MID-, AND POST-TREATMENT TESTING*

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Treatment</th>
<th>Mean</th>
<th>S.D.</th>
<th>Mid-Treatment</th>
<th>Mean</th>
<th>S.D.</th>
<th>Post-Treatment</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Co-counselor</td>
<td>322.11</td>
<td>26.81</td>
<td>319.96</td>
<td>39.17</td>
<td>323.27</td>
<td>35.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. One-counselor</td>
<td>318.51</td>
<td>37.70</td>
<td>318.96</td>
<td>39.42</td>
<td>314.39</td>
<td>38.21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Control Group</td>
<td>327.35</td>
<td>31.94</td>
<td>324.35</td>
<td>29.26</td>
<td>325.51</td>
<td>27.07</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Low scores indicate decreased self-concept.

The results of analysis of variance for repeated measures, which was used to determine if there were significant differences among the group means across the three test administrations, are shown in Table IX.

With 2 and 72 degrees of freedom, an F-ratio of 3.15 was needed to reach the .05 level of significance in the comparison of the
Figure 3. Mean Self-Concept Scores for Treatment Groups at Pre-, Middle- and Post-Treatment Testing.

*Low scores indicate decreased self-concept.*
treatment groups in self-concept as measured by the Tennessee Self-Concept Scale while holding the testing time differences constant.

The F-ratio obtained for main effects was 0.42 and thus fell below the

TABLE IX

ANALYSIS OF VARIANCE FOR REPEATED MEASURES OF PRE-, MID-, AND POST-TEST MEAN TOTAL P SCORES (SELF-CONCEPT) AS MEASURED BY THE TENNESSEE SELF-CONCEPT SCALE

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Mean Square</th>
<th>F-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B (Treatment Groups)</td>
<td>2</td>
<td>1341.63</td>
<td>0.42 (NS)</td>
</tr>
<tr>
<td>Error B</td>
<td>72</td>
<td>3156.85</td>
<td></td>
</tr>
<tr>
<td>Within</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A (Pre-, Mid-, Post-Test Administrations)</td>
<td>2</td>
<td>62.95</td>
<td>0.32 (NS)</td>
</tr>
<tr>
<td>AB (Interaction)</td>
<td>4</td>
<td>111.70</td>
<td>0.68 (NS)</td>
</tr>
<tr>
<td>Error W</td>
<td>144</td>
<td>193.19</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>244</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p < .05

required level for significance. With 2 and 144 degrees of freedom, and F-ratio of 3.07 was needed to reach the .05 level of significance in the comparison of the pre-, middle- and post-treatment test administrations. An F-ratio of 0.32 was obtained and therefore the differences between the three test administrations without regard to
differences between groups were not significant. With 4 and 144 degrees of freedom, an F-ratio of 2.45 was needed to reach significance at the .05 level in the comparison of the interaction of the treatment groups and pre-, middle- and post-treatment test administrations. The obtained F-ratio of 0.68 was not significant at the .05 level. Therefore, Null Hypothesis V and Null Hypothesis VI were accepted, indicating that there was no significant difference in self-concept as measured by the Tennessee Self-Concept Scale in students who had co-counselor group counseling, in students who had one-counselor group counseling, and in students in the control group at the end of seven weeks and at the end of fourteen weeks.

Null Hypothesis VII

There will be no significant difference in emotional adjustment as measured by the Bell Adjustment Inventory by students who have had co-counselor group counseling, by students who have had one-counselor group counseling, and by students in the control group at the end of seven weeks.

Null Hypothesis VIII

There will be no significant difference in emotional adjustment as measured by the Bell Adjustment Inventory by students who have had co-counselor group counseling, by students who have had
one-counselor group counseling, and by students in the control group at the end of fourteen weeks.

Table X contains the means and standard deviations of emotional adjustment scores on the Bell Adjustment Inventory for the three treatment groups at the pre-, middle- and post-testing administrations. These mean scores are shown in graph form in Figure 4.

