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GRADUATE COLLEGE

RELATIONSHIP OF COUNSELOR'S LEVEL OF FUNCTIONING TO THE LEVEL OF FUNCTIONING OF INTERNALLY AND EXTERNALLY CONTROLLED CLIENTS

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

DOCTOR OF PHILOSOPHY

By

Roger James Wiere

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RELATIONSHIP OF COUNSELOR'S LEVEL OF FUNCTIONING TO THE LEVEL OF FUNCTIONING OF INTERNALLY AND EXTERNALLY CONTROLLED CLIENTS

APPROVED BY

DISSERTATION COMMITTEE

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CHAPTER I

INTRODUCTION

Psychotherapy research has been criticized for its lack of rigor by the academic psychologist and for its excessive attention to irrelevant details by the practicing psychotherapist. It is generally agreed, however, to understand the psychotherapeutic phenomenon in its entirety, the situation must be studied as a whole, integrating both general theory with specific research results. Resnikoff (1969) in reviewing the literature on psychotherapy reported:

> Previous studies centered either on pertinent therapist variables or on client personality characteristics and their relationship to outcome. Viewing the counseling situation in such a light ignores the two individuals as an interactional system (p. 137).

According to Meltzoff and Kornreich (1970):

> There have been few systematic studies of the entire therapeutic relationship, few attempts to map the important connections between patient and therapist....Since the ultimate issue is outcome, many of the studies do have outcome referents, implicitly or explicitly. However, within the immediate psychotherapeutic situation, there may be a host of variables. It is possible

> that these complex relationships change at various stages in a psychotherapeutic series. Most studies have been limited to the investigation of some specific variable or aspect of the relationship (pp. 453-454).

This point has also been emphasized by Berry (1970).

One of the early attempts to study the psychotherapeutic process as an interactional system was reported in a dissertation study by Kopplin (1965). Testing hypotheses derived from social learning theory, he found: 1) when therapists approached clients' statements, the clients continued on that same general topic, and when the therapists avoided clients' statements, the clients discontinued talking, and 2) when the therapists' responses focused on internal factors, the clients responded with affective expressions, and when the therapists focused on external factors, the clients responded with nonaffective statements. These findings also showed clients affected the therapists in the same way. Kopplin clearly demonstrated the therapist's behavior affected the direction of the client's responses, and the client's behavior affected the therapist's responses. This tends to support the theory that therapy is an interactional system. It did not, however, establish if the direction of the client's responses led to successful outcome to psychotherapy, examine which client personality characteristics influenced this process (although it was mentioned as an area for future research), or demonstrate which therapist behaviors led to the client favorably experiencing his therapist.

In the present study the three variables of counselor

level of functioning, client level of functioning, and client personality variable of internal-external control were studied concurrently as they interacted. The study attempted to demonstrate the complexity of psychotherapeutic phenomena and the necessity of using multivariate designs in studying the psychotherapeutic relationship.

The following is a review of the most pertinent studies which have been done in the areas of: 1) delineating those therapist qualities which have led to successful and unsuccessful outcome to psychotherapy, 2) establishing which client behaviors led to successful or unsuccessful outcome to psychotherapy, and 3) the personality characteristic of internal-external control. Since this study used correctional officers at a federal reformatory as group leaders, the area of lay counseling was also reviewed.

Effective Counseling

The effectiveness of counseling has been studied by examining which counselor and client variables affect the outcome of psychotherapy (outcome studies), and which behaviors during the therapeutic hour affect the flow of therapy (process studies).

Most of the research detailing those conditions necessary for a successful outcome to psychotherapy evolved from Rogers' early work (1951, 1957). In 1961 Rogers spelled out what he believed to be the essential ingredients for successful psychotherapy and called this the "process

equation." Simply stated, it says when you are given a person desiring help, and a therapist offering certain elements to the relationship, then you can predict that a process of change will occur. These therapist offered conditions were considered to be minimal requirements for successful therapy. Many researchers, including Rogers, have attempted to enumerate these basic requirements. In one of the very early studies Halkides (1958) found the therapist offered conditions of empathy, unconditional positive regard and genuineness to be related to successful outcome, and related to each other. Truax (1961) added to this list the conditions of assumed similarity, leadership, and responsivity. In reviewing several studies Meltzoff and Kornreich reported, "...that patients improve who receive therapy from therapists high in accurate empathy, nonpossessive warmth, and genuineness. Patients of therapists low in these traits do not (1970, p. 334)." Further studies (Berenson, Mitchell, & Moravec, 1968; Johnson, 1971; Meador, 1971; Mullen & Abeles, 1971; Packwood, 1971; Patterson, 1966; Truax, Wargo, & Silber, 1966) have lent support to the importance of these characteristics to effective counseling. Other researchers have found warmth (Garfield & Bergin, 1971), expression of affect (Blank, 1968), and concrete expression of feelings (McCarron & Appel, 1971) to be related to successful therapy.

In a rather bold statement Muehlberg, Pierce, and Drasgow (1969) found the factors related to successful therapy to be so highly intercorrelated that they made the

proposal that these factors were actually measuring the same thing—whether the therapist was a "good guy" or a "bad guy." Others, like Collingwood, Hefele, Muehlberg, and Drasgow (1970), spoke of the successful therapist as being a "good guy." The concept, "good guy" vs. "bad guy," supports the theory that a single continuum can be used to measure the effectiveness of a particular counselor. A more popular concept, and probably more accurate, is the dimension of a counselor's "level of functioning."

As early as 1960, Rotter began to notice a trend in psychotherapy research which emphasized delineating specific characteristics and attitudes which affected change during the therapeutic hour. One of the early process studies was done by Truax (1961). In the Rogerian tradition he used empathic understanding, accuracy of empathy, genuineness, positive regard, leadership, assumed similarity, responsivity, and concreteness in delivering empathy to measure the conditions contributing to the therapeutic climate. In a later study Truax and Carkhuff (1965) added the dimension of transparency and found when the therapist offered high levels of these conditions, clients tended to explore themselves deeply and experienced constructive personality change. This study also showed an interesting and unexplained contradiction to these findings; when the therapist was less transparent with delinquents, the clients did less self-exploration but there was the greatest amount of personality change. Friel (1970) supported these findings when he found high and low functioning

therapists to be different on eight process variables. He found high levels of empathy, respect, genuineness, concreteness, etc. to be present in high functioning therapists. Anderson (1968) added the dimension of confrontation to the list of therapist characteristics. Confrontation was defined "...as the therapists' pointing out a discrepancy between his own and the clients' way of viewing a situation (p. 411)." Thus defined, she found when confrontation was accompanied by high levels of the facilitative conditions, there was a high probability that the client would explore himself deeply. In a study using experienced raters (Levy, 1967) "real" therapy occurred when there was mutual expression of the same affect. Berenson, Mitchell, and Laney (1968) found high level therapists to be different from low level therapists in that high level therapists confronted their clients with discrepancies between what the client was experiencing and what he was saying or pointed out and clarified a client's misinformation about some factual matter. The low level therapists confronted their client's weakest areas, his liabilities or pathology. Cannon and Pierce (1968) found that it didn't matter when the therapeutic conditions were offered during the therapeutic hour, but only during those periods when the conditions were high, did the clients explore themselves significantly.

There have been several studies outside of the Rogerian tradition which have lent support to the notion that specific therapist characteristics affect the therapeutic process.

Michelson (1971) found in training counselors to use verbal reinforcement techniques that those counselors who were highest in the facilitative conditions of warmth, empathy, and genuineness elicited more client information seeking behavior than the counselors who were low in these conditions. Another study (McCarron & Appel, 1971) found a high correlation between the manner in which the therapist communicates with his client and certain physiological responses which both have in response to each other. For example, a client's autonomic arousal as measured by the GSR increased in amplitude in response to those therapist verbalizations which indicated confrontation, interpretation, interrogation, and reflection. Crowder (1972) studied countertransference phenomenon and found successful therapists to be less support-seeking, less hostilely competitive, and less passively resistant than the less successful therapist. The Whitehorn and Betz group also found that certain therapists who possessed certain characteristics were more successful with certain groups of clients. Kenworthy (1969) found "A" therapists, most successful with schizophrenics, to be more individualistic and independent, outspoken, self-sufficient, non-conforming and unconventional; whereas "B" therapists, most successful with a neurotic population, were more conforming and had a greater need for order, more passive and retiring, and less assertive. Seidman (1970) also found that when clients and therapists were matched on the "A" and "B" dimension, there was more respect and empathetic understanding.

However, Prager (1970) found no relationship between the client's characteristics of felt disturbance, likeability, and self-exploration and the therapist offered conditions of empathy, warmth, and genuineness to the therapeutic outcome. As Prager indicated, there was some question about the adequacy of his measures which lessens the generalizability of his findings.

The above studies indicated that many identifiable therapist characteristics can be related to either successful or unsuccessful therapy, and each of these characteristics can be present to either a greater or lesser degree. They also indicated that the absence or inclusion of one or another characteristic is less important for successful therapy than the inclusion of many of these characteristics. This leads to two general conclusions, 1) it appears that there is no single set of minimal conditions as originally hypothesized by Rogers in 1957, and 2) to measure a therapist's effectiveness, many characteristics must be considered, and this can be accomplished by the use of a single continuum reflecting the therapist's overall level of functioning.

