SENSITIVITY TRAINING AS A METHOD
OF INCREASING THE THERAPEUTIC
EFFECTIVENESS OF GROUP MEMBERS

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

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Buresh, Martin C., *Sensitivity Training as a Method of Increasing the Therapeutic Effectiveness of Group Members*. Doctor of Philosophy (Counseling and Guidance), May, 1979, 168 pp., 28 tables, bibliography, 124 titles.

The purpose of this study was to determine if sensitivity training encouraged significantly more members to form mutually therapeutic relationships than did traditional group counseling, and to determine if the members who formed the largest numbers of mutually therapeutic relationships increased both in self-awareness and self-actualization significantly more through sensitivity training than through the traditional form of group counseling.

Thirty graduate students, who were enrolled in Counseling and Guidance classes at Memphis State University, comprised the sensitivity-training, traditional, and control groups. The study ran for twelve consecutive weeks with each of the groups meeting one day a week for a three-hour period. The *Personal Orientation Inventory* (P.O.I) was administered as a measurement of self-actualization; the *Problem Expression Scale* (P.E.S.) measured levels of self-awareness, and the *Barrett-Lennard Relationship Inventory* measured mutually therapeutic relationships.

The results of the P.O.I. and the P.E.S. were treated by two statistical procedures: an analysis of variance on
the differences between the early and late samplings of the P.E.S., and between the pre-test, post-test and follow-up administration of the P.O.I., as well as a t test for correlated means to determine if a significant difference had occurred. A chi square analysis was run to determine if there was a significant difference between the number of mutually therapeutic relationships formed by all the group members.

The sensitivity training method did not significantly increase the group members' ability to form mutually therapeutic relationships more than the traditional form of counseling. The traditional group was significantly (p < .01) more conducive to its members engaging in mutually therapeutic relationships than was the sensitivity-training group.

The sensitivity-training members who engaged in the highest number of mutually therapeutic relationships did not show a significant increase in self-awareness when they were compared to traditional group members who also engaged in the most mutually therapeutic relationships. The traditional group was better, though not significantly so, at achieving this than was a sensitivity-training approach.

No relationship was discovered between the formation of mutually therapeutic relationships and an increase in self-actualizing behavior in all three groups.
This study concluded from its findings that the sensitivity group members' relationships were more transitory or short-lived than the relationships formed by the members of the traditional group. The formation of mutually therapeutic relationships, built on empathy, congruence, and positive regard, appeared to increase self-awareness, and a traditional form of group counseling may be better at achieving this than a sensitivity-training group. The sensitivity-training group appeared to deal best with material in the present, or "here-and-now," while the traditional group was more effective in dealing with intrinsic material outside the group and in the past.
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CHAPTER I

Introduction

Alienation, loneliness, and despair are frequently considered to be problems which normal people experience in their quest for personal growth. There is some evidence (7, p. 9; 18, p. 35) that suggests psychiatry and orthodox psychoanalysis may eventually devote themselves exclusively to the psychotic and seriously disturbed, while social scientists will deal with the question of personal growth. There is a particular form of therapy which addresses itself to a multitude of diverse personalities interested in fostering their own personal growth. Individuals from all walks of life, both professional and private, form the growing ranks of those persons who have experienced some type of sensitivity-training group. Sensitivity groups rely consistently upon their own members and upon leaders who are not always trained in the traditional medical model to effect a change.

Clark (12, 13, 14) asserted that some people in sensitivity-training groups function as "therapeutic personalities" who offered the other group members opportunities for personality change and growth.

In training groups, however, it seemed to me that members participating in these shifting dyads were behaving "therapeutically" toward one another. By
therapeutically, here, I mean that they were doing something which seemed to encourage significant growth in others, and this "something" seemed to be the same "something" Rogers had discovered--behavior which the recipient saw as congruent, empathic, and full of positive regard (12, p.4).

Gibb (20, p. 127) stated that "growth occurs inevitably" when persons interact in groups which provide the dimensions of trust, openness, realization, and interdependence. Gibb, much like Clark, placed most of the emphasis upon the action of the group, while defining the therapist as a facilitator of the TORI processes.

Carl Rogers (25) has defined the personality variables of accurate empathy, unconditional positive regard, and congruence as being highly important in regard to positive personality change. An impressive body of research to date (8, 9, 10, 15, 21, 25, 26, 32, 33, 35, 37, 38, 39, 40, 41, 42) has supported Rogers and shown that negative personality change is likely to occur within the counselee when these characteristics are not present in the counselor. Truax and Carkhuff (11, 31, 35) have shown that laymen are able to contribute meaningfully to the growth and competency of individuals they encounter in relationships. Other recent investigations (1, 5, 12, 13, 14) in the field of counseling and psychotherapy have also suggested that a layman with certain personality characteristics may have an effect on those with whom he interacts much like the effect a professional therapist has on his patients.
At the present time there is little in the way of formal theory or technique pertaining to sensitivity training. It is much in use, but whether it actually has demonstrable positive results is far from an established fact. The implications which sensitivity training poses makes further research a necessity at this time.

Statement of the Problem

The problem was to observe whether a sensitivity-training group was able to increase self-awareness and to foster self-actualizing behavior as a result of the members' involving themselves in therapeutic relationships with each other.

The specific purposes to be investigated were

1. To determine if significantly more group members in a sensitivity-training group engaged in mutually therapeutic relationships than did members in a traditional group-counseling group.

2. To determine if the extent of improvement in self-awareness among those individual members of a sensitivity-training group who engaged in the largest number of mutually therapeutic relationships was significantly greater than the extent of improvement in self-awareness among those individual members of a traditional group-counseling group who also engaged in the largest number of mutually therapeutic relationships.
3. To determine if the extent of increase in self-actualization in the individual members who engaged in the largest number of mutually therapeutic relationships in a sensitivity-training group was significantly larger than the extent of increase in self-actualization in the individual members of a traditional group-counseling group who also engaged in the largest number of mutually therapeutic relationships.

4. To determine if the members of both the sensitivity-training group and the traditional group-counseling group who did not engage in mutually therapeutic relationships increased in self-awareness and in self-actualization.

5. To determine if the sensitivity-training group could maintain a higher level of self-actualization than the traditional group-counseling group three months after the termination of the study.

Hypotheses

The following hypotheses were tested:

1. Individual members of a sensitivity-training group will engage in significantly more mutually therapeutic relationships, as measured by the Barrett-Lennard Relationship Inventory, than will the individual members of a traditional group-counseling group or a control group.
2. The individual members of a sensitivity-training group who engage in the largest number of mutually therapeutic relationships will show a statistically significant mean increase in self-actualizing behavior, as measured by the Personal Orientation Inventory, than will the individual members who form the largest number of mutually therapeutic relationships in both a traditional group-counseling group and a control group.

3. The individual members of a sensitivity-training group who engage in the largest number of mutually therapeutic relationships will show a statistically significant mean increase in self-actualizing behavior, as measured by the Personal Orientation Inventory, than will the individual members who form the largest number of mutually therapeutic relationships in both a traditional group-counseling group and a control group.

Background and Significance

There is a large and ever growing amount of research in the field of counseling and psychotherapy, which attempts to answer the question, "Why do some individuals improve under therapy while others do not or become more maladjusted under the same or similar treatment?" Some writers, notably Eysenck (17) and Levitt (22), strongly suggest that therapy produces no more improvement in a neurotic population than does the mere passage of time. Cartwright (11) and Barron
and Leary (4) state that some patients deteriorate more, in comparison to a control group, while some show significant improvement. A more recent study of the effects of counseling and psychotherapy by Bergin (5) indicates that often there is little difference in the average amount of change between experimental and control groups, but there does tend to be a significant difference in the range of the change. The control subjects indicated some improvement and some deterioration, but their various amount of change focused around the mean. Among the subjects in the experimental groups who received therapy, there was dispersion all the way from pronounced improvement to pronounced deterioration. In his review, Bergin concludes that therapy can produce improvement within people beyond that which can result from a "spontaneous remission" of symptoms alone.

One interesting outcome in this search for change in counseling and therapy was a concentration on the actual process of counseling and therapy itself. Analyzed recordings of therapist' behavior, and clients' ratings of their counselors during the process of treatment, have indicated that the characteristics of the therapist greatly affect the outcome of counseling. Rogers (26) has attempted to clarify the conditions which actually produce constructive personality change. He states that, for a therapeutic relationship to exist, the therapist must be a congruent person, maintaining an unconditional positive regard for
and empathetic understanding of the client. For many years, Rogers' ideas were relegated largely to the domain of theory. Truax (30, 31, 32) helped to bring them into practice by devising scales which measure the counselor's level of accurate empathy, unconditional positive regard, and self-congruence. Truax, together with Carkhuff (34), focused on the personality and the approach of the counselor. They suggest that successful therapists offer higher levels of warmth, genuineness, and accurate empathy, whereas unsuccessful therapists tend to relate in a more impersonal fashion while concentrating more upon symptoms. Through these and other similar studies like them it becomes apparent, for the first time, that the personality characteristics of the counselor and the therapist are just as important as the kind of academic training they receive. Current research (1, 24) has shown significant improvement in the behavior of hospitalized mental patients treated by non-professional lay therapists. These individuals did not function as professional psychologists and psychiatrists, yet they were effective in the treatment program. The effectiveness of the layman in eliciting positive personality changes has also has been shown to occur in sensitivity-training groups. James V. Clark, a leading figure in this field, has written,

Reports in the literature of both impressions and analytic measurements of changes during small-group human-relations training programs for business and
professional people often suggest substantial personal growth resembling that seen in psychotherapy (12, p. 1).

Bach (2) describes how marathon sensitivity groups enable the participants to be more authentic and "transparent," thereby reducing interpersonal uncertainty and alienation.

Mintz (24) remarks that "at the very minimum, this type of group has the stimulating and enriching impact of any intense emotional experience shared with other people."

Frederick Stoller is in strong agreement with other therapists when he writes that

Growth and change, new behavioral directions, the realization of potential, heightened self-awareness, and a richer perception of one's circumstances as well as the circumstances of others are some of the goals toward which the encounter group strives (28, p. 82).

To this date, the amount of scientific research which has been conducted on sensitivity training as a sound method of therapy has been rather limited. In general, some research has shown that (1) the personality characteristics of the counselor greatly affect the outcome of counseling, (2) effective counselors tend to be congruent, empathetic, and positively regarding toward their clients, (3) some laymen have "therapeutic personalities" much like the effective counselor, and (4) sensitivity-training groups may contain such personalities who could potentially encourage positive personality change in some of the participants. The assumption that one individual, without extensive academic
experience, but with the necessary personality characteristics, can act therapeutically upon another individual has made the use of sensitivity-training groups one of the most significant reforms in psychology since the advent of psychoanalysis. If the concepts just expressed could be shown to have a significant degree of validity, then an important step in establishing the value of sensitivity-training groups would have been taken.

Definition of Terms

1. **Congruence.**—The individual is freely and deeply being himself in the present moment of his existence rather than presenting a facade or a defense (31). The individual is whatever his response indicates that he is. It is a genuineness in relating and not merely a "professional" response which the counselor has learned and repeated. He does not have to disclose his total self, yet what he does show must be a real aspect of himself.

2. **Empathy.**—The individual's sensitivity to the current feelings of another and his verbal ability to communicate his understanding to that person in a manner which is in harmony with that person's present feelings (29). On deeper levels, it involves the understanding of patterns of feelings which the other person will only partially reveal.

3. **Unconditional Positive Regard.**—The individual accepts the other person as a separate human being without
imposing upon him (30). It implies a valuing of that person free from any evaluation of his behavior or thoughts. It does not imply a sanctioning or approval of behavior censured by society, but rather a non-possessive caring and warmth for that person.

4. Therapeutic Personality.--The individual who encourages significant growth in another person through behavior which the recipient perceives as being congruent, empathetic, and unconditionally regarding (12).

5. Sensitivity Training.--A group process which is designed to increase the interpersonal sensitivity of an individual so that he will become more aware of and responsible for his own self in the here-and-now setting (12, 27). The participant in such a group finds himself in a relatively unstructured environment in which he is helped to function effectively in relationships without becoming excessively burdened by unrealistic assumptions concerning personal adequacy, worth, and social acceptability. A member of this group has the opportunity to learn the ways in which his behavior is seen by other members of the group, the various styles and roles he tends to take, and the effectiveness these forms of behavior have on both group members who wish to become more sensitive to others (16). This is an intensive small-group experience in which the emphasis is upon personal growth through the formation of dyads by individual group members, and not by the counselor or therapist's
leading, directing, or functioning as the formal or informal leader of the group. Such a counselor or therapist in this group facilitates the growth processes by recommending that the group members remain "inside" the room in their discussions. This means that only their immediate feelings in the here-and-now setting of the group are relevant topics for discussion. The facilitator suggests that particular methods, such as relaxation, physical contact, non-verbal activities, and symbolic games, be considered by the group members as aids to increased growth and awareness. The primary objectives and activities of this group are listed in Appendix A.

6. **Traditional Group Counseling**.--A group process in which a group leader, through his academic training and professional experience, offers some form of direct guidance to the other members of the group. This type of group

... is 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 concerns with one's peers and the counselors. 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 values and goals and to learn and/or unlearn certain attitudes and behaviors (19, p. 306).

In achieving these objectives, the traditional group counselor allows the group members to go "outside" of the room
in their discussions. This means that past events or acts which occurred in a situation divorced from the immediate here-and-now setting of the group are legitimate topics of discussion. This type of counselor or therapist tends to function in the beginning as a group leader by nature of his experience and training. He provides ideas for discussion, offers interpretations of the dynamics of the group, and attempts to move the group members to greater exploration of themselves. This group leader does not employ any artificial techniques involving physical contact, non-verbal activities, or symbolic games, to aid the natural process of interpersonal relationships between the group members. The primary objectives and activities of this group are listed in Appendix B.

Limitations of the Study

1. This study was limited to thirty graduate students enrolled in the area of Counseling and Guidance at Memphis State University in the Fall Semester of 1970. There was no known reason to suppose that graduate students who enrolled in other sessions would have differed in significant ways from those who were included in this study.

2. Variables other than those specifically outlined in the course of this study may possibly have operated to change the levels on the three measuring instruments. This limitation was imposed because it was not possible to
control all environmental factors. There was no known reason to suppose that random sampling would not cancel out these effects.
CHAPTER BIBLIOGRAPHY


42. , "Antecedents to Outcome in Group Psychotherapy with Outpatients: Effects of Therapeutic Conditions, Alternate Sessions,
CHAPTER II

REVIEW OF THE LITERATURE

The Development of Sensitivity Training
As a Group Method of New Learning

The history of sensitivity groups dates back to 1946, when a small group of social scientists met in Connecticut at an "... intergroup relations work shop" (40, p. 4). Some of the participants observed a staff planning meeting and, upon invitation, related their observations of the meeting to the staff. The observations soon became far more important than the regular staff planning session. Out of these many discussions grew the National Training Laboratory for Group Development, which in 1966 was renamed the NTL Institute for Applied Behavioral Science. The first formal program in sensitivity training was conducted in Bethel, Maine, in 1947.

The research and valid experimentation conducted in this field have fallen far behind the actual amount of work performed by sensitivity-training groups. Theory must usually follow rather than precede action, and this new form of encounter groups has been in its adolescence. Attempts have been made to fill in this theoretical vacuum and build a methodology of sensitivity training based upon sound research.
Definition of the Various Forms of Sensitivity-Training Groups

There has been no single definition of this new phenomenon of experience-based intensive group activity. Widely different approaches have been employed and lumped together under a plethora of popular terms. Some of the techniques had much in common with each other, while others lacked even the rudimentary principles of established group dynamics. Rogers (68, pp. 4-5) gives perhaps a too brief description of these groups and their differences.

**T-Group.** This originally tended to emphasize human relations skills but has become much broader in its approach.

**Encounter Group** (or Basic Encounter Group). This tends to emphasize personal growth and the development and improvement of interpersonal communication and relationships through an experiential process.

**Sensitivity Training Group.** May resemble either of the above.

**Task-oriented Group.** Widely used in industry. Focuses on the task of the group in its interpersonal context.

**Sensory Awareness Groups, Body Awareness Groups, Body Movement Groups.** As the labels indicate, these tend to emphasize physical awareness and expression through movement, spontaneous dance, and the like.

**Synanon Group or "Game."** Developed in the treatment of drug addicts by the Synanon organization. Tends to emphasize most violent attack on the defenses of the participants.

Eddy and Lubin (30) produced a more comprehensive explanation of the different terms and their meanings.

**Sensitivity Training** is one of the first and most generic terms in the field. It originally referred to the small group training and conducted by the National
Training Laboratories. Currently, it is used by some to subsume all small group training approaches.

**Laboratory Training** is used to refer to an educational method that emphasizes experience-based learning activities. . . . The subject matter of such programs deals with some aspect of human interaction, and the goal is to be more aware of and responsive to what is going on.

A basic element of most laboratories is the T-Group (T for training). In the standard NTL-type of T-Group, participants find themselves in a relatively unstructured environment in which their responsibility is to build out of their interaction a group that can help them meet the needs for support, feedback, learning, etc. . . . Thus, T-group members have the opportunity of learning ways in which their behavior is seen by others in the group, the kinds of styles and roles they tend to take, their effectiveness in playing various kinds of roles, ways of being more sensitive to the feelings and behaviors of other group members, methods for understanding group behavior dynamics, etc.

**Encounter Groups**, as we define the term, refer to intensive small group experiences in which the emphasis is upon personal growth through expanding awareness, exploration of intrapsychic as well as interpersonal issues, and release of dysfunctional inhibitions. There is relatively little focus on the group as a learning instrument; the trainer takes a more active and directive role; and physical interaction is utilized.

**Marathon Groups** are time-extended encounter groups that use the massed experience and the accompanying fatigue to break through participants' defenses.

In their definitive work on the subject, Colembiewski and Blumberg (40, pp. vii-viii) explained the intricacies involved in the use of the various terms.

The "laboratory approach" constitutes the broad ball park of this effect, although the term "sensitivity training" is used in much the same sense. . . . There is no simple and direct way to comprehensively define the term, for the "laboratory approach" is a very complex something.

The laboratory approach uses a variety of ways and means of getting at experiential learning. The
"T-Group" is the best known vehicle in this repertoire. It involves a small group of people intent on exploring their own interpersonal and group relations with the help of a trainer. For example, these other vehicles for experiential learning include "confrontation designs," "Magic Circles," "third-party interventions," and a host of other spin-offs of the T-Group and its underlying processes.

