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THE EFFECTS OF INCREASED CLARITY ON PROCESS AND OUTCOME IN A COMMUNICATION SKILLS TRAINING LABORATORY WITH PSYCHIATRIC IN-PATIENTS

A Dissertation

Presented for the

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ABSTRACT

Forty-seven patients on the Alcohol and Drug Unit at Moccasin Bend Psychiatric Hospital were assigned to one of six Communications Skills Training Groups as they entered the hospital. Two levels of clarity were used in preparing the subjects for participation in the groups. The clear condition was defined by a contract; the unclear condition utilized a general discussion of laboratory training in preparing clients. Each condition was assigned to three of the groups, with the first assignment being decided by a coin toss. The effects of the two levels of clarity on the development of group atmosphere, the development of intermember relationships in the group, and therapeutic outcome were measured using self-report data, facilitator observation, and client behavior on the treatment unit. Results support the hypothesis that level of clarity in preparation affects the development of group atmosphere and therapeutic outcome. No significant association was found between level of clarity and the development of intermember relationships in a Communication Skills Training Group.

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INTRODUCTION

Although the idea of adapting laboratory training methods, used primarily with industrial populations, to patient populations was considered to be a logical step, distinct problems were anticipated in doing so (Morton, 1965). The laboratory method had been developed primarily with professional, management, and supervisory personnel, and with college students. It was questioned whether patients, many of whom would have less highly developed verbal and writing skills, could participate meaningfully and acquire significant learning. Many problems were expected to result from patients' expectancies brought to treatment. For example, could patients, with their assumptions regarding responsibility, authority, disease process, "proper" treatment, and historical causality, assume the role of learners? Perhaps the most important question raised was whether persons troubled enough to seek treatment, whose frustration tolerance is low and sustained goal behavior is limited, would accept and continue through this type of treatment program.

The Patient Training Laboratory approach varies in many ways from other treatment approaches. Whereas the most common professional approach in treatment is toward behavioral change through analysis of conflict and acquisition of insight, the laboratory approach emphasizes the learning resulting from analysis of the objective consequences of here-and-now behavior. "Objective forces which impinge on perceptions of self, situation, and others are examined and become part of the data

that provide the basis for change" (Morton, 1965, p. 115). For many clients, this focus presents such a contrast to their expectancies concerning treatment, that they can make no association between the "problem" that brought them to the hospital and the experience they are undergoing. It is very difficult for the client to understand how what he says and does in a group of strangers and how he relates to them has any bearing on his marital problems, problems with his parents, excessive drinking, or whatever may have brought him into treatment.

In addition to the focus on here-and-now behaviors, there are other conditions, usually treated as tangential in other clinical methods, which seem to be essential for change in laboratory training. One of the most important conditions is the establishment and maintenance of an experimental climate where alternative patterns of behavior can be invented and tried out. This requires certain levels of trust, cooperation, self-disclosure, and support within the group, as well as the client's understanding of what is expected of him and his willingness to participate. The development of strong intermember relationships within the group which provide the support needed is extremely important for change (Clark and Culbert, 1965).

One of the characteristics of laboratory training considered essential to the development of the necessary climate and exploratory behavior that provide the basis for change is a high degree of ambiguity. Laboratory training experiences for the most part contain a great deal of built in ambiguity. The articulated goals of laboratory training groups are usually very general, the expected modes of interaction

extremely unclear, and the trainer, nondirective in his approach, does very little to clarify either goals or procedures. This planned ambiguity and goallessness characterize most of the laboratory training paradigms found in the literature, and are assumed by Tuckman (1965) in elaborating his developmental-sequence model for training groups.

Offering a rationale for the planned ambiguity and goallessness, Schein and Bennis (1965) say:

> The goals are unclear, the training staff provides minimal cues . . . the general absence of expectations creates an unstructured, i.e., ambiguous situation. This serves to upset old routines and behavioral grooves and to open up new possibilities for the delegates. (p. 44)

Bennis (1964) suggests that although lack of structure and clarity may result in initial dependency on the trainer, this gives way to something more desirable.

> Without any particular structure or clear-cut goals to begin with, the group must develop its own muscles and structure, and this demands sophistication about the group formative process, as well as sensitivity to the self as a result of this maturation process. (pp. 274-275)

Benne (1964) suggests that ambiguity and goallessness are particularly beneficial in laboratories in which participants are to learn "group formative processes" by immersing themselves in group process. According to Slater (1966), members are supposed to have periods of drifting, to become resentful toward the leader for providing no direction and rise up in revolt against him, to experience frustration in the formulation and execution of goals—for this is one of the most effective ways to study the nature of small groups. In general, then, it seems that not only is the ambiguity that characterizes most laboratory training

approaches assumed, it is defined as being an essential condition to the process that leads to change.

In the face of many of the problems forseen in adapting the laboratory training group to patient populations, some degree of ambiguity was removed through the use of structured exercises in the Patient Training Laboratory. Designed to convey a particular concept and/or offer the participant practice in a particular communication skill area, the exercises, at least, defined what was expected of the participant in a particular session. The usefulness of such exercises has been discussed by Weinstein and Pollack (1972) and McCardel (1973).

The effectiveness of using laboratory training models with patient populations has been demonstrated in studies by Morton, 1965, Johnson et al., 1965, and Arbes and Hubbell, 1973. However, participation as a trainer in a patient training laboratory led to many experiences which raised questions about the degree of ambiguity that remains in the training laboratory. Patients receive very little orientation to the groups. Although the philosophy is explained and the laboratory nature of the group explored with the participants, there remains a great deal of confusion in the participant's mind as to what is expected of him, what the leader's role is, where he, the participant, begins in his attempts to help himself, and the like. Neither the patient's understanding of and expectancies related to treatment nor his personal experiences offer him any foundation on which to determine what is expected of him, what he can expect to take place in the training laboratory, and if, in fact, he wants to participate in a group of this sort.

One of the justifications of planned ambiguity in training groups is that it breeds anxiety, which provides the motivation for continued work in the group. Certainly some anxiety is necessary; a group that is too comfortable accomplishes very little. In the case of laboratory training groups with patient populations, however, the proposed group members bring with them the many, sometimes almost debilitating, anxieties that have brought them into treatment. The additional anxiety, stemming from the ambiguity of the group they are asked to commit themselves to, serves no constructive purpose and at times seems to severely handicap their participation.

In discussing this aspect of planned ambiguity, Egan (1972, p. 188) says:

> There is no reason why ambiguity should be the source of anxiety in the group. If the members enter the group by contract, if they see the kinds of behavior expected of them, then the source of anxiety is the contract itself. I think that contract anxiety is preferable to anxiety stemming from ambiguity because the former is more real. It serves as a drive toward goals that are clearly defined.

The purpose of this study is to investigate the effects of greater clarity (less ambiguity), as defined by a contract, in preparing patients in a hospital treatment program for participation in a laboratory training group. It is hypothesized that clearly defining the goals of the group, the particular behaviors and paths leading to these goals, and both participant and facilitator roles will lead more quickly to the development of the climate and intermember relationships necessary for change, and will result in greater therapeutic change.

CHAPTER I

LITERATURE REVIEW

Ambiguity and Therapy

While there is no empirical evidence demonstrating the superiority of an ambiguous, goalless approach in training groups, a review of the literature does reveal a growing dissatisfaction with the ambiguity that characterizes most approaches to psychotherapy. The person who seeks psychotherapy is most often confused, and according to Curran (1944), "likely to approach the first interview feeling a minimum of responsibility for himself and a maximum of fear, insecurity, and defensiveness." Also commenting upon the person entering therapy, Hoehn-Saric and his associates (1965) suggest that because of the diversity and ambiguities of public conceptions of mental illness and psychotherapy, prospective patients arrive at the psychiatrist's office with a wide variety of attitudes and expectations.

> Only the most sophisticated are perfectly clear about why they are there and what to expect. Less sophisticated patients may have unrealistic expectations for improvement: they may not understand their role in the therapeutic process. (p. 267)

The confusion the patient feels often continues well into the therapy because the therapist fails to provide any meaningful structure:

> The patient may at first feel that his task is unorganized and formless and that there are no rules. Then he experiences a strong feeling of helplessness and dissatisfaction. It is as though the therapist did not care what he talked about or how he spoke of it. (Ingham and Love, 1954, p. 81)

Some evidence indicates that patients and therapists have different views of the same therapeutic experience (Truax and Carkhuff, 1967). Garfield and Wolpin (1963) found that the therapist thinks in longer terms and the patient in shorter terms of treatment. Eeifel and Eells (1963) found that therapists stressed changes in symptomatic relief and improvement in social relationships, whereas patients stressed self-understanding and self-confidence. In addition, the therapist focused on therapeutic technique, while the patient felt the opportunity to talk over his problems and the "human" characteristics of the therapist were most important in therapy. These differences, left unexplored and unclarified, can create many problems in the process of therapy.

The problems that arise in the therapy situation from a lack of structure or clarity have been outlined more directly in other studies. Levitt (1966) found that patients often enter therapy with unrealistic expectations of therapist participation. The failure of the therapist to dispel or to conform to this preconception reduces the probability that the experience will affect the client. Levitt suggested that the unwillingness of therapists to clarify patients' expectancies regarding treatment results in an "expectation-reality discrepancy" that is negatively related to a favorable outcome in therapy. Sherman (1945) found that patients in a highly ambiguous situation, left too much on their own resources early in therapy, developed strong resistance. Goldstein, Heller, and Sechrest (1966) express a great deal of concern that many therapists share little or no information about the therapeutic process with their patients. In commenting on Roger's approach to

therapy, which assumes ambiguity is facilitative, Goldstein et al. (1966) had this to say:

> "Reflection of feeling" as a technique in therapy is assuredly manipulative and intended to have some purpose. Even Rogers has admitted that all psychotherapists are in the business of influencing and controlling behavior (Rogers and Skinner, 1956). . . . If the therapist told them (the patients) truthfully that by reflecting the feelings, rather than the content, of the patient's statements, he hoped to have them come to a better understanding of their feelings and themselves, it seems much less likely that any resistance at all would be aroused. (p. 247)

Looking particularly at the problems created by ambiguity in group therapies, Mann and Mann (1959) questioned the assumption that a group without a clearly defined task or goal is an appropriate medium for the production of group-member personality change. They found that, in fact, groups with a clear task were better able to focus their energy and achieved a more satisfying and productive group experience. Raven and Rietsema (1957) hypothesized that when an individual is in an interdependent relationship with a group that unclarity of group goal and path would have negative implications for the member's relationship with others in his group, as well as for his own basic individual adjustment. Their findings revealed that the individual who had a clear picture of his group goal and group path experienced greater feelings of group belongingness and was more willing to accept influence from his group. In addition, he was more interested in his personal task and showed less hostility. These findings of the deleterious effects of ambiguity in psychotherapy suggests that planned amibguity and goallessness may be inappropriate values for laboratory training as a treatment modality.

The Value of Structuring Therapy: Advantages of Greater Clarity

A number of authors have discussed the value of structuring the psychotherapeutic encounter, the potential advantages of greater visibility or clarity, and have postulated various ways of introducing such clarity. Bixler (1949) reviewed the literature on structuring, but did so in terms of "the setting of limits." Ingham and Love (1954), taking a more positive attitude toward structuring, suggested six basic process values which should be communicated to the patient, both in structuring remarks and in basic attitudes: (1) that it is good for men to investigate themselves; (2) that it is better to investigate than blame; (3) that emotion is to be regarded as a real and important thing; (4) that freedom of expression in the therapeutic situation is important; (5) that investigation of past may be useful in dealing with the present, and (6) that values centering around patient's present reality, or view of this world, are important to therapy.

Hoehn-Saric and associates (1965) studied the effects of a pretherapy session, the Role-Induction Interview, designed to provide accurate information about therapy to patients. According to them, "the results strongly suggest that a systematic attempt to prepare the patient for his role in treatment has a catalytic effect on subsequent therapy" (p. 280). Having combed the literature in psychology in an attempt to identify procedures that would increase the effectiveness of therapeutic encounters, Goldstein, Heller, and Sechrest (1966) established the following hypothesis: "Giving patients prior information about the nature

of psychotherapy, the theories underlying it, and the techniques to be used will facilitate progress in psychotherapy" (p. 245).

Using Vicarious Therapy Pretraining (VTP), which involves the presentation to perspective patients of a 30-minute tape recording of excerpts of "good" patient therapy behavior, Truax and Carkhuff (1967) found that groups receiving VTP showed significantly higher levels of self-exploration than non-VTP groups. They also found that VTP resulted in significantly more successful outcomes in time-limited therapy (p. 373). Miller (1973) likewise discussed the effects of pretraining or preparation of clients on the depth of interaction and behavioral change in group therapy, as have Cartwright (1972), Sterner (1972), and D'Augelli (1973). Goldstein (1973) focuses on the effects of pretraining on self-disclosure in the initial counseling session, finding pretraining helpful.

Sauber (1972) argues that the effectiveness and efficiency of outpatient services could be improved by more and better therapeutic structuring or patient preparation.

Heitler (1973) and Strupp and Bloxom (1973) addressed themselves to the preparation of lower-class patients. Heitler found marked differences between inpatients who received an individual clinically-oriented anticipatory socialization interview, geared to foster realistic expectations about group therapy, and those who were left naive. In looking for a more economical and widely available procedure (other than the role induction interview) to prepare lower-class patients, Strupp and Bloxom (1973) developed a role-induction film, "Turning Point," which they found also facilitated a more favorable therapy experience.

As indicated above, various methods of preparing patients and introducing greater clarity into the therapeutic encounter have been developed, tested, and proved valuable. Role-induction interviews, audiotapes, films, role rehearsals, and combinations of these and others have all been used effectively. Of particular importance in justifying the use of the written contract as a means of introducing clarity in the therapeutic encounter are the results of a study by Doster (1972). In comparing the results of detailed instructions, modeling, role rehersal, and combinations on instructions and modes of demonstration, Doster found that role descriptive instructions were essential in preparatory training to effect the level of self-exploration and personal communication. The presence or absence of demonstrational experiences had no differential impact.

The Use of Contracts

The practice of developing explicit contracts, though not particularly widespread, is not new in therapeutic arenas. Pratt and Tooley (1964, 1966) suggest that both interpersonal and intrapersonal transactions are best conceptualized in terms of contractual models. All of life is a patterning of contractual arrangements made with ourselves and others, according to Pratt and Tooley, who go so far as to say that "men are their contracts" (p. 882). In discussing interpersonal contracts, Shapiro (1968) points out that an important source of difficulty experienced in interpersonal relationships is the lack of explicit interpersonal agreements. It is difficult to say what we want and need

from each other, and more often than not, this goes unsaid, unclarified. Egan (1972) suggests that contractual clarity, both in intra- and interpersonal relationships, is useful, if not necessary, to provide a foundation for effective interpersonal living.

Contracts have been used to some degree to give greater clarity and definition to psychotherapeutic encounters. Behavior modification programs often use contracts as a way of handling particular problem behaviors (Krumboltz and Thoresen, 1969). Hurvetz (1970) in his discussion of peer self-help groups points out that whether specifically called contracts or not, such groups usually have ground rules which define the expectations of the members and guides participation in the group. Bach (1966) defines a contract to be used in marathon group therapy.

Cooklin (1973) discusses the concept of contract in human relations, psychotherapeutic treatment, and general psychiatry. He encourages both professionals and those seeking treatment to examine and demand more clarity in the contracts that they make.

Of primary importance to this study is the work of Egan (1970, 1971) in outlining a contractual approach whereby more clarity, a higher degree of structure and visibility, may be introduced into laboratory training. Egan proposes the use of a contract that explains the principle features of the laboratory experience either before or at the time of entry into the group.

> It establishes definite goals and definite interactional means to achieve these goals; it defines the kind of leadership that is to characterize the group experience and the general

> laboratory orientation of the group; finally, it points out the principal ways in which participants flee . . . and suggests ways members might take a stance against such flight. (1970, p. 18)

Egan outlines extensively the methodology for using such a contract in the interpersonal growth group, including offering a model contract, and discusses the values of using the contract in sensitivity training, as well as the objections to doing so.

CHAPTER II

OBJECTIVES

As discussed above, there is reason to suspect that the ambiguity characteristic of laboratory training groups may not be beneficial in training groups with patients. The anxiety associated with such ambiguity ceases to be facilitative, when it is added to the high level of anxiety the patient is already experiencing. Moreover the role of "patient" which the individual assumes when he seeks professional treatment carries with it expectations concerning how he is to be treated, by whom he is to be treated, and his own role in the treatment process. These assumptions are often so far afield of what the patient experiences in a training group that he either responds with frustration, confusion and withdrawal, or anger. In either case, the experience is not very therapeutic.

This study will attempt to evaluate the effects of a higher degree of clarity, introduced by a detailed contract, in preparing patients for participation in a laboratory training group.

The hypotheses to be tested in this study are:

Hypothesis 1. Groups characterized by a higher degree of clarity will develop the therapeutic atmosphere essential for change in laboratory training more readily than ambiguous groups.

This study hypothesizes that providing the patient who is a prospective member in a patient training group with information that explains what the group is about, its goals, its leader's role, and the

kinds of behaviors he as a group member will be expected to attempt, allows him to develop more appropriate expectations and removes the fear and frustration of the unknown which accompanies the more ambiguous situation. Both of these conditions are conducive to better participation. The contract—in making the goals clearer, in specifying behaviors which lead toward accomplishment of the goals, and in taking into consideration and addressing itself to the natural fears of the individual—helps the participants move into the community more quickly and with a greater degree of psychological safety.

This is not to suggest that the contract can program the development of a climate of trust, support, cooperation, and experimentation in the laboratory training group. As Gibb (1964) suggests, no matter how long a group remains in existence, it continually develops new levels of trust and support. However, since most training groups are time-limited, the sooner the group develops this climate, the better; they will have more time to develop the relationships that will lead to change. The contract serves as a stimulus to participation through which a therapeutic climate develops.

Hypothesis 2: Stronger intermember relationships will develop in the group characterized by a higher degree of clarity.

As mentioned earlier, the quality of member-member relationships have been shown to be a prime determinant of individual change in group experience (Clark and Culbert, 1965). Steinzer (1967) maintains that therapy takes place when people meet and respond, that healing grows from trust and affection. One of the purposes of the contract is to help

put people in growthful contact with one another as soon as possible by outlining the kinds of behavior which are most likely to lead to this.

In the ambiguous situation, each individual has little to guide his participation beyond his own agenda, and too often conflicts arise as a result of having no shared goal, or concept as to how goals are reached. Going through the process of arriving at a group contract, clarifying shared goals, in resolving these conflicts may be a valuable experience for those interested in the study of the nature of small groups, as Slater (1966) suggests. In treatment, it is important to establish the necessary climate and relationships in which a person can change and grow as soon as possible. This study will investigate the assumption that the structure provided by the contract enables participants to make intimate contact more quickly and to develop stronger relationships within the group.

Hypothesis 3: Members of groups characterized by a higher degree of clarity will exhibit greater therapeutic change than those in the more ambiguous groups.

If, as is suggested in Hypotheses 1 and 2, members in the clear-condition groups develop a therapeutic climate more quickly and establish stronger intermember relationships, this should result in greater therapeutic benefit.

CHAPTER III

DEVELOPMENT AND DESCRIPTION OF THE COMMUNICATION SKILLS TRAINING GROUP

The communication skills training laboratory group was developed over a period of one year prior to the present research. The communication skills training group is one aspect of a newly developed 6-week treatment program on the Alcohol and Drug Unit at Moccasin Bend Psychiatric Hospital.