Researchers working with groups have found similar therapist characteristics to be as important for the group psychotherapist as they were for the individual psychotherapist. Truax, Wittmer, and Wargo (1971) found a positive relationship between the level of therapeutic conditions offered and the extent of therapeutic change made by clients in group

counseling. The study demonstrated that when the level of therapeutic conditions was low, clients actually deteriorated. Meador (1971) found that high levels of the therapeutic conditions of acceptance, genuine personal response, and accurate understanding led an individual to move toward "...openness to his experiencing and positive acceptance of himself, toward a more fluid, self-trusting behavior (p. 70)." It was concluded that this supported Rogers' process hypothesis in a basic encounter group.

The research seems to support the theory that a high level of therapist functioning is necessary for successful therapy in both individual and group psychotherapy.

Client Variables

It appears that there is less controversy about the characteristics of the successful and unsuccessful therapist than there is about what constitutes a successful end product to psychotherapy. The questions of which client behaviors denote a "really" therapeutic occurrence, which lead to a successful outcome, or even what constitutes a successful outcome to psychotherapy are matters of crucial importance to research on the process and outcome of psychotherapy. One of the early attempts to study client characteristics as related to successful outcome to psychotherapy was a study by Peres (1947). The study reported differences between clients who benefited from non-directive group psychotherapy and those who did not benefit. Those who benefited discussed

their problem, demonstrated insight, and spoke of taking positive action toward solving their problem. Those who did not benefit did not express any feelings about their personal attitudes whereas those who benefited increased in the expression of both positive and negative feelings toward themselves. The client's responses were dichotomized into content and feeling categories. Included in the content category were statements of the personal problem, responses which related to group interaction, prodding statements, casual conversation, and answers to statements. Included in the feeling category were expressions of attitudes toward self, toward other people or situations, and toward the other participants in the group. In a much later attempt Gruen (1968) reported that satisfied group members were more active verbally, elaborated on topics being discussed, revealed more personal feelings, were more accepting of others and their differences, were more supportive, and initiated more new topics for discussion.

The most successful efforts have evolved from the groups working within the Rogerian framework. Using Rogers' process equation as a starting point, Walker, Rablen, and Rogers (1960) developed the Process Scale. The scale attempted to identify those client characteristics considered affected by psychotherapy culminating in a fully functioning person. For convenience in presentation and to further clarify the dimensions measured by the scale, they have been regrouped under three main headings: 1) the client's inner exploration,

2) the degree of risk and openness the client is taking in talking about himself, and 3) an interpersonal factor indicating the degree of agreement or rapport between the client and the therapist. Regrouped in this way the Process Scale identifies under 1) inner exploration, client statements which are related to feelings and personal meaning, the client's manner of experiencing, and the manner in which experience is construed. Truax (1961) defined the dimension of inner exploration as a change from "...fixity, rigidity and fragmentation, to a point of integrated changeness—from an external and rigid locus of evaluation to an internal and relative locus of evaluation (p. 9)." 2) Risk taking and openness involves the degree of incongruence between the client's real feelings and those he is expressing, the accuracy of his communication about his self, and the relationship his statements have to his problems. To further clarify the dimension of communication of self, Walker et al. (1960) wrote:

> This continuum deals with the extent to which and the manner in which the individual is able and willing to communicate himself in a receptive climate. The continuum runs from a complete unwillingness to communicate self to a stage where the self involves a rich and changing awareness of internal experiencing which is readily communicated when the individual desires to do so (p. 81).

3) Degree of agreement consists of the manner in which the client relates to others. Does he relate in an open reciprocal way, or in a closed, disagreeable, defensive way?

A study by Braaten (1961) in supporting two of the three above categories, found, using operationally defined dependent

measures, that successful clients moved from talking about nonself to self and spoke with an increased "...focus upon the private, inner self rather than the interpersonal self (p. 23)."

The work in this area is theoretically less well developed than in the area of counselor effectiveness, and the research has focused on relating client factors to successful therapeutic outcome after the fact. From this research, however, three main client characteristics have emerged as reliable indicators that a client has experienced a worthwhile and therapeutic experience. He needs to have 1) spent some time exploring his inner feelings, 2) experienced and taken some degree of risk in doing so, and 3) experienced a meaningful, significant, and trusting relationship with the therapist in which the client was in large measure in agreement with the therapist.

Internal-External Control

Phares (1957), James and Rotter (1958), and Rotter (1960) found the continuum of internal and external control a useful and measurable dimension for describing certain personality characteristics. Rotter (1966) defined the internally controlled person as one who "...perceives that the reward follows from or is contingent upon his own behavior or attributes (p. 1)," and an externally controlled person "...feels the reward is controlled by forces outside of himself and may occur independently of his actions (p. 1)."

Based on these definitions the Internal-External Control Scale (I-E scale) was developed and has been used in several studies related to personality and psychotherapy research.

MacDonald (1971) found that internally controlled undergraduate college students described their mothers as being more nurturant, more predictable, and using more achievement pressure. Their fathers were described as more nurturant and, for males, used more physical punishment. The externally controlled students described their mothers as more protective, used deprivation of privileges, and, for males, used more affective punishments.

In a review of the literature Perry (1970) cited three studies which supported the hypothesis that those clients who internalize in the early phases of therapy will experience a successful outcome and those who externalize will not. Some studies also demonstrated that when a client changes in therapy, it is in the direction of becoming more internally controlled. Rotter (1960) demonstrated that those clients who were helped the most in therapy were those who already had tendencies to focus internally and those who were helped least had tendencies to focus externally. Similarly, a study by Braaten (1961) found that those clients who were rated as successful talked increasingly about their private and personal selves, and according to Patterson (1966), those clients who avoided talking about their personal selves were least successful. A study by Truax and Wittmer (1971) supported the previous findings of Rotter, Braaten, and Patterson and

concluded, "Our findings indicate that the patient is moved toward his goal of successful therapy more effectively through his ability or willingness to talk about himself and others who have meaning for him (p. 302)."

The I-E control continuum has been related to other phases of psychotherapy. Combs and Soper (1963) demonstrated that good counselors perceive from an internal frame of reference and in terms of people rather than things. James and Rotter (1958) initiated speculation that psychotherapy should first deal with the general attitude of locus of control before changes in behavior could be expected to occur.

Spiva (1968) in studying the "loser syndrome" in juvenile delinquents found the juveniles with the syndrome had many of the characteristics of the externally controlled person. The loser syndrome was found to be a useful concept in "...clarifying how the delinquent views himself (p. 52)." The delinquents who were defined as "losers" viewed the world as a dangerous, nonnurturing, and oppressive place to live. They felt helpless and did "...not view themselves as the active agents of their own behavior and that events happen as a function of such variables as chance, fate, or luck (p. 51)." Although Spiva spoke of the juveniles' feelings of internal or external control being related to their being a success (winner) or a failure (loser), he did not use the I-E scale as a predictor of the loser syndrome. If he had, this might have established an interesting theoretical relationship.

It can be generally concluded that the internal-external

control personality continuum as measured by the I-E scale has been found to be a useful and identifiable personality characteristic which is related to successful and unsuccessful client outcome to psychotherapy.

Lay Counseling

The literature on nonprofessionals doing what was previously the exclusive domain of the highly trained professional psychotherapist is ever expanding. In some cases the results showed the nonprofessional's skills and results as comparable to their mentors. One of the very early projects on nonprofessional therapists was begun by Rioch, Elkes, Flint, Usdansky, Newman, and Silber in the spring of 1960. It was initiated because of the shortage of trained workers in the mental health field and the need for low cost psychotherapy in the community. The study demonstrated that carefully trained middle-aged, middle-class housewives could be trained to be effective psychotherapists in a two year period of intensive practicum-like training (1963).

As the years progressed, less intensive training seemed to be occurring. Daniels (1966) trained school nurses to work with groups of adolescents. The locus of training was on sex education, its physiological and emotional aspects. Stover (1966) found mothers to be effective therapists with their own children. The study had mothers provide a climate of empathic understanding for a 30 minute play period each day. The hypotheses, that overt agression and verbalized negative

feelings directed toward the mother would increase, were supported. Guerney, Guerney, and Andronico (1966) also found parents to be effective allies in affecting therapeutic change in their children. College students were also found to be effective companions to fifth and sixth grade boys with emotional problems (Goodman, 1970). Lay group psychotherapists who received specialized training in working with psychotics compared favorably to professional group psychotherapists working with the same population (Poser, 1966). Nurses, social workers and volunteers have all been used as nonprofessional group leaders (MacLennan & Levy, 1967). Trained psychiatric technicians were found to be more effective group leaders than nontrained psychiatric technicians. The training consisted of ongoing supervision during the period of the study. The nonsupervised group actually deteriorated which indicated that the nonprofessional needs at least some training and should receive some supervision while working (MacLennan & Levy, 1967).

A more recent trend has been to train indigenous persons from the community, the rationale being that a person who has lived in the community brings with him certain skills and knowledge which both the professional and lay therapist from outside the community could not possibly possess. Lynch, Gardner, and Felzer (1968) described a program which trained 18 carefully selected persons from 70 applicants who were indigenous to the community. They had a high school education or less and functioned as community workers or as primary

therapists. MacLennan and Levy (1969) two years after their first review of the nonprofessional therapist literature reported the indigenous nonprofessional was a significantly expanding topic of research. Brown, Wehe, Zunker, and Hoslam (1971) trained college upperclassmen to help counsel potential freshmen dropouts and found significantly better results on the four criteria used for the experimental group. Barnett (1971) used six men and six women community volunteers who possessed genuineness, openness, and acceptance-empathy to lead groups of sex offenders. The nonprofessionals had moderately successful results with the sex offenders.