Schein and Bennis (71, p. 4) follow a similar theoretical line and view sensitivity training and the laboratory approach as two very similar constructs. They see this technique as

... an educational strategy which is based primarily on the experiences generated in various social encounters by the learners themselves, and which aims to influence attitudes and develop competencies toward learning about human interactions. Essentially, therefore, laboratory training attempts to induce changes with regard to the learning process itself and to communicate a particular method of learning and inquiry. It has to do with "learning how to learn."

Different authors have employed the term "Sensitivity Training Group," "T-Group," or "Laboratory Approach" to convey many of the same principles and techniques. Whichever particular term was used, at least three distinguishing features (40, p. 509) were present if it was to be correctly identified as either a sensitivity training group, a T-group, or a laboratory approach group. It has not been at all uncommon for two or more of the terms to have been used interchangeably within one piece of research. The three distinguishing features were that it was a learning laboratory--it focused on learning how to learn--and it did this
through a here-and-now emphasis on present ideas, feelings, and reactions.

A. The Concept of a Learning Laboratory
This type of group is a laboratory in a variety of ways.

- It is an experience in creating a miniature society.
- It is oriented toward working with processes that emphasize inquity, exploration, and experimentation with behavior.
- It is oriented toward helping its members to learn.
- It is oriented toward developing a psychologically safe atmosphere that facilitates learning.

What is to be learned is largely determined by its members, although a professional "trainer" is usually able to provide guidance.

B. The Concept of Learning How to Learn

First of all, T-Groups have an inductive orientation. Most participants have to learn that they can also really learn in a setting where the only real answers are provided by themselves and not the authority figure.

Second, what is to be learned in T-Groups is not all clear, at least at the outset, for most group members... Part of learning how to learn, then, is concerned with the development of a relatively high tolerance for ambiguity. If a participant does not allow himself to be open to his experience he will cut off his opportunity to learn.

A third component of "learning how to learn" concept involves the relationship of one's peers to one's own learning... In a T-Group, the teacher is any member of the group who can provide data for learning.

For many people, the ideas of viewing one's peers as potential teachers is not an easy one to accept. It runs contrary to previous learning experiences which, in a way, have taught us to devalue the worth of our peers as far as their contribution to our learning is concerned. The attitude to be overcome in a sensitivity training experience is, "We are all equally ignorant, so how can he help me?"

C. The Concept of the "Here-and-Now"
Basic to the notion of learning how to learn in a T-Group is that the information which is the grist for the learning mill is rooted in the "here-and-now" phenomena and not in the "there-and-then."... Again, it
runs contrary to the previous learning experiences that most people have had. These previous learning experiences have usually been oriented toward what somebody else has said, done, or written outside of the immediate learning situation.

This concept of the here-and-now, although strongly emphasized in sensitivity training groups, has received prior attention in research studies dealing with the effectiveness of various forms of group therapy. The Hill Interaction Matrix (46, 47) is an instrument which measures the verbal interaction between the members of a therapy group. There are two major categories for doing this: Content/Style and Work/Style. The Content/Style category is divided into four areas which measures how well the group members dealt with each other in the here-and-now (Category IV, Relationship), with a safe discussion of problems (III, Personal), with the therapy group itself (II, Group), or with objective themes far removed from the group (I, Topic). As the group moves from Topics (Category I) to Relationship (Category IV), it increases its therapeutic significance. The group also increases its focus on the here-and-now. The Work/Style category deals with the quality of work, or how two group members related to each other, so that both gain in self-understanding. The Work/Style category is divided into a Pre-Work and Work levels. In the Pre-Work stage there is no self-understanding; group members may remain silent unless questioned by the therapist (Level A), or they may talk about trivia (Level B), or they may aggressively
attack other group members by rejecting any offers of help (Level C). The remaining two levels are in the Work category, and entail group members' forming dyads to help each other toward self-actualization. A judge or group leader completes the 72-item rating scale by fitting the observed behavior of each group member into one or more of the twenty possible cells of the matrix. As the group moves from the upper/left portion to the lower/right portion of the matrix, the therapeutic effectiveness of the group increases.

In describing the effective behavior of a trainer in a sensitivity group, Massarik examines the areas of group needs as opposed to the needs of the trainer-as-a-person. Although the author stresses insight, redirection, frustration, and the here-and-now as important group learning needs, he comes back to the trainer rather than technique as being the most important ingredient.

The man is the style, and the starting point for all training is necessarily the trainer-as-person vis-a-vis the group. This implies that conventional professional credentials (including the Ph.D. in psychology) are as such no assurance that an individual will prove to be an effective trainer, particularly if the learning they represent is centered principally on technique (56, p. 52).

Carl Rogers also called some attention to this idea of the here-and-now, as it occurred in groups, in an early study (96). Rogers attempted to measure the change in therapy according to the degree of incongruence, which he defined as "the discrepancy which exists between what the
individual is now experiencing and the representation of this in his awareness or in his communication" (96, p. 81). Rogers believed that a continuum existed which ran from a maximum of incongruence which is quite unknown to the individual, through stages where there is an increasingly sharp recognition of the contradictions and discrepancies existing within himself, to the experiencing of incongruence in the immediate present in a way which dissolves it (96, pp. 81-82).

A more recent description of the differences which can exist between Sensitivity Groups and Encounter Groups is offered below.

On the other hand, there is an increasing number of groups with the goals of self-improvement for its members, members who may not be emotionally disturbed. These groups include sensitivity groups and encounter groups. A sensitivity group is one in which the goal of the participants is to recognize and become sensitive to the emotional response their actions produce in others. An encounter group gets its name from the belief that if people really communicate with each other, are open and honest, and "encounter" one another, the natural human "growth" forces will become operative. It is believed that the encounter will result in self-actualization and enrichment of the personality. The philosophies of many of these groups are based on the writings of Carl Rogers and Abraham Maslow (58, p. 211).

Research and Investigation in the Area of Sensitivity Training

One of the first research studies to measure the effectiveness of different types of sensitivity groups was conducted in 1973 (53). This study examined the outcome of these different groups, as well as what relationship existed between the outcome and leader technique within the various groups. Two hundred and ten undergraduate students
comprised eighteen separate groups which met for twelve weeks for a total of thirty hours. The results indicated the participants generally felt positive towards their experiences in the encounter groups. For every one participant who looked upon the experience in a negative fashion, 4.7 participants perceived it as productive. Six months after the conclusion of the groups, positive experiences remained almost three times greater than negative reactions. The degree of change was also high. Approximately one-third of the group participants demonstrated moderate or considerable positive change at the termination of the groups, and six months later in follow-up testing. This study found eight per cent of the population suffered psychological injury significant enough to be measured six months after the groups ended. Leadership style was the most significant factor related to both positive and negative outcome in every group.

Two years later one of the authors (99) of the above study offered additional information on the risk factor discovered in some encounter groups. These new findings stressed the importance of the group leader. Specifically the leader should be a well trained and responsible individual, who screens members before or during the group, and who both provides sufficient information to applicants and permits group members to work at their own pace. A concluding point is also made in regards to the original study (53).
being so widely quoted as confirmation of the dangerousness of encounter groups.

The Casualty Research findings have resonated with so many preconceptions that encounter groups per se are now, as a result of the study, described as more dangerous than I, the principle investigator of the casualty research, believe them to be (99, p. 482).

Bass (6) conducted a study in which the effectiveness of a sensitivity training laboratory on trainees in management was measured. He first gave thirty-six subjects who saw parts of the movie Twelve Angry Men an incomplete sentence test. From this group he randomly selected ten subjects and content-analyzed their responses for a sensitivity score. Members of three different sensitivity laboratories then received the same test, but only one group took the test prior to the training in sensitivity. Bass found that performance on this test significantly increased as a result of the sensitivity training laboratory.

Burke and Bennis (17) studied the effects of sensitivity training on eighty-four group members under laboratory conditions, in an attempt to control variables other than those being studied. Measurements of self-concept, conducted before and after training, revealed statistically significant changes in perception. According to the authors,

Members of T-Groups, during the course of their training experience, became more satisfied in their
perception of self, moved their actual percept in the direction of their ideal, became, at least by certain measures, more congruent in their perception of others, and came to see others more as the other individuals see themselves (17, p. 180).

Haiman (41) reported on 425 students who participated in a ten-week course in group sensitivity training at Northwestern University. Using the Rokeach Dogmatism Scale, Adorno's California F Scale, and items constructed by himself, Haiman found that subjects who scored low on the pre-test significantly changed their scores toward more openmindedness on the post-test. The author discovered that individuals who scored high on these tests at the start of the study were already open-minded, and therefore had little room for change. Haiman concluded that sensitivity training was effective in changing attitudes toward greater openmindedness.

Carron (20) found that sensitivity training significantly changed the opinions of Research and Development managers in regard to ideal leader behavior. He conducted an experiemental field study on two groups of subjects. One participated in sensitivity group training, and both received the Leader Opinion Questionnaire before and after the training. When the sensitivity group was compared to the control group, Carron discovered that a significantly larger number of the sensitivity group managers changed
their opinions, placing higher regard on consideration and less regard on leadership behavior.

Another study deals with the effects of sensitivity training upon actual behavior in a work situation. Miles (49, p. 13) used the Group Performance Scale, the Ohio State Leader Description Questionnaire, and a test of his own design to measure performance changes that occurred as a result of the training. Approximately seventy-three percent of the experimental group, seventeen percent of a matched group, and twenty-nine percent of a random control group showed changes at the .01 level of significance. The ratings of trainers on the amount of learning the group participants appeared to have acquired correlation significantly with the degree of perceived change on the test.

Bunker (16) did a similar on-the-job study of the effects of sensitivity training on the job behavior of businessmen. He used the same tests and rater observations as did Miles. Bunker wrote,

A significantly greater proportion of experimental subjects than controls were in the middle and top thirds of the distribution of change scores (p>.001). On-the-job effects of training are significantly correlated with participant learning scores, based on ratings by peers in the learning group of the amount of behavior change evidenced over the two week training period.

Buchanan (14) evaluated the results of a sensitivity training experiment which compared to a two-week T-Group demonstration and lecture program to a two-week course in administration composed of case discussions and lectures.
Assessments were made by a supervisor, two subordinates, and two peers, who all conducted two separate interviews six weeks and six months after the completion of the study. Forty-two subjects attended three different sensitivity training programs. Ten subjects formed the other group in administration, and closely matched the T-Group participants in age, education, position, and length of employment. A control group had twelve matched subjects who had not attended the T-Group or the courses in administration. The individuals who made the assessments reported the least number of positive changes in the control group. The observers of the group who attended the courses in administration reported more positive changes than were found in the control group. The observers of the group who attended the courses in administration reported more positive changes than were found in the control group. The largest number of changes than were found among the subjects who made up the sensitivity training group. The differences in the number of reported positive changes among the subjects of the T-Group, as compared to the other two groups, were significant, or greater than the 5 per cent level of confidence.

Argyris (2) reports a piece of research in which he compared the interpersonal competency of individuals in a T-Group program and in a series of different types of business groups. The author reviewed tapes of T-Groups, case study groups, problem-solving and decision-making groups, and then
rated the participants as to their verbal contribution to the group. The higher the score the subject achieved, the greater was his interpersonal competence. Two staff members and one observer ranked each subject in their group without the benefit of the competence scores. The agreement between these scores and the ranking was significant at the .05 level of confidence. Argyris states that the subjects who scored high in interpersonal competence were more likely to be satisfied with their T-Group experience. The author also related competence scores with individual learning while the subjects were in the groups. He found that slow learners tended to have more negative scores and were less able to correct defensive behavior in the group. Moderate learners could correct their defensive behavior better than they could increase their constructive behavior. High learners, in this study, were more able to be open, to help others, and to experiment with new styles of behavior.

Argyris (3) conducted another experiment on sensitivity training and management. Ten subjects attended nine T-Group meetings, and then four organizational meetings, where they worked on business problems. Seven subjects attended the same organizational meetings, but did not participate in the sensitivity training. Both groups were matched with regard to their values related to effective human relationships, degree of perceived conformity in the organization, and interpersonal competence scores. The
interpersonal competence scores were obtained from tape recordings and measured the number of times that each subject recognized his influence—attempts to be successful within the groups. Argyris and several of the executives in the organization used observations, interviews, and questionnaires to measure the subject's behavior before and after the study. The author wrote that

We observed, within the experiment group, increases in such qualities as openness, trust, confidence, and decreases in conformity, management by detail, crises, fear, and conflict. However, we found that initially the experimental group faced important difficulties in communicating their newly learned values to, and using them with, the control group and others who had not participated in the laboratory (3, p. 82).

An evaluation of an organization development program using a modified form of sensitivity training is reported by Buchanan and Brunstetter (14). The members of one department in a large company attended several sensitivity training sessions. Another department, consisting of similar members of management, served as the control group. Both groups filled out a questionnaire designed to measure possible improvement. Approximately two-thirds of the supervisors who participated in the sensitivity training sessions showed improvement; this is a significantly larger number than was shown by the control group.

Sensitivity training has also contributed to the improvement of supervisor's effectiveness while on the job (76). One hundred technical supervisors at the Bell
Telephone Laboratories were placed in experimental and control groups, with the experimental groups receiving six days of Laboratory Training. The Fundamental Interpersonal Relations Orientation Questionnaire (FIRO-B) was used to measure interpersonal needs, and observer reports were employed to determine if the supervisors changed in the work setting. The results indicated that the Laboratory Training was effective in changing participants expressed inclusion and affection needs, as well as wanted inclusion needs on the FIRO-B test. Observers noted no significant change in the supervisor's behavior in the work setting; although some change was perceived in the direction of increased effectiveness in interpersonal relations.

Some experimental studies concerned with the effectiveness of sensitivity training have produced negative findings. Bass (7) gave a mood checklist to thirty administrators, supervisors, and engineers who served as subjects in a sensitivity training session. The author writes that there was only a small degree of variation in the amount of anxiety, aggression, depression, and egotism within the subjects throughout the T-Group meetings. When a simulated competitive situation was introduced during the sessions, the effect was found to be rather negative. It increased feelings of aggression among the losers, but it had not reduced aggressive feelings among the winners.
Kernan (52) conducted a study to determine the change that sensitivity training produced in the personality of supervisory engineers. The author employed two experimental groups and two control groups, with twenty-three subjects in each of the four. He found no mean changes among the group members in their responses to measures of authoritarian attitudes, in changes of tolerance, friendliness, toughness, interpersonal problems, dominance, or nurturance, on the Thematic Apperception Test, and last, in their opinions of the use of different styles of leadership. The subjects who took part in the sensitivity training sessions showed some change in their responses to a measure of Machiavellianism, but these responses were influenced more by the particular conditions in which the subjects completed the questionnaires than by their participation in the T-Groups. The subjects who completed their questionnaires under actual job conditions increased in Machiavellianism to a significantly larger degree than did those subjects who completed their questionnaires in of-the-job situations.

Dunnett (28, p. 285) reports a study in which seventy business students participated in forty-eight hours of sensitivity training. These subjects took the California Psychological Inventory before and after the experiment. The author states that only minimal change in the expected direction of an increase in spontaneity was found as a result of the sensitivity training session.
Another study designed to measure the degree of personality change which occurred in sensitivity training was conducted by Lohmann, Zenger, and Weschler (21, p. 10). Sixty-five college students met twice weekly for sixteen weeks. The authors hypothesized that, as a result of the sessions, the subjects would increase their perceptions of themselves as more adequate. At the conclusion of the study no significant difference was found in the group's mean self-adequacy scores.

Sensitivity-training techniques have been applied to the educational experiences of student teachers in an attempt to improve their classroom relationships with the pupils (12). Forty-two student teachers were randomly assigned to either a group which received human relations training, or a group which participated in teaching curriculum seminars. At the conclusion of this study, the student teachers who received the human relations training demonstrated a higher regard, greater congruence and more openness toward their pupils than did the student teachers who were in the curriculum seminars.

Buchanan (15) describes a study in sensitivity training which produced poor results when put to practical use. He wrote that a particular business organization employed T-groups over a period of time. Approximately two and one-half years after this program was initiated, it was
discontinued because of numerous difficulties. The author gave the rationale that

So far as could be determined, it was because the style of management and the approach to problems which were emerging from the developmental effort came into conflict with that practiced at higher levels of the company (15, pp. 13-14).

Culbert, Clark, and Bobele (25) conducted a study in sensitivity training to determine the effects it had upon self-actualizing behavior. Two groups of ten students met for two hours each week for fourteen weeks. The members also met for a two-hour paired assignment for the same length of time. The subjects received the Personal Orientation Inventory before the first and last session. Thirty tape-recorded speech segments were independently rated by three judges on the Problem Expression Scale for changes in the self-awareness of each subject. The authors found, at the conclusion of the study, that one group had increased its level of self-actualization. The other group showed no change, owing to the fact that it had begun the study at a high level of self-actualization, and therefore had little room for change. Neither group showed any significant correlations between increase of self-actualization and increase of self-awareness. The authors concluded that

the sensitivity training treatment in this study appeared to bring about increased POI scale means for a group initially resembling normals and did not disturb the mean scores for a group which initially appeared to be near the self-actualizing level (25, p. 56).
Encounter group training has been combined with other
techniques in an attempt to improve self-actualizing behav-
ior in the participants of these groups. One such study (32)
divided 109 subjects into groups which received combinations
of encounter group experience and muscular relaxation
training. The groups which received encounter group experi-
ence alone, and muscular relaxation instruction alone, both
showed a significant change on seven scales of the Personal
Orientation Inventory (POI). When encounter group
experience was combined with muscular relaxation training, a
significant change was observed on two scales of the POI.
The author concluded that a combination of the two tech-
niques improved the communication skills of the participants
significantly more than either did alone.

