The development of self-acceptance in counselor educators through the use of gestalt therapy.

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THE DEVELOPMENT OF SELF-ACCEPTANCE IN COUNSELOR EDUCATORS THROUGH THE USE OF GESTALT THERAPY

A Dissertation Presented

By

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August 1971
DEDICATION

This Dissertation is dedicated to Russell Kraus, who showed a high degree of perseverance, patience, energy, and sense of the absurd towards this thesis; and to Jacqueline Kraus who exhibited the same virtues towards the writer.
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CHAPTER I
INTRODUCTION

The purpose of this study is to begin to look at Gestalt Therapy from an empirical framework. The term empirical framework refers to the use of standard statistical analysis and accepted social sciences research methodology. In the process of examination, it can be seen that Gestalt Therapy deals with the "whole organism" (Perls, 1951, p. 23), and that empirical research cannot construct a framework which will encapsulate the entire individual for study. In writing about research methodology applied to counseling and therapy, Thoreson (1969) stresses the point that questions which research should attempt to answer should be specific and not global. Therefore, the question we face is, "How can Gestalt Therapy be researched in relationship to traditional research models?" is of major importance.

Many major figures in the field of counseling have indicated that self-acceptance is the cornerstone of successful counseling (Rogers, 1961, 1966; Frye, 1960; Jourard, 1968). In writing of self-acceptance and the counseling process, Rogers (1961) points out that the client:

Becomes more open to what is going on within him, be becomes able to listen to feeling which he has always denied and
repressed. He can listen to feelings which have seemed so terrible, or so abnormal, or so shameful, that he has never been able to recognize their existence within himself.

While learning to listen to himself he is also becoming more acceptant of himself, (p. 53).

Perls (1969a) and Livitsky (1970) have also stressed that accepting what one is is the major point of therapy, and that it is to this end that Gestalt Therapy strives. For as Perls (1969a) has said:

To be able to. . . become real, to learn to take a stand, to develop one's center, to understand the basis of existentialism: a rose is a rose is a rose. I am what I am, and at this moment I cannot possibly be different from what I am. This is what this book (Gestalt Therapy Verbatim) is about.

In other words, the person becomes aware of what he is experiencing and accepts that experience. This aim is not solely unique to Gestalt Therapy. Rogers (1961) expressed a similar thought when he wrote:

The term "congruent" is one I have used to describe the way I would like to be. By this I mean that what ever feeling or attitude I am experiencing would be matched by my awareness of that attitude. When this is true then I am a unified or integrated person in that moment, and hence I can be whatever I deeply am, (p. 51).

For Rogers (1966) a direct aim of therapy would be for the client to experience what he deeply is. For Perls (1969a), the road to experiencing oneself is via the pathway of awareness. When the individual is aware of what
he is doing (his behavior) he can become aware of what he is.

The primary hypothesis concerned with in this study is positive self-acceptance. Thus succinctly stated, the question that this study addresses itself to is: Can Gestalt Therapy increase positive self-acceptance?

In this study, positive self-acceptance is defined as the ability "to like one's self because of one's strengths and in spite of one's weaknesses," (Shostrum, 1964, p. 20).

At this juncture the relationship of self-acceptance to the acceptance of others should be explicated to some extent. Fry (1960) has pointed out that accepting another person is often based on being able to accept ourselves. Rogers in *Client Centered Therapy* (1942) indicated very explicitly that unless the counselor accepted the client for what the client was the counseling process would be unsuccessful. Harper (1959), Shaffer and Shoben (1956), and Strietfeld (1959) have all indicated that counselor acceptance of the client related to the counselor's acceptance of himself. Conversely we can see that in rejecting others we are rejecting some aspect in *pro pria persona*.