One of the leaders in the area of training indigenous nonprofessionals to be lay counselors is Carkhuff. He and his colleagues have shown that in some situations the lay counselor is superior to the professionally trained psychotherapist (Carkhuff, Kratochvil, & Friel, 1968). Carkhuff has also initiated a program of training the indigenous nonprofessional to be a trainer of other indigenous people. In one such study Stark (1966) used groups of students to train other students in a human relations program.

The use of the trained nonprofessional from an indigenous population is now a well documented and researched area. The research supports the hypothesis that a lay counselor can be an effective ancillary worker in the mental health effort.

CHAPTER II

STATEMENT OF HYPOTHESES

Counselor's Level of Functioning

Work in delineating those counseling characteristics which lead to effective counseling has been studied most systematically by Rogers (1957) and later by his followers (Berenson, Mitchell, & Moravec, 1968; Halkides, 1958; Johnson, 1971; Meador, 1971; Mullen & Abeles, 1971; Packwood, 1971; Patterson, 1966; Truax, 1966; Truax & Carkhuff, 1965; Truax et al., 1966). The research has generally supported Rogers' process equation which states: when the therapist offered conditions of empathy, unconditional positive regard, and genuineness are present with a person desiring help, a process of change will occur. The probability for change and successful treatment is increased when these conditions are present to a greater extent. When these conditions are present to a lesser degree, there is a greater probability for change in a deleterious direction. A study by Truax and Wargo (1966) supported these findings using a population of delinquent girls.

The first hypothesis in this study will be tested by using a scale to measure the counselor's level of functioning

and an instrument developed especially for this study, the Leader Satisfaction Questionnaire (LSQ), to measure the client's perception of the counselor's ability to instill trust and be empathetic.

Hypothesis 1. The counselor who is functioning at a high level will receive a higher score on the LSQ than will the counselor who is functioning at a low level.

Client's Level of Functioning

In order for a client to benefit from treatment, it is necessary for him to be involved with the counselor or with the process. For instance, in an early study by Peres (1947) successful clients discussed their problems more, spoke of taking positive action, increased in the expression of both positive and negative feelings, and demonstrated insight. Those who did not benefit did not express any feelings about their personal attitudes. Other investigators (Braaten, 1961; Gruen, 1968; Rogers, 1961; Truax, 1961; Walker et al., 1960) have found the amount of personal exploration a client does, the amount of risk he is willing to take in talking about himself, and his attitude toward his counselor to all be related to the eventual outcome of therapy.

By using a scale developed especially for this study to measure the client's level of functioning, the second hypothesis will be tested.

Hypothesis 2. The client who is functioning at a high level will score his counselor higher on the LSQ than will

the client who is functioning at a low level.

Client's Personality Variable of Internal-External Control

Phares (1957), James and Rotter (1958), and Rotter (1960) have found the continuum of internal and external control a useful and measurable dimension for describing certain personality characteristics. Rotter (1966) developed a 23 item scale to measure locus of control and presented several studies supporting both its reliability and validity. According to Rotter, the internally controlled person reacts to the outside world from an internal frame of reference. He perceives what happens to him as a result of his own doing and not of forces external to himself. The externally controlled person perceives from an external frame of reference. He believes what happens to him is a function of luck, fate or chance, and he personally cannot influence these occurrences. There is some evidence (Perry, 1970) to indicate that persons who internalize in therapy will experience a more successful outcome than will persons who externalize. This suggests the third hypothesis for this study.

Hypothesis 3. The internally controlled client will score his counselor higher on the LSQ than will the externally controlled client.

Taking into consideration the foregoing discussion, the following hypotheses are presented as possible consequences of the interaction of these three variables.

Hypothesis 4. The high functioning internally controlled

client will score his counselor higher on the LSQ than will the low functioning internally controlled client.

Hypothesis 5. The high functioning externally controlled client will score his counselor higher on the LSQ than will the low functioning externally controlled client.

Hypothesis 6. The internally controlled client with a high functioning counselor will score his counselor higher on the LSQ than will the internally controlled client with a low functioning counselor.

Hypothesis 7. The externally controlled client with a high functioning counselor will score his counselor higher on the LSQ than will the externally controlled client with a low functioning counselor.

Hypothesis 8. The externally controlled client will perceive a greater disparity between high and low functioning counselors as reflected in scores from the LSQ than will the internally controlled client.

Hypothesis 9. High functioning clients with high functioning counselors will score their counselors higher on the LSQ than will high functioning clients with low functioning counselors.

Hypothesis 10. Low functioning clients with high functioning counselors will score their counselors higher on the LSQ than will low functioning clients with low functioning counselors.

CHAPTER III

METHOD

Subjects

Seven male correctional officers in a federal reformatory who were functioning in the role of liaison counselors volunteered to participate in this study. Their experience ranged from no experience in leading groups to approximately 40 hours experience in leading groups. All had received a 40 hour basic class on counseling techniques in which they were taught empathy skills. Generally, the counselors were considered to be inexperienced group leaders.

The male inmates (hereafter referred to as clients) selected to participate in the study had all been in the reformatory for less than two weeks. Each week the reformatory received between 5 and 25 new commitments. It was from this group that the groups were formed each week for the seven week duration of the study. Eight to 12 inmates were in each group. This did not allow for random assignment to groups, but the composition of the groups was fairly comparable on the four demographic characteristics of age ($\underline{M}$ = 21.6, 22.1, 21.0, 22.1, 21.5, 21.3, 21.7), average I. Q. ($\underline{M}$ = 103, 100, 98, 105, 103, 109, 107), length of present sentence

($\underline{M}$ = 7.5, 5.5, 5.8, 5.9, 4.6, 5.9, 4.8), and number of years spent in prior incarceration ($\underline{M}$ = .3, .9, .6, 1.3, .7, 1.8, 1.5). The groups were also fairly comparable on race and type of conviction. It was concluded for the purposes of this study that there were no differences in the composition of the groups.

Procedure

Prior to the group sessions the counselors were informed that they were to participate in a study on group therapy. They were told that they would lead a group session which would be video taped and later rated by experts. They were also informed that their anonymity would be respected and in no way would this study influence their careers.

The clients were escorted with their counselor into a group therapy room with the chairs placed in a semicircle facing a wall with a two-way mirror. A name card was worn by each client for easy identification purposes when rating the video tapes. After the instructions were given by the researcher, the counselor was left alone to conduct the two hour group session.

The clients were told at the beginning of the session that they were meeting for two purposes, 1) to allow them an opportunity to get acquainted with their counselor and 2) for research purposes. They were informed that the session would be video taped and would later be viewed by professional psychologists who would keep everything they heard in the

strictest confidence. None of the institution staff would view the film nor would their participation affect their stay at the reformatory. They were informed that at the conclusion of the two hour session they would fill out a questionnaire relating to their group experience.

Video taping began 10 minutes into the session. Taping stopped at the first complete inmate-counselor-inmate (I-C-I) interaction with one inmate, or after 7 minutes, whichever came first. This allowed time to prepare the title cards for the next scene which identified the counselor running the group, the scene number, and the amount of elapsed time since the group began. The next taping began 20 minutes into the session with the same ending criteria and continued every 10 minutes thereafter until 10 video taped scenes were completed.

At the conclusion of the two hour session the researcher administered the LSQ (Appendix A). Approximately one week later the I-E scale was administered as a part of a routine battery of psychological tests given to all new inmates.

Four clinical psychologists, three with the Ph.D. and one doctoral candidate, were used as raters in the study. They were all experienced in corrections. To familiarize them with the rating scales (Appendices B & C) and introduce them to the variety of groups to be rated, 10 video taped scenes were selected for practice purposes. They were allowed to discuss the rating system amongst themselves. They did not strive for perfect agreement. Understanding

the rating system and the free use of clinical judgement was deemed more important than consensus in all the ratings. However, the raters did achieve a marked consistency in a relatively short period. No discussion was allowed while the scenes to be rated for the study were being shown.

Instruments

I-E Scale. Rotter (1966) improved upon a scale developed originally by Phares (1957) to measure individual differences in external control. Rotter's present instrument is a 23 item scale which measures an individual's generalized expectancies about how reinforcements are controlled—are they a function of his own doing or are they perceived as a function of luck, chance or fate? To further clarify the meaning of the I-E scale it was correlated with 6 scales from the MMPI: Cn (r = +.25), Es (r = -.35), R (r = -.36), A (r = +.40), K (r = -.11), and F (r = -.16). There were significant correlations on the scales of Es (F = 7.40, $p < .01$), R (F = 7.98, $p < .01$), and A (F = 10.09, $p < .01$). This would support the interpretation that the externally controlled client has little unconscious control over his feelings of anxiety. He feels anxious and feels he has few personal strengths to help him deal with the external world. The internally controlled client feels more adequate in his dealings with the outside world and is less anxious. He probably feels more adequate having repressed, therefore not fearing the eruption of, his hidden impulses.

The mean of the I-E scale for the clients who participated in the study (M = 9.86) is comparable to studies on inmates presented by Rotter (1966). For this study, clients who scored 10 or above on the I-E scale were considered externally controlled, and those who scored 9 or below were considered internally controlled.