Another study which employed sensitivity training
groups as a measure of therapeutic gain is reported by Clark
and Culbert (22). The authors used only one group of ten
subjects, including one author, who met in two-hour sessions
twice a week for a total of sixteen weeks. Four of these
sessions were taped and forty speech segments were selected
from each subject. These speech segments were then sepa-
rately rated on the Problem Expression Scale by three expert
judges. The Barrett-Lennard Relationship Inventory was also
taken by each of the subjects. The authors hypothesized
that some of the subjects would show more self-awareness at
the end of the study than they did at the beginning.
Self-awareness was measured on the Problem Expression Scale by the expert judges. This hypothesis was found to be true for some of the individual subjects, but there was no significant change in the group as a whole from the start of the sensitivity sessions to the end. Clark and Culbert also expected to find the subjects who entered into the most two-person mutually therapeutic relationships would show the most improvement in self-awareness. The Barrett-Lennard Relationship Inventory was the scale which measured relationships based upon the qualities of empathy, congruence, positive, and unconditional positive regard, as defined by Rogers. The authors state that they found a distribution among the different subjects to support their second hypothesis. They conclude that

Furthermore, the present research not only supports the theory that interpersonal behavior is the prime determinant of therapeutic growth; it goes on to suggest that untrained laymen, given the proper context, can and do act therapeutically toward one another (22, p. 192).

Some research has been conducted which specifically questioned whether the gains claimed by proponents of sensitivity training was not based upon volunteers who were already well-functioning in regards to self-actualization (38). Sixty students who showed a strong desire to participate in sensitivity training composed three volunteer groups, while sixty students who indicated a weaker desire to participate were assigned to three non-volunteer
sensitivity training groups. These six groups all met for a twenty-four hour sensitivity training weekend with one male and one female co-leader each. The Personal Orientation Inventory (POI) was given one week prior to the training; on the Tuesday following the weekend; and six weeks after the conclusion of the experiment. The results indicated a significant positive change for the volunteer groups on the Inner-Directedness scale of the POI after the weekend sensitivity training. The volunteers also reported a greater sensitivity to their own needs and feelings; an increased freedom to react spontaneously; greater self-acceptance despite deficiencies; and an ability to develop intimate relationships with others which were not unduly weighted down by expectations. Six weeks after the sensitivity training weekend the volunteers showed significant continuing effects on the Inner-Directedness scale.

Burke and Bennis (17) conducted a study on sensitivity training groups at the National Training Laboratory in Bethel, Maine. They wanted to determine if the subjects in T-Groups changed their perception of their actual behavior, of the way they would have liked to behave, and of their perception of others. Six groups were formed, with from thirteen to fifteen subjects in each group. A trainer, and sometimes a training associate, were also added to each of the groups. The total number in the study population was listed as eighty-four. The groups met daily for two-hour
sessions, for three weeks. The T-Groups also participated in "skill-exercise groups, sessions on theory, individual and group consultation and counseling, and special clinics organized around particular topics of interest" (17, p. 169). The Group Semantic Differential (GSD) test was given to each subject during the middle of the first week and during the latter part of the third week. This test is composed of nineteen scales, which rated the participants along a scale of friendliness, acceptance, dominance, leadership, strength, and extent of participation or activity in the group. The results of this study were in agreement with the author's expectations. A significant number of subjects increased their self-satisfaction with group behavior. The subjects' perceived ideal self became much closer to their perceived actual self at the end of the sensitivity-training groups. All six of the groups showed this change, and, in every group except one, this change was significant at the ten per cent level of confidence. The hypothesis that their perceived actual self changed more than their perceived ideal self was also confirmed. The sensitivity group members stated that their overt group behavior tended to change more than did their ideals of how they would liked to behave. The authors believe that this change in self accounted for the increase in self-satisfaction among the group members. The change was again found in every group, but was significant at the ten per cent level of confidence in only three
of the groups. The sensitivity training sessions in this study were also able to increase the congruity between the subjects' self-perception and the perception of them by others. Burke and Bennis predicted that the way the group members see themselves and the way in which they were seen by others would become more similar by the end of the study. Although this change between the members' self-perception and the perception of them by others had increased significantly, the level of significance tended to be low. The last hypothesis, that each group member would show greater changes in his rating of another member than the latter showed in rating his own perceived actual behavior, was confirmed in this study. The authors found that the group members tended to change more in their perception of other subjects than in the perception of their own selves. These changes were consistent in all six groups, and in four of the groups the change reached a very high level of confidence. Burke and Bennis conclude that the reason why their subjects in sensitivity-training groups changed their perception of their actual selves rather than their ideal selves, and why they changed their perception of a group member's behavior rather than the latter changing his own perceived behavior, was that

. . . . Human relations practitioners . . . deal with 'here and now' behavior, while only implicitly considering generalized ideals. The second of these findings tends to support the distinction made earlier between T-groups and therapy groups. One would expect, in
general, a greater proportion of time in therapy groups to be spent on intensive analysis of one's own motivations and behavior; the relative focus in the training group, on the other hand, is concentrated on the understanding by members of the discrepancies between individuals in perceiving a given social order (17, p. 180).

An innovative approach to the use of sensitivity training is the idea of marathon groups, and the most unorthodox technique here is the nude marathon group. Some research (4, 57) has been conducted on marathon groups, but less investigation has been performed on nude marathon groups. The first attempt to explore the value of nudity came as a result of particular marathon groups being able to increase interpersonal transparency, remove inhibitions in the area of physical contact, decrease the sense of personal isolation and estrangement, and culminate in a feeling of freedom and belongingness (9, p. 182).

A group composed of ten males and ten females met from Friday evening until a Sunday afternoon with six hours reserved on Friday and Saturday for sleep. All group members spent a "brief period" nude in a large Jacuzzi bath on three separate occasions. Other activities involving meditation, sensory stimulation with a favorite object which could be touched, tasted and smelled, playing of operatic music, and projected patterns of colored lights onto the bodies of the group members were also a regular part of the marathon group. At the conclusion of the weekend the group members discussed their experiences, and reported feelings of freedom, group closeness, a sense of naturalness.
concerning nudity as well as being concerned about their bodies when compared to the bodies of others. Five weeks after the nude marathon group ended fifteen of the twenty participants met and formed a "general consensus of opinion." This majority felt more able to open up to each other as a result of nudity, and better able to be authentic and transparent in their relationships. The skin contact between members was viewed as a way to compensate for the sensory isolation resulting from the normal clothed state. Self-acceptance was felt to increase as a result of open exposure to group reaction.

Myerhoff, Jacobs, and Stoller (59) conducted a study in which they compared a marathon group to a traditional psychotherapy group. Both groups met for a total of eighteen hours. The marathon group received its eighteen hours of treatment in three days, for six hours each day, while the traditional group met for three weeks, for three two-hour sessions each week. The authors found that the marathon therapy group expressed a higher sustained level of negative emotional release than the regular, smooth decrease in the expression of negative emotion by the traditional psychotherapy group. Both Groups showed a regular, steady expression of positive emotional responses. The authors believe that the heightened emotional involvement of the members of the marathon group indicates the release of more personally meaningful, as well as anxiety-provoking, material.
Theoretical Application of Various Techniques in Sensitivity Training

The human potential movement encompasses a variety of approaches and techniques which have their roots in a number of psychological systems. Encounter groups, sensitivity training, Gestalt therapy and body work all share a common belief that man is more than just a mind; he is a whole system composed of both a mind and a body. Central to these approaches is the belief that treatment must include the physical being as well as the mental portion of all clients.

The work of Wilhelm Reich (64) is considered to be the first which brought attention to the body and its relationship to physical and emotional functioning. From the insight of Reich, Alexander Lowen (54) developed a system of bodywork which he calls Bioenergetics. This method seeks to reunite the client with his body through the use of exercises, postures, and positions. Breathing and the flow of energy within the body are vital goals within this form of treatment.

One particular technique, developed by Ida Rolf (69), views the client's body as a mirror of past experiences. When these experiences were traumatic, they left physical and emotional impressions on the muscular structure of the individual. Rolfing, as it is more commonly known,
involves deep muscular manipulation designed to realign the body muscles which are constricted as a result of early fear and anxiety. This realignment, or restructuring, is designed to break up old patterns of responding, and to institute a true structural integration of the client.

These systems, and others which are similar, share an integrative approach in the way they facilitate human growth by concentrating on the body, as well as the mind.

Personal growth can be viewed as making new connections in any of several directions: upward, to achieve one's full potential; outward, to make contact and encounter others; inward, to increase our awareness of who we are, and what we want, need, sense, feel, think, and do; and downward, to touch earth, to be grounded, and to connect with the universe (37, p. 87).

Seashore (72) emphasizes the responsibility that individuals who participate in sensitivity-training groups have in regard to their learning. He holds that each participant is responsible for the relationships he develops, as well as the ideas he learns. The group leader may facilitate this examination, but many not clear up the ambiguity of the situation with his own answers. Seashore believes that if the individual establishes authentic relationships with other people in the group, he can increase his sense of self-esteem and decrease his defensiveness. He also says that sensitivity training can contribute the following types of change in the participant:
1. People who attend sensitivity training are more likely to improve their managerial skills than those who do not (as reported by their peers, superiors, and subordinates).

2. Everyone does not benefit equally. Roughly two-thirds of the participants are seen as increasing their skills after attendance at laboratories.

3. Many individuals report extremely significant changes and impact on their lives as workers, family members, and citizens.

4. The incidence of serious stress and mental disturbance during training is difficult to measure but it is estimated to be less than one percent of participants and in almost all cases occurs in persons with a history of prior disturbances.

Clark formulated a detailed theoretical explanation of what occurs in a successful sensitivity training group.

1. In a training group there exists some persistent, incongruous behavior by Member A. A is said to be incongruous if others see him as not being fully aware of his own feelings and reactions, or as not communicating those feelings of which he is aware.

2. To the extent A's incongruous behavior is neither too trivial nor too gross, it is explicitly and persistently reflected back to A by some of the other members, B......n.

3. To the extent such reflection causes A to perceive those aspects of his own behavior which are at variance with his self-concept, he is in a psychological crisis.

4. To the extent such persistent reflection comes from members who are perceived by A as congruent and to the extent A perceives the group as having some degree of empathy and positive regard for him, there is a new integration by A -- his self-concept enlarges to include the reality with which he has been confronted.

5. A's behavior tends to change in line with his new integration, and he therefore tends to be more congruent. At this point, the sequence begins again (see step 9 for a description of the improving nature of this recurrence).

6. For some members, B......n, A's behavior change precipitates in them a psychological crisis; they now have negative feelings about the new behavior of A, which they had helped bring about either by their active confrontation or passive acquiescence while it was going on.
7. Members B...n either deny A's change or act aggressively toward it, thereby behaving incongruously in regard to their earlier (step 2) behavior.

8. Member A (and/or the trainer or other members) communicates this new incongruity to the members B...n.

9. The sequence repeats itself, at one time or another involving all members. Each time the sequence recurs, it involves more people who are becoming more congruent and, hence, tends to improve. As people are thus helped more, deeper feelings are experienced, and the amount of time spent in the present increases. The longer the group lasts, the more helpfully and authentically do the members interact (14, pp. 2-3).

Clark maintains that the members of a sensitivity training group tended to discuss the incongruous behavior of another member if it is neither too trivial nor too great. The group operates in a middle ground, which Clark refers to as its "innate social wisdom." He explains this by quoting other research studies which suggest that animals as well as humans seek an optimal level of excitation. These studies show that people have a stronger tendency to perceive and move toward incongruent stimuli rather than toward congruent or redundant stimuli. Clark therefore holds that because people move toward optimal exploration and variety, the tend to confront those whom they perceive as incongruous, and to avoid others whom they see as having too gross incongruities. Clark relied heavily upon the research of Carl Rogers in determining whether incongruity is communicated only with hostility, or in such a way that the member feels understood and positively regarded.
Recent researches by Rogers and his colleagues have shown that these three attitudinal characteristics on the part of one person—the capacity to communicate congruently, the capacity for communicating empathy, and the capacity to regard another with unconditional and positive regard—are central determinants of the other person's psychotherapeutic growth. If the attitudes of empathy and positive regard are missing in the group (which they are rarely in a heterogeneous group), it is extremely important for the trainer to fill them in or to help the members fill them in (21, pp. 8-9).

Carl Rogers has produced an empirical description of what he considers to be "process patterns" in sensitivity training groups. Such groups follow, in a roughly sequential order, the following steps (68, pp. 263-270):

Milling Around
Resistance to Personal Expression or Exploration
Description of Past Feelings
Expression of Negative Feelings
Expression and Exploration of Personally Meaningful Material
The Expression of Immediate Interpersonal Feelings in the Group
The Development of a Healing Capacity in the Group
Self Acceptance and the Beginning of Change
The Cracking of Facades
The Individual Receives Feedback
Confrontation

Both Carl Rogers and James Clark emphasize the importance of trust in the sensitivity group experience. Gibb follows much the same line of thought when he writes, "Continued membership in a strong, healthy group is more therapeutic or growth-producing than in special dyadic therapy or special group therapy, unless the special therapy does in effect produce a 'strong' group in the sense herein described" (36, p. 98). Gibb refers to his research findings as the TORI process, TORI standing for movement
toward "trust, openness, realization, and interdependence."

Gibb defines growth in the following manner:

Growth is a movement toward greater acceptance of self and others. The trusting person comes to accept more parts of himself. . . .
Growth is a movement both toward intimacy and away from social distance. . . . As he comes in deeper touch with more parts of himself he can understand and empathize with more parts of another person. . . .
Growth is a movement toward greater realization and fulfillment. As the trusting person becomes more in touch with himself he develops more confidence in his own abilities. . . .
Growth is movement toward feelings of freedom, power, and interdependence. As one trusts others he finds them less threatening (36, pp. 102-105).

Gibb maintains that there are four conditions which create the climate for growth and learning within a group:

(1) Exposure of a person's behavior, life style, and life theory to himself and to others,
(2) Utilizable feedback to the person of the effects upon himself and upon others of his behavior, life style and life theory,
(3) A high-trust climate which permits processing of the relevant data, and
(4) Provisional behavior directed toward gradual, emergent, or sudden modification of the behavior, style, or theory (36, p. 114).

Gibb set up no goals of treatment in his TORI groups. He believes that individuals will grow in even a leaderless group if they commit themselves to personal learning. Other research by this author (35) indicates that in many significant respects the workings of a leaderless TORI group are quite similar to the processes which occur in groups that have therapists present.

A substantial amount of the literature in sensitivity training is concerned with self-disclosure. Buber (13)
deals with self-disclosure in a philosophical manner, while Jourard (51) and others (24, 61, 77) see it as personality variables or communication theory. A recent review (60) of research on sensitivity training groups defines some forms of effective, and non-effective self-disclosure. The author states that effective self-disclosure is appropriate to the context and nature of the group. When one member of the group gives strong negative reactions too early in the life of the group, these self-disclosures can hamper the building of trust in the other members. Unrelated self-disclosures can move the group away from pertinent discussions. Disclosures which are congruent and consistent with a particular group member's current state of awareness and experience are effective, but congruency should foster an expression of feelings without the group member necessarily acting them out. Self-disclosures given in the present tense are viewed as more effective than those given in the past tense, since disclosure in the present generally tend to deal with current experiences which typically are more interpersonally relevant. In conclusion this review found that

Self-disclosure holds no a priori value as a behavior. Its value rests in how one chooses to use it, in the context of one’s experience. Information about self can be shared with the intent of securing power and to punish and alienate others. Or one can choose to use acts of self-disclosure as an invitation to others to share in personal experience and to allow others to know that person as he or she is (60, p. 77).
Frederick Stoller writes that "Growth and change, new behavioral directions, the realization of potential, heightened self-awareness, and a richer perception of one's circumstances, as well as the circumstances of others, are some of the goals toward which the encounter group strives" (78, p. 82). Stoller follows much of the theoretical framework of other professionals in laying down his expectations for the functioning of sensitivity groups. He establishes few ground rules, but expects the following procedures to develop:

1. Accuracy of response--being "right" is downgraded over honesty and spontaneity. . . . Consistency over time is considered no asset; the expectation is that people will change their reactions as they know one another more fully. Therefore, honesty, with all of the individuation that it implies, becomes highly valued.

2. Being reacted to rather than understood is a consistent group goal. Understanding implies explanation and speculation, operations which impede the encounter. Certainly the accumulation of historical data about group members as an aid to such understanding is strongly discouraged, just as elaborate defensive self-justifications tend to be dismissed as irrelevant.

3. Concentration is upon what is present within the group, the here-and-now rather than out-of-group data. . . . It is important that the here-and-now rule of the group be clarified since it does include the entire range of the emotional component which significantly resides in the individual at the time.

4. One of the most important operations consists of giving feedback, the specification of the effects one group member has upon another. . . . Putting aside the benefits to the recipients of feedback for the moment, it places obligations and considerable opportunities for learning upon the sender. These can be categorized as follows: (a) The giver of feedback becomes more in touch with his own fleeting responses which, under ordinary social conventions, become discarded because they are rarely verbalized; (b) it is
the obligation of the giver of feedback to specify, as clearly as he can, the basis of his reactions so that he must scan out his own inner state and perceptions more thoroughly than is generally the case; the consequences are that he sets into motion ways of encountering himself more fully; (c) through the range of observations (and lack of observation) the group member makes himself known to the rest of the group in terms of how he perceives the world, his capacity for honesty or deviousness, and how he offers help; in short, the group learns about him through his behavior rather than through the version of himself he would like the group to buy.

5. It is in receiving feedback that countering can be seen in its clearest form. Ostensibly participants enter the group to learn about themselves so that, theoretically, receiving such information is in line with the goal. However, in practice, most people are searching for a counterblow at a time that the information is being presented to them; they cannot do this and consider it at the same time. To some degree the struggle with the group is essential in that it will tend to bring forth more data from others, whereas too ready an acceptance has the effect of getting the group off one's back. In receiving feedback, the following elements are important: (a) the feelings toward the sender of the feedback are of paramount importance and color, to a considerable degree, the nature of the counterblow so that exploration of relationships may be a prime consequence; (b) countering, or attempting to ward off the feedback, is important because it reveals, often in a sharply defined fashion, the inner dialogue that the recipient of the feedback tends to maintain with himself; (c) the appropriate self-searching attitude which might profitably accompany feedback by no means calls for ready acceptance but rather for considering for "trying on" the feedback for its apparent relevance for the individual; when this attitude is manifest there is an actual physical strain which is apparent as the recipient searches himself and rejected feedback acts as a stimulus for other possibilities within rather than yielding the feeling of being taken off the hook.

6. Within every group and for almost every participant there comes times when a consensus is reached and he must face a powerful barrage from the entire group. . . . Providing the group is not scapegoating at this point, no attempt is made to dissipate the pressure for two important reasons: (a) the group may be telling the individual something very important about himself in an extremely direct manner; (b) the
pressures which impose upon all of us are made most explicit at this moment. Most people either succumb completely to pressure or unequivocally oppose it and it is only when they have had the opportunity to experience it clearly and see it through that they seem to have the option to deal with pressure in a more differentiated fashion—to pick and choose what they want to resist and what they want to accept; the free individual has the option to stand up against or go along with.

