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BRYAN, Willie Vern, 1944-
THE EFFECTS OF SHORT TERM INDIVIDUAL AND GROUP COUNSELING ON THE SELF CONCEPT OF PHYSICALLY HANDICAPPED WORKERS IN A SHELTERED WORKSHOP SETTING.

The University of Oklahoma, Ed.D., 1973
Education, guidance and counseling

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THE UNIVERSITY OF OKLAHOMA
GRADUATE COLLEGE

THE EFFECTS OF SHORT TERM INDIVIDUAL AND GROUP COUNSELING ON THE SELF CONCEPT OF PHYSICALLY HANDICAPPED WORKERS IN A SHELTERED WORKSHOP SETTING

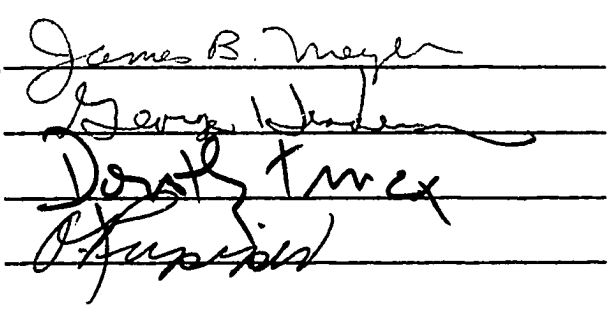
A DISSERTATION SUBMITTED TO THE GRADUATE FACULTY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

DOCTOR OF EDUCATION

By
WILLIE VERN BRYAN
NORMAN, OKLAHOMA

THE EFFECTS OF SHORT TERM INDIVIDUAL AND
GROUP COUNSELING ON THE SELF CONCEPT
OF PHYSICALLY HANDICAPPED WORKERS

APPROVED BY



DISSERTATION COMMITTEE

ACKNOWLEDGEMENTS

The author wishes to express his appreciation to the many people who contributed to this study:

I am extremely grateful to my major professor, Dr. James Meyer. Dr. Meyer was more than a major professor, he was an advisor, a counselor, a friend and more important he was and still is, a warm, sincere human being.

Also, a special word of thanks goes to the other members of the committee, Dr. George Henderson, Dr. Omer Rupiper, and Dr. Dorothy Truex. These individuals were always willing to take time from their busy schedules and share their knowledge.

I am deeply grateful to Dr. Philip E. Smith, Mr. Neal H. Hardin, Mrs. Sharon Sanderson, Mrs. Jenielle Greenlee, Mrs. Dorothy Gordon, Mrs. Valorie Booker, and Mr. Paul Costiloe for their help and support in making the completion of the study possible.

Another special word of thanks goes to the Goodwill Industries' staff for their cooperation. I especially wish to thank Mr. Cecil McFarland the Executive Director of Goodwill and Mr. Ralph Alexander the counselor at Goodwill Industries. Mr. McFarland gave generously of his time, and made available to me every convenience of the workshop. I could not have ask for better cooperation than that given by Mr. McFarland. Mr. Alexander served as one of the counselors for the study and his professionalism and support made the study enjoyable. I do not have to describe Ralph in glowing terms to express my appreciation because he knows the respect and admiration I have for him as a counselor and person.

Most important I wish to thank the clients of Goodwill who participated in the study; without their cooperation none of this would have been possible.

TABLE OF CONTENTS

CHAPTER		PAGE
I	Introduction	1
	Statement of the Problem	4
	Definition of Terms	6
II	Review of Related Research and Literature	8
	Man in a World of Work	9
	The Influence of Work on Self Concept	11
	Disability and Work	14
	Rehabilitation	16
	Sheltered Workshops	17
	Counseling and Psychotherapy Research	18
	Short Term Counseling	21
III	Research Methods	23
	Subject Selection	24
	Description of Experimental Treatments	26
	Control Procedure	28
	Design of the Study	29
	Hypotheses Stated	31
	Instrumentation	32
	Norms	32
	Validity	32
	Reliability	33
	Data Analysis	34
IV	Research Results	35
	Hypothesis One	36
	Hypothesis Two	36
	Additional Analysis of Data	47
V	Summary and Conclusions	118
	Summary of the Study	118
	Discussion of Results	120
	Implications of the Study	121
	Suggestions for Future Research	122
	Appendixes	124
	Appendix A Nature and Meaning of Scores Tennessee Self Concept Scale	125
	Appendix B Instructions - Tennessee Self Concept Scale	127
	Appendix C Test Items - Tennessee Self Concept Scale	128

TABLE OF CONTENTS

CHAPTER		PAGE
Appendix D	Statement from the Executive Director of Goodwill Industries, Inc.	132
Appendix E	List of Tables	133
Bibliography		140

THE EFFECTS OF SHORT TERM INDIVIDUAL AND GROUP COUNSELING ON THE SELF CONCEPT OF PHYSICALLY HANDICAPPED WORKERS

CHAPTER I

Introduction

Handicapped people except for their handicapping conditions are no different than other human beings. They have the same wants and desires that any person has. But too often handicapped people are looked upon as being inferior. Society fails to observe a handicapping condition realistically, as producing limitations only in certain areas of functioning. Instead the handicapping conditions are viewed as producing total limitations of the body including alteration of emotional well being and intellectual functioning.

In their works concerning self concept, Cooley (1902), Mead (1934), and Kinch (1963), indicated that human being's perceptions of themselves to a large degree are influenced by how others react to them. In reference to ones social self Cooley (1902), supported the position that a person's self perception is based on how he views others' perception of him and this in turn affects his behavior. Mead's (1934), theory of self concept indicated that an individual will view himself as he thinks others see him, and he will tend to act in accord with the expectation of others. Kinch (1963), felt as did Cooley that an individual's conception of himself is derived from interaction with others and this interaction influences the behavior of that individual.

As noted earlier, except for the limitations created by their handicapping condition, handicapped individuals are no different from non-handicapped individuals. Thus the self concepts of handicapped people are very much affected by

societal attitudes and perceptions of them. The American society places great emphasis on physical beauty and intellectual achievement. These are characteristics that are often not possessed by handicapped people. The emphasis placed on these attributes by society, and the lack of possession by handicapped individuals tends to reinforce the feelings that handicapped people are less capable.

Some researchers note that while our society places much emphasis on physique and intellectual achievement, attitudes toward handicapped people are very ambiguous. In discussing the ambiguity of societal attitudes toward the handicapped, Baker and Wright (1962), said that the handicapped person is seen as being good, evil, able, unable, childish, and adult. The consequence of this is that the handicapped person is more likely to be unsure of his reception by others than a non-handicapped person.

Garret (1962), gave his impression of how the handicapped are viewed by society:

> As the child grows into adulthood, he becomes categorized as a member of a minority group. In many instances, he is socially ostracized and rejected by physically normal persons. He is discriminated against in employment, even for jobs which he is physically able to perform. The handicapped person is a marginal person physically, socially and economically: the many avenues of normal relationships which are blocked for him, either actually because of his disability, his attitude toward his disability, or social pressure, these tend to produce more frustration and conflict. Thus the physically handicapped individual may bear the added burden of social rejection and emotional conflict.

Several factors influencing societal attitudes toward the handicapped individual's self concept can be hypothesized: (1.) the handicapped individual's self concept is strongly influenced by the attitude and actions of non-handicapped persons; (2.) society has a tendency to treat and react to the handicapped as being different, i.e. inferior to a non-handicapped person; (3.) because of

societal actions and reactions toward handicapped individuals, the probability of the handicapped developing a low self concept is very great.

Work in American society is very important; it takes on more meaning than just being an avenue of pursuing a livelihood. To answer the question "Who are you?" we often ask, "What do you do?" "What kind of job do you have?" Several writers (Friedmann and Havinghurst 1954, Roe 1956, Super 1968, Lofquist and Dawis 1969, Childs 1971, Deutscher 1971), indicated that work is an important means through which one maintains self dignity and self esteem.

Work to the handicapped individual not only includes the meanings that it has for non-handicapped individuals but also some additional ones. The above statements support the contention that societal attitude toward handicapped individuals is one of viewing them as being different and at times ostracizing and rejecting them. Work plays an important part in increasing and maintaining the handicapped individual's self concept. But too often they are denied gainful employment on such grounds as: unsafe industrial risks, can not be insured; production will decrease, etc.

Because handicapped individuals are often unable to secure gainful employment in private industry, sheltered workshops such as Goodwill Industries Inc. employ them to teach work skills that will enable them to eventually become employed with private industries. Goodwill recognized that since their ultimate goal is to get the handicapped ready for employment outside of the sheltered environment, teaching work skills is not enough. Once the trainees leave the workshop, even though they possess the work skills, non-handicapped people still have negative attitudes toward them. Therefore it is important to evaluate and improve their attitudes and opinions about themselves, because how they feel about themselves will greatly determine whether others change their feelings about them. Goodwill provides personal adjustment counseling to counter psychological handicaps often

associated with physical handicaps. Personal adjustment counseling at Goodwill consists of helping handicapped individuals sort out, recognize, and discuss their attitudes and opinions about being handicapped. It is also expected that the clients will discuss their attitudes about the possibility of being employed outside of Goodwill in relation to their handicap. A prime objective of the counseling is to help the handicapped person develop a good self image and become as independent as possible.

Statement of the Problem

Work is an important part of everyone's life and for various reasons handicapped people are often denied gainful employment. Some of the reasons are legitimate while others are psychological and discriminatory. Add this to the insecure and inferior feelings produced in a person who has a physical dysfunction, and it is easily seen that handicapped individuals often develop low self esteems.

Sheltered workshops have been established to help rehabilitate handicapped individuals, so that they can eventually become gainfully employed with private industry. Most workshops for the handicapped have begun to think about "total rehabilitation" of the handicapped. That is they realize that if they are to enhance the chances of employment with private industry they, the workshops, must provide personal adjustment counseling. The personal adjustment counseling provided by the counselors and psychologists has as its primary goal, the assessment and improvement of the self concept of the handicapped.

In observing sheltered workshops which try to improve the self concept of their clients two problems are apparent. (1.) few attempts have been made to significantly assess the effectiveness of the counseling provided. (2.) the short duration of counseling generally thirty to ninety days. Therefore any

scientific investigation of the effect of counseling on the self concept of the handicapped must involve short term counseling.

Because the length of training in a sheltered workshop is short, it is important that sheltered workshops use counseling techniques that are effective and beneficial to as many clients as possible in a short period of time. If group counseling can be proven to be as effective or more effective than individual counseling, this technique would make it possible to provide counseling services to more handicapped people while maintaining the same quality of counseling experiences. The advantage of counseling clients in groups is that the counselor will be able to counsel four to ten clients in the same period of time it takes to counsel one client in individual counseling.

The intent of the proposed study was to investigate the effects of short term individual and group counseling on the self concept of handicapped clients in a sheltered workshop setting. The research questions posed were as follows:

1. Do significant changes occur in handicapped clients' self concept as a result of short term counseling as measured by the Tennessee Self Concept Scale?

2. Is short term individual counseling or short term group counseling more effective in producing a positive change in the concept of handicapped clients in a sheltered workshop setting as measured by the Tennessee Self Concept Scale?

Definition of Terms

HANDICAPPED--A person with a disabling condition that is presenting an obstacle to securing gainful employment with private industry.

SELF CONCEPT--In this study self concept is defined as the way in which an individual rates himself on the Tennessee Self Concept Scale.

EMPLOYMENT IN PRIVATE INDUSTRY--This term is used to mean employment with an organization other than a sheltered workshop.

SHELTERED WORKSHOP--In this study it is used to mean a non-profit organization that employs and trains handicapped people to help them adjust to work and eventually secure gainful employment with private industry.