Leader Satisfaction Questionnaire. Liking of the therapist has been found to be related to ratings of counselor effectiveness by Schmidt and Stray (Schwartz, 1971). The Leader Satisfaction Questionnaire (LSQ) was developed especially for this study to measure the client's perception of his counselor's ability to empathize and instill trust. The questionnaire consisted of 27 scorable items. Through item and factor analysis the items were found to be related, consistent, and sensitive to the client's feeling toward his counselor and his group experience as it related to his counselor. Seven items were used as filler items. Weights were assigned to each item to increase variance and correlation with the total score. Each item correlated favorably with the total score for each group. Using Hoyt's ANOVA, the LSQ was found to have a reliability of .60 (1941). The LSQ was found to correlate .55 (F = 2.16, df = 6, p > .05) with the four judges' ratings of the counselor's effectiveness. Although not a significant correlation, it does lend support to the hypothesis that the LSQ is a valid measure of the client's perception of his counselor's effectiveness as rated by experts. A study by Carkhuff and Burstein (1970) gives

one explanation why the correlation was nonsignificant. In their study clients were found to be poor judges of those facilitative conditions which lead to their own outcome. The LSQ was used as the dependent measure in this study.

Rating Counselor's Level of Functioning. A modified version of the five point rating system developed by Truax and Carkhuff (1967) was used to rate the counselor's level of functioning. Modifications in the scale were done primarily by the researcher, but the work done by Anderson (1968) in the area of rating confrontation skills was also incorporated.

This scale ranked each of the counselor's responses into one of five separate categories. A rank of one was given to those responses which were the poorest; they took away from the client's feelings, and were destructive. A rank of two was slightly better. A rank of three was given to a response which reflected back to the client the feelings he had just expressed. A four demonstrated the counselor's understanding and caring for the client; it added to the client's expressed feelings. A five, the highest response, showed deep respect, was specific, and added a lot to the client's feelings.

This rating scale was found to have a reliability of .92 (Hoyt, 1941). Out of 224 ratings at least two of the four raters agreed 76.8% of the time.

A high functioning counselor was defined as any counselor who was functioning above the average level of functioning for this group of counselors ($\underline{M} = 2.57$). This was a

reasonable cut-off point considering the study by Berenson, Mitchell, and Laney (1968) defined a high level therapist as one who was functioning over the 2.5 level using essentially the same kind of rating system. Counselors who functioned below 2.57 were considered low functioning counselors.

Rating Client's Level of Functioning. To measure the depth of the client's therapeutic involvement in response to his counselor's statement, the following rating system was devised. The scale consisted of three separate dimensions with scores ranging from -3 (extremely nontherapeutic) to +3 (extremely therapeutic) indicating where along the continuum the client's statement was judged to belong. The three dimensions, 1) amount of agreement with the counselor's statement, 2) the amount of risk and openness the client was taking in making the response, and 3) the depth of his inner exploration, have in different studies been used to measure the extent a client's statement is considered to be therapeutic. Studies by Peres (1947), Rogers (1960), and Braaten (1961) have all used similar dimensions to measure the client's level of functioning. A client was rated as agreeing with his counselor (+3) when the client was sympatico with his counselor, the flow was smooth, and the client was open to experiencing. He was rated as disagreeing with his counselor (-3) when he was being argumentative and disagreeing with the counselor's statement. A client was rated as being really open (+3) when he was revealing personal material that involved some risk taking. He was rated as closed (-3) when he was

talking about a totally unrelated person or object with absolutely no risk being taken. He was rated as deeply exploring his inner experience (+3) when he was obviously working on new material and having a very deep look at himself. He was rated as not exploring his inner experience (-3) when he showed no sign of recognizing an inner world of experience.

The agreement between the raters was very high. Two of the four raters were in agreement 59.5% to 65.7% of the time on all three scales and were within three points of each other 83.5% of the time. It was concluded that this was a reliable scale to measure a client's response to his counselor's statement. A random sampling of 16 scores were intercorrelated. The correlations between 1) Degree of Agreement, 2) Amount of Risk, and 3) Depth of Exploration ($\underline{R}_{12} = .79$, $\underline{p} < .01$; $\underline{R}_{13} = .50$, $\underline{p} < .01$; $\underline{R}_{23} = .39$, $\underline{p} < .05$) were found to be interrelated and it was concluded that all three scales were not necessarily measuring separate dimensions.

The following procedure was followed in order to achieve a single measure of the client's level of functioning. The means of the four raters' ratings on each of the dimensions were used for the client's three scores. These scores were summarized by squaring each score, summing the three squared scores, and then taking the square root of that sum ($\sqrt{a^2 + b^2 + c^2}$). This gave an average score, vector length (Thomas, 1961), which represented the distance a client's response deviated from zero. This vector length represented

how intensely the client was feeling in giving his response. The more intense were the client's expressed feelings, the larger his score. This was based on the theoretical proposition that the more intensely a client is expressing himself, the greater is his involvement and risk taking. These are two important prerequisites for either constructive or deleterious personality change.

A high functioning client was defined as any client who was rated as having either all positive or a maximum of one negative response and whose vector length was greater than $\sqrt{.865}$. For example, if a client received the following average scores on the three dimensions, .50, .50, and .50, his vector length would be $\sqrt{.75}$, and he would not be included in the high functioning group. However, if he received -.50, .75, and .25 (notice he only has one negative response), his vector length would be $\sqrt{.87}$, and he would be included in the high functioning group. If the client was rated more than once and was rated as functioning at a high level one time and at a low level another time, his average level of functioning was used following this criteria: 50% or more of his responses in the positive direction and an average vector length greater than $\sqrt{.865}$. Thus each client, although he may have been rated more than once, was only represented once as either high or low functioning.

CHAPTER IV

RESULTS

A 2 X 2 X 2 least squares fixed effects analysis of variance for unequal n's was performed. None of the main effects were found significant (A, $F = 0.421$, $df = 1/21$, $p < 0.524$; B, $F = 0.010$, $df = 1/21$, $p < 0.921$; C, $F = 1.262$, $df = 1/21$, $p < 0.274$). The AB interaction reached near significance (AB, $F = 4.127$, $df = 1/21$, $p < 0.055$; AC, $F = 0.919$, $df = 1/21$, $p < 0.349$; BC, $F = 0.270$, $df = 1/21$, $p < 0.609$) and the ABC interaction reached significance (ABC, $F = 4.927$, $df = 1/21$, $p < 0.038$).

To test for variance homogeneity the test proposed by Cochran (Kirk, 1968) was performed. The variances were found to be unequal ($C = 0.51$, $df = 3/8$, $p < .05$). According to Hays (1963), the consequences of violating the homogeneity of variance assumption can be serious when the n's are unequal. It is therefore suggested the results of the analysis of variance be interpreted with caution.

There were two consequences of the research design used in this study which resulted in the systematic exclusion of certain data. First, each client could only be represented in the analysis once, although he may have appeared more than

once in the video taped scenes. Twenty-seven scenes were eliminated for this reason. Second, during some of the 7 minute taping periods, there were no I-C-I interactions. Fourteen scenes were eliminated for this reason. Because of these reasons, only 29 of the possible 70 scenes were represented in the analysis of variance.

To answer specific hypotheses already generated from psychological theory, post hoc comparisons were done. The method due to Scheffé was used because of its applicability to designs with unequal cell sizes and its suitability to any combination of comparisons. Post hoc comparisons can only be made if there has been a significant F test (Hays, 1963). Since the AB interaction was so close to being significant, those hypotheses involving the AB interaction were tested. All of these tests failed to reach significance ($p > .055$).

CHAPTER V

DISCUSSION

All of the hypotheses for this study were derived from previous research studies in psychotherapy which dealt mainly with single variables. None of these hypotheses were supported. However, the main general hypothesis for this study, that psychotherapy is a multivariable phenomena which can only be understood when several variables are studied concurrently, was supported by the ABC interaction being significant. To clarify the meaning of the significant three-way interaction effect, all possible pairwise comparisons were done using the method due to Scheffé. Two comparisons were found significant ($A_2B_1C_1$: $A_2B_2C_1$, $\psi = 16.9 \pm 14.21$, $p < .05$; $A_1B_2C_1$: $A_2B_2C_1$, $\psi = 13.23, \pm 10.29$, $p < .05$ where A_1 = Internal Control, A_2 = External Control, B_1 = High Functioning Client, B_2 = Low Functioning Client, C_1 = High Functioning Counselor, C_2 = Low Functioning Counselor). Interpreted literally, the combination which produced the highest LSQ scores occurred when an externally controlled client was functioning at a high level with a high functioning counselor, or when an internally controlled client was functioning at a low level with a

counselor who was functioning at a high level. The combination which produced the lowest LSQ occurred when an externally controlled, low functioning client was with a counselor who was functioning at a high level. This leads to the conclusion that in order for therapy to be successful one of the most important factors is the counselor's level of functioning. However, there were no consistent indicators for unsuccessful therapy.

A second conclusion is the internally controlled client judges external reality more accurately than does the externally controlled client. Even though he was not functioning at a high level, if the counselor was functioning at a high level, the internally controlled client rated his counselor high on the LSQ. The low functioning externally controlled client rated high functioning counselors low on the LSQ, indicating inaccurate perception of the counselor.