7. Finally, the group must learn when words are superfluous, when contact and communication must be attempted on an entirely different level. Resorting to nonverbal techniques permits the group members to explore new ground, to risk what they ordinarily avoid. It also enables them to stop what they customarily do and allow other response patterns to emerge. Such techniques can easily become routinized for a group and, if used without sensitivity, promote sidestepping conflicts and difficulties rather than going through them. Nevertheless, the nonverbal approach can be an extremely important and potent dimension for the group to explore (78, pp. 88-91).

Bertram Forer (33) sees psychological growth as an important factor in sensitivity groups also. He states that for a person to grow, he must be "reasonably well humanized," and Forer incorporates into his psychological structure some ways of thinking, feeling, acting, and experiencing which have validity for the social group to which a person belongs. Forer believes that many people seek a therapeutic group because this process of growth is not working, owing to incomplete humanization or faulty incorporation. The author writes, "To incorporate structurally into oneself ineffective representatives of the world at large who themselves were unable to grow or adapt may create a person with minimal resources for coping with the rest of his world or whose internal structure is fragmented and unintegrated.
under a reasonably consistent experience of self" (33, p. 31). These individuals therefore find their relationships later in life largely or completely dominated by earlier influences of adults whose images, injunctions, and taboos have blotted out a more open perception of others. The internalized parental influence becomes a God-figure; the parts of the individual which the parents disapproved of have brought on feelings of shame and guilt, and must therefore be dissociated from the self. Although Forer does not negate the effectiveness of more traditional forms of therapy, he states that sensitivity groups offer something of unusual importance.

Many clients in groups have had much individual therapy, even complete psychoanalyses, and have attained much insight, yet made minimal structural change. . . . The philosophy of encounter groups, though poorly grounded in personality theory, has accentuated some of these points. The focus is upon immediate experience of self with others in an open emotional relationship. This emphasis represents an important part of what is lacking in the more orthodox varieties of psychoanalytic method.

The orthodox prosecution of long-term psychoanalysis can have the effect of substituting for the stunting of humanization another more benevolent yet somewhat constraining system, sometimes a superego system, but at least a theoretical system based upon identification with the psychoanalytic model or procedure. . . . Historically a crucial contribution of the psychoanalytic relationship has been the impartiality and impersonality of the terapist. While the objectivity of this stance is of evident corrective value, its limitation lies in the area of omitting new kinds of relating with other persons with emotional responses from the others. The analyst's needs are hidden. But it is necessary for growth that the client make contact with other persons' needs as well as his own. Identification with the analyst's position is not the same as obtaining some emotional nourishment from the therapist.
and other persons which can liberate and expand what is present and dissociated in the client. Something new has to be added: What was missed by too early protective retreat from involvements with real persons. Objectivity is not enough (33, pp. 34-36).

Forer concludes that effective encounter groups bring about significant change through the following processes:

**Dissociation.** The client must experience the dissociated part of himself and simultaneously the shame, guilt, or anxiety related to the expected disapproval. In addition he must experience or be helped to experience his fantasy expectations, which are, of course a projection of the internalized parents onto the group.

**Feedback.** The client must receive from the therapist and the group a kind of feedback different from what his internal parent tells him. He may not for a time even hear what the group says that may be contrary to his expectations.

**Reality-testing.** The client cannot easily take into himself the emotional impact of this experience, which is so out of congruence with the way he has taught himself to structure the world. An important activity of the therapist at this point is to force the client to verbalize expectations, his own self-condemnations, the group's responses, particularly to hear the latter. The therapist may insist that the client ask group members how they feel about him, that he perceive the discrepancy, that he take the group seriously.

**Reinforcement.** Both therapist and group can use their power to convince the client that the newly exposed part of himself is not so bad or even desirable and that his sharing of that part of himself with them was experienced by them as good, giving, loving, certainly more acceptable than the cover-up maneuvers. To be rewarded for behavior that was thought punishable forces reassessment of self and in fact adds to the experience and breadth of the self (33, pp. 39-40).

The point is often made in the literature that sensitivity training has strong dynamic similarities to psychotherapy (10, 23, 27, 63, 99). These writers caution against stripping the defenses of the group participants in
an indiscriminate fashion, and they uniformly suggest a screening procedure as a means of reducing the chances of traumatic experiences. A closer scrutiny of the particular group one wishes to join is also put forth as a method of protecting the consumer interested in sensitivity-training groups. Poorly trained leaders who lack professional expertise have also contributed to the hinderance, rather than the help, of some people in these groups. Recent research in the field still indicates a concern for the outcome of sensitivity and encounter groups. Two different evaluation models are proposed in one study (73), which views these groups in terms of either therapeutic efficacy or consumer satisfaction. If the sensitivity-training group is presented or perceived by the public as having a corrective, ameliorative or therapeutic effect, then people enter into this type of group with the expectation that some personal deficiency is going to be rectified. Research into this type of sensitivity group must be concerned with both benefits and risks. Research has conceded that clients in therapy may become worse (8), while other researchers (81, 82) indicate that the potency of psychotherapy can be both good and negative. If there are harmful effects resulting from some sensitivity or encounter groups, then these effects must be evaluated and linked to particular groups or group leaders. This has proven to be a rather difficult task, since some research (11, 45) suggests that what may
appear to be harmful effects of sensitivity groups are actually signs of "incipient growth." Research on the therapeutic efficacy of sensitivity groups are likely to concentrate on long-term effect, as well as which types of people run the greatest risk from participating in these groups.

If encounter or sensitivity groups are viewed as growth experiences, then they might be more appropriately evaluated in terms of a consumer satisfaction model (73, p. 518). This type of evaluation would require only that the group be a reasonably safe one, and that the leaders not engage in falsehoods through advertisement. It is presumed that the market place itself is the ultimate judge for this type of group, as people are unlikely to pay for something which is not worth the price. It is, however, difficult to measure growth in any operational fashion, because there are many ways a person might become more mature, better integrated, or a more complete person. There is usually an absence of long-term commitment among the members of sensitivity groups fostering a growth experience (75). The highest rate of follow-up change in these sensitivity groups tends to be among individuals in organizational groups, who remain intact for other forms of training.
The Development of a Traditional Form of Counseling

The quality of the therapeutic relationship has been determined, to a large extent, by the personality characteristics of the therapist. The therapeutic qualities which have received the most attention in research have been the characteristics of warmth, maturity or genuineness, and sensitivity and accuracy in understanding what the patient is experiencing. Psychoanalytic writers (1, 31, 43, 70), eclectic therapists (34, 50, 74, 79, 80), and at least one behavioristic theorist (98, p. 106) have emphasized the importance of these particular therapist's characteristics. The work of Rogers (65), Dymond (29), Truax (83), and Jourard (50) are well known in regard to this area of therapy. The therapist variables of empathic understanding, unconditional positive regard, and congruence are present in many different counselors who do not all belong to the Rogerian school of thought. They have been proposed to be the "necessary and sufficient conditions" (66) for therapeutic change, regardless of the theoretical bent of the particular therapist.

The rigid adherence to a particular school of counseling theory and practice, like the rigid adherence to a particular school of psychology, seems to be on the wane. As research continues to suggest that experienced counselors of all orientations have considerable clinical success and that there tends to be great similarity in the client/counselor relationship from orientation, the argument as to whether one is directive or non-directive becomes less important than it was once thought to be. This more reasonable approach
to technique is prevalent, perhaps even to a greater extent, in group counseling (39, p. 241).

Research and Investigation of the Importance of Empathy, Congruence, and Positive Regard in Effecting Positive Therapeutic Change

One of the earliest studies exploring the therapist's variables of empathy, congruence, and unconditional positive regard was conducted by Halkides (42). This writer examined early and late samples of therapy sessions from ten cases considered to be successful and from ten cases considered to be unsuccessful. She found the successful therapy cases were characterized by significantly higher levels of empathy, congruence, and unconditional positive regard than were present in the unsuccessful therapy cases. Hart (44) replicated this study later, using the same data, but could not confirm Halkides' original conclusions.

Truax, Carkhuff, and Kodman (91) conducted a study in which they investigated the effects of empathy, congruence, and unconditional positive regard, in a group psychotherapy setting. Forty patients in a psychiatric hospital attended two group therapy sessions twice a week for three months. Each patient received the Minnesota Multiphasic Personality Inventory (MMPI) at the start and at the conclusion of therapy. All of the patients were divided into three categories: those who received high and low levels of accurate empathy, non-possessive warmth, and genuineness from their
therapists. The subscales on their MMPI profiles were then compared to their high or low rankings in the above three categories. The patients who received high levels of empathy from their therapists showed improvement on all the MMPI subscales, which were either equal to or greater than those of the patients who received low levels of empathy. The patients who received high levels of therapist warmth also demonstrated greater improvement on their MMPI profiles. The patients who received high levels of therapist genuineness showed less improvement on the MMPI than the patients who received low levels. The patients who received low levels of therapist genuineness had statistically significant improvement on the Pd, Pt, Sc, and Si scales. The findings of these authors support the contention that accurate empathy and non-possessive warmth facilitate personality improvement in therapy, but that the therapist's genuineness does not add to the therapeutic change.

In 1958, Carl Rogers began to work with hospitalized schizophrenics in a series of studies referred to as the Wisconsin Schizophrenic Project (84). One of the first experiments compared the level of accurate empathy received by four patients who demonstrated positive change on several tests to that received by four other patients who showed deterioration on the same tests after six months of therapy. The therapists of the improved patients rated higher on an
empathy scale than the therapists whose patients had not manifested a change.

Truax (86), in a study with Rogers, broadened the length of therapy from six months to four and one-half years. He measured the accurate empathy, non-possessive warmth, and genuineness of the therapists on scales of his own making. He compared the results of these scales with test data, time spent in the hospital, and personality change. He found the correlation between these three factors and the accurate empathy scale to be .77. The non-possessive warmth scale correlation was .73. The last correlations between these three factors and therapist genuineness was .66. All three of these correlations were significant at the .01 level of significance.

Another study (95) conducted by psychiatrists at the Johns Hopkins Clinic, analyzed the effects of the therapeutic triad of empathy, congruence, and positive regard. In a population of forty outpatients, approximately seventy per cent demonstrated some improvement. Among patients treated by therapists who provided high levels of empathy, congruence, and positive regard, the improvement rate increased to ninety per cent. The improvement rate for therapists who communicated low levels of the therapeutic triad was only fifty percent. This datum indicates that some forms of therapy were harmful, while other forms were quite beneficial. The difference between therapists in this
study was the quality of the therapeutic relationship. Further analysis of this data indicated that high levels of empathy and genuineness by therapists were more related to patient's improvement than were high levels of non-possessive warmth.

Truax and Wargo (88) conducted a research experiment in group therapy with eighty juvenile delinquents, over a three-month period. On a scale designed to measure therapeutic outcome, the delinquents who received high levels of empathy, congruence, and positive regard demonstrated an above-average gain on eighteen of the nineteen possible measures of therapeutic improvement. The delinquents who received low levels of the same three conditions demonstrated a below-average gain on eighteen of the measures and an above-average gain on only one of the measures of therapeutic outcome.

The same two authors (89) produced a similar piece of research, in which they worked for slightly more than three months with 160 patients in a mental hospital. The patients received the MMPI, the Welch Anxiety Index, and Q-sort measures of self-concept before and after the therapy period. Other measures of psychological change on tests, as well as time spent out of the hospital during a one-year follow-up period, were also included in the study. The patients who received high levels of empathy, congruence, and positive regard showed significant improvement on the
tests and measurements. The patients who received low levels of these same three conditions showed deterioration. These same patterns of change held true individually for empathy, congruence, and positive regard.

Certain researchers in the field have employed control groups in an attempt to rule out the claim that some people improve through the passage of time alone, without therapy. Truax (86) conducted such a study with fourteen hospitalized schizophrenic patients in individual therapy and fourteen matched patients in a control group. The patients were randomly selected and assigned to the two groups. Each patient received a full battery of psychological tests before and after the study. The patients in the therapy group were involved in from thirty to 180 individual tape-recorded therapy sessions, samples of which were rated by different judges according to the levels of therapists empathy, congruence, and unconditional positive regard. The therapy patients were divided into two categories according to the mean values of their therapist ratings. One category contained the patients whose therapists were rated as producing high levels of empathy, congruence, and positive regard; the other contained the patients whose therapists were rated as giving low levels of the same three conditions. A blind analysis of the pre- and post-test psychometrics indicated that the patients who received high levels of the therapeutic conditions had a gain in their test materials in favor
of psychological growth. The patients who received low levels of these three conditions demonstrated a loss of the measurements. The patients in the control group had moderate gains. The difference between the therapy patients' gain and the control patients' gain was statistically significant.

Truax, Wargo, and Silber (93) in a study employed only therapists who had previously been observed as professionals consistently providing high levels of accurate empathy, genuineness, and non-possessive warmth. The authors used a population of female juvenile delinquents. Forty girls were randomly assigned to the therapy group, and thirty were placed in the control group. The girls in the therapy group participated in twenty-four sessions of group therapy. An analysis of covariance was employed to control for any individual differences in the subjects. The therapy group demonstrated gains in self-concept and in improved perception of parents and authority figures as being more realistic and less threatening. The therapy group also demonstrated a significant change in a test measurement which differentiated between delinquents and non-delinquents. The delinquents in the control group did not show these high gains. The authors did a follow-up study one year later and found that the girls who received high levels of empathy, genuineness, and non-possessive warmth were
significantly more able to stay out of correctional institutions than were girls who had not received these three conditions.

In another study by Wargo (97), a control group of patients as compared to two groups of patients who were in therapy with therapists who provided both high and low levels of accurate empathy, unconditional positive regard, and positive regard. The author employed two psychometric instruments measuring ego strength and predicted length of hospitalization. The findings indicated that the patients who were treated by therapists providing high levels of accurate empathy, unconditional positive regard, and positive regard showed significantly greater increase in ego strength than did the patients in the control group. A positive change in the measure of length of hospitalization was also shown by the group of patients receiving high levels of the same three conditions. When the two groups of patients who received either high levels or low levels of accurate empathy, unconditional positive regard, and positive regard were combined, no significant differences were observed between these patients and the patients who formed the control group.

Dickenson and Truax (26) conducted a study of forty-eight college students who were considered to be emotionally disturbed and to be performing well below their level of achievement in school. Half the students were placed in
therapy groups, while the other half formed control groups. The students who received group counseling showed significant improvement, while the members of the control groups showed none. The students receiving group counseling were divided into two sections: those receiving high levels of empathy, genuineness and warmth, and those receiving low levels of these same three conditions. The students who received high levels of these conditions showed a significant degree of improvement when compared to the students in the control groups, who received no counseling. The students who received low to moderate levels of empathy, genuineness, and warmth demonstrated a change in grade-point average which was approximately the same as that of those students in the control groups.

Recent research has been conducted in an effort to determine if the therapist or the patient is more responsible for the presence of empathy, congruence, and unconditional positive regard. Truax and Carkhuff (56) designed an experiment in which the patients were held constant and the therapists were moved around. Eight separate therapists conducted therapy sessions with twenty-four patients in a state hospital. This particular experiment was designed to determine if the therapist or the patient was responsible for the level of accurate empathy. The results of this study indicated that different therapists offer different levels of empathy even while working with
the same patient. The personality characteristic of accurate empathy was here considered to be a part of the therapist and not of the client. When the study was examined with the characteristics of genuineness and non-possessive warmth in mind, the picture changed slightly. It was found that different therapists contributed different levels of these two characteristics when compared to each other, but that the therapists did not differ significantly in regard to the different patients they saw. Compared to each other, the patients received approximately the same levels of genuineness and non-possessive warmth from the therapists. The therapists were able to supply their own degree of genuineness, non-possessive warmth, and congruence according to their own ability and not according to the personality of the patient.

Truax (85) designed another study to determine if the patient was able to influence the levels of accurate empathy, genuineness, and non-possessive warmth. In this particular experiment, the author employed an experienced individual to interview each patient during the same period of time in which the patient was in therapy. Truax believed that, if the patient was able to control the levels of the three conditions, there would be some degree of correlation between the levels of empathy, genuineness, and non-possessive warmth expressed during the therapy sessions and during the interviews. If one particular patient elicited a
greater degree of acceptance than another patient, the first patient would have been expected to have a relatively higher level of non-possessive warmth in both his therapy sessions and in this interviews than would the second patient. The results of the study showed no significant correlation in the levels of accurate empathy and genuineness, when the therapy sessions were compared to the individual interviews. A slight correlation was found in the level of non-possessive warmth, when therapy sessions were compared to interviews. Truax concluded from this study that the patient is apparently unable to affect significantly the level of accurate empathy and genuineness in therapy, but can to some extent alter the level of non-possessive warmth.

This same concept was experimentally used in another study (79), which made use of four different therapists and the same set of patients. The study findings indicated that the four different therapists maintained significantly different levels of genuineness and accurate empathy, both at the .001 level of significance. The level of non-possessive warmth was different at the .05 level of significance when the four therapists were compared to each other.

This same hypothesis was again tested (94) when the patients were chosen to be interviewed by two different psychiatrists. The psychiatrists did not differ from each other on the level of non-possessive warmth that they offered, but they did differ significantly in their levels
of accurate empathy and congruence. This study indicated that, like the previous studies, the patient was unable to significantly affect the levels of congruence and empathy, but may have been able to affect the level of warmth, to some degree.

This concept, that the therapist, rather than the patient, is primarily responsible for the levels of accurate empathy, non-possessive warmth, and congruence, is supported in other recent studies (5, 48) of similar design. These studies indicate that the patient is able to exert some effect upon the level of warmth, especially during interview situations.

The foregoing research on the therapeutic qualities of accurate empathy, positive regard, and congruence lends strong support to the theory that the effective therapist must offer high levels of these three ingredients if he is to effect a positive change in the behavior of his patient. The broadness and depth of the research seem to imply that these three variables are necessary conditions within every therapist, regardless of his particular orientation or school of thought. Even research studies which employ laymen as counselors (18, 19, 22, 90, 92) show that the variables of empathy, positive regard, and congruence alone can produce a positive change in the behavior of patients in mental hospitals and clients in counseling centers.