The communication skills training lab group is a structured group which meets 1-1/2 hours daily, four days a week, for three weeks. The composition of each group consists of from 9-12 members, both male and female, assigned to the earliest possible lab group following admission to the hospital. Both a male and female facilitator is assigned to each group.

The communication skills training group sessions are structured for the most part using a core of specific exercises—Feedback, "Johari" window, Paraphrasing, Leveling exercise, DIFG Problem-Solving model, Strength Bombardment, etc.—designed to improve one's ability to communicate with others by allowing them to identify problem areas, develop alternative ways of contacting others, and practicing these within the group.

In addition to this group, while on the A & D Unit, participants will also be involved in orientation groups and unstructured therapy groups daily and in weekly encounter groups.

Many of the participants in the communication skills training lab group have reported spontaneously that participation in the group has positively affected their participation in the entire program. Their increased skill allows them to participate more freely and appropriately in the unstructured groups, and they find themselves more willing to involve themselves meaningfully in the therapeutic community on the unit. This has been supported by the clinical observations of the treatment team.

CHAPTER IV

METHOD

Subjects

Subjects consisted of 47 patients admitted to the Alcohol and Drug Rehabilitation Unit at Moccasin Bend Psychiatric Hospital. There were 35 males and 12 females, ranging in age from 16 to 63 years. They had come to the hospital seeking treatment for alcohol and/or drug abuse, and upon entering the program verbalized or exhibited difficulty in interpersonal relationships. All subjects voluntarily participated in the study.

Instruments

Three instruments—the Group Atmosphere Form, a modified version of the Relationship Inventory, and the Interpersonal Relationship Rating Scale (IRRS)—were used in this study. (Instruments found in Appendix C.)

The Group Atmosphere Form was designed to elicit each member's perception of the group climate and his response to that climate in each group session. Nine descriptive phrases are presented with which the participant can indicate to what degree he feels each attribute of group climate is present. In addition, the participant is asked to indicate to what degree he feels the group is operating in the "here-and-now" as opposed to the "there and then" and to what degree he feels free to express himself in the group. The Group Atmosphere Form was used as a measure in testing Hypothesis 1.

The Relationship Inventory (Barrett-Lennard, 1962) was designed to measure the client-therapist relationship primarily from the client's frame of reference and also from the therapist's own standpoint. Barrett-Lennard viewed the client's perception in the therapy relationships as the direct agent of therapeutic change. He postulated that the "client's experience of his therapist's response is the primary locus of therapeutic influence in their relationship" (p. 2).

In the Communication Skills Training Lab Group, the focus is no longer between the therapist—in this case, the facilitator—and the client, but on the relationships among clients themselves. However, the variables Barrett-Lennard was investigating—level of regard, the unconditionality of this, empathetic understanding, congruence on the relationship, and a willingness to be known—are equally appropriate in looking at the relationships that the clients develop with each other in this group.

To be used in this study, the Relationship Inventory was modified to ask the participant to evaluate the validity of each statement as it relates to his perception of his relationships in the group, rather than with the "therapist."

The IRRS (Hipple, 1971, 1972) was developed specifically to test for outcomes in growth experiences. There are 24 7-point numerical rating scales written to measure attitudes and behaviors in the participant's self-perception and his relationships with others. The IRRS has been used successfully in assessing change related to human relations training groups.

In addition to the three measures described, a short questionnaire designed to elicit feedback concerning the level of clarity in all groups was administered at the conclusion of the groups.

Procedure

The 47 subjects were assigned to 1 of 6 laboratory training groups upon entering the hospital. Three of the groups were assigned the "clear" condition and three were assigned the "unclear" or "ambiguous" condition. The condition was assigned on an alternating basis, with the first assignment being decided by a coin-toss. All groups ran consecutively.

All subjects attended an individual orientation session with the experimenter prior to entry into the group. Subjects on the "clear" condition were oriented to group through the presentation of a written contract (Appendix A) which specifically outlined the goals of the group, role of the leader in the group and core interactions. They were asked to read the contract themselves, the contract was explained, and then in discussion with the experimenter, those things they did not understand were clarified.

Subjects in the "unclear" condition were asked to read a lecture on the philosophy of treatment in human relations training (Appendix B) and this was explained in their individual orientation session. (This lecture is based on a paper by Hanson and Rathaus, and has been used in the Training Lab at the Veterans Administration Hospital in Houston for some time.) Following the lecture, they, too, had the opportunity to clarify any points they did not understand or to present questions they had.

Following the individual orientation session with each client, the group was assembled and the Relationship Inventory and the IRRS were administered. Session 1 of the Communication Skills Training Group began at the next meeting of the group.

All groups met for a total of 12 sessions. The list of exercises used in the sessions and a description of each can be found in Appendix D. All 6 groups were lead by the same facilitators. One facilitator is a male social worker on the unit; the other is a female registered nurse who is assistant program director. Both facilitators have experience as participants and as trainers in laboratory training groups.

Although every effort was made to keep the trainers unaware of the experimental methodology and hypotheses to be tested, it was considered likely that they would discern some difference between the two types of groups, and in some way be affected by the differences. In order to assess the influence that their response may or may not have had, a debriefing with each trainer was conducted following the completion of the groups.

The Groups Atmosphere Form was administered daily at the end of each session. Following the 4th session, the Relationship Inventory was administered again and it was also administered after the 8th session.

Following the completion of the 12th session, both the IRRS and the Relationship Inventory were administered. To check on the effectiveness of the independent variable, a final questionnaire was administered to determine how clear the various aspects of the communication skills training group were to subjects in both the "clear" and "unclear" conditions.

In addition to the data collected by the instruments, information was also collected concerning the client's behavior on the unit. Records were kept on each participant regarding the following behaviors: (1) the number of PRN medications requested both prior to and following admission to communication skills training laboratory group; (2) the number and type of infractions of unit rules and policy; (3) any use of alcohol or drugs while in the program; (4) observations regarding a client's social interaction with others on the unit; and (5) unit team evaluation of participation and progress at time of discharge. This information provided data to evaluate whether what the client said of himself and what he did was congruent.

The clients were asked to keep a daily diary, in which they were asked to evaluate and express their impressions concerning their participation, feelings and learning in the group. The diaries, it was planned, would provide more individualized day-by-day information concerning the client's participation and growth in the group, and hopefully would help the investigator to determine more completely the differences experienced by the clients in the "clear" and "unclear" condition.

CHAPTER V

RESULTS

In order to test the statistical significance of the differences between the "clear" and "unclear" groups on the multiple administrations of the Group Atmosphere Form, the Relationship Inventory, and the Interpersonel Relationship Rating Scale, an analysis of variance, repeated measures design was used (Lordahl, 1967). Since the completed experiment had unequal group size due to conditions unrelated to the treatments per se, and the original proposal called for equal group size, an unweighted-means solution for the effects and sum of squares in the analysis was chosen as being the most appropriate (Winer, 1962).

Results for Hypothesis 1

Hypothesis 1 postulated that providing clients with concrete information about the group would affect the development of the therapeutic atmosphere essential to laboratory training groups. In testing this hypothesis, the Group Atmosphere Form was administered at the end of each session for ten sessions. The data for two consecutive sessions was then averaged (i.e., session 1 and session 2 were averaged, session 3 and session 4, etc.) resulting in five measurements of Group Atmosphere during the life of the group. Table 1 gives the means and standard deviations of the scores obtained for Group Atmosphere.

Viewing the results of Table 1 as a whole, there is little evidence of a significant difference between the two groups across time. It can

be observed, however, that the greatest change or increase in positive group atmosphere for the clear group took place between measurements 2 and 3, while the greatest change for the unclear group occurred between measurements 3 and 4. This observed difference is in the expected direction; that is, the clear group exhibited a change in group atmosphere sooner than the unclear group.

Table 1

Subject Perceptions of Group Atmosphere at Five Points in Communication Skills Training Group

	1 Sessions 1 & 2	2 Sessions 3 & 4	3 Sessions 5 & 6	4 Sessions 7 & 8	5 Sessions 9 & 10
Clear					
M	43.5	44.1	46.1	45.8	46.0
SD	4.0	3.3	3.3	4.5	6.1
Unclear					
M	41.4	42.4	42.5	45.5	46.1
SD	3.6	4.0	3.8	4.3	4.1

An analysis of variance was performed to determine what effects, if any, were present. The results of the analysis of variance for Group Atmosphere are found in Table 2.

No significant effects for level of clarity were found in the client-reported data. While both groups showed a significant increase in group atmosphere over time, the course of such increase has not been demonstrated as being significantly different for the two groups.

Table 2

Analysis of Variance for Group Atmosphere
Subject Report Data

Source of Variation	SS	df	MS	F
Between Subjects				
A (level of clarity)	138.506	1	138.506	3.255
Subjects w. group	1915.063	45	42.557	
Within Subjects				
B (gp atmosphere)	446.052	4	111.513	10.035*
AB	105.776	4	26.444	2.380
B x Subjects	2000.188	180	11.112	

* $p < .01$

This finding related to group atmosphere was inconsistent with information received from the group facilitators during debriefing following the completion of the research. While unaware of the experimental design and having no information concerning the difference in preparation of the groups, the facilitators were able to identify differences between the groups. The clear groups were described by the facilitators as being less anxious, more cooperative, clearer in their perceptions of what was expected of them in terms of participation, and more open in their expression of feelings throughout the group, than were the unclear groups. They felt certain that the differences between the groups were reflected in the notes they recorded following each session. Examples of those notes can be found in Appendix E.

To determine whether the group notes reflected differences that would clearly separate the groups, five raters, naive as to the experimental

design and the intent of the research, were instructed in the completion of the Group Atmosphere Form. They were then asked to note each group session in terms of Group Atmosphere based on the information in the facilitator's notes. All five raters worked independently, and the notes for the various groups were presented randomly. The results of these ratings were then analyzed using the Analysis of Variance repeated measures design. The summary of the ANOVA is presented in Table 3.

Table 3

Analysis of Variance for Group Atmosphere Facilitator Data

Source of Variation	SS	df	MS	F
Between Subjects				
A	62.60	1	62.60	6.01*
Subj. w. group	83.46	8	10.43	
Within Subjects				
B	22.10	4	5.52	10.42**
AB	8.93	4	2.23	4.21**
B x subj. w. group	16.98	32	.54	

* $p < .05$ ** $p < .01$

The results in Table 3 indicate, as in the subject data, that both groups changed significantly in group atmosphere over time. Moreover, the expected difference between the two groups is found in the facilitator observations; the change in group atmosphere for the clear group is found to be significantly different from that for the unclear group. It was expected that the clear group would develop the necessary

group atmosphere more quickly than the unclear group, but that over time the unclear group would begin to approach the clear group in its level of positive group atmosphere. This tendency was indicated in the subject-report data, and in the reports of the facilitators was found to be a statistically reliable aspect of the results.

Several factors may explain the differences found between the subject's and the facilitator's data. First of all, the facilitators have been trained in group process and have as a major goal in the communication skills training group to observe for process in the group. Both their training and the direction of their attention for the purpose of observing process makes it more likely that the facilitators would detect aspects of group atmosphere that would escape the subjects. Matthew Miles (1967) comments in his research on laboratory training outcomes that "a competent professional sees behavior shifts which are not apparent to S" (p. 232).

In addition, the subjects' perceptions are more likely than the facilitators' to be influenced by their participation, their feelings about what is taking place in the group, and their desire to portray the group in a positive manner.

While the meanings proposed for the differences are conjectural, it is clear that although both subject and facilitator ratings show significant changes in all groups across time in group atmosphere; only the facilitator ratings clearly support the hypothesis that the clear group would develop the necessary atmosphere sooner in the life of the group than would the unclear group.

Results for Hypothesis 2

The association of the level of clarity in preparing clients for participation in the groups with the development of intermember relationships during the group was measured by the Relationship Inventory (Barrett-Lennard, 1962). The instrument was administered Pre- and Post-, and at the end of sessions four and eight during the group. The two groups were then compared on the five variables of the Relationship Inventory (Regard, Empathy, Congruence, Unconditionality of Regard, and Willingness to be Known). The means and standard deviations for both groups' scores can be seen in Table 4.

A separate analysis of variance was performed on each variable. The obtained F-ratios for the Relationship Inventory can be found summarized in Table 5. The Analysis of Variance summary tables for each variable are report in Appendix F.

There is no significant difference found between the two groups in the measured value of intermember relationship on any of the variables. The level of clarity in preparation clearly does not predict the development of relationship within a group.

While there is no difference established between the groups, both groups do show a highly significant change in intermember relationships during the life of the groups. Only one of the variables, unconditionality of regard, suggests that the course of change in intermember relationsips is different for the two groups. Figure 1 presents a graph of the means for each group as a function of time of measurement, illustrating the

Table 4

Relationship Scores for Clear and Unclear Groups at Four Points in a Communication Skills Training Group

Variable	Pre	Session 4	Session 8	Post
Regard				
Clear	70.7*	76.6	78.2	79.4
	16.0**	12.9	11.4	12.7
Unclear	68.3	73.2	74.1	77.5
	13.1	13.8	13.6	11.3
Empathy				
Clear	45.6	51.2	52.6	56.2
	11.6	10.2	7.6	7.2
Unclear	49.4	54.3	53.6	58.2
	10.9	1.4	7.6	9.0
Congruence				
Clear	54.5	59.1	60.8	61.8
	14.0	12.4	10.6	11.3
Unclear	54.9	57.6	60.5	62.7
	9.7	11.0	10.1	8.4
Unconditionality				
Clear	41.4	46.1	47.5	43.6
	14.2	12.5	14.0	11.7
Unclear	43.2	43.7	45.5	49.0
	13.4	12.4	10.4	10.9
Will. to be Known				
Clear	59.2	64.2	66.2	65.3
	12.2	7.9	7.2	11.7
Unclear	59.5	62.6	64.5	65.1
	11.5	12.9	11.7	11.0

*Mean

**SD

Table 5

F-Ratios Obtained for the Five Variables of the Relationship Inventory

Source	Level of Regard	Empathy	Congruence	Unconditionality of Regard	Willingness to be Known
Between Ss	0.931	1.323	0.009	0.051	0.141
Within Ss	7.821**	14.828*	7.155**	3.029*	4.412**
Interaction	0.124	0.353	0.184	2.728*	0.134

*$p < .05$

**$p < .01$

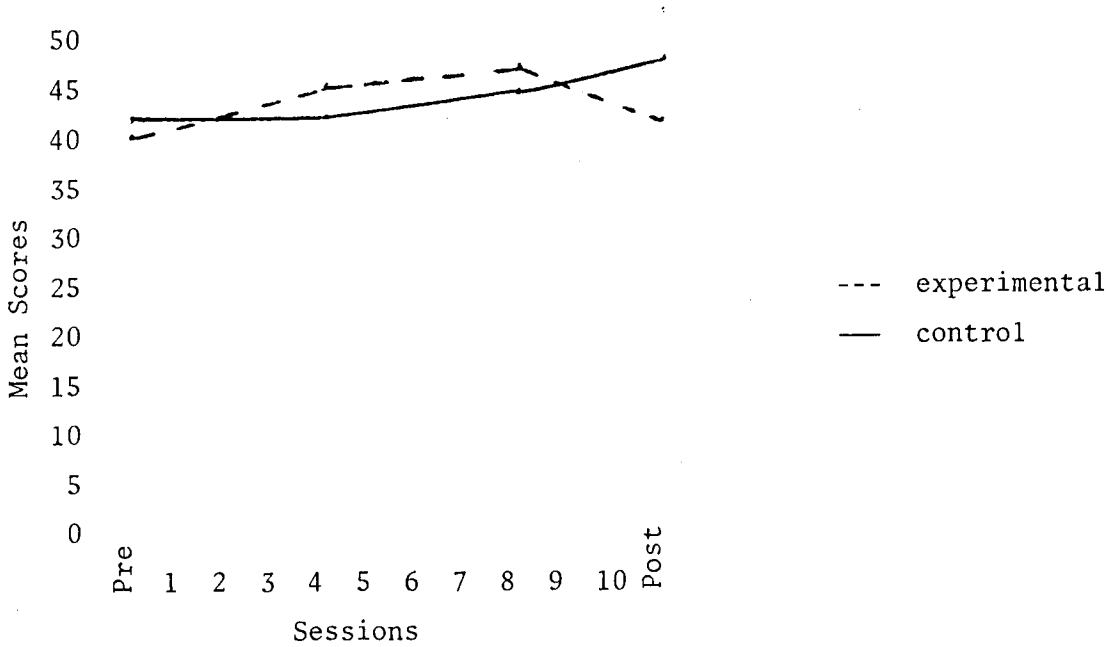


Figure 1. Groups by sessions interaction on Unconditionality of Regard.

interaction effect. Figure 1 indicates that there is the expected difference between the two groups up to the posttest measures. At post-test, there is an obvious decline in the "clear" group on unconditionality of regard while the "unclear" group continues in the expected direction.

This type of "negative" result on the unconditionality of regard variable was also found by Barrett-Lennard (1962). He postulated that such a result could arise from limitations of the operational form of the unconditionality scale. Since the "negative" results were found only in the contract or clear group, the above conjecture seems insufficient to explain the results in this case.

There are several differences between the two groups, however, which might explain the results that were found. First of all, the clear group did show its greatest change early in the group between the premeasure and the fourth session and had begun to level off, by the eighth session, while the unclear group clearly changed most nearer the end of the group. One possibility is that as change or growth becomes less drastic or levels off in a therapeutic process, a client may experience some disappointment or frustration that he does not seem to be moving at the pace he was previously. The client may, in his frustration, temporarily discount those things that he has already accomplished.

The notes maintained by the facilitators indicate that as a whole the clear groups ended on a more saddened, final note expressing a greater sense of loss at terminating the group than did the "unclear" groups, who seemed to feel that they were just beginning.

That this affective difference in the groups would seem to have influenced only the unconditionality of regard variable may be explained

by two factors. Barrett-Lennard (1962) found that unconditionality is empirically the most independent measure of the five in terms of client perceptions. Inspection of the correlations between the five primary variables in this study supports that observation.

Secondly, clients in treatment for alcohol and drug abuse express much difficulty in differentiating between approval and unconditionality of regard. Their experience with significant others is that approval or acceptance is conditional on their not exhibiting chemical abuse. Generally, they have difficulty in accepting regard from others that is not conditional. It seems quite feasible then that any dissatisfaction or discomfort with their rate of progress would affect their perceptions of unconditionality of regard from others.

The explanation offered above is conjectural since there is nothing in the present data that would contribute to our understanding of the differences in the course of change for the two groups. The above considerations do suggest that further research on member-member relationships is needed to clearly define the predictors of change in this area of group process.

Results for Hypothesis 3

Hypothesis 3 postulated that groups characterized by a higher degree of clarity would exhibit greater therapeutic change. To make this determination clients were administered the Interpersonal Relationship Rating Scale prior to and at the completion of the group, and behavioral change data was collected on each subject.

As in the previous two hypotheses, both groups showed a significant therapeutic change in the self-report data. There were no differences found as a function of level of clarity in the groups. The above findings are reported in Table 6.

Table 6

Analysis of Variance for IRRS

Source of Variation	SS	df	MS	F
Between Subjects				
A (level of clarity)	4.39	1	4.39	0.007
Subj. w. groups	28939.00	45	643.09	
Within Subjects				
B (therapeutic change)	4626.27	1	4626.27	32.702*
AB	248.21	1	248.21	1.755
B x subj. w. groups	6366.00	45	141.47	1.755

*$p < .01$

Unlike the self-report data, the behavioral change data, reported in Table 7, reveals some significant differences between the two groups.