A third conclusion is the externally controlled client is more influenceable than is the internally controlled client (A study by Hjelle and Clouser in 1970 came to this conclusion), but he is not influenced by external factors. He is most influenced by his own level of functioning. To illustrate this last point further, Figure 1 was drawn. This is a three-dimensional representation of the three variables interacting: the gray plane represents the high functioning counselor, and the white plane the low functioning counselor. The axies are the client's level of functioning, the client's personality variable of internal-external control, and the cell mean from

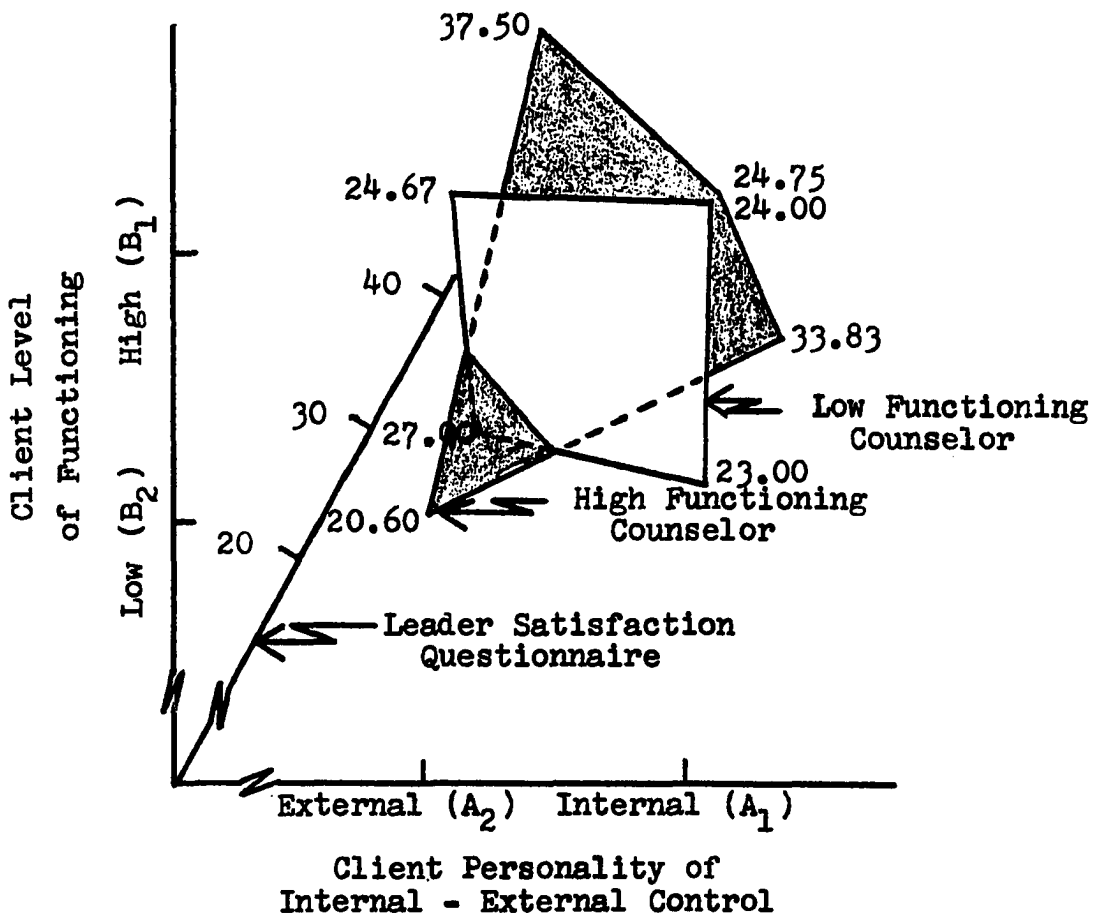

Fig. 1. Three-dimensional view of the three experimental variables interacting - represented as two planes in space. It is evident there was greater variability with the high functioning counselor than with the low functioning counselor.

the analysis of variance. As can be seen, both the highest and lowest scores were received by high functioning counselors who were working with externally controlled clients who were functioning at either a high or a low level. Figure 2 is a two-dimensional view of the same data. This clearly illustrates the greater variability within the high functioning counselor group and the greater variability of the externally controlled clients when with either high or low functioning counselors. This demonstrates the greater impact a high functioning counselor has on clients and raises a question as to the adequacy of Rotter's basic definition of external control. He said the externally controlled person perceives his reinforcements as coming from sources outside of his control, as matters of luck, chance or fate. However, this study found the externally controlled client to be overly reactive to his counselor based on his (the client's) own level of functioning. Thus, he may perceive his reinforcements as coming from sources outside his control, but he bases his perceptions on internal factors—his own level of functioning. The internally controlled client perceived his counselor more objectively, disregarding his own level of functioning.

These findings not only raise interesting areas for further study, but also support the main general hypothesis for this study: therapy is a complex process which can only be realistically examined in a natural setting while examining several important variables concurrently.

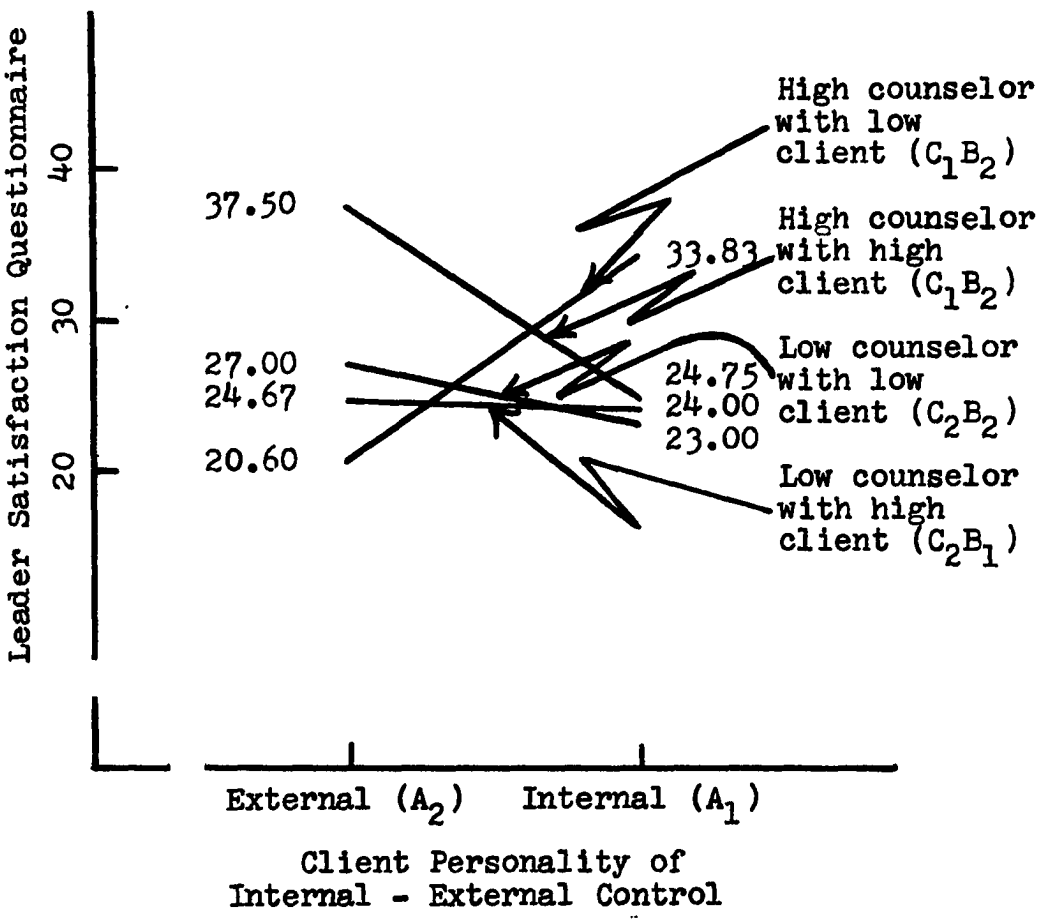

Fig. 2. Two-dimensional view of the three experimental variables interacting. Note that the externally controlled client showed greater variability than the internally controlled client with both high and low functioning counselors.

Cautions and Further Research. The arguments presented and discussed herein were based on one study, with a small sample size, and with inexperienced counselors who met only once with a client population which is notoriously unamenable to regular therapeutic intervention. For example, Truax and Carkhuff (1965) found delinquents responding differently than other subjects to the condition of transparency. The analysis was also done, through necessity, with the violation of the homogeneity of variance assumption. With these constraints it is obvious that one should scrutinize the foregoing conclusions and discussion very carefully and consider them more as speculations which are based on a set of preliminary results.

Using this same basic design, several future studies could be done to help map out those complicated variables which go into making up successful and unsuccessful psychotherapy. Obviously, using experienced therapists working with the same population or using a more treatable population would be more consistent with previous studies and would render the results much more generalizable. There are also several other personality dimensions other than the one used in this study which could be investigated. Even something as simple as substituting the scales on the MMPI or the 16 PF for the client's personality variable would add significantly to the fund of knowledge about psychotherapy.

A most obvious flaw in this design was the omission of a fourth variable, the counselor's personality. In the

original design for this study, the counselor's personality variable of internal and external control was also going to be investigated. This was not done for two reasons, 1) it would have required doubling the sample size to get the same power which for practical purposes could not have been done, and 2) the counselors were found to be very suspicious when it came to taking psychological tests. This would have decreased their validity. However, it was an important variable which was missing in this study, and should be included in future studies which are trying to view the psychotherapeutic situation in its entirety.

CHAPTER VI

SUMMARY

This study failed to support several hypotheses derived from previous research studies in psychotherapy, but it did show psychotherapy outcome to be an intricate interaction between the counselor's ability to do therapy, the client's willingness to work in therapy, and the client's personality. It also questioned the adequacy of Rotter's definition of the externally controlled person. Cautions and suggestions for further study were presented.