67. __________, "The Process of the Basic Encounter Group," Challenges of Humanistic Psychology,


CHAPTER III

METHOD AND PRACTICE

This study was conducted to compare the effectiveness of sensitivity training with that of a traditional form of group counseling. Effectiveness was determined by comparing the extent and direction of change in self-awareness, self-actualization, and mutually therapeutic relationships among the subjects who composed the two different groups.

Subjects

The subjects for this study were thirty graduate students enrolled in counseling and guidance classes at Memphis State University during the fall semester, 1970. Twenty were enrolled in a practicum situation, and chose to do their internship at the Counseling Center. Ten were enrolled in a graduate class in Group Counseling procedures. The students enrolled in the practicum were assigned by random selections, as follows:

1. Ten students were assigned to a sensitivity-training group. Ten students were assigned to a traditional group-counseling group. These served as the experimental groups.

2. Ten graduate students enrolled in a class in Group Counseling procedures, and served as the control group.
The procedure by which the students were randomly divided was this: by means of the official school list of students who chose to do their practicum at the Counseling Center, the even-numbered students were placed in the sensitivity-training group and the odd-numbered students were placed in the traditional group-counseling group. The sensitivity-training group contained two males and eight females, with an age range of twenty-two through thirty-six years and an average of twenty-seven years. The traditional group counseling group contained seven males and three females, with an age range of twenty-four through fifty-four years and an average of thirty years. All twenty students were evenly matched according to the number of graduate hours completed, and according to prior experience in group counseling situations as either a member of a leader of a group. The control group consisted of three males and seven females, with an age range of twenty-three through fifty-three years and an average of thirty-one years. Both the control and experimental group contained only students who did not score within the self-actualizing range on the Personal Orientation Inventory (POI). All three groups contained students from the field of Education.

Description of Practicum

Memphis State University requires a graduate student in counseling and guidance to work at least thirty-five hours
under supervision in an approved location directly connected to the student's major field of interest. The Counseling Center at Memphis State University has served as such a facility for practicum students since its inception, in 1968. Every graduate student must attend a minimum of fifteen hours in a group situation at the Counseling Center before choosing another location to complete the number of required practicum hours. Permission was obtained from the Department of Counseling and Guidance to allow the graduate students to spend the entire semester, rather than the minimum fifteen hours, at the Counseling Center. From this group of students, twenty subjects were selected on the basis of their POI profile. The subjects could not score in the self-actualizing range or considerably below it, but had to score in the normal range on this particular test. Ten of these practicum students were randomly placed in the sensitivity group and ten were randomly placed in the traditional group-counseling group. None of the twenty graduate students knew what type of group they were in. The twenty students selected understood that, at the completion of their semester-long group experience, they would receive practicum credit for every hour spent in a group.

The Sensitivity-Training Group Experience Practicum

During the twelve-week period of the study, the ten students in the sensitivity-training group followed the
exercises and ground rules set forth in the ten sessions of Encountertapes for Personal Growth Groups, by Betty Berzon and Jerome Reisel (3). A faculty member from the Counseling and Guidance Department, with experience in sensitivity training, conducted every session of the sensitivity-training group, which met one day a week for a three-hour period, for a total of twelve weeks. The students were expected to function as members of a group, and were not required to take on any additional responsibility. The members were never told what type of group they were in.

An outline of the approaches and concepts of sensitivity training, as practiced in this study, will be found in Appendix A.

The Traditional Group-Counseling Experience Practicum

Within the twelve-week period of the study, ten graduate students were members of a traditional group-counseling group. This group was led by a professional counselor from the staff of the Counseling Center, who has had considerable experience in both individual and group counseling. The traditional group-counseling group met one day a week for a three-hour period, for a total of twelve weeks. The students were expected to function as group members, and were not required to assume any further responsibility. The members were not told what type of group they were in.
An outline of the objectives and guidelines of this particular form of traditional group counseling may be found in Appendix B.

The Control-Group Experience

The control group consisted of ten graduate students in a graduate class on Group Counseling. The faculty member who taught this class was completely familiar with the requirements of this study. The class, which served as the control group, met one day a week for a three-hour period, for a total of twelve weeks. The students in this class concentrated on the theory and technique of group counseling. They participated in class discussions and presented individual reports on the various forms of group process. The teacher led every discussion and directed all questions and comments toward a particular theory under consideration. The students were never given any group projects, nor were they ever divided into any individual groups during the entire twelve-week semester.

Description of the Instruments

The Personal Orientation Inventory was developed in 1965 by Everett L. Shostrom, as a measure of self-actualization. The concept of self-actualization was derived from the writings of Maslow (7, 8), Rogers (10, 12), and Brammer and Shostrom (5). These authors, as well as other counselors and therapists, believe that the
self-actualizing person is the goal sought in the psychotherapeutic process, and that a comprehensive measure of the values and behavior which went into this process will be an important contribution within the field of counseling and therapy.

The POI is made up of 150 two-choice questions. The items are scored first on two scales of personal orientation: inner-directed support (127 items) and time competence (23 items). The inner-directed support scale is constructed to measure whether the subject's style of reaction is characteristically "self" oriented or "other" oriented. "Inner-, or self, directed individuals were guided primarily by internalized principles and motivations, while other-directed persons were to a great extent influenced by their peer group or other external forces" (13, p. 5). The time-competence scale measures the extent to which the subject lives in the present, as opposed to the past or future. "The time-competent person lives primarily in the present with full awareness, contact, and full feeling reactivity while the time incompetent person lives primarily in the past, with guilts, regrets, and resentments, and/or in the future, with idealized goals, plans, expectations, predictions, and fears" (13, p. 5). The POI is also scored for ten sub-scales, each of which measure a particular element of self-actualization. The time-competent and inner-directed scales were the only two
measures considered on the POI in this study, since they encompass every test question, and give the clearest indication of any potential change in the subject.

The Problem Expression Scale was devised by Ferdinand van der Veen and T. M. Tomlinson in an attempt to measure the way in which a person talks about his problems, wrongs, difficulties, confusions, and conflicts (4).

The total scale uses six objective indices for the criteria. These are: talking (not talking) about a problem (A); talking (not talking) about own direct involvement (B); talking (not talking) about own reactions (C); talking (not talking) about own contribution (D); talking (not talking) about own understanding of self (E); and talking (not talking) about actual resolution (F). The client is given the highest rating that most accurately fits the particular selection, taking the whole selection into account. The scale is intended to be cumulative so a selection should not be rated at a certain stage unless the positive criteria for the stages below it are at least implicitly present in the segment (18, pp. 559-661).

The Problem Expression Scale is arranged on a seven-point continuum. The different points on this scale refer to quite different ways in which a person may talk about problems or conflicts. At the lower end of the scale, the individual does not talk about his difficulties. Further up the scale, the individual talks about his reactions to his problems and then about how he has contributed to these problems. Farther up the scale, the individual talks about his understanding of and his contribution to the problems. At the upper level of the continuum, the person actually "...lives or experiences some aspect of the problem. At
this point, the person feels responsibility for his
collection and talks about a resolution of the problem"(4, p. 2). The Problem Expression Scale, therefore, ranges
from no recognition of problems or difficulties, at the low
end, to an ongoing resolution of problems in terms of
changes in the person's experience, at the high end. This
process of change was examined by recording the discussions
individuals had within the group setting. These tape-
recorded conversations were transcribed into manuscript form
and then converted into speech samples. (A speech sample is
considered to be everything a subject says after the pre-
ceding speaker's comments and before the comments of the
next subject.) The speech samples were broken down into
complete sentences, called speech segments, and consisting
of one sentence typed onto a plain index card. Ten speech
segments were randomly selected and rated on the Problem
Expression Scale by two expert judges. Current research (6, 14, 15, 16, 17) employing the Problem Expression Scale indi-
cates that individuals who show greater improvement in
therapy groups are more likely to express personally rele-
vant material in relation to problems than are people who do
not.

The Barrett-Lennard Relationship Inventory was devised
in 1962 by G. T. Barrett-Lennard, to measure the amount of
change within the members of a therapy group according to
the theories of Carl Rogers. Rogers (11) postulated that
the necessary and sufficient conditions for therapeutic change are congruence, empathy, and unconditional positive regard. The individuals who show the most therapeutic change also tend to perceive more of these attitudinal conditions in their relationship with the therapist.

The Barrett-Lennard Relationship Inventory originally consisted of ninety-two multiple-choice questions (1). Further research (19) reduced the original scale to the Relationship Inventory, Form O.S., which contained sixty-four statements. The most recent study (19) has reduced the Barrett-Lennard Relationship Inventory to forty-five questions. The questionnaire form used makes provision for three grades of "yes" and three grades of "no" response, identified respectively in the following manner:

+1: I feel that it is probably true, or more true than untrue.
+2: I feel it is true.
+3: I strongly feel that it is true.

-1: I feel that it is probably untrue, or more untrue than true.
-2: I feel that it is not true.
-3: I strongly feel that it is not true.

Within the Barrett-Lennard Relationship Inventory, approximately half of the statements are in the positive form, while the remaining portion are in the negative form. Each statement is scored so that for all of the statements a high score indicates positive evaluation. The questionnaire contains statements which measure the degree of empathy, congruence, unconditional positive regard, and level of
regard which exist in a relationship between two people. Barrett-Lennard indicates (1, pp. 19-20) that unconditional positive regard and the level of regard are better considered as separate variables. The scores for each of the four variables are added together to produce a total score for the Relationship Inventory scale. Mutually therapeutic relationships occur when two people simultaneously rate each other as being high in empathy, congruence and regard on the Barrett-Lennard Relationship Inventory. The questionnaires are rank-ordered along the four therapeutic dimensions, plus the total score. The rank orders are divided into two groups, the half that scored high and the half that scored low. Research with the Barrett-Lennard Relationship Inventory has indicated that the outcome of therapy is positively influenced by the degree to which the individual experiences these variables in a relationship (1, 2, 6, 9, 19).

Procedure for Collecting Data

Prior to the start of this study, every subject in each of the three groups took the Personal Orientation Inventory. This was considered the pre-test score. The Personal Orientation Inventory was administered to the same subjects twelve weeks later, at the end of the study, for a post-test score. Three months after the conclusion of this study, the Personal Orientation Inventory was sent through the mail to
each subject. The results on the third administration of this test supplied the follow-up information.

During the second, third, eleventh, and twelfth meetings of all three groups, a tape recording was taken of the entire three-hour segment of the sensitivity training group, the traditional group counseling group, and the control group. Transcripts of each of the three-hour sessions were prepared from the tape recordings. A minimum of ten speech segments, defined as everything a subject said after the preceding speaker's comments and before the comments of the next subject, was taken from each subject in all three groups during each of the four sessions. Each speech segment was individually typed on an index card. This process was repeated for each of the four meetings, so that each subject in all three groups had a series of index cards containing every statement that he made during that particular meeting. The index cards were randomly shuffled and submitted to two judges who independently rated them on the Problem Expression Scale.

The Barrett-Lennard Relationship Inventory was made available to all the subjects in the sensitivity-training group, the traditional group-counseling group, and the control group, during the third, sixth, and twelfth sessions. The instructions given by the individual in charge of each group were stated in the following manner:
On these forms are listed a variety of ways that one person could feel or behave in relation to another person. Please consider each statement with respect to whether you think it is true or not true in your present relationship(s) with each individual in your group. Mark each statement in the left margin according to how strongly you feel it is true or not true. You are free to complete as many or as few of these forms as you wish; you do not have to do any if you do not want to.

A Comparison of the Two Group Procedures

A comparison of the outlines of the procedures used in the two experimental groups reveals three basic differences between sensitivity training and traditional group counseling approaches. The members in the sensitivity-training group had to remain in the "here-and-now" within the confines of the room. Past experiences and occurrences outside of the room in which the members met were not topics of discussion. The traditional group-counseling members were able to go outside of the room and discuss past events or acts if they deemed this necessary. A second major difference concerned the use of various exercises and physical contact. The sensitivity-training group subjects were encouraged to engage in bodily contact through the practice of certain exercises and techniques. The traditional-group members were not instructed, during any part of the study, to avoid making physical contact with each other. The sensitivity-group members were told that physical contact was acceptable behavior in their group, and were told ways they might implement this activity if they cared to. The
traditional group members received no such instructions. The third and last difference between the sensitivity training group and the traditional group counseling group was in the orientation of the two group leaders. Both of the group leaders had had experience in leading both types of groups, but each individual had a definite preference. The faculty member who led the sensitivity group clearly favored this type of group and was more experienced in it. The staff member from the Counseling Center, through his background and experience, preferred the traditional form of group counseling. Both group leaders were in the type of group in which they had the most confidence. One similarity which both experimental groups shared was their use of feelings and cognitions. Although feelings and emotions were emphasized within the sensitivity-training group, the subjects did produce some intellectual explanations for various facets of their behavior. The members of the traditional group-counseling group at times engaged in certain affect-laden conduct, despite the group leader's reliance on an intellectual and theoretical interpretation of behavior. In this study it was believed to be both impossible and unwise to attempt to limit either group to only an intellectual or an emotional mode of behavior.
Procedure for Treating Data

The data collected in this study were treated statistically by the Computer Center at Memphis State University. A significance level of .05 was the criterion for acceptance of the hypotheses.

The number of individuals engaging in mutually therapeutic relationships on the Barrett-Lennard Relationship Inventory was tabulated.

Speech segments from two early sessions and from two late sessions for each member in the sensitivity-training group, the traditional group-counseling group, and the control groups, were rated from one to seven on the Problem Expression Scale by two expert judges. One judge is the director of the University Counseling Center, and the second is the chairman of the Counseling and Guidance program at Memphis State University. A coefficient of correlation was computed to measure the reliability of the ratings for both judges. The members of all three groups were divided into two groups on the basis of the results of the last administration of the Barrett-Lennard Relationship Inventory: the "high therapeutic relationships" group, and the "low therapeutic relationships" group. The mean gain score was tabulated for the sensitivity-training group, the traditional group-counseling group, and the control group. An analysis of variance was computed to determine the differences between the three types of groups.
The Personal Orientation Inventory profiles for each member of the sensitivity-training group, the traditional group-counseling group, and the control group were divided into a "high therapeutic relationships" group and a "low therapeutic relationships" group, on the basis of the results of the last administration of the Barrett-Lennard Relationship Inventory. A mean score for the Personal Orientation Inventory was tabulated for each of the three groups for the pre-test, post-test, and follow-up administration of this scale. An analysis of variance was computed to determine if the differences between the three groups from pre-test to post-test, and from post-test to follow-up, were statistically significant on the Personal Orientation Inventory. An analysis of variance was also tabulated to compare the "high therapeutic relationships" group to the "low therapeutic relationships" group on the Personal Orientation Inventory, for the sensitivity-training group, the traditional group-counseling group, and the control group.
CHAPTER BIBLIOGRAPHY


CHAPTER IV

STATISTICAL ANALYSIS OF RESULTS AND DISCUSSION

Analysis of Data

The data were analyzed statistically on the basis of their relevance to the hypotheses. The analyses of the results were obtained through two statistical methods: analysis of variance and coefficient of correlation. A significance level of .05 was the criterion for the acceptance of the hypotheses.

Mutually Therapeutic Relationships

Hypothesis I predicted that the members of the sensitivity-training group would engage in significantly more mutually therapeutic relationships than would the members of the traditional group and the control group. The Barrett-Lennard Relationship Inventory measured these therapeutic relationships according to how two group members simultaneously rated each other as being high in empathy, congruence, and regard. The results shown in Table I do not support Hypothesis I. Although the members of the sensitivity-training group achieved four times as many mutually therapeutic relationships as did the members of the control group, the traditional-group members obtained slightly more than four times as many mutually therapeutic
relationships as did the sensitivity-training group members. Therefore, the prediction of Hypotheses I was not sustained.

TABLE I

NUMBER OF MUTUALLY THERAPEUTIC RELATIONSHIPS ON THE BARRETT-LENNARD RELATIONSHIP INVENTORY FOR ALL THREE GROUPS

<table>
<thead>
<tr>
<th>Group</th>
<th>Third Session</th>
<th>Sixth Session</th>
<th>Twelfth Session</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>8</td>
<td>4</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Control</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Self-Awareness**

It was stated in Hypothesis II that the members of a sensitivity training group who formed the largest number of mutually therapeutic relationships would show a more statistically significant mean increase in self-awareness on the Problem Expression Scale than would the members in the traditional group and the control group who formed the largest number of mutually therapeutic relationships. The Problem Expression Scale measured the degree of awareness and openness which the subjects demonstrated when they spoke of their problems, difficulties, confusions, or goals. The scale employs six objective indices in which a person can be
rated on a continuum of from one, not talking, to seven, talking about an actual resolution of the problem situation. Speech samples were taken from the members of all three groups and rated by two expert judges according to the levels of self-awareness on the Problem Expression Scale. The reliability of the two judges’ ratings was established by computing a coefficient of correlation. An $r$ of .7796 was found when the early ratings of Judge D and Judge S were compared, and an $r$ of .8798 was established when the late ratings of both judges were correlated. Both correlations were significant beyond the .01 level of confidence.

Table II, Table III, and Table IV reveal the results of the traditional group, the sensitivity group, and the control group on the Problem Expression Scale. These three tables show the gains in self-awareness, as expressed in raw scores alone.