Examination of the results reveals that subjects in the clear group had significantly fewer rule infractions while in the program ($p < .05$), significantly fewer incidents of alcohol or drug abuse ($p < .01$), and were seen as having a more favorable prognosis ($p < .10$). These differences can be interpreted as indicating a greater therapeutic change in subjects in the clear group, since primary goals of all clients entering the Alcohol and Drug Rehabilitation Program center around

reducing the frequency of alcohol and drug abuse, and establishing themselves as more responsible members of a community. (Responsible members of a community support and uphold its rules and regulations.)

Table 7

Behavioral Observations Recorded on Subjects of Clear and Unclear Communication Skills Training Groups

Source	Clear (N = 25)	Unclear (N - 22)	P
*PRN's—Before	123	138	ns (F)
During	58	48	
After	37	22	
Rule Infractions	17	28	.05 (t-test)
Use of Alcohol & Drugs	12	18	.01 (t-test)
Social Interaction			
Good	9	8	ns (χ^2)
Fair	8	7	
Poor	8	7	
Progress—Improved	24	19	ns (χ^2)
Prognosis—Good to Fair	19	12	.10 (χ^2)

*Medications other than ordered for detoxification

While there was no significant difference found between the groups in evaluated level of progress, subjects in the clear group were more often ($p < .10$) seen as having a favorable prognosis than were subjects in the unclear group. The evaluations of progress and prognosis were made by the unit physician on the basis of the client's overall participation in the program. The physician was completely unaware of the

research design. This determination is made on all patients upon leaving the hospital and was done routinely.

Generally, it is felt that Hypothesis 3 has been supported. Even though the subjects data did not reveal this, the clear groups subject's behavior on the unit during and following the groups was significantly different on some important variables from the unclear group's behavior.

Other Results

It was hoped that the diaries maintained by the clients would provide additional information about the differences between the groups. Very few clients in either group kept their diaries consistently, and those who did shared little information that was useful in evaluating the outcome of the study.

As mentioned earlier, a questionnaire was administered at the end of the group to obtain information from the subjects about their preparation for the group and the way in which their preparation may have affected their participation. The information provided by the subjects (Table 8) does not reflect any clear differences between the two groups. It is apparent, therefore, that subjects in the unclear group, as well as the clear group, felt that the information they received prior to the group was adequate to prepare them for their participation. Fifty-two percent of the members of the clear groups felt their participation was affected by their preparation while 63 percent of the unclear group felt their participation was affected.

There are no significant differences between the groups in terms of their feeling a need for more concise information. Of interest, however,

is the fact that 20 percent of the clear group were unsure as to whether having more information would make their experience more valuable.

Table 8

Subject Responses to Communication Skills Training Group Questionnaire

Question	Clear			Unclear		
	Yes	No	Don't Know	Yes	No	Don't Know
Do you feel the information you received in the orientation session prepared you enough for the communication skills training group?	15	9	1	14	7	1
Do you feel that you were adequately prepared personally to enter the group?	18	6	1	15	6	0
Do you think the information you received in the orientation session influenced your participation in the group?	13	11	1	14	8	0
Do you think that had you had more detailed information about the group prior to entering it, your experience would have been more helpful?	8	12	5	7	14	1

CHAPTER VI

IMPLICATIONS AND FURTHER RESEARCH

It has been shown that to some significant degree, the level of clarity in preparing clients to enter a Communication Skills Training Laboratory Group does affect process and outcomes in the group. While client-report data revealed significant changes for all groups, related to the level of clarity, facilitator-data and behavioral observations indicated significant differences between the two groups for two of the hypotheses. These results do not prove that the differential level of clarity necessarily accounts for the differences found in the development of group atmosphere and therapeutic outcomes. However, the fact that the groups received identical treatment in all components of the experience, other than preparation, makes it plausible to infer that the level of clarity was influential in the generation of the differences.

The findings for Hypothesis 1 support the conception that over time the atmosphere of a group does change significantly in a direction that is conducive to personal growth and change. This result was indicated in both subject and facilitator data.

The effect of increased clarity in bringing this change about earlier in the group was supported strongly by the facilitator's observations, and trends in that direction in the subject data were observed, although they were not significant. One apparent aspect of providing subjects with more information was emphasized by the facilitators during debriefing. They pointed out that some groups seemed to process

their own interactions spontaneously early in the life of the group, while other groups rarely if ever made spontaneous process remarks. Investigation revealed that the clear groups were more likely to process than were the unclear groups. It seems reasonable to conclude that offering subjects more specific information about what to expect in a group provides them with shared guidelines against which to measure their own and others' participation in their group.

An observation that merits further comment is the difference found between subject and facilitator data. As mentioned earlier, it is not particularly surprising that facilitators, trained in group process and having the processing of group as one of their major goals, identify differences not reflected in the subject's data. That the subjects' reports revealed no significant differences between the two groups on this measure, or any of the others, does, however, raise questions as to the usefulness of using self-report data in investigating process variables. It seems possible that to adequately portray process within a group, a higher degree of discriminative ability may be required than can be assumed in naive subjects.

The above considerations must be taken into account in reviewing the results for Hypothesis 2. No significant relationship was found between the level of clarity and the development of intermember relationships within the group. The results were dependent solely on the data reported by the subjects, as no other measures were used. The implications of this finding are difficult to assess for several reasons. First of all, the measure of relationship, although carefully developed and selected,

is relatively crude and imperfect by psychometric standards. To also be considered is the ability of the subject to use the measure meaningfully, as discussed above. Finally, no other source of information about relationships within the groups was sought out.

Therefore, there is no way of weighing the results received from the subjects. Thus, until more refined measurement and rigorous methodology are achieved, it is difficult to determine whether the lack of association between level of clarity and measured relationship merely reflects methodological limitations or whether it implies some inaccuracy of the theory.

Both groups did show significant changes on all relationship variables across the life of the group. Of particular interest was the significant interaction effect on the unconditionality of regard variables, and the contract or clear group's decrease on this variable at posttest. As indicated earlier, the affective difference of the groups at termination, as well as characteristics characteristic of this population (alcohol and drug clients) have been suggested as possible contributors to this result. Further research appears indicated to determine whether such an effect is found in other populations as well. Further study might also reveal those factors which result in a decrease on this variable, to the exclusion of the other four.

The findings for Hypothesis 3 support significant therapeutic gain for all groups, with some clear differences between the groups being established. In view of the population, the significantly fewer infractions of rules and the highly significant difference between the two groups in

terms of chemical abuse while in the program reflect positive relationship between increased clarity and therapeutic outcome. Treatment of chemical abusers, regardless of the theoretical bias, heavily weighs behavioral change, as opposed to what one verbally states. That subjects in the clear group were more often seen as having a favorable prognosis is also considered to be a very positive result.

While it is not possible to measure all of the possible effects of increased clarity in a single study, and one of the hypothesized associations was not supported, it is felt that the results and implications of this study justify serious consideration and further investigation. At question in the initial formulations of this study was whether the ambiguousness characteristic of laboratory training was necessarily useful in working with psychiatric inpatients. While this study has not shown ambiguousness to be detrimental, it has shown some definite advantages in adopting a clearer approach in preparing patients who are to be participants of laboratory training groups. It appears worthwhile to investigate the effects of increased clarity on other aspects of treatment of psychiatric inpatients. In the treatment of no other dysfunction is a patient expected to follow so blindly what others prescribe for him. It seems likely that providing clients with a clear explanation of each treatment and its goal would lead to more cooperation and active participation on the part of the patient. A pilot study is being conducted at present on a general psychiatric unit to determine what, if any, are the effects of providing patients with more information about their treatment.

It is of particular interest to this investigator to determine what long-range effects, if any, result from providing clients with more

concise information about the therapy process they are entering. Following completion of the present study, the investigator will be undertaking a program evaluation which, it is hoped, will in part answer this question.

This study investigated whether providing participants in a Communication Skills Training Laboratory group with more detailed information about the experience they are entering would facilitate the development of the necessary group atmosphere and member-member relationships and lead to a greater therapeutic change. Its chief stimulus is Egans' conception of the contract as a means of reducing the ambiguity that usually characterizes laboratory training (Egan, 1970). The study specifically addresses the assumption that the planned ambiguity, built into most laboratory training, is useful in developing the group atmosphere and experimental attitude necessary for change. It is postulated that, particularly in the use of such groups with psychiatric inpatients, the anxiety created by such ambiguity may interfere with participation. It is further suggested that a contract defining the participant's role, the leader's role, and the types of interactions that will be most helpful to the group not only reduces the unncecessary anxiety of the participants, but provides them with some direction to guide their participation. It is felt this will result in a more rewarding experience.

The levels of clarity are defined by two separate lecturettes used to prepare the subjects for participation in the groups. The clear condition is defined by the use of a contract that provided detailed

information to the subject about roles in the group, types of interaction, and guidelines to follow in participating in the group. The unclear condition is defined by a general discussion of the philosophy of laboratory training and the ways in which it might differ from other methods of treatment that the participants have encountered. Feedback on the preparation materials used was illicited from the subjects through the use of a questionnaire designed for this purpose.

The 47 subjects were patients on the Alcohol and Drug Unit at Moccasin Bend Psychiatric Hospital, and all were voluntary participants. Each subject was assigned to one of six groups that ran consecutively. Three of the groups were assigned the clear condition and three were assigned the unclear condition. All groups were conducted by the same facilitators. Three instruments were used to measure the effects of the two different levels of clarity. The Relationship Inventory was administered Pre and Post and at the end of sessions four and eight. The Interpersonal Relationship Rating Scale was administered prior to the first group session and at the completion of the group. The Group Atmosphere Form was administered at the end of each structured group session. The facilitators maintained process notes on the groups, and observations of subjects behavior were recorded in predetermined categories.

The experimental hypotheses tested were: (1) groups characterized by a higher degree of clarity will develop the therapeutic atmosphere essential for change in laboratory training more readily than ambiguous groups; (2) stronger intermember relationships will develop in the group

characterized by a higher degree of clarity; and (3) members of groups characterized by a higher degree of clarity will exhibit greater therapeutic change than those in the more ambiguous groups.

Significant change on all three variables—group atmosphere, intermember relationships, and therapeutic outcome—was found in all groups. Facilitator data supported the hypothesis that the necessary group atmosphere would develop sooner in the group characterized by a higher degree of clarity. The behavioral observations recorded on all subjects positively supported Hypothesis 3. Subjects in the clearer group exhibited greater therapeutic change on three of the behavioral categories observed.

No significant association was found between the development of member-member relationships and level of clarity. Several explanations for this result were postulated, but further study was recommended to define these results more clearly. A significant interaction effect on the unconditionality of regard variable of the Relationship Inventory suggested that the course of change for the clear and unclear groups were different, and this was explored.

Further research on the effects of increased clarity was discussed. Of particular interest to this investigator is the identification of any existing long-term effects of providing patients with clearer, more concise information about their treatment. A program-evaluation is presently being designed which will, in part, address this question.

This study has shown that providing patients with more information about the Communication Skills Training Group positively affected their

participation and the results they achieved. It would seem to be quite valuable to investigate what effects this would have on other treatment modalities.

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APPENDICES

APPENDIX A

COMMUNICATION SKILLS TRAINING GROUP:

A CONTRACT

COMMUNICATION SKILLS TRAINING GROUP

Outlined below is a contract which specifies the goals of this group, the kinds of interactions you as a group member are asked to commit yourself to, and the kind of leadership you can expect in this group. This contract is designed to let you know the kind of experience you are about to enter and to serve as a guide for your participation. Please read this contract carefully, noting any points you may have questions about, and be prepared to clarify these for yourself in Session 1 of the Communication Skills Training Group. In the event you have questions concerning your participation in this group, please contact the leader prior to Session 1.

CONTRACT

Goals

The overriding goal of this group is increased interpersonal effectiveness, that is, to learn how to establish better, more rewarding relationships. In order to do this, more specific goals are outlined below:

(1) As a group to establish an atmosphere in which members feel free to investigate how they relate to others and try out new ways of relating that they don't normally use.

(2) To attempt to develop a meaningful relationship with each other member of the group. This means that each member will have

to make real attempts to contact other members. You should attempt to develop a close relationship with each person, but whether you succeed or not, in each case you will learn something.

(3) As you begin to interact with the other members in the group, you should begin to observe your own behavior—notice how you handle yourself in particular situations, i.e., when you feel afraid, anxious, angry, uptight, friendly, hurt or concerned about someone, and also find out from others how they respond to your behavior. This can help you identify not only where you have problems, but also those kinds of things you do positively that help you establish good relationships.

(4) Coming into the group, you will no doubt have in mind some concerns you would like to work on and goals you want to achieve. It is important that you share these with the group in order that any unnecessary conflict can be avoided if your goals conflict with the group goals and so that, if possible, other members can assist you in working toward these goals.

Interactions

Certain ways of relating in a group of this sort are more likely than others to move the group and its members toward achieving the general benefits outlined above. One purpose of this contract is to point out these ways of relating in the hopes that you will have a better understanding of where to begin once you are in the group. The specific interactions are:

(1) Self-disclosure. In order to develop meaningful relationships with others, it is necessary that we share something of ourselves—let others know us. This does not mean that you must necessarily share any "deep dark secrets." Nor should you feel obligated to outline in minute detail your past history or life outside the group, unless you feel that these things are relevant to how you are presenting yourself to the group and will help you develop relationships more effectively in the group. What is important primarily to share with the group is what is happening to you now as you begin to develop relationships in the group.

(2) Expression of feeling. Of prime importance in letting others know you, is sharing your feelings that arise in the development of the group. No one asks that you pretend to feel something you don't. Rather, you are asked to share as openly, honestly, and accurately as possible the real feelings you experience. Please try to share your feelings; even though you may have had difficulty in doing this in the past, you can do this, and you are likely to find that as you attempt to do so, it becomes easier. Keeping these feelings to yourself may, on ther hand, interfere with your participation in the group.

(3) Support. Perhaps the most important interaction this contract outlines is support. In the group, all the members are going to be sharing themselves, making efforts to let others know them and to get to know others, and trying out behaviors they

may have never tried before. In doing these things it is important to feel that others accept us, are anxious to see us succeed, and are "rooting" for us. This is what support is all about. For it to be effective, however, it must be expressed. Whether you do it with words or a pat on the back, it's important that you do it, not just think it.

(4) Confrontation. Sometimes we are unable to see things about ourselves that interfere with our relationships with others. For us to be able to work on these problems, we must depend on others to describe these to us. At other times, in an effort to help clarify what is going on with an individual, other members may describe for him the behavior they observe. In either event, confrontation is taking place.

The usual response to confrontation is either to become angry or defensive, both of which achieve nothing productive. If when confronted or confronting, you realize that confrontation is often a sign of caring and is a way of continuing to grow in your relationship with others, then you are likely to be productive in the interaction.

Procedural Rules

The following rules will hopefully help you to develop more meaningful and satisfying relationships with others:

(1) Do not wait to be approached by others. You reach out, start the group, contact others.

(2) Deal with the here-and-now. Talk about things happening in the group. If you talk about things outside the group, do so

only if you can make it relevant to your interactions in the group.

(3) As a general rule, avoid speaking to the group as a whole; speak to individual members.

(4) Speak for yourself in the group, using the word "I." Avoid using the general we, you, "people!" The only person you can speak for is yourself. Avoid speaking to the group about another group member as if they weren't present.

(5) "Own" the interactions of others—when 2 members begin to talk in group, others often feel they shouldn't "butt" in. In this group not only may you, but you should "own" this interaction by listening and contributing your own thoughts and feelings.

(6) Say it in the group. One of the problems many groups experience is that members say things outside the group that they don't or won't say in the group. This often creates confusion for others and takes the interaction outside the group. As much as possible, say what you mean in group.

The Leader

The leader in this group is there for the same reason you are—he/she is interested in interpersonal growth. He/She agrees to this contract, just as you do. He/She does bring special resources to the group in terms of his/her training, and in some group sessions will be defining the task for the group that day. Once that is done, he is as full a participant as any member of the group. In the beginning of the

group, the leader will be more active, as one of his tasks as leader is to show you examples of the kind of behavior outlined in this contract to help you begin to attempt them as well. As the group proceeds, the leadership should become shared as members attempt to establish contact with one another.

APPENDIX B

PHILOSOPHY OF TREATMENT IN A HUMAN RELATIONS TRAINING LABORATORY FOR PSYCHIATRIC PATIENTS

PHILOSOPHY OF TREATMENT IN A HUMAN RELATIONS TRAINING LABORATORY FOR PSYCHIATRIC PATIENTS

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The Human Relations Training Laboratory at the VA Hospital in Houston, Texas, is a four-week instrumented training laboratory for autonomous groups. Participants spend five hours a day, five days a week, in structured and unstructured sessions, examining their relationships as they are developing in their groups and as they have developed historically. The structured sessions consist of lecturettes, problem exercises, role playing, psychodrama, small group and general discussions, movies, and laboratory government. The concepts which are discussed and practiced in the structured sessions are geared to help participants develop sensitivity to the group in process and to the self in process. What they learn from these structured sessions is used to enrich the unstructured sessions (the autonomous Development Group).

The following lecture is presented here almost exactly as it is presented to the participants in the laboratory. The lecture was developed by the authors from the results of our own research, the research of other people, the hypotheses derived from this research, and from our own experience. Thus, the following presentation poses a number of hypotheses to be tested or, in some cases, cross-validated by additional studies.

What I would like to talk about this morning is the philosophy of treatment that we use here in the laboratory. Most of you have had experience in other psychiatric units and have been exposed to a treatment philosophy that we refer to as a traditional approach to psychiatric difficulties. This is called the mental-illness philosophy. This is the philosophy that you will run into in most places, whether it's here, on the outside, in movies, newspapers, or on TV. Most people talk in terms of mental illness, nervous breakdown, nervous condition, or emotional disturbance. Since one of the primary concerns here is effective problem solving, the approach we use in the laboratory is called the problem-centered approach. We describe psychiatric difficulties in terms of the problems you are having in coping with life. They are problems that usually involve other people. When a person comes into the hospital, he is in the throes of a temporary, disorganized personal or social problem.

The traditional approach makes the assumption that you have a nervous condition, a nervous breakdown, or a mental illness, and, as a result of this, you develop problems with people. Our approach is, in a sense, the opposite of this. We feel that you have problems with other people first, and as a result of your inability to solve them you develop what is traditionally called a "mental illness," a "nervous breakdown," or a "nervous condition."

Now at first glance you may say, "What difference does it make?" Or some people may wonder, "How can you have problems with people first and then develop a nervous condition?" Let me give an illustration. Let's assume that there is a married couple who are about to have a

child. Let's also assume that neither of them really want a child as it will interfere with their social life or their financial situation. The child comes, but rather than reject the child outright, they tend to hide or overcompensate for their real feelings of rejection by showering the child with attention. In our culture it is intolerable for a mother or a father not to want their own child. This kind of behavior is looked upon as real deviant and is punished by rejection or ostracism. They cannot allow themselves to recognize or acknowledge these kinds of feelings in themselves, so they deny them by protestations of love and affection. But regardless of how they try to cover up these underlying feelings of not wanting the child, the feelings creep through into the behavior of the parents in many ways, and the child is sensitive to them. He may be at an age where his language development is not at a level where he can verbalize his feelings and identify them more clearly. All the child experiences are general feelings of anxiety and insecurity. These feelings are painful.

