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Date July 20, 1978

ADOLESCENT SELF-ACTUALIZATION: THE EFFECT OF
GROUP COUNSELING

by

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A professional paper submitted in partial fulfillment
of the requirements for the degree

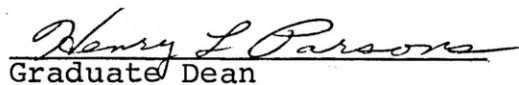
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Abstract

The investigation presented in this paper studied the problem of change in adolescent self-actualization as measured by the Personal Orientation Inventory (POI) during group counseling.

The literature on the subjects of group counseling and group psychotherapy, self-actualization and research concerning the POI were reviewed and summarized.

A group of 20 freshman and sophomore high school students, 10 girls and 10 boys, were selected from the student body at Columbia Falls High School. These students were selected on the basis of poor grades, home problems, truancy problems, and other behavioral problems. The students were divided into a control group and a therapy group. The therapy group met twice a week for nearly an hour over a nine week period. The POI was administered to both the control and therapy groups prior to the beginning of the nine week counseling period. It was also administered in the week immediately following the conclusion of the counseling sessions.

Mean scores for both groups were tabulated and profiled for pre and post-testing. Levels of significance were determined by using the t test to compare the means of the pre and post-tests for both the therapy and control groups. Levels of significance were also determined by using the t test to compare the pre and post-test means between the therapy and control groups.

The results indicated little significant change toward self-actualization in either group. Little significant difference also was indicated between the control and therapy group means on either the pre or post-tests. The therapy group showed significant growth toward self-actualization on only 1 of the POI's 12 scales. However, some individual profiles in the therapy group did indicate substantial growth toward self-actualization.

While the lack of growth toward self-actualization with regard to the therapy group as a whole was not encouraging, the favorable change toward self-actualization on the part of some individuals within the group does point to a need for further study and use of group counseling methods with high school students.

Chapter 1

Introduction

The period of adolescence is a time of confusion, change and struggle to develop into a healthy, growing adult. Childhood ends and adolescence begins with the onset of sexual maturity. The adolescent is faced with physiological and psychological revolutions due to rapid body growth, endocrine system changes, and sexual maturation. The adolescent is a person experiencing reorientation and integration of his/her ego, while at the same time undergoing alteration of his/her physiological state. These physical and psychological changes may play into a bewildered awareness that society now expects him/her to assume a new role. Because the age of adult interdependence is chronologically approaching, the adolescent becomes subject to increasing pressures and restrictions from others. Early conflicts and experiences are relived in the struggle to find the self (Shostrom, 1976 & Kraft, 1961).

C. Gilbert Wrenn (1962) writes:

As a child grows into a youth, he still needs the sense of being loved and believed in by someone. But he also needs a new sense of achievement in which there is some line of direction or growth so that he is moving somewhere, not just moving. The youth needs some understanding of and feeling of comfortableness with the opposite sex. He develops a growing sense of independence from the adult world. Youth clings firmly to the society of his own age group and is influenced

mightily by the standards and behavior patterns of his contemporaries.

Beyond this the basic need of youth in early and later adolescence for some understanding of "who one is" and what significance he has in the world. (p. 4)

In this struggle to adulthood some adolescents fail to reach society's expected "normal" ways of behaving and thinking. In school they are at the bottom of the social stratum; they do not achieve satisfactory grades; they do not participate in school activities such as student government, athletics, music or the various clubs and organizations available to them. This group of adolescents has been badly scarred by their education. Many have learned that they are members of an unwanted group. Their experience has been marked by repeated failure, and the classroom is associated with frustration and meaninglessness. Adults and the adult world are not to be trusted; at least not this world that has left them with the feelings of helplessness and hopelessness. That is what they feel and experience even if they cope with those feelings by aggressive and belligerent behavior (Schwebel, 1973).

These young people need the kind of group experience that counters those feelings. The voluntary small group experience, if competently led within an atmosphere of freedom and mutual trust, can give the adolescent a chance to

establish self-knowledge through interpersonal relationships with others (Ainsworth, 1972).

Dinkmeyer (1969) says that group counseling in schools is especially useful because of the nature of both the setting and the students. The group counseling relationship is more realistic than the one-to-one relationship with adults. Students tend to feel more comfortable in groups of peers rather than in face-to-face relationships with adults. Ohlsen (1964) agrees with Dinkmeyer. He states that:

Group counseling . . . is particularly appropriate for adolescents because of his very strong desire to be like his peers. Moreover, he is usually struggling for independence from important adults in his life; therefore, it is easier for them to accept help from other adolescents than from an adult The adolescent wants to be reassured that his peers understand and accept him. In a counseling group he discovers that they not only come to understand and accept him, but he learns to understand them better--that he can empathize with them and help them solve their own problems. (p. 99)

The small group setting provides for a number of qualities beneficial to counseling with adolescents.

1. The group counseling relationship provides the counselor an opportunity to observe social relationships and at the same time give the child the opportunity to experience feedback, a real social situation, and the corrective influence of the peers.

2. Group counseling allows for a feeling of belonging.

It affords a real opportunity to contribute and permits the group member to experience variation from the competitive atmosphere of much of life.

3. There is within the group an opportunity for identification with peers not present in individual counseling. The group is a place where an individual may belong because he/she has deficiencies. He/She does not have to be more than others to get into this group.

4. The group provides opportunity to develop new approaches to the social problems of life and to see oneself and others in social situations.

5. The group provides an opportunity for the individual to approach his/her problems at his/her own speed within the safety of an accepting setting (Dinkmeyer, 1969).

The development of group counseling has a short history of 30 to 40 years. It has been slow in gaining acceptance; but in the last 16 years group counseling programs have expanded rapidly in both school and nonschool settings. However, research and evaluative efforts, while growing in number, have lagged far behind (Mahler, 1971). This study will attempt to measure any changes in an adolescent's assessment of himself which may lead toward growth in self-actualization as a result of participation in a counseling group.

Statement of the Problem

The problem of this study will be to investigate change in adolescent self-actualization as measured by the Personal Orientation Inventory (Shostrom, 1963) during group counseling.

Statement of the Purposes

To add to the body of research concerning group counseling with adolescents.

To add to the body of knowledge concerning the validity of the Personal Orientation Inventory in measuring change or lack of change in self-actualization.

To replicate previous studies of self-actualization improvement through group counseling.

To determine whether the counselors at Columbia Falls High School should make use of group counseling.

General Procedures

The problem will be investigated in the following way: Students from Columbia Falls High School will be assigned to either the counseling or the control group. An inventory measuring self-actualization will be administered to both groups prior to the beginning of the counseling group. The counseling group will meet for nine weeks. At the con-

clusion of the counseling, both the control group and the counseling group will take the inventory once again. The results of the pre and post inventories will be evaluated and conclusions and recommendations will be made.

Limitations

The study will be limited to one school, Columbia Falls High School.

Participation in the counseling group will be restricted by the student's available study hall time.

The length of time the counseling group will meet will be restricted by the school calendar and daily class schedule.

The counseling and control groups will be nearly equal in male-female ratio.

Assumptions

It is possible to measure the characteristics of a self-actualizing person.

It is possible for a person to become more self-actualizing.

Improvement in self-actualization will be reflected in behavior change becoming more closely aligned with societal norms.

Improvement in self-actualization during group counseling will carry over into other areas of the person's life.

Definitions

Certain terms used in this study are defined as follows:

1. Self-actualization--Self-actualization is an ongoing process of growth toward utilizing one's potential (Shostrom, 1976). Self-actualization is the full use and exploitation of talent, capacities, and potentialities; it is doing the best that a person is capable of doing (Maslow, 1962).

2, Self-actualizing people--Self-actualizing persons are those living primarily in the present; they are able to tie the past and the future to the present in meaningful continuity, and their aspirations are tied meaningfully to present working goals. They are characterized by faith in the future without rigid or over-idealized goals. Self-actualizing people are more inner-directed than other-directed; that is, they are guided primarily by internalized principles and motivations while other-directed persons are, to a great extent, influenced by their peer group or other external forces (Knapp, 1976).

3, Group counseling--Group counseling is a process of

using group interaction, within an atmosphere of mutual respect and acceptance, to facilitate deeper self-understanding and self-acceptance. The concerns and problems encountered are centered in the developmental tasks of each member rather than on pathological blocks and distortions of reality (Mahler, 1969).

Summary

That period of life between puberty and early adulthood, adolescence, is a time of tremendous growth and change. Some young people seem to have more difficulty than others with this time of life. The purpose of this study will be to determine whether counseling adolescents in a small group setting helps teenagers develop their potential more fully. An inventory measuring elements of self-actualization will be used to determine whatever growth may occur. Recommendations and conclusions will be drawn from the results of the inventory and other observations of the investigator.

Chapter 2

Review of Related Literature

Introduction

A study of the literature of the past 10 years relating to group counseling and group psychotherapy reveals an increasing use of the concepts of self-actualization in evaluating growth in small group work. Charles Glisson (1973) says that two trends have developed in the goals of group work since it started: (a) to improve a person's interactional awareness and (b) to improve a person's potential for experiencing and expression. Glisson believes that applying the self-actualization concept to group work encompasses and combines these two trends. The intense, transient small group experience can be dangerous for some people, especially those who are emotionally unstable. A small group experience with a goal of actualizing one's potential gives group members some direction and guidelines on which to evaluate their experience and progress in the group. The relevance of the "here and now" experiences in the small group to "back home" problems in the "real world" becomes clearer.

Self-Actualization

The term self-actualization was first used by Kurt

Goldstein in 1939. Goldstein said:

Normal behavior corresponds to a continual change of tension, of such a kind that over and over again that state of tension is reached which enables and impels the organism to actualize itself in further activities, according to its nature. ✓

Thus, experiences with patients teach us that we have to assume only one drive, the drive of self-actualization, and that the goal of the drive is not a discharge of tension. Under various conditions, various actions come into the foreground: and while they thereby seem to be directed toward different goals, they give the impression of independently existing drives. In reality, however, these various actions occur in accordance with those instrumental processes which are then necessary prerequisites of the self-actualization of the organism. (pp. 197-198)

Since Goldstein's initial use of the term, the concept of self-actualization has gradually become a valuable part of contemporary humanistic counseling theory and practice. Abraham Maslow, in numerous books and articles, greatly expanded ideas concerning self-actualization. Frank Goble (1970) has called Maslow's science of self-actualization ✓ "the third force in psychology." (The first force is Freudianism, and the second force is behaviorism.) Everett Shostrom (1976) has spent the last decade developing his "actualizing therapy." Actualizing therapy is the result of 12 years of research based on objective data collected from a set of instruments known as the Actualizing Assessment Battery.

Abraham Maslow

Maslow's study in the area of self-actualization grew from an effort to satisfy his personal curiosity as to what made some people he encountered outstanding both in their work and their personal lives (Goble, 1970). His initial studies fell short of scientific methodological requirements; the results, however, were important. Referring to this early beginning, Maslow said, "The problem of mental health and illness is so urgent that any bits of information are helpful. If we wait for conventionally reliable data, we should have to wait forever" (Goble, 1970, p. 23).

After Maslow received his PhD. from the University of Wisconsin in 1934, he traveled to New York City and came under the influence of two professors whom he came to greatly admire and respect. Maslow became curious as to what it was about these two men that made them different and so outstanding. As he compared the men he became excited to find that they had certain characteristics in common. Intrigued by this, Maslow began further studies to determine whether these kinds of people could be found in other places.

The individuals Maslow studied were selected from his personal acquaintances and friends, from public figures, living and dead, and selected college students.

At this point in his studies Maslow's definition of self-actualization was still vague. He defined it loosely ✓ as the full use of a person's talent, capacities and potential (Maslow, 1954). The self-actualizing person would also exhibit an absence of psychological problems, neurosis, ✓ or psychosis. He referred to the self-actualized person as the best possible specimen of the human species, the "growing tip" (Goble, 1970, p. 24).

Maslow had difficulty getting all the information needed from his older subjects. They became self-conscious, froze, laughed off the effort, or broke off the relationship. He found that the older subjects had to be studied indirectly, almost surreptitiously. He found that only 2 ✓ young people could be studied directly.

Because living people, whose names could not be mentioned, were studied, two requirements of ordinary scientific work became impossible--repeatability of the investigation and public availability of the data from which the conclusions were drawn. This was partially overcome by the use of public and historical figures. The study of these people and their habits, their characteristics, their personalities, their abilities led Maslow to his definition of mental health and his theory of human motivation (Goble, 1970).

Maslow (1962) felt that self-actualization was found only in older people, people over 60. And that self-actualization is a far goal, a final state of affairs, rather than a dynamic process throughout life. Those people who do not fit into the above category are not static, but are moving toward maturity, toward self-actualization. This movement toward self-actualization is a process of discovering and developing one's existing and latent potential. From the study of exceptional people a number of characteristics began to crystallize regarding the aspects of mental health. The following is a brief description of those characteristics (Goble, 1970 & Maslow, 1962).

1. Self-actualized people have an ability to see life clearly, to see it as it is rather than as they wish it to be.
2. They are more decisive and have a clearer notion of what is right and wrong.
3. They have a kind of humility, the ability to listen carefully to others, to admit that they do not know everything and that other people can teach them something.
4. The self-actualized person has two kinds of perception. The first, being-cognition, is less distorted by desires, anxieties, fears, hopes, false optimism, or pess-

imism. It is a non-judgmental, accepting type of perception. Being-cognition alone is not enough; it can lead to too great a tolerance, too much indiscriminate acceptance. Therefore, fully mature individuals have a second kind of perception, decisive cognition. When cognition shifts to this second kind of perception, decision, judgment, condemnation, planning, and action become possible.

5. Self-actualizing people are dedicated to some work, task, duty, or vocation which they consider important.

6. Creativity is a universal characteristic of self-actualizing people. Characteristics associated with this creativity were flexibility, spontaneity, courage, willingness to make mistakes, openness, and humility.

7. By being spontaneous, self-actualizing people are less inhibited and more expressive, natural, and simple. They do not feel it necessary to mask their feelings or thoughts or play artificial roles.

8. These individuals are open to new ideas and quick to admit ignorance and error, they are also arrogant in the sense that they are willing to forego popularity in order to stand up for a new idea. They are self-confident and possess self-respect; because of this they are more concerned with the job to be done than with protecting their

egos.

9. A characteristic of the self-actualized person is the low degree of self-conflict. He/She is not at war with himself/herself; his/her personality is integrated. This means he/she has more energy for production purposes.

10. The psychologically healthy person is both selfish and unselfish; in fact, these two attitudes merge into one. The healthy person finds happiness in helping others. Thus, for him unselfishness is selfish. The healthy person is selfish in a healthy way, a way which is beneficial to him/her and to society, too.

11. The self-actualized person enjoys play and work. His/Her work becomes play; his vocation and avocation become the same.

12. The psychologically healthy individual is highly independent, yet at the same time enjoys people.

13. Self-actualizers are able to make their own decisions even in the face of contrary popular opinions.

14. Nearly all their ideas of right and wrong are based upon their own experience rather than blind acceptance of religious revelation.

15. They tend to form deep, close personal relationships, deeper than those of the average adult. While their

interpersonal ties are deep, they are generally with only a few individuals. Their circle of intimate friends is usually small.

16. The healthy individual shows far less fear than the average adult who is less influenced by truth, logic, justice, reality, and beauty. These healthy individuals are not often threatened by the external situation as they have great confidence in their ability to handle whatever confronts them. They are almost uniformly unthreatened by the unknown and the mysterious.

17. They are sufficiently philosophical to be patient and seek or accept slow orderly change, rather than sudden change. They tend to be both theoretical and practical.

Maslow (1962) summarizes his description of self-actualization in the following manner:

Healthy growth is conceptually subordinate, for it is usually defined now as "growth toward self-actualization", etc. Some psychologists speak simply in terms of one overarching goal or end, or tendency of human development, considering all immature growth phenomena to be only steps along the path to self-actualization.

Self-actualization is defined in various ways but a solid core of agreement is perceptible. All definitions accept or imply, (a) acceptance and expression of the inner core or self, i.e., actualization of these latent capacities, and potentialities, "full functioning," availability of the human and personal essence. (b) They all imply minimal presence of ill health, neurosis, psychosis, of loss or diminution of the basic human and personal capacities. (p. 184)

Everett L. Shostrom

For a little over a decade Everett Shostrom has been developing his theory of "actualizing therapy." Actualizing therapy is what Shostrom (1976) calls "a creative synthesis" of many of the schools of psychotherapy. He feels that for too long each therapeutic school has advertised itself as the only effective one. Shostrom tries to bring together the ideas and research of the various schools into a new and more effective means of helping people develop their full potential. He does not see himself alone in doing this; he points to Fritz Perls, William Schutz, Roberto Assagioli, and Eugene Gendlin. These men argue that synthesizing is not the same as eclecticism. It is a creative process, whereas eclecticism is often only an imitative procedure with little or no creative integration.

Shostrom has critically examined the many systems of therapy; he does not buy any system "wholesale" but rather builds from specific aspects of various systems a new synthesis, organized into a new creative whole. He draws significantly from Freud and Maslow, Jung, Adler, Fromm, Horney, Rogers, Perls, Berne, Ellis, May, Lowen, and Frankl. All are well represented. Shostrom incorporates some of the

concepts of behaviorism as well as the ideas of theologians like Martin Buber, Kierkegaard, and Paul Tillich. From Maslow comes the emphasis on self-actualizing as a reasonable goal for psychotherapy. From Buber and Gordon Allport comes the emphasis on the achievement of one's own "particularity" and the growth of unique, unprecedented, and never recurring potentialities (Shostrom, 1976).

While the characteristics of self-actualization stated by Maslow are in the basic framework of actualizing therapy, Shostrom has enlarged and expanded on them by using the theories of many different schools of therapy to build a creative synthesis of theories of psychotherapy.

In the end Shostrom's definition of self-actualization contains many of the characteristics of the self-actualized person as described by Maslow (1962). Shostrom (1976) says that "self-actualizing is an active process of being and becoming increasingly inner-directed and integrated at the levels of thinking, feeling, and bodily response. It is, therefore, not an end point, but a process of moving from normal manipulation toward growth, development, and the unfolding of human potential" (p. 65).

The Personal Orientation Inventory

In investigating and substantiating the assumptions,

ideas and concepts of actualizing therapy, Shostrom has developed the Actualizing Assessment Battery. It is a set of psychological inventories designed to measure the power or energy involved in intrapersonal and interpersonal relating. A portion of this battery, the Personal Orientation Inventory, is the evaluative instrument used in this study. The Personal Orientation Inventory (POI) consists of 150 two-choice comparative-value-judgment items reflecting values and behavior seen to be of importance in the development of the self-actualizing individual. These items reflect significant value judgments as seen by therapists in practice, and are based on the theoretical formulations of several writers in humanistic psychology, including Maslow, Rogers, and Perls (Knapp, 1976 & Shostrom, 1976).

In responding to the POI, the examinee is asked to select the one statement in each pair that is most true of himself/herself. Clinically derived scales, comprising items logically grouped into two major scales and 10 subscales are used in comparing the examinee's responses to normative samples. The major scales, Time Competence and Inner Support, are described as follows (Knapp, 1976):

1. The Time Competence/Time Incompetence ratio assesses the degree to which one is reality oriented in the pre-

sent and is able to bring past experiences and future expectations into meaningful continuity.

2. The Support ratio (inner-directed/other-directed ratio) defines relative autonomy by assessing a balance between other-directedness and inner-directedness. Other-directed persons tend to be dependent, whereas primarily inner-directed persons tend to be self-willed.