The co-counselor group showed a decrease in emotional adjustment from pre-treatment testing to middle-treatment testing followed by an

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Treatment</th>
<th>Mid-Treatment</th>
<th>Post-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
</tr>
<tr>
<td>1. Co-counselor</td>
<td>67.48</td>
<td>28.05</td>
<td>75.20</td>
</tr>
<tr>
<td>2. One-counselor</td>
<td>61.80</td>
<td>30.85</td>
<td>53.12</td>
</tr>
<tr>
<td>3. Control Group</td>
<td>63.44</td>
<td>28.01</td>
<td>60.56</td>
</tr>
</tbody>
</table>

*Low scores indicate increased emotional adjustment.
Figure 4. Mean Emotional Adjustment Scores for Treatment Groups at Pre-, Middle- and Post-Treatment Testing.

*LoS scores indicate increased Emotional Adjustment.
increase in adjustment during the last phase of the study. The one-counselor group increased in emotional adjustment during the first seven weeks of treatment followed by a decrease in adjustment from middle- to post-treatment testing. The control group increased in emotional adjustment throughout the entire fourteen weeks of treatment.

The results of analysis of variance for repeated measures, which was utilized to determine if there were significant differences among the group means during the three test administrations, are shown in Table XI. With 2 and 72 degrees of freedom, an F-ratio of 3.15 was needed to reach the .05 level of significance in the comparison of the treatment groups in emotional adjustment as measured by the Bell Adjustment Inventory while holding the testing time differences constant. The obtained F-ratio of 1.48 for main effects was not significant at the .05 level. With 2 and 144 degrees of freedom, an F-ratio of 3.07 was needed to reach the .05 level of significance in the comparison of the pre-, middle- and post-treatment test administrations. An F-ratio of 0.16 was obtained and therefore the differences between the three test administrations without regard to differences between groups were not significant. With 4 and 144 degrees of freedom, an F-ratio of 2.45 was needed to reach significance at the .05 level in the comparison of the interaction
of the treatment groups and pre-, middle- and post-treatment test
dadministrations. The obtained F-ratio of 3.14 for AB (interaction)
was significant and indicates the differences among the treatment
groups in interaction with test administration was not likely to have
occurred by chance. In order to test the differences between all the

**TABLE XI**

**ANALYSIS OF VARIANCE FOR REPEATED MEASURES OF PRE-, MID- AND POST-TEST MEAN SCORES ON THE EMOTIONAL ADJUSTMENT SCALE OF THE BELL ADJUSTMENT INVENTORY**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>df</th>
<th>Mean Square</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between B (Treatment Group)</td>
<td>74</td>
<td>3510.16</td>
<td>1.48 (NS)</td>
</tr>
<tr>
<td>Error B</td>
<td>72</td>
<td>2364.56</td>
<td></td>
</tr>
<tr>
<td>Within A (Pre-, Mid-, Post- Test Administrations)</td>
<td>2</td>
<td>30.93</td>
<td>0.16 (NS)</td>
</tr>
<tr>
<td>AB (Interaction)</td>
<td>4</td>
<td>593.46</td>
<td>3.14*</td>
</tr>
<tr>
<td>Error W</td>
<td>144</td>
<td>188.68</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>224</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05*

possible pairs of means to find where significant differences exist,
the Newman-Keuls Procedure was used for further analysis of the data.
The data in Tables XII, XIII and XIV show the differences between all the possible pairs of means of emotional adjustment scores on the Bell Adjustment Inventory for the three treatment groups at the pre-, middle- and post-treatment test administrations.

The data in Table XII show that a critical value F-ratio of 5.25 was needed to reach significance at the .05 level in the comparison of co-counselor group counseling with one-counselor group counseling.