The problem or the dilemma that the child has is how to cope with these feelings of anxiety and insecurity in order to reduce the pain. One solution he may choose is to make more demands on the parents for affection and attention. In doing this, however, the child may further alienate the parents; he may further cause them to reject them. He may do it in such a way that they begin to see his behavior as constantly intruding on their own needs. They may handle the child's demanding behavior in a way that is even more rejecting. In response to their behavior, the child increases his attempts to get some indication that

the parents really love him in order to alleviate his increasing feelings of anxiety and rejection.

When you have problems that do not get resolved, they tend to repeat themselves over and over again; that is, you attempt to reproduce the conflict situations in order to resolve them. Thus, having these unresolved feelings of rejection, the child attempts to get some indication from his playmates that they really accept and like him. These attempts may take the form of making demands on them. He may also become very critical, testing the limits of their affection to see how much they will take from him. This kind of behavior, unfortunately, alienates his playmates. Later on in school he repeats his demanding behavior with the schoolteachers, who may be perceived as substitute parents. In spite of his repeated failures, he continues to use the same kind of solutions in similar problem situations. He does not seem able to change his approach, and his behavior assumes the characteristics of a repetition compulsion.

This vicious cycle goes on and on, until he develops the attitudes (since he has been hurt so often) that—"People are no damn good," "I don't need them," "I can get along by myself," "You have to watch people because they will take advantage of you; you can't trust them," or, "It is a pretty hostile world and they are out to get you." These attitudes may generalize toward all people because he can never get them to accept him on his terms, not realizing that his own behavior alienates them. All he sees is that people are rejecting him, but he does not recognize how his behavior has caused them to do so.

After many frustrating and painful experiences, trying to relate to people becomes so unpleasant he begins to withdraw from them. We now see the kind of guy who lives in a room by himself, works by himself, and stays by himself most of the time. He is always on the outside looking in. His isolation may develop to the point where it becomes recognizable as a psychiatric "symptom." The end result of this progression is the guy on the closed ward who stands in the corner all day facing the wall and doesn't respond to anybody. His complete insulation is a solution to his unpleasant interpersonal relationships. It is not a very effective solution since he has sacrificed a tremendous amount in using it. He may feel, however, that it is much less painful than the repeated hurts involved in trying to work out his problems with others. He has withdrawn completely from others as a way of solving his interpersonal problems.

As you can see in this illustration, his problems began with people, his own parents. Not resolving his problems at that level, they continued on into the community and were re-enacted with his playmates, schoolteachers, and work associates. Eventually his coping behavior developed into what might clearly be termed a psychiatric problem.

Even in this one hospital there are staff people who use different approaches. The problem-centered approach, problems in living or problems with other people, has been fairly recent in terms of its acceptance. The approach was developed by a psychiatrist, Thomas Szasz, in a book called, The Myth of Mental Illness, in which he feels that there is no such thing as mental illness. He feels this is a model that

was transferred from the medical profession to the psychiatric profession, where it is not really appropriate. We are going to look at some of the ways that the medical model may not be appropriate here. But regardless of which viewpoint a person takes, the kinds of things he talks about in a therapeutic relationship will be pretty much the same. For instance, when working with a patient or a client in a therapeutic relationship, you would probably ask him questions about his relationships with other people; how he got along with his parents, wife, friends, or work associates. At this level the difference in philosophy is not evident. You are looking at the person, however, from a different point of view. We are now going to look at some of the consequences of this different point of view.

I. Responsibility

We feel that when a person looks at himself from a mental-illness point of view, there is a tendency to place the responsibility for all the difficulties he has on his illness. For instance, he may say, "I would never have hit the boss if I wasn't nervous," or "I would never have gotten a divorce from my wife if it hadn't been for my mental illness." He treats his "nervous condition" like it is something outside himself, and it becomes a convenient peg on which to hang all his problems. Unfortunately, not feeling responsible for his behavior leaves little tendency for him to feel that he has the power to control, modify, or change it in some way. He sees himself as the object of forces, that everything is happening to him. When perceiving his difficulties in

terms of problems, he sees himself as the object in which he is a force himself, actively making things happen and creating situations. As the subject he can also change these situations. He moves the locus of responsibility from "out there" to inside himself. He is not a pawn being pushed around by others or a victim of this thing called "mental illness."

One might ask, "How can you say that a person who is psychotic has any control over his behavior?" It appears, however, that in the permissive atmosphere of the hospital where such symptoms are "legitimate," patients may relax in their attempts to control this kind of behavior. When in the community where such behavior is not acceptable, these patients may not exhibit the same symptomatic behavior and act more in conformity to socially approved norms.

People who see themselves as mentally ill frequently blame their parents or their home background. In the illustration I gave it was pretty clear that the parents' attitude toward the child was largely responsible for the feelings he developed and the difficulties he had in coping with them. In this sense you can say the parents are to blame, but what are the consequences of blame placing? You shift responsibility for your present behavior to others, and you tell yourself, "Well, I am what I am because of my parents and my environment." Having defined your present status as predetermined by others, you may feel that there is nothing you can do about it and either let the problem drop right there or wait until a miracle occurs. We find that when you look at yourself in terms of the kinds of problems you are having, there is more tendency

to assume responsibility for your own behavior and for your own progress, and to actively do something about it. If you say, "My parents are to blame for the way that I am," you then have to go back and say that their parents are to blame for the way they are and so on ad infinitum. This back-tracking doesn't really get you anywhere or help your present situation. It doesn't say, "Well, o.k., they are the way they are—accept it; here I am now; where do I go from here?"

In the laboratory we place emphasis on giving each participant as much responsibility as possible within the general regulatory framework of the hospital. This is one of the reasons why there is no staff member in the Development Groups. We find that when there is a staff member in the group, there is a tendency for the participants to invest him with super problem-solving powers. They see him as an "expert," and instead of working out their own problems or trying to resolve their own conflicts in the group, they lean on him. They may frequently convert the meeting into a question and answer session instead of using him as a resource person. Since they won't be able to take a staff member with them when they leave the hospital, they will be in a much better position if they've developed the habit of working out these problems themselves. They have assumed the responsibility rather than relying on someone else.

QUESTION - I noticed you associate mental illness with nervous breakdown. I never heard of it put exactly that way; it's kind of puzzling to me.

ANSWER - Well, these are words that people use that are associated with the mental-illness philosophy. You can use either mental illness or

sickness, nervous breakdown, or a nervous condition. People tend to use the terms "nervous condition" or "emotional disturbance" because they sound better than mental illness. They are all terms that reflect the medical model or the mental-illness philosophy.

II. Sick Role

Some of us have already been involved in role playing here, and we find that when you play a certain role you attempt to adopt behaviors that you see associated with that role. For instance, when you play the role of a supervisor, you attempt to adopt the behaviors that you see associated with a supervisor. If you see supervisors as people who are critical, who evaluate you, who take the responsibility for planning your work, and constantly hover over you, then when we ask you to play the role of a supervisor you'll adopt that style of behavior. If you play the role of a father, for instance, you behave somewhat differently than when you are in the role of a husband. You will behave differently in the role of a mechanic, if this is your work, than you will in the role of a father or a husband. The behaviors that are associated with these roles are called role stereotypes.

This set also applies to the sick role. I'm not saying that people do this deliberately; they do it automatically. They just seem to fall into the role unwittingly without critically analyzing their own behavior. When people see themselves as mentally ill or emotionally sick, they assume a sick role and its associated behaviors. What are some of the consequences of the sick role?

Dependency: If I'm sick, I'm dependent on a doctor for treatment. I shift the responsibility for the treatment of my illness to the doctor. The doctor, as a professional person, is the only one qualified to prescribe treatment. The is fine with a physical illness like measles or the flu. You put yourself in his hands and he will make all of the decisions. All you have to do is follow his orders. When you see yourself in terms of the kinds of problems you are having with other people, the sick role is not appropriate. You know that these are problems that everybody has to a lesser or greater degree, and that if you want to resolve them, you have to work on them yourself. Other people can't solve them for you. You can, however, use other people as resources to help you get a different perspective on your problem or to explore avenues of action that you might not have considered before. The problem may be one of learning how to share dependencies without abdicating responsibility; that is, being interdependent rather than dependent.

Work: Another stereotype of the sick role is that sick people can't work and are not expected to work. If I see myself as mentally ill or sick, then I do not expect to work nor does my family expect me to work because people who are sick do not work. When you do not see yourself in the sick role, then your attitudes toward work may be quite different. We have found, in some of our surveys, that a man may be working steadily but may be in a lot worse shape, looking at him objectively, than a man who is not working at all. I remember interviewing one man on the job who was hallucinating. He saw his hallucinations as

a problem that he had to learn to live with. He knew that the voices he heard were not coming from other people but were coming from himself and being projected out. He also had sense enough not to tell anybody about it because he knew he would be seen as an odd ball. Since he didn't see himself in terms of being sick, he felt he had no justifiable reason for not working steadily. Another man who was in a lot better shape but saw himself as sick, felt he could not work, and in addition, his folks didn't expect him to work—so he didn't work.

Care and Treatment: Associated with the sick role is the expectation that sick people should be taken care of and receive treatment. This expectation may lead them into a very inactive role in bringing about their own progress or change. A lot of people come into a hospital—and I think that because of the fact this is a hospital, you have certain expectations about it—and put themselves into the hands of the staff to be treated and cured. When they get into a psychiatric section, however, they may find that their expectations are not going to be met; the staff will tell them that they will not assume responsibility for their cure. The treatment is what they can do for themselves, taking the major responsibility for working out their own problems. This kind of "treatment" may come as quite a shock, and the patient may react with a lot of resistance and resentment. He may feel that he is being neglected, that "these people aren't helping me; they expect me to help myself. Since I'm not an expert, how can I be expected to help myself?" The role of our staff members here is primarily as resource people to help participants to help themselves, not to do the problem solving for them.

Cure: A common stereotype associated with the sick role is the idea of cure. In physical illness, the flu or the measles, the idea of cure is quite appropriate. If you have a particular disease and you can get the right antibiotics, you may cure the disease by killing the germs or the virus. If you don't get exposed to that particular germ or virus again, you do not get the disease again; so in a real sense you are cured. But with psychiatric problems, the idea of a cure is inappropriate. You don't get cured of your inability to cope with conflict or your nervousness. It is just not applicable here. You will run into conflict situations again, and if you get overwhelmed you may react with the same old tried but ineffective responses again, like drinking, fighting, and running away. The idea of cure becomes less appropriate when you consider psychiatric difficulties in terms of problems. We all have problems and we'll always have them. When you leave here, if you don't expect to have problems then you are not being very realistic. What we hope to do is to help you develop better ways of coping with problems and conflict, considering alternative solutions other than those that have been previously ineffective. Effective problem solving puts you, rather than the problems, in control of the situation.

QUESTION - A psychiatrist told me that I would never be cured of my nervousness but would have to learn to live with it. Would you comment on that?

ANSWER - In the true sense of the word "cure," I think he was right but stated it in a highly pessimistic way. As I said, the word "cure" is not appropriate. You don't get cured of your nervousness; you don't get

cured of the fact that you can't handle your problems. What you do is learn to handle them more effectively so that they don't overwhelm you. As you develop more confidence in handling them, there is less tendency for you to get anxious and tense when problems do occur. But in a real sense you don't get cured of them; you learn to handle them better.

Family: The role of the family is important here. Quite frequently when family members think in terms of mental illness, they see this as a professional problem to be handled by "experts." They feel that they are not qualified to work with the "affected" family member. The best thing to do, they think, is to take the problem member out of the family and send him to the doctor or the hospital where he will receive the care from people who "know" what to do. When the family sees the member in terms of the problems he is having, these problems are in relation to the family. They are also responsible for the problems, and in a sense they have the problems too because the "other people" in the troubled member's conflicts are the family. They do not see it so much as a professional problem, but as a family problem in which they have to work together in order to resolve it. Sometimes, in a family circle, the veteran who comes into the hospital may not be the one who is in the worst shape. It may be that he is the only one eligible for hospitalization. Possibly his wife or mother need hospitalization more than he does. Now I'm not saying this so that you can all say, "See, I told you; she's worse off than I am" but this does happen sometimes in a family situation. What some families may do is take the sore spot out of the family, put him into the hospital, and label him as being the cause of all the conflict.

In this way they shed the responsibility. If they see themselves as all being involved in the problems they are having as a family, then they might all share the responsibility for working them out.

Labels: There is a tendency for people who adopt the mental-illness philosophy to use labels. The psychiatric diagnosis is one such label. We find that a label may have a disadvantage for the person who is wearing it. He may be prejudged by the label and dealt with indiscriminately. For instance, if everybody in this room had the same diagnosis, anxiety reaction, this would not tell me anything about you as a person; it would not tell me how you handle your anxieties. One person may handle his anxiety by fighting, another by taking flight—running away, another by developing a solution of standing in a corner and facing the wall. The diagnosis doesn't really give us any information about you as an individual. When we characterize you as "categories," there is a tendency to see you only in terms of diagnosis rather than people. Job interviewers have told us that when they know an ex-patient's diagnosis, they have no way of using the information constructively. The information is useless to them because quite frequently they don't understand what it means nor how it would affect the ex-patient's behavior on the job. If the ex-patients were to describe their difficulties in terms of the kinds of problems they were having, the interviewer might get to know them better as persons. They would be speaking a language he understands. He would also be in a better position to judge how the applicant would "fit in" with the other employees. Some men can be very anxious and handle their problems constructively and others might fall apart on

the job. I think the important thing is how you handle your tension or anxiety, not your diagnosis. In some prominent psychiatric circles, there is a movement toward dropping labels and describing patients in terms of the way they are coping with internal and external stresses. Rather than a diagnosis, they see " . . . a state of functioning, a way of behaving" under stress. Helping the patient may mean helping him develop more effective ways of dealing with stress.

There is also a tendency for labels to stick with you and perpetuate the way people look at you and the way you look at yourself. A person who may have been diagnosed as schizophrenic reaction two years ago, may retain the same label on a current admission despite the fact that he is exhibiting quite different behavior than he was when first diagnosed. "Once a schizophrenic, always a schizophrenic." "Once an alcoholic, always an alcoholic." "Once a psychopath, always a psychopath." "Once a criminal, always a criminal." When one is judged only by his past behavior, he is presented a superhuman task of overcoming this bias. Indeed, he may never overcome it. He is now expected to be "super normal." He can no longer get angry without someone attributing his anger to his "illness" rather than to the fact that he is human.

Unfortunately hospitals, stereotyped as institutions for sick people, tend to perpetuate labels. This is particularly true in hospital systems where compensation is associated with particular diagnosis. If the diagnosis is not repeated for each admission, the person does not receive the compensation while he is hospitalized. This situation becomes double binding when the person desperately needs the compensation for his family.

Focus on Pain and Symptoms: We frequently find that when a person views himself in terms of the mental-illness perception, he is concerned primarily with the symptoms that he is exhibiting. For instance, a man may come in and say that he has headaches, backaches, or stomach aches, and that if he got the right medicine all his troubles would be over. He blames all of his difficultion—marital, interpersonal, or job—on his symptoms. That is, "If I did not have these headaches I wouldn't be so irritable and lose so many jobs," or, "If it were not for by back trouble I would be able to get along better with my wife and kids." The concentration on symptoms or on any pain may be a way of avoiding looking at other problems. It is a face-saving device because physical symptoms and pain are much more "legitimate" than psychological problems. As long as he can focus his attention on the symptoms or the pain, he does not have to confront himself with other feelings such as inadequacy or inability to relate to others, to keep a job, or to cope with life.

People who use these physical symptoms as a solution to life's problems have low tolerance for pain. People who have learned to cope with life and other people more constructively may have the same kinds of backaches or headaches but develop tolerance for pain. They may look at it philosophically and say, "my back trouble is a function of middle age and something I have to live with." But the person who is using pain as a way of avoiding other problems magnifies the pain so that it is all out of proportion. The pain or the symptoms become the dominant theme in his life. That is why our psychiatrist here will frequently tell patients that he can do nothing for their headaches or their backaches

because pills will not cure them. What he is telling the person is that he has to work through his problems in another way rather than take pills for them. When people consider their difficulties in terms of the interpersonal problems they are having, there is no need to divert their attention to physical symptoms, since the persons, by their own admission, see their problems in terms of interpersonal relations.

III. Time Orientation

By time orientation we mean concern for the past, present, or the future. We found that an employment interviewer, when interviewing a person who has presented himself in terms of a mental-illness orientation, tends to focus on the past. Those who present themselves in terms of the kinds of problems they are having elicit questions from the interviewer which are primarily concerned with the present. For instance, under the mental-illness orientation the employers may ask, "When did this start?" "Has there been any illness in your family?" "How were you before you went into the hospital?" When responding to the problem-centered presentation, however, he is more likely to ask, "How are you doing now?" "Will the difficulties you had affect your performance on the job that you will be doing here?" or "How will you get along with people on the job here?"

It is disadvantageous to the person to focus on past behavior because one does not have any control in this area. There is nothing we can do about the past because it is beyond our reach. There is something, however, that we can do about the present because it is alive and with us

now. You frequently see husbands and wives belaboring each other about past actions. For instance, she may say, "Do you remember when you hit me last week?" or "How about that argument you had with my mother three months ago?" or "How about the time you insulted me in front of our friends last year?" While she may be relieving her own frustrations, this constant reference to the past serves only to frustrate both people. Admittedly, the husband did these things in the past but he is helpless to rectify the incident. He cannot reach back and manipulate his behavior, change the situation, or erase its memory. We are not saying that we should ignore the past completely. The past can be very helpful if what we have learned can be applied to the present. To focus primarily on the past, however, leads to rumination rather than action. It is much more advantageous to a person to be evaluated as he is now rather than as he was five years ago—what capabilities does he bring to the job in the present rather than what liabilities did he have in the past.

I think the outlook is much more encouraging and hopeful to utilize what assets we have in the present with an eye to the future rather than to be pre-occupied with our past transgressions. Looking to the past leads to pessimism; looking at the present and toward the future leads to optimism. We cannot move ahead if we are constantly back-tracking to punish ourselves, again and again, for some past, ill-advised action or foolish mistake.

APPENDIX C

MEASUREMENTS USED

Name_____Data#____DG Session_____Date_____

GROUP ATMOSPHERE WORDS

1. I felt the DG meeting was (CIRCLE ONE ON EACH LINE)

Very rewarding	Somewhat rewarding	A little rewarding	Not rewarding
Very sluggish	Somewhat sluggish	A little sluggish	Not sluggish
Very cooperative	Somewhat cooperat.	A little cooperat.	Not cooperative
Very competitive	Somewhat competit.	A little competit.	Not competitive
Much play	Some play	A little play	No play
Much work	Some work	A little work	No work
Much fight	Some fight	A little fight	No fight
Much flight	Some flight	A little flight	No flight
Very tense	Somewhat tense	A little tense	Not tense

---

2. To what extent did we talk about events arising out of our group's activity (here and now), and to what extent about events not caused by group activity (there and then)? (CIRCLE ONE NUMBER)

9 Completely here and now
8 Almost completely here and now
7 Quite here and now
6 Somewhat here and now
5 Equally between here and now and there and then
4 Somewhat there and then
3 Quite there and then
2 Almost completely there and then
1 Completely there and then

---

3. Was I leveling with the group? That is, did I feel free to say what I really thought at the time that I felt it was necessary, or did I find it impossible to express my true feelings?
I felt: (CIRCLE ONE NUMBER)

9 Completely free and expressive, open and above board
8 Almost completely open
7 Somewhat open
6 Slightly more open than closed

5 Neither open nor closed
4 Slightly more closed than open
3 Somewhat closed
2 Almost completely closed
1 Completely under wraps, closed and hidden

THE RELATIONSHIP INVENTORY

Below are listed a variety of ways that members of a group could feel or behave in relation to one another. Please consider each statement with respect to whether you think it is true or not true in your present relationship with the other members of this group. Please answer every question.