The 10 subscales are described as follows (Knapp, 1976 & Shostrom, 1976):

1. The Self-actualizing Value (SAV) measures the affirmation of primary values of self-actualizing people. A high score indicates that the individual holds and lives by values characteristic of self-actualizing people, while a low score suggests the rejection of such values.

2. The Existentiality (Ex) scale measures the ability to situationally or existentially react without rigid adherence to principles. Existentiality reflects one's flexibility in applying values or principles to one's life. It is a measure of the ability to use good judgment in applying these general principles. High Scores reflect flexibility in application of values, while low scores suggest that values may be so rigidly held that the person is compulsive or dogmatic.

3. The Feeling Reactivity (Fr) scale measures sensitivity of responsiveness to one's own needs and feelings. A high score reflects sensitivity to personal needs and feelings. A low score shows insensitivity to personal needs and feelings.

4. The Spontaneity (S) scale measures freedom to react spontaneously or to be oneself. A high score indicates the ability to express feelings in spontaneous action. A low score indicates that one is fearful of expressing feelings behaviorally.

5. The Self-Regard (Sr) scale measures affirmation of self because of worth or strength. A high score measures the ability to like oneself because of one's strength as a person. A low score suggests feelings of low self-worth.

6. The Self-Acceptance (Sa) scale measures the affirmation or acceptance of oneself in spite of one's weaknesses or deficiencies. A high score suggests acceptance of self and weaknesses, and a low score inability to accept one's weakness. It is probably more difficult to achieve self-acceptance than self-regard, though self-actualizing requires both.

7. The Nature of Man--Constructive (Nc) scale measures the degree of one's constructive view of the nature of man.

One who scores high on this scale sees man as essentially good. He/She can resolve the good-evil, masculine-feminine, selfish-unselfish, spiritual-sensual, or other dichotomies in the nature of man. A low score suggests that one sees man as essentially evil or bad.

8. The Synergy (Sy) scale measures the ability to be synergistic--to transcend dichotomies. A high score is the measure of the ability to see opposites of life meaningfully related. A low score suggests that one sees opposites of as antagonistic. When one is synergistic one sees that work and play are not different, that lust and love, selfishness and unselfishness and other dichotomies are not really opposites at all.

9. The Acceptance of Aggression (A) scale measures the ability to accept one's natural aggressiveness as opposed to defensiveness, denial, and repression of aggression. A high score reflects the ability to accept anger or aggression within oneself as natural. A low score suggests that one denies having such feelings and avoids their expression.

10. The Capacity for Intimate Contact (C) scale measures the ability to develop contactful intimate relationships with other human beings, unencumbered by expectations and obligations. A high score indicates the ability to de-

velop meaningful, contactful, relationship with other human beings, while a low score suggests that one has difficulty with warm interpersonal relationships.

Group Counseling

Historical Background

E. James Anthony (1971) provides interesting insight and information on the historical development of group psychotherapy and counseling.

The two world wars gave impetus to the development of group psychology and group psychotherapy. The pressures of war on the individual in the form of loss of identity, rationing, fighting, and the importance of high group morale in war produced a need for understanding of group living and how people might best cope with it.

In 1920 LeBon (Anthony, 1971) referring to large, unorganized groups said that a person who joins a group sacrifices some of his individuality. He/She becomes susceptible to the contagion of neighboring minds. He went on to say that the group mind is submissive to any dominant force that exerts its authority. Thus, it appears that the group and group work started with a bad name.

In 1921 (Anthony, 1971) Freud outlined a group psy-

chology that was and is still meaningful to the group psychotherapist. One can only speculate as to what developments might have occurred if he had spent as much time on group work and family work as he did with psychoanalysis. Even though the work that Freud did in this area was relatively small, he did pose questions that are crucial for an understanding of group psychology and the practice of group psychotherapy: (a) What is a group? (b) How does a group come to exercise such strong influence over the mental life of the individual? (c) What changes does the group bring about in the mental life of the individual?

Freud discussed various types of groups such as heterogeneous and homogeneous and transient and permanent. He studied questions in the area of group leadership. Questions like: "What influence does the leader have on a group?" and "What happens when a group with a strong leader loses its leadership?" were studied and responded to.

While Freud raised questions and provided answers to many of them in the area of groups, he did not pursue further into the area of group psychotherapy.

Psychiatrists in mental hospitals, Lazell in 1921 and Marsh in 1931 (Anthony, 1971), stimulated at the thought of treating their patients in groups, instituted group methods

with psychotics. Their early practices made little use of group dynamics. They lectured the patients on their mental illness, at times these lectures were broadcast through the entire hospital by means of loudspeakers. In 1940 Snowden gave lectures to his patients concerning mental illness and then led a group session with them asking the patients to discuss the lecture in terms of their own mental illness. During the 1940's the lecture was put aside and more consideration and concentration was given to the dynamics of personal interaction with the group.

Parallel to these developments in group work, certain psychoanalysts were becoming interested in group treatments and the possible application of psychoanalysis. Burrow (Anthony, 1971) noted that many of the characteristics of psychoanalysis could be found in the group, such as, patients verbalizing fantasies, family conflicts, defense and transference mechanisms. Some of his ideas are visible in viewing present-day knowledge in group therapy. He refused to polarize the therapeutic situation into sick patient and well therapist. Rather Burrow saw both as individuals in a sick society, both needing to understand the social problems from which they were suffering. He stressed the importance of the here-and-now and paid little attention to genetic

aspects. Burrow tried to bridge the gap between words and feeling and a recognition by all the group members that verbal expression is not necessarily to be trusted. He came to feel that people in groups try to repress many of their ideas and feelings and try to present themselves in the best possible light.

Paul Schilder (Anthony, 1971), doing group therapy in the 1930's confirmed many of Freud's and Burrow's ideas. He found that group discussion often started at the intellectual level and gradually became more personal and emotional. It is interesting to note that Schilder as a group psychotherapist was willing to share many of his feelings and ideas before the group. He was very much a member of the group in a way that therapists before him were not.

World War II (Anthony, 1971) brought many of the German and Austrian psychotherapists to America and Britain. Their impact on psychiatry in those countries was tremendous. During the war psychoanalysts were drafted into the Army and set up treatment centers for psychiatric casualties. One center in Britain was Northfield. Northfield provided the setting for the application of analytic ideas to groups and communities. Many therapists who were to make contributions to group psychotherapy were there. The staff

included such people as Anthony, Bierer, Bion, Bridger, Foulkes, Main, and Rickman. The Northfield center became a training ground for group theorists and group practitioners.

The work of Foulkes and Bion is an example of part of the Northfield endeavor.

As a psychoanalyst, Foulkes focused on the transference situation. He felt that transference could occur between the therapist and the group members, between the members themselves, and between members and the group as a whole. Foulkes also concentrated on the interpersonal relationships within the group. The intrapsychic life of the group member took second place to his life as a group member (Anthony, 1971).

In Bion's groups the patients would come into the group meeting with high expectation that they would be treated. Bion seemingly did nothing at all. He was interested in discussing their expectations. The group would see his behavior deliberately disappointing. They would feel he was perverse, and behaving in this peculiar way out of spite. The group members would accuse Bion of not wanting to help them, and he responded that there is no reason why he should take the group in the way expected by the patients.

The struggle would continue as the group members be-

came more angry and frustrated. Some of the members would try to ignore Bion; they would try shut him out. Bion would explain to them that he was no different than any other member of the group; he was not a god fully responsible for all that takes place.

While it appeared that Bion was just floating along and drifting aimlessly at the mercy of the group, he was subtly leading it to a resolution of its tensions and other problems (Anthony, 1971).

There have been many others who have been instrumental in exploring the area of group work. Space does not permit a description of all of them.

Since the end of the Second World War, the research and use of groups has grown rapidly. The more conventional procedures have been overrun with waves of new and largely untried techniques. The group therapist is no longer the recognized and revered expert in theory and practice; instead, he stands out only by virtue of being the most honest, the most sincere, the most authentic, and the most accepting, both in his commitment to life and to the group.

As interest in the intensive group experience, and use of it, have grown, spread, and multiplied, there has developed a wide diversity of emphases. The kinds of groups

available vary as widely as the number of theories of counseling and psychotherapy. Hyman Spotnitz (1971) makes the following list: (a) analytic group psychotherapy both Freudian and neo-Freudian, (b) existential-experiential approaches, (c) transactional group psychotherapy, (d) psychodrama, (e) group-centered psychotherapy, (f) behavioral group psychotherapy, (g) gestalt therapy, (h) bioenergetic group therapy, (i) marathon group therapy, (j) sensitivity training, and (k) encounter groups.

Basic Concepts in Group Counseling and Psychotherapy

In this section I wish to focus on some of the elements of group counseling that are important to the success of the group. I will concentrate on three areas: (a) the creation of the group, (b) the curative factors, and (c) the therapist or counselor.

The success of the group begins with careful planning in the selecting of the group members, the size of the group, the time and place of meeting, and preparation of the group members for the group experience (Yalom, 1975).

There are only rough guidelines available in determining the composition of a group. Yalom (1975) has concluded that the homogeneous group, i.e., individuals with similar concerns and problems, is best for the purposes of group

counseling. There is a small body of research in group therapy which indicates that interpersonally compatible therapy groups will develop greater cohesiveness. Members of cohesive groups have better attendance, are more able to express and tolerate hostility, are more likely to attempt to influence others, and are in turn themselves more easily influenced.

Heterogeneous grouping, however, also has some characteristics which should be considered when forming a counseling group. Some therapists feel that a heterogeneous group membership, a group varying in age, sex, personality types, and/or emotional problems, will provide a wider variety of interpersonal relationships (Yalom, 1975).

Group meetings may be held in any setting. While the location can not always be controlled by the therapist, he should make sure that the setting provides privacy and freedom from distraction (Yalom, 1975).

With regard to the size of a group, many therapists prefer six, seven or eight members (Spotnitz, 1971). Yalom (1975) says the acceptable range is five to ten members. The lower limit is determined by the fact that an adequate number is necessary for interaction to take place. The upper limit is necessary because as the group grows lar-

ger there is less and less time for the working through of individual problems.

Most therapists seem to agree that the ideal length of a group therapy session is about one and one half to two hours. It usually takes even an established group about one hour to get warmed up and that after two hours a point of diminishing returns is reached. Most therapists seem to function best in a session of 80 to 90 minutes in length (Luchins, 1964 & Yalom, 1975).

The frequency of group meetings varies from one to five sessions per week to a marathon session of up to 48 hours. Yalom (1975) prefers a twice-weekly schedule. He feels that once a week is not often enough because things happening in the member's lives need to be dealt with more frequently than once than once a week. Meeting more than twice a week is generally curtailed by the members schedules.

Each person entering into group therapy or group counseling needs to have some preparation time with the counselor or therapist. Pre-group individual sessions provide an opportunity to build rapport with the client. This rapport will be important in keeping him/her in the group during sessions of discouragement and disenchantment early in the course of group therapy. Yalom (1975) says:

The preparatory process for group therapy has several aspects: the therapist clarifies misconceptions, unrealistic fears and expectations; he provides support; he anticipates and thus diminishes group therapy problems; and he provides patients with a cognitive structure which will enable them to participate more effectively in the group. (p. 287)

The purpose of research in group therapy or individual therapy, for that matter is to find out how therapy helps patients. Yalom (1975) has arrived at eleven crucial aspects of the change process which he refers to as "curative factors." The following will be brief descriptions of those factors.

1. The first curative factor is the instillation of hope. Research inquiries have demonstrated that a high pre-therapy expectation of help is significantly correlated with positive therapy outcome. Groups such as Alcoholics Anonymous, Recover, Inc., and Synanon all instill hope in their members through the use of personal testimonies.

2. The second curative factor is universality. Many people enter group therapy with the feeling that they alone have certain frightening and unacceptable problems, thoughts, and fantasies. In the therapy group, it is a great source of relief to find they are not unique. Others share their problems and feelings.

3. The third curative factor is the imparting of in-

formation. This factor involves the giving of didactic instruction about mental health, mental illness, and general psychodynamics.

4. The fourth curative factor is altruism. In therapy groups patients receive through giving. It is a self-esteem boosting experience to find they can be of importance to others. They offer support, reassurance, suggestions, insight, and share similiar problems with one another.

5. The fifth curative factor is the corrective recapitulation of the primary family group. Many patients enter group therapy with past problems in their primary family experience. The therapy group provides opportunity for them to relive those experiences correctively. Growth inhibiting relationships are kept from becoming a rigid system that characterizes many family relationships.

6. The sixth curative factor is the development of socializing techniques. Group therapy allows the opportunity for working social skills. The group represents a valuable opportunity for accurate, caring interpersonal feedback.

7. The seventh curative factor is imitative behavior. It is not uncommon in group therapy for a patient to benefit by observing therapy of another with a similiar problem.

8. The eighth curative factor is interpersonal learning. In group therapy people have the opportunity to be themselves and through feedback and self-observation understand the impact of their behavior on others. Becoming aware of the nature of their behavior and the reactions of others to it these people can begin to change in a positive way. Social anxiety decreases, self-esteem rises, there is less need to conceal oneself. Others respond positively to this behavior and show more approval and acceptance to the patient, which further increases self-esteem and enhances further change. Eventually the adaptive spiral achieves such autonomy and efficacy that professional therapy is no longer necessary (p. 41).

9. The ninth curative factor is group cohesiveness. It may be defined as "the attractiveness of the group for its members" (p. 46). Cohesiveness in group therapy is very similar to the relationship between client and therapist in individual therapy. Research evidence indicates that successful therapy occurs when the therapist establishes a empathetic, non-possessive, and genuine relationship with the client. When these factors exist between the members of the group the chance for growth is enhanced.

10. The tenth curative factor is catharsis. By cath-

arsis is meant the opportunity and the increasing ability to ventilate strong feelings. Learning how to express these feelings conveys a sense of liberation. Members in a group who express strong feeling toward one another and work honestly with those feelings will develop close mutual bonds.

11. The eleventh curative factor is the system of existential factors. The system of existential factors include four elements: (a) the recognition that there is no escape from some of life's pain and from death, (b) the recognition that no matter how close one gets to other people, one still faces life alone, (c) facing the basic issues of one's life and death, and thus living one's life more honestly and being less caught up in trivialities, and (d) learning that one must take ultimate responsibility for the way one lives one's life no matter how much guidance and support one gets from others (pp. 84-85).

The group therapist's job is to create the machinery of therapy, to set it in motion and to keep it operating at a maximum of effectiveness. With the complexity of human relationships and the human mind, it would seem that the therapist should really be godlike and have supernatural powers. But, on contrary, what he really needs to be is a warm and genuine human being. Grotjahn (1971) puts it quite

well:

A psychotherapist must be a man of all seasons. He must be reliable; he must invite trust and confidence. In order to do so, he must have trust and confidence in himself in the first place and in other people in the second place.

He does not need to be superior in his knowledge, not even in his intelligence, and any one of his patients may be superior in some respect--but none should be superior in honesty and sincerity. He must be an expert in the mastery of communication with himself or with the people he tries to understand. This honesty must extend into the unconscious. What a therapist says must be truly felt. How much he says and to who and when and, most important, how he says it--that is a question of his style. (pp. 757-758)

The tasks of the therapist are numerous. Before the group actually begins meeting the therapist must select members and prepare them for the group experience. He must make arrangements for a suitable meeting place and decide how often the group will meet and how long each session will be.

The therapist must be deeply involved and keenly aware of what dynamics are taking place within the group. Geis (1973) lists a number of techniques available to the group therapist in helping the group toward positive growth. These techniques include clarifying and reflecting feeling, summarizing and reviewing important material, interpreting, confronting, reassuring, supporting, showing alternatives, role playing and so on.

Some specific times when the therapist should definitely intervene into the flow of the group are described by Dyer and Vriend (1973): (a) when a group member speaks for everyone, (b) when an individual speaks for another individual within the group, (c) when a group member focuses on persons, conditions or events outside the group, (d) when someone seeks the approval of the therapist or a group member before and after speaking, (e) when someone says, "I don't want to hurt his feelings, so I won't say it," (f) when a group member suggests that his problems are due to someone else, (g) when an individual suggests, "I've always been that way," (h) when an individual suggests, "I'll wait and it will change," (i) when discrepant behavior appears, and (j) when a member bores the group by rambling.

"Underlying all considerations of technique," Yalom (1975) states, "these must be a consistent, positive relationship between therapist and patient. The basic posture of the therapist to his patient must be one of concern, acceptance, genuineness, empathy. Nothing, no technical consideration, takes precedence over this" (p. 105).

Group Counseling with Adolescents

Interest in the applicability of group counseling in the schools has risen sharply in recent years. Group coun-

seling is seen as having several advantages. The adolescent is primarily peer oriented and his adjustments emphasize peer problems. Group counseling is the often the means by which these problems can be brought to light and worked out. The adolescent needs to let out the strong feelings that beset him. This is often difficult to do in individual therapy with its more threatening adolescent-adult situation. In the group setting it is quite feasible and acceptable. Some adolescent problems are difficult to diagnose; the group situation provides the opportunity for observations over a period of time which may clarify the diagnosis (Kraft, 1961). Pascale (1968) states: "Group counseling is a method in which small groups of students with common problems come together voluntarily to discuss and share their feelings, fears, and frustrations in an effort to prevent or remedy normal developmental problems. The group process allows students to ventilate their feelings, which in turn enables them to gain insight and perspective about themselves in relation to their peers (p. 137).

Group counseling provides an opportunity for school counselors to meet with more of their students more often and also allows them to move away from the purely remedial nature of their work to concerning themselves more with

"normal development problems" of all their students (Pascale, 1968). Bates (1968) mentions one other advantage with group counseling. "Over and over the students expressed relief that other peer members were experiencing the same problems as they. 'Somehow,' they commented, 'this made their lives seem less lonely and easier to endure'" (p. 752).

Along with the advantages noted above, there are some limitations to group counseling as well. Training that school counselors receive in group counseling is usually not of any breadth or depth. It cannot be assumed that counselors trained in individual therapy also have the skills to do group counseling (Mahler, 1971). Also in group counseling, the counselor cannot give each group member the same attention that he can in individual counseling. The preciseness and efficiency of working with each individual may be somewhat curtailed.

A lack of understanding about group counseling by the public, school administrators, teachers, and students creates a resistance to establishing group counseling programs in schools. A school counselor who wishes to establish such a program must plan thoroughly and carefully if he is to convince his resistance as to the merits of the

program and also to do an effective job.

First of all, the counselor needs intensive training in group work. Secondly, the counselor needs a theoretical framework of group counseling from which to work and an organizational plan for what he is going to do. Specific goals and objectives need to be established for the program. With these goals and objectives the counselor is ready to explain his efforts to parents, administrators and teachers. The development of goals for the program helps the counselor prepare a group counseling experience that will be helpful to students (Mahler, 1973).

While interest in group counseling in the schools has increased significantly, the research in this area is scarce. Boenheim (1957) found this to be true in the mid 1950's. Mahler in 1968 said, "Group counseling programs have expanded greatly in the last 10 years. However, the research and evaluative efforts, as in group psychotherapy, have lagged far behind" (p. 606). This researcher found, in his perusal of the literature, that only in the last eight years has the body of research and evaluation of group counseling and psychotherapy been increasing in any great quantity. Even with this increase, research in the area of adolescent group counseling is minimal.

Research on Self-Actualization through
Group Counseling and Psychotherapy

The question as to whether group techniques do yield enduring positive personality change or actually result in psychological damage in some cases has only recently been subjected to objectively quantified assessment (Shostrom, 1976).