The obtained F-ratio of 5.68 suggests that the differences between the
The co-counselor group and the one-counselor group could not have occurred by chance. This significant difference that existed at the pre-treatment test administration between the co-counselor group and the one-counselor group served as a somewhat limiting factor in determining that observed differences between these treatment groups at the middle- and post-treatment test administrations were due to the effects of the two treatment groups. Therefore, because of the significant initial difference between the co-counselor group and the one-counselor group, no conclusive statement can be made regarding the exact processes responsible for such change over the time course of the study. Apparently the random assignment of subjects at the beginning of the study did not adequately control for initial differences between treatment groups.

It is noted in Table XIII that the obtained F-ratio of 22.08 in the comparison of the one-counselor group with the co-counselor group at middle-treatment testing is much higher than either the F-ratio 5.68 obtained at pre-treatment testing and the critical value F-ratio 5.25 needed to reach significance at the .05 level. Therefore, perhaps the degree of differences that existed between co-counselor group counseling and one-counselor group counseling from pre- to middle-treatment testing was primarily due to types of treatment. The data in Table XIII indicate that there was a
significant difference between all three treatment groups at middle-treatment testing. However, the significance of change is not in

TABLE XIII

NEWMAN-KEULS TEST OF THE DIFFERENCES BETWEEN EMOTIONAL ADJUSTMENT MEAN SCORES ON THE BELL ADJUSTMENT INVENTORY AT MIDDLE-TREATMENT TESTING

<table>
<thead>
<tr>
<th>Group Treatments</th>
<th>Co-counselor</th>
<th>Control</th>
<th>One-counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Means</td>
<td>75.20</td>
<td>60.56</td>
</tr>
<tr>
<td>Co-counselor</td>
<td>75.20</td>
<td>---</td>
<td>14.64*</td>
</tr>
<tr>
<td>Control</td>
<td>60.56</td>
<td>---</td>
<td>7.44*</td>
</tr>
<tr>
<td>One-counselor</td>
<td>53.12</td>
<td></td>
<td>---</td>
</tr>
</tbody>
</table>

C.V. 4.39 C.V. 5.25

*Significant at the .05 level

The hypothesized direction. The data in Table XIV show that the differences between the co-counselor group and the one-counselor group and the differences between the co-counselor group and the control group were significant at the .05 level at the post-treatment test administration after fourteen weeks of treatment. Therefore, Null Hypothesis VII and VIII are partially rejected.
TABLE XIV

NEWMAN-KEULS TEST OF THE DIFFERENCES BETWEEN EMOTIONAL ADJUSTMENT MEAN SCORES ON THE BELL ADJUSTMENT INVENTORY AT POST-TREATMENT TESTING

<table>
<thead>
<tr>
<th>Group Treatments</th>
<th>Co-counselor</th>
<th>One-counselor</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Means</td>
<td>71.56</td>
<td>61.60</td>
<td>57.36</td>
</tr>
<tr>
<td>Co-counselor</td>
<td>71.56</td>
<td>---</td>
<td>9.96*</td>
</tr>
<tr>
<td>One-counselor</td>
<td>61.60</td>
<td>---</td>
<td>4.24</td>
</tr>
<tr>
<td>Control</td>
<td>57.36</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

C.V. 4.39 C.V. 5.25

*Significant at the .05 level

Summary

The purpose of this chapter was to present the results obtained from the data collected for this study. The Null Hypotheses were stated and the .05 level of significance was required for rejection.

Significant differences were found between the one-counselor group and the co-counselor group and between the control group and the co-counselor group in personal adjustment. The significance of change, however, was not in the hypothesized direction.
No significant differences were found between the three groups in home adjustment or self-concept.

Significant differences were found in emotional adjustment between all three treatment groups at the end of seven weeks. However, the significance of change was not in the hypothesized direction. Also, because significant differences existed between the co-counselor group and the one-counselor group at the pre-treatment test administration, this served as a contaminating factor for any conclusive statements concerned with pinpointing the exact processes responsible for such changes in emotional adjustment.