Although the questionnaire may seem somewhat lengthy at first glance, others who have taken it have found it extremely useful in several respects. First of all, it provides a structure in which to begin to examine your relationships. Also, in answering the questions, you are provided with readily identifiable cues as to where problems in your relationships may lie, and this can provide you with some direction in your attempts to improve how you relate to others. Those who have taken this questionnaire before, have felt it was well worth the time, and if you attempt to use it as suggested above, I am sure you will find it beneficial as well.

Write in +1, +2, +3; or -1, -2, -3 to stand for the following answers:

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

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

Members of the group:

____ 1. Respect me.
____ 2. Try to see things through my eyes.
____ 3. Pretend that they like me or understand me more than they really do.
____ 4. Their interest in me depends partly on what I am talking to them about.
____ 5. They are willing to tell me their own thoughts and feelings when they are sure that I really want to know them.
____ 6. They disapprove of me.
____ 7. They understand my words but not the way I feel.
____ 8. What others say to me never conflict with what they think or feel.
____ 9. They always respond to me with warmth and interest - or always with coldness and disinterest.
____10. They tell me their opinions or feelings more than I really want to know them.

____11. They are curious about "the way I tick" but not really interested in me as a person.
____12. They are interested in knowing what my experiences mean to me.
____13. They are disturbed whenever I talk about or ask about certain things.
____14. Their feelings toward me does not depend on how I am feeling towards them.
____15. They prefer to talk only about me and not at all about them.
____16. They like seeing me.
____17. They nearly always know exactly what I mean.
____18. I feel that others in the group have unspoken feelings or concerns that are getting in the way of our relationship.
____19. Their attitude toward me depends partly on how I am feeling about myself.
____20. Others freely tell me their own thoughts and feelings when I want to know them.
____21. They are indifferent to me.
____22. At times others jump to the conclusion that I feel more strongly or more concerned about something than I actually do.
____23. They behave just the way that they are in our relationship.
____24. Sometimes the group responds to me in a more positive and friendly way than at other times.
____25. Others say more about themselves than I am really interested to hear.
____26. They appreciate me.
____27. Sometimes they think that I feel a certain way, because they feel that way.
____28. I do not think that they hide anything from themselves that they feel with me.
____29. They like me in some ways, dislike me in others.
____30. They adopt roles that makes it hard for me to know what they are like as persons.
____31. They are friendly and warm toward me.
____32. They understand me.
____33. If I feel negatively toward them, they respond negatively to me.
____34. They tell me what they think about me whether I want to know it or not.
____35. They care about me.
____36. Others' attitudes toward some of the things I say, or do, stop them from really understanding me.
____37. They do not avoid anything that is important in our relationship.
____38. Whether I am expressing "good" feelings or "bad" ones seems to make no difference to how positively—or how negatively—they feel toward me.
____39. Others are uncomfortable when I ask them something about them.
____40. They feel that I am dull and uninteresting.
____41. I feel that I can trust them to be honest with me.
____42. Sometimes they are warmly responsive to me, at other times cold or disapproving.

____43. They express ideas or feelings of their own that I am not really interested in.
____44. They are interested in me.
____45. They appreciate what my experiences feel like to me.
____46. He is secure and comfortable in our relationship.
____47. Depending on the mood, the group sometimes responds to me with quite a lot more warmth and interest than at other times.
____48. Others want to say as little as possible about their thoughts and feelings.
____49. They just tolerate me.
____50. They are playing a role with me.
____51. They are equally appreciative or equally unappreciative—of me, whatever I am telling them about myself.
____52. Others' feelings and thoughts are aways available to me, but never imposed on me.
____53. They do not really care what happens to me.
____54. They do not realize how strongly I feel about some of the things we discuss.
____55. There are times when I feel that their outward response is quite different from their inner reaction to me.
____56. Other's general feeling toward me varies considerably.
____57. Others are willing for me to use our time to get to know them better, if or when I want to.
____58. They seem to really value me.
____59. They respond to me mechanically.
____60. I don't think that others are honest with themselves about the way they feel toward me.
____61. Whether I like or dislike myself makes no difference to the way the group feels about me.
____62. Others are more interested in expressing and communicating themselves than in knowing and understanding me.
____63. They dislike me.
____64. I feel that they are being genuine with me.
____65. Sometimes they respond quite positively to me, at other times they seem indifferent.
____66. They are unwilling to tell me how they feel about me.
____67. They are impatient with me.
____68. Sometimes others are not at all comfortable but we go on, outwardly ignoring it.
____69. They like me better when I behave in some ways than they do when I behave in other ways.
____70. They are willing to tell me their actual response to anything I say or do.
____71. They feel deep affection for me.
____72. They usually understand all of what I say.
____73. Others do not try to mislead me about their thoughts or feelings.
____74. Whether I feel fine or feel awful makes no difference to how warmly and appreciatively—or how coldly and unappreciatively they feel toward me.

____75. They tend to evade any attempt that I make to get to know them better.
____76. They regard me as a disagreeable person.
____77. What they say gives a false impression of their total reaction to me.
____78. I can be very critical of them or very appreciative of them without it changing their feelings toward me.
____79. At times they feel contempt for me.
____80. When I do not say what I mean at all clearly they still understand me.
____81. They try to avoid telling me anything that might upset me.
____82. Other's general feeling toward me (of liking, respect, dislike, trust, criticism, anger, etc.) reflect the way that I am feeling toward them.
____83. They try to understand me from their own point of view.
____84. They can be deeply and fully aware of my most painful feelings without being distressed or burdened by themselves.

INTERPERSONAL RELATIONSHIP RATING SCALE

John L. Hipple

Participant_____ Observer_____

Complete this form quickly without thinking too much about each item. For each of the following items, circle the number that best describes the degree to which the statement fits the participant.

Example:
In this example the rater feels that the participant is average in wealth.

A. Wealth of participant

Very poor —1——2——3——(4)——5——6——7— Very rich

1. Ability to listen to others in an understanding way.

Low —1——2——3——4——5——6——7— High

2. Awareness of the feelings of others.

Unaware —1——2——3——4——5——6——7— Aware

3. Tolerance of differences in others.

Low —1——2——3——4——5——6——7— High

4. Tendency to trust others.

Quite Suspicious —1——2——3——4——5——6——7— Very Trusting

5. Tendency to seek close personal relationships with others.

Low —1——2——3——4——5——6——7— High

6. Tendency to build on the previous ideas of others.

Infrequent —1——2——3——4——5——6——7 Frequent

7. Ability to influence others.

Low —1——2——3——4——5——6——7— High

8. Reaction to expression of affection and warmth from others.

Low Tolerance —1——2——3——4——5——6——7— High tolerance

9. Reaction to the opposing opinions of others.

Low Tolerance —1——2——3——4——5——6——7— High tolerance

10. Reaction to conflict and antagonism from others.

Low Tolerance —1——2——3——4——5——6——7 High tolerance

11. Reaction to others' comments about his behavior.
Reject —1——2——3——4——5——6——7— Welcome

12. Willingness to discuss his feelings and emotions with others.
Unwilling —1——2——3——4——5——6——7— Willing

13. Level of his self understanding.
Doesn't know self —1——2——3——4——5——6——7— Knows self a great deal

14. Level of his self esteem.
Very low —1——2——3——4——5——6——7— Very high

15. Level of his giving love.
Cold —1——2——3——4——5——6——7— Warm and affectionate

16. Level of his openness.
Reveals little of self —1——2——3——4——5——6——7— Reveals much of self

17. Degree of peace of mind.
Restless and Dissatisfied —1——2——3——4——5——6——7— At peace with self

18. Level of his aspiration.
Very low —1——2——3——4——5——6——7— Very high

19. Level of his physical energy.
Tires easily —1——2——3——4——5——6——7— Vital and resilient

20. Degree of versatility.
Can do only a few things well —1——2——3——4——5——6——7— Can do many things well

21. Degree of innovativeness.
Likes the status quo —1——2——3——4——5——6——7— Very creative and inventive

22. Level of anger expression.
Represses it Consistently —1——2——3——4——5——6——7— Expresses it openly

23. Clarity in expressing thoughts.
Quite vague —1——2——3——4——5——6——7— Very clear

24. Degree of independence.
Very little ---1---2---3---4---5---6---7--- A great deal

The 1972 Annual Handbook for Group Facilitators

COMMUNICATION SKILLS TRAINING GROUP QUESTIONNAIRE

Please think back over the past three weeks in the Communication Skills Training Group and to the orientation session prior to your beginning the group. Answer the following questions as completely as you can. Thank you for your cooperation.

1. What things about this group were most useful to you? Explain.

2. What things were the least useful to you? Explain.

3. What would you change or do differently? Please be specific.

4. What was the most important thing you learned about
   Yourself?

   Your relationships with others?

5. Do you feel the information you received in the orientation session prepared you enough for the communication skills training group? If so, how?

6. Do you feel that you were adequately prepared personally to enter the group? If no, why?

7. Do you think the information you received in the orientation session influenced your participation in the group? If so, how?

8. Do you think that you had more detailed information about the group prior to entering it, your experience would have been more helpful?

9. What kinds of things do you think future participants should be told in preparing them for the group?

10. If you had the chance, would you participate in this type of group again?

APPENDIX D

STRUCTURED EXERCISES USED IN COMMUNICATION SKILLS TRAINING GROUP

EXERCISES USED WITH GROUPS

Introduction and Warm-Up

Feedback

Paraphrasing

Leveling

Johari Window

NASA

Anger & Fear

Risk-Taking (Stretching)

Role Playing

DIFG

Strength Bombardment

Wrap-Up

INTRODUCTION AND WARM-UP

The facilitators and group members introduce themselves. Each person is then asked to describe himself/herself to the group using a symbol, explaining the choice. Flowers, colors, birds, animals, and modes of transportation are suggested symbols, but the participant may choose any he wishes. When each participant has finished sharing his symbol, the members are asked to establish goals for their participation in the group. These are then recorded on sheets of paper, signed, and posted in the group room. The participants are encouraged to add to their goals as they wish during the group.

FLOWERS AND ONIONS: FEEDBACK EXERCISE

Goals

I. To provide participants with an opportunity to test their understanding of feedback principles.

II. To initiate the exchange of feedback in the group.

Time Required

Approximately 45 minutes.

Materials Utilized

Pencils and paper.

Process

I. The facilitator distributes pencil and paper.

II. The facilitator instructs participants to write one piece of positive feedback to someone in the room, and one piece of negative feedback to someone in the room. Participants are encouraged to consult their rules for feedback. About five minutes is allowed for this task.

III. Participants then share their feedback with the person for whom it's intended.

IV. When everyone has shared their feedback, participants process the experience and share their feelings about giving and receiving feedback.

LECTURE ON FEEDBACK *

Effective Relationships:

Man has a deep hunger to be himself, to retain his individuality, and at the same time, to be deeply involved in a relationship with another human being. Man is a social animal who needs these relationships with other people as much as he needs food and the other necessities of life. Were a man completely isolated and deprived of contact with other human beings, it is believed by some social scientists that he could not long survive, e.g., he would lose the will to live. One of the primary goals of the laboratory is to help participants develop effective relationships with other people. These people may include the family, work associates, relatives, friends, God, and ourselves. Some of the ways in which to develop effective relations may include such items as:

(a) giving as well as receiving, particularly giving of oneself;
(b) developing mutual trust and confidence;
(c) accepting the other person as well as accepting oneself;
(d) frank and open communication, particularly in reference to feelings;
(e) setting up no conditions for friendship or making demands on the other person before accepting them.

One of the techniques that is used to help develop more effective relationships is feedback. Feedback is a term borrowed from electrical engineering by one of the founders and moving spirits of laboratory training, Kurt Lewin. This technique describes messages from a rocket, for instance, sent back to a steering mechanism on the ground concerning deviations from a desired target or goal. The steering mechanism then makes an adjustment to get the rocket back on target. In human relations terms it provides information as to whether or not the person is developing in acceptable directions. In the laboratory an opportunity is offered for individuals to see themselves more nearly as they really are by providing them with an opportunity to see themselves as others see them. This is done in an atmosphere where new ideas about behavior may be tested by the individual for its effect on other people under conditions where these changes can be made in relative safety. To learn the effects of one's behavior on others enables the person to make appropriate change in a desired direction.

Definition:

More formally then, feedback is a verbal or nonverbal communication to a person or group providing them with information as to how their

*Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory, VA Hospital, Houston, Texas.

behavior is affecting you (giving feedback). Feedback is a reaction by others, usually in terms of their feelings but sometimes in terms of their perceptions, about how your behavior is affecting them (receiving feedback). Thus, we get cues as to what others think of us and where we stand in relation to them. Feedback also provides cues as to how well we are achieving the goals we have set for ourselves.

We frequently have misconceptions as to how feedback is given and received. The idea of feedback has a value attached to it as if it were something good in itself, and is delivered to another person regardless of how that person feels or whether or not that person is ready to receive it. The purpose of feedback is not to hurt the other person or to give information about himself that he is unable to use because of his unreadiness to accept it. If the person cannot accept information about his behavior and how it affects others without becoming defensive, he will be unable to utilize this information in terms of changing his own behavior. Information that is given in such a way that the person feels free to accept or reject it has a better chance of being used than information that is imposed upon the person to bring about change so that he feels that he is being pressured to change. Good feedback provides information about oneself which can be used to solve problems, to better understand oneself, and to better understand one's relationships with others, particularly significant others.

It is not an easy task to give feedback in such a way that it can be received without threat to the other person. This technique requires practice in developing sensitivity to other people's needs and being able to put oneself in other people's shoes. Some people feel that giving and receiving feedback cannot be learned solely by practice, but requires a basic philosophy or set of values which must first be learned and which are conducive to further learning and individual growth. This basic philosophy is that the individual be accepting of himself and others. As this acceptance of self and others increases, the need to make feedback which can be construed as evaluative or judgmental decreases. It is extremely difficult for one to differentiate between himself as a person and his behavior. That is, we tend to interpret any evaluation of our behavior as an evaluation of ourselves and our worth as persons. If we set ourselves up as judges as to what is right and wrong or what is good and bad, this puts us in a position of one-up on the other person, which creates in him a feeling of resentment and hostility toward us. But, if the receiver feels that we accept him as a person who is worthwhile, he will be less inclined to interpret our feedback as an attack on his personality.

Conditions to be Met to Qualify as Feedback:

(1) Feedback should describe behavior and not pass judgment as to whether it or he is good or bad, right or wrong. The purpose of feedback

is not to evaluate the person's worthwhileness, but to describe the behavior to which we are reacting.

(2) Feedback should be an observation or reaction to a specific unit of behavior or a group incident. When we give feedback in a very general way, it tends to frustrate the individual since he may not know to what specific behavior we are alluding. For example, if we tell an individual that he makes us feel angry, he may not know specifically what it is that made us feel angry.

(3) It should follow as close in time as possible to the behavior. This allows more time for the person who receives the feedback to think up and try out new responses. It is also more effective when the behavior is fresh and can be immediately examined.

(4) Feedback in a group situation should be based on behavior that can be observed by several people. If one gives feedback on behavior that he alone perceives and it cannot be verified by others, then the feedback may be arising solely from the needs of the giver rather than something for which the receiver is responsible. Behavior that is public and shared stands a better chance of being consensually validated. This requirement does not hold, of course, in a relationship between two people.

(5) It is solicited rather than imposed upon the receiver. The receiver can formulate the kinds of questions about himself which his group, or those observing him, can answer. The fact that one asks for feedback, however, does not always mean he is ready to accept it.

(6) It should be presented in a way which enables the receiver to utilize it to learn something about himself. This means freedom of choice as to whether or not he will utilize it.

(7) Feedback should be motivated primarily by a desire to help the other person, not solely to alleviate our own needs (for example, hostile feelings). This does not preclude, however, the beneficial effects of getting our own feelings out in the open.

(8) Feedback is aimed at behavior over which the person has some control. To give a person feedback about behavior over which he has no control can be quite frustrating because the receiver is helpless to do something about it, e.g., a tic, or stuttering.

Functions of Feedback:

(1) Feedback helps us to know how we stand in the eyes of the group, a particular individual, or people in general.

(2) It helps us to know how effective we have been in achieving our goals. Feedback steers and directs subsequent behavior. It gives us information about our performance or how our progress deviates from our desired goals. Report cards, performance appraisals, group evaluations, etc., are examples of organizational feedback.

(3) Feedback enables us to know the effects of our behavior on others. It gives us consensual validation of perceptions of what is happening, and provides confirmation or lack of confirmation about the realities or what is going on between ourselves and others.

(4) It allows us to check our self-concepts against what other people say about us. If we collect data about these discrepancies, we can test whether or not we see ourselves as others see us.

(5) Feedback stimulates changes in the feelings, attitudes, perceptions, knowledge, and behavior of the receiver.

(6) It helps us to learn to observe our own and others' behavior more carefully.

(7) We can compare and contrast our reactions to specific behaviors of group members and establish a standard of objectivity in the group. Our behavior becomes data for the group to look at and examine as one would examine any other kinds of facts.

PARAPHRASE *

A Basic Communication Skill for Improving Interpersonal Relations

The problem: Tell somebody your phone number and he will usually repeat it to make sure he heard it correctly. However, if you make a complicated statement, most people will express agreement or disagreement without trying to insure that they are responding to what you intended. Most people seem to assume that what they understand from a statement is what the other intended.

How do you check to make sure that you understand another person's ideas, information, or suggestions as he intended them? How do you know that his remark means the same to you as it does to him?

Of course, you can get the other person to clarify his remark by saying, "What do you mean?" or "Tell me more," or by saying, "I don't understand." However, after he has elaborated you still face the same question, "Am I understanding his ideas as he intended it to be understood?" Your feeling of certainty is no evidence that you do, in fact, understand.

The skill: If you state in your own way what his remark conveys to you, the other can begin to determine whether his message is coming through as he intended. Then, if he thinks you misunderstand, he can speak directly to the specific misunderstanding you have revealed. I will use the term "paraphrase" for any means of showing the other person what his idea or suggestion means to you.

Paraphrasing, then, is any way of revealing your understanding of the other person's comment in order to test your understanding.

An additional benefit of paraphrasing is that it lets the other know that you are interested in him. It is evidence that you do want to understand what he means.

If you can satisfy the other that you really do understand his point, he will probably be more willing to attempt to understand your views.

Paraphrasing, thus, is crucial in attempting to bridge the interpersonal gap. (1) It increases the accuracy of communication, and thus the degree of mutual or shared understanding. (2) The act of paraphrasing itself conveys feeling—your interest in the other, your concern to see how he views things.

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Learning to paraphrase: People sometimes think of paraphrasing as merely putting the other person's ideas in another way. They try to say the same thing with different words. Such word swapping may merely result in the illusion of mutual understanding as in the following example:

Sarah: Jim should never have become a teacher.
Fred: You mean teaching isn't the right job for him?

Instead of trying to reword Sarah's statement Fred might have asked himself, "What does Sarah's statement mean to me?" In that case the interchange might have sounded like this:

Sarah: Jim should never have become a teacher.
Fred: You mean he is too harsh on the children? Maybe even cruel?
Sarah: Oh, no. I meant that he has such expensive tastes that he can't ever earn enough as a teacher.
Fred: Oh, I see. You think he should have gone into a field that would have insured him a higher standard of living.
Sarah: Exactly! Teaching is not the right job for Jim.