Gibb (cited in Rogers, 1970), after analyzing 106 studies, as well as examining 123 additional studies and 24 recent doctoral dissertations, stated: "The evidence is strong that intensive group training experiences have therapeutic effects. . . . Changes do occur in sensitivity, ability to manage feelings, directionality of motivation, attitudes toward the self, attitudes toward others, and interdependence" (p. 117). Because these are all elements and goals of self-actualization, this evidence is significant.

Martin (1973) found in his group counseling with delinquent high school students that, while there was no statistical improvement in school attendance, office referrals, or negative attitudes toward school, there were indications of improvement in perception of personal problems, ability to express themselves to the group and the counselor, and a

more pronounced willingness to have their attitudes and behaviors seen and discussed by other members of the group.

E. L. Gaetz (1972) investigated the question: "Does counseling make a difference?" His subjects, high school students, were divided into three groups. One group participated in individual counseling; one group participated in group counseling, and the last group's members received counseling only if they initiated the contact. After five months significant positive growth was indicated in the students involved in both the individual and the group counseling and there was no significant difference between these two groups.

Currently Bebout and Gordon (1972) are involved in a long term study of the value of encounter groups. Their initial evaluations indicates some significant positive changes. Among these changes: (a) an increase in self-esteem, (b) improvement in self-concept, (c) reduction of alienation, (d) a lessening of individual problems, (e) an increase of empathy in interpersonal relations, and (f) an increase in closeness with others with a decrease in loneliness.

The major instrument used in recent studies has been the Personal Orientation Inventory (POI). The following are

summaries of a few of those studies.

In two studies (Bellanti, 1971 & Shoemaker, 1972) designed to measure changes in self-actualization as influenced by group counseling the results, as measured by the POI, indicated no significant change.

However, in 1974 Liddle involved 165 volunteer undergraduate students in an encounter group experience to see if any growth would occur toward self-actualization as measured by the POI. Of the 165 students, 20 were selected randomly as a control group. The POI was administered in pre and post-tests and also in a nine week followup study. There was an indication of positive change toward self-actualization in the immediate post-test, but the nine week followup showed those immediate positive changes were no longer apparent.

A nine week group counseling experience was conducted by Ware and Barr (1977) with the purpose of measuring different techniques and compare those techniques in terms of effect on self-concept and self-actualization. Their subjects were 39 volunteer college students taking introductory psychology. The subjects were randomly assigned to either a structured group, an unstructured group or a control group. The POI, the Tennessee Self Concept Scale, and the Marlowe-

Crowne Social Desirability Scale were administered to half of each group before the group counseling began and to all of the subjects after the counseling was completed.

The structured group first participated in an eight hour marathon designed to facilitate movement in the succeeding group sessions. This group then met in two hour sessions once a week for eight weeks. The sessions consisted of values clarification, analysis of the use of time, conflict resolution, and the setting of short and long term goals.

The unstructured group also met in an eight hour marathon, but it was relatively unguided by the leaders. This group also met once a week for eight weeks. Each session was two hours in length. The purpose of the group (other than being indicated at the outset for personal growth) and the structuring of the group were left up to the members of the group.

The results indicated significant growth toward self-actualization in both the structured and the unstructured groups.

Shostrom (1976) in reviewing 14 studies in addition to the ones mentioned above, has found a strong indication of positive growth toward self-actualization following part-

icipation in a group experience. It appears from the collection of studies currently available that group counseling contributes to increased self-actualizing as measured by the POI and other instruments.

Summary

Chapter two is an attempt to describe briefly the development of the theory of self-actualization and to outline the history and the dynamics of group counseling and group psychotherapy.

Self-actualization began as an idea in the thinking of Kurt Goldstein, was greatly expanded on by Abraham Maslow, and developed into a counseling therapy by Everett Shostrom.

Group counseling and group psychotherapy, with its early beginnings following World War I and its greater expansion during World War II, has become an important part of psychotherapy and human relations training in today's world.

The process of self-actualizing, becoming all that one potentially can become, provides a goal and framework around which group counseling and group psychotherapy might build.

Instrumentation in the form of the Personal Orientation Inventory is now available and being used to evaluate the effects of individual and group counseling and psychother-

apy. A majority of the studies that have used this instrument and others similiar to it have shown growth toward self-actualization following group counseling.

Chapter 3

Methodology

Statement of Procedure

This study was done in cooperation with the administration, faculty, and students of Columbia Falls High School. The study began with the selection of freshman and sophomore students by using loosely structured inclusion criteria, such as, poor grades, truancy, and classroom behavior problems. Each student was approached individually by the author and asked to participate in the study. Eleven girls and nine boys expressed desire and a willingness to join. All the students were administered the Personal Orientation Inventory (POI) at one large group session. They were divided into a counseling group of five girls and four boys and a control group of six girls and five boys. The criteria for dividing into these two groups was the availability of a common open period in each student's class schedule. The nine participants in the counseling group were those students from the original twenty that had an open period at the same time. The author acted as counselor for the group. He met with them twice a week for nine weeks (one quarter grading period). Nine weeks was the limit of the study because of changes in the class

schedules of the participants. Each session was a class period in length, 57 minutes. At the final meeting of the counseling group, the POI was again administered. The members of the control group, who did not meet during this nine week period, also took the POI after the counseling group had finished its nine weeks of meeting. The results of the pre and post-testing are shown in individual and group profiles and will be discussed in chapter four (see Appendixes A, B, & C).

Selection of Therapy and Control Group

The majority of teenagers pass through adolescence and into adulthood coping with life rather well. Some, however, experience problems which in school lead to poor attendance, failing grades, and a disinterest in activities and experiences that the school offers. The students participating in this study are teenagers who fall into the latter category.

The vice-principal of Columbia Falls High School provided the author a list of freshmen and sophomores who had been involved in school truancy or other violations of school rules. From the faculty the author obtained lists of freshmen and sophomores who were failing class and/or misbehaving in class. The two counselors at Columbia Falls

High School, of which the author was one, drew up a list of freshmen and sophomores who had school, peer, and/or home problems. The above three lists were compared and those 20 students whose names appeared most often were selected to participate in the study.

The author interviewed each student individually. He explained the purpose and the structure of the study. He discussed what they might expect to happen in the counseling group. All 20 of the students who were asked to participate volunteered readily.

Group Counseling Method

The initial group counseling session was used to set up the time and place for meetings and some ground rules for the group. These ground rules were: (a) confidentiality, (b) freedom to talk about anything, and (c) no guests at the group sessions. A ditto sheet was given to each group member which contained helps for learning to work together more effectively (Landreth, 1973). These helps included the following:

1. Let others know what your ideas are.
2. Ask your questions.
3. Don't do all the talking.
4. Help other members participate.

5. Listen carefully to other members.
6. Group members are here to help.
7. Be willing to accept another point of view.
8. Keep up with the discussion.
9. It is okay to talk about your feelings.

The sheet also contained an elaboration on each of the above statements and some examples to further illustrate the statements. The sheet was read and discussed by the group.

The author made some use of structured group activities to help the group "loosen up," to become more free in sharing with each other. The structured group activities used were the values clarification exercises found in Simon, Howe, and Kirschenbaum's book, Values Clarification (1972) and Pfeiffer and Jones' (1973, 1974, 1975, 1977) structured experiences. The majority of the time the group counseling sessions were unstructured, following the direction taken by the students in the group.

The Measuring Instrument:

The Personal Orientation Inventory

The Personal Orientation Inventory was selected as the investigative instrument in this study because of the nature and stated purpose of the instrument. "The POI was devel-

oped to provide a standardized instrument for the measurement of values and behavior hypothesized to be of paramount importance in the development of the self-actualizing person" (Knapp, 1976, p. 3).

The concept and design of the POI was initially begun in 1962 by Everett Shostrom (1976) in consultation with Abraham Maslow. Nine years after beginning the development of the POI, Maslow (in Shostrom, 1976) said:

In studying healthy people, self-actualizing people, etc., there has been a steady move from the openly normative and the frankly personal, step by step, toward more and more descriptive, objective words, to the point where there is today a standardized test of self-actualization. Self-actualization can now be defined quite operationally, as intelligence used to be defined, i.e., self-actualization is what the test tests. It correlates well with external variables of various kinds and keeps on accumulating additional correlational meanings. (p. 32)

"The POI is based on concepts of dynamic traits of personality, thus making traditional concepts of reliability inappropriate in many instances" (Knapp, 1976, p. 76).

The POI is highly sensitive to experiences that people may have between administrations of the inventory; the rhythmical changes in a person's personality expression may be expected to influence stability (test-retest) estimates for the POI. Bloxom (1972) states:

The reliability coefficients range from a moderate .55 to a good .85. Only three subscales have coefficients

that might be regarded as substandard (say less than .70): A (.55), Nc (.66), and Fr (.69). The A and Fr scales measure variables that are affect-related and, as such, may be measuring fluctuations in mood states from test to retest. (p. 291)

A series of studies designed to measure whether the POI has predictive validity indicated that it does measure self-actualizing as observed by trained therapists. As an example, in one of these studies prominent, doctoral-level psychologists nominated criterion samples of "self-actualizing" persons, and "nonactualizing" persons, who subsequently completed the POI. POI scale and subscale differences between these nominated samples were significant. These inventory scores provided classifications corresponding to observations of highly skilled therapists based on knowledge of behavior gained over long periods of time (Shostrom, 1976). The construct validity of the POI, that is, does the the inventory successfully measure what it purports to measure, has also been upheld by these various studies.

Summary

This investigation was begun by selecting 20 students at Columbia Falls High School with problem behavior and low academic achievement. These students were divided into a control group and a counseling group. The Personal Orien-

tation Inventory was administered to both groups prior to the beginning of counseling with the counseling group.

The POI was also administered to both groups immediately following the completion of the last counseling session with the counseling group.

The POI was chosen as the instrument for measuring change in self-actualization through group counseling because it was designed for this purpose, has been used by many researchers in similiar studies, and has been found to be a reliable, valid tool in this kind of an investigation.

Chapter 4

Analysis of Data

Introduction

Chapter four will contain the analysis of data from the administrations of the Personal Orientation Inventory to the control and therapy groups preceding and following the group counseling with the therapy group.

The therapy group scores and the control group scores will be first presented separately and then later in the chapter will be compared. The individual scores will be discussed briefly and summary will conclude the chapter.

Therapy Group

Of the 12 mean scores on the therapy group profile (see Appendix A & Table 1), 4 changed in a favorable direction, 7 changed in an unfavorable direction, and 1 score remained unchanged. Only 2 of the changes in the scores were statistically significant.

The Time Competence (Tc) score went down by only .1 of a point. Both the pre and post-test means are better than 2 points lower than the norm score for adolescents (see Appendix A). This result indicates a failure of the group to move into a predominately here-and-now time framework. During the group sessions, the subjects tended to dwell on the

Table 1

POI Scale Means and Comparison of Difference
between Therapy Group Pre and Post-Tests

POI Scale	Therapy Grp. Means		<u>t</u> ratio
	Pre	Post	
Time Competence (<u>Tc</u>)	12.2	12.1	.1
Inner Directed (<u>I</u>)	76.7	78.0	.3
Self Actualizing Value (<u>SAV</u>)	17.5	14.4	2.8*
Existentiality (<u>Ex</u>)	20.0	19.4	.4
Feeling Reactiv- ity (<u>Fr</u>)	15.1	15.7	.3
Spontaneity (<u>S</u>)	11.5	10.4	1.1
Self Regard (<u>Sr</u>)	10.3	9.8	.5
Self Acceptance (<u>Sa</u>)	15.9	15.9	0
Nature of Man (<u>Nc</u>)	10.2	8.6	1.8
Synergy (<u>Sy</u>)	5.4	4.8	1.2
Acceptance of Aggression (<u>A</u>)	12.3	14.6	2.9*
Capacity for In- timate Contact (<u>C</u>)	16.1	17.3	.8
*Significant at the .05 confidence level.			

past and ignore the present and the future.

The Inner-Directed (I) mean score increased 1.3 points. A high score on this scale indicates a strong degree of independence and self-supportiveness. A low score indicates a dependency on other people and a need for the support and approval of the people. This result shows a positive trend toward independence and self-reliance on the part of the group members. The group post mean was more than 3 points above the norm for this scale for adolescents.

The Self-Actualizing Value (SAV) mean score went down 3.1 points. This was a significant drop, $t = 2.8$, $p < .05$. The pre-test mean score was .7 of a point below the norm for adolescents and the post-test mean score was 3.8 points below the adolescent norm. The low scores on this scale suggests the rejection of values held by self-actualizing people.

The Existentiality (Ex) scale measures the flexibility one uses in applying one's values or principles to one's life. It is a measure of one's ability to use good judgment in applying these general principles. Higher scores reflect flexibility in application of values. People who get low scores tend to hold values so rigidly that they may

become compulsive or dogmatic. The score on this scale went down .6 of a point. Even with this slight decrease, the score remained better than two points above the adolescent norm.

While the SAV scale indicated that the group members did not hold values generally held by self-actualizing people, the Ex scale suggests that the values they do hold are not rigid; they are flexible. This is an area where peer group pressure might be indicated. The need to be accepted is very great among adolescents; great enough to cause one to be flexible in using one's values and even change one's values.

The Feeling Reactivity (Fr) mean score increased by a small amount, .6 of a point. The post score was 2.3 points above the norm for adolescents. A high score on this scale indicates sensitivity to one's own needs and feelings.

The Spontaneity (S) scale measures the ability to express feelings in spontaneous action. A low score indicates that one is fearful of expressing feelings behaviorally. There was a drop of 1.1 points from the pre-test to the post-test. This indicates a decline in the ability of the group members to express their feelings spontaneously. The writer did not see an indication of this in his sub-

jective analysis of the behavior of the group. Both the pre and post-scores were above the adolescent norm for this scale.

The two scales, Fr and S, which deal with feelings suggest that the subjects were in tune with their personal feelings but were hesitant in actively expressing them. This hesitancy did not improve over the course of the group meetings. Perhaps a longer period of meeting with longer sessions would have had a more positive result in this area.

The Self-Regard (Sr) scale showed a slight decrease of .5 of a point. The post-test mean score was also 1.1 points below the adolescent norm. However, the scores are within a range that is considered normal for adolescents on the POI (Knapp, 1976). This scale measures one's feelings of self-worth; the ability to like one's self because of one's strength as a person.

There was no change from the pre-test to the post-test on the Self-Acceptance (Sa) scale. A high score on this scale measures acceptance of one's self in spite of one's weaknesses or deficiencies. A low score indicates an inability to accept one's weaknesses. The therapy group scores were 1.8 points above the adolescent norm indicating that as a group these students were above average in self-

acceptance as compared to other teenagers.

The Sa and Sr scales studied together seem to indicate an ability to accept one's self as one is but a lower ability to like oneself. A number of the group members put themselves down in the group sessions. They seemed unable to accept strong points in their lives; even when these strengths were pointed out by other members of the group or the counselor.

The next two scales deal with a person's synergistic awareness; that is, does he/she see man/woman as basically good or basically evil? This concept is measured by the Nature of Man, Constructive (Nc) scale. Synergistic awareness is also concerned with a person's ability to see the opposites of life as meaningfully related. This concept is measured by the Synergy (Sy) scale. A high score on the Nc scale means that one sees man as basically good. He/She can resolve the goodness-evil, masculine-feminine, selfish-unselfish, and spirituality-sensuality dichotomies in the nature of man/woman. A low score means that one sees man/woman as essentially evil or bad and not synergistic. A low score on the Sy scale means that one sees opposites of life as antagonistic. The therapy group's scores in both these areas declined although not significantly. The Nc

scale went down 1.6 points and the Sy scale went down .6 of a point. The therapy group's scores were below the norm for high school students. In the course of the group counseling sessions, it was indicated by several different group members at various times that they thought people were generally bad, selfish and uncaring toward others. It was also noted that the members of the group tended to be less positive and optimistic about life than other adolescents with which the author has worked. They also seemed to have fairly rigid roles for men and women and the relationship between the sexes. These factors are all reflected in the low scores in the area of synergistic awareness.

The therapy group mean score showed a growth from the pre-test to the post-test on both of the last two scales. The mean score on the Acceptance of Aggression (A) scale went from 12.3 to 14.6, a significant increase of 2.3 points $t = 2.9, p < .05$. The Capacity for Intimate Contact (C) scale mean score went from 16.1 to 17.3 an increase of 1.2 points. The A score remained slightly below, .4 of a point, the adolescent norm. The C mean score was above the norm; the post-test being 2.5 points above it. The rise in the A score indicated an increased ability to accept anger or aggression within one's self as natural. The C score in-

icates an above average ability to develop meaningful, contactful relationships with other human beings. The post C score suggests an even more positive growth in this area. Within the group session most of the group members had little trouble expressing positive feelings toward one another and as time went on all but a few were able to express feelings of anger. At first it was towards people or situations outside the group and later towards others within the group, including the counselor. A couple of friendships developed between the group members that carried on outside the group.

Control Group

In studying the profile for the control group mean scores one can see very little change from the pre-test to the post-test (see Appendix A & Table 2). Some scores are up slightly and some scores are down slightly. However, in looking at the t test of significance two of the scale's changes between pre-test and post-test were significant. The Synergy (Sy) scale changed significantly, $t = 2.6$, $p < .05$, in a positive direction and the Capacity for Intimate Contact (C) scale changed significantly, $t = 2.25$, $p < .05$, in a negative direction. It is important to remember that to some extent the rhythmical changes in personality expression central to Shostrom's theory may be expected to in-

Table 2

POI Scale Means and Comparison of Difference
between Control Group Pre and Post-Tests

POI Scale	Control Grp. Means		<u>t</u> ratio
	Pre	Post	
Time Competence (<u>Tc</u>)	12.9	12.7	.5
Inner Directed (<u>I</u>)	78.0	76.8	.9
Self Actualizing Value (<u>SAV</u>)	17.6	18.0	.6
Existentiality (<u>Ex</u>)	18.2	18.4	.3
Feeling Reactiv- ity (<u>Fr</u>)	15.5	15.1	1.2
Spontaneity (<u>S</u>)	10.8	10.6	.7
Self Regard (<u>Sr</u>)	10.5	9.9	1.1
Self Acceptance (<u>Sa</u>)	13.7	13.3	.6
Nature of Man (<u>Nc</u>)	10.0	10.4	.6
Synergy (<u>Sy</u>)	5.4	5.9	2.6*
Acceptance of Aggression (<u>A</u>)	14.3	15.7	1.3
Capacity for In- timate Contact (<u>C</u>)	16.5	15.8	2.25*
*Significant at the .05 confidence level.			

fluence changes in scores for the POI (Knapp, 1976). Certainly the POI is going to reflect day to day changes in mood and personality and that these are in a state of change in most people. This is going to have an effect on both the control and the therapy group scores.

In comparing the control group means to the norms on the POI for high school students, it is found the control is higher on six of the scales and lower on six of the scales. The control group mean scores lower than average were the scales for Time Competence, Self-Actualizing Value, Self-Regard, Self-Acceptance, Nature of Man--Constructive, and Synergy. The control group mean scores were above average on the scales for Inner-Directedness, Existentiality, Feeling Reactively, Spontaneity, Acceptance of Aggression, and Capacity for Intimate Contact. The above also held true for the therapy group mean scores with the exception of Self-Acceptance and Acceptance of Aggression. The therapy group means were higher than average for Self-Acceptance and lower than average for Acceptance of Aggression.

Comparison of Control and Therapy Groups

In comparing the profiles and tables of the pre-tests and the post-tests for the control and therapy groups, one would have to conclude that the group counseling in this

study did not make a significant difference in improving the subjects self-actualization as measured by the POI (see Tables 3 & 4).