Significant differences were found between the co-counselor group and one-counselor group and between the co-counselor group and the control group in emotional adjustment at the end of fourteen weeks.
CHAPTER V

SUMMARY, RESULTS, CONCLUSIONS, IMPLICATIONS
AND RECOMMENDATIONS

This study was undertaken to investigate changes in junior college students' personal adjustment, emotional adjustment, home adjustment, and self-concept as a result of participation in three types of group treatments. Specifically the main objective of the study was to examine what effects one-counselor group counseling and male and female co-counselor group counseling would have with junior college students.

The subjects utilized in the study were seventy-five full-time freshmen and sophomore psychology students who volunteered to participate in group counseling at Tarrant College Junior College during the spring semester of 1970. Students were randomly assigned to three groups: experimental group A, which consisted of group counseling conducted by male and female counselors; experimental group B, which consisted of group counseling conducted by one counselor; and a control group of twenty-five psychology students involved in typical classroom activities such as listening to class lectures,
viewing films, listening to tape recordings, and taking tests. All groups met for approximately one hour per week for a period of fourteen weeks, from February 4, 1970, to May 18, 1970.

Experimental group A involved two subgroups of twelve students and thirteen students counseled by the same male and female co-counselors. Experimental group B involved two subgroups of twelve students counseled by a male counselor and thirteen students counseled by a female counselor. The counselors attempted to communicate a high degree of acceptance, respect, and understanding to the participants in order to establish a therapeutic relationship and thus allow each group member the opportunity to discover within himself the capacity to use that relationship to change and grow.

The instruments used to measure changes in personal adjustment, emotional adjustment, home adjustment, and self-concept were the Adjective Check List, the Bell Adjustment Inventory, and the Tennessee Self-Concept Scale. All three instruments were administered to the subjects at three different times: pre-, mid-, and post-treatment.

Following the collection and tabulation of the data, the results were analyzed using analysis of variance for repeated measures to determine the significance of difference in mean test scores between different treatment groups at different times of measurement. The .05 level of significance was designated as appropriate to reject the
hypotheses which had been converted to the null form, and the Newman-
Keuls Procedure was used to determine where differences existed
between all possible pairs of group treatment and testing means.

Results

The hypotheses that students in co-counselor group counseling would have a significantly greater mean gain in personal adjustment as measured by the Adjective Check List than students in one-
counselor group counseling or students in the control group at the
end of seven weeks and at the end of fourteen weeks were partially
accepted. A significant relationship was found to exist in the
comparison of the interaction of the treatment groups and pre-,
middle- and post-treatment test administrations. Therefore, the
Newman-Keuls Procedure was employed to determine the tenability of
these hypotheses. Through this procedure it was determined that
there were significant differences between the one-counselor group
and co-counselor group and significant differences between the control
group and the co-counselor group at the end of seven weeks and at the
end of fourteen weeks. The significance of change, however, was not
in the hypothesized direction. The one-counselor group and the
control group showed some slight gains in personal adjustment from
pre-treatment through post-treatment testing. The co-counselor
group decreased in personal adjustment at the end of seven weeks followed by a leveling off period between the middle-treatment and post-treatment test administration. This decrease in personal adjustment mean scores resulted in the significant difference between groups rather than an increase in mean scores since the other groups showed only slight increases.

The hypotheses that students in co-counselor group counseling would have a significantly greater mean gain in home adjustment as measured by the Bell Adjustment Inventory than students in one-counselor group counseling or students in the control group at the end of seven weeks and at the end of fourteen weeks were rejected.

The hypotheses that students in co-counselor group counseling would have a significantly greater mean gain in self-concept as measured by the Tennessee Self-Concept Scale than students in one-counselor group counseling or students in the control group at the end of seven weeks or at the end of fourteen weeks were rejected.