GAINFUL EMPLOYMENT--Receiving remuneration for work performed in private industry at the rate of minimum wage or union rates, whichever is applicable.

HANDICAPPED CLIENT--In this study the term is used to mean a handicapped person either employed by Goodwill Industries or sponsored in training by Rehabilitative Services.

REHABILITATIVE SERVICES--A combination, state and federal, agency providing vocational counseling, job placement, and other services that enhances the handicapped persons chances of securing gainful employment.

REHABILITATION--The training of a handicapped client so that he can secure employment.

WORK ADJUSTMENT--The teaching of work habits, and skills that will enhance the chances of a handicapped person becoming employed with private industry.

PERSONAL ADJUSTMENT COUNSELING--In this study the term is used to mean counseling handicapped clients employed in a sheltered workshop setting to identify and discuss, opinions and attitudes about being handicapped and their relationship to employment.

CHAPTER II

Review of Related Research and Literature

A review of related literature and research relevant to the study is presented in this chapter. The first section includes literature related to man in a world of work. A brief review of how the meaning of work has evolved through the centuries is portrayed. The influence that work has on the self concept of human beings is reviewed in the second section. The difficulties that a handicapped person encounters in securing work and its influence on his self concept is discussed in section three. The fourth section depicts the role of rehabilitation agencies in working with the handicapped. The fifth section discusses sheltered workshops' role in working with the handicapped, in terms of improving their self concept. The sixth section cites relevent research that investigated the effects of counseling and psychotherapy on changing self concept. The seventh and final section presents literature and research that investigated counseling of a short duration, and its effectiveness.

Man in a World of Work

The concept of man in a world of work has changed significantly from century to century. Pre-historic cave man worked only enough to provide the basic necessities of life: food, clothing, and shelter. Among the earliest recorded ideas about work were references to it as a curse, as a punishment, as acitivity not included as part of the good life; and as a necessary evil, necessary only to sustain life, as people of status did not work (Lofquist and Dawis 1969). The working class consisted mainly of slaves and indentured servants. The life of intellectual contemplation was not considered to be obtained through work (Pieper 1952). Work was considered a necessity, but only insofar as it was necessary to maintain the individual and the group of which he was a part.

As Christianity spread, the meaning of work began to change. With the advent of Protestantism, new meanings of work evolved. Martin Luther subscribed to the prevailing theory of work, but to it he added that all who could work should work, including the comtemplatives and the ascetics, (Tilgher 1930). Thus whatever one's station, high or low, he was expected to work in order to serve God. For Luther, there was one best way of serving God--doing most perfectly the work of one's occupation or profession, (Pieper 1952).

The philosophy of Calvin brought radically new attitudes toward work. For Calvin, work alone sufficed to control the evil bent of man. Therefore all men even the rich, the noble, and the ordained, were destined to work, (Lofquist and Dawis 1969). Max Weber (1930), stated that it was the religious value of work and working, viewed as the highest means of asceticism, and as the strongest proof of religious faith, that had the greatest influence in shaping the capitalistic attitude.

Work, had at least three basic meanings for pre-industrial men: 1. work was hard, a necessity, and burdensome; 2. work was a means toward religious fulfillment; 3. work was good, because it was a creative act of man.

In the twentieth century the meaning of work has changed drastically. Many writers (Friedmann and Havinghurst 1954, Roe 1956, Super 1968, Lofquist and Dawis 1969, Childs 1971, Deutscher 1971), have pointed out that today work is an American tradition, and that work is an important means through which one maintains self dignity and self esteem.

In discussing the importance and meaning of work Obermann (1967), wrote:

> One of the contributions to be made by an individual to a society is made through his work or occupation. In a complex culture such as ours the individual's work and occupation more nearly defines him; it is more closely identified with his strivings, his need for recognition and for status. Today a man's occupation is one of the most important of his characteristics. It defines his place in the community more than any other measure. His intelligence, social status, technical capabilities; and economics level all are suggested or indicated by his occupation.

The Puritan ethic of hard work still is attached to Twentieth Century mores, thoughts and beliefs about the worth of man. Man is contributing to society and is carving out his place in his own family and in his community through work.

A person afflicted with a handicap, whether it be physical, emotional, mental or a combination thereof has the same desires of wanting to live up to societal standards of being a productive member. However, as Kessler (1958), pointed out, the traditional attitude toward the crippled and disabled in the United States has been one of charity. These unfortunate people have been lavished with negative and sympathetic treatment for so long that they generally consider their plight as one of inevitable helplessness and dependency.

Psycho-social prejudices are frequently rationalized on the following economic grounds. (1.) The employer maintains that the physical disability means reduced productivity and is an economic liability, (2.) The disabled person because of his physical limitation is more prone to accidents. While employers fail to live up to their responsibilities of giving every person an equal chance; society fails in its obligation too. The American society does not put enough pressure on employers to hire handicapped people, because it is suffering from a lack of education about the wants, needs and capabilities of these people. In the same vein as the "Sunday Christian", who sins during the week and feels that he has discharged his duties by attending church on Sunday, society feels that it has lived up to its obligation to the handicapped by giving to charity drives so that handicapped people can receive a "hand-out", rather than a "hand-up".

The Influence of Work on Self Concept

> Galen in the second century A.D. started that employment is nature's best physician, an essential to happiness. (Allan 1958).

Lofquist and Dawis (1969), concluded that with the advent of the industrial revolution and the beginning of the age of automation, man has become concerned with the relevance of work to his search for identity. Faced with the prospects of large scale unemployment and increasing leisure time, Americans have begun to reassess their ideas about the meaning of work.

The American society no longer subscribes to the idea of hard work for all, but the theory that work for all is promoted. Respondents to a Gallup poll (Wolfbien 1971), on the subject of public assistance held that

> If we give people money without working we will be taking away the individual's incentive to work and his ability to pass this incentive on to his children. To do this would be creating a society of parasites--a something for nothing society.

A common statement was:

> I don't want my tax money going to someone who is sitting around with his feet up in the air, I feel that they should be provided with a job, not charity. This gives a man confidence by letting him earn the money thus making him feel like a man. (Wolfbein 1971).

In the same Gallup poll Wolfbein reported that the question was asked, "Would you favor a guaranteed income?" Fifty-eight percent responding to the national poll disapproved. But to the question, "Do you favor providing enough work for everyone?" Eighty-two percent approved.

The American tradition is that work is good and through work one is contributing to society. When one does not work he is considered a leach on society (Childs 1971). Childs stated that work is a means by which we purchase goods and equally important it is one way to maintain our dignity. Through work one achieves identity. One of the first questions asked of a stranger is "What is your occupation?" On the basis of his answer, mental pictures are set which categorize him.

Deutscher (1971), had the following to say about the importance of work in the development of self esteem.

> Involvement with meaningful work helps to establish and maintain adult life in adult form. It is not that one works when one is an adult; but that working, for the adult maintains his adult personality structure with its capacity for intimacy, relatedness, productivity, and participation in community life and concerns. Work provides a major link to reality in various contexts. It has a fundamental economic reality; most people need to provide financially for themselves and their families. Work has social reality, the work a man does gives him a contributing place in his community and developes in him a sense of status and prestige. Through his occupation, man makes a bridge between his family and the outside world. His work status shapes his actions as the head of the household within his family.

Ann Roe (1956), concluded that humans do not work primarily to make a

living. She saw work as a means of helping satisfy the basic needs as set forth in Maslow's hierarcy of needs. She said:

> In our society there is no single situation which is potentially so capable of giving some satisfaction at all levels of basic needs as is the occupation. With respect to the physiological needs it is clear that in our culture the usual means for allaying hunger and thirst, and to some extent, sexual needs and the others is through the job, which provides the money that can be exchanged for food and drink. The same is true for the safety needs. The need to be a member of a group and to give and receive love is also one which can be satisfied in part by the occupation. To work with a congenial group, to be an extrinsic part of the function to the group, to be needed and welcomed by the group are important aspects of the satisfactory job.
> Perhaps satisfaction of the need for esteem from self and others is most easily seen as a big part of the occupation. In the first place, entering upon an occupation is generally seen in our culture as a symbol of adulthood, and an indication that a young man or woman has reached a stage of some independence and freedom. Having a job in itself carries a measure of esteem. What importance it has is seen most clearly in the devasting effects upon the individual of being out of work.
> Occupations as a source of need satisfaction are of extreme importance in our culture. It may be that occupations have become so important in our culture just because so many needs are so well satisfied by them.

The Congress of the United States recognized that assisting people that are able to work, but who were not working was lowering their self esteem and contributing to the moral decay of the American society. Through an amendment of the Social Security Act in 1967, Aid for Dependent Children's parents were moved into training and/or work. Every state was required to deny payment to any father, mother or teenage child considered able to benefit from work or training, if that person rejected training or work opportunities.

Friedmann and Havinghurst (1954), in their research found several common meanings of work: (1.) work is a source of self respect, a way of achieving recognition or respect from others; (2.) work defines one's identity, one's

role in the society of which he is a part; (3.) work provides the opportunity for association with others, for building friendships; (4.) work allows for self expression, provides the opportunity for creativity, for new experiences; (5.) finally work permits one to be of service to others.

Disability and Work

Super (1968), viewed work in relationship to developing self concept from the standpoint that a person strives to implement his self concept by choosing to enter the occupation he sees most likely to permit him self expression. He pointed out that the manner in which it is implemented vocationally is dependent upon conditions external to the individual.

Super's statement takes on increased meaning when viewed from the standpoint of a handicapped person. In a nation where so much emphasis is put on physical attractiveness, the handicapped person is viewed as not being a whole person. This concept of the handicapped being less than "normal", is prevalent in employment. An employer that considers hiring a handicapped person, generally thinks of the long standing sterotypes of handicapped people; they are unable to produce, they are poor safety risks and many others.

Society seems to expect less of a handicapped person and thinks that he should expect less of himself. Due to this kind of thinking few people are astonished when a handicapped person reports that he can not secure employment.

Kessler (1958), said that it is an individual and collective reaction of hostility toward the crippled, the deformed and the disabled that causes them to be condemned as unproductive and useless burdens. This truculent attitude on the part of society is the greatest hurdle that the disabled person is called upon to surmount. The handicapped person thus bears a double burden, his actual disability and the social restrictions it incurs.

Obermann (1967), stated that work is a basic ingredient in our culture, and most people organize their lives about their occupations. He pointed out that grave distrubances result when, for any reason a handicapped person is barred from participation in the most important social activity. When a handicapped person is unsuccessful in finding and holding employment because of a disability, the disability becomes doubly traumatic.

The work capabilities of persons with disabilities have been demonstrated many times. It has been established again and again that other factors are more important in job performance than physical status. The staff of the Vocational Rehabilitation Division of the Federal Board for Vocational Education conducted a study of the occupations at which 6,097 physically disabled persons were employed after being rehabilitated. The investigation confirmed that disabled persons could perform adequately in a very wide range of occupations; that disabled persons, even those with similar diagnoses differed greatly from each other over a wide range of occupational factors; that it was not possible to equate disability and occupational capability (Obermann 1967). Tracy Copp of the same staff confirmed these observations in a study of 6,391 disabled persons who had been rehabilitated.

Ann Roe in 1956, had the following to say about the disabled and their ability to work:

> Unlike special abilities which may qualify their holder for desirable, unusual jobs, special disabilities are more likely to function as only limited factors. Blindness, deafness, orthopedic disabilities, chronic illness all have very real effects upon occupational selection. Some of these effects, it is true, are the result of inadequate knowledge on the part of everyone, the disabled, the employers and society generally, as to just what performance limitations are the necessary results of certain disabilities, but some of the effects are genuinely inevitable. A man with one arm can not perform activities which really require two fully functional ones, but he can do many more things with one

> arm and one prosthetic device than might be imagined. Furthermore, there are a large number of occupations for which a second arm is really unnecessary.