The Need

According to the *Directory of American Academy of Psychotherapists* one out of every six (6) psychotherapists registered with the Academy is Gestaltist or Gestalt oriented. The *Directory of Gestalt Therapists* lists over two
hundred (200) members. The Gestalt Institute of New York City and other Gestalt Institutes at San Francisco, Cleveland, and Los Angeles have computed that over one thousand (1000) therapists have participated in Gestalt Therapy workshops. In addition to the growing numbers of therapists utilizing Gestalt Therapy techniques, the past two (2) years have witnessed the extension of Gestalt Therapy techniques to other areas such as education (Brown, 1968; 1969; Kraus and Nisenholz, 1971); and physical therapy (Rosanes-Berrett, 1970). This extremely rapid rise in the numbers of therapists utilizing Gestalt Therapy, and the increasing influence of Gestalt Therapy to areas other than therapy all occurring in a relatively short period of time demand that research, experimental investigation be applied to Gestalt Therapy to either substantiate or disprove the claims that Gestalt Therapy advocates are proclaiming.

A survey of Gestalt Therapy literature from 1947 when Perls published his first book, Ego, Hunger and Aggression: A Revision of Freud's Theory and Method, until 1968 reveals that only one other book, Gestalt Therapy: Excitement and Growth in Human Personality (1951) and five articles had been published. However, from January 1968 until March 1971 nine (9) new texts have appeared on the market and over thirty (30) articles have been published, thus, in one seventh (1/7) the amount of time more than four (4) times the number of published materials have appeared. In addition a number of films, video tapes, and audio tapes have been sold or rented to various professional and non-professional individuals and organizations. It is obvious, at this point, that
Gestalt Therapy is a rapidly developing movement and in the language of emerging therapeutic models.

The acceptance of Gestalt Therapy has been based on factors such as Perl's workshops and writings in addition to reports that clients achieved progress at a greater rate in comparison to others modes of therapy. However, the contribution of empirical research to this domain has been almost nil.

A review of the literature on Gestalt Therapy reveals a major deficiency of empirical research. Of thirty articles, only Dunner (1968) employed empirical measures to test the effects of Gestalt Therapy exercises. It should be noted that Dunner's study was more concerned with self-deception and decision making than it was with Gestalt Therapy.

The need for empirical research in Gestalt Therapy is felt by this author and supported by others in the field (Fagan and Sheperd, 1970). The tools of experimental methodology can make a valuable contribution to Gestalt Therapy and hence the field of counseling and therapy by attempting to measure some of the effects of this form of therapy.

Obviously, the educational implications for developing school counselors and school psychologists who are more accepting of themselves and thusly students are of importance. Holt (1967), Postman and Weingarten (1969) have stressed the need for school personnel to be accepting of students, accepting of students for what they, the students, are there and then.
Fish (1971) has stated that guidance counselors have not been counselors in the true sense of the term. More often than not, Fish (1971) adds, guidance counselors are an instrument of administrative policy rather than individuals who can understand students and help students to cope and function well in their current environment. Gestalt Therapy has the potential for developing more effective guidance counselors, and in fact if this proves to be so, the possibilities of using Gestalt Therapy techniques and experiences to develop more accepting teachers appear to be very bright possibilities for education in general.

Summary

In summation, the aim of this dissertation is to begin to look at Gestalt Therapy from an empirical model and to determine by use of standard statistical analysis whether or not a predictable change in attitude towards self-acceptance occurs in the subjects. Thus, this dissertation will focus, primarily, on the issue of self-acceptance. In effect the question that this paper will attempt to answer is: "Does Gestalt Therapy raise the level of an individual's acceptance of himself?"

This paper is attempting to put forth the position that an individual's acceptance of himself is related to the counselor's acceptance of the individual, and that the counselor's acceptance of an individual is related to the counselor's acceptance of himself. It is within this context that we postulate that Gestalt Therapy may be a direct means to increase the level of acceptance of self for the counselor.
It has been established that as of this writing the bulk of literature concerning Gestalt Therapy has been either theoretical or case study reports, and that only one (Dunner, 1968) empirical investigation of Gestalt Therapy had been attempted. Thus this paper is attempting to contribute to the literature by reporting an empirical study and thus diminish the vacuum of non-empirical literature relative to Gestalt Therapy.