The hypothesis that students in co-counselor group counseling would have a significantly greater mean gain in emotional adjustment as measured by the Bell Adjustment Inventory than students in one-counselor group counseling or students in the control group at the end of seven weeks was partially accepted. Although there were significant differences between treatment groups at the end of seven
weeks, it was also noted that a significant difference existed between the co-counselor group and the one-counselor group at the pre-treatment test administration. Therefore, the significant differences between the co-counselor group and one-counselor group at the middle-treatment test administration were confounded due to heterogeneity between groups on the pre-treatment test administration. The initial differences between these treatment groups at the pre-treatment test administration were a contaminating factor having a certain, yet indeterminate, influence on future test results. Apparently the random assignment of subjects at the beginning of the study did not adequately control for initial differences between treatment group on this variable. Also, it was noted that the significance of change was not in the direction hypothesized. While the co-counselor group decreased in emotional adjustment during the first seven weeks of treatment, the one-counselor group and the control group increased in adjustment. From middle-treatment testing to post-treatment testing the co-counselor group and the control group increased in emotional adjustment while the mean adjustment scores for the one-counselor group returned to pre-test level. Although there were group changes in emotional adjustment over the time period of the study, the significant initial difference between the co-counselor group and the one-counselor group limits any definite conclusions
which might be made regarding the processes responsible for such change. However, the mean differences that existed between the co-counselor group and the one-counselor group at middle-treatment testing were so great that perhaps the difference at this point was primarily due to types of treatment. Although the one-counselor group and the control group increased in adjustment at the end of seven weeks, the one-counselor group had significantly better mean adjustment scores than the control group while the co-counselor group decreased in adjustment.

**Conclusions**

An analysis of the statistical data obtained indicates that there were relatively few significant differences in the variables measured in students experiencing the three different types of group treatments at the end of seven weeks and at the end of fourteen weeks.

Short-term group counseling involving one counselor of either sex was the most effective group counseling approach in producing positive changes in selected test results with junior college students. Extending the counseling sessions over a fourteen-week time span did not result in improvement among students and frequently there were decreased scores on the measuring instruments.
Male and female co-counselor group counseling did not produce any measured improvement among students during the initial seven weeks of counseling. In fact, there was a decrease in scores on all variables for students in short-term male and female co-counseling. Extending the counseling session over a fourteen-week time span resulted in either a continuation of low scores or only slight improvement.

Therefore, short-term (seven weeks) one-counselor group counseling is more effective, as determined by this study, than is either short- or long-term co-counselor group counseling or long-term one-counselor group counseling. Short-term group counseling involving one counselor of either sex was effective in bringing about increased personal adjustment and home adjustment. Extending the counseling sessions for fourteen weeks resulted in no appreciable change in personal adjustment and home adjustment. Short-term male and female co-counselor group counseling resulted in decreased personal adjustment and home adjustment followed by a leveling off period in which there was very little positive or negative change during the remaining seven weeks of counseling.

Short-term group counseling involving one counselor of either sex produced a slight increase in self-concept followed by a decrease during the remaining seven weeks of counseling. Short-term
male and female co-counselor group counseling resulted in a slight
decrease in self-concept followed by an increase during the last seven
weeks of counseling.

Short-term group counseling involving one counselor of
either sex was effective in bringing about increased emotional adjust-
ment and extending the counseling sessions for fourteen weeks
resulted in decreased emotional adjustment. Short-term male and
female co-counselor group counseling resulted in decreased emotional
adjustment followed by an increase in adjustment during the remaining
seven weeks of counseling.

Implications

Previous research utilizing group counseling and co-counseling
procedures with college students has generally produced favorable out-
comes although much of the criteria for evaluating co-counseling
has been the subjective responses of the counselors and clients. If
various subjective criteria on the part of the counselors and students
were used in the present study, the male and female co-counselor
groups could be considered to be more productive in terms of overall
client progress. In discussions among the counselors at the conclu-
sion of the study, it appeared as though the male and female
co-counselors thought that their students achieved more of their
potential, and in general these co-counselors appeared more satisfied with the progress made by their counseling groups.