Despite the awareness of the importance of work to an individual in this society, Obermann believed that it is still difficult to place in employment persons who are impaired. Thus it is still a special task for large numbers of lay and professional people to help persons who are labeled "crippled", or disabled.

Rehabilitation

Rehabilitation agencies have had as their goals treatment, training, and placement with the primary focus on the adjustment of disabled to a life of productive employment (Lofquist and Dawis 1969). Unfortunately, the counselors' case loads grow by overwhelming numbers each year, and state agencies seem to have insufficient money to hire more counselors to accommodate the increased numbers of people seeking help. Add to this the belief that counselors seem to have reached a plateau with regard to their innovations in techniques, the prospects for the rehabilitation of the handicapped do not look promising (Lofquist and Dawis 1969). Lofquist and Dawis felt that even though training programs are expanding the prospects for advances in the rehabilitation of handicapped clients are not favorable if they continue to adhere to their present ways of working with disabled persons.

Sheltered Workshops

Sheltered workshops were among the earliest types of facilities serving the specialized vocational needs of the disabled (Allan 1968). The original purpose of the sheltered workshop was to provide employment compatible to the handicaps of those disabled that were unable to secure employment elsewhere.

The early concept of these workshops was to provide terminal sheltered employment. Fortunately this concept has been replaced with one of providing work evaluation and work adjustment so that the handicapped person can secure a place of employment with private industry.

Although there are always going to be certain cases of so-called terminal employment and additional numbers who, because of complicated disabilities and lack of adjustments, can never be moved out of the sheltered workshop or home work setting. There is increased recognition of the true function of the workshop as an industrial laboratory in which handicapped people can be trained for industrial conditions (Allan 1968).

The change in concept of the sheltered workshop from one of terminal employment only, to an industrial laboratory has been healthy for both the handicapped and society, but there has not been enough change. The sheltered workshops have not developed enough innovative techniques for helping the handicapped adjust to a work setting to accommodate the increasing numbers of handicapped seeking their services.

The workshops have made tremendous improvements in working with their clients. Qualified counselors, psychologists, and professionally trained work evaluators have been employed. However very little effort on the part of these professionals has been exerted in evaluating the effects of their work on the self concept of the handicapped client worker.

Allan recognized the importance of developing new techniques and evaluating the effectiveness of the present ones and said:

> The development of a well rounded and practical program of evaluation is a precedent to meaningful employment, whether in competitive industry, in the sheltered workshop, or in the home. The newer ideas and techniques of

evaluation can be invaluable in helping to avoid serious mistakes and defeating discouragement in the difficult process of actual job placement.

Counseling and Psychotherapy Research

It was established in previous sections that work is a central part of everyone's life. It helps maintain one's self-esteem. Work for handicapped persons is an important part of their rehabilitation and return to society. Fitts (1967), concluded that one can no longer think in terms of vocational or physical rehabilitation but must think of the total rehabilitation of the person. He saw total rehabilitation as involving many variables such as: motives, needs, attitudes, values and personality. But as he pointed out, it is difficult for rehabilitation workers to assess all these variables. Fitts hypothesized that self concept captures the essence of all of these variables. Assuming that Fitts' hypothesis of self concept is correct, rehabilitation workers through their personal adjustment counseling will have aided the total rehabilitation of these individuals.

In Wylie's (1961), review of the literature she found only four studies, (Butler and Haigh 1951, Berdie 1954, Rogers and Dymond 1954, and Chaplan 1957), comparing the effects of counseled versus non-counseled subjects on self concept. Chaplan (1957), found significant increases of self-ideal congruences among seventeen problem boys who received group counseling as contrasted to seventeen non-counseled controls roughly matched for IQ, sex, school record, economic status, and initial self-ideal congruence.

Butler and Haigh (1954), in their study reported that clients who waited sixty days for therapy showed no improvement in self-ideal congruence over the waiting period. But from pre-counseling to follow-up there was significant improvement. These clients were compared to non-therapy controls who showed

no change in self-ideal congruence over the period from pre-therapy to follow up.

Rogers and Dymond (1965), and Rogers (1954), found a significant change toward reports of greater maturity from pre-therapy to post-therapy in subjects who received therapy. Berdie (1954), in an experimental study tested the hypothesis that counseling will increase the realism of the self concept. To test this hypothesis Berdie used an experimental and control group. The experimental group received vocational and educational counseling, while the control group did not. The counseling was aimed at increasing the subjects' accuracy in appraising their vocational interests, probable college achievement, college aptitude, and personality characteristics. The results were that college men, but no women, improved in accuracy of estimate of probable college achievement and of vocational interest. No differences were found between experimentals and controls in accuracy of judging aptitude or personality characteristics.

There have been several studies completed evaluating the effectiveness of counseling on self concept. (Haigh 1949, Raslin 1952, Johnson 1953, Pearl 1954, Kellman and Parloff 1957), but as Wylie (1961), pointed out no conclusions can be drawn from any of these studies, because none used control groups. Kerlinger (1964), supported Wylie's statement that the lack of control groups prohibits the drawing of conclusions and constitutes a poor research design.

A study by Rogers (1961), indicated that psychotherapy has a positive effect on changing self concept. He used the Q sort technique as a pre-post-test measure of self-ideal-self congruency. He also employed two control groups. His hypothesis was that clients receiving psychotherapy would increase

in self-esteem. He concluded that one change associated with client centered therapy is that self-perception is altered in a direction which makes the self more highly valued.

Later, Rogers (1967), conducted a study to evaluate whether the positive effects which occured in neurotic clients as a consequence of therapy were true for more disturbed patients. The subjects were hospitalized chronic and acute schizophrenic patients who were matched with identical hospitalized patients for control purposes. Non-directive therapy was used. A procedure used to measure self changes as a function of therapy was to have independent raters score the patients' Thematic Apperception Test responses, not knowing which tests were pre or post-test or which tests were from the control or experimental group.

One of the changes shown by the therapy group was that the therapy patients reduced their need to deny or establish an emotional distance from their experiences. The control group in the hospital showed some tendency to become more defensive, more distant from the experiences they were describing. Rogers drew the conclusion that the therapy group was less vulnerable psychologically, and more capable of facing themselves and their environment than the control group.

Ashcraft and Fitts (1964), in a study testing the effectiveness of psychotherapy in changing self concept as measured by the Tennessee Self Concept Scale, found that an individual tends to value himself more highly as a function of psychotherapy. Their hypothesis was that the experimental group would show significant changes, but that the control group would show no change. Their conclusion was that the experimental subjects who received psychotherapy reported self concepts that were more positive in all areas, as measured by the Tennessee Self Concept Scale.

Short Term Counseling:

Short term counseling is quite common although it may go by various names such as: emergency psychotherapy, brief psychotherapy, or crisis counseling. Bellak and Small (1965), said that this type of counseling and psychotherapy is called into being either by the life situation of the patient, or by the setting in which treatment is offered.

Bellak and Small (1965), believed that this type of therapy can be accomplished in the short range of one to six therapeutic sessions of the customary 45-50 minutes sessions. Tyler (1971), although she does not compare short term counseling with counseling of longer duration gave some indication that there is nothing sacred about therapy of long duration. She concluded that the counselor or therapist should spend whatever time is necessary to help the client, whether it be two hours or two hundred hours.

Bellak and Small (1965), in their book, Emergency Psychotherapy and Brief Psychotherapy, included eight case illustrations of patients who were helped by short term counseling. The results of the therapy are based solely on observational evidence rather than scientific evidence. However the fact that these patients are able to operate as functioning humans tends to lend support to the fact that counseling on a short term basis can be effective.

Glicken (1968), in a more scientific study used Ellis' rational emotive therapy as a theoretical base, to see if using this approach on a short term counseling basis would produce a change in behavior of patients in a mental health setting. The approach was found to be successful in 80-90 percent of cases faced by mental health workers. Glicken concluded that this approach should be used by hospital counselors with short-term cases, with the aim to change behavior in a brief period.

Fritz and Engle (1973), investigated the effects of academic test results on both specific and global aspects of self concept. Their finding was that giving academic test results have a significant effect on changing self concept. Fritz and Engle's study was not concerned with the effects of short term counseling on self concept, but it has application here because in giving the students' test results they were seen for a limited amount of time. This review of relevant research supports the view that counseling is effective in changing self concept and that short term counseling can be effective.

CHAPTER III

RESEARCH METHODS

The intent of the proposed study was to investigate the effects of short term individual and group counseling on the self concept of handicapped clients in a sheltered workshop setting. The research questions posed were as follows:

1. Do significant changes occur in handicapped clients' self concept as a result of short term counseling as measured by the Tennessee Self Concept Scale?

2. Is short term individual counseling or short term group counseling more effective in producing a change in the self concept of handicapped clients in a sheltered workshop setting as measured by the Tennessee Self Concept Scale?

Subject Selection

The handicapped client workers at Goodwill Industries Inc., located in downtown Oklahoma City, were used as subjects. Goodwill is a non-profit sheltered workshop that provides both employment and training to handicapped individuals that are unable to secure gainful employment with private industry. The following procedures were used to select subjects for the study:

1. Goodwill's counselor verbally extended the invitation for counseling to all the handicapped client workers who were of the opinion that they would profit from the counseling being offered. He was very careful to point out that no one was required to participate. It was also explained that for those that chose to participate some would be involved in individual one-to-one counseling, and others would be engaged in group counseling.

2. A list of names of those who chose to participate was prepared and 30 subjects, 15 females and 15 males were randomly selected for the study. Subjects were then randomly assigned to treatments.

3. Those handicapped client workers that volunteered but were not randomly selected into the study were placed in a reserve pool. The reserve pool was established so that the counselors could have subjects to draw from in the event subjects selected for the study dropped out.

Goodwill had eighty-eight client workers, however only seventy-two were eligible to participate in the study. Eleven of the sixteen excluded from the study had listed as their primary disability either mental retardation or mental illness. Five of the client workers were receiving therapy from the staff psychologist, therefore they were excluded.

Sixty-six, (thirty-seven females and twenty-nine males), of the seventy-two eligible volunteered to participate. The six that did not volunteer were not questioned regarding their reasons for not volunteering; however one did explain his response was that he had come to Goodwill for

training, not counseling.

The reason for not questioning those that chose not to participate was that it had been explained to them that the decision was theirs. Therefore it was felt that asking them why they did not choose to participate would be viewed by the clients as intimidation.

As previously mentioned thirty subjects were randomly selected for the study. The names of the clients that volunteered for the study were placed in a hat. The male volunteers were placed in a hat and the female volunteers were placed in another. The first male subject selected was placed in experimental treatment 1, the second male subject was placed in experimental treatment 2, and the third male subject was placed in the control group. This method was continued until five subjects were assigned to each of the experimental treatments and five assigned to the control or no treatment group. The same procedure was used for selecting the female subjects.

The subjects selected were all physically handicapped. Clients diagnosed as mentally retarded or mentally ill were not included in the study. The reasons for their exclusion were that this variable would be too difficult to control, and the intent of the study was to test the effects of the treatments on the self concept of physically handicapped client workers.

The educational level for subjects selected into the study was from the sixth grade to high school graduates. Female experimental treatment 1 consisted of three high school graduates, one sixth grade and one tenth grade graduate. Experimental treatment 2 was composed of three high school graduates, one sixth and one ninth grade graduate. Four female subjects in the control or no treatment group possessed a high school diploma and one had completed the ninth grade.