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APPENDIX A

Items in the Leader Satisfaction Questionnaire (LSQ), Their Weights and Their Correlation with the Total Scores in Each of the Seven Groups

APPENDIX A

Items in the Leader Satisfaction Questionnaire (LSQ), Their Weights and Their Correlation with the Total Scores in Each of the Seven Groups

	Weight		Item	Correlations with Total Scores for Each Group						
				1	2	3	4	5	6	7
1.	T	2	I feel like I was understood by the group leader.	.73	.63	.16	.61	.64	.32	.77
2.	F	2	The group might have been better if we met under better circumstances.	-.44	-.75	-.18	-.47	-.40	-.73	.02
3.	T	2	I believe the group leader was interested in me.	.37	.49	.32	.67	.47	.69	.67
4.			I didn't say much in this group because I didn't feel comfortable with the group leader.	(Filler)						
5.	F	1	The group leader tried, but failed to understand the inmates' feelings.	.12	-.62	-.31	-.57	-.78	-.62	-.26

APPENDIX A, Continued

	Weight		Item	Correlations with Total Scores for Each Group						
				1	2	3	4	5	6	7
6.	T	2	I feel better having had this group experience.	.61	.71	.23	.19	.03	.63	.35
7.	F	1	I feel more misunderstood than when I first came into this group.	-.84	-.37	-.73	-.26	-.49	-.55	-.72
8.	F	1	I didn't get anything out of today's group.	0.00	-.33	-.55	-.19	-.43	-.52	-.35
9.	F	1	The group leader did not understand what the other inmates were saying.	-.17	-.69	-.73	0.00	-.78	-.62	-.53
10.	F	2	I just never got the feeling I could trust this group leader, although I didn't mind being in this group.	-.79	-.33	-.08	-.57	-.77	-.52	-.79
11.	F	1	Although the group leader tried, I doubt if I'd talk much in any group.	.07	-.23	-.73	-.08	-.33	-.13	-.46

APPENDIX A, Continued

	Weight		Item	Correlations with Total Scores for Each Group						
				1	2	3	4	5	6	7
12.	T	2	For the first time in this reformatory, I felt somebody really tried to understand me.	.37	.76	-.02	.47	-.30	.66	.60
13.	F	2	The group leader didn't even try to understand anybody's feelings.	0.00	-.75	-.07	-.34	-.47	-.25	0.00
14.	T	2	Although I didn't say much, I felt the group leader really understood what the other inmates were saying.	.61	.79	.22	.26	.82	.41	.51
15.	T	2	The group leader seemed flexible and open to new experiences.	.61	.59	.14	.64	.46	.65	0.00
16.	F	1	The group leader tried to understand me, but seemed to miss the point.	.31	-.29	-.27	-.57	-.25	-.41	0.00
17.	F	1	With a different leader this group would have been better.	0.00	-.44	-.61	-.33	-.52	-.47	0.00

APPENDIX A, Continued

	Weight		Item	Correlations with Total Scores for Each Group						
				1	2	3	4	5	6	7
18.	T	1	Having more groups like this one would improve inmate-staff relations.	.84	.35	.58	-.32	.28	.28	0.00
19.	F	1	I felt my feelings were misunderstood.	-.17	-.53	-.58	-.69	-.48	-.16	-.53
20.	T	2	The group leader was somebody you could really trust.	.84	.66	-.03	.74	.54	.64	.47
21.			I would attend more group sessions like this one if I could have trusted the group leader more.	(Filler)						
22.	F	1	I benefited a little from this group even though I didn't trust the leader.	-.55	-.06	0.00	-.64	-.55	-.18	-.71
23.	T	2	We had a good group leader.	.84	.76	.14	.61	.77	.89	.46
24.			I would talk to the group leader alone but not in a group.	(Filler)						

APPENDIX A, Continued

	Weight	Item	Correlations with Total Scores for Each Group						
			1	2	3	4	5	6	7
25.		I would not recommend this group experience to my friends.				(Filler)			
26.		I don't think it is possible to be understood in a group like this one.				(Filler)			
27.	T 1	Although the beginning of the group was slow, it ended up with some understanding between the inmates and the group leader.	.71	.44	.56	.50	.77	.32	0.00
28.		I have a better opinion of officers having been in this group.				(Filler)			
29.		I feel a little more comfortable having had this group experience.				(Filler)			
30.	F 1	I did not trust the group leader.	-.07	-.11	-.62	-.57	-.52	-.84	-.42

APPENDIX A, Continued

	Weight		Item	Correlations with Total Scores for Each Group						
				1	2	3	4	5	6	7
31.	F	2	The group leader did not understand what I had to say.	-.84	-.69	-.62	-.42	-.52	-.16	-.53
32.	F	2	Some of the inmates might have liked this group, but I didn't get much out of it.	-.79	-.70	-.52	-.19	-.61	-.52	-.43
33.	F	1	The group leader seemed opinionated.	.44	-.16	-.18	-.06	0.00	.25	-.21
34.	T	1	I felt free to say just about anything I was feeling in this group.	.73	.25	-.26	.08	-.23	.45	0.00

APPENDIX B

Counselor Level of Functioning Rating Scale

Counselor Level of Functioning Rating Scale

Score	Description
5	In order for a counselor's response to be rated as a 5 he must be really understanding, caring, show deepest respect and be very specific. He must be real and tell it like it is by saying what is going on between them. It is adding a lot to the inmate's feelings and expressions. High level confrontations and interpretations are included as 5 responses. These are extremely rare.
4	The counselor shows an understanding and caring attitude without the intensity of a level 5 response. The counselor is still specific and real by telling it like it is but to a lesser degree. Casual interpretations and low level confrontations are included.
3	The counselor is generally open to caring by using interchangeable responses and reflecting back to the inmate the feelings he has just expressed. He is open to the inmate's experience. Interrogation which will eventually lead to greater exploration is included.
2	The counselor is not able to express an understanding or caring attitude and he demonstrates this by being abstract, phony and not telling it like it is. He may be sincere in his efforts but he is not expressing what is going on between them. His verbalizations are unrelated to what he is feeling. Interrogation that does not relate to what is happening between them is also included.
1	He is really not understanding the inmate and is actually subtracting from the inmate's feelings by not giving a damn, by really being abstract, by ignoring and not mentioning what is going on between them. He is being destructive toward the inmate.

APPENDIX C

Client Level of Functioning Rating Scale

Client Level of Functioning Rating Scale

Degree of Agreement with Counselor

Rating	Description
-3	The inmate absolutely does not agree with the counselor's statement; this may be outwardly expressed or it may be implied if the inmate stops talking altogether. Whatever means is used to express it, the general message is that the inmate has been turned off by the counselor's statement. He is absolutely avoiding a close relationship with the counselor, and sees the counselor as dangerous.
-2	The inmate doesn't reject what the counselor has said quite as vehemently, but there is still little doubt that the inmate is not buying it. The inmate's changing the subject matter at this point would be scored as a -2, for example.
-1	Here there is only slight disagreement. Moot points and matters of semantics may be included in this category. Nonverbal disagreements are included here. The counselor is seen as neutral and nonthreatening.
0	It can't be ascertained whether the inmate agrees or disagrees with the counselor but he does continue talking. Pass timing might be included here. The counselor is seen as neutral and nonthreatening.
+1	The inmate agrees with the counselor's statement by either stating so or implying it, and he continues talking in the same general area. Over zealous and superficial agreements are to be included here.
+2	The inmate is in definite agreement with the counselor and it is so stated; there might also be a change in affect indicating the accuracy of the counselor's statement.
+3	Agreement that is so intense that it need not necessarily be acknowledged by the inmate. This is where both the counselor and inmate are in such high agreement that they are sympatico with each other, the flow is smooth and there is no vying for superiority in the relationship. He is relating openly on the basis of immediate experiencing.

Client Level of Functioning Rating Scale, Continued

Amount of Risk and Openness

Rating	Description
-3	The inmate continues to talk about a totally unrelated person or object. There is no emotional investment in this person or object, and there is absolutely no risk being taken by the inmate while he is talking. There is extreme discrepancy between what he is feeling at that time and what he is expressing. He is being very defensive, evasive, and right.
-2	The subject matter is still unrelated to his personal feeling but it is slightly more personal tha a -3 response. His feelings may be evident, but he is in no way recognizing them or dealing with them.
-1	He may be expressing feelings and concerns that he has had in the past, but there is still a discrepancy between those feelings and the ones he is experiencing now.
0	Here he might be talking about something that might have to do with his more immediate feelings, but he talks about them in such a detached impersonal way that he could very easily be talking about someone else.
+1	There is little doubt that what he is saying is about himself and has some personal relevance. Historical information may be included if it pertains to his present predicament and if there is some attempt at relating it to his present feelings.
+2	A definite feeling is being expressed and he is dealing with it. It is in no way a narrative, but a definite attempt at integration.
+3	Revealing personal material that involves some risk taking. This also includes "owning" up to feelings which have previously gone unrecognized.