Effective paraphrasing is not a trick or a verbal gimmick. It comes from an attitude, a desire to know what the other means. And to satisfy this desire you must reveal the meaning his comment had for you so that the other can check whether it matches the meaning he intended to convey.

If the other's statement was general, it may convey something specific to you.

Larry: I think this is a very poor textbook.
You: Poor? You mean it has too many inaccuracies?
Larry: No, the text is accurate, but the book comes apart too easily.

Possibly the other's comment suggests an example to you.

Laura: This text has too many omissions; we shouldn't adopt it.
You: Do you mean, for example, that it contains nothing about the Negro's role in the development of America?
Laura: Yes, that's one example. It also lacks any discussion of the development of the arts in America.

If the speaker's comment was very specific, it may convey a more general idea to you.

Ralph: Do you have 25 pencils I can borrow for my class?
You: Do you just want something for them to write with? I have about 15 ballpoint pens and 10 or 11 pencils.
Ralph: Great. Anything that will write will do.

Sometimes the other's idea will suggest its inverse or opposite to you.

Stanley: I think the Teacher's Union acts so irresponsibly because the Administration has ignored them so long.
You: Do you mean that the T.U. would be less militant now if the Administration had consulted with them in the past?
Stanley: Certainly. I think the T.U. is being forced to more and more desperate measures.

To develop your skill in understanding others, try different ways of (1) conveying your interest in understanding what they mean, and (2) revealing what the other's statements mean to you. Find out what kinds of responses are helpful ways of paraphrasing for you.

The next time someone is angry with you or is criticizing you, try to paraphrase until you can demonstrate that you understand what he is trying to convey as he intends it. What effect does this have on your feelings and on his?

PARAPHRASING EXERCISE

Following the discussion of paraphrasing, the participants are given a topic to discuss in the group. Each participant is instructed to paraphrase what he has heard before he responds to another person. The group is encouraged to reach a clear understanding of what each member is saying before they proceed.

WHAT IS LEVELING?

Leveling with a person or a group is saying what you really think when you feel it should be expressed. Often people do not feel free to express their true thoughts for they fear punishment, or ridicule, or rejection. People are usually taught to be polite. Saying what you feel and would like to say is sometimes seen as impolite.

There are times when leveling is of value, however. In interpersonal relationships, especially, leveling often clears the air between people and provides a more solid and honest foundation upon which to build. Furthermore, it is often doing a person a service to level with him since he then has some data to use as a basis for evaluation of his relationship with you.

The leveling function is really two-sided. First, you should learn to level with others so that the relationship can become more open and honest. By the same token, you should work to become the type of person with whom others can level, as well. One-way leveling is much less effective than leveling which is shared and participated in by all concerned.

Your ability to level stems from the freedom you feel to say what you are really thinking so that secret thoughts are not allowed to act as barriers to effective interpersonal relations. Secret thoughts cannot be dealt with by all the parties involved; once they are spoken, however, action can be taken on them.

Exercise

Leveling, hedging, and not leveling are explained. The group utilizes a set of questions focusing on relationships within the group. Each member takes the top question, and answers it. Other members of the group, then, give the person feedback as to whether he is seen as leveling, hedging, or not leveling. After each person has participated, the group processes the experience. If time allows, the exercise is repeated.

THE JO-HARI WINDOW: A MODEL FOR SOLICITING AND GIVING FEEDBACK*

The process of giving and receiving feedback is one of the most important concepts in laboratory training. It is through feedback that we implement the poet's words, "to see ourselves as others see us." It is also through feedback that other people know how we see them. Feedback is a verbal or nonverbal communication to a person or group providing them with information as to how their behavior is affecting you or the state of your here-and-now feelings and perceptions (giving feedback or self-disclosure). Feedback is also a reaction by others, usually in terms of their feelings and perceptions, as to how your behavior is affecting them (receiving feedback). The term was originally borrowed from electrical engineering by Kurt Lewin, one of the founding fathers of laboratory training. In the field of rocketry, for example, each rocket has a built-in apparatus which sends messages to a steering mechanism on the ground. When the rocket is off target, these messages come back to the steering mechanism which makes adjustments and puts the rocket back on target again. In laboratory training, the group acts as a steering or corrective mechanism for individual members who, through the process of feedback, can be kept on target in terms of their own learning goals.

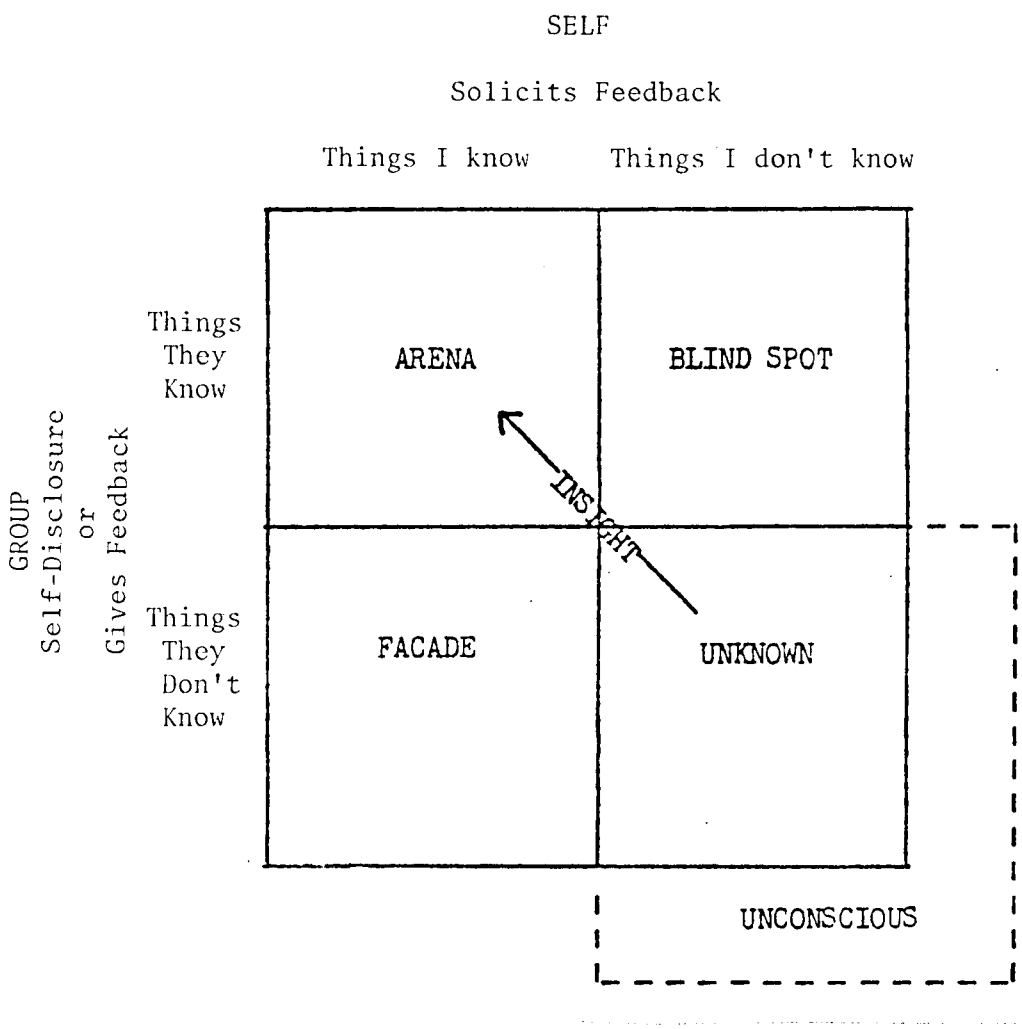
Feedback itself is not of value unless the receiver can use it. In order to increase the receptiveness on the part of the person receiving the feedback and to maximize its usefulness, feedback needs to be non-evaluative, directed at specific behaviors, and given in such a way that allows the person the freedom of choice to change or not to change, or to use the feedback in any way that he finds most meaningful to himself.

The process of giving and receiving feedback can be illustrated through a model called the Jo-Hari Window. The window was originally developed by two psychologists, Joseph Luft and Harry Ingham, for their program in group process. The model was later modified by Jay Hall to represent an interpersonal proces by which information is exchanged to enhance individual and team effectiveness and productivity. For the purposes of the present exercise, the model will be used to focus primarily on the feedback process and can be looked upon as a communication window through which you give and receive information about yourself and others (the group).

Looking at the four panes in terms of columns and rows, the two columns represent the self and the two rows represent the group. Column one contains "things that I know about myself"; column two contains

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*Contributed by Philip G. Hanson, Ph.D., Director, Human Interaction Training Laboratory, VA Hospital, Houston Texas.



"things that I do not know about myself." Row one contains "things that the group knows about me"; row two contains "things that the group does not know about me." The information contained in these rows and columns is not static, but moves from one pane to another as the level of mutual trust and the exchange of feedback varies in the group. As a consequence of this movement, the size and shape of the panes within the window will vary.

The first pane, called the Arena, contains things that I know about myself and about which the group knows. It is an area characterized by free and open exchange of information between myself and others. The behavior here is public and available to everyone. The Arena increases in size as the level of trust increases between individuals or between the individual and his group. That is, more information, particularly personally relevant information, is shared.

The second pane, the Blind Spot, contains information that I do not know about myself but of which the group may know. As I begin to participate in the group, I communicate all kinds of information of which I am not aware, but which is being picked up by other people. This information may be in the form of verbal cues, mannerisms, the way I say things, or the style in which I relate to others. The extent to which we are insensitive to much of our own behavior and what it may communicate to others can be quite surprising and disconcerting. For example, a group member once told me that everytime I was asked to comment on some personal or group issue, I always coughed before I answered.

In pane three are things that I know about myself but of which the group is unaware. For one reason or another I keep this information hidden from them. My fear may be that if the group knew of my feelings, perceptions, and opinions about the group or individuals in the group they might reject, attack, or hurt me in some way. As a consequence, I withhold this information. This pane is called the "Facade" or "Hidden Area." One of the reasons I may keep this information to myself is that I do not see the supportive elements in the group. My assumption is that if I start revealing my feelings, thoughts, and reactions, group members might judge me negatively. I cannot find out, however, how members will really react unless I test these assumptions and reveal something of myself. In other words, if I do not take some risks, I will never learn the reality or unreality of my assumptions. On the other hand, I may keep certain kinds of information to myself when my motives for doing so are to control or manipulate others.

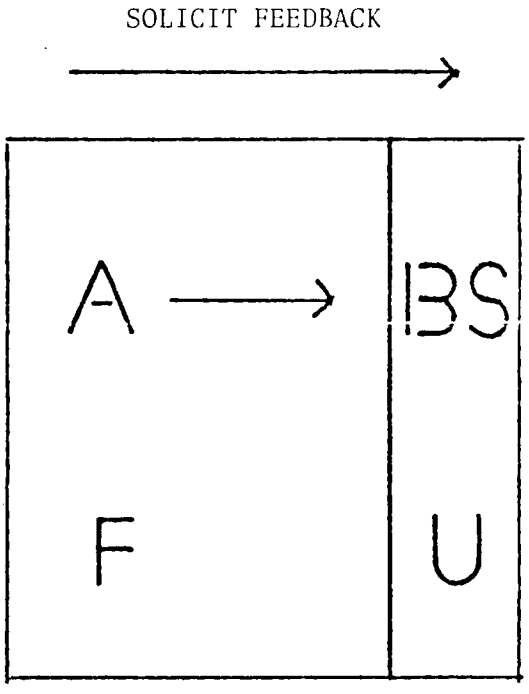
The last pane contains things that neither myself nor the group knows about me. Some of this material may be so far below the surface that I may never become aware of it. Other material, however, may be below the surface of awareness to both myself and the group, but can be made public through an exchange of feedback. This area is called the "Unknown" and may represent such things as intrapersonal dynamics, early childhood memories, latent potentialities and unrecognized resources, etc. Since the internal boundaries can move backward and forward or up and down as a consequence of soliciting or giving feedback, it would be possible to have a window in which there would be no Unknown. Since knowing all about oneself is extremely unlikely, the Unknown is extended so that part of it will always remain unknown. If you're inclined to think in Freudian terms, you can call this extension the "Unconscious."

In the original model, the upper half of the vertical line (solicits feedback) and the left half of the horizontal line (giving feedback) could be moved independently from the lower and right halves, respectively, to decrease the Blind Spot or Facade. That is, the Blind Spot and Facade could be decreased without decreasing the Unknown. For the purposes of this exercise, however, we are going to treat the vertical and horizontal lines as a unit.

PASS OUT THE JO-HARI WINDOW SELF-RATING SHEETS (See last page of this article)

One goal we may set for ourselves in the group setting is to decrease our Blind Spots, i.e., move the vertical line to the right. How can I reduce my Blind Spot? Since this area contains information that the group members know about me but of which I am unaware, the only way I can increase my awareness of this material is to get feedback from the group. As a consequence, I need to develop a receptive attitude to encourage group members to give me feedback. That is, I need to actively solicit feedback from group members in a way that they will give it to me. The more I do this, the more the vertical line will move to the right.

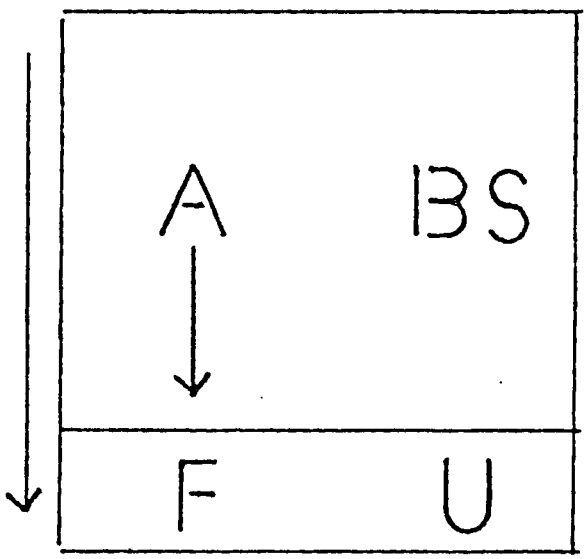
DEMONSTRATE ON NEWSPRINT:



LOOK AT YOUR SELF-RATING SHEET. ACROSS THE TOP YOU WILL NOTICE A SCALE THAT RUNS FROM ONE TO NINE DESCRIBING THE EXTENT TO WHICH A PERSON SOLICITS FEEDBACK. NOW THINK BACK UPON YOUR LAST GROUP MEETING(S). THINK OF THE TIMES DURING THAT MEETING WHEN YOU FELT CURIOUS ABOUT HOW YOU WERE BEING PERCEIVED BY OTHER GROUP MEMBERS. HOW MANY TIMES DID YOU WANT TO KNOW HOW OTHER GROUP MEMBERS WERE FEELING ABOUT YOU AND HOW YOU WERE COMING ACROSS IN THE GROUP. LOOK AT THE SCALE AGAIN ACROSS THE TOP OF THE BLANK WINDOW AND FIND A LOCATION ON THAT SCALE THAT DESCRIBES THE EXTENT TO WHICH YOU ACTUALLY SOLICITED FEEDBACK IN THAT GROUP SESSION. DO NOT RATE HOW MANY TIMES YOU FELT THE NEED FOR FEEDBACK, BUT HOW MANY TIMES YOU ACTUALLY ASKED FOR IT. ONCE YOU HAVE LOCATED THIS POINT ON THE SCALE, DRAW A VERTICAL LINE TO THE BOTTOM OF THE WINDOW.

Another goal we may set for ourselves, in terms of our model, is to reduce our Facade, i.e., move the horizontal line down. How can I reduce my Facade? Since this area contains information that I have been keeping from the group, I can reduce my Facade by giving feedback to the group or group members concerning my reactions to what is going on in the group and inside of me. In this instance, I am giving feedback or disclosing myself in terms of my perceptions, feelings, and opinions about things in myself and in others. Through this process the group knows where I stand and does not need to guess about or interpret what my behavior means. The more self-disclosure and feedback I give, the farther down I push the horizontal line.

DEMONSTRATE ON NEWSPRINT:

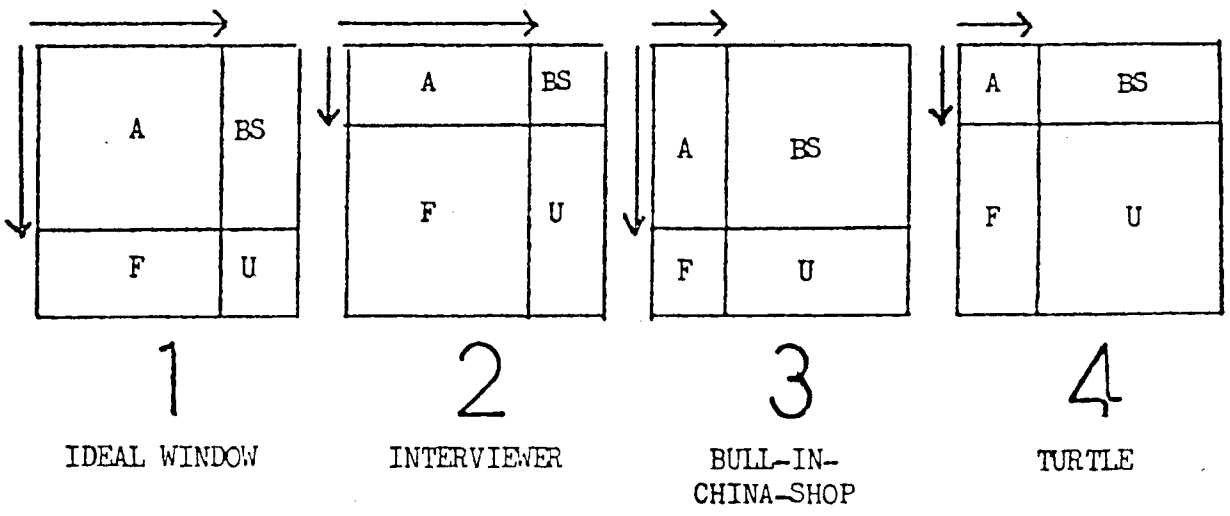


You will notice that while we are reducing our Blind Spots and Facades through the process of giving and soliciting feedback, we are, at the same time increasing the size of our Arena or public area.

LOOK AGAIN AT YOUR JO-HARI WINDOW SELF-RATING SHEET. YOU WILL NOTICE ON THE LEFT HAND MARGIN A SCALE RUNNING FROM ONE TO NINE, MEASURING THE EXTENT TO WHICH YOU DISCLOSE YOURSELF OR GIVE FEEDBACK IN THE GROUP. THINK BACK AGAIN ON YOUR LAST GROUP MEETING(S). HOW MANY TIMES DURING THAT GROUP SESSION DID YOU FEEL THE NEED TO GIVE FEEDBACK TO OTHER GROUP MEMBERS, EXPRESS YOUR OWN FEELINGS AND PERCEPTIONS ABOUT YOURSELF AND OTHERS IN THE GROUP, OR TAKE A STAND ON GROUP ISSUES? LOOK AGAIN AT THE LEFT HAND MARGIN AND LOCATE ON THAT SCALE THE EXTENT TO WHICH YOU ACTUALLY DID GIVE FEEDBACK OR DISCLOSE YOURSELF TO THE GROUP. DO NOT RATE HOW MANY TIMES YOU FELT LIKE GIVING FEEDBACK, BUT THE EXTENT TO WHICH YOU ACTUALLY GAVE FEEDBACK. WHEN YOU HAVE LOCATED THIS POSITION, DRAW A LINE HORIZONTALLY ACROSS THE WINDOW PANE.