Two of the male subjects in experimental treatment 1 had completed high school, of the other three subjects one had completed the ninth grade and two the eight grade. The subjects in experimental treatment 2 were composed of three high school graduates, one sixth and one tenth grade graduate. The male control or no treatment group consisted of two subjects who had completed high school, of the remaining three one had completed the sixth grade and two graduated from the ninth grade.

The age range for females was from eighteen to forty-nine years of age. The age range for males was from eighteen to fifty-three years of age. One-third of the males were married. One of the male subjects in experimental treatment 1 was married and four were single. Experimental 2 was composed of three single males and two married. The control or no treatment group consisted of three single and two married males.

Four females were married and eleven were single. In experimental treatment 1 four were single and one married. Experimental treatment 2 consisted of three single females and two married. In the control or no treatment group four females were single and one married.

Description of Experimental Treatments

The experimental treatments used in this study were designed to test the effectiveness of individual and group counseling at changing self concept of handicapped workers in a sheltered workshop setting. Because of the short length of time the treatment was administered, (twice a week for four weeks), it was necessary to encourage the subjects to talk about their current attitudes and opinions regarding their conditions. A listing of topics discussed are as follows:

1. The subjects' perceptions of themselves.
2. The subjects' attitudes and opinions about being handicapped.
3. The subjects' attitudes and opinions regarding how they think others see themselves.
4. The subjects' perceptions of the role they play in their families.
5. The subjects' perceptions of their abilities to perform on the job.
6. The subjects' attitudes and opinions about working in a sheltered workshop.
7. The subjects' perceptions of their roles in the world of work.
8. The subjects' attitudes and opinions regarding being employed outside of a sheltered workshop.

The first four topics were chosen because they are central to evaluating ones self concept. The review of literature related to self concept (Mead 1934, Kinch 1963, Fitts 1971), has as its central theme ones perception of himself, his perceptions and attitude and opinions of how others view his action and behavior. Chapters one and two discussed the role and importance of work in helping develop a positive self image. Discussion questions five through eight allowed the subjects a chance to express their attitudes and opinions regarding their perceived roles in work.

The topics discussed in the counseling sessions were relevant in that the design permitted subjects to evaluate their own attitudes and opinions about themselves as well as other's attitudes and opinions about themselves. The subjects in individual counseling, were encouraged to do some introspection and also become aware of the perceptions of others. They were encouraged to discuss problems that they were experiencing. Once these problems were exposed the subjects were encouraged to discuss solu-

tions. This problem-solving approach had a two-fold purpose. 1. To help the subjects become aware of the fact that there were solutions to their problems and through their own efforts and resources they were capable of handling them. 2. To help them establish confidence in themselves, so that they would develop an attitude of confidence in their abilities to handle both immediate and future work related problems.

The subjects, in group sessions, were encouraged to subject their attitudes, opinions and/or thoughts to the inspection of their peers. This seemed to have the effect of helping them view and accept their own attitudes in a more realistic light.

The individual and group counseling treatments were conducted by two male counselors. Both have master's degrees in Counseling. Goodwill's counselor was thirty-five years of age and had been a counselor for nine years. Two of those nine years counseling have been spent counseling with handicapped clients. The other counselor was twenty-eight years of age and had been counseling with handicapped clients for six years.

Each counselor was responsible for two weeks of individual counseling and two weeks of group counseling. While one counselor was in his two week individual counseling sessions, the other conducted the group counseling sessions.

Control Procedure

There were ten subjects, five males and five females, randomly assigned to the control--no treatment group. They received no counseling. Each subject received the Tennessee Self Concept Scale as a pre-test measure six weeks later the Tennessee Self Concept Scale was again administered as a post-test measure. This was the only contact between these subjects

and the counselors.

Design of the Study

Two experimental treatments and one control group were used. Thirty subjects were randomly selected for the study. Ten subjects, five males and five females were randomly assigned to two experimental treatment groups. Ten subjects, five males and five females were randomly assigned to the control group.

The subjects were not matched for physical handicaps, because by randomly selecting subjects from the total number of those volunteering to participate and randomly assigning subjects to treatments, each type of handicap had an equal opportunity to be selected into the study and assigned to treatments. Experimental treatment 1 - group counseling - consisted of five male subjects and five female subjects. Each subject was administered the Tennessee Self Concept Scale, as a pre test. After pre testing, each subject was engaged in two--one-hour individual counseling sessions per week for four weeks. At the end of the sixth week the Tennessee Self Concept Scale was administered as a post-test measure. The two week lapse was necessary to allow the subjects a chance to collect their thoughts about the experience. Hopefully avoiding the "halo" effect. The pre and post testing sessions were conducted by the counselors.

Experimental treatment 2 - individual counseling - consisted of five male subjects and five female subjects. Each subject was administered the Tennessee Self Concept Scale as a pre test measure. After testing, the male subjects as a group were engaged in two--one-hour group counseling sessions per week for four weeks, also the female subjects as a group were

engaged in two--one-hour group counseling sessions per week for four weeks. At the end of the sixth week each subject again received the Tennessee Self Concept Scale, this time as a post-test measure. Males and females were placed in separate groups to determine if the treatment affected males differently than females.

The control or no treatment group consisted of five male and five female subjects. Each received the Tennessee Self Concept Scale as a pre-test measure. None of these subjects received any counseling. After a six week period, they again were administered the Tennessee Self Concept Scale, this time as a post-test measure.

The control or no treatment group was used as a check to see if the self concept of the subject improved without treatment. Campbell and Stanley (1968), described this design as a pre-test--post-test--control group design.

EXPERIMENTAL TREATMENT 1 GROUP COUNSELING

5 male subjects
5 female subjects

Pre-test---Treatment---Post-test

EXPERIMENTAL TREATMENT 2 INDIVIDUAL COUNSELING

5 male subjects
5 female subjects

Pre-test---Treatment---Post-test

CONTROL NO TREATMENT GROUP NO COUNSELING

5 male subjects
5 female subjects

Pre-test---No treatment---Post-test

The following research hypotheses were investigated:

H_1 Subjects receiving group counseling or individual counseling will experience significantly more positive change in self concept score than control subjects as measured by the Tennessee Self Concept Scale.

H_2 Subjects receiving group counseling treatment will experience as much or more positive change in self concept score than subjects receiving individual counseling treatment.

Instrumentation

The Tennessee Self Concept Scale was used as a pre and post-test measure of self concept. This scale was chosen because of its simplicity in dealing with self concept. The scale is available in two forms, a Counseling Form and a Clinical and Research Form. The counseling form was chosen for this study for several reasons: 1. The simplicity of administering and scoring; 2. its appropriateness for interpretation to the counselees; 3. and its requirement of less sophistication in psychometrics. Fitts (1965) in the Tennessee Self Concept Scale manual explains the difference between the two forms.

> The Counseling Form is quicker and easier to score since it deals with fewer variables and scores are appropriate for self interpretation and feedback to counselees, and requires less sophistication in psychometrics and psychopathology by the examiner. The C and R or Clinical and Research Form, is more complex in terms of scoring, analysis, and interpretation by, or direct feedback to the subjects.

Norms:

Fitts (1965), reported that the test was standarized from a broad sample of 625 people. The sample of subjects used were from various parts of the country, and the age range was from 12 to 68 years. He further states that both sexes, both black and white subjects and all social, economic and intellectual levels were represented. The educational level ranged from 6th grade through the Ph.D. degree.

Validity:

The validation procedures established for the Tennessee Self Concept Scale were of four kinds: 1. Content validity, 2. Discrimination between

groups, 3. Correlation with other personality measures and 4. Personality changes under particular conditions with regard to content validity Fitts (1965), said the following:

> The purpose here has been to ensure that the classification system used for the Row Scores and Column Scores is dependable---an item was retained in the scale only if there was unanimous agreement by the judges that it was classified correctly. Thus we may assume that the categories used in this scale are logically meaningful and publicly communicable.

With regard to validation of the instruments ability to differentiate between groups Fitts (1965) said:

> Statistical analyses have been performed in which a large group (369) of psychiatric patients have been compared with the 626 of the norm group. These demonstrate highly significant (mostly at the .001 level) difference between patients and non-patients.---The author has also collected data from the other extreme of the psychological health continum--from people characterized as high in personality integration. The basic hypothesis which was established here was that this group differ from the norm group in a direction opposite from that of the patient group.

Vacchiano and Strauss (1968), in their study that explored the construct validity of the scales of the Tennessee Self Concept Scale through factor analysis said the following:

> The factor analysis performed would substantiate the construct validity of the Tennessee Self Concept Scale.
> Although a complex measure the scale does provide the five proposed measures of the self, physical, moral--ethical, personal, family and social, when factors are considered together and thus lends some support to the validity of the test.

Reliability:

Fitts' (1965) testing of the reliability of the Tennessee Self Concept Scale through the test retest method yielded a reliability

coefficient of .92 for the total positive score. Congdon (1968), using a shortened version of the scale with psychiatric patients obtained a realibility coefficient of .88 for the total positive score.

Data Analysis

A 2 x 3 analysis of covariance was computed to test the statistical significance of the hypotheses. The analysis of covariance was selected for the following reasons; (1.) it gives a more powerful test, (2.) the subjects were not matched for pre-test self concept scores; therefore there was a difference in starting scores. The analysis of covariance adjusts for initial starting differences. Several researches in the area of statistical research (Edwards 1950, Winer 1962, Ostle 1963, Campbell and Stanley 1966, Ferguson 1966, Dixon and Massey 1969, and Dayton 1970), recommended analysis of covariance for the type of design used in this study. When statistical significance was found a test of the adjusted means of the three groups was computed, according to procedures suggested by Winer (1962), to determine which treatment was most effective.

CHAPTER IV

Research Results

This chapter presents an analysis of the data summarized under each research hypothesis. As previously mentioned in chapter three, a two factor 2(male, female) x 3 (group counseling, individual counseling and no counseling or control group), analysis of covariance was computed to test the statistical significance of the research hypotheses proposed. When statistical significance was found a test using the adjusted means of the three groups was calculated according to procedures suggested by Winer (1962), to help determine which treatment was most effective.

Research hypothesis one:

> Subjects receiving group counseling or individual counseling will experience significantly more positive change in self concept score than control subjects as measured by the Tennessee Self Concept Scale.

The findings in Table 1 indicated that the F ratio for treatment was significant at the .05 level. Also presented in Table 1 are the F ratios for sex and interaction between sex and treatments. Further inspection of the table revealed that neither F ratio was significant at the .05 level.

As mentioned above the F ratio for treatment was statistically significant, thus a test of the adjusted means of the three groups was applied to the data according to procedures suggested by Winer (1962), to help determine whether treatments were more effective than no treatment. The results were; the F ratio for group counseling treatment versus no counseling treatment was statistically significant at the .05 level. The F ratio for individual counseling treatment versus no counseling treatment was statistically significant at the .05 level. The information supports research hypothesis one.

Research hypothesis two:

> Subjects receiving group counseling treatment will experience as much or more positive change in self concept than subjects receiving individual counseling treatment.

The test applied to the data according to procedures subjected by Winer (1962), yielded the following result. The F ratio for group counseling treatment versus individual counseling treatment was not statistically significant. The information supports research hypothesis two.

Tables 2, 3 and 4 present an overview of the males' total positive pre and post treatment scores - means and adjusted mean for both experimental treatments and the no treatment or control group. Similiar information is present in Table 5, 6 and 7 for females. An inspection of Table 8 will reveal the following information regarding the total positive self concept score: 1. Pre and post treatment means for both males and females; 2. Adjusted post treatment means; 3. Adjusted means of factors a_1-males and a_2-females; 4. Adjusted means of factors b_1-group treatment; b_2-individual treatment; b_3-no treatment or control group.