In the following chapter the reader will be presented with a review of the literature which will underscore the philosophical and psychological foundations of Gestalt Therapy.
CHAPTER II

A REVIEW OF RELATED LITERATURE

In this chapter, the historical development and the philosophical foundations upon which Gestalt Therapy is based will be presented and discussed.

The first section of this chapter will include an historical examination of those contributions to the fields of therapy, medicine, and psychology which led to the emergence of Gestalt Therapy as a distinct school of therapy. Among the important contributors are: Fredrick Perls, Kurt Goldstein, and Kurt Lewin.

The second part of the chapter will show how existentialism and that philosophy's emphasis on freedom, consciousness, and responsibility are central to Gestalt Therapy. This section will include an examination of those contributions to existential philosophy which have become a basis for Gestalt Therapy. Among the important contributors are: Fredrick Neitzsche, Martin Heidegger and Jean Paul Sartre.

Gestalt Therapy - An Overview

William Sahakian in Psychotherapy and Counseling: Studies in Technique (1969b) credits Fredrick Perls as being the founder and developer of "a technique of psychotherapy which is today known as Gestalt Therapy" (p. 520).
Perls seems to have been strongly influenced by four forces in his development as a psychotherapist. The four forces can be identified as: (1) Perls' association with early Gestalt and neo-gestalt psychologists, (2) Perls' association in training analysis with the neo-Freudian, Wilhelm Reich, (3) Perls' immense personal frustration with Sigmund Freud: "Freud, his theories, his influence are much too important for me. My admiration, bewilderment, and vindictiveness are very strong," (Perls, 1969b), (4) Perls' association with the Frankfurt existentialists. The first three of the four forces listed above are recurrent themes in Perls' autobiography, In and Out of the Garbage Pail (1969b). The fourth force, existentialism received only minor reference in Perls' autobiography when he referred to that group (Frankfurt Existentialist) as being particularly prominent for having Buber, Scheler and Tillich as members (1969b).

The fact that only one reference was accorded this group does in no way reduce the possible influence that continental existentialism may have had on Perl's conceptualization of Gestalt Therapy. That influence will be explored further on in this chapter.

The Gestalt Psychologists

The term gestalt is certainly not new to the English language or to psychology itself. In the early part of the twentieth century gestalt psychology came into being in Germany as a protest reaction to the nineteenth century psychology of Wundt and Titchener. Primarily, the Gestaltist opposed the
analysis of consciousness into elements, and the exclusion of values from the
data of consciousness, (Boring, 1929). This attitude of the Gestalt psychologists
can be seen in the following quote. Boring (1929) in his book *A History of
Experimental Psychology*, states:

The most concise way to characterize Gestalt is to say that it deals with wholes and that its
givens (data) are what have been called phenomena. The Gestalt psychologist believed
that the word Gestalt carries both these implications, impart because they were con-
vinced that it is really always wholes that are given in experience to conscious man... a
unitary whole that is something more than the total list of its parts or even the serial pattern
of them. That is the way experience comes to man, put up in significant structured forms,
Gestalten, (p. 588).

In essence, the argument which the Gestaltist puts forth stated that an under-
standing of structured wholes could not be achieved if psychologists started with
the individual parts which made up the wholes. On the contrary, only by under-
standing the structure, the whole, can psychologists achieve some insight into
the components themselves, (Wertheimer, 1945). From this basic beginning
point two laws of gestalt psychology followed: the law of membership character
and the law of Pragnanz (Wertheimer, 1945).

The law of membership character states that the qualities or aspects
of the component parts of the whole insofar as they can be defined, are defined
by their relations to the system as a total entity in which they are functioning
(Murphy, 1949). Perls (1951) acknowledges the importance of this principle.