Client Level of Functioning Rating Scale, Continued

Exploration of Inner Experience

Rating	Description
-3	The inmate shows no signs of recognizing an inner world of experience. He may even say that he has no feelings. He shuts himself off to both his and other's experiences. He refuses to admit that he or others might have personal experiences.
-2	His statements reveal some sensitivity to his or other's feelings, but he still balks at looking at himself or another person's feelings. One gets the feeling that he does in fact look at himself once in awhile, but he is definitely "hiding" in this group situation.
-1	He recognizes with the counselor that he has an inner world (either explicitly stated or implied by his manner), but it is clear that he will not go into any inner exploring in this situation.
0	He is able to talk <u>about</u> his feelings, or can <u>explain</u> what he is feeling, but this all sounds very hollow and involves no risk taking on his part to admit to these feelings. He talks about his or other's feelings with equal uninvolvement. No self exploration is involved in his statement.
+1	The inmate is making a serious attempt at self exploration, and may even be seeing parts of himself for the first time. He may not be liking it, but this experience is obviously working on his mind.
+2	The inmate demonstrates interpersonally that he is working at a deeper level. He is an obvious risk taker, open to his own experiences as they are presently occurring, and is actively involved in the group process.
+3	The inmate demonstrates deep self exploration. He is being totally open to new experiences and is taking quite a bit of risk in doing so. He doesn't necessarily have to articulate it well, but he is obviously working on new material. This may even be to another's experiences. The essential ingredient is that either personally or vicariously he is having a very deep look at himself or another and is integrating this into his self.

APPENDIX D

Tables

TABLE 1

Comparison between the Seven Groups of Inmates on Six Demographic Characteristics

Demographic Characteristics	Group 1	2	3	4	5	6	7
Average Age	21.6	22.1	21.0	22.1	21.5	21.3	21.7
Average I. Q.	103	100	98	105	103	109	107
Average Length of Sentence	7.5	5.5	5.8	5.9	4.6	5.9	4.8
Average Number of Years Spent in Prior Incarceration	.3	.9	.6	1.3	.7	1.8	1.5
Race							
White	6	7	4	8	6	8	6
Black	2	4	6	2	3	2	3
Mexican	1	0	0	0	1	0	0
Other	0	1	0	0	0	0	0
Type of Conviction							
Drug Related	3	6	1	4	7	3	5
Bank Robbery	1	2	3	3	1	0	0
Theft	4	2	2	3	2	5	3
Other	1	2	4	0	0	2	1

Note. Two inmates were dropped from the study: One because he couldn't read English, and the other because he wouldn't cooperate in taking the tests. Some of the inmates failed to include their type of conviction and were placed in the "Other" category.

TABLE 2

Correlations between Internal-External Locus of Control Scale and Selected Scales from the MMPI

MMPI Scales Correlated with I-E Scale	r	df	F
Control (Cn)	+.25	53	3.53
Ego Strength (Es)	-.35	53	7.40*
Repression (R)	-.36	53	7.98*
Anxiety (A)	+.40	53	10.09*
K	-.11	53	.65
F	-.16	53	1.39

* $p < .01$

TABLE 3

Reliability of the Leader Satisfaction Questionnaire

Source of Variance	SS	df	MS	F	R
Counselors (A)	1047.2	6	174.53	2.5	.60
Error (S/A)	4114.5	60	68.57		
Total	5161.7	66			

TABLE 4

Correlation Between Judge's Ratings of Counselor's Level of Functioning and the Client's Perception of the Counselor's Ability to Instill Trust and Empathize as Measured by the LSQ

Counselor	Level of Functioning	Average Score on LSQ
7	3.125	30.88
1	2.815	29.50
4	2.650	27.90
2	2.630	21.25
3	2.500	30.10
5	2.375	24.75
6	1.880	21.00

$r = +.55$

$F = 2.16$, $df = 6$, $p > .05$

TABLE 5

Percentage of Agreement between the Four Raters on the Scales Used to Measure the Counselors' and Clients' Level of Functioning

Amount of Agreement	Counselor Level of Functioning		Client Level of Functioning					
			Agreement		Risk		Exploration	
	f	%	f	%	f	%	f	%
No Agreement	52	23.2	79	35.3	93	41.5	80	36.2
2 Agree	82	36.6	86	38.4	78	34.8	88	39.1
3 Agree	66	29.5	39	17.4	45	20.1	48	21.1
4 Agree	24	10.7	20	8.9	8	3.6	8	3.6
Totals	224	100%	224	100%	224	100%	224	100%

TABLE 6

Reliability of Modified Rating Scale to Measure Counselors' Level of Functioning

Source of Variance	SS	df	MS	F	R
Scene rated (A)	105.68	55	1.92	13.04	.92
Raters (S/A)	24.75	168	.15		
Total	130.43	223			

TABLE 7

The Amount of Disagreement between the Four Raters on the Scale Measuring the Clients' Level of Functioning

Amount of Disagreement between the Raters	Frequency	Cumulative Percent
0	15	6.7
1	53	30.4
2	79	65.7
3	40	83.5
4	27	95.5
5	8	99.1
6	1	99.55
7	0	99.55
8	1	100.00

Total = 224

TABLE 8

Correlations between the Three Scales which Measured the Clients' Level of Functioning

Scale	
1. Degree of Agreement	$R_{12} = .79$ **
2. Amount of Risk	$R_{13} = .50$ **
3. Depth of Exploration	$R_{23} = .39$ *

** $p < .01$

* $p < .05$

Note: Spearman's Rank Correlation Coefficient with N = 16 was tested using:

$$t = \frac{r_s \sqrt{N - 2}}{\sqrt{1 - r_s}}$$

TABLE 9

Analysis of Variance

Source	SS	df	MS	F
Internal-External Control (A)	28.966	1	28.966	0.421
Client Level of Functioning (B)	0.692	1	0.692	0.010
Counselor Level of Functioning (C)	86.927	1	86.927	1.262
AB	284.148	1	284.148	4.127 *
AC	63.287	1	63.287	0.919
BC	18.559	1	18.559	0.270
ABC	339.262	1	339.262	4.927 **
Subjects (S/ABC)	1445.951	21	68.855	

* $p = .055$

** $p < .05$

TABLE 10

Comparisons between Certain Combinations of Cell Means Using the Method Due to Scheffé

Hypothesis	Statistical Hypothesis	ψ*
4	$H_0: A_1B_1 = A_1B_2$ $H_1: A_1B_1 > A_1B_2$	$\psi = 5 \pm 9.2$**
5	$H_0: A_2B_1 = A_2B_2$ $H_1: A_2B_1 = A_2B_2$	$\psi = 6.8 \pm 9.94$**

* If ψ does not cover zero then the test is significant.

** $p > .05$

TABLE 11

All Possible Pairwise Comparisons Using the Method Due to Scheffé

Cell Mean		Cell Mean						
		$A_2B_1C_1$	$A_1B_2C_1$	$A_2B_2C_2$	$A_1B_1C_1$	$A_2B_1C_2$	$A_1B_1C_2$	$A_1B_2C_2$
		37.500	33.833	27.000	24.750	24.667	24.000	23.000
$A_2B_2C_1$	20.600	16.900*	13.233*	6.400	4.150	4.067	3.400	2.400
$A_1B_2C_2$	23.000	14.500	10.833	4.000	1.750	1.667	1.000	
$A_1B_1C_2$	24.000	13.500	9.833	3.000	0.750	0.667		
$A_2B_1C_2$	24.667	12.833	9.186	2.333	0.083			
$A_1B_1C_1$	24.750	12.750	9.083	2.250				
$A_2B_2C_2$	27.000	10.500	6.833					
$A_1B_2C_1$	33.833	3.667						

* $p < .05$

Note: A_1 = Internal Control B_1 = High Functioning Client C_1 = High Functioning Counselor

A_2 = External Control B_2 = Low Functioning Client C_2 = Low Functioning Counselor

APPENDIX E

Raw Data

TABLE 12

Scores from the I-E Scale and Six Selected Scales from the MMPI

S	I-E	MMPI					
		F	K	A	R	Es	Cn
1	10	46	57	37	43	67	63
2	6	73	49	45	40	59	66
3	8	76	44	74	47	35	71
4	12	62	44	66	53	40	58
5	8	58	59	54	66	43	50
6	9	80	49	61	47	48	68
7	10	82	55	66	53	40	71
8	6	58	59	49	55	46	45
9	16	78	46	71	43	38	71
10	8	86	55	54	32	38	50
11	10	55	48	54	59	45	53
12	13	70	49	64	43	38	66
13	12	53	48	56	47	46	53
14	12	73	42	79	55	29	73
15	14	90	38	76	57	43	58
16	11	66	44	55	47	49	50
17	13	76	40	65	51	49	58
18	4	53	55	45	43	51	70
19	11	73	46	59	47	59	58

TABLE 12, Continued

S	I-E	MMPI					
		F	K	A	R	Es	Cn
20	8	50	59	51	59	48	43
21	7	58	53	50	57	51	38
22	14	88	44	64	55	33	53
23	14	68	49	59	26	56	68
24	17	60	55	45	47	54	53
25	12	53	55	49	47	45	45
26	6	58	62	41	55	61	48
27	9	50	55	45	36	62	55
28	5	55	59	54	61	49	66
29	8	48	46	49	51	54	55
30	7	58	44	49	36	56	73
31	8	64	46	46	43	40	58
32	10	55	64	56	57	49	63
33	2	55	68	41	51	54	45
34	13	53	70	41	61	59	35
35	7	53	51	42	38	54	38
36	7	50	70	40	53	61	53
37	8	64	62	42	53	61	58
38	14	82	44	65	59	46	58
39	4	53	61	54	61	48	48
40	8	55	61	49	45	51	48
41	6	48	66	40	66	56	38

TABLE 12, Continued

S	I-E	MMPI					
		F	K	A	R	Es	Cn
42	10	76	36	69	32	27	68
43	9	73	48	65	40	29	55
44	11	76	61	56	49	45	58
45	8	68	42	64	43	45	58
46	11	58	36	66	51	48	68
47	15	76	46	61	53	22	71
48	15	78	44	70	45	35	55
49	15	68	57	47	53	49	50
50	6	64	51	44	32	61	66
51	13	50	51	38	49	64	43
52	6	53	53	60	53	45	45
53	4	50	62	47	38	58	48
54	9	60	49	65	61	38	55
55	9	60	57	50	66	48	58