TABLE 1

Analysis of Covariance
Total Positive Score

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	257.212	1	257.212	.84
Treatment	2674.159	2	1337.079	4.37*
Sex X Treatment	44.567	2	22.283	.07
Within Cells	7030.523	23	305.674	
Total	100006.461	28	1922.248	

*P $<$ .05

TABLE 2

Male total positive self concept pre-and post treatment scores - means and adjusted mean for experimental treatment 1 --Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	279	294	
2	311	321	
3	332	334	
4	260	254	
5	297	319	
Total	1479	1522	
Mean	295.80	304.50	327.22

N=5

TABLE 3

Male total positive self concept pre-and post treatment scores - means and adjusted mean for experimental treatment 2 --Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	373	357	
2	318	332	
3	302	313	
4	319	348	
5	299	308	
Total	1611	1658	
Mean	322.50	331.60	325.96

N=5

TABLE 4

Male total positive self concept pre-and post treatment scores - means and adjusted mean for no treatment or control group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	380	395	
2	376	355	
3	366	359	
4	312	307	
5	298	270	
Total	1732	1686	
Mean	346.40	337.20	305.48

N=5

TABLE 5

Female total positive self concept pre-and post treatment scores - means and adjusted mean for experimental treatment 1 --Group Counseling

Subject	Pre-Test	Post Test	Adjusted Mean
1	276	284	
2	253	290	
3	338	377	
4	305	304	
5	362	345	
Total	1534	1600	
Mean	306.80	320.00	330.96

N=5

TABLE 6

Female total positive self concept pre-and post treatment scores - means and adjusted mean for experimental treatment 2 --Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	345	388	
2	265	285	
3	329	359	
4	262	258	
5	269	263	
Total	1470	1553	
Mean	294.00	310.60	335.36

N=5

TABLE 7

Female total positive self concept pre-and post treatment scores - means and adjusted mean for No Treatment or Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	307	300	
2	374	378	
3	279	268	
4	310	291	
5	413	419	
Total	1683	1656	
Mean	336.60	331.20	310.04

N=5

TABLE 8

Male and female total positive pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1 males, a_2 females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	295.80	306.80	
	$\bar{Y}$	304.40	320.00	
	$\bar{Y}_{adj.}$	327.22	330.96	329.09
Indiv. b_2	$\bar{X}$	322.20	294.00	
	$\bar{Y}$	331.60	310.60	
	$\bar{Y}_{adj.}$	325.96	335.36	330.66
Control b_3	$\bar{X}$	346.40	336.60	
	$\bar{Y}$	337.20	331.20	
	$\bar{Y}_{adj.}$	305.48	310.04	307.76
	$\bar{A}_{adj.}$	319.55	325.45	

TABLE 9

Analysis of Covariance
Identity

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	57.030	1	57.030	.45
Treatment	1143.876	2	571.938	4.50*
Sex X Treatment	116.646	2	58.323	.46
Within Cells	2925.496	23	127.195	
Total	4243.048	28	814.486	

*P<.05

Additional Analysis of Data

Comparison of treatment effects on the identity self concept score.

Inspection of the F ratio for treatment, presented in Table 9 showed that it was statistically significant at the .05 level. A test of adjusted means of the three treatments was calculated according to procedures suggested by Winer (1962), to help determine which treatment was most effective. The F ratio for group counseling treatment versus individual counseling treatment was not statistically significant. The F ratio for group counseling treatment versus no counseling treatment was statistically significant at the .01 level. The F ratio for individual counseling treatment versus no counseling treatment was not statistically significant.

A closer inspection of Table 9 revealed the F ratios for sex and interaction between sex and treatments were not statistically significant. Tables 10, 11, and 12 present the males' identity pre and post treatment scores - means and adjusted mean for both experimental treatments and the no treatment or control group. Inspection of Tables 13, 14, and 15 gives an overview of similar information for females. Presented in Table 16 are data concerning: 1. pre and post treatment means for both male and female; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males and a_2-females; 4. adjusted means of factors b_1-group counseling treatment, b_2-individual counseling treatment, and b_3-no treatment.

TABLE 10

Male identity pre-and post treatment scores - means and adjusted mean for experimental treatment 1 --Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	90	105	
2	97	112	
3	111	114	
4	95	92	
5	100	121	
Total	493	544	
Mean	98.60	108.80	126.28

N=5

TABLE 11

Male identity pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling

Subject	Pre-Test	Post Test	Adjusted Mean
1	112	118	
2	110	139	
3	109	97	
4	124	109	
5	130	133	
Total	585	596	
Mean	117.00	119.20	114.55

N=5

TABLE 12

Male identity pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	111	93	
2	113	110	
3	137	127	
4	129	141	
5	140	143	
Total	630	614	
Mean	126.00	122.80	107.32

N=5

TABLE 13

Female - identity pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	93	96	
2	98	105	
3	123	137	
4	119	113	
5	124	135	
Total	557	586	
Mean	111.40	117.20	119.29

N=5

TABLE 14

Female - identity pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	124	131	
2	95	102	
3	117	132	
4	95	85	
5	97	92	
Total	528	542	
Mean	105.60	108.40	117.46

N=5

TABLE 15

Female - identity pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	111	89	
2	136	137	
3	93	83	
4	119	110	
5	142	139	
Total	601	558	
Mean	120.20	111.60	103.28

N=5

TABLE 16

Male and female identity pre-and post treatment means-- adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	98.60	111.40	
	$\bar{Y}$	108.80	117.20	
	$\bar{Y}_{adj.}$	126.28	119.29	122.78
Indiv. b_2	$\bar{X}$	117.00	105.60	
	$\bar{Y}$	119.20	108.40	
	$\bar{Y}_{adj.}$	114.55	117.46	116.01
Control b_3	$\bar{X}$	126.00	120.20	
	$\bar{Y}$	122.80	111.60	
	$\bar{Y}_{adj.}$	107.32	103.28	105.21
	$\bar{A}_{adj.}$	116.05	113.28	

Comparison of treatment effects on self satisfaction.

Statistical significance at the .05 level was not obtained, as indicated by the F ratio for treatment presented in Table 17. Also presented in Table 17 are the F ratios for sex and interaction between sex and treatment, which failed to reach statistical significance.

Tables 18, 19, and 20 present data of the males' self satisfaction pre and post treatment scores - means and adjusted mean for both experimental treatments and the no treatment group. Presented in Tables 21, 22, and 23 is similar data for females. The following data are present in Table 24. 1. pre and post treatment means for both male and female; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males, and a_2-females; 4. adjusted means of factors b_1-group treatment, b_2-individual treatment, and b_3-no treatment.

TABLE 17

Analysis of Covariance
Self-Satisfaction

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	39.629	1	39.629	.49
Treatment	249.467	2	124.733	1.54
Sex X Treatment	15.057	2	7.528	.09
Within Cells	1862.824	23	80.992	
Total	2171.977	28	2166.977	

TABLE 18

Male - self satisfaction, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	90	100	
2	94	106	
3	111	105	
4	82	78	
5	81	91	
Total	458	480	
Mean	91.60	96.00	101.25

N=5

TABLE 19

Male - self satisfaction, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	86	93	
2	92	97	
3	96	112	
4	102	97	
5	113	120	
Total	489	519	
Mean	97.80	103.80	103.63

N=5

TABLE 20

Male - self satisfaction, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	90	86	
2	97	96	
3	117	117	
4	119	113	
5	108	114	
Total	531	526	
Mean	106.20	105.20	97.68

N=5

TABLE 21

Female - self satisfaction, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	91	93	
2	66	89	
3	104	121	
4	86	94	
5	125	110	
Total	472	507	
Mean	94.40	101.40	104.20

N=5

TABLE 22

Female - self satisfaction, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	101	127	
2	80	87	
3	96	111	
4	83	86	
5	83	86	
Total	443	497	
Mean	88.60	99.40	107.27

N=5

TABLE 23

Female - self satisfaction, pre-and post treatment scores - means and adjusted mean for no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	94	92	
2	118	118	
3	100	93	
4	90	89	
5	133	139	
Total	535	531	
Mean	107.00	106.20	97.98

N=5

TABLE 24

Male and female self-satisfaction pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	91.60	94.40	
	$\bar{Y}$	96.00	101.40	
	$\bar{Y}_{adj.}$	101.25	104.20	102.72
Indiv. b_2	$\bar{X}$	97.80	88.60	
	$\bar{Y}$	103.80	99.40	
	$\bar{Y}_{adj.}$	103.63	107.27	105.45
Control b_3	$\bar{X}$	106.20	107.00	
	$\bar{Y}$	105.20	106.20	
	$\bar{Y}_{adj.}$	97.68	97.98	97.83
	$\bar{A}_{adj.}$	100.85	103.15	

Comparison of treatment effects on behavior.

As indicated by Table 25 the F ratio for treatment did not reach statistical significance. Also the F ratios for sex and interaction between sex and treatment did not reach statistical significance.

As inspection of Tables 26, 27, and 28 will reveal data regarding the males' behavior pre and post treatment scores - means and adjusted mean for both experimental treatments and the no treatment or control group. Tables 29, 30, and 31 presents similar information for females. Presented in Table 32 is data concerning: 1. pre treatment and post treatment means for both male and female; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males and a_2-females; 4. adjusted means of factors b_1-group counseling treatment, b_2-individual counseling treatment and b_3-no treatment.

TABLE 25

Analysis of Covariance
Behavior

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	112.645	1	112.645	1.56
Treatment	141.141	2	70.570	.98
Sex X Treatment	52.427	2	26.213	.36
Within Cells	1659.846	23	72.167	
Total	1966.059	28	281.595	

TABLE 26

Male - behavior, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	99	89	
2	120	103	
3	110	115	
4	83	84	
5	116	107	
Total	528	498	
Mean	105.60	99.60	99.99

N=5

TABLE 27

Male - behavior, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	101	97	
2	117	112	
3	97	104	
4	106	112	
5	114	120	
Total	535	545	
Mean	107.00	109.00	102.65

N=5

TABLE 28

Male - behavior, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	93	91	
2	102	101	
3	112	115	
4	128	101	
5	132	138	
Total	567	546	
Mean	113.40	109.20	102.65

N=5

TABLE 29

Female - behavior, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	92	95	
2	89	96	
3	111	119	
4	100	97	
5	113	100	
Total	505	507	
Mean	101.00	101.40	105.87

N=5

TABLE 30

Female - behavior, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	120	130	
2	90	96	
3	116	116	
4	84	87	
5	89	85	
Total	499	514	
Mean	99.80	102.80	108.34

N=5

TABLE 31

Female - behavior, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group

Subject	Pre-Test	Post Test	Adjusted Mean
1	102	109	
2	120	123	
3	86	92	
4	101	92	
5	138	141	
Total	547	557	
Mean	109.40	111.40	108.41

N=5

TABLE 32

Male and female behavior pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	105.60	101.00	
	$\bar{Y}$	99.60	101.40	
	$\bar{Y}$	99.99	105.87	102.93
Indiv. b_2	$\bar{X}$	107.00	99.80	
	$\bar{Y}$	109.00	102.80	
	$\bar{Y}$	108.14	108.34	108.24
Control b_3	$\bar{X}$	113.40	109.40	
	$\bar{Y}$	109.20	111.40	
	$\bar{Y}_{adj.}$	102.65	108.41	105.53
	$\bar{A}_{adj.}$	103.59	107.54	

Comparison of treatment effects on physical self concept.