On the basis of casual interviews with group members and counselors, most students who participated in one-counselor group counseling and male and female co-counselor group counseling seemed to feel that they formed more realistic and accepting attitudes and feelings toward themselves and other group members as a result of counseling. This acceptance of self and others seemed to result in better relations among group members. Although both group counseling approaches appeared to secure favorable responses among participants, it was noted that the co-counseling group had more students making such comments. Most of the students in one-counselor group counseling did not want to continue group meetings at the completion of the study, while the majority of the students in the male and female co-counseling group wanted their groups to continue meeting after the study had been completed. This may be at least a testimonial to the male and female co-counselor group participants' feelings of accomplishment and satisfactions with the group.

In view of the non-significant statistical data obtained from the instruments and the contrasting favorable subjective responses of counselors and students participating in male and female
co-counseling, it may be that the instruments utilized in this study were not measuring the same attitudes and personality characteristics that appeared significant to the counselors and students involved. The various subjective responses included positive changes in self-concept and students becoming more friendly and accepting toward other group members. Perhaps other instruments would prove more effective in measuring those aspects of personality change that these counselors and clients felt were important.

On most of the measures used in this study there were increased differences between the one-counselor group and the co-counselor group at the middle-treatment test administration. In terms of test scores it frequently appeared that the students in co-counselor group counseling got worse at the end of seven weeks of treatment whereas members of the one-counselor group achieved better scores during the same time span. The most dramatic change occurred during this initial period followed by a tendency to maintain this level or regress to pre-test mean scores but not to continue to regress or grow during the latter seven weeks of treatment. Prolonging one-counselor group counseling beyond this seven-week period frequently resulted in no increased positive change in terms of obtained test results. This could imply that prolonged one-counselor group counseling may in some ways produce negative
results. Thus, in terms of objective criteria, short-term one-counselor group counseling was superior to the male and female co-counselor approach. However, it should be recognized that better scores on objective personality measures often are misleading in terms of the overall progress made by clients. Sometimes low scores on such instruments may indicate that a person has achieved certain insight regarding himself and as a result apparently poorer performance may be indicative of overall progress provided the client is motivated for change after this insight has been gained. The negative results at post-treatment testing may be due to increased insight among students regarding their need to change. Although at mid-treatment testing some students' mean test scores indicated growth, perhaps these scores reflected their need for change rather than actual change. Unrealistic mid-test scores could signify an incongruent self-concept reflecting an inconsistency between the student's concept of himself and actual test results. The negative post-test scores might more realistically indicate the students' true feelings about themselves. In this study, perhaps, the participants in male and female co-counselor group counseling began to experience some of the rebellious characteristics adolescents have toward their parents in our society. Striving for independence from even genuine, understanding, caring parents is often marked by inner
conflict, guilt, and rebellion. An approach avoidance conflict sometimes occurs in which the adolescent both wants to remain and leave the parents at the same time. Much of the negative data for the middle-treatment test administration may be the result of this inner turbulence experienced by the students in male and female co-counselor group counseling.

**Recommendations**

In view of the findings and observations of this study, the following recommendations are suggested:

1. Further research should incorporate other instruments to measure changes in attitudes and personality among group counseling participants. The discrepancy between subjective reports of counselors and clients and the actual test data indicates that some changes that occurred as a result of group counseling were not detected with the present instruments. More refined instruments are needed to tap the sensitive changes that occur in group counseling participants.

2. Further research should involve a study of changes in the attitudes and personality of the counselors conducting male and female co-counseling in order to determine what effect the group experience has on them.
3. Further research should involve the matching of subjects after pre-treatment testing in order to guard against heterogeneous pre-treatment grouping.

4. Counselor reports indicated that longer counseling sessions would be more beneficial to client changes. Therefore, it is recommended that counseling sessions last approximately two hours in duration.

5. Further research involving male and female co-counseling should involve students with definite family problems in order to determine the effect of this simulated family atmosphere.

6. Further research should involve a follow-up of students in order to determine any later effects resulting from group counseling.

7. Short-term group counseling involving one counselor of either sex should be utilized in junior colleges.

8. Further research should attempt to determine if clients perceive the male and female co-counselor group as a simulated family.
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