In Perls' introduction to his 1951 work, Gestalt Therapy, Perls writes, "the greatest value in the Gestalt approach perhaps lies in the insight that the whole determines the parts," (p. xi). It may be useful at this point to demonstrate this principle with the framework of language. Often the meaning we ascribe to a particular word is dependent upon the sentence in which we find the word. In this instance the word can be seen as a component of the whole, (the sentence), and that the word will be forced by the sentence to support the whole. For example the word "bridge" has several meanings: a card game, a building structure, and a partial set of false teeth can all be definitions of the term bridge. To understand the meaning of the word bridge the sentence in which the term is found must be comprehended. In this sense we define the term and see that the term actually supports the sentence (Perls, 1951).

The law of pragnanz can be construed to mean a dynamic attribute of self fulfillment, which is basic in all structured wholes. In terms of organization, Wetheimer (1945) conceived that the organization which emerges will be that kind of organization which is most orderly, most comprehensive, and most stable; Wetheimer is also saying in effect that the structure will also be that which is best for the organization. It can be seen that in terms of living organisms their structured organizations would move in self actualizing directions (Goldstein, 1939; Perls, 1951; Perls, 1969).
In his work, *Gestalt Psychology* (1951), Wolfgang Kohler writes explicitly of gestalt psychology when he says:

Now, in the German language - at least since the time of Goethe - the noun "gestalt" has two meanings: besides the connotation of shape or form as an attribute of things, it has the meaning of a concrete entity per se, which has or may have, a shape as one of its characteristics. It is the meaning of Gestalt in which the word refers to a specific object and to organization that is now generally meant when we speak of Gestalt Psychology (104-5).

Kurt Lewin

The early gestalt psychologist concerned themselves with the investigation of visual and auditory phenomena and never emphasized the principles of gestalt to the area of human emotions (Wallen, 1957). The lack of attention given to intrapersonal human behavior on the part of the early gestalt psychologists was short lived. By 1917 Kurt Lewin was working on a gestalt psychology of motivation, and by 1927 he had published several works on motivation, gestalt perception, and the Freudian systems (Boring, 1929). In 1927 and 1928 Lewin directed a series of experiments which showed how the principles of gestalt psychology underlined human behavior. Under Lewin's guidance, Zeigarnik, a pupil of Lewin, did "the first experimental investigation of the series on the structure and dynamics of personality and of the psychological environment" (Lewin, 1935, p. 240).

Lewin writes of Zeigarnik's experiment:
If a purpose of intention corresponds dynamically to a tense system, it is to be expected that the state of tension of the system should be evident not only in the tendency to completion of the activity but also, for example, in its better retention, (p. 241).

Similarly, Ovisacknia (1928), again under Lewin's directions, produced an experiment showing that the generation of a task produces a "quasi-need" (Lewin, 1935, p. 242), equivalent to a tension system, and that this tension system will, if the task is interrupted, seek to cause the organism to return to the task or find a substitution. Lissner (1933) found that tension for one uncompleted task can be released by substituting and completing a similar task (Lewin, 1935, p. 244). Ovisacknia (1928) did point out that individuals who completed tasks (achieved completed gestalts) went on to new activities.

Another major contribution of Lewin's is his recognition and support of a phenomenological approach to perception and his description of a perceptual model for understanding personality.

Every moment starting upon the perception of certain objects changes at the same time the position relative to the individual, of the field forces (environment) controlling (influencing) the behavior. . . Thus there occurs a steering of the process by the perceptual field, (p. 38).

Lewin's understanding of a phenomenological superstructure is posited on his gestalt predeliction. Lewin states, "It would be natural from gestalt considerations to understand the self in terms of a physical totality perhaps as structural individuality," (p. 61).
Lewin sees human character arising from a total individual structure. Personality for Lewin is not the presence of individual traits, but the whole person. This is a dynamic system in continuous change (as a result of perception) constantly identifying the self with the whole.