The data in Table 33 indicated that the F ratio for treatment did not reach statistical significance. The F ratios for sex and interaction between sex and treatments also were not statistically significant.

Tables 34, 35, and 36 contain data regarding the males' physical self concept pre and post test scores - means and adjusted mean for both experimental treatments and the no treatment or control group. Inspection of Tables 37, 38, and 39 will give an overview of similar data for females. Presented in Table 40 are data concerning: 1. pre and post treatment means for both male and female; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males, and a_2-females; 4. adjusted means of factors b_1-group counseling treatment, b_2-individual counseling treatment and b_3-no treatment.

TABLE 33

Analysis of Covariance
Physical Self

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	1.48	1	1.48	.029
Treatment	149.857	2	74.928	1.48
Sex X Treatment	35.573	2	17.786	.35
Within Cells	1167.374	23	50.755	
Total	1352.952	28	143.617	

TABLE 34

Male - physical self, pre-and post treatment scores-means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	53	63	
2	70	65	
3	59	65	
4	49	39	
5	62	62	
Total	293	294	
Mean	58.60	58.80	63.66

N=5

TABLE 35

Male - physical self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	60	72	
2	66	66	
3	60	61	
4	64	69	
5	73	81	
Total	323	349	
Mean	64.60	69.80	68.59

N=5

TABLE 36

Male - physical self, Pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	58	55	
2	70	67	
3	77	69	
4	77	70	
5	66	79	
Total	348	340	
Mean	69.60	68.00	61.73

N=5

TABLE 37

Female - physical self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	56	55	
2	57	60	
3	61	76	
4	64	62	
5	74	73	
Total	312	326	
Mean	62.40	65.20	66.21

N=5

TABLE 38

Female - physical self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	63	73	
2	49	51	
3	68	73	
4	58	50	
5	51	53	
Total	289	300	
Mean	57.80	60.00	65.67

N=5

TABLE 39

Female - physical self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	69	59	
2	75	81	
3	58	52	
4	53	50	
5	82	82	
Total	337	324	
Mean	67.40	64.80	60.75

N=5

TABLE 40

Male and female physical self pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	58.60	62.40	
	$\bar{Y}$	58.80	65.20	
	$\bar{Y}_{adj.}$	63.66	66.21	64.93
Indiv. b_2	$\bar{X}$	64.60	57.80	
	$\bar{Y}$	69.80	60.00	
	$\bar{Y}_{adj.}$	68.59	65.67	67.13
Control b_3	$\bar{X}$	69.60	67.40	
	$\bar{Y}$	68.00	64.80	
	$\bar{Y}_{adj.}$	61.73	60.75	61.24
	$\bar{A}_{adj.}$	64.66	64.21	

Comparison of treatment effects on moral-ethical self concept.

Inspection of Table 41 revealed that the F ratio for treatment was not statistically significant. As indicated by Table 41 the F ratios for sex and interaction between sex and treatment did not reach statistical significance.

Tables 42, 43, and 44 present data concerning the males' moral-ethical self concept pre and post test scores - means and adjusted mean for both experimental treatments and the no treatment or control group. Similar information for females is presented in Tables 45, 46, and 47. Table 48 contain data regarding: 1. pre and post treatment means for both male and female; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males, and a_2-females; 4. adjusted means of factors b_1-group counseling treatment, b_2-individual counseling treatment and b_3-no treatment.

TABLE 41

Analysis of Covariance
Moral-ethical Self

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	.646	1	.646	.018
Treatment	90.862	2	45.431	1.24
Sex X Treatment	3.73	2	1.868	.05
Within Cells	843.742	23	36.684	
Total	935.623	28	84.629	

TABLE 42

Male - moral-ethical self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	57	67	
2	57	65	
3	68	70	
4	59	59	
5	64	66	
Total	305	327	
Mean	61.00	65.40	70.46

N=5

TABLE 43

Male - moral-ethical self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	59	58	
2	61	80	
3	57	60	
4	64	56	
5	68	71	
Total	309	331	
Mean	61.80	66.20	70.53

N=5

TABLE 44

Male - moral-ethical self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	63	56	
2	56	60	
3	79	74	
4	82	81	
5	82	86	
Total	362	357	
Mean	72.40	71.40	66.04

N=5

TABLE 45

Female - moral-ethical self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling

Subject	Pre-Test	Post Test	Adjusted Mean
1	64	66	
2	53	62	
3	76	82	
4	64	63	
5	80	77	
Total	337	350	
Mean	67.40	70.00	69.21

N=5

TABLE 46

Female - moral-ethical self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling

Subject	Pre-Test	Post Test	Adjusted Mean
1	78	79	
2	67	73	
3	70	82	
4	52	50	
5	70	72	
Total	337	356	
Mean	67.40	71.20	70.41

N=5

TABLE 47

Female - moral-ethical self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	66	63	
2	75	78	
3	51	55	
4	65	61	
5	89	88	
Total	346	345	
Mean	69.20	69.00	66.56

N=5

TABLE 48

Male and female moral-ethical self pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	61.00	67.40	
	$\bar{Y}$	65.40	70.00	
	$\bar{Y}_{adj.}$	70.46	69.21	69.83
Indiv. b_2	$\bar{X}$	61.80	67.40	
	$\bar{Y}$	66.20	71.20	
	$\bar{Y}_{adj.}$	70.53	70.41	70.47
Control b_3	$\bar{X}$	72.40	69.20	
	$\bar{Y}$	71.40	69.00	
	$\bar{Y}_{adj.}$	66.04	66.56	66.30
	$\bar{A}_{adj.}$	69.01	68.73	

Comparison of treatment effects on personal self concept scores.

Presented in Table 49 is the F ratio for treatment. Inspection of the F ratio indicated that it was not statistically significant. The F ratios for sex and interaction between sex and treatment also did not reach statistical significance. Tables 50, 51, and 52 contain data regarding the males' personal self pre and post test scores - means and adjusted mean for both experimental treatments and the no treatment or control group. Tables 53, 54, and 55 present similar information for females. Table 56 present data concerning: 1. pre and post treatment means; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males and a_2-females; 4. adjusted means of factors b_1-group counseling treatment b_2-individual counseling treatment and b_3-no treatment.

TABLE 49

Analysis of Covariance
Personal Self

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	56.233	1	56.233	1.63
Treatment	164.946	2	82.473	2.39
Sex X Treatment	109.311	2	54.655	1.58
Within Cells	794.722	23	34.533	
Total	1125.212	28	227.894	

TABLE 50

Male - personal self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling

Subject	Pre-Test	Post Test	Adjusted Mean
1	52	52	
2	69	77	
3	67	66	
4	55	55	
5	54	66	
Total	297	316	
Mean	59.40	63.20	65.61

N=5

TABLE 51

Male - personal self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling

Subject	Pre-Test	Post Test	Adjusted Mean
1	62	65	
2	71	71	
3	62	51	
4	67	62	
5	77	77	
Total	339	326	
Mean	67.80	65.20	59.63

N=5

TABLE 52

Male - personal self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	61	54	
2	72	68	
3	68	65	
4	62	67	
5	78	76	
Total	341	330	
Mean	68.20	66.00	60.05

N=5

TABLE 53

Female - personal self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	51	53	
2	37	55	
3	68	72	
4	61	66	
5	60	54	
Total	277	302	
Mean	55.40	60.40	66.61

N=5

TABLE 54

Female - personal self, pre-and post treatment scores - mean and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	65	78	
2	44	49	
3	64	73	
4	46	54	
5	45	44	
Total	264	298	
Mean	52.80	59.60	68.28

N=5

TABLE 55

Female - personal self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	65	60	
2	72	64	
3	57	58	
4	66	62	
5	80	81	
Total	340	325	
Mean	68.00	65.00	59.24

N=5

TABLE 56

Male and female personal self pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	59.40	55.40	
	$\bar{Y}$	63.20	60.40	
	$\bar{Y}_{adj.}$	65.61	66.61	66.11
Indiv. b_2	$\bar{X}$	67.80	52.80	
	$\bar{Y}$	65.20	59.60	
	$\bar{Y}_{adj.}$	59.63	68.28	63.95
Control b_3	$\bar{X}$	68.20	68.00	
	$\bar{Y}$	66.00	65.00	
	$\bar{Y}_{adj.}$	60.05	59.24	59.64
	$\bar{A}_{adj.}$	61.76	64.71	

Comparison of treatment effects on family self concept.

The F ratio for treatment presented in Table 57 did not reach statistical significance. The F ratios for sex and interaction between sex and treatments also did not reach statistical significance.

Inspection of Tables 58, 59, and 60 will reveal data pertaining to the males' family self pre and post test scores - means and adjusted mean for both experimental treatments and the no treatment or control group. Similar information for females is presented in Tables 61, 62, and 63. Presented in Table 64 are data concerning: 1. pre and post treatment means for both male and female; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males and a_2-females; 4. adjusted means of factors b_1-group counseling treatment, b_2-individual counseling treatment, and b_3-no treatment.

TABLE 57

Analysis of Covariance
Family Self

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	1.907	1	1.907	.055
Treatment	87.816	2	43.908	1.259
Sex X Treatment	56.221	2	28.111	.806
Within Cells	801.859	23	34.864	
Total	947.803	28	108.790	

TABLE 58

Male - family self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	62	52	
2	54	56	
3	80	67	
4	46	47	
5	57	56	
Total	299	278	
Mean	59.80	55.60	58.29

N=5

TABLE 59

Male - family self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	60	56	
2	57	61	
3	60	70	
4	67	65	
5	71	74	
Total	315	32.60	
Mean	63.00	65.20	65.02

N=5

TABLE 60

Male - family self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	55	53	
2	54	57	
3	76	78	
4	73	71	
5	68	74	
Total	326	333	
Mean	65.20	66.60	64.45

N=5

TABLE 61

Female - family self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	53	53	
2	54	57	
3	67	78	
4	58	54	
5	74	64	
Total	306	306	
Mean	61.20	61.20	62.63

N=5

TABLE 62

Female - family self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	78	77	
2	53	56	
3	65	68	
4	50	54	
5	58	56	
Total	304	311	
Mean	60.80	62.20	63.99

N=5

TABLE 63

Female - family self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	58	62	
2	75	79	
3	56	44	
4	63	60	
5	82	89	
Total	334	331	
Mean	66.80	66.20	67.62

N=5

TABLE 64

Male and female family self pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	59.80	61.20	
	$\bar{Y}$	55.60	61.20	
	$\bar{Y}_{adj.}$	58.29	62.63	60.46
Indiv. b_2	$\bar{X}$	63.00	60.80	
	$\bar{Y}$	65.20	62.20	
	$\bar{Y}_{adj.}$	65.02	63.99	64.51
Control b_3	$\bar{X}$	65.20	66.80	
	$\bar{Y}$	66.60	62.20	
	$\bar{Y}_{adj.}$	64.45	62.62	63.53
	$\bar{A}_{adj.}$	62.59	63.08	

Comparison of treatment effects on social self concept.

The statistical data presented in Table 65 showed the F ratio for treatment as not being statistically significant. The F ratios for sex and interaction between sex and treatment presented in Table 65 also did not reach statistical significance.

Displayed in Tables 66, 67, and 68 are data concerning the males' social self pre and post treatments and the no treatment or control group. Similar information is presented for females in Tables 69, 70, and 71. Table 72 present data regarding: 1. pre and post treatment means for both male and female; 2. adjusted post treatment means; 3. adjusted means of factors a_1-males and a_2-females; 4. adjusted means of factors b_1-group counseling treatment, b_2-individual counseling treatment and b_3-no treatment.