**TABLE II**

<table>
<thead>
<tr>
<th>Therapeutic Relationships Formed</th>
<th>Net Gains Judge D Judge S</th>
<th>Mean Gains Judge D Judge S</th>
<th>Total Gains Judge D Judge S</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>+8.0 +6.0</td>
<td>+1.333 +1.000</td>
<td>+12.5 +15.5</td>
</tr>
<tr>
<td>Low</td>
<td>+4.5 +9.5</td>
<td>+1.125 +2.375</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE III
MEAN SCORES ON THE PROBLEM EXPRESSION SCALE FOR SENSITIVITY GROUP

<table>
<thead>
<tr>
<th>Therapeutic Relationships</th>
<th>Pre/Post Gains Judge Judge</th>
<th>Mean Gains Judge Judge</th>
<th>Total Gains Judge Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D  S</td>
<td>D  S</td>
<td>D  S</td>
</tr>
<tr>
<td>High</td>
<td>+4.0  +2.5</td>
<td>+.800  +.500</td>
<td>+7.5  +8.5</td>
</tr>
<tr>
<td>Low</td>
<td>+3.5  +6.0</td>
<td>+.700  +1.200</td>
<td>+7.5  +8.5</td>
</tr>
</tbody>
</table>

### TABLE IV
MEAN SCORES ON THE PROBLEM EXPRESSION SCALE FOR CONTROL GROUP

<table>
<thead>
<tr>
<th>Therapeutic Relationships</th>
<th>Pre/Post Gains Judge Judge</th>
<th>Mean Gains Judge Judge</th>
<th>Total Gains Judge Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D  S</td>
<td>D  S</td>
<td>D  S</td>
</tr>
<tr>
<td>High</td>
<td>+1.0  +0.5</td>
<td>+.500  +.250</td>
<td>+1.0  +.05</td>
</tr>
<tr>
<td>Low</td>
<td>-2.0  -1.0</td>
<td>-.250  -.125</td>
<td>-.250  -.125</td>
</tr>
</tbody>
</table>

Table V and Table VI present the results of an analysis of variance comparing the differences between the traditional group, the sensitivity group, and the control group. Judge D (Table V) found the difference between the groups to be
significant at the .06 level, and Judge S (Table VI) found the difference to be significant at the .04 level.

**TABLE V**

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR JUDGE D**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Three Groups</td>
<td>7.8792</td>
<td>2</td>
<td>3.9396</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.4313</td>
<td>27</td>
<td>.2752</td>
<td>14.3136</td>
<td>.06125</td>
</tr>
<tr>
<td>Error</td>
<td>15.3140</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE VI**

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR JUDGE S**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Three Groups</td>
<td>24.3291</td>
<td>2</td>
<td>12.1646</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>15.8875</td>
<td>27</td>
<td>.5884</td>
<td>20.6730</td>
<td>.04209</td>
</tr>
<tr>
<td>Total</td>
<td>40.2167</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table VII to Table XII present an analysis of variance on the results of the Problem Expression Scale for all three groups. Those members who formed a high number of mutually therapeutic relationships are compared to those members of

**TABLE VII**

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR SENSITIVITY GROUP BY JUDGE D**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High/Low</td>
<td>.0562</td>
<td>1</td>
<td>.0562</td>
<td>.0845</td>
<td>.77032</td>
</tr>
<tr>
<td>Error</td>
<td>5.3250</td>
<td>8</td>
<td>.6656</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.3813</td>
<td>9</td>
<td>.....</td>
<td>.....</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE VIII**

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR SENSITIVITY GROUP BY JUDGE S**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High/Low</td>
<td>.1562</td>
<td>1</td>
<td>.1562</td>
<td>.1453</td>
<td>.70715</td>
</tr>
<tr>
<td>Error</td>
<td>8.6001</td>
<td>8</td>
<td>1.0750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8.7563</td>
<td>9</td>
<td>.....</td>
<td>.....</td>
<td></td>
</tr>
</tbody>
</table>
the same group who formed a low number of relationships. Hypothesis II, which predicted that the sensitivity group members who had the most mutually therapeutic relationships would show a statistically significant increase in self-awareness than would the traditional and control group members, was not confirmed.

As indicated by Table VII and Table VIII, there was no significant difference in self-awareness between the sensitivity group members who formed a high number of mutually therapeutic relationships and those members of the same group who formed a low number of mutually therapeutic relationships. Judge D rated those sensitivity group members who formed the most mutually therapeutic relationships as being more open and self-aware, though not significantly so, than those group members who formed the least number of therapeutic relationships. Judge S rated the same set of members with the most mutually therapeutic relationships. The degree of difference for Judge S was also not significant.

Table IX reveals no significant difference in the amount of self-awareness between those members of the traditional group who engaged in a high number of mutually therapeutic relationships and those members of the same group who engaged in a low number of mutually therapeutic relationships. Table X shows the results of Judge S on the Problem Expression Scale. The difference was significant.
### TABLE IX

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR TRADITIONAL GROUP BY JUDGE D**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High/Low</td>
<td>.0260</td>
<td>1</td>
<td>.0260</td>
<td>.0349</td>
<td>.84731</td>
</tr>
<tr>
<td>Error</td>
<td>5.9240</td>
<td>8</td>
<td>.7467</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6.0000</td>
<td>9</td>
<td>....</td>
<td>....</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE X

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR TRADITIONAL GROUP BY JUDGE S**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High/Low</td>
<td>5.7042</td>
<td>1</td>
<td>5.7042</td>
<td>5.1118</td>
<td>.02994</td>
</tr>
<tr>
<td>Error</td>
<td>8.9271</td>
<td>8</td>
<td>1.1159</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14.6313</td>
<td>9</td>
<td>....</td>
<td>....</td>
<td></td>
</tr>
</tbody>
</table>
at the .02 level, but Judge S rated the traditional group members who formed a low number of mutually therapeutic relationships to have been more open and self-aware than those members who formed a high number of the same types of relationships. Hypothesis II, therefore, was still not substantiated.

**TABLE XI**

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR CONTROL GROUP BY JUDGE D**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High/Low</td>
<td>.1000</td>
<td>1</td>
<td>.1000</td>
<td>.4000</td>
<td>.53895</td>
</tr>
<tr>
<td>Error</td>
<td>2.0000</td>
<td>8</td>
<td>.2500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.1000</td>
<td>9</td>
<td>....</td>
<td>....</td>
<td></td>
</tr>
</tbody>
</table>

The results of Table XI indicate that there was no significant difference, according to Judge D, in the level of awareness between the members of the control group who formed a large number of mutually therapeutically relationships and the members of the same group who formed a low number of therapeutic relationships. Table XII also demonstrates no significant difference in self-awareness, as perceived by Judge S, between the control group members.
who formed either a high or a low number of mutually therapeutic relationships.

**TABLE XII**

**SUMMARY OF ANALYSIS OF VARIANCE ON THE PROBLEM EXPRESSION SCALE FOR CONTROL GROUP BY JUDGE S**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High/Low</td>
<td>.0250</td>
<td>1</td>
<td>.0250</td>
<td>.0800</td>
<td>.77592</td>
</tr>
<tr>
<td>Error</td>
<td>.5000</td>
<td>8</td>
<td>.3125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>.5250</td>
<td>9</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

**Self-Actualization**

In Hypothesis III it was predicted that the individual members in the sensitivity-training group who engaged in the largest number of mutually therapeutic relationships would show a statistically significant mean increase in self-actualizing behavior on the Personal Orientation Inventory than would the individual members in the traditional group or the control group who also engaged in the largest number of mutually therapeutic relationships. The Personal Orientation Inventory is a diagnostic instrument designed to measure values indicative of self-actualization and good mental health. The Time-Competent and the Inner-Directed were considered the most representative measures of self-actualization, since they utilized all 150 questions on this
instrument. The results shown in Table XIII to Table XXIV do not support Hypothesis III. This implies that the sensitivity-training group members who engaged in the most mutually therapeutic relationships did not demonstrate a statistically significant mean increase in self-actualizing behavior when compared to the traditional group or the control group members who engaged in the same type of relationships.

Table XIII indicates that there was absolutely no difference on the Time-Competent scale between those members of the sensitivity group who achieved a high number of mutually therapeutic relationships and those members who achieved a low number of mutually therapeutic relationships. Table XIV reveals that, in a follow-up test three months later on the same scale, the difference between the members who had a high

<table>
<thead>
<tr>
<th>TABLE XIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR SENSITIVITY GROUP: (pre-test to post-test)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.0000</td>
<td>1</td>
<td>.0000</td>
<td>0.00007</td>
<td>1.0000</td>
</tr>
<tr>
<td>Error</td>
<td>51.6000</td>
<td>8</td>
<td>6.4500</td>
<td>.......</td>
<td>.......</td>
</tr>
<tr>
<td>Total</td>
<td>51.6000</td>
<td>9</td>
<td>.......</td>
<td>.......</td>
<td>.......</td>
</tr>
</tbody>
</table>
number and those who had a low number of mutually therapeutic relationships was not statistically significant.

TABLE XIV

SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR SENSITIVITY GROUP: (post-test to follow-up)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>10.000</td>
<td>1</td>
<td>10.000</td>
<td>.9436</td>
<td>.51038</td>
</tr>
<tr>
<td>Error</td>
<td>85.6000</td>
<td>8</td>
<td>10.700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>95.6000</td>
<td>9</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

The results in Table XV reveal that the difference between those members of the sensitivity group who engaged in a high number of mutually therapeutic relationships and those members who engaged in a low number of the same kind of relationships was not statistically significant on the Inner-Directed scale. Table XVI shows that on the follow-up test on the same scale, the sensitivity group members who formed a low number of mutually therapeutic relationships actually obtained a higher, though not significantly higher, mean score than did those members who formed a high number of therapeutic relationships.
TABLE XV

SUMMARY OF ANALYSIS OF VARIANCE ON THE INNER-DIRECTED SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR SENSITIVITY GROUP:  
(pre-est to post-test)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>230.3999</td>
<td>1</td>
<td>230.3999</td>
<td>3.0761</td>
<td>.33490</td>
</tr>
<tr>
<td>Error</td>
<td>599.2002</td>
<td>8</td>
<td>74.9000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>829.6001</td>
<td>9</td>
<td>............</td>
<td>.......</td>
<td></td>
</tr>
</tbody>
</table>

TABLE XVI

SUMMARY OF ANALYSIS OF VARIANCE ON THE INNER-DIRECTED SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR SENSITIVITY GROUP:  
(post-test to follow-up)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.4000</td>
<td>1</td>
<td>.4000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>267.9998</td>
<td>8</td>
<td>33.5000</td>
<td>.0119</td>
<td>.93010</td>
</tr>
<tr>
<td>Total</td>
<td>268.3999</td>
<td>9</td>
<td>............</td>
<td>.......</td>
<td></td>
</tr>
</tbody>
</table>
Table XVII through Table XX present the results of the traditional group members on the Personal Orientation Inventory. Table XVII indicates that those members who achieved a high number of mutually therapeutic relationships did not obtain a statistically significant mean value score on the Time-Competent scale when compared to the group members who achieved a low number of mutually therapeutic relationships. The results of the follow-up test in Table XVIII reveal that the group members who formed a low number of mutually therapeutic relationships obtained a higher mean value score on the Time-Competent scale than did those group members who achieved a large number of the same relationships during the twelve week study. Since the degree of significance was only at the .19 level, the amount of change is not considered significant.

### TABLE XVII

**SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR TRADITIONAL GROUP (pre-test to post-test)**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>43.3500</td>
<td>1</td>
<td>43.3500</td>
<td>3.7391</td>
<td>.30982</td>
</tr>
<tr>
<td>Error</td>
<td>92.7500</td>
<td>8</td>
<td>11.5937</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>136.1000</td>
<td>9</td>
<td>........</td>
<td>.......</td>
<td>.......</td>
</tr>
</tbody>
</table>
### TABLE XVIII

**SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR TRADITIONAL GROUP (post-test to follow-up)**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>41.6667</td>
<td>1</td>
<td>41.6667</td>
<td>11.5607</td>
<td>.19082</td>
</tr>
<tr>
<td>Error</td>
<td>28.8333</td>
<td>8</td>
<td>3.6042</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>70.5000</td>
<td>9</td>
<td>........</td>
<td>........</td>
<td>........</td>
</tr>
</tbody>
</table>

### TABLE XIX

**SUMMARY OF ANALYSIS OF VARIANCE ON THE INNER-DIRECTED SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR TRADITIONAL GROUP: (pre-test to post-test)**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>336.0667</td>
<td>1</td>
<td>336.0667</td>
<td>1.8563</td>
<td>.40580</td>
</tr>
<tr>
<td>Error</td>
<td>448.335</td>
<td>8</td>
<td>181.0417</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>784.4001</td>
<td>9</td>
<td>........</td>
<td>........</td>
<td>........</td>
</tr>
</tbody>
</table>
Table XX shows no significant difference on the Inner-Directed scale between the mean scores of those members who engaged in a high number of mutually therapeutic relationships and those who engaged in a low number. The results of a follow-up test on the same scale also reveal no significant difference between the mean scores of the group members who had either a high or low number of mutually therapeutic relationships, as shown on Table XX.

The results of the control group subjects on the Personal Orientation Inventory are found in Table XXI through XXIV.

Table XXI indicates that no significant difference between the mean scores on the Time-Competent Scale when those group members who achieved a high number of mutually
**TABLE XXI**

SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR CONTROL GROUP: (pre-test to post-test)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>3.0250</td>
<td>1</td>
<td>3.0250</td>
<td>3.0730</td>
<td>.33504</td>
</tr>
<tr>
<td>Error</td>
<td>7.8750</td>
<td>8</td>
<td>.9844</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10.9000</td>
<td>9</td>
<td>........</td>
<td>........</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE XXII**

SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR CONTROL GROUP: (post-test to follow-up)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>2.5000</td>
<td>1</td>
<td>2.5000</td>
<td>.6780</td>
<td>.55966</td>
</tr>
<tr>
<td>Error</td>
<td>29.5000</td>
<td>8</td>
<td>3.6875</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>32.000</td>
<td>9</td>
<td>........</td>
<td>........</td>
<td></td>
</tr>
</tbody>
</table>

therapeutic relationships were compared to the members who achieved a low number of the same relationships. Table XXII
shows that in follow-up testing the group who had a high number of mutually therapeutic relationships actually scored lower, though not significantly so, than the group who had a smaller number of mutually therapeutic relationships.

Table XXIII

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>42.025</td>
<td>1</td>
<td>42.0250</td>
<td>1.8848</td>
<td>.40355</td>
</tr>
<tr>
<td>Error</td>
<td>178.375</td>
<td>8</td>
<td>22.2969</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>Total</td>
<td>220.400</td>
<td>9</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>

Table XXIII reveals that on the Inner-Directed scale the group members who achieved a high number of mutually therapeutic relationships scored lower, though not on a significant level, than the group members who achieved a low number of mutually therapeutic relationships. The results of the follow-up test in Table XXIV indicate that the group members who engaged in a high number of mutually therapeutic relationships did not score higher on the Inner-Directed
scale than those members who engaged in a low number of therapeutic relationships.

TABLE XXIV

SUMMARY OF ANALYSIS OF VARIANCE ON THE INNER-DIRECTED SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR CONTROL GROUP: (post-test to follow-up)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>19.6000</td>
<td>1</td>
<td>19.6000</td>
<td>.3361</td>
<td>.66067</td>
</tr>
<tr>
<td>Error</td>
<td>466.4998</td>
<td>8</td>
<td>59.3125</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>Total</td>
<td>486.0999</td>
<td>9</td>
<td>........</td>
<td>......</td>
<td>......</td>
</tr>
</tbody>
</table>
The remaining four tables report the results of an analysis of variance on the Personal Orientation Inventory for all three groups combined. The post-to pre-test gains, as well as the results of the three-month follow-up test, are included in the tables.

**TABLE XXV**

**SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR ALL THREE GROUPS:**

(Pre-test to post-test)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Three Groups</td>
<td>26.8667</td>
<td>2</td>
<td>13.4333</td>
<td>1.8253</td>
<td>.30979</td>
</tr>
<tr>
<td>Error</td>
<td>198.6000</td>
<td>27</td>
<td>7.3556</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Total</td>
<td>225.4667</td>
<td>29</td>
<td>.......</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

The sensitivity training group achieved the largest gain, after twelve weeks, on the Time-Competent scale. Table XXV indicates no statistically significant difference on this scale between the sensitivity group, the traditional group, and the control group.

Table XXVI shows the results on the same scale given to the thirty members of all three groups three months after the conclusion of the group meetings. The traditional group
achieved the largest gain, but that score did not reach a statistically significant level of difference.

Table XXVII indicates that the traditional group achieved a higher score on the Inner-Directed scale than did the sensitivity or control group. Although this score was not statistically significant, it was, nevertheless, the highest gain shown by any of the three groups when their results on the Personal Orientation Inventory were compared.

The follow up test on this scale revealed that, although the control group achieved the highest score, there was no statistically significant difference in the scores of all three groups.

TABLE XXVI

SUMMARY OF ANALYSIS OF VARIANCE ON THE TIME-COMPETENT SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR ALL THREE GROUPS:
(post-test to follow-up)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Three Groups</td>
<td>13.2667</td>
<td>2</td>
<td>6.6333</td>
<td>9041</td>
<td>.55669</td>
</tr>
<tr>
<td>Error</td>
<td>198.1000</td>
<td>27</td>
<td>7.3370</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>211.3667</td>
<td>29</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>
**TABLE XXVII**

SUMMARY OF ANALYSIS OF VARIANCE ON THE INNER-DIRECTED SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR ALL THREE GROUPS: (pre-test to post-test)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Three Groups</td>
<td>1592.2605</td>
<td>2</td>
<td>796.1301</td>
<td>7.5838</td>
<td>.11040</td>
</tr>
<tr>
<td>Error</td>
<td>2834.4035</td>
<td>27</td>
<td>104.9779</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4426.6641</td>
<td>29</td>
<td>........</td>
<td>....</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE XXVIII**

SUMMARY OF ANALYSIS OF VARIANCE ON THE INNER-DIRECTED SCALE OF THE PERSONAL ORIENTATION INVENTORY FOR ALL THREE GROUPS: (post-test to follow-up)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Probability of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Three Groups</td>
<td>33.8000</td>
<td>2</td>
<td>16.9000</td>
<td>.4398</td>
<td>.57526</td>
</tr>
<tr>
<td>Error</td>
<td>037.3999</td>
<td>27</td>
<td>38.4222</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>071.2000</td>
<td>29</td>
<td>........</td>
<td>....</td>
<td></td>
</tr>
</tbody>
</table>
Discussion of the Results

This discussion is restricted to the implications of the statistical results presented in the previous twenty-eight tables.

The research findings upon which this study was theoretically based have consistently shown that therapeutic relationships composed of empathy, congruence, and positive regard have elicited positive personality change. Newer, and perhaps less established, research has suggested that sensitivity-training groups can markedly increase self-awareness and personal growth among their members. Since the stated aim of counseling and psychotherapy has been to improve the condition of mankind, it appeared reasonable to inquire whether sensitivity-training groups can foster the necessary therapeutic requirements, and thereby increase the effectiveness of their members, in much the same way as formal therapy does.