There were no significant differences between the two groups on the pre-tests. Two scales showed significant differences on the post-tests, both in favor of the control group (see Tables 3 & 4). On the Self-Actualizing Value scale the control group mean went up .4 of a point while the therapy group mean went down significantly 3.1 points. On the Synergy scale the control and therapy groups had identical means on the pre-test. The post-test indicated an increase in the control group mean by .4 of a point; the therapy group mean declined by 1.1 points.

Changes on the other scales fluctuated in both directions. On some scales the control group means went up and therapy group means went down or vice versa. None of the other changes were significant.

In comparing the control group and the therapy group in other areas beside the POI scores, the author found a continuation of similiarity between the two groups. During the school year four students in the control dropped out of school and one was expelled from school. Three students in the therapy group dropped out of school and one was expelled.

Table 3

POI Scale Means and Comparison of Difference between
Control Group and Therapy Group Pre-tests

POI Scale	Group Means		<u>t</u> ratio
	Control	Therapy	
Time Competence (<u>Tc</u>)	12.9	12.2	.7
Inner Directed (<u>I</u>)	78.0	76.7	.2
Self Actualizing Value (<u>SAV</u>)	17.6	17.5	.06
Existentiality (<u>Ex</u>)	18.2	20.0	.9
Feeling Reactiv- ity (<u>Fr</u>)	15.5	15.1	.3
Spontaneity (<u>S</u>)	10.6	11.5	.3
Self Regard (<u>Sr</u>)	10.5	10.3	.1
Self Acceptance (<u>Sa</u>)	13.7	15.9	1.1
Nature of Man (<u>Nc</u>)	10.0	10.2	.3
Synergy (<u>Sy</u>)	5.4	5.4	0
Acceptance of Aggression (<u>A</u>)	14.3	12.3	1.2
Capacity for In- timate Contact (<u>C</u>)	16.5	16.1	.3

Table 4

POI Scale Means and Comparison of Difference between
Control Group and Therapy Group Post-tests

POI Scale	Group Means		<u>t</u> ratio
	Control	Therapy	
Time Competence (<u>Tc</u>)	12.7	12.1	.6
Inner Directed (<u>I</u>)	76.8	78.0	.2
Self Actualizing Value (<u>SAV</u>)	18.0	14.4	2.25*
Existentiality (<u>Ex</u>)	18.4	19.4	.6
Feeling Reactiv- ity (<u>Fr</u>)	15.1	15.7	.4
Spontaneity (<u>S</u>)	10.6	10.4	.2
Self Regard (<u>Sr</u>)	9.9	9.8	.1
Self Acceptance (<u>Sa</u>)	13.3	15.9	1.5
Nature of Man (<u>Nc</u>)	10.4	8.6	2.0
Synergy (<u>Sy</u>)	5.9	4.8	2.2*
Acceptance of Aggression (<u>A</u>)	15.7	14.6	.8
Capacity for In- timate Contact (<u>C</u>)	15.8	17.3	.9
*Significant at the .05 confidence level.			

led. Grades improved for members of both groups about equally and truancy declined in both groups about the same.

Individual Scores

In statistical evaluation of counseling and psychotherapy it must be remembered that therapists and psychologists are not as interested in experiment and statistical analysis as meaningful insights and therapeutically useful knowledge. To look at each person's test scores in an effort to assess his present position and to plan which interventions might reach him more readily than others, would seem more fruitful than manipulations of numbers which does justice to no single group member. With this thought in mind, two therapy group subjects' scores are analyzed with reference to the individual's life situation.

Subject A-t showed increased scores in all but four scales. Two of those scales stayed the same, Nc and Sy. The two scales which indicated a decrease in score were Time Competence and Self-Regard. This subject's scores showed a dramatic increase of 5 points on the Feeling Reactivity scale, 7 points on the Acceptance of Aggression scale, 6 points on the Capacity for Intimate Contact scale, 5 points on the Self-Acceptance scale and 14 points on the Inner-Directed scale. It is even more interesting and

enlightening to look at this subject's scores in light of what was happening in her life during the time she was involved in the therapy group.

She was living with her grandparents; the product of a broken home. The grandparent's home was in the country and she was not allowed to go to town often. Her grandparents had very strict rules to govern her behavior, dress, leisure time, etc. She was beaten quite severely several times for what appeared to be minor violations of the rules. Subject A-t loved her grandparents very much and tried hard to please them; however, she felt that she could no longer stand living with them. During the course of the counseling group she made the decision to contact the social welfare department, report her grandparents abuse of her and seek a foster home. The welfare department placed her in a foster home in another city where she remains at this time. Her grades in the new school picked up and she was no longer involved in truancy problems as she was at Columbia Falls High School.

Her POI scores reflect some of things she went through during this time (see Appendix B). The therapy group spent a good deal of time helping her sort out her feelings, design a plan of action and deal with the problems her actions

created.

Another subject, B-t, was also going through an upheaval in her home life that was reflected in her behavior in the group and on her POI scores. Prior to the beginning of the school year she had always achieved above average grades and had not been involved in any discipline problems at school. In the few months prior to the beginning of the counseling group her parents started having marital problems which had a depressing and rebellious effect on her. Within the counseling group she was at first talkative about herself and her problems but she became more and more quiet with regard to herself. She still interacted with other members of the group but not about her concerns. Her profile indicates a decrease in all but three of the scales and those three scales which did increase did so only slightly (see Appendix B).

The other group member's scores fluctuated a good deal. C-t and F-t's profiles showed large increases on some scales and large decreases on others. D-t and G-t's profiles indicated mostly decrease and very little increase; I-t's profile indicated growth on only the Inner-Directed scale. E-t showed positive change on five scales and no change on the remaining seven. Subject H-t's profile fluctuated more

than any of the other profiles. Two of his scores, SAV and Nc, dropped off the bottom of the scale.

Most of the control group scores stayed fairly consistent from pre-test to post-test (see Appendix C). The increases and decreases in the scale scores were less dramatic than the therapy group's. There were some exceptions, however. Subject B-c's profile shows a 4 point increase on the SAV scale, a 3 point increase on the Sr scale, a 4 point increase on the Nc scale, a 3 point increase on the A scale and a 6 point increase on the I scale. F-c's profile indicates a dramatic 8 point decrease on the Sa scale and G-c's profile shows a 12 point increase on the A scale.

Summary

Over the nine weeks of group counseling, four mean scores on the therapy group profile changed in a positive direction, seven changed in a negative direction and one mean remained unchanged. Significant change occurred in a unfavorable direction of the SAV scale and in a favorable direction on the A scale.

The control group profile indicated growth in a positive direction on five scales, and a negative direction on seven scales. The Sy scale indicated a significant change in favorable direction and the C scale showed a

significant change in a unfavorable direction.

In comparing the control and therapy group profiles, group counseling did not appear to make a significant difference as it was evaluated by the Personal Orientation Inventory.

Chapter 5

Summary, Conclusions and Recommendations

Summary

No one ever achieves actualization. It is not an end, it is a process. People are in a constant state of growth and change. Such persons are forever trying to "get it all together," to integrate their being, while at the same time being aware that "there's a lot there that doesn't fit" and that life is a process of always trying to get it all together (Shostrom, 1976).

In chapter one it was stated that the major problem of this study was to see if group counseling would have an effect on high school student's self-actualization. Would the interaction with other teenagers in a therapeutic environment help adolescents gain a deeper understanding of themselves and their potentials and their relationships with others? Would group counseling help them take more control over their lives; would they become more aware of their feelings?

It was indicated in chapter two that while some group counseling efforts had revealed no significant effects on member's self-actualization when measured by the Personal Orientation Inventory, most studies did, in fact, indicate

that group counseling and group psychotherapy did help to improve a person's self-actualization. Studies have not indicated long range effects.

As discussed in chapter three the subjects of this study were adolescents who were having an unusually difficult time coping with their life situations. They were having home problems, problems with their school grades; they were truant from school and some were in trouble with the law. These teenagers were divided into two groups-- a control group and a therapy group. The therapy group met twice a week for approximately an hour each time over a nine week period. The control group members did not meet at all but went about their normal routines.

Chapter four indicated that changes in most of the areas of self-actualization as measured by the POI were not significant for the group as a whole. The therapy group did show significant growth in ability to accept anger and aggression as a normal part of human nature (A), but this group also indicated a significant decline in its acceptance of values held by people judged to be self-actualizing (SAV). Other than in these two areas, no significant growth or decline was measured (see Appendix A & Table 1). The control group also indicated significant change in only two

areas, Synergy (Sy) and Capacity for Intimate Contact (C). The Sy change was favorable and the C change was unfavorable (see Appendix A & Table 2).

As discussed in detail in chapter four, subject A-t showed substantial gains on 8 of the 12 scales on the POI. Her test scores as well as her actual behavior indicate that the group counseling she received helped her to take charge of her life, accept and express her feelings and become more assertive in her actions. The group experience was very positive for her. On the other side, the group counseling experience seemed to have a negative effect on subject G-t. All but two of his scores declined. Within the group he seemed to withdraw himself more and more. He talked in the group, but it was about others and less and less about himself. It did not seem that he was more interested in others but that he was unwilling to share himself with the group.

The group counseling in this study appeared to help some of the subjects toward self-actualization, and others it did not seem to help. As a group, change toward self-actualization occurred only minimally.

Conclusions

The problem of this study was to investigate change in adolescent self-actualization as measured by the Personal

Orientation Inventory during group counseling. The results of this study indicate no significant change toward self-actualization on 11 of the POI's 12 scales. Significant positive change toward self-actualization appears on one of the scales, A, and a significant negative change away from self-actualization occurs on the SAV scale. Individual scores fluctuated in both directions. Some of the subject's scores indicated growth toward self-actualization while others indicated movement away. The positive growth of some group members should encourage further use of group counseling with adolescents; the negative results indicated by some of the member's profiles would encourage a deeper look at methods and techniques used in group counseling by high school counselors.

The first purpose of this study, to add to the body of information concerning group counseling with adolescents, was carried out by completing the study and organizing it into a completed whole for others to read and study.

The second purpose was to add to the body of knowledge concerning the validity of the Personal Orientation Inventory in measuring change or lack of change in self-actualization. This purpose was completed to the satisfaction of the author but the satisfaction must remain com-

pletely subjective. The relationship between the group member's behavior and their test profiles was striking to one who could observe them over the time period of the study.

The third purpose was to replicate previous studies of self-actualization improvement through group counseling. The majority of previous studies have had positive results indicated on a majority of the scales of the POI; this study showed positive growth on four of the scales and significant positive growth on only one of the scales. Of the remaining seven scales, six changed in an unfavorable direction, one significantly, and one did not change at all.

The fourth purpose of the study was to determine whether the counselors at Columbia Falls High School could make use of group counseling. While the results of the study were unfavorable for therapy group as a whole, there were positive results with some of the individuals within the group. Also the study took place over a short period of time and the counselor was generally inexperienced in leading groups. These factors taken into consideration, the counselors at Columbia Falls High School could and probably will make more use of group counseling.

Recommendations

The author, in consideration of the results of this

study makes the following recommendations:

1. Adolescent group counseling should be done over a longer period of time, possibly 18 weeks (one semester); and each session should be between 1½ to 2 hours in length (two class periods). The shorter time periods used in this study were not sufficient of allow maximum interaction.

2. The setting for the counseling sessions in this study was high school classroom. It would be better to have a smaller room and more comfortable seating arrangements than classroom desks. A carpeted room with cushioned chairs or bean-bag chairs would be ideal. A circular arrangement is recommended.

3. The counselor or therapist should make use of such evaluative instruments as the Personal Orientation Inventory ✓ to help gain a deeper understanding into the personalities of his clients and to better adjust the techniques he uses in conducting the group.

4. Graduate programs involved in training high school guidance counselors should put more emphasis on group counseling techniques and group experiences.

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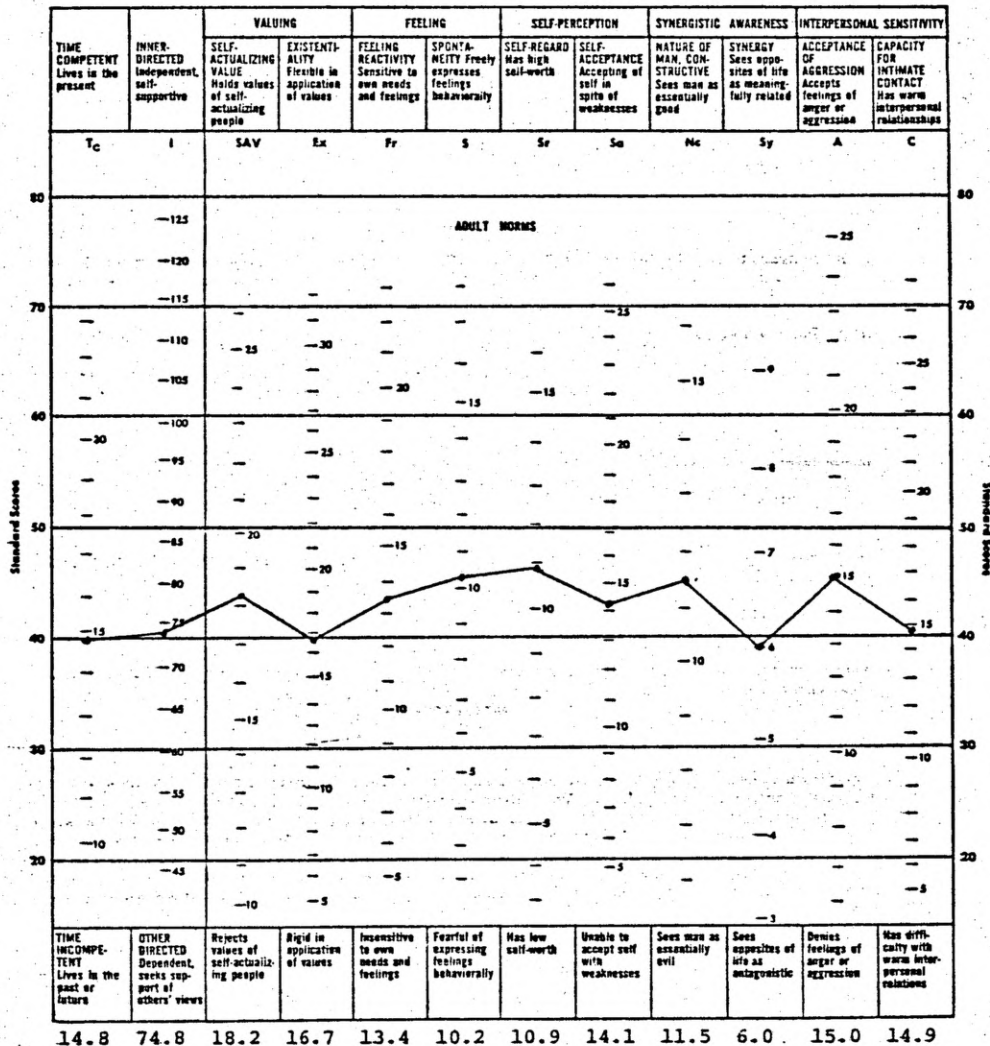
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APPENDIX A

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

 NAME POI Norm Profile - Adolescent DATE TESTED (Knapp, 1976, p. 36)

 AGE _____ SEX _____ I $T_c - T_o$ (Time) Ratio: 1
 Self-Actualizing Average: $T_c : T_o = 1 : 8$
 Your Ratio: $T_c : T_o = 1 :$ 1 2 3 4 5 6 7 8 9 10
 OCCUPATION _____ II $O - I$ (Support) Ratio: 1
 Self-Actualizing Average: $O : I = 1 : 3$
 Your Ratio: $O : I = 1 :$ 1 2 3 4 5 6 7 8 9 10


14.8 74.8 18.2 16.7 13.4 10.2 10.9 14.1 11.5 6.0 15.0 14.9

Raw Scores

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POI 040

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

12/5/77 Pre-test

NAME Therapy Group Mean ScoresDATE TESTED 2/15/78 Post-test

AGE _____ SEX _____

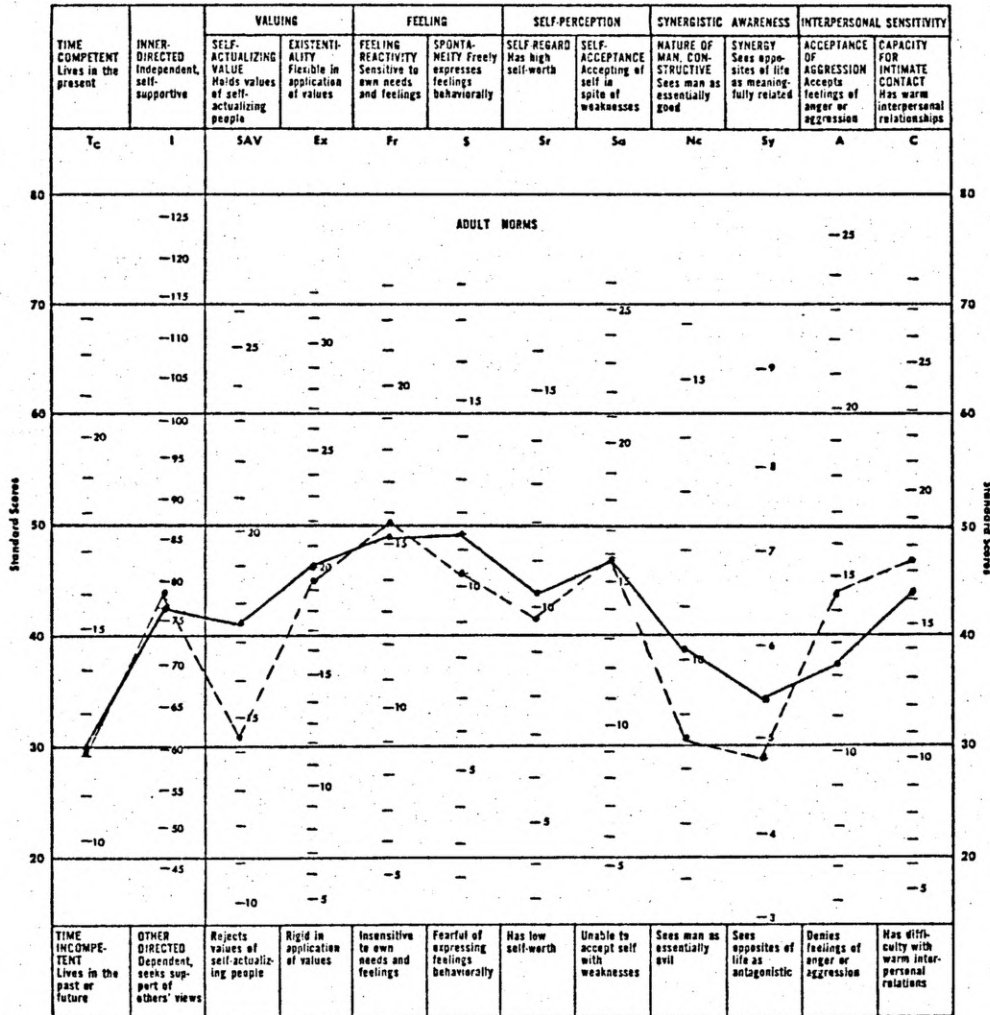
I T₁-T₂ (Time) Ratio:
Self-Actualizing Average: T₁:T₂ = 1:8
Your Ratio: T₁:T₂ = 1:

1 2 3 4 5 6 7 8 9 10

OCCUPATION _____

II O-I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1:

1 2 3 4 5 6 7 8 9 10



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

12/5/77 Pre-test

NAME Control Group Mean ScoresDATE TESTED 2/15/78 Post-test

AGE _____ SEX _____

I T₁-T₂ (Time) Ratio:Self-Actualizing Average: T₁:T₂ = 1:1Your Ratio: T₁:T₂ = 1:

1
1 2 3 4 5 6 7 8 9 10

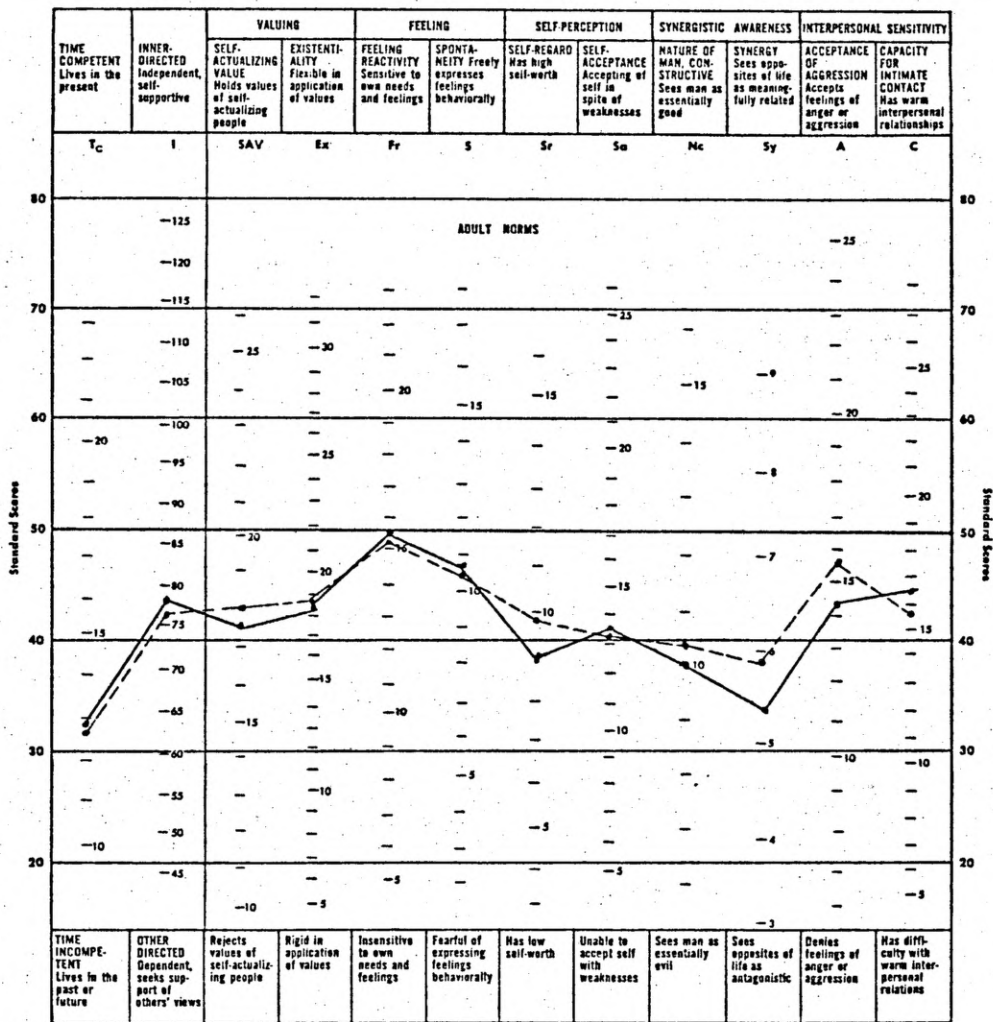
OCCUPATION _____

II O-I (Support) Ratio:

Self-Actualizing Average: O:I = 1:3

Your Ratio: O:I = 1:

1
1 2 3 4 5 6 7 8 9 10



Pre: 12.9 78.0 17.6 18.2 15.5 10.8 9.0 13.7 10.0 5.4 14.3 16.5

Post: 12.7 76.8 18.0 18.4 15.1 10.6 9.9 13.3 10.4 5.9 15.7 15.8

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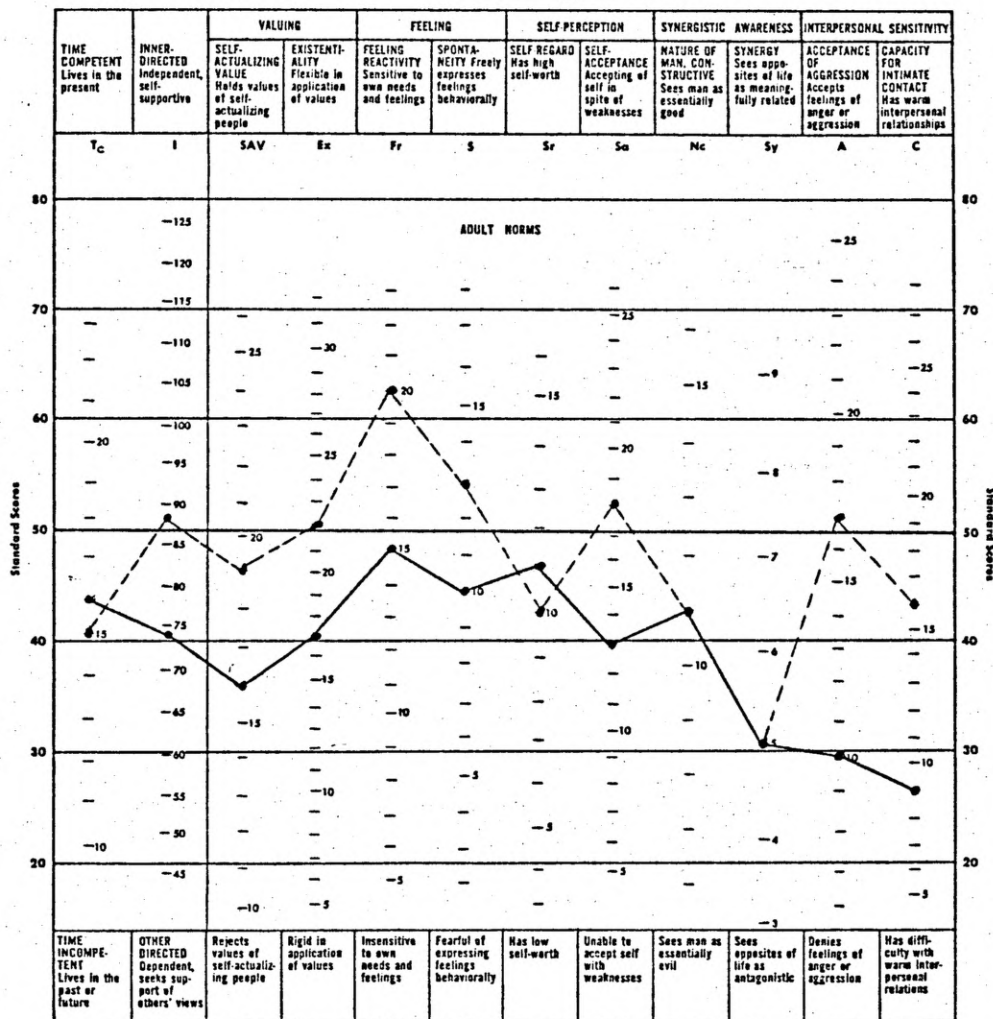
APPENDIX B

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME A-t DATE TESTED 12/5/77 Pre-test
2/15/78 Post-test

AGE 15 SEX female I $T_c - T_c$ (Time) Ratio: 1
 Self-Actualizing Average: $T_c : T_c = 1:1$
 Your Ratio: $T_c : T_c = 1:2$ 2.1

OCCUPATION high school
student II O-I (Support) Ratio: 1
 Self-Actualizing Average: $O:I = 1:3$
 Your Ratio: $O:I = 1:1.4$; 2.2



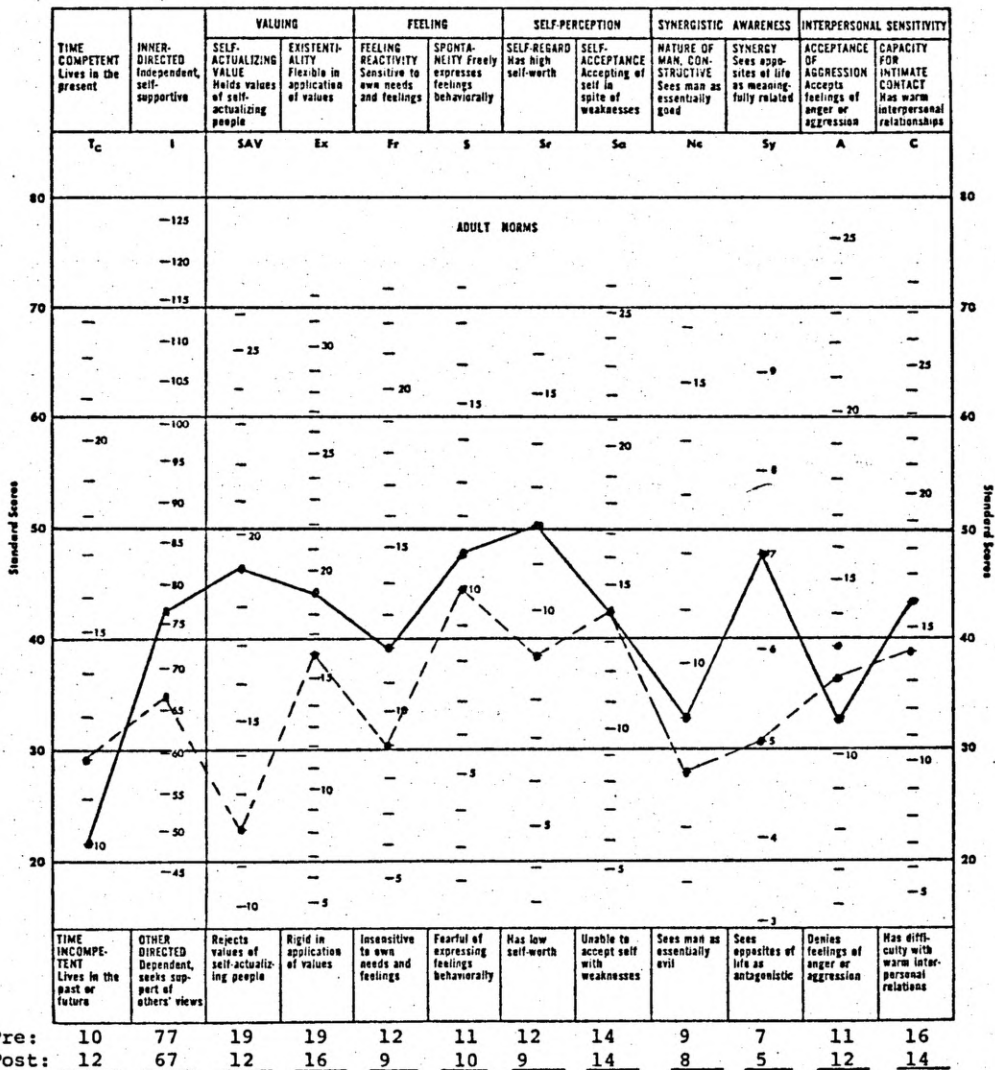
PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

12/5/77 Pre-test

NAME B-t DATE TESTED 2/15/78 Post-test

AGE 14 SEX female I $T_c - T_c$ (Time) Ratio: Self-Actualizing Average: $T_c : T_c = 1:0$
 OCCUPATION high school Your Ratio: $T_c : T_c = 1:0$
student 1.1

II O-I (Support) Ratio: Self-Actualizing Average: $O:I = 1:3$
 Your Ratio: $O:I = 1:1.5; 1.1$

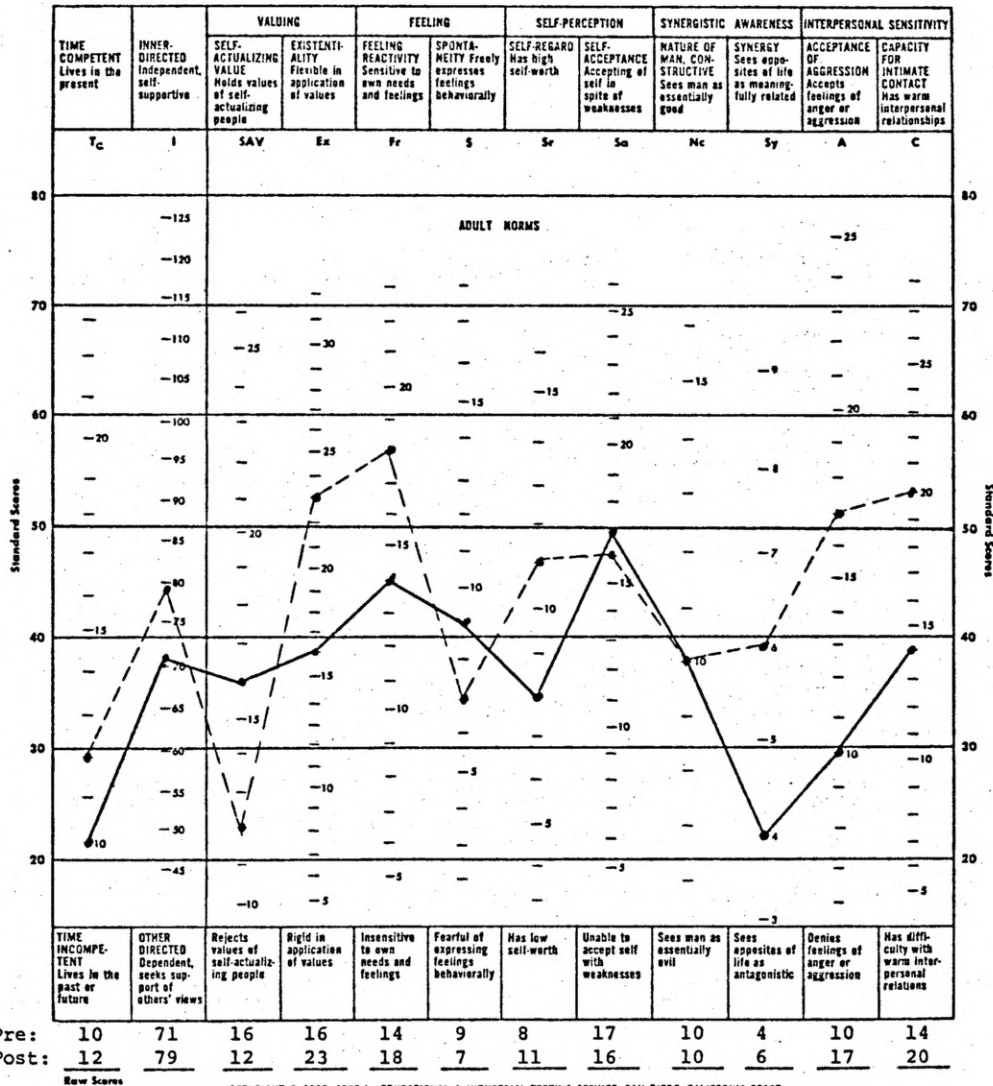


PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME C-t DATE TESTED 12/5/77 Pre-test 2/15/78 Post-test -----

AGE 16 sex female I T_c-T_c (Time) Ratio: 1
 Self-Actualizing Average: T_c:T_c = 1:8
 Your Ratio: T_c:T_c = 1: 8

OCCUPATION high school II O-I (Support) Ratio: 1
 Self-Actualizing Average: O:I = 1:3
 Your Ratio: O:I = 1: 1.5; 1.7



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

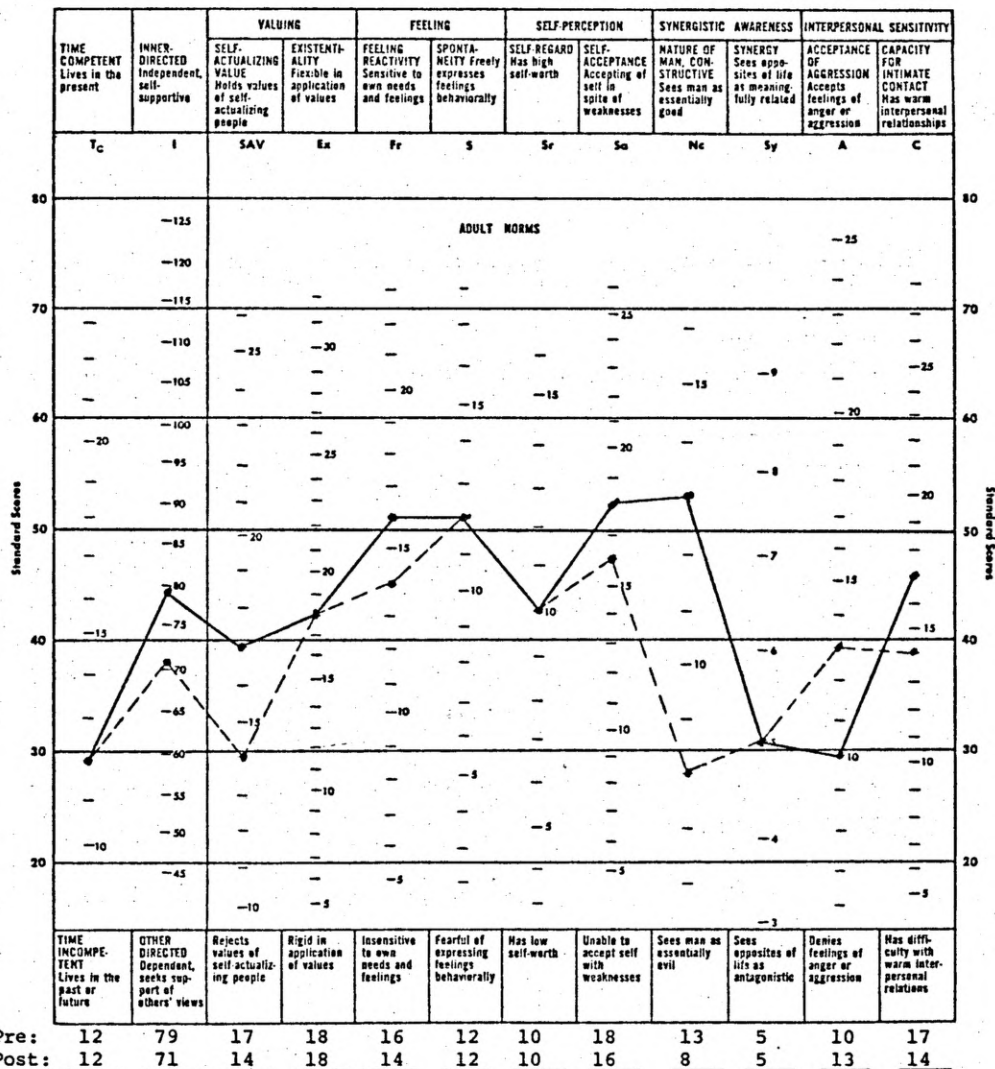
12/5/78 Pre-test

NAME D-tDATE TESTED 2/15/78 Post-testAGE 14 SEX femaleOCCUPATION high schoolstudentI T₁ - T₂ (Time) Ratio:
Self-Actualizing Average: T₁:T₂ = 1:0Your Ratio: T₁:T₂ = 1: 1.1

1	2	3	4	5	6	7	8	9	10

II O - I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3Your Ratio: O:I = 1: 1.6; 1.3