TABLE 65

Analysis of Covariance
Social Self

Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F
Sex	24.686	1	24.686	.62
Treatment	106.178	2	53.089	1.34
Sex X Treatment	60.839	2	30.419	.77
Within Cells	909.063	23	39.524	
Total	1100.766	28	147.718	

TABLE 66

Male - social self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	55	60	
2	61	58	
3	58	66	
4	51	54	
5	60	69	
Total	285	307	
Mean	57.00	61.40	66.04

N=5

TABLE 67

Male - social self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	58	57	
2	64	70	
3	63	65	
4	70	66	
5	68	70	
Total	323	328	
Mean	64.60	65.60	64.47

N=5

TABLE 68

Male - social self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	57	52	
2	60	55	
3	66	73	
4	82	63	
5	86	80	
Total	351	326	
Mean	70.20	65.20	57.58

N=5

TABLE 69

Female - social self, pre-and post treatment scores - means and adjusted mean for experimental treatment 1 - Group Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	52	55	
2	52	56	
3	68	69	
4	58	59	
5	74	77	
Total	302	316	
Mean	60.40	63.20	64.69

N=5

TABLE 70

Female - social self, pre-and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.

Subject	Pre-Test	Post Test	Adjusted Mean
1	61	81	
2	52	56	
3	62	63	
4	56	50	
5	42	38	
Total	273	288	
Mean	54.60	57.60	64.47

N=5

TABLE 71

Female - social self, pre-and post treatment scores - means and adjusted mean for the no treatment - Control Group.

Subject	Pre-Test	Post Test	Adjusted Mean
1	49	56	
2	77	76	
3	57	59	
4	63	58	
5	80	82	
Total	326	331	
Mean	65.20	66.20	63.23

N=5

TABLE 72

Male and female social self pre-and post treatment means--adjusted post treatment means--adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.

		Males a_1	Females a_2	$\bar{B}_{adj.}$
Group b_1	$\bar{X}$	57.00	60.40	
	$\bar{Y}$	61.40	63.20	
	$\bar{Y}_{adj.}$	66.04	64.69	65.37
Indiv. b_2	$\bar{X}$	64.60	54.60	
	$\bar{Y}$	65.60	57.60	
	$\bar{Y}_{adj.}$	63.19	64.47	63.83
Control b_3	$\bar{X}$	70.20	65.20	
	$\bar{Y}$	65.20	66.20	
	$\bar{Y}_{adj.}$	57.58	63.23	60.41
	$\bar{A}_{adj.}$	62.27	64.13	

CHAPTER V

Summary and Conclusions

Summary of the Study

The design of this study was to investigate the effectiveness of short term group and individual counseling at changing, in a positive direction, the self concept of handicapped client workers in a sheltered workshop setting. A secondary interest was to determine which counseling technique - group or individual - was most effective. Also additional investigations were made of the effects of sex and interaction between sex and treatments for the total positive self concept and the eight subtopics of self concept: 1. identity, 2. self-satisfaction, 3. behavior, 4. physical self, 5. moral-ethical self, 6. personal self, 7. family self, 8. social self.

Two research hypotheses were proposed and tested:

Research hypothesis one:

> Subjects receiving group counseling or individual counseling will experience significantly more positive change in self concept score than control subjects as measured by the Tennessee Self Concept Scale.

Research hypothesis two:

> Subjects receiving group counseling treatment will experience as much or more positive change in self concept than subjects receiving individual counseling treatment.

The study was conducted at Oklahoma Goodwill Industries Inc., a sheltered workshop in Oklahoma City that provides training for handicapped people so that they can become employed with private industry. Thirty subjects, 15 males and 15 females, were randomly selected for the study. Ten subjects, 5 males and 5 females, were assigned to experimental treatment 1 - group counseling. Ten subjects, 5 males and 5 females, were assigned to experimental treatment 2 - individual counseling. Ten subjects, 5 males and 5 females, were assigned to the no treatment or control group.

Subjects selected for the study received a pre test - the Tennessee Self Concept Scale. The subjects in experimental treatment 1 and 2 received four weeks of counseling. Experimental treatment 1 received group counseling and experimental treatment 2 received individual counseling. The no treatment or control group did not receive any counseling. Two weeks were allowed to elapse before the post treatment was administered, hopefully avoiding "halo" effect. The Tennessee Self Concept Scale was administered at the end of the sixth week as a post test measure, to all the subjects, including the no treatment control group.

The counseling was performed by two male counselors. Both have master's degrees in guidance and counseling and are doctoral candidates for a degree in counseling.

Analysis of the data was accomplished by calculating a two factor 2 x 3 analysis of covariance. The covariance analysis was chosen because of its ability to adjust for the difference in pre-test scores.

Discussion of Results

Fitts (1965), - see appendix A - stated that the total positive score is the most important score yielded by the Tennessee Self Concept Scale. The total positive score is a composite of all the sub-item scores in the scale and is a reflection of the total self esteem. The analysis of covariance calculated on the total positive scores revealed that there was a significant difference between counseling treatments. A test of the adjusted means of the three groups indicated that both group and individual counseling were more effective than no counseling at producing a statistical significant total positive adjusted mean score. The results also revealed that there was no significant difference between group and individual counseling treatments. This information supports the contention that short term group and individual counseling is effective at producing a positive self concept.

The information also supports the theory that group counseling is as effective as individual counseling. The implication is that by using small group counseling, results similar to those obtained by using individual counseling can be expected. The advantage in using group counseling - more efficient use of the counselors' skills and time - will allow the sheltered workshops to provide their services to more handicapped clients than they would be able to if they only used individual counseling techniques.

Inspection of the F ratios of the eight subtopics in the Tennessee Self Concept Scale revealed that only one - identity reached statistical significance. However in viewing the tables containing the pre and post treatment scores - means and adjusted means, one will see that the trend was for the scores of the group and individual counseling treatments to

increase while the general trend was for the no treatment groups to decrease. Also the means and adjusted means increased in the treatment groups and decreased in the no treatment groups. If the treatments had been continued for a few more weeks, it is possible that more of the subtopics would have reached statistical significance.

The contention that group counseling treatment was as effective as individual counseling treatment was supported by the results of the statistical analysis of the total positive score. With regard to the same contention applied to the eitht subtopics, group counseling was revealed to be more effective than no counseling in the area of identity. The F ratios for the remaining subtopics - self satisfaction, behavior, physical self, moral-ethical self, family self, social self and personal self- revealed no statistical significant difference. With regard to these topics, group counseling was as effective as individual counseling but this must be qualified with the fact that no counseling was shown not to differ statistically from eight group or individual counseling.

The analysis of the data revealed that there were no statistical differences between the sexes. Also there were no statistical differences shown in the interaction between sex and treatments.

Implications of the Study

As have been mentioned in previous chapters, sheltered workshops generally have only a short period of time to counsel with handicapped client trainees. A vital concern of sheltered workshops should be to investigate effective and more efficient ways of rehabilitating their

clients. This study was an experimental investigation of the effects of short term individual and group counseling on the self concept of handicapped clients in a sheltered workshop. The results offer some important implications for sheltered workshops.

1. Sheltered workshop counselors attempting to help improve the self concept of their clients should concentrate on improving the overall self esteem of the clients. Considering the short period of time they have to counsel with their clients, it seems unrealistic to expect dramatic changes in many of the sub-topics.

2. Sheltered workshop counselors should use the Tennessee Self Concept Scale's subtopics as a means to identify areas of the self concept that need improving. Once these areas have been identified the counselors should communicate this information to the clients' rehabilitation counselors so that they can arrange for more extensive counseling.

3. Sheltered workshop counselors should use more group counseling. This will provide for more efficient and economical use of their time.

4. Sheltered workshop counselors can use the Tennessee Self Concept Scale as another tool to aid in rehabilitating their clients.

Suggestions for Future Research

The following are suggestions for future research which will aid in the rehabilitation of the handicapped:

1. Replication of this study using the same research design - of counseling treatments and no treatment groups - but extend the treatment time from four weeks to eight or ten weeks. It is possible that by extending the treatment period, statistically significant results will be obtained for those subtopics of self concept that did not reach statistical significance in this study.

2. Replication of this study using: Physically, mentally, mentally retarded and emotionally handicapped subjects. The results of the study should give some indication of the effectiveness of short term counseling on a wide range of handicaps.

3. Replication of this study using the following variables: Age, race, social-economic level and educational background.

4. Replication of this study making use of various counseling techniques such as reality therapy, non directive, directive, etc.

5. Replication of this study using a self concept rating scale other than the Tennessee Self Concept Scale.

6. Replication of this study using a larger N.

7. A research study investigating the relationship existing between the handicapped clients' self concept and the length of time spent in training would undoubtedly yield valuable information.

8. A research study investigating the relationship existing between the handicapped clients' self concept and completion and non-completion of training, should aid in the study of the importance of a positive self concept.

9. Valuable information could be obtained through an investigation of the relationship existing between self concept and degree of handicap.

APPENDIXES

APPENDIX A

THE TENNESSEE SELF CONCEPT SCALE

Nature And Meaning of Scores (Counseling Form)

A. The Self Criticism Score (SC) This scale is composed of 10 items. These are all mildly derogatory statements that most people admit as being true for them. Individuals who deny most of these statements most often are being defensive and making a deliberate effort to present a favorable picture of themselves. High scores generally indicate a normal, healthy openness and capacity for self-criticism. Extremely high scores (above the 99th percentile) indicate that the individual may be lacking in defenses and may, in fact, be pathologically undefended. Low scores indicate defensiveness, and suggest that the Positive Scores are probably artificially elevated by this defensiveness.

B. The Positive Scores These statements convey three primary messages: (1) This is what I am; (2) This is how I feel about myself, and (3) This is what I do. The total positive scores derived directly from a classification scheme used in scoring the test represent an internal frame of reference within which the individual is describing himself. Additional item analysis during standardization procedures permitted further distribution and pooling of items allowing the entire set of items to be divided both vertically and horizontally. The vertical columns forming the external frame of reference and the horizontal rows forming the internal frame of reference of statements such as what I am physically, morally, socially, etc.

1. Total Positive (P) Score; This is the most important single score on the Counseling Form. It reflects the overall level of self esteem. Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. People with low scores are doubtful about their own worth; see themselves as undesirable; often feel anxious, depressed, and unhappy; and have little faith or confidence in themselves.

2. Identity Scale Score: These are the "what I am" items. Here the individual is describing his basic identity, what he is as he sees himself.

3. Self-Satisfaction Scale Scores: This score comes from those items where the individual describes how he feels about the self he perceives. In general this score reflects the level of self-satisfaction or self-acceptance.

4. Behavior Scale Scores: This score comes from those items that say "this is what I do, or this is the way I act." This score measures the individual's perception of his own behavior or the way he functions.

5. Physical Self Scale Scores: Here the individual is presenting his view of his body, his state of health, his physical appearance, skills, and sexuality.

6. Moral-Ethical Self Scale Scores: This score describes the self from a moral-ethical frame of reference such as moral worth, relationship to God, feelings of being a "good" or "bad" person, and satisfaction with one's religion or lack of it.

7. Personal Self Scale Scores: This score reflects the individual's sense of personal worth, his feeling of adequacy as a person and his evaluation of his personality apart from his body or his relationships to others.

8. Family Self Scale Scores: This score reflects one's feelings of adequacy, worth, and value as a family member. It refers to the individual's perception of self in reference to his closest and most immediate circle of associates.

9. Social Self Scale Scores: This is another "self as perceived in relation to others" category but pertains to "others" in a more general way. It reflects the person's sense of adequacy and worth in his social interaction with other people in general.