The three hypotheses tested in this study pertained to the ability of a sensitivity-training group to foster more mutually therapeutic relationships among its members than would occur in a traditional group-counseling group, thereby increasing the self-awareness and self-actualizing behavior of the sensitivity-group members significantly more than the same behavior of the traditional-group members. The results indicated that the sensitivity-training group was unable to effect such a change.
It was predicted in Hypothesis I that the sensitivity-group members would form significantly more mutually therapeutic relationships than would the members of both the traditional group and the control group. This hypothesis was not supported. The traditional-group members engaged in more than four times as many mutually therapeutic relationships as did the members of the sensitivity group, and more than ten times as many therapeutic relationships as did the control group members. This lack of support of the concept of the efficiency of a sensitivity-training group in encouraging its members to behave in a therapeutic fashion was inconsistent with the findings of some previous studies, which have maintained that sensitivity-training groups favored the formation of dyads in which untrained laymen act therapeutically toward one another. Although the sensitivity group did foster among its members more two-person mutually therapeutic relationships than had occurred in a control group, the sensitivity group in no way approached the perception of therapeutic behavior among its members which took place in the traditional group-counseling group. The members of both the sensitivity group and the traditional group were warm and positive in their descriptions of the two separate group experiences. In the sensitivity group, these feelings appeared to be more short-range and more easily relinquished than in the traditional group, at least in regard to filling out the forty-five question
Barrett-Lennard Relationship Inventory. It was noted, though, that the members of both the sensitivity group and the traditional group engaged in significantly more mutually therapeutic relationships than did the control-group members. This finding supported the research which contended that therapy groups produced more positive change in their members than would have occurred with the passage of time outside such groups.

Hypothesis II stated that the sensitivity-training group members who engaged in the highest number of mutually therapeutic relationships would show a statistically significant mean increase in self-awareness on the Problem Expression Scale, when compared to the members of both the traditional group and the control group who also engaged in the most therapeutic relationships. This hypothesis was not sustained. Although both Judge S and Judge D had a high degree of correlation (.77 and .87) when their total ratings for each of the three groups were compared, there existed some pertinent differences when the ratings were analyzed according to the number of mutually therapeutic relationships formed. Judge D, with no prior knowledge of the experimental design of this study, rated the members of all three groups who formed the largest number of mutually therapeutic relationships as being more self-aware than the group members who formed the least number of mutually therapeutic relationships. The traditional group, including the
members who achieved both a high and a low number of mutually therapeutic relationships, was considered by Judge D to have shown the greatest increase in self-awareness. This same judge rated the sensitivity group members who engaged in both high and low numbers of two-person therapeutic relationships to have shown more self-awareness than the members of the control group who were also divided according to high and low therapeutic relationships. None of these ratings by Judge D approached a level of statistical significance. Judge S, also with no knowledge of the experimental design, did not rate the members of the traditional group and the sensitivity group who achieved the largest numbers of mutually therapeutic relationships in their respective groups as being the most self-aware at the end of this study. The traditional and sensitivity-group members who engaged in the least number of mutually therapeutic relationships were rated by Judge S as being more self-aware than the members of the same respective groups who engaged in the highest number of the same two-person therapeutic relationships. The degree of difference was significant \( p < .02 \) for the traditional group alone, and was not in the direction of the prediction of this study. Judge S rated the members of the control group who achieved the largest number of mutually therapeutic relationships as more self-aware than the members of the same group who achieved the smallest number of mutually
therapeutic relationships. The degree of difference here is not statistically significant. Judge S rated the traditional-group members to have shown the greatest increase in self-awareness. This same judge rated the sensitivity-group members to have been more self-aware than the control-group members at the end of this study. Hypothesis II was therefore not supported, because the sensitivity-training group was unable significantly to increase openness and self-awareness in its members when compared to a traditional-group counseling group.

Hypothesis III predicted that the sensitivity-training group members who formed the largest number of mutually therapeutic relationships in their group would demonstrate a statistically significant mean increase in self-actualization on the Personal Orientation Inventory, when compared to the traditional-group and control-group members who also formed the highest number of mutually therapeutic relationships. This hypothesis was not supported. There was no significant difference between the members of all three groups in self-actualization when those who engaged in a high number of mutually therapeutic relationships were compared to those members who engaged in a low number of the same two-person relationships. Certain differences were present when the three groups were compared to each other on the two scales which measured self-actualizing behavior. The sensitivity group showed the highest gain, at the
conclusion of the study, on the Time-Competent scale of the Personal Orientation Inventory. According to Shostrom,

The Time Competent person lives primarily in the present with full awareness, contact and full feeling reactivity while the Time Incompetent person lives primarily in the past, with guilts, regrets, and resentments, and/or in the future, with idealized goals, plans, expectations, predictions and fears. (1, p. 5)

This gain appears best explained by the "here-and-now" orientation to the present which is a characteristic result of sensitivity-training groups. The members of this sensitivity-training group demonstrated more competency in dealing with the present, and hence were able to increase their self-actualization in this area. There was absolutely no difference on the Time-Competent scale for the sensitivity-training group when the members who engaged in a high number of mutually therapeutic relationships were compared to the members of the same group who engaged in a low number of mutually therapeutic relationships. The increase on the Time-Competent scale shown by the sensitivity-training group was not statistically significant when compared to both the traditional group and the control group on the same scale.

The traditional group showed the largest gain, at the end of the study, on the Inner-Directed scale of the Personal Orientation Inventory. Shostrom stated that,

Inner, or self, directed individuals are guided primarily by internalized principles and motivations
while other directed persons are to a great extent influenced by their peer group or other external forces. (1, p. 5)

This gain indicated that this traditional group placed more emphasis upon the individual group members' achieving goals which were intrinsic in nature. Although all groups influence their members, the traditional form of group counseling appeared to allow more internal freedom for its members by allowing them to pursue topics which were both in the past and outside the confines of the room. The sensitivity-training group appeared to exert more influence upon its members, thus making them less inner-directed. The increase on the Inner-Directed scale shown by the traditional group-counseling group was not statistically significant when it was compared to both the sensitivity-training group and the control-group members on the same scale.

The Personal Orientation Inventory was mailed out to the members of all three groups three months after the last session, as a follow-up study concerned with the possibility of any lasting gain as a result of these three group experiences. All thirty members returned their tests. The traditional group demonstrated the highest gain, in this follow-up study, on the Time-Competent scale. The members of this group who achieved the smallest number of mutually therapeutic relationships during the study actually showed the largest gain three months after the study was concluded.
It appeared that although the traditional-group members had less of a "here-and-now" orientation to the present at the end of the study, when compared to the sensitivity group members, the traditional group members were able to regain this "time competency" on their own. Three months after the conclusion of this study, there was almost no discernable difference on the Time Competency scale between the sensitivity-group and traditional-group members. The increase on this scale shown by the traditional group three months after the conclusion of this study was not statistically significant when compared to both the sensitivity group and the control group.

The control group showed the largest gain, on the follow-up study, on the Inner-Directed scale. One very apparent reason why the control group showed the largest gain was the fact that at the end of this study the control group had actually lost points on the Inner-Directed scale when the post-test was compared to the pre-test. This meant that the control group actually had no place to go on this scale unless it went up. Both the sensitivity group and the traditional group had shown large gains at the conclusion of the study, and hence were both approaching a ceiling. The control group had no such limit, since the members of this group obtained relatively low scores on the Inner-Directed scale prior to the follow-up, or last administration of this test. The increase on the Inner-Directed scale shown by the
control group was not statistically significant when it was compared to both the traditional group and the sensitivity group.

The results of this study revealed several findings which were not altogether consistent with at least a portion of the literature on sensitivity-training groups. The first outcome revealed that the traditional form of group counseling was more conducive, in this study, to the formation of mutually therapeutic relationships between group members than was the sensitivity-training group method. Members of both groups placed importance on their relationships with one another, but the traditional group actually demonstrated the presence of far more dyads than did the members of the sensitivity training group.

The second finding was that a positive connection existed between the formation of mutually therapeutic relationships and an increase in self-awareness, according to one expert judge, but not according to another expert judge. The first judge found that those members of all three groups who engaged in the largest number of mutually therapeutic relationships were also the individuals who were the most open and self-aware. This increase in self-awareness did not reach a level of statistical significance. The second judge found no such relationship, and even rated the members of the traditional group who engaged in the least number of
mutually therapeutic relationships as having been significantly more self-aware than those members of the same group who had formed the largest number of these therapeutic dyads. The same judge found a similar, though not statistically significant, relationship among the members of the sensitivity-training group. Both expert judges rated the members of the traditional group, including those who formed the most and the least number of mutually therapeutic relationships, as having shown the greatest increase in self-awareness at the conclusion of this study. The sensitivity-training group members were rated second by both judges as to their increase in self-awareness at the end of the study. The control-group members were judged as having shown the smallest increase in self-awareness.

The third finding of this study was that the formation of mutually therapeutic relationships did not increase the self-actualizing behavior in the members of all three groups. It did not appear to be important in this study if a group member had formed many or few mutually therapeutic relationships with other group members, when his self-actualizing behavior was measured either at the end of the study or three months later. There was no measurable relationship between the formation of therapeutic dyads and an increase in self-actualizing behavior. The sensitivity-training technique was not superior to the traditional form of group counseling in regard to having increased
self-actualization, according to the results of this study. At the conclusion of this study, the sensitivity-group members showed the greatest increase on the Time-Competent scale, and the traditional-group members demonstrated the largest gain on the Inner-Directed scale of the Personal Orientation Inventory. On the follow-up study three months later, the traditional group achieved the highest gain on the Time-Competent scale and the control group scored highest on the Inner-Directed scale. None of these gains approached a level of statistical significance.
CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The problem of this study was to compare the effectiveness of sensitivity training to that of a traditional form of group counseling. The purposes were (1) to determine if sensitivity training encouraged significantly more members to form mutually therapeutic relationships than did traditional group counseling, and (2) to determine if the members who formed the largest numbers of mutually therapeutic relationships increased both in self-awareness and self-actualization significantly more through sensitivity training than through the traditional form of group counseling.

The hypotheses were as follows:

I. The members of a sensitivity-training group will engage in significantly more mutual therapeutic relationships on the Barrett-Lennard Relationship Inventory than will the members of a traditional group-counseling group or a control group.

II. The members of a sensitivity-training group who formed the largest number of mutually therapeutic relationships will show a statistically greater mean increase in self-awareness on the Problem Expression Scale than will the
members who formed the largest number of mutually therapeutic relationships in both a traditional group-counseling group and a control group.

III. The members of a sensitivity-training group who formed the largest number of mutually therapeutic relationships will show a statistically significant mean increase in self-actualization on the Personal Orientation Inventory than will the members who formed the largest number of mutually therapeutic relationships in both a traditional group-counseling group and a control group.

The subjects for this study were thirty graduate students who enrolled in Counseling and Guidance classes at Memphis State University during a fall semester. The students were randomly divided as follows:

1. Twenty students were enrolled in a practicum, and chose to do their internship at the Counseling Center. From these subjects, ten students were randomly selected to be in the sensitivity-training group. Ten graduate students were randomly selected to be in the traditional group-counseling group. These two groups served as the experimental group.

2. Ten graduate students were enrolled in a class in Group Counseling procedures. This group served as the control group.

The experimental groups were led by experienced counselors. The counselor who led the sensitivity-training group followed the approach set forth in Encountertapes for
The counselor who led the traditional group-counseling group followed objectives and guidelines as outlined in *Therapeutic Psychology: Fundamentals of Counseling and Psychotherapy*, by Lawrence Brammer and Everett Shostrom. The control group was taught in a typical manner by a member of the Counseling and Guidance faculty. The primary difference between the two approaches was that the experimental groups were actually involved in the two therapeutic techniques, while the control group studied and discussed the various styles of group counseling without ever engaging in any of the dynamics on an interpersonal level.

The study ran for twelve consecutive weeks, each of the three groups meeting one day a week for a three-hour period, for a total of thirty-six hours.

Prior to the start of this study, all thirty subjects took the *Personal Orientation Inventory*. The same test was administered to the same subjects twelve weeks later at the end of the study. Three months after the conclusion of the study, the *Personal Orientation Inventory* was mailed to each subject. These results provided pre-test, post-test, and follow-up information on self-actualizing behavior.

A tap recording was taken of the entire three-hour segment during the second, third, eleventh, and twelfth sessions of all three groups. Ten speech segments were obtained from each subject and typed on index cards. The
second and third group sessions formed the early sampling, and the eleventh and twelfth sessions formed the late sampling of all three groups. These index cards were randomly shuffled and submitted to two expert judges, who independently rated them on the Problem Expression Scale. One judge was the Director of the Counseling Center, and the other judge was the Chairman of the Counseling and Guidance Department at Memphis State University.

The subjects of the sensitivity training group, the traditional group counseling group, and the control group had the opportunity to take the Barrett-Lennard Relationship Inventory during their third, sixth, and twelfth sessions.

The results of the Personal Orientation Inventory and the Problem Expression Scale were treated by two statistical procedures: (1) an analysis of variance on the differences between the early and late samplings of the Problem Expression Scale, and between the pre-test, post-test, and follow-up administrations of the Personal Orientation Inventory, and (2) as a t-test for correlated means, to determine if a significant difference had occurred.

Statistical analysis of the data revealed the following results:

1. Hypothesis I was not confirmed. The members of the sensitivity-training group had not engaged in significantly more mutually therapeutic relationships than had the members of both the
traditional group-counseling group and the control
group as measured by the Barrett-Lennard Relation-
ship Inventory.

2. Hypothesis II was not supported. There was no
significant difference between the members of the
sensitivity-training group who formed the largest
number of mutually therapeutic relationships and
the members of the traditional group-counseling
group and the control group who also formed the
largest number of mutually therapeutic relation-
ships, when their increase in self-awareness was
measured by the Problem Expression Scale.

3. Hypothesis III was not sustained. There was no
significant difference between the sensitivity-
training group members and the traditional
group-counseling group and control group members
who formed the largest number of mutually thera-
peutic relationships, when their increase in
self-actualization was measured on the Personal
Orientation Inventory.

Findings

The sensitivity-training method of group counseling did
not significantly increase the group members' self-
awareness, self-actualization, and ability to form mutually
therapeutic relationships any more than did the traditional
form of group counseling. There was, in fact, an appreciable increase in the formation of two-person therapeutic relationships in the traditional group-counseling group alone. The members of all three groups showed no significant positive change on measures of self-awareness and self-actualization.

Possible explanations of these findings follow:

One explanation as to why the traditional group showed such a large gain in the number of mutually therapeutic relationships formed may be found in the quality of that group experience. The traditional group stressed experiences which occurred in the past, sometimes as far back as adolescence and late childhood, which may have had the "quality of permanence" in the eyes of the particular group member in question. These issues could have been very important to the individual and perhaps more "lasting" than what was occurring in the here-and-now. When this kind of material was discussed, it may have helped form relationships between members which were more lasting than those formed between group members who physically touched each other and entered into feelings which only existed in the present. Although the majority of the members in the sensitivity group expressed positive feelings for each other, considerably fewer of them made an effort to fill out a forty-five-item questionnaire which measured mutually therapeutic relationships. Such a questionnaire was a method of
gauging the continued feelings of caring between the members of each group. The traditional group filled out four times as many Barrett-Lennard Relationship Inventory questionnaires as did the sensitivity group members, and eighteen times as many as did the control group. Therefore, it appeared that the sensitivity-group relationships in this study were more transitory than were the relationships formed by the members of the traditional group.

The findings pertaining to the increase in self-awareness were more difficult to account for, because the two expert judges who rated the members of all three groups on this scale perceived the members in a subtly different manner. The correlations, both early and late, between both judges' total ratings were quite high. But when these correlations were divided according to high and low numbers of mutually therapeutic relationships, there was no complete agreement between the two judges as to the increase in self-awareness among the group members. The ratings of Judge D were in line with the theoretical rationale of this study, despite the fact that Hypothesis II was not supported. Judge D supported the contention that a relationship existed between the formation of mutually therapeutic relationships and the increase in self-awareness among the members of all three groups. When each group was divided it was found that Judge D had rated the members in each of the three groups, who achieved the largest number of mutually therapeutic
relationships, as being more self-aware than the members who achieved the smallest number of therapeutic relationships. The members of the traditional group formed the most such relationships, and were rated as having shown the largest increase in self-awareness. The sensitivity group had the second largest number of therapeutic relationships, and were rated by Judge D as having shown the second largest increase in self-awareness. Thus the formation of mutually therapeutic relationships, built on empathy, congruence and positive regard, appeared to increase self-awareness in group members, and a traditional form of group counseling was better, though not significantly so, at achieving this than was a sensitivity training group. The other expert judge, Judge S, indicated no such relationship through his ratings. He found the members of both the traditional and sensitivity group who achieved the lowest number of mutually therapeutic relationships to have become more self-aware at the conclusion of this study than the members who achieved the largest number of the same types of relationships. In fact, Judge S rated the members of the traditional group with the lowest number of mutually therapeutic relationships to have been significantly (<.02) more self-aware than the members of the same group who formed the largest number of such relationships. One possible explanation for the differences in the judges' ratings may be found in their respective
professional orientations. Judge D was Rogerian in his approach, while Judge S was quite Freudian in his. In rating the statements of group members it was important not to infer "... what the problem was" from "... what the subject said," by reading between the lines. The awareness or lack of awareness should have been explicit—not implicit—in the speech segment that was rated. Thus Judge S may have been prone to speculate from a Freudian position on how self-aware the group members were, whereas Judge D may have rated them on self-awareness mainly on the explicitness of the face value of their statements. This difference in orientation may have accounted for the subtle difference between the judges in their ratings of how self-aware the group members became at the end of this study.

The findings in regard to the last hypothesis of the study indicated no relationship between the formation of mutually therapeutic relationships and an increase in self-actualizing behavior. The sensitivity-training group showed the highest, though not a significant, gain on the Time-Competent scale at the end of this study. When the members of this group who achieved the largest number of mutually therapeutic relationships were compared to the members who formed the smallest number, there was absolutely no difference between them in the amount of increase on the Time-Competent scale. The gain by the total group appears to be best explained by sensitivity-training theory; members
of this kind of group deal best with material in the present, or "here-and-now." Since the Time-Competent scale of the Personnel Orientation Inventory measured this kind of behavior, the sensitivity-training group showed the largest increase at the end of this study. The traditional group showed the largest, though not a significant, gain on the Inner-Directed scale at the conclusion of this study. When the traditional group was divided, those members who formed the largest number of mutually therapeutic relationships showed a greater increase on the Inner-Directed scale than the members who achieved the smallest number of therapeutic relationships. This difference was not significant. The gain shown by the total group on this scale was interpreted as a result of the orientation of the traditional group; the members were allowed more freedom to pursue intrinsic material which was often outside the group and in the past. The Inner-Directed scale measured this type of behavior, and therefore the traditional group showed the largest increase in self-directed behavior.