The primary motivating force for Lewin is the need of the organism to achieve a state of equilibrium within the organism. This state of tension from which the organism attempts to find release is a result of the forces being exerted on the individual from his environment. The environment is that which is other than the individual (Goldstein, 1939).

Perls and Lewin

In Perlsian theory Lewin's environment and the organism relationship would be the figure/ground concept. In explaining his "field theory" Lewin utilizes the concepts of nearness - remoteness, firmness - weakness, and fluidity - rigidity. These concepts not only are used to describe the relationship of the organism to its environment as Lewin sees them, but they are analogous to Perls' understanding of the figure/ground relationship. Perls (1951) points out that when behavior of the organism is duel, confused, lacks grace and energy there is:

A lack of contact, something in the environment is blocked out, some vital organic need is not being expressed; the person is not all there, that is his whole field cannot lend its urgency and resources to the completion of the figure, (p. 232).
In other words Perls' description is that of a "weak gestalt," (Perls, 1959). The opposite, that is, organism contact with the environment is a strong gestalt. Perls' strong and weak gestalts are analogies to Lewin's firmness/weakness boundary between the individual and the field.

The boundary between the organism and the environment is identified by Perls (1969a) as the "ego boundary" (p. 7). "Basically, we call the ego boundary the differentiation between self and otherness, (p. 7). Perls (1969a) writes that the healthy boundary is fluid. That a fluid ego boundary allows for identification outside of the self Perls contrasts his concept of fluid ego boundary with his definition of character and personality traits. To both Perls (1969a) and Lewin (1935) character represents a rigid, remote and weak contact with the environment. Character for Perls (1969a) is a fixed rigid thing. It prevents the organism from reacting in a spontaneous alive and flexible manner. On the opposite side fluidness allows for the individual to work, create and cope freely with the environment. The rigid boundary has the opposite effect. The individual can cope with the world in only one way, a way which has been pre-described for him by the very nature of the rigidity. In comparison to Lewin's nearness/remoteness, Perls (1969a) has postulated identification and remoteness as phenomena of the ego boundary. Identification or nearness increases a person's capacity for coping and living in the world. Remoteness or alienation has the opposite effect. The individual is powerless, helpless. The greater the sense of alienation the greater the loss of contact between the organism and the environment.
Kurt Goldstein

In many ways the basis for Perls' Gestalt Therapy was established prior to Perls establishing Gestalt Therapy. Lewin, and Goldstein certainly seemed to influence the development of Perls. Until now we have not discussed Perls' intellectual relation with Kurt Goldstein. Perls notes that he was fortunate to work as Goldstein's assistant (Perls, 1969b). The year was 1926, and Perls was receiving training from Goldstein and Gelb, both of whom were gestalt psychologists. Both Gelb and Goldstein had been strongly influenced by Kohler and other prominent gestalt psychologists (Hall and Linzey, 1957).

It seems that we could benefit somewhat by looking at Goldstein's *The Organism* and from that major work extract those elements which are important to and appear to be one of the major influences for Perls and hence Gestalt Therapy. Goldstein can be called a Gestaltist although he proclaims and is given reference as being an Organismic Theory. What is the relationship between organismic and gestalt therapy?

Goldstein's view of man as a whole organism (Organismic Theorist), and Perl's view of man as a gestalt (whole) are indeed similar. In *The Organism* (1933) Goldstein emphasizes the importance of the organism to be able to react to an organized whole, to break down the whole into parts and then to synthesize them. Perls (1969b) describes his Theory of Emergence in a similar fashion:

A gestalt is an irreducible phenomena. It is an essence that is there and that disappears if the whole is broken up into parts,
A gestalt can be only understood as a whole, perhaps re-organized but always as a whole. The gestalt is more than the sum of its parts (Perls, 1969b).

There are of course, other connections that can be made between Perls and Goldstein. Perls believes there is no end to integration, and that as the organism continues to exist integration and assimilation are continuing progress. "There is always a change for growing," (Perls, 1969b).