In addition there is a Variability Score which provides a simple measure of the amount of variability, or inconsistency, from one area to another. Also a Distribution score which summarizes the way the testee distributes his answers across the five available choices. Finally there is a Time Score which indicates a general ability of sufficient education, intelligence, and reading ability to handle the task of writing the test. Average time is less than 20 minutes.

Appendix B

TENNESSEE SELF CONCEPT SCALE

William H. Fitts, Ph.D.

Instructions

On the top line of the separate answer sheet, fill in your name and the other information except for the time information in the last three boxes. You will fill these boxes in later. Write only on the answer sheet. Do not put any marks in this booklet.

The statements in this booklet are to help you describe yourself as you see yourself. Please respond to them as if you were describing yourself to yourself. Do not omit any item! Read each statement carefully; then select one of the five responses listed below. On your answer sheet, put a circle around the response you chose. If you want to change an answer after you have circled it, do not erase it but put an X mark through the response and then circle the response you want.

When you are ready to start, find the box on your answer sheet marked time started and record the time. When you are finished, record the time finished in the box on your answer sheet marked time finished.

As you start, be sure that your answer sheet and this booklet are lined up evenly so that the item numbers match each other.

Remember, put a circle around the response number you have chosen for each statement.

	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
Responses:	1	2	3	4	5

You will find these response numbers repeated at the bottom of each page to help you remember them.

Appendix C

The Tennessee Self Concept Scale (Fitts) Page 1

		Item No.
1.	I have a healthy body	1
3.	I am an attractive person	3
5.	I consider myself a sloppy person	5
19.	I am a decent sort of person	19
21.	I am an honest person	21
23.	I am a bad person	23
37.	I am a cheerful person	37
39.	I am a calm and easy going person	39
41.	I am a nobody	41
55.	I have a family that would always help me in any kind of trouble	55
57.	I am a member of a happy family	57
59.	My friends have no confidence in me	59
73.	I am a friendly person	73
75.	I am popular with men	75
77.	I am not interested in what other people do	77
91.	I do not always tell the truth	91
93.	I get angry sometimes	93
2.	I like to look nice and neat all the time	2
4.	I am full of aches and pains	4
6.	I am a sick person	6
20.	I am a religious person	20
22.	I am a moral failure	22
24.	I am a morally weak person	24
38.	I have a lot of self-control	38

		Item No.
40.	I am a hateful person	40
42.	I am losing my mind	42
56.	I am an important person to my friends and family	56
58.	I am not loved by my family	58
60.	I feel that my family doesn't trust me	60
74.	I am popular with women	74
76.	I am mad at the whole world	76
78.	I am hard to be friendly with	78
92.	Once in a while I think of things too bad to talk about	92
94.	Sometimes, when I am not feeling well, I am cross	94
7.	I am neither too fat nor too thin	7
9.	I like my looks just the way they are	9
11.	I would like to change some parts of my body	11
25.	I am satisfied with my moral behavior	25
27.	I am satisfied with my relationship to God	27
29.	I ought to go to church more	29
43.	I am satisfied to be just what I am	43
45.	I am just as nice as I should be	45
47.	I despise myself	47
61.	I am satisfied with my family relationships	61
63.	I understand my family as well as I should	63
65.	I should trust my family more	65
79.	I am as sociable as I want to be	79
81.	I try to please others, but I don't overdo it	81
83.	I am no good at all from a social standpoint	83
95.	I do not like everyone I know	95

		Item No.
97.	Once in a while, I laugh at a dirty joke	97
8.	I am neither too tall nor too short	8
10.	I don't feel as well as I should	10
12.	I should have more sex appeal	12
26.	I am as religious as I want to be	26
28.	I wish I could be more trustworthy	28
30.	I shouldn't tell so many lies	30
44.	I am as smart as I want to be	44
46.	I am not the person I would like to be	46
48.	I wish I didn't give up as easily as I do	48
62.	I treat my parents as well as I should (use past tense if your parents are not living)	62
64.	I am too sensitive to things my family say	64
66.	I should love my family more	66
80.	I am satisfied with the way I treat other people	80
82.	I should be more polite to others	82
84.	I ought to get along better with other people	84
96.	I gossip a little at times	96
98.	At times I feel like swearing	98
13.	I take good care of myself physically	13
15.	I try to be careful about my appearance	15
17.	I often act like I am "all thumbs"	17
31.	I am true to my religion in my everyday life	31
33.	I try to change when I know I'm doing things that are wrong ...	33
35.	I sometimes do very bad things	35
49.	I can always take care of myself in any situation	49

		Item No.
51.	I take the blame for things without getting mad	51
53.	I do things without thinking about them first	53
67.	I try to play fair with my friends and family	67
69.	I take a real interest in my family	69
71.	I give in to my parents. (use past tense if parents are no longer living)	71
85.	I try to understand the other fellow's point of view	85
87.	I get along well with other people	87
89.	I do not forgive others easily	89
99.	I would rather win than lose in a game	99
14.	I feel good most of the time	14
16.	I do poorly in sports and games	16
18.	I am a poor sleeper	18
32.	I do what is right most of the time	32
34.	I sometimes use unfair means to get ahead	34
36.	I have trouble doing the things that are right	36
50.	I solve my problems quite easily	50
52.	I change my mind a lot	52
54.	I try to run away from my problems	54
68.	I do my share of work at home	68
70.	I quarrel with my family	70
72.	I do not act like my family thinks I should	72
86.	I see good points in all the people I meet	86
88.	I do not feel at ease with other people	88
90.	I find it hard to talk with strangers	90
100.	Once in a while I put off until tomorrow what I ought to do today	100

Oklahoma
GOODWILL INDUSTRIES Inc.
410 SOUTHWEST THIRD ● OKLAHOMA CITY, OKLAHOMA ● 73125 ● (405) 236-4451

June 1, 1973

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TO WHOM IT MAY CONCERN:

In 1973 Mr. Willie Bryan conducted four weeks counseling and pre and post testing of selected clients of Oklahoma Goodwill Industries, Inc. This program was in connection with his Doctoral work at the University of Oklahoma.

The purpose was to determine if group and individual counseling is effective in changing an individual's self concept in a positive way.

This program was authorized and approved by Oklahoma Goodwill Industries, Inc. Mr. Bryan received full cooperation and assistance of all of the staff and employees of Goodwill Industries.

Sincerely,

Cecil E. McFarland

Cecil E. McFarland

CEM/ds



"GOOD WILLY" SAYS

...serving the handicapped since 1936

APPENDIX E

LIST OF TABLES

TABLE		PAGE
1	Analysis of Covariance-Total Positive Score.	38
2	Males' total positive self concept pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	39
3	Males' total positive self concept pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	40
4	Males' total positive self concept pre and post treatment scores - means and adjusted mean for the no treatment or control group.	41
5	Females' total positive self concept pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	42
6	Females' total positive self concept pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	43
7	Females' total positive self concept pre and post treatment scores - means and adjusted mean for the no treatment or control group.	44
8	Males and females' total positive pre and post treatment means - adjusted post treatment means - adjusted means of factors: a_1-males, a_2-females, b_1-group counseling treatment, b_2-individual counseling treatment, b_3-no treatment or control group.	45
9	Analysis of Covariance Identity.	47
10	Male identity, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	48
11	Male identity, pre and post treatment scores - means and adjusted mean for experimental treatment 2 - Individual Counseling.	49
12	Male identity, pre and post treatment scores - means and adjusted mean for the no treatment - Control Group.	50
13	Female identity, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	51

LIST OF TABLES

TABLE		PAGE
14	Female identity, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	52
15	Female identity, pre and post treatment scores - means and adjusted mean for the no treatment -Control Group.	53
16	Male and female identity, pre and post treatment means-- adjusted post treatment means --adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.	54
17	Analysis of Covariance-Self-Satisfaction	56
18	Male self-satisfaction, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	57
19	Male self-satisfaction, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	58
20	Male self-satisfaction, pre and post treatment scores - means and adjusted mean for the no treatment -Control Group.	59
21	Female self-satisfaction, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	60
22	Female self-satisfaction, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	61
23	Female self-satisfaction, pre and post treatment scores - means and adjusted mean for no treatment -Control Group.	62
24	Male and female self-satisfaction, pre and post treatment means-- adjusted post treatment means-- adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.	63

LIST OF TABLES

TABLE		PAGE
25	Analysis of Covariance-Behavior	65
26	Male behavior, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	66
27	Male behavior, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling	67
28	Male behavior, pre and post treatment scores - means and adjusted mean for the no treatment -Control Group.	68
29	Female behavior, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	69
30	Female behavior, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	70
31	Female behavior, pre and post treatment scores - means and adjusted mean for the no treatment -Control Group.	71
32	Male and female behavior, pre and post treatment means-- adjusted post treatment means-- adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or Control Group.	72
33	Analysis of Covariance-Physical Self	74
34	Male physical self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	75
35	Male physical self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	76
36	Male physical self, pre and post treatment scores - means and adjusted mean for the no treatment - Control Group.	77

LIST OF TABLES

TABLE		PAGE
37	Female physical self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	78
38	Female physical self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	79
39	Female physical self, pre and post treatment scores - means and adjusted mean for the no treatment -Control Group.	80
40	Male and female physical self, pre and post treatment means-- adjusted post treatment means-- adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.	81
41	Analysis of Covariance Moral-ethical Self	83
42	Male moral-ethical self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	84
43	Male moral-ethical self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	85
44	Male moral-ethical self, pre and post treatment scores - means and adjusted mean for the no treatment -Control Group.	86
45	Female moral-ethical self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	87
46	Female moral-ethical self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	88
47	Female moral-ethical self, pre and post treatment scores - means and adjusted mean for the no treatment -Control Group.	89
48	Male and female moral-ethical, self pre and post treatment means-- adjusted post treatment means-- adjusted means of facotrs: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or Control Group.	90

LIST OF TABLES

TABLE		PAGE
49	Analysis of Covariance-Personal Self	92
50	Male personal self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	93
51	Male personal self, pre and post treatment scores - means and adjusted means for experimental treatment 2 -Individual Counseling.	94
52	Male personal self, pre and post treatment scores - means and adjusted mean for the no treatment -control group.	95
53	Female personal self, pre and post treatment scores - means and adjusted mean for experimental treatment 1 -Group Counseling.	96
54	Female personal self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	97
55	Female personal self, pre and post treatment scores - means and adjusted mean for the no treatment -control group.	98
56	Male and female personal self, pre and post treatment means-- adjusted post treatment means-- adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or control group.	99
57	Analysis of Covariance-Family Self	101
58	Male family self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	102
59	Male family self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	103
60	Male family self, pre and post treatment scores - means and adjusted mean for the no treatment - control group.	104

LIST OF TABLES

TABLE		PAGE
61	Female family self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	105
62	Female family self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	106
63	Female family self. pre and post treatment scores - means and adjusted mean for the no treatment - Control Group.	107
64	Male and female family self, pre and post treatment means-- adjusted post treatment means-- adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or Control Group.	108
65	Analysis of Covariance-Social Self	110
66	Male social self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	111
67	Male social self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	112
68	Male social self, pre and post treatment scores - means and adjusted mean for the no treatment - Control Group.	113
69	Female social self, pre and post treatment scores - means and adjusted mean for experimental treatment I -Group Counseling.	114
70	Female social self, pre and post treatment scores - means and adjusted mean for experimental treatment 2 -Individual Counseling.	115
71	Female social self, pre and post treatment scores - means and adjusted mean for the no treatment - -Control Group.	116
72	Male and female social self, pre and post treatment means-- adjusted post treatment means-- adjusted means of factors: a_1-males, a_2-females, b_1-group treatment, b_2-individual treatment, b_3-no treatment or Control Group.	117

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