In the process of giving and asking for feedback some people tend to do much more of one than the other, thereby creating an imbalance in these two behaviors. This imbalance may have consequences in terms of the individual's effectiveness in the group and group members' reactions to him. The size and shape of the Arena, therefore, is a function of both the amount of feedback shared, and the ratio of giving versus soliciting feedback. In order to give you some idea of how to interpret your windows, I would like to describe four different shapes which characterize extreme ratios in terms of soliciting and giving feedback. These descriptions will give you some idea of how people, characterized by these windows, might appear to others in a group setting.

DEMONSTRATE ON NEWSPRINT:



Number one is an "Ideal Window" in a group situation or in any other relationship that is significant to the person. The size of the Arena increases as the level of trust in the group increases and the norms that have been developed for giving and receiving feedback facilitate this kind of exchange. The large arena suggests that much of the person's behavior is aboveboard and open to other group members. As a consequence, there is less tendency for other members to interpret (or misinterpret) or project more personal meanings into the person's behavior. Very little guess work is needed to understand what the person is trying to do or communicate when his interactions are open both in terms of soliciting and giving feedback. It is not necessary, however, to have a large Arena with everybody. The persons with whom you have casual acquaintances may see this kind of openness as threatening or inappropriate in terms of the kinds of relationship you have with them. It is important to note, however, in your group or with some of your significant relationships, that when most of your feelings, perceptions, and opinions are public neither person has to engage in game behavior.

The large Facade in window number two suggests a person whose characteristic participation style is to ask questions of the group but not to give information or feedback. Thus the size of the Facade is inversely related to the amount of information or feedback flowing out from the individual. He responds to the group norm to maintain a reasonable level of participation, however, by soliciting information. Many of his interventions are in the for of "What do you think about this?" or "How would you have acted if you were in my shoes?" "How do you feel about what I just said?" "What is your opinion about the group?" He wants to know where other people stand before he commits himself. You will notice that his "soliciting feedback" arrow is long whereas his "giving feedback" arrow is short. Since this person does not commit himself in the group, it is hard to know where he stands on issues. At some point in the group's history, other members may confront him with a statement similar to "Hey, you are always asking me how I feel about what's going on, but you never tell me how you feel." This style, characterized as the "Interviewer," may eventually evoke reactions of irritation, distrust, and withholding. Traditionally, many therapists or counselors operate with a large Facade, always asking questions about the client, encouraging him to express his feelings and thoughts, but seldom revealing their own feelings about the client or what is going on in the relationship.

Window number three has a large Blind Spot. This person maintains his level of interaction primarily by giving feedback but soliciting very little. His participation style is to tell the group what he thinks of them, how he feels about what is going on in the group, and where he stands on group issues. Sometimes he may lash out at group members or criticize the group as a whole feeling that he is being open and aboveboard. For one reason or other, however, he either appears to be insensitive to the feedback given to him or does not hear what group

members tell him. He may either be a poor listener or he may respond to feedback in such a way that group members are reluctant to continue to give him feedback, e.g., gets angry, cries, threatens to leave. As a consequence, he does not know how he is coming across to other people or what his impact is on them. Because he does not appear to utilize the corrective function (reality) of group feedback, many of his reactions or self-disclosures appear out of touch, evasive, or distorted. That is, group members may react to his comments or criticisms with statements such as, "What has that got to do with us?" "Stop analyzing me!" "You're way off base." "Who the hell are you to pass judgment on me?" The result of this one-way communication (from him to others) is that he persists in behaving ineffectively. Since he is insensitive to the steering function of the group, he does not know what behaviors to change. His "soliciting feedback" arrow is very short while his "giving feedback" arrow is long. This style of interaction comes across as a "Bull-in-the-China-Shop."

The last window, the large Unknown, represents the person who does not know much about himself nor does the group know much about him. He may be the silent member or the "observer" in the group who does not give nor ask for feedback. As you can see in window number four, the "soliciting" and "giving feedback" arrows are very short. He is the mystery man in the group because it is difficult for group members to know where this person stands in the group or where they stand with him. He appears to have a shell around him which insulates him from other group members. When confronted about his lack of participation he may respond with, "I learn more by listening." Group members who are not actively involved in the group or who do not participate get very little feedback because they do not provide the group with any data to which they can react. The person who is very active in the group exposes more facets of himself and provides the group members with more information about which they can give him feedback. While this kind of exchange may cause the active participant some discomfort, he learns considerably more than the low participant who does not give or solicit feedback. The person characterizing this window is called the "Turtle" because his shell keeps people from getting in and himself from getting out. It takes a considerable amount of energy to maintain an Arena this small in a group situation because of the pressure which group norms exert against this kind of behavior. Energy channeled in maintaining a closed system is not available for self-exploration and personal growth.

The goal of soliciting feedback and self-disclosure or giving feedback is to move information from the Blind Spot and the Facade into the Arena where it is available to everyone. In addition, through the process of giving and receiving feedback, information can move from the Unknown into the Arena, that is, new information is obtained. A person may have an "aha" experience when he suddenly perceives a relationship between a here-and-now transaction in the group and some previous event. It is like two and two do not make four, they really make five.

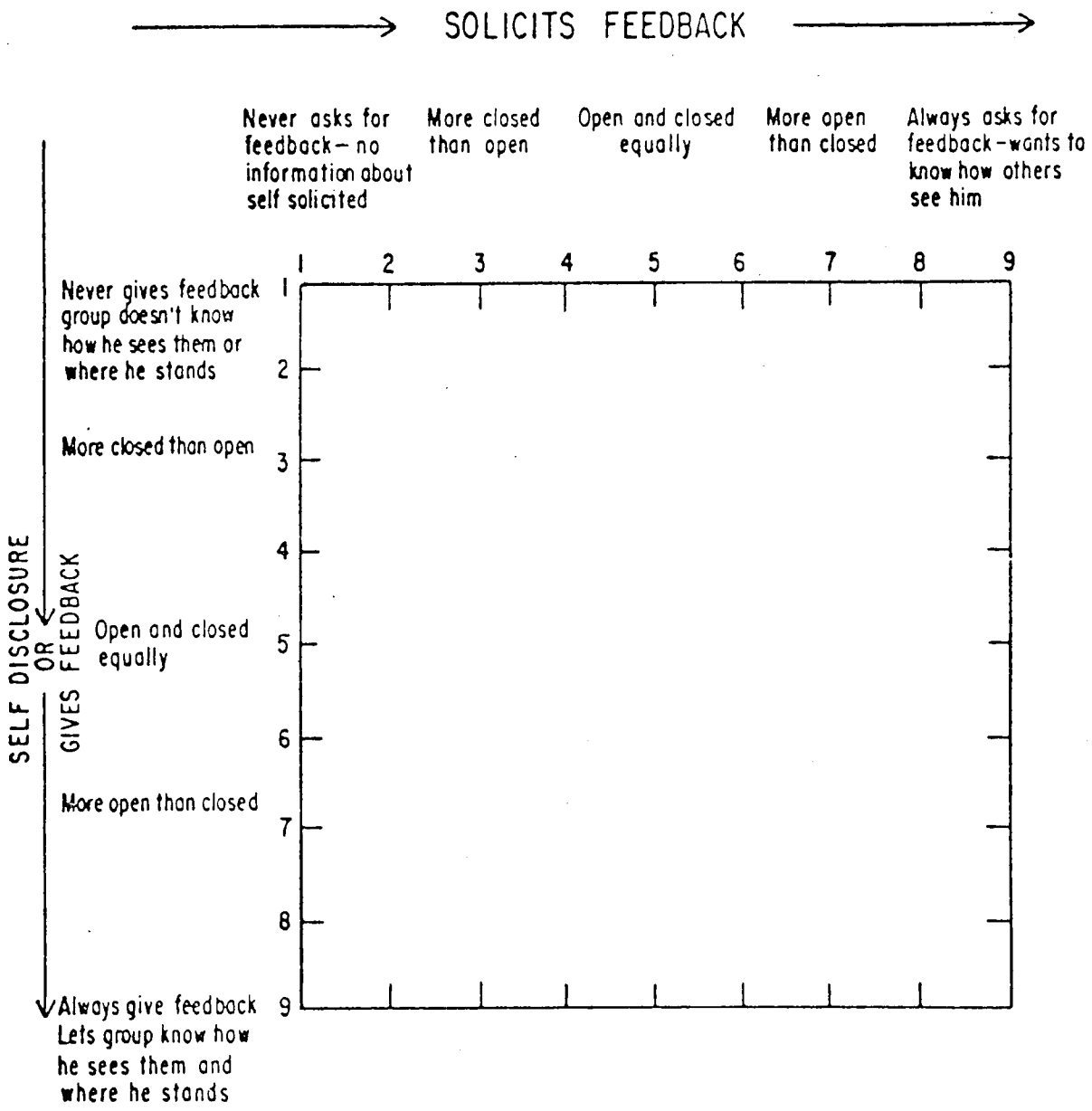
Movement of information from the Unknown into the Arena can be called "insight" or "inspiration."

It is not an easy task to give feedback in such a way that it can be received without threat to the other person. This technique requires practice in developing sensitivity to other people's needs and being able to put oneself in other people's shoes. Some people feel that giving and receiving feedback cannot be learned solely by practice, but requires a basic philosophy or set of values which must first be learned. This basic philosophy is that the individual be accepting of himself and others. As this acceptance of self and others increase, the need to give feedback which can be construed as evaluative or judgmental decreases.

EACH GROUP CAN NOW BE DIVIDED INTO TRIOS OR QUARTERS WITHIN GROUPS, DEPENDING UPON THE SIZE OF THE GROUP. THE INSTRUCTIONS ARE: "TAKE FROM 20- TO 30-MINUTES TO SHARE YOUR WINDOWS IN YOUR SUBGROUP. YOU CAN ASK FEEDBACK FROM MEMBERS OF YOUR SUBGROUP AS TO HOW THEY WOULD HAVE RATED YOU IN TERMS OF SOLICITING AND GIVING FEEDBACK. YOU CAN THUS COMPARE YOUR SELF-RATINGS WITH THEIR PERCEPTIONS. WHEN THIS EXCHANGE IS COMPLETE, BEGIN TO IDENTIFY THE FORCES IN YOUR GROUP WHICH MAKE IT EASY OR DIFFICULT FOR YOU TO SOLICIT OR GIVE FEEDBACK. AS A SUBGROUP YOU CAN MAKE A LIST OF THESE FACILITATING AND INHIBITING FORCES. TAKE AN ADDITIONAL 15 MINUTES FOR THIS TASK.

THE TOTAL TASK SHOULD TAKE FROM 40- TO 45-MINUTES. AT THE END OF THIS TIME REJOIN YOUR GROUP AND SHARE THE INFORMATION GENERATED BY YOUR SUBGROUPS WITH THE TOTAL GROUP. YOU MAY WANT TO LIST THESE FORCES ON NEWSPRINT. TAKE AN ADDITIONAL 30- TO 40-MINUTES FOR THIS TASK. IN IDENTIFYING THE FACILITATING AND INHIBITING FORCES WHICH AFFECT THE EXCHANGE OF FEEDBACK, YOU CAN THEN DISCUSS WHAT STEPS YOU MAY WANT TO TAKE IN ORDER TO INCREASE THE FACILITATING FORCES AND DECREASE THE INHIBITING FORCES AFFECTING THE FEEDBACK PROCESS IN YOUR GROUP.

JO HARI WINDOW
SELF RATING
PHILIP G. HANSON, PH.D.
V.A. HOSPITAL, HOUSTON, TEXAS



DECISION BY CONSENSUS

Instructions: This is an exercise in group decision making. Your group is to employ the method of group consensus in reaching its decision. This means that the ranking for each of the 15 survival items must be agreed upon by each group member before it becomes a part of the group decision. Consensus is difficult to reach. Therefore, not every ranking will meet with everyone's complete approval. Unanimity, however, is not a goal (although it may be achieved unintentionally), and it is not necessary that every person be as satisfied as he might be, for example, if he had complete control over what the group decides. What should be stressed is the individual's ability to accept a given ranking on the basis of logic—whatever his level of satisfaction—and his willingness to entertain such a judgment as feasible. When the point is reached at which all group members feel this way as a minimal criterion you may assume that you have reached a consensus as it is defined here and the judgment may be entered as a group decision. This means, in effect, that a single person can block the group if he thinks it necessary; at the same time, it is assumed that this option will be employed in the best sense of reciprocity. Here are some guidelines to use in achieving consensus:

1. Avoid arguing for your own rankings. Present your position as lucidly and logically as possible, but consider seriously the reactions of the group in any subsequent presentations of the same point.

2. Avoid "win-lose" stalemates in the discussion of rankings. Discard the notion that someone must win and someone must lose in the discussion; when impasses occur, look for the next most acceptable alternative for both parties.

3. Avoid changing your mind only in order to avoid conflict and to reach agreement and harmony. Withstand pressures to yield which have no objective or logically sound foundation. Strive for enlightened flexibility; avoid outright capitulation.

4. Avoid conflict-reducing techniques such as the majority vote, averaging, bargaining, coin flipping, and the like. Treat differences of opinion as indicative of an incomplete sharing of relevant information on someone's part and press for additional sharing, either about task or emotion data, where it seems in order.

5. View differences of opinion as both natural and helpful rather than as a hindrance in decision making. Generally, the more ideas expressed the greater the likelihood of

conflict will be; but the richer the array of resources will be as well.

6. View initial agreement as suspect. Explore the reasons underlying apparent agreements; make sure that people have arrived at similar solutions for either the same basic reasons or for complementary reasons before incorporating such solutions in the group decision.

NAME_____

GROUP_____

NASA TASK

Instructions: You are a member of a space crew originally scheduled to rendezvous with a mother ship on the lighted surface of the moon. Due to mechanical difficulties, however, your ship was forced to land at a spot some 200 miles from the rendezvous point. During re-entry and landing, much of the equipment aboard was damaged and, since survival depends on reaching the mother ship, the most critical items available must be chosen for the 200 mile trip. Below are listed the 15 items left intact and undamaged after landing. Your task is to rank order them in terms of their importance for your crew in allowing them to reach the rendezvous point. Place the number 1 by the most important item, the number 2 by the second most important, and so on through number 15, the least important.

_____Box of matches

_____Food concentrate

_____50 feet of nylon rope

_____Parachute silk

_____Portable heating unit

_____Two .45 calibre pistols

_____One case dehydrated Pet milk

_____Two 100 lb. tanks of oxygen

_____Stellar map (of the moon's castellation)

_____Life raft

_____Magnetic compass

_____5 gallons of water

_____Signal flares

_____First aid kit containing injection needles

_____Solar-powered FM receiver-transmitter

GROUP SUMMARY SHEET

	INDIVIDUAL PREDICTIONS								GROUP PREDICTION
	1	2	3	4	5	6	7	8	
Box of matches									
Food concentrate									
50 feet of nylon rope									
Parachute silk									
Portable heating unit									
Two .45 calibre pistols									
One case dehydrated Pet milk									
Two hundred-pound tanks of oxygen									
Stellar map (of the moon's constellation									
Life raft									
Magnetic compass									
Five gallons of water									
Signal flares									
First aid kit containing injection needles									
Solar-powered radio									

GROUP _____

EXPRESSING ANGER: A SELF-DISCLOSURE EXERCISE

Goals

I. To study styles of expressing anger in a group setting.

II. To study effects of anger in a group setting.

III. To legitimize the presence and expression of anger within groups.

IV. To identify behaviors which elicit anger in others.

V. To explore ways of coping with anger.

Group Size

From six to twelve participants. Several groups may be directed simultaneously in the same room.

Time Required

Approximately forty-five minutes.

Materials Utilized

I. Felt-tipped markers.

II. Four 3" x 8" strips of paper for each participant.

III. Masking tape.

Physical Setting

Room large enough for participants to move around freely.

Process

I. The facilitator distributes four strips of paper, a felt-tipped marker, and a strip of masking tape to each participant.

II. The facilitator tells the participants that they will be given four sentences to complete, one at a time, and that they are to write down the first response that occurs to them without

censoring or modifying the response. He cautions them to print their responses clearly on the newsprint so that others will be able to read them.

III. The facilitator reads the following four sentences, one at a time, allowing for each participant to complete his response. After each sentence is read and the responses have been made, he asks that each participant tape his strip of paper to his chest.

1. I feel angry when others . . .

2. I feel that my anger is . . .

3. When others express anger toward me, I feel . . .

4. I feel that the anger of others is . . .

IV. The facilitator forms smaller groups of approximately six and asks the participants to process the experience. It is suggested that they focus on the personal impact of sharing their feelings about anger with the group. They are encouraged to give others feedback on the extent to which each individual's responses to anger seem consistent.

V. Generalizations are shared with the entire group. The facilitator may wish to talk about approaches to responding to anger in interpersonal situations.

Variations

The same design can be used with other emotions, such as fright, tenderness, or boredom. Several rounds can be experienced.

STRETCHING: IDENTIFYING AND TAKING RISKS

Goals

I. To help participants become aware of interpersonal behavior which is risky for them.

II. To increase participants' awareness of the relationship between risk-taking behavior and the attainment of personal growth goals.

III. To encourage risk-taking behavior as a way of expanding participants' behavioral repertoire.

Group Size

Six to twelve participants, usually the members of an ongoing growth group. Several groups may be directed simultaneously in one room

Time Required

Approximately two hours.

Materials

I. Risk-Taking Behavior in Groups Questionnaire.

II. Pencils.

Physical Setting

Room large enough so that participants can work in dyads and small groups without being disrupted by other groups. An alternative physical setting would be a room large enough to hold all the participants comfortably during the first phases of the experience and several smaller rooms, where individual groups could work undisturbed during the later phases.

Process

I. The facilitator ensures that the participants understand what is meant by risk-taking and the connection between risk-taking and the attainment of personal goals.

II. He then distributes the questionnaire and allows participants time to complete the items.

III. The facilitator asks the participants to form dyads to discuss the questionnaire.

IV. The facilitator may wish to instruct the participants to score their questionnaires and compare overall risk-taking perceptions. He asks that each participant share with his partner the one or two behavioral items from the questionnaire which he considers most risky. Participants are then instructed to share with their partners some of the reasons why they consider these behaviors risky and what they think the consequences of engaging in these behaviors might be. For example, a participant might risk rejection if he expressed sexual attraction toward another member of the group.

V. The facilitator asks the participants to consider how engaging in risk behavior might contribute to their own personal growth goals. The dyad partner should assist in this process.

VI. The participants are then asked to arrive at a decision about whether or not they will engage in a risk behavior in a small group. If they decide they will engage in behavior, they make a contract with their partner, describing when and under what circumstances they will engage in the behavior.

VII. The facilitator forms small groups of six to twelve participants, leaving dyads intact. He instructs the groups to meet for approximately forty-five minutes. He asks participants to share their risks with each other in this group and to engage in some risky behavior if it is appropriate.

RISK-TAKING BEHAVIOR IN GROUPS QUESTIONNAIRE

Risk-taking behavior in groups is one way of "stretching" yourself to attain personal growth goals. Risk-taking is behavior that ordinarily one would not engage in, that a person would see as posing a possible threat to himself. What constitutes a risk for a person depends on whether it is new behavior for him and whether he has a subjective sense of danger involved in the behavior.

Creative risk-taking in groups can be an effective way to increase the variety of responses you have to different interpersonal situations. With a greater variety of responses available to you, you gain a greater freedom of choice, unrestricted by inhibitions. You have a greater spontaneity of action and more flexibility in your interpersonal relationships.

The purpose of this questionnaire is to ascertain what you would consider risky behavior for yourself in a group situation. Another purpose is to stimulate your thinking with regard to taking risks.