1	2	3	4	5	6	7	8	9	10



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

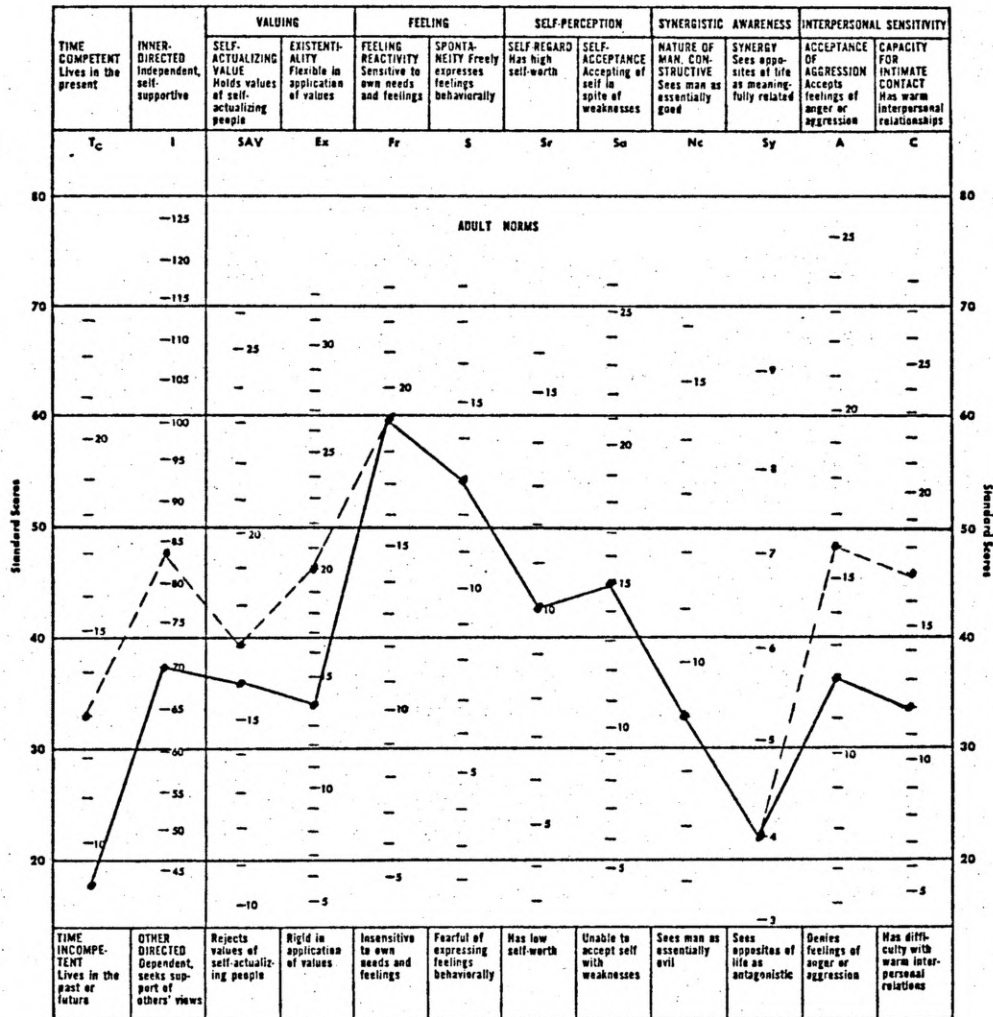
12/5/77 Pre-test

NAME E-t DATE TESTED 2/15/78 Post-testAGE 15 SEX femaleOCCUPATION high schoolstudentI T_c-T_c (Time) Ratio:
Self-Actualizing Average: T_c:T_c = 1:8
Your Ratio: T_c:T_c = 1: 5

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

II O-I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1: 1.2; 2.0

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

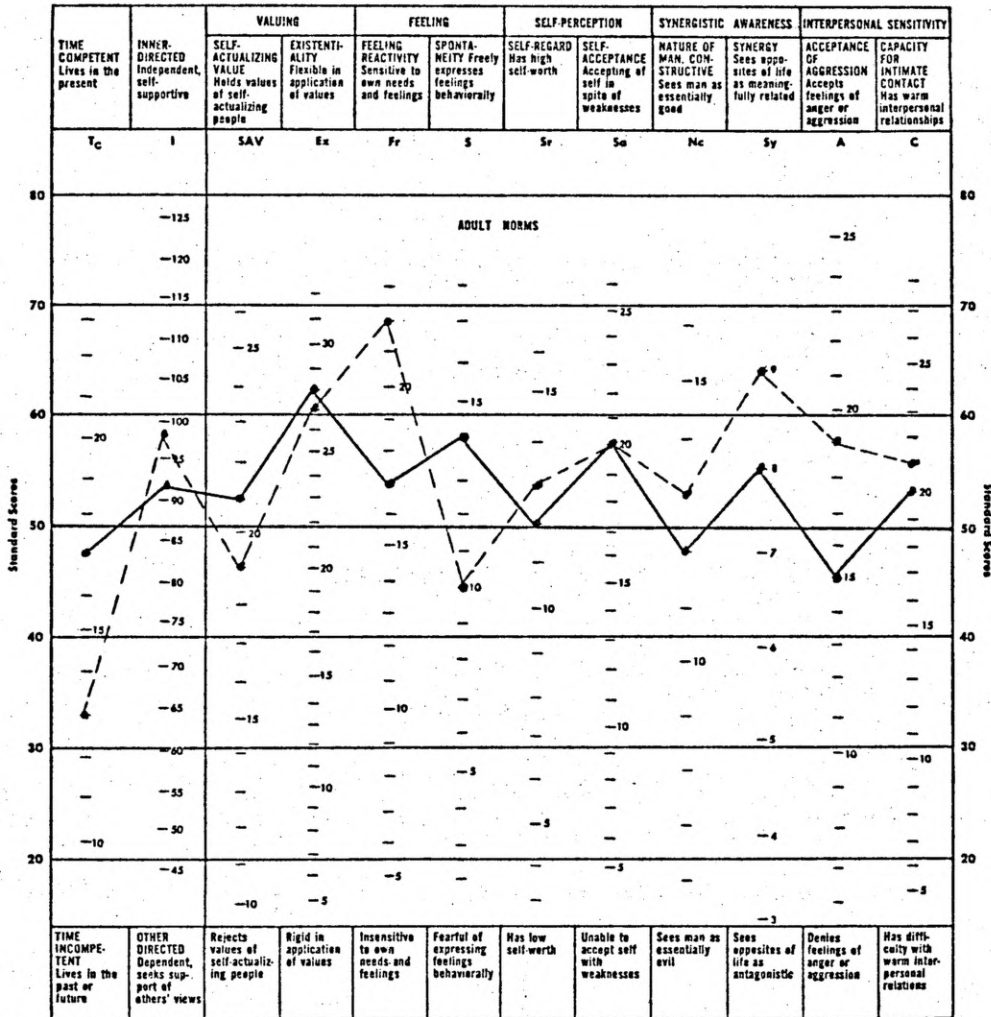
12/5/77 Pre-test

NAME F-tDATE TESTED 2/15/78 Post-testAGE 14 SEX maleI T₁-T₂ (Time) Ratio:
Self-Actualizing Average: T₁:T₂ = 1:8
Your Ratio: T₁:T₂ = 1: 2.8

1 2 3 4 5 6 7 8 9 10

OCCUPATION high schoolII O-I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1: 2.6; 3.3

1 2 3 4 5 6 7 8 9 10



Pre: 17 92 21 28 17 14 12 20 12 8 15 20
 Post: 13 98 19 27 22 10 13 20 13 9 19 21

New Scores

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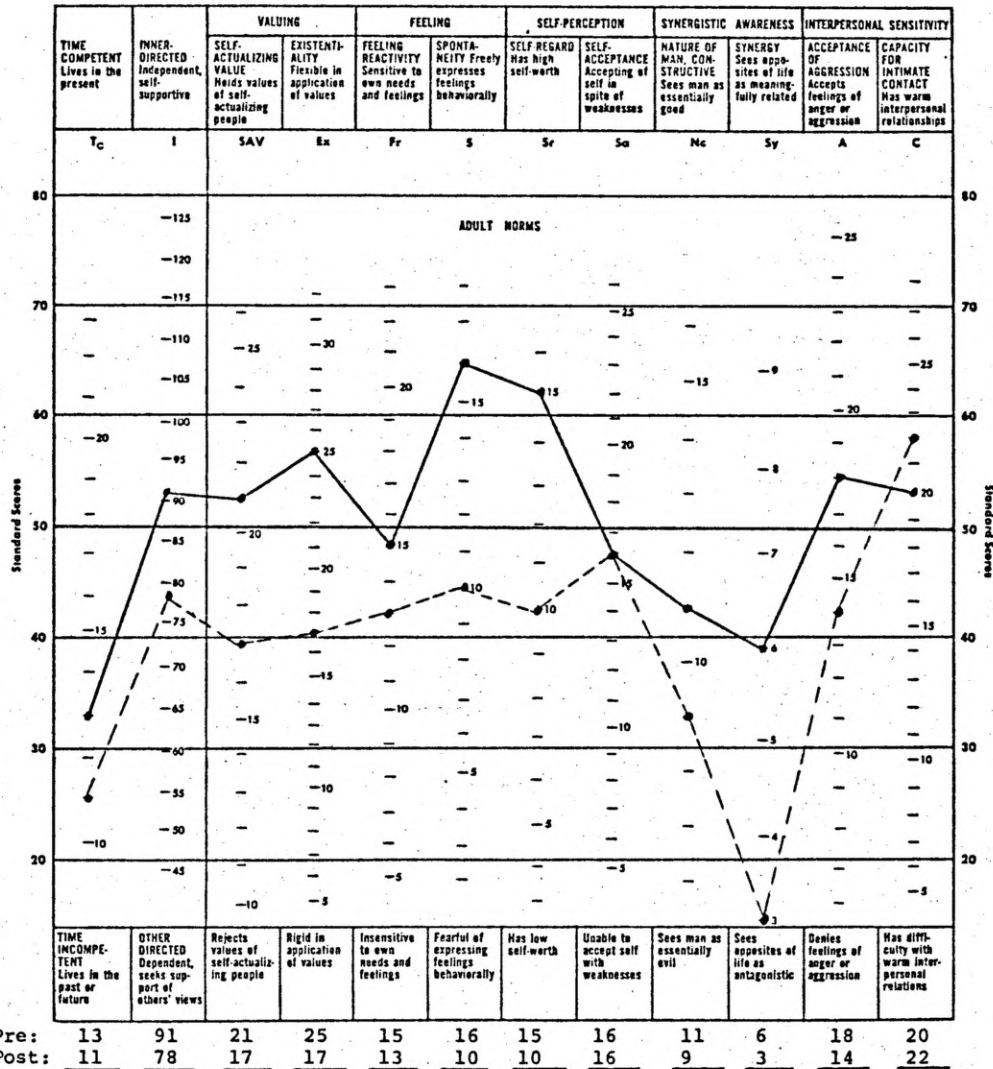
 POI 040

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME G-t DATE TESTED 12/5/77 Pre-test 2/15/78 Post-test -----

AGE 15 SEX male I $T_c - T_c$ (Time) Ratio: 1
 Self-Actualizing Average: $T_c : T_c = 1:1$
 Your Ratio: $T_c : T_c = 1:1.3$

OCCUPATION high school II $O - I$ (Support) Ratio: 1.0
student Self-Actualizing Average: $O : I = 1:3$
 Your Ratio: $O : I = 1:2.5$; 1.6



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

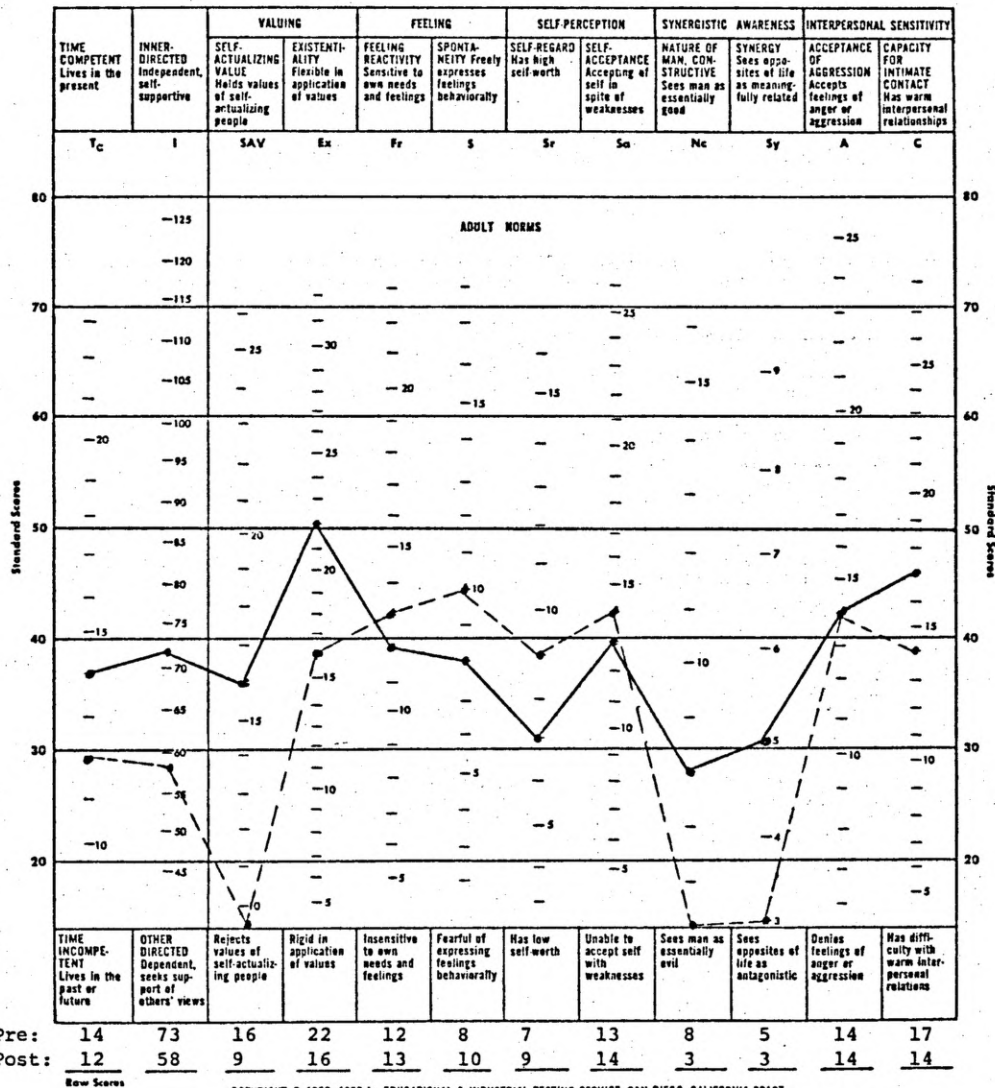
12/5/77 Pre-test

NAME H-tDATE TESTED 2/15/78 Post-testAGE 16 SEX maleI $T_c - T_c$ (Time) Ratio:
Self-Actualizing Average: $T_c : T_c = 1:1$
Your Ratio: $T_c : T_c = 1:1.6$

1	2	3	4	5	6	7	8	9	10
1									

OCCUPATION high schoolII $O - I$ (Support) Ratio:
Self-Actualizing Average: $O:I = 1:3$
Your Ratio: $O:I = 1:1.3; 1:0$

1	2	3	4	5	6	7	8	9	10
1									



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

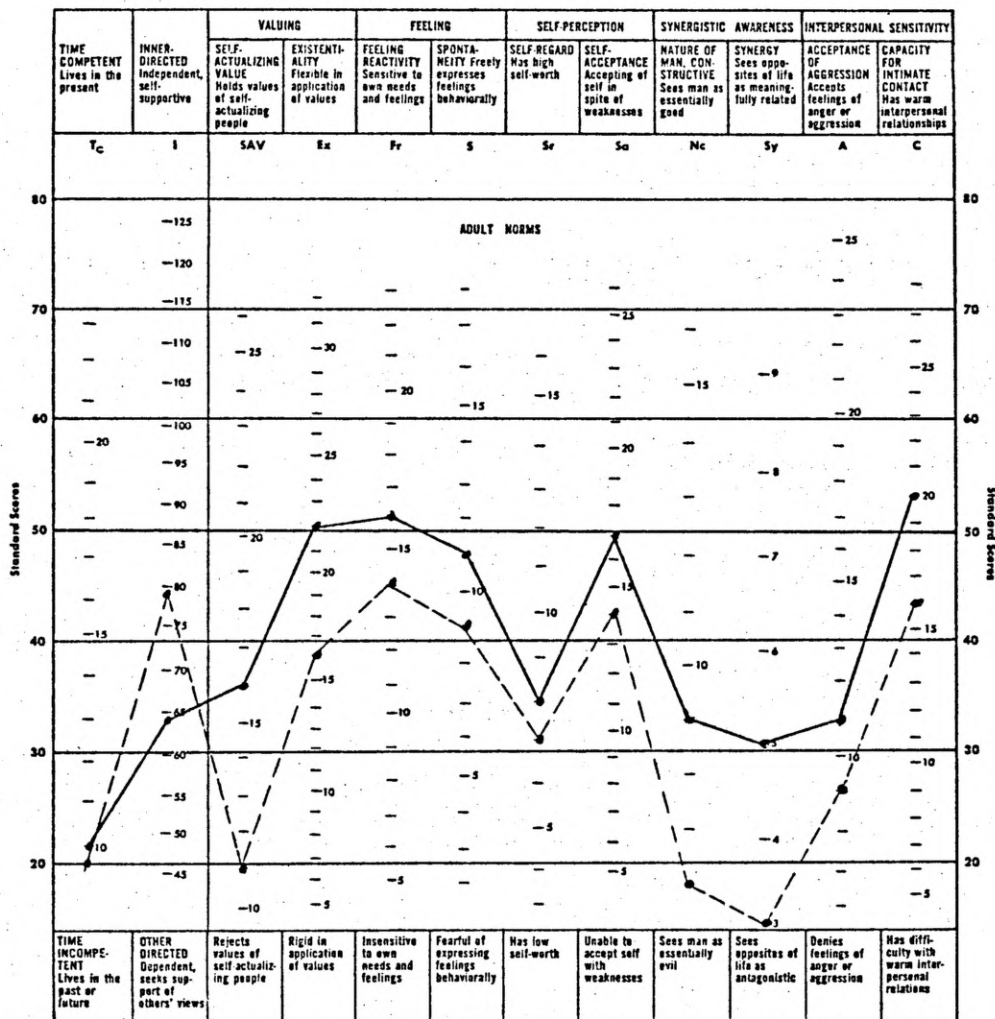
12/5/78 Pre-test

NAME I-tDATE TESTED 2/15/78 Post-testAGE 15 sex maleI T₁-T₂ (Time) Ratio:
Self-Actualizing Average: T₁:T₂ = 1:8
Your Ratio: T₁:T₂ = 1:8

1
1 2 3 4 5 6 7 8 9 10

OCCUPATION high school
studentII O-I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1:1.0; 1.6

1
1 2 3 4 5 6 7 8 9 10



Pre: 10 64 16 22 16 11 8 17 9 5 11 20
 Post: 9 79 11 16 14 9 7 14 6 3 9 16
 Raw Scores