TABLE 13

Scores from the Experimental Groups on the I-E Scale

Group	1	2	3	4	5	6	7
	8	12	13	17	14	13	6
	8	3	8	12	7	6	8
	10	8	12	10	2	10	8
	6	11	14	5	13	10	9
	13	7	4	14	8	19	6
	9	5	9	8	14	15	4
	10	8	13	8	13	15	11
	16	12	14	6	7	9	11
		14	13	7		6	
		11	7	9		13	
		16					
		4					
Total	80	111	107	96	78	116	63
Mean	10	9.25	10.7	9.6	9.75	11.6	7.87

TABLE 14

Scores from the Experimental Groups on the Leader Satisfaction Questionnaire

Group	1	2	3	4	5	6	7
	38	40	21	17	20	39	36
	34	31	25	21	37	29	22
	35	31	28	23	31	28	37
	36	31	28	24	32	27	24
	31	24	29	25	25	24	38
	23	18	29	30	23	18	39
	26	15	34	34	20	14	27
	13	20	34	34	10	13	34
		16	35	34		11	21
		8	38	37		7	
		12					
		9					
Total	236	255	301	279	198	210	278
Mean	29.6	21.2	30.1	27.9	24.8	21.0	30.8

TABLE 15

Results of Four Judge's Ratings of Counselors' and Clients' Level of Functioning

Group	Client	Counselor Level of Functioning				Degree of Agreement with Counselor				Amount of Risk and Openness				Depth of Inner Exploration			
		Rater				Rater				Rater				Rater			
		S	B	L	F	S	B	L	F	S	B	L	F	S	B	L	F
1	1	3	3	4	3	+1	+1	+1	+1	+1	+1	+1	+1	+1	+2	0	+2
	2	3	2	4	2	-3	-2	-1	-2	-2	+1	+1	+2	-1	+1	0	0
	3	2	2	3	1	-3	-2	-1	-3	-3	-2	0	+2	-2	-1	0	+1
	4	3	3	3	2	-2	+1	0	-1	+1	+1	+1	0	0	+1	0	0
	5	3	2	3	2	-3	-3	-1	-2	-2	-2	0	+2	-3	-2	0	-2
	6	2	3	4	2	-2	-2	-1	-2	-2	-1	0	+2	-2	0	0	+2
	7	2	3	3	2	-2	-1	-1	-2	-2	+1	-1	+1	-2	0	-1	0
	8	3	4	4	3	-2	-1	+1	-3	+1	-1	-1	0	0	+1	0	+1
	9	3	4	4	2	0	+1	+1	0	0	0	0	-2	0	0	0	-1
	10	3	4	3	2	-1	+1	0	-2	-1	+1	-1	-1	-2	+1	0	+1
2	1	3	2	2	2	0	+2	0	+1	0	+1	0	-1	0	0	0	-2
	2	4	2	3	3	+2	+1	+1	+2	+1	+1	+1	+1	+1	+1	+1	+2
	3	3	3	3	4	+2	+2	+1	+2	+1	+2	+1	+2	+1	+2	+1	+3
	4	2	3	2	1	0	0	0	-1	0	-1	0	+1	0	+1	0	-1

TABLE 15, Continued

Group	Client	Counselor Level of Functioning				Degree of Agreement with Counselor				Amount of Risk and Openness				Depth of Inner Exploration			
		Rater				Rater				Rater				Rater			
		S	B	L	F	S	B	L	F	S	B	L	F	S	B	L	F
3	1	4	2	3	3	+1	+1	+1	+1	+1	0	+1	+1	0	+1	0	+1
	2	2	3	2	1	-1	+1	0	-1	-1	0	0	-2	0	-2	0	+1
	3	2	2	2	2	-2	-1	0	-1	0	-2	-1	0	0	0	-1	+1
	4	2	3	2	2	0	0	0	-1	+1	+1	0	+1	0	+2	0	+2
	5	3	3	2	2	0	-1	0	-1	+1	+1	+1	0	0	+1	0	-1
	6	3	3	2	2	0	-2	0	0	+2	-1	0	-1	+1	+1	0	-1
	7	3	3	3	2	+1	+1	+1	+1	+1	+1	0	-1	0	+1	+1	0
	8	3	3	3	3	0	+1	0	0	+2	+1	-1	+1	+1	+1	-1	+1
4	1	2	2	2	2	0	-1	0	0	0	-1	0	-2	0	-2	0	-1
	2	3	4	2	2	0	+1	0	-2	+1	0	0	-1	0	0	0	-1
	3	3	2	2	1	0	0	0	-2	+1	+1	0	-1	0	+1	0	-2
	4	3	3	2	2	+1	+1	0	-1	-1	+1	0	-1	0	+1	0	0
	5	4	4	3	3	+2	+2	0	+2	+1	+1	0	+2	+1	+2	0	+1
	6	3	3	3	3	+1	-1	+1	+1	+1	0	+1	0	+1	0	0	+1
5	1	4	3	4	3	+2	+2	+1	+1	+2	+1	+1	+1	+1	+1	+1	+1
	2	3	3	3	2	+2	-1	-1	0	+1	-1	-1	-1	0	0	-1	0

TABLE 15, Continued

Group	Client	Counselor Level of Functioning				Degree of Agreement with Counselor				Amount of Risk and Openness				Depth of Inner Exploration			
		Rater				Rater				Rater				Rater			
		S	B	L	F	S	B	L	F	S	B	L	F	S	B	L	F
5	3	4	2	4	2	-1	-2	0	0	+2	-2	0	+1	0	-1	0	+1
	4	3	1	1	1	-2	-3	0	-2	-1	-2	0	+1	0	-1	0	0
	5	4	3	3	3	+1	0	+1	+2	+2	0	+1	+1	+1	0	0	+1
	6	3	3	3	2	0	0	0	0	0	0	0	-1	0	0	0	0
	7	2	3	2	2	-2	-1	0	-1	-1	+1	0	+1	0	+1	0	0
	8	2	2	2	2	0	-2	0	+1	-2	-2	0	-1	-1	-1	0	+1
	9	3	1	1	1	-2	-3	-1	-3	-1	-2	0	+2	0	-1	0	+1
	10	1	1	1	2	-2	-2	-1	-2	-1	-2	-1	0	0	-1	-1	+2
6	1	2	1	1	2	-2	-3	-1	-2	-1	-2	-1	+2	0	-2	-1	-1
	2	2	2	2	1	-3	-2	-1	-3	+1	-2	0	+1	-1	-1	0	0
	3	3	2	1	2	-2	-3	-1	+1	+2	-2	0	0	+1	-2	0	0
	4	1	3	1	1	-3	-2	-2	-3	+3	-1	-1	+3	+2	-1	-1	+1
	5	2	3	2	2	0	-1	-2	-1	-1	-1	+1	-1	0	0	0	-1
	6	1	2	1	1	-3	-3	-2	-3	-2	-2	0	-2	0	-2	0	0
	7	2	2	2	2	-2	-1	-1	-2	-1	0	0	-1	0	0	0	-1
	8	3	3	2	3	+1	+1	0	+1	+1	+1	0	-1	+1	+1	0	0

TABLE 15, Continued

Group	Client	Counselor Level of Functioning				Degree of Agreement with Counselor				Amount of Risk and Openness				Depth of Inner Exploration			
		Rater				Rater				Rater				Rater			
		S	B	L	F	S	B	L	F	S	B	L	F	S	B	L	F
7	1	3	3	2	2	+2	+1	-1	0	+1	+1	0	-2	-1	0	0	-1
	2	3	3	2	2	0	+1	0	+1	0	+1	0	0	0	+1	0	0
	3	4	5	4	4	+2	+3	+1	+2	+2	+2	0	+2	+1	+2	0	+2
	4	3	4	2	2	-1	-1	-1	-1	-1	+1	+1	0	0	+1	0	+1
	5	3	4	3	3	-2	-1	-1	+2		+1	+1	+1	-1	+1	0	+2
	6	3	3	3	2	-1	+2	-1	0	0	+1	0	0	0	+1	0	0
	7	4	5	3	4	-1	+2	-1	-2	-1	+2	-1	+1	0	+2	-1	+1
	8	4	4	2	2	+1	+1	-1	0	+1	+2	0	+1	-1	+2	0	-1
	9	3	4	3	3	+1	+1	-1	-1	+1	+2	-1	+1	-1	+2	0	+1
	10	3	4	3	2	0	+1	-1	-1	+1	+1	0	0	0	+1	0	0

TABLE 16

Means, Standard Deviations and Raw Data
Used in the Analysis of Variance

	A_1				A_2			
	B_1		B_2		B_1		B_2	
	C_1	C_2	C_1	C_2	C_1	C_2	C_1	C_2
	24	38	23	31	35	35	26	34
	24	10	34	37	40	21	12	20
	27		36	11		18	21	27
	24		34	13			23	
			37				21	
			39					
Totals	99	48	203	92	75	74	103	81
	n=4	n=2	n=6	n=4	n=2	n=3	n=5	n=3
Means	24.75	24.00	33.83	23.00	37.50	24.67	20.60	27.00
S. D.	1.500	19.799	5.636	12.961	3.536	9.074	5.225	7.000