Read the following statements and rate them with regard to how much subjective risk you feel would be involved in this behavior. Use the group you are now in as a reference. Write the appropriate number from the scale below in front of each item.

Would be no risk for me	Would be a small risk for me	I have no feelings one way or the other, or I don't know	Would be some risk for me	Would be a high risk for me
-2	-1	0	+1	+2

_____ 1. Disclosing certain negative feelings about myself to others.

_____ 2. Revealing certain things about my past to others.

_____ 3. Asking for help with my problems from others.

_____ 4. Expressing anger toward someone in the group.

_____ 5. Expressing affection toward someone in the group.

_____ 6. Receiving affection from someone in the group.

_____ 7. Asking for feedback from significant members in the group.

_____ 8. Touching someone else in the group.

_____ 9. Having someone else touch me in the group.

_____ 10. Becoming close and personal with another in front of the group.

_____ 11. Making a statement which might anger someone else in the group.

_____ 12. Expressing and dealing with a conflict I have with another member in the group.

_____ 13. Giving another member negative feedback.

_____ 14. Being the center of attention in the group.

_____ 15. Expressing my confusion and uncertainty in front of the other group members.

_____ 16. Expressing anger or dissatisfaction with the group leader.

_____ 17. Admitting that I was wrong about some other person in the group.

_____ 18. Admitting to the group that I was wrong about an idea that I had.

_____ 19. Talking about sexual feelings in the group.

_____ 20. Sharing a fantasy I have about some member or the total group.

_____ 21. Telling someone in the group that he or she has become very important to me.

_____ 22. Expressing indifference toward other members.

_____ 23. Expressing feelings about another member's physical characteristics.

_____ 24. Talking about my feelings with regard to my physical characteristics.

_____ 25. Admitting that someone had hurt my feelings in the group.

_____26. Telling the group members to leave me alone, to "get off my back."

_____27. Walking out of the group while under stress.

_____28. Expressing sexual attraction toward another member in the group.

ROLE-PLAY

Participants are given a general description of a specific family situation. Volunteers begin in assigned roles, with all other members encouraged to move into a role as they choose. The role play continues until all participants have had an opportunity to participate.

The participants are then encouraged to process their experience, sharing their feelings while in the role.

DIFG

During the course of the laboratory the process model is implemented on the behavioral level by a learning formula developed by Robert Blake called, "Dilemma-Invention-Feedback-Generalization" (DIFG). When participants arrive in the laboratory many of their styles of dealing with problems of living are deeply ingrained and inflexible. In spite of the ineffectiveness of the solutions (fight, flight, symptoms, etc.) they use in attempting to resolve everyday dilemmas, they tend to repeat these solutions in handling recurring or new conflicts. As in life, the laboratory presents many dilemmas, some of which arise naturally and some of which are created by the staff. In meeting many of the new dilemmas (Dilemma I. F. G.) presented on the laboratory (or old recurring unresolved dilemmas), the participants initially fall back on old resources or "frozen" behaviors which may not be effective in the new situation. The dilemmas may also represent a disconfirmation in perceptions of self and others. When the "frozen" responses are not effective, participants are then forced to try out alternative ways (D. Invention F. G.) of dealing with the problems, or other ways of looking at self and others. The dissonance or disconfirmation experienced during the Dilemma-Invention phase describes the "unfreezing" process.

The effectiveness of a solution is determined by the kind of feedback, or consequences (D. I. Feedback G.) that the person receives from the people involved in the problem situation. If solutions are ineffective, as determined by the feedback, the participant then returns to the invention stage to try out alternative solutions or modify the ineffective ones. Feedback is the critical factor in learning new responses or dropping old ones. Feedback is a reaction to another's behavior, in terms of one's feelings and perceptions, as to how that behavior is affecting us. One can also ask for feedback about one's own behavior from others.

From those solutions which <u>are</u> effective the participant may then draw generalizations which he can then apply to newer or similar situations. The process of utilizing feedback to modify or reinforce the solutions describes the "learning" phase of Lewin's model.

DIFG Exercise

Following the discussion of the DIFG Problem Solving Model, Ellis' Rational Emotive Homework format is explained. Participants are then asked to analyze one problem—situation using the Homework format (15 minutes). Participants then share their problem. When everyone has participated, the group discusses what they have learned about problem-solving.

Homework Format

A. Describe facts and events associated with problem.
B. Self-talk section—What were your thoughts about A?
C. What was your emotional response? What did you do?
D. Rational Alternative Self-Talk section—How could you have handled the problem better?

STRENGTH BOMBARDMENT

Goals

I. To promote a climate of trust, self-worth, and positive reinforcement within a small group.

II. To experience giving and receiving positive feedback in a non-threatening way.

Time

Approximately five minutes per participant and about thirty minutes for processing.

Process

I. The facilitator makes a statement such as the following: "We seem to spend much of our time in focusing on the negative aspects of our lives, talking about our problems and difficulties. Today we want to help each other identify the positive aspects of ourselves, our strengths. In the following experience we will all be sharing with each person what we see as his/her strengths.

II. Participants then volunteer to receive feedback, until all have participated. The group then processes the experience.

WRAP-UP

Participants are asked to re-examine the goals they set for themselves at the beginning of the group, and are encouraged to elicit feedback from other members around their goals.

The group is asked to process the experience they have undergone, and facilitators ask for feedback around their participation.

The group closes with each member saying good-bye to the other members nonverbally on an individual basis.

APPENDIX E

FACILITATOR NOTES ON CLEAR AND UNCLEAR GROUPS

GROUP NOTES-CLEAR GROUP

Group members: Betty M., Betty J., Gerald W., Lucy S., Ray P., David K., Ola L., Bill C., Claudia G.

Session I

The group was very attentive and appeared anxious to begin. They verbalized excitement over being in the group, and a willingness to learn. There was some concern expressed over what others would do with information that is shared. A restatement of confidentiality guideline seemed to satisfy those concerned.

Participated actively in warm-up exercise—and discussion was lively. Group appeared quite anxious but this decreased as they moved into the session. Good beginning for the group.

Session II

The group's anxiety level was high and they had some difficulty hearing and understanding what was going on. I simplified the explanation and kept my comments as low key and non-threatening as possible. They were able to do the flower and onions feedback exercise. Ola talked about her fear of hurting other people's feelings and was very anxious. Ray, Gerald and David had difficulty in giving "onions." Ray was able to give me an onion for pressuring him. Later, Gerald was able to think back to an earlier time and give an onion. David never did. Claudia kept attempting to include advice for change in her feedback. After the

exercise, the group talked about how much better they felt about being in the group.

Session III

Group eager to begin, but still somewhat anxious. They were able to overcome their anxiety and participated actively in the exercise, which in itself is quite risky. Group was spontaneous in its discussion and sharing was high. Members were able to discuss their continued anxiety and feelings of discomfort freely at the end of the session and identified several factors contributing to their anxiety. Good group.

Session IV

The exercise was designed to help make the group more comfortable and relieve some of their anxiety. Also they were to get some practice working and planning as a group.

They divided into two groups, each one to plan a skit about life on the unit. Initially they were resistant to playacting as childish and worried about feeling foolish. Gerald, Betty J., Claudia and Lucy worked together. Everyone but Gerald entered in actively, each one contributing to the planning. They quickly relaxed and began to laugh, joke and plan. Gerald, Betty, Claudia and Lucy worked together—sharing ideas, building on each other's. Ideas working effectively with Gerald who refused to "play" anybody but himself. Ola, Ray, Betty M. and David worked together, planned quickly after deciding on the skit. After performing the skit, they talked about it—feeling safer working together, enjoying it, tension decreasing as they worked on it.

Session V

The group was much more relaxed and the anxiety level down. Gerald and David could not read the sheets and had difficulty becoming involved. When the group got together, they were very active and the discussion was lively. Ray, sitting at the end of the table, attempted leadership. The women were vocal and would frequently back him down. David was silent and one attempt by Ola was made to draw him in—Gerald was silent and one attempt was made (Betty J.) to bring him in. The discussion was lively and the group had a give and take attitude. No decision was made about how to reach consensus. Ray, Lucy, Betty J. and Betty M. were most active. Claudia, somewhat active, was influential. Ola listened too, but not influential.

Session VI

The group was very attentive and understood what was expected. They were relaxed and were comfortable in giving feedback to each other. Most people saw themselves as more open than others saw them. Gerald, Claudia, Ola and Betty J. were given feedback about the selectiveness of their self-disclosure. David, Roy and Betty M. considered themselves closed in giving and receiving feedback. The group agreed but gave them examples of ways they closed themselves off and changes noted in behavior. They were able to easily separate the kinds of self-disclosure individuals did with each other and what they did with the group as a whole. They verbalized feeling no threat in giving or receiving feedback during the exercise. Ray was excited about what he had learned. They were pleased with the changes in the group's atmosphere.

Session VII

The situation was husband, wife, mother-in-law and daughter who had just returned from running away. Each member was to be angry with the other. Observing members of the group were to move in at intervals and assume any role they wished. Both leaders participated.

All members moaned and groaned when exercise was set up but participated actively. Ray attempted not to move into a role but when pressured was able to do so and became actively involved. Everyone had been asked to be aware of the feelings they had while role playing and we discussed it latter. David K. was more active than he had ever been and verbalized feeling like he had as a teenager when he was role playing. Betty J. compared her feeling in role playing to ones she had as a teenager. Betty M. and Lucy S. were also able to compare "real" vs. "role" feeling. Claudia manipulated the family members and others pointed this out to her.

Session VIII

Members were very relaxed and an explanation of the exercise seemed to bring about only minimal anxiety. Everyone was willing to express their feelings. Bill was more vocal than other members and seemed to express more feeling than he usually does. Betty was told by nearly everyone that she had grown so much since this group started. She is now seen as a warm and serious person. Ray felt that he enjoys being with people more and people are beginning to like his company.

At the end of the exercise everyone said they felt good and had enjoyed it because it was different. Ray and Betty were the only ones

who expressed the fact that they thought it might be conceited saying good things about oneself. They didn't let it get in their way for very long, though.

Session IX

The group wrote their first thoughts about four questions of anger and shared their answers with other group members by dividing into two groups—Betty M., Bill C., Claudia G. and Lucy S. Bill talked about his constant repression of anger and his fear of the anger of others. He identified that as a message received since early childhood. Claudia attempted "rational" explanations of how she would like to respond. Betty frequently thought others were "right" in their anger but her own increased her anxiety and bad feelings. Lucy kept talking about anger being a normal emotion and showed impatience toward the others who expressed problems with theirs. Betty, Ray, Ola and David comprised the other group. Ray was reluctant to tape what he had written onto him. He said it was silly. Later he said it made him feel as though people could see into him and see some things that he might not want everyone to know. David did not write anything down but with a little persuasion he became very vocal about his anger. He and Ray said it was difficult for them to share their inner feelings with a group of people. David and Betty J. then started talking about how angry she gets in groups because of observers who don't participate. David said he gets furious when the group expects him to answer an observer's question, because when he directs a question to the observer, he gets no answer. Ola says she

usually lets a lot of anger build up before she is driven to do something about it but she can't stand talking to someone and not getting a response. Ray said he has to really be pushed to do something about his anger but when he does it is usually in a very violent and physical manner.

When the two groups came together again various ways of handling anger were discussed. Good group.

Session X

The group said they understood the problem-solving models but some members attempted to focus on the other person being the problem and had difficulty accepting their reaction to the other person creating a problem. They could verbalize knowledge that the other person couldn't be "changed" to conform to their needs but kept indicating that would be the easiest solution. Betty J., Betty M., Lucy S., Joseph K., and Ola L. all identified other people interfering in their lives, telling them what to do and feeling angry, resentful and unsure when it occurred. Bill C.'s situation was ambiguous and unclear (unusual for him), and after much discussion, he decided he was asking permission of the group to date other women besides his ex-wife. The group was confused by the message he was sending and kept attempting to "help" him. Claudia misused the problem and the group pushed her to use a situation that had occurred on the unit earlier that a.m.

Session XI

The group looked again at the goals they had set for themselves at the beginning. Most said they had accomplished their goals. Others were surprised by what they had written. Betty M. said she felt like they had just gotten started.

The group did a nonverbal closing exercise— each member saying a silent good-bye to the others. Several of the women cried and the general feeling at the end was one of finality and sadness at the end of the group.

GROUP NOTES-UNCLEAR GROUP

Group members: Don B., Daphne, Garland N., Glenn R., Glenn M., Vernon S., Stanley S.

Session I

The group was quiet and fearful. They were hesitant about the warm-up exercise and appeared distrustful of each other and the leaders.

Session II

The members listened attentively and had no difficulty understanding the concept. Daphne asked the most questions and during the flowers and onions attempted to "help" others do the exercise. Glenn R. and Stan, who frequently exchange glances and laughs, gave each other onions. Garland and Vernon didn't give onions and pressure by the leaders did not result in an onion. Glenn M. gave an onion to Don for his "curiosity" and talking with one other person in group, thereby leaving him out. It was difficult to get him to clarify what he wanted to say and do the exercise.

Session III

The group continues to be distrustful. Stan and Glenn R. are keeping each other safe. Glenn M. had a personal problem he shared with the group but was uninvolved past that point. Vernon and Garland are probably the most real members of the group.

Session IV

The group worked well today with a minimum of anxiety. Daphne assumed a leadership role and acted as group recorder. Her style was basically democratic and she attempted to draw silent members into the decision making process except for Glenn R. who was totally ignored by the group even when he made spontaneous contributions. Glenn M. initially was very autocratic, attempting to push his ideas on the basis of superior knowledge. The group was resistant and his actual influence was low. He gradually became less aggressive in his approach, and became more influential. Vernon and Red were low participators who occasionally joined the discussion spontaneously but usually waited until asked. Glenn R. was also a low participator and was ignored by the group. Stan S. was initially democratic in his approach and playful but as time became a factor began to be more and more autocratic, pushed his answers in the interest of time. Don B. observed group process (he was familiar with the exercise) quite adequately and gave feedback directly. The group discussed process in a lively discussion.

Session V

The group had little difficulty with understanding the exercise and did it without resistance. Anxiety level was up during the feedback phase of the exercise. Members became defensive and explanatory except for Vernon and Red who continue to be consistently serious group members. Glenn M. and Daphne both presented themselves as extremely open people who are almost always open to receive feedback and honest in giving it. Glenn M. presented his window by saying that he saw himself as being very

open in both directions because his openness was a matter of established fact and other opinions were not valid. He listened to feedback with a smile (and a deaf ear?). Other members tended to see themselves more in keeping with the way they were seen by the group. The group continues anxious and distrustful with the feedback aspects of the exercise.

Session VI

Members were uneasy with taping their responses to their chest for all to see but did so with little resistance. Each member presented himself to the group and discussed with the group his particular reaction to the exercise and to anger. Stan S. was particularly intimidated by the exercise, joked and laughed a great deal and discounted all his responses as "silly." Daphne and Glenn R. and Glenn M. tended to discount other people's anger, justify their own and project responsibility. Vernon and Red continue to be serious though passive group members and as such support each other. Daphne, Glenn R. and Stan S. have an alliance and protect each other. Don B. and Glenn M. remain "loners" forming no alliance and seeing themselves as superior to other members—Don because he has "been there before" and Glenn because he feels he is superior.

Session VII

The group continues to function with high anxiety and low trust. This is seen most dramatically whenever feedback skills are needed. The group continues to see feedback as judgmental, potentially harmful and highly personal. I expressed my concern to the group. I then went

around the group and gave each member feedback about how I saw him defending himself from the group. Stan S. continues to discount his own opinions and particularly his feedback to other group members by laughing and joking. Daphne continues to control the group by giving long explanatory preludes to statements and by being defensive and argumentative upon receiving feedback. Glenn M. continues to involve himself intellectually, explains and justifies himself before allowing others to respond to him and then either does not listen or discounts them. Vernon and Red continue to be serious group members. Glenn R. continues uninvolved, disinterested, discounts everyone by not caring. Don B. continues to function well as a leader, as an observer of group process but has cut himself off from more meaningful participation by being "unsure" of his role since he had been there (in lab skills before and "knew more than other members." Philosophy and rules of feedback were discussed again.

Session VIII

This exercise was repeated to give members an opportunity to become more comfortable with their feedback and leveling skills. The exercise was smooth and participation more spontaneous. Members seemed less defensive and more willing to listen to feedback from each other. Little resistance to the exercise. Stanley worked on keeping a straight face when saying something serious; Daphne worked on not explaining. Glenn M. also was less explanatory. Level of trust seemed improved and group members seemed closer.

Session IX

Each group member was instructed to write a message to each other group member. Messages were to be positive in tone and specific. Each member then read all his messages and shared with the group his reactions to what was said. This exercise served to increase the feelings of closeness developing in the group. All members participated easily with few attempts to discount messages.

Session X

Members were asked to fantasize that the group was over and that each was on his separate way home. They were then asked to share with the group what in their fantasy, they regret about their group participation. This led to several members (Daphne and Stan most notably) to express doubts about themselves in relationship to the group and to request specific feedback about specific behaviors. Gradually all members joined in the discussion and members checked out with the group their doubts about their participation.

Members were asked to nonverbally bid each other farewell. This was done with little hesitation and total participation. Members were spontaneous in the approach to each other and the level of trust was high. Each member left with a positive feeling toward the group experience.

APPENDIX F

ANALYSIS OF VARIANCE FOR RELATIONSHIP INVENTORY

Table 9

Analysis of Variance for Relationship Inventory-Level of Regard

Source of Variation	SS	df	MS	F
Between Subjects				
A (level of clarity)	403.91	1	403.91	0.931
Subj. w. groups	19528.00	45	433.96	
Within Subjects				
B (level of regard)	2053.72	3	684.47	7.821*
AB	32.55	3	10.85	0.124
B x subj. w. groups	11816.00	135	87.53	

*p < .01

Table 10

Analysis of Variance for Relationship Inventory-Empathy

Source of Variation	SS	df	MS	F
Between Subjects				
A (level of clarity)	287.53	1	287.53	1.323
Subj. w. groups	9777.00	45	217.27	
Within Subjects				
B (empathy)	2217.92	3	739.31	14.828*
AB	52.84	3	17.61	0.353
B x Subj. w. groups	6731.06	135	49.86	

*p < .01

Table 11

Analysis of Variance for Relationship Inventory-Congruence

Source of Variation	SS	df	MS	F
Between Subjects				
A (level of clarity)	2.65	1	2.65	0.009
Subj. w. groups	12745.88	45	283.24	
Within Subjects				
B (congruence)	1517.35	3	505.78	7.155*
AB	39.04	3	13.01	0.184
B x subj. w. groups	9542.88	135	70.69	

*p < .01

Table 12

Analysis of Variance for Relationship Inventory-Unconditionably of Regard

Source of Variation	SS	df	MS	F
Between Subjects				
A (level of clarity)	23.40	1	23.40	0.051
Subj. w. groups	20617.38	45	458.16	
Within Subjects				
B (uncond. of regard)	527.24	3	175.75	3.029*
AB	474.76	3	158.25	2.728*
Subj. w. groups	7831.75	135	58.01	

*p < .05

Table 13

Analysis of Variance for Relationship Inventory-Willingness to be Known

Source of Variation	SS	df	MS	F
Between Subjects				
A (level of clarity)	31.18	1	31.18	0.141
Subj. w. groups	9937.50	45	220.83	
Within Subjects				
B (willingness)	1110.70	3	370.23	4.412*
AB	33.74	3	11.25	0.134
B x subj. w. groups	11327.31	135	83.91	

*$p < .01$

VITA

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