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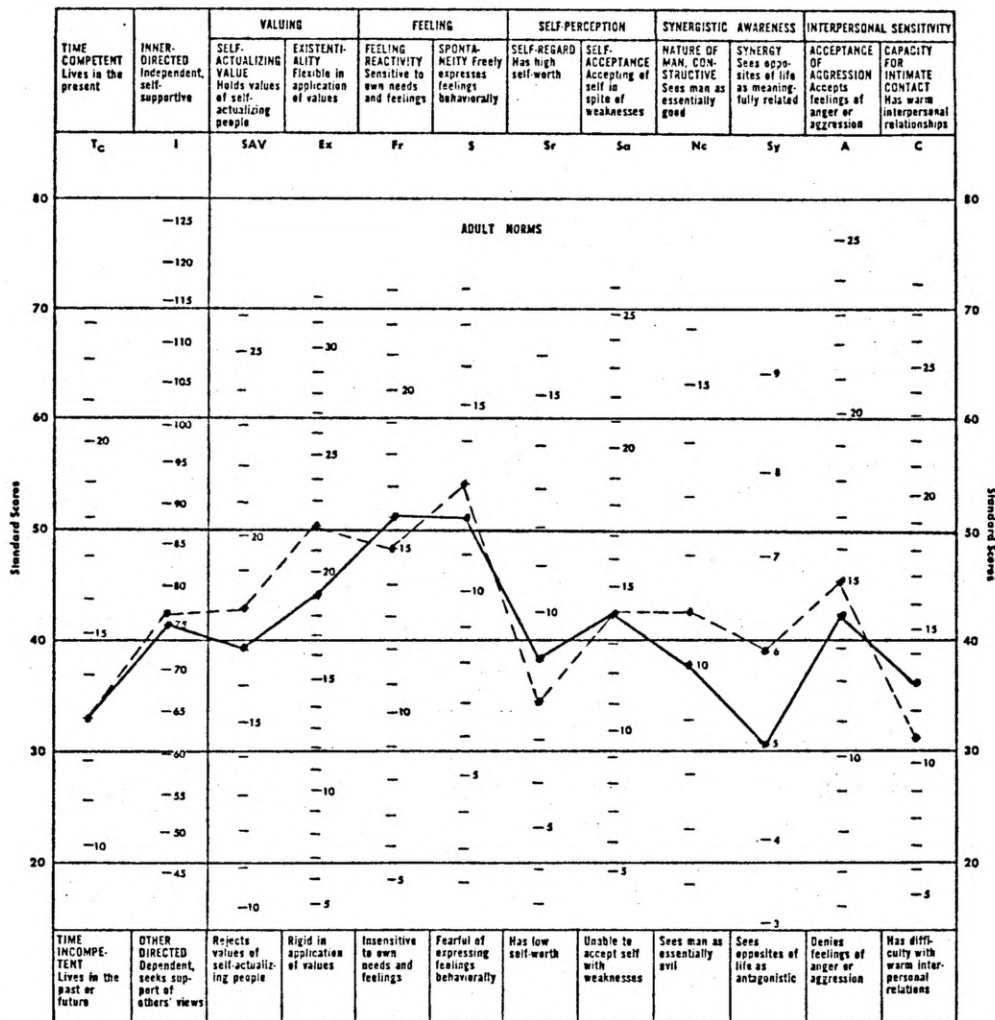
APPENDIX C

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME A-C DATE TESTED 12/5/77 Pre-test 12/15/78 Post-test -----

AGE 15 SEX Female I $T_1 - T_2$ (Time) Ratio: 1
 Self-Actualizing Average: $T_1 : T_2 = 1 : 3$
 Your Ratio: $T_1 : T_2 = 1 : 3$

OCCUPATION high school student II O-I (Support) Ratio: 1.3
 Self-Actualizing Average: $O : I = 1 : 3$
 Your Ratio: $O : I = 1 : 1.5 ; 1.5$



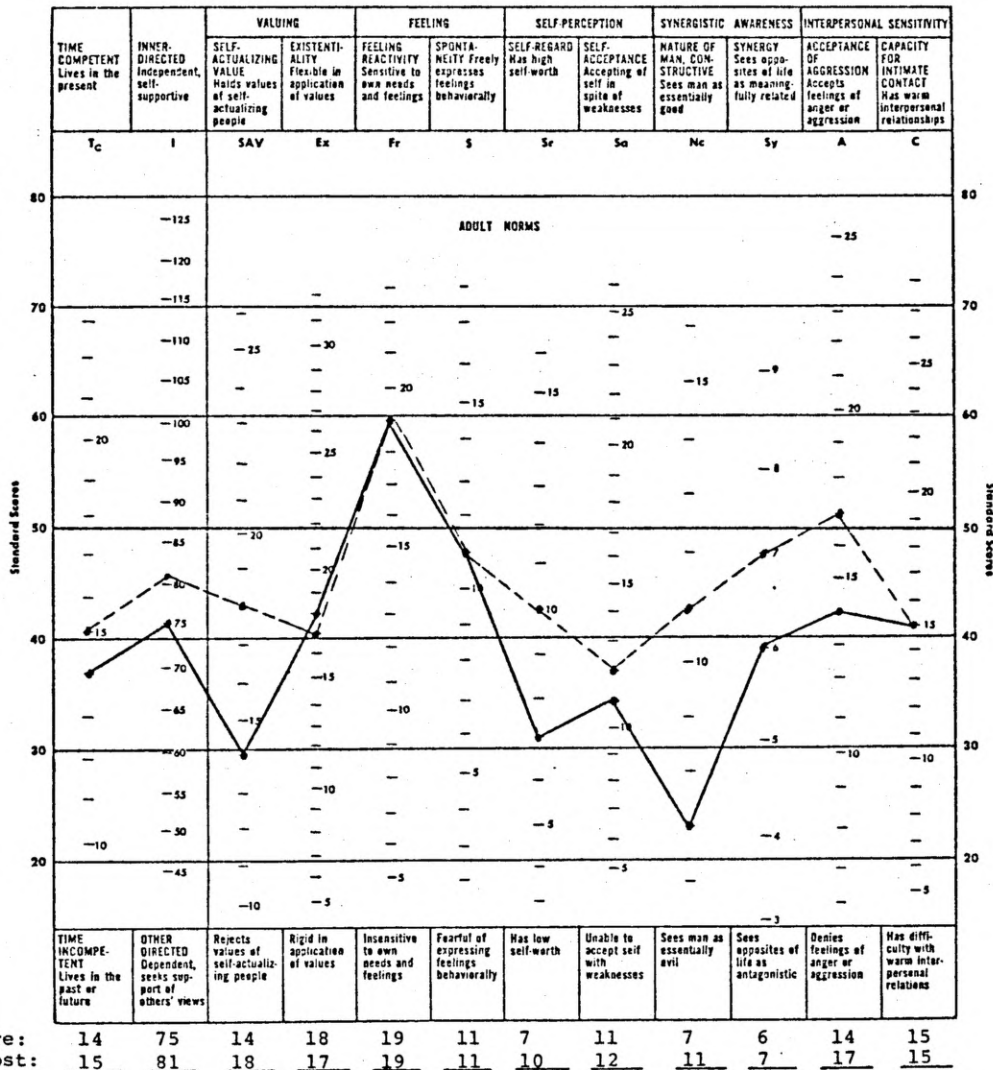
Row Scores

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME B-C DATE TESTED 12/5/77 Pre-test
2/15/78 Post-test

AGE 15 SEX female I T₁-T_C (Time) Ratio: Self-Actualizing Average: T₁:T_C = 1:8
 Your Ratio: T₁:T_C = 1: 1.75; 1.87

OCCUPATION high school student II O-I (Support) Ratio: Self-Actualizing Average: O:I = 1:3
 Your Ratio: O:I = 1: 1.4; 1.4

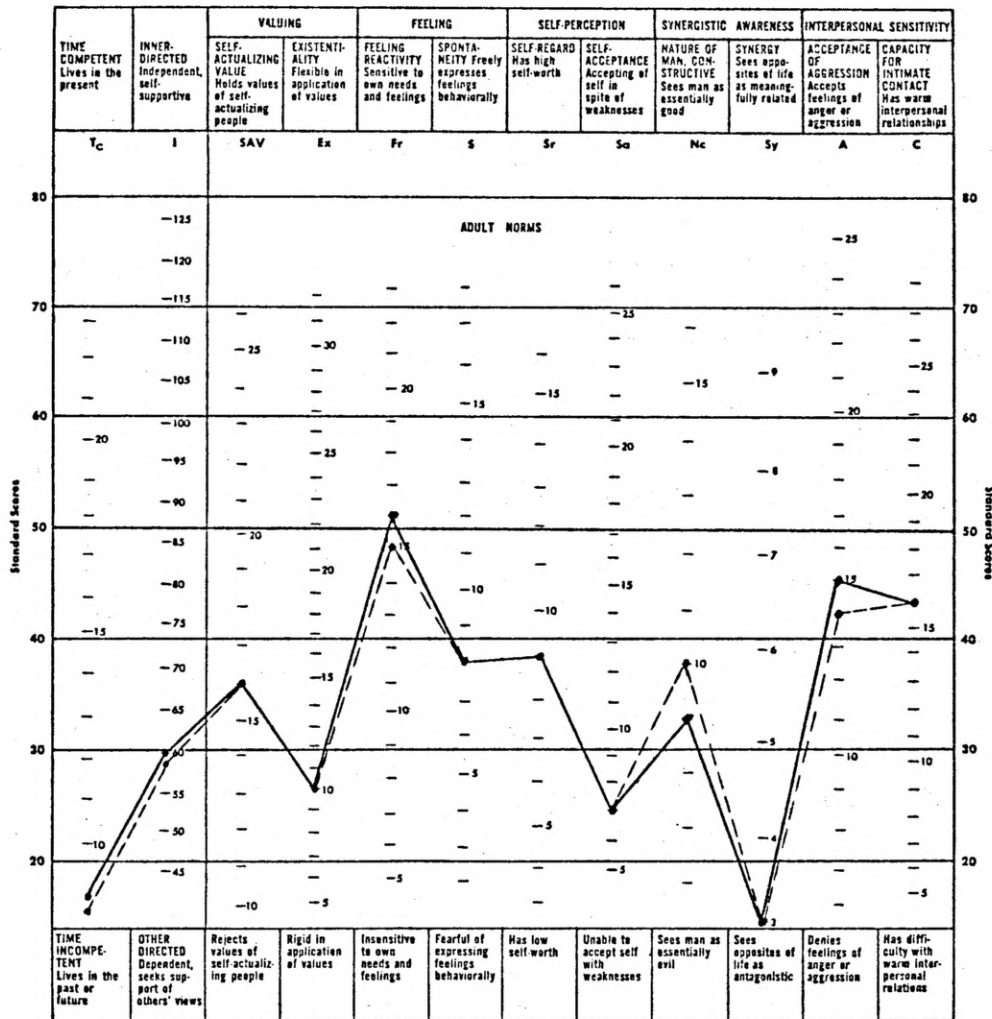


PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME C-C DATE TESTED 12/5/77 Pre-test 2/15/78 Post-test -----AGE 14 SEX female
OCCUPATION high school
studentI T₁-T_C (Time) Ratio:
Self-Actualizing Average: T₁:T_C = 1:8
Your Ratio: T₁:T_C = 1: 5
II O-I (Support) Ratio: .4
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1: 9; .9

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10



Pre: 8 60 16 10 16 8 9 7 9 3 15 16
 Post: 7 59 16 10 15 8 9 7 10 3 14 16
 Row Scores

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PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

12/5/77 Pre-test

NAME D-cDATE TESTED 2/25/78 Post-testAGE 14 SEX femaleI T₁-T_C (Time) Ratio:Self-Actualizing Average: T₁:T_C = 1:8Your Ratio: T₁:T_C = 1: 1.9

1
1 2 3 4 5 6 7 8 9 10

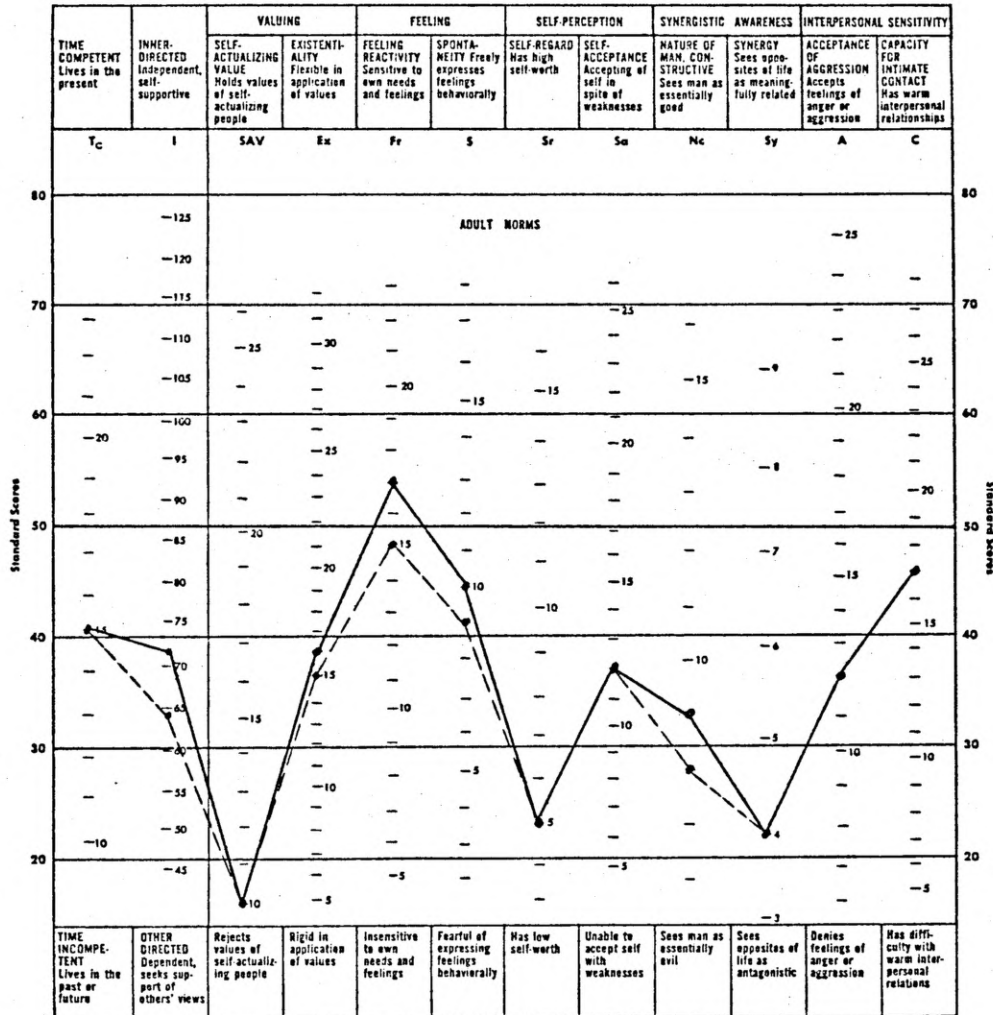
OCCUPATION high school

II O-I (Support) Ratio:

Self-Actualizing Average: O:I = 1:3

Your Ratio: O:I = 1: 1.1; 1.0

1
1 2 3 4 5 6 7 8 9 10



Pre: 15 72 10 16 17 10 5 12 9 4 12 17

Post: 15 64 10 15 15 9 5 12 8 4 12 17

New Scores

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PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

12/5/77 Pre-test

NAME E-cDATE TESTED 2/15/78 Post-testAGE 16 SEX femaleI T₁-T_C (Time) Ratio:Self-Actualizing Average: T₁:T_C = 1:8Your Ratio: T₁:T_C = 1:

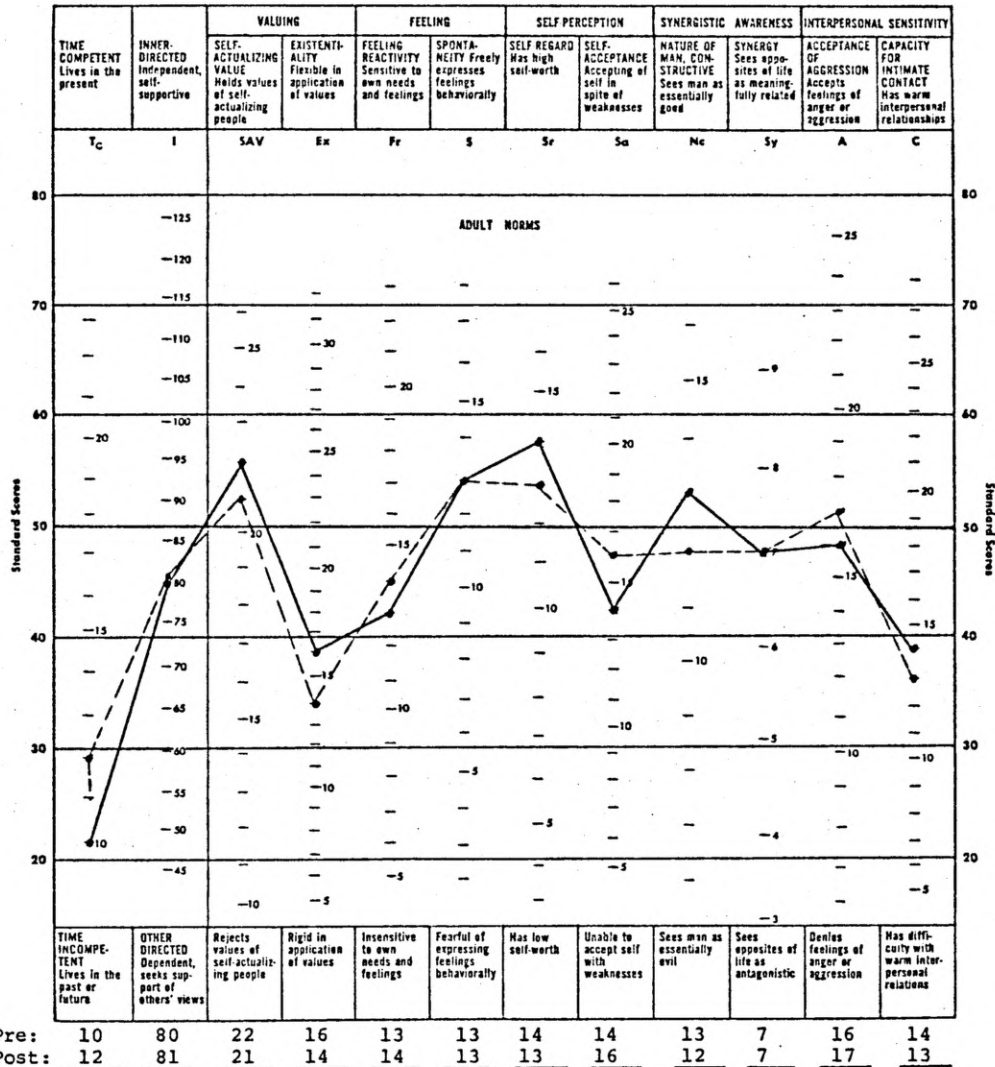
1.1

OCCUPATION high schoolstudent

II O-I (Support) Ratio:

Self-Actualizing Average: O:I = 1:3

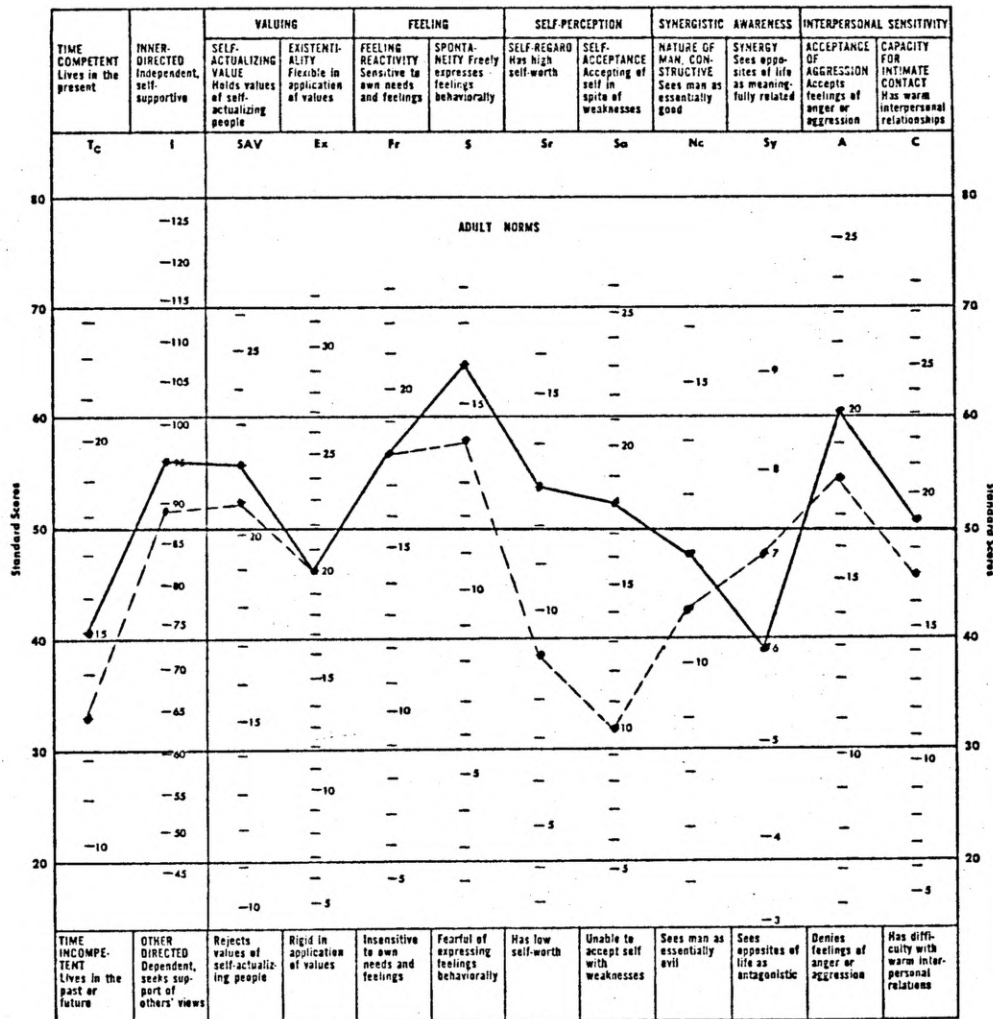
Your Ratio: O:I = 1:1.7; 1.8



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME F-C DATE TESTED 12/5/77, Pre-test
2/15/78 Post-test

AGE 16 SEX female I T₁ - T₂ (Time) Ratio: 1
 Self-Actualizing Average: T₁:T₂ = 1:8
 Your Ratio: T₁:T₂ = 2.1
 1 2 3 4 5 6 7 8 9 10
 1.4
 OCCUPATION high school II O - I (Support) Ratio: 1
student Self-Actualizing Average: O:I = 1:3
 Your Ratio: O:I = 1: 2.5; 2.3
 1 2 3 4 5 6 7 8 9 10



Pre:	15	95	22	20	18	16	13	18	12	6	20	19
Post:	<u>13</u>	<u>89</u>	<u>21</u>	<u>20</u>	<u>18</u>	<u>14</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>7</u>	<u>18</u>	<u>17</u>

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

NAME G-c

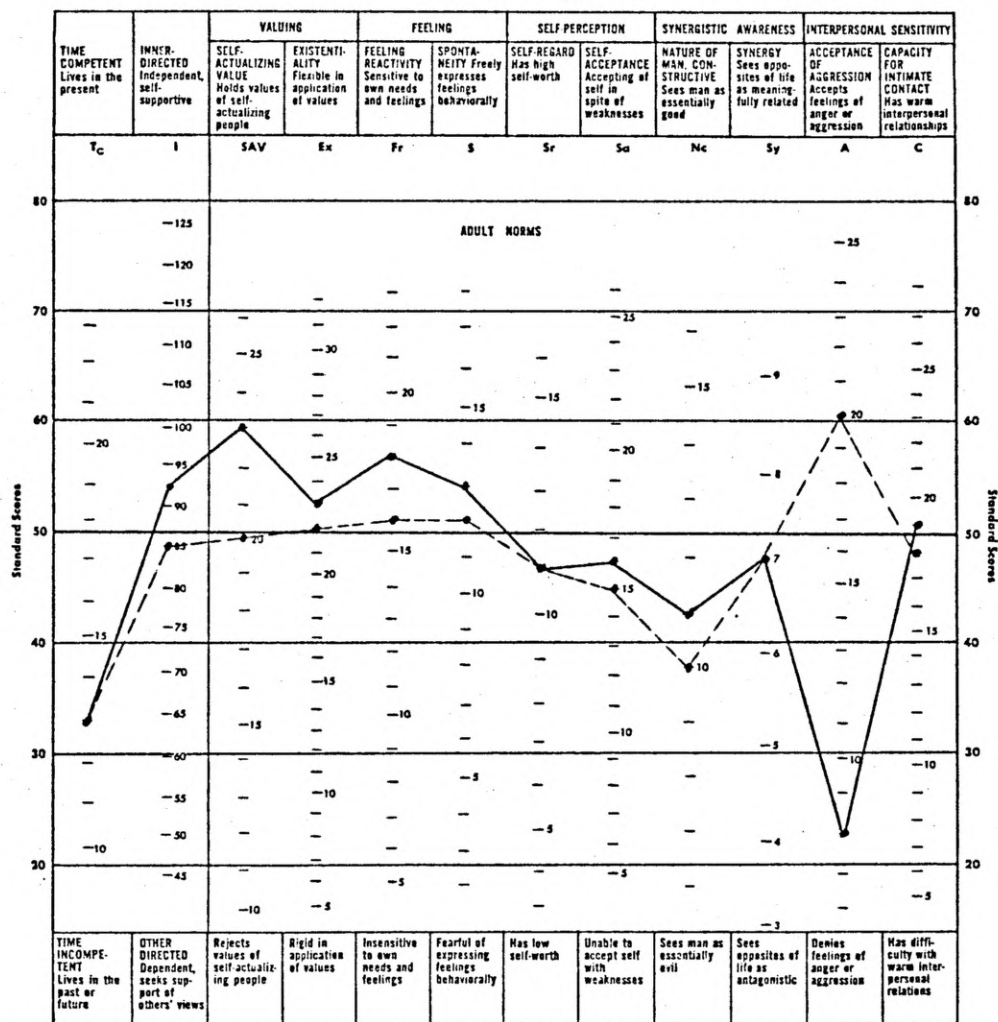
DATE TESTED

12/5/77 Pre-test2/15/78 Post-testAGE 15 SEX maleI T_i-T_c (Time) Ratio:Self-Actualizing Average: T_i:T_c = 1:8Your Ratio: T_i:T_c = 1:1.41.3OCCUPATION high schoolstudent

II O-I (Support) Ratio:

Self-Actualizing Average: O:I = 1:3

Your Ratio: O:I = 1:

2.7; 2.0

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

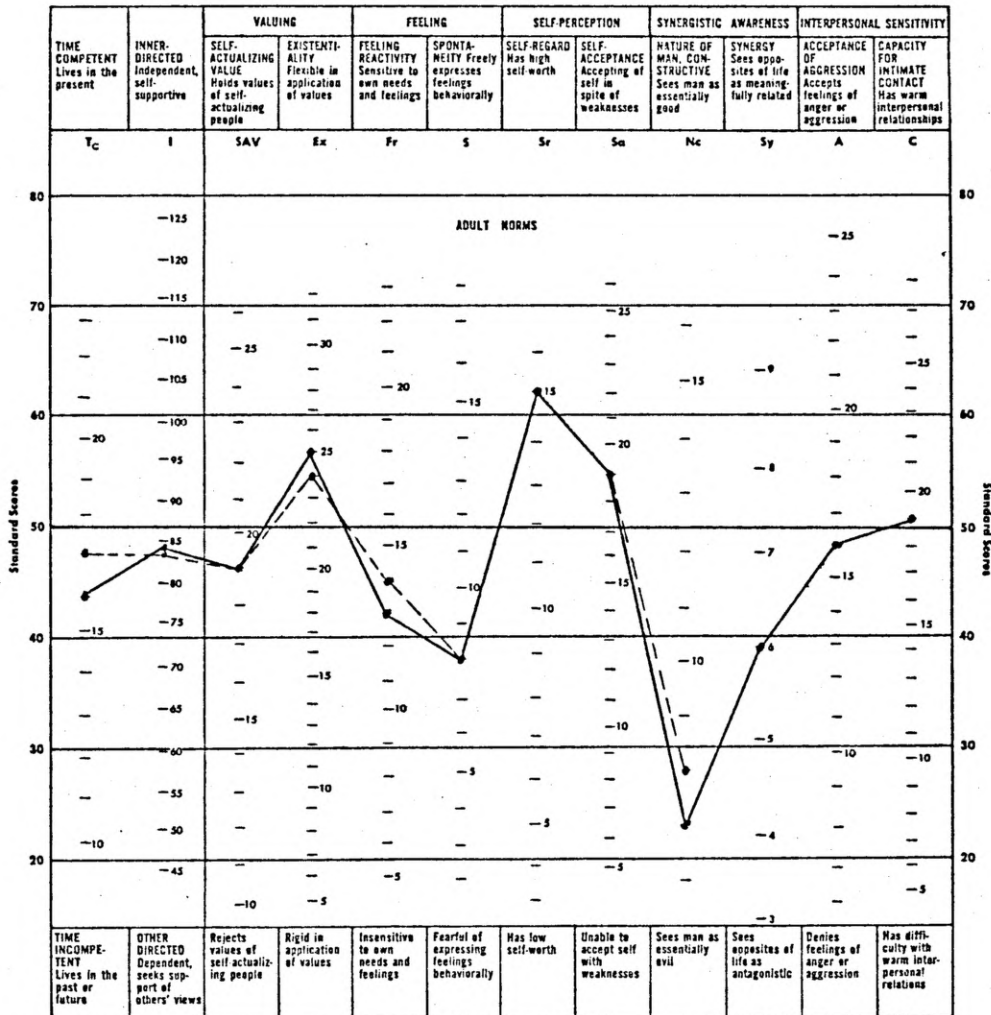
12/5/77 Pre-test

NAME H-c DATE TESTED 2/15/78 Post-testAGE 16 SEX maleOCCUPATION high school
studentI T₁-T_C (Time) Ratio:
Self-Actualizing Average: T₁:T_C = 1:8
Your Ratio: T₁:T_C = 1:
2.3
2.8

1 2 3 4 5 6 7 8 9 10

II O-I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1:2.0; 1.9

1 2 3 4 5 6 7 8 9 10



Pre: 16 84 19 25 13 8 15 19 7 6 16 19
 Post: 17 83 19 24 14 8 15 19 8 6 16 19
 Row Scores

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PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

12/5/77/ Pre-test

NAME I-C

DATE TESTED 2/15/78 Post-test

AGE 16 SEX male

I T₁-T₂ (Time) Ratio:Self-Actualizing Average: T₁:T₂ = 1:8Your Ratio: T₁:T₂ = 1:8

1	2	3	4	5	6	7	8	9	10

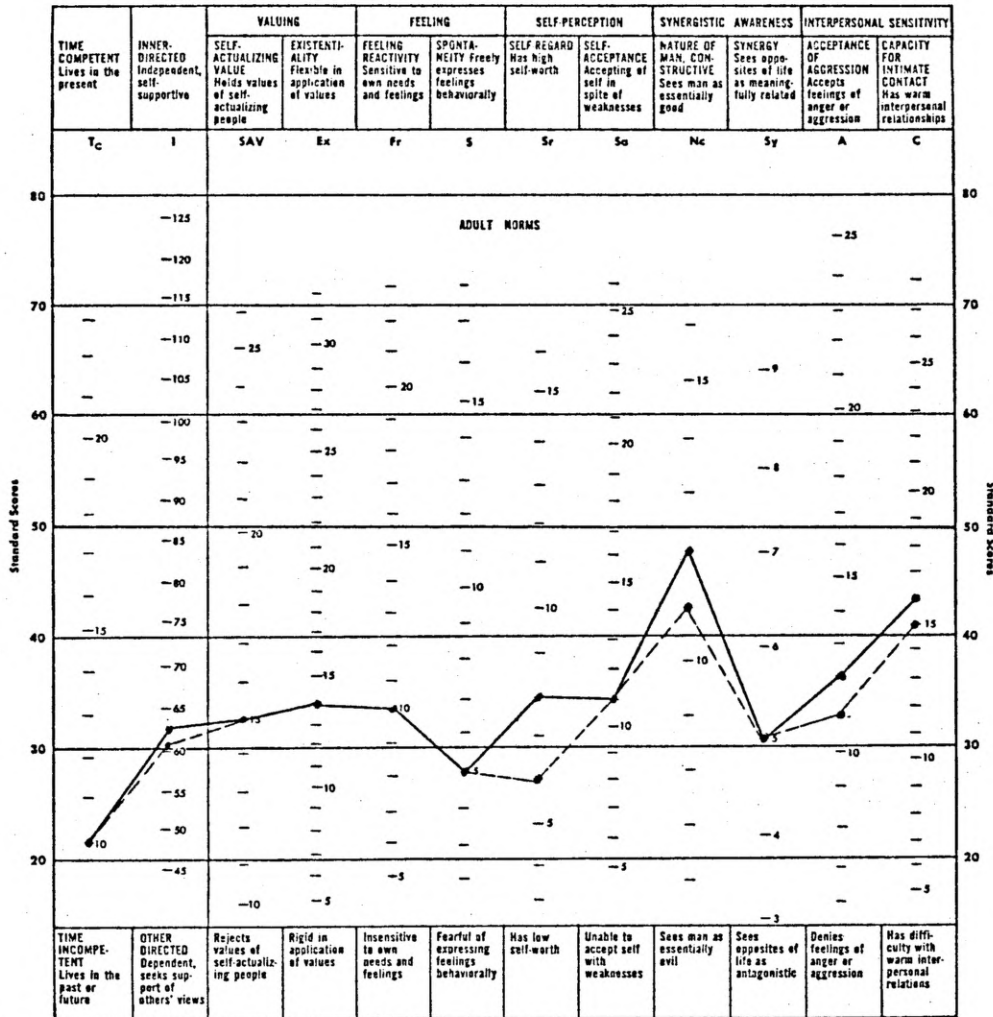
OCCUPATION high school

II O-I (Support) Ratio:

Self-Actualizing Average: O:I = 1:3

Your Ratio: O:I = 1:1; .9

1	2	3	4	5	6	7	8	9	10



Pre: 10 63 15 14 10 5 8 11 12 5 12 16
 Post: 10 61 15 14 10 5 6 11 11 5 11 15
 Raw Scores

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PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

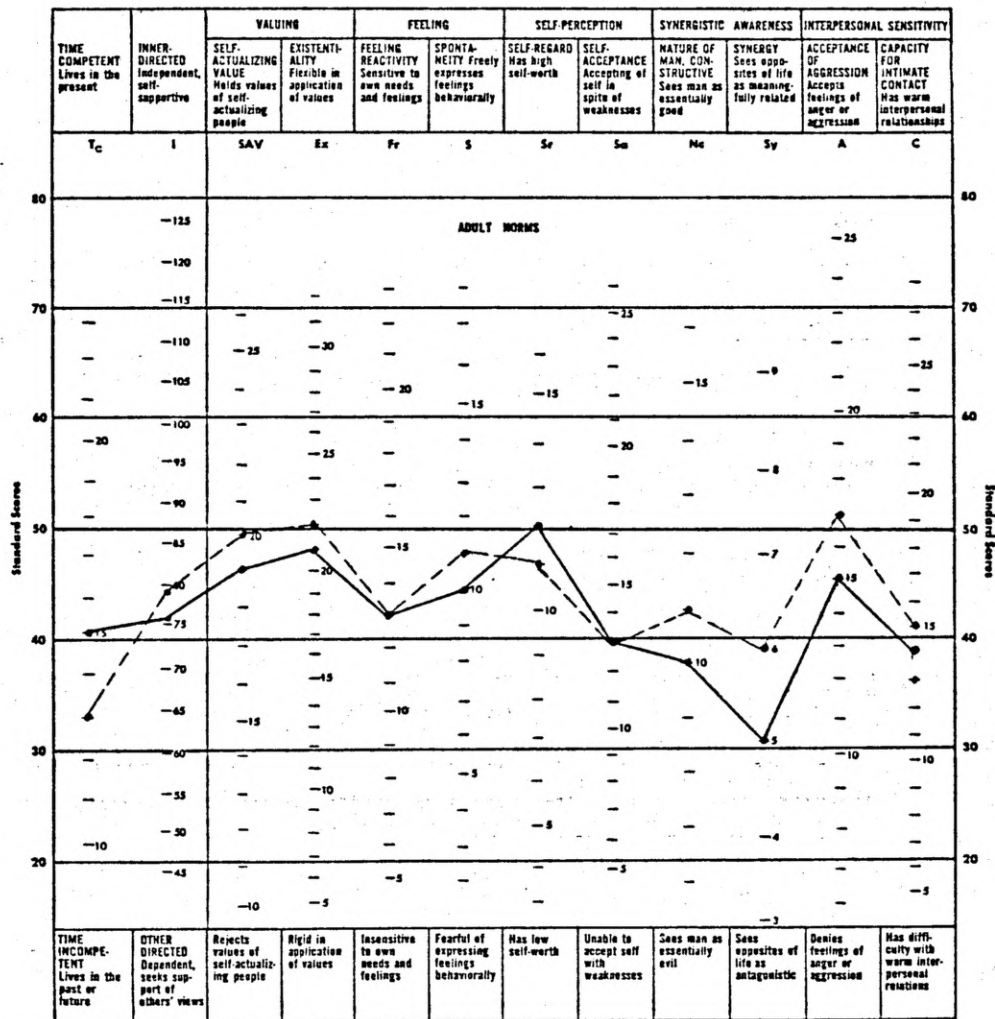
12/5/77 Pre-test

NAME J-CDATE TESTED 2/15/78 Post-testAGE 15 SEX maleI T_c-T_c (Time) Ratio:
Self-Actualizing Average: T_c:T_c = 1:8
Your Ratio: T_c:T_c = 1:1.7

1 2 3 4 5 6 7 8 9 10

OCCUPATION high schoolII O-I (Support) Ratio:
Self-Actualizing Average: O:I = 1:3
Your Ratio: O:I = 1:1.5; 1.6

1 2 3 4 5 6 7 8 9 10



PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

12/5/78 Pre-test

NAME K-CDATE TESTED 2/15/78 Post-testAGE 15 SEX maleI $T_1 - T_C$ (Time) Ratio:Self-Actualizing Average: $T_1 : T_C = 1 : 8$ Your Ratio: $T_1 : T_C = 1 : 1.3$

1 2 3 4 5 6 7 8 9 10

OCCUPATION high school

1.1

student

II O-I (Support) Ratio:

Self-Actualizing Average: $O : I = 1 : 3$ Your Ratio: $O : I = 1 : 2.1$; 2.2

1 2 3 4 5 6 7 8 9 10