The follow-up study, which was conducted three months after the conclusion of the group sessions, also showed no relationships between the formation of mutually therapeutic relationships and an increase in self-actualization. The traditional group showed the highest gain, in the follow-up, on the Time-Competent scale. This gain was not significant. The members who had formed the smallest number of mutually
therapeutic relationships during the twelve weeks of the study demonstrated a larger increase on the Time-Competent scale than did the members of the traditional group who had achieved the largest number of therapeutic relationships. The reason for this increase appeared to be a result of the traditional group members' regaining their orientation to the present, once they left their group. Their attention to the past lessened as their awareness of the here-and-now increased. This explanation appeared even more probable when the traditional group members, having shown the lowest gain on the Time-Competent scale at the conclusion of the study, showed the highest gain three months later. These particular members were the ones who formed the smallest number of mutually therapeutic relationships. When their gain on the follow-up was considered, the results then indicated that the formation of mutually therapeutic relationships had not increased self-actualizing behavior in the members of the traditional group.

The control group showed the largest gain, on the follow-up study, on the Inner-Directed scale. This particular finding was the most obvious to interpret. The traditional group showed the largest gain on this scale at the conclusion of the study, and had reached its ceiling. The sensitivity group showed a large gain on the follow-up study, which placed this group high on the range of Inner-Directed behavior. While these two groups demonstrated this
growth, the control group had actually lost points on the Inner-Directed scale at the end of twelve weeks. Therefore, the large gain shown by the control group on the Inner-Directed scale on the follow-up study was simply the result of having no place else to go. The control group could not have gone lower, so it had to move up on this particular scale. The gain on the Inner-Directed scale shown by the control group on the follow-up was not statistically significant.

When the results of the Time-Competent and Inner-Directed scales were considered, it was found that the formation of mutually therapeutic relationships had not increased self-actualizing behavior among the members of all three groups. What was learned in this study was that self-actualization operated independently of these therapeutic relationships. The members of both the traditional and sensitivity groups demonstrated an increase in self-actualization at the conclusion of this study, but the gain was not significant and was not related to the formation of mutually therapeutic relationships. Self-actualization appeared to be an intrapersonal process which was not related to the interpersonal activity of forming mutually therapeutic relationships and becoming more self-aware. It was also observed that neither a traditional form of group counseling nor a sensitivity training group was able to demonstrate an increase in self-actualization among its members.
on both scales of the Personal Orientation Inventory at the conclusion of this study. The traditional group effected a greater increase in the "inner-directedness" of its members, while the sensitivity group increased the "time-competency" of its members. Both of these scales were important and necessary ingredients in the formation of self-actualization. It appears credible from this study that both sensitivity training and a traditional form of group counseling offered important conditions of growth and self-actualization to their respective members, but that neither group was significantly better at providing all the qualities deemed necessary.

Another explanation for the lack of positive findings may be found in the difference in experience between the two group leaders. Although there was only one year's difference in total experience between these individuals, the traditional-group leader had three full years of experience as a counselor, whereas the sensitivity group leader had only one year of full-time counseling experience. Despite the contrary findings of some of the research in sensitivity training groups, it appears possible that a more experienced group leader might have been more successful in increasing the therapeutic effectiveness of the group members.

The last possible explanation for the lack of significant results may be found in the behavior of the group leaders themselves. Both of the leaders closely followed
the techniques outlined by their respective orientations, yet there may have been come degree of difference in the effectiveness of each leader as perceived by the group member or members. No attempt was made to have the group leaders measured by the members in terms of the leaders' own levels of therapeutic effectiveness.

An ex post facto finding was discovered in this study in regard to Hypothesis I. The traditional group-counseling group formed a total of thirty-six mutually therapeutic relationships, as measured by the Barrett-Lennard Relationship Inventory. The sensitivity group formed a total of eight such relationships, while the control group formed a total of two mutually therapeutic relationships. A chi-square analysis was conducted to determine whether these differences in mutually therapeutic relationships were significant. The results indicated that $X^2 = 61.810$, which was a significant ($p < .01$) difference. Hypothesis I predicted that the members of the sensitivity-training group would form significantly more mutually therapeutic relationships than would the members of the other two groups. Not only was this hypothesis not proven, but it was discovered that the traditional form of group counseling was significantly more conducive to the formation of therapeutic relationships among its members than was the sensitivity group. This finding runs counter to the claims that sensitivity training fosters "inevitable growth" in its members
because they function as "therapeutic personalities." When people behave therapeutically—that is, when they function with congruence, empathy and positive regard—they increase each other's self-awareness, but the traditional form of group counseling, in this study, was more successful in achieving this than was the sensitivity-training style of group counseling.

Conclusions
1. It may be concluded that the subjects in the sensitivity-training group
   a. did not demonstrate a significant increase in mutually therapeutic relationships,
   b. did not demonstrate a statistically significant increase in self-awareness,
   c. did not demonstrate a statistically significant increase, at the end of the study, in self-actualization,
   d. did not demonstrate a statistically significant increase, three months after the conclusion of the study, in self-actualization.

2. It may be concluded that the subjects in the traditional group-counseling group
   a. did demonstrate a significant increase in mutually therapeutic relationships,
b. did not demonstrate a statistically significant increase in self-awareness,
c. did not demonstrate a statistically significant increase, at the end of the study, in self-actualization,
d. did not demonstrate a statistically significant increase, three months after the conclusion of the study, in self-actualization.

Recommendations

In view of the findings of the study, the following recommendations are made:

1. That further study be considered to determine whether a sensitivity-training approach is more beneficial to certain individuals, while being of less value to other persons.

2. That further study be considered to determine whether an emphasis upon the problem-solving, cognitive processes in therapy is not more advantageous behavior on the part of the counselor than a concentration upon the emotional feelings and other-directedness exemplified by a sensitivity-training approach.

3. That further study be considered to determine whether the process of self-actualization in therapy groups is enhanced more by the formation of a few marginal
relationships among the group members rather than by the formation of many deep interpersonal relationships.

4. That further research be considered in an attempt to further determine the effectiveness of the sensitivity-training approach as a technique for group counseling.

5. That further research be continued in the area of traditional-group counseling in an attempt to better determine who and how it therapeutically helps.
APPENDIX A

SENSITIVITY TRAINING SESSIONS

Session #1 - First Encounter Microlab

Goal: To generate the interest of group members in one another and to initiate their personal involvement in the group.

1. Sit in a close circle.—Tell your first name and what you are feeling right now to group. Tune in to what is happening inside of yourself. (Time limit; 5 minutes) Try it again.

2. Stand and form a circle.—One by one move to one group member at a time, stop, face him, touch him and tell him what you honestly feel about him. What impression do you have of the other people? Look him in the eye all the while and call him by name. (15 minutes)

3. Breaking in.—Stand up and form a tight circle. One at a time place yourself out of the group and then try to get in. The group attempts to keep you out. Take turns getting into the group until everyone has had a chance to break into the group. (Don't do this if you are physically unable.)

4. Passed around the circle.—Stand up, shoulder to shoulder and form a small circle. One individual steps inside the circle, closes his eyes, falls into the arms of someone in the group and relaxes. He now allows himself to be passed around the circle from one person at a time to another. Each group member is passed around the circle. The group may decide to pass some members around longer than others. Talk about how this made you feel to your group for about twenty minutes.

Session #2 - Ground Rules

Goal: To establish the importance of focusing on feelings and on the immediate "here-and-now" interaction of the group in order to enhance the conditions for learning.
1. **Tune in and talk up.**—Tune in to your feelings or the feelings of the group and talk about them. What are the feelings inside yourself? How are you feeling? Concentrate on feelings, not opinions and thoughts.

Ground rules to consider:

A. *"Speak for yourself."* Say how you feel. Use the word *I.*

B. *"Look them in the eye."* Eye contact is important. Look at the person when you talk to him.

C. *"Name names."* Call the person by his name when you talk to him.

2. **Pair up with a partner.**—Sit on the floor back-to-back (touching) and tune in to this person without looking at him. Is he relaxed? Tensed? Comfortable? Tune in to his feelings and tell him what you picked up about him. Then he does the same thing and tunes in to you. He tells you what he picks up about you. He does not look at you either.

**Session #3 - Feedback**

**Goal:** To establish the importance of participants giving each other feedback and using the feedback they are given as a way of facilitating learning in the group.

1. Feedback is telling another person how he appears to you and how he causes you to feel. You can express feedback in words, by gesture, or by how you touch another person. You can find out how you come across to other people and, by giving feedback, you tell them how they come across to you.

How feedback helps other people: (Do's).

A. Do let him know what he does and how he comes across. Give him examples.

B. Be sure it is something that he can change if he wants to (his dress, personal appearance, how he acts).

How feedback hurts another person: (Don't).

A. Don't judge another person.
B. Don't give advice. (Not what you think is wrong about him.) When you give feedback you should try to find out how the other person feels about the problem.

2. One person should now volunteer to start. He gives feedback to one person at a time, going around the group. Tell him how he appears and causes you to feel. It can be pleasant or unpleasant. Call him by name when you do this. Be honest and stay in tune to your feelings and to his feelings. Everyone should have a turn.

Session #4 - Progress Report

Goal: To review the concepts presented in the two previous sessions and to make it legitimate for the group to assess its own progress and deal with obstacles to that progress.

1. Are you tuned in? Is the group as sensitive as you would like it to be? Only you know the answer.

2. All of the original suggestions (from other three sessions) are repeated. The group is asked if they are doing all of these things.

3. Report to yourself of your progress. Are you doing these things? (10 minutes per person)

Session #5 - Secret Polling

Goal: To practice empathy and to deepen interpersonal trust in the group.

1. A suggestion about how you can learn something new about how able you are to risk yourself. At sometime you might have wanted to tell someone a secret about yourself, but you were afraid to. You held back, played it "cool," did not risk yourself. You probably cheated yourself here by doing this.

2. First, think of something you usually don't tell other people. Something that is really a secret you've shared with nobody, or only one or two people. (It can be anything.)

3. After you've thought about your secret, write it out on a piece of paper that has been provided.
Don't sign your name because you don't have to tell it is your secret unless you want to. Then fold the paper in half twice and make a pile of them in the center of the group. When all the secrets are in, someone should shuffle the pile. Each person will draw a slip of paper, read it aloud, and tell how it must feel to have such a secret. (It might be frightening to do this for some of you.) Resist the temptation to write something funny, or not very important to you. If someone gets his own "secret," please throw all of them back, shuffle it again, and draw a second time. Now try it.

4. After everyone has drawn a slip of paper which is not his own, someone should volunteer to read his aloud. Then tell how it would feel to have such a secret. Someone should volunteer to keep time so that everyone will have a chance. (3 minutes per person)

Session #6 - Break-out

Goal: To identify and compare the different styles participants use to cope with the same problem.

1. Get into a fairly small circle in the middle of the room and stand shoulder to shoulder. One at a time stand in the center of the group. Your job will be to break through this wall of people—to get out, to be free. The job of the other group members is to do everything they can to keep you from breaking out. When you are in the center you may find that you cannot break out alone. You may call on one person to help you, to actually come into the circle. But you can only do this after you have done everything you can by yourself to break out.

2. Each group member should have one turn at trying to break out of the circle. As soon as they have had a turn, they become part of the group and someone else takes a turn.

3. After everyone has had a turn at trying to break out, the group members can all go back to their seats and talk about how they felt. Watch for and talk about these things especially:

A. What did you feel when you were trying to break out?
B. What different ways did people use in trying to break out?
C. Did this experience remind you of anything you've done lately? (For instance, the way you had tried to break out of another problem.)

Remember that when you're doing this, tune in to your feelings and talk up about them.

Session #7 - Descriptions

**Goal:** To enhance the flow of data and deepen personal participation in the group.

1. Give the other group members feedback by giving descriptions of what each individual reminds you of. (It could be an animal, piece of furniture, tree, car, etc.) Give as many details and feelings about the person as possible (the color, condition, where it is, etc.).

2. Go around the group, with each member taking a turn describing each person individually. Take as much time as you need.

3. After each member has had a turn, you may want to take remaining time telling the group how you felt when you were being described.

Session #8 - Strength Bombardment

**Goal:** To focus on the strengths of each participant in order to promote a feeling of self-esteem and motivation toward personal growth.

1. Tell the group the good things about yourself. Talk about your strengths and your strong points. Nobody in the group will "put you down" because everybody will be doing the same thing.

2. Each person will tell the group their good points for three minutes. The group will then take five minutes to tell you the good points they notice about you. Don't take back any of the good things you say about yourself or attempt to weaken or dilute them in any way. Let the positive things that you say about yourself stand on their own. (No "ifs" or "buts.")
3. If a person gets stuck, the group can help by repeating the question and asking the person what his good points are. (Someone will volunteer to keep time.)

4. Spend the rest of the session talking about what happened.

Session #9 - Giving and Receiving

Goal: To increase self-esteem further by providing an experience of self as a valued human being.

1. Take a five minute meeting to discuss how comfortable you are when someone lets you know he likes you. Is it difficult to say you like someone? Is it difficult when someone says he likes you? It may be easier to show anger than it is to show affection.

2. Choose three people whom you think have the most trouble letting the group in, or letting people get close to them.

3. Each of these people should go to the center of the circle, one at a time, and stand there.

4. Then, one at a time, each person in the group should go to each of the three people and, in whatever way they want, show them the good feelings they have toward them without using words. (Repeat; without using words.) They might want to touch him, put their arm around him, or really embrace and hug him. The person who is receiving the good feelings does not return them; he just stands there silently receiving, but not giving back. The important learning here is the receiving.

5. When all the group members have had a chance to show their good feelings toward this person, he should rejoin the circle. The next chosen person should go to the center of the circle. Do this until all three chosen people have had a chance to be in the center.

6. The group members should take their time with each person. (This is important; do not rush.) You might find this embarrassing, but if you take your time you might find out something interesting about
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yourself. Remember, stay tuned in to your feelings so you can talk up about them. Now choose three people who have trouble letting the group get close to them.

7. Stand and form a circle. One at a time the three people who are chosen should go to the center of the circle. One of the three should volunteer to begin. Remember, the person in the center stands still and the people in the circle go to him. This is important; the person in the center should not have to go to the others, for they should go to him one at a time.

8. After all three individuals have been in the center, the group should spend the rest of the time talking about what happened. In particular, try to talk about how you felt; how you felt when you were giving good feelings and how you felt when you were receiving them. When the group is talking about this, some might want to go into the center and see how it feels to get good feelings. Feel free to do this.

Session #10 - Last Encounter Microlab

Goal: To provide an opportunity for participants to recognize change in one another and deal directly with their feelings.

1. Group will stand and form a circle. Then, one at a time, each member should stand in front of each person, touch him in some way to make contact, look him in the eye, call him by name, and tell him how you feel about him now. Everyone should have a chance to do this with every group member. It should take about 15 minutes. Someone should volunteer to begin.

2. Stop and have a 15 minute meeting about what you just did. Remember, tune in to your feelings and talk about them.

3. Next let's see how you trust the other person. You have done this before; stand shoulder to shoulder and form a small circle. One member of the group should step into the circle, close his eyes, relax as completely as he can, fall into the arms of the other group members, and let them pass him around gently, one to another. The person in the middle
trusts the other group members and lets them pass him around. Do this until each group member has had a chance to be passed around. Some may decide to do this again. Take about ten minutes to do this.

4. In conclusion, you may have unfinished business. You may want to say good-bye to some special people. You may want to talk about how people have changed; it can give him something definite that he has learned concerning how others value his changed behavior.
APPENDIX B

TRADITIONAL GROUP COUNSELING

Problem Setting.--The leader states the issue or question to which the group is to address itself. This may occur at the outset or at various points in the discussion. The statement is made without indication of what solution should be reached or which side the leader favors.

Sentiment Testing.--The leader seeks to learn the balance of opinion in the group. He may call for a show of hands of other votes or he may simply state his impression of the trend of opinion and ask for confirmation.

Idea Developing.--The leader seeks to aid in the clarification and development of ideas before the group by restating, summarizing, or contrasting them.

Monitoring.--The leader reminds the group of limits and constraints under which it is operating (for example, time limits, authority bounds, ground rules).

Energizing.--The leader seeks to motivate the group to its task. He may cite reasons for its work or simply enjoin the group to greater activity or chide it for inactivity.

Content Participation.--... Leaders also utilize certain progress facilitation techniques with a view toward carrying forward the discussion of his group. The following list is a compilation of such techniques.

Initiating.--He proposes new ideas, procedures, or orientation.

Amending.--He develops ideas already before the group. He may add new "twists," but basically he modifies more than he initiates.

Supporting.--The leader lends emphasis, reason, or other aid to ideas already before the group. He does not seek to change them, but only to accelerate their acceptance.
Opposing.--He may question, challenge, or detract from ideas before the group. He may seek to change them and to influence the group to reject them.

Summarizing.--The leader brings out common or contrasting ideas before the group, reduces issues to essentials, and focuses or clarifies points.

Questioning.--He seeks information, opinion, or similar material. (Some other forms are disguised as questions. The test is whether the answer is more valued than the question.)

Digressing.--The leader generally leaves the topic before the group (not in the sense of developing another aspect).

Controlling.--The leader may seek to regulate who will talk, when, or how much; he may intercede for less vocal members.

Informing.--He provides information to the group (sometimes in response to a question), often simply to supply data, but he may have a secondary intent to influence the group. However, the main aspect of this device is to transmit facts or what are offered as facts.
BIBLIOGRAPHY

Books


**Articles**


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A Tentative Scale for the Measurement of Therapist Genuineness or Self-Congruence," Discussion Papers, Wisconsin Psychiatric Institute, XXXV, University of Wisconsin, 1962, 4-10.


Unpublished Materials


Truax, Charles B. and Wargo, D. G., "Antecedents to Outcome in Group Psychotherapy with Juvenile Delinquents: Effects of Therapeutic Conditions, Alternate Sessions,


Manuals


Tapes

Berzon, Betty and Reisel, Jerome, Encountertapes for Personal Growth Groups, La Jolla, Cal., Western Behavioral Sciences Institute, 1970.