Goldstein's theory of "self-actualization" (1939) is found in Perlsian theory (1969a). Essentially self-actualization is the master motive of the organism. In fact, it is realistically the only motive. Goldstein believes that even though there seems to be different drives present in the organism (sex, hunger, achievement) these are not actually different drives, but manifestations of the master motive, self-actualization. Perls (1969b) also points out that there is no hierarchy of instincts. There is only the emergence of the most urgent gestalt, and that gestalt is relative to the moment and field in which the organism is found.

Self-actualization and emergence appear to be synonymous for Perls. "In other words, good habits are a part of the growth process, the actualization of potential skills," (Perls, 1969b).

Goldstein's major work, The Organism, (1939) present his major tenets for Organismic Theory. The major tenets are: (1) Normal (mentally healthy) personality; (2) Organization of behavior; (3) Motivation; (4) homeostasis; (5) wholeness; (6) the use of individual case studies. These six
principles are further elucidated below.

Organismic Theory is concerned with the healthy, fairly well functioning individual. Basically organismic theory is considered a theory of the normal personality. The normal functioning personality has three distinct qualities: "Coherence, integration, and unity" (Goldstein, 1939, p. 29). The second main principle (1939) is the concept of organization. Organization is built into the well functioning organism. Any examination of the organism is done by examining the whole organism. We can see that like Lewin and Perls, Goldstein had a wholistic approach. The third main principle - the primary motivation of the individual is self-actualization. All other needs; sex, thirst, hunger, etc., are only means, discrete individual manifestations of the major motivation, self-actualization. The fourth Organismic Theory principle which Hall and Lindzey (1957) underscore is the potential for positive development of the organism.

If allowed to unfold in an orderly way by an appropriate environment will produce a healthy, integrated personality... There is nothing inherently bad in an organism; it is made bad by an inadequate environment, (p. 299).

Here it is observable that Goldstein like Lewin, places great emphasis on the influence that the environment has on the individual. Perls (1969a) also stresses that the environment is an influencing force. Perls (1969a) agrees
with Goldstein that if the organism is not immersed in an inadequate environment, the organism would develop in a healthy way.

Perls states in Gestalt Therapy Verbatim (1969a) that:

> We come now to the most important, interesting, phenomenon in all pathology: self regulation versus external regulation. . . it means the organism is left alone to take care of itself, without being meddled with from outside. . . You can let the organism take over without interfering, without interrupting; we can rely on the wisdom of the organism. And the contrast to this is the whole pathology of self-manipulation, environmental control, and so on, that interferes with this subtle organismic self control, (pp. 16-17).

Like Lewin and Goldstein, Perls sees the organism moving to reach a state of equilibrium. Tension is caused by an incomplete Gestalt, an unfinished situation. Perls describes a situation in Gestalt Therapy Verbatim (1969a) to describe the need for balance. Perls writes of an individual who loses eight ounces of water as a result of walking through the desert. Suddenly, the person sees a well. The loss of eight ounces of water by the organism and the potential eight ounces of water in the well create a state of equilibrium within the organism. In essence Perls is saying that balance, homeostasis, is a desired condition in the organism; and that the achievement of balance represents gestalt closure and may be achieved either directly or vicariously.
The very moment this eight ounces goes into the system, we get a plus/minus water which brings balance. We come to rest as the situation is finished, the gestalt is closed.

This situation is now closed and the next unfinished situation can take its place, which means our life is basically practically nothing but an infinite number of unfinished situations - incomplete gestalts, (pp. 14-15).

The fifth tenet of organismic theory is concerned with the totality of the organism and not with particular functions of the organism. Perls (1969a) agrees that the organism must be looked at in totality and not in separate parts:

The world, and especially every organism, maintain itself, and the only law which is constant is the forming of gestalts - wholes, completeness. A gestalt is an organic function. A gestalt is an ultimate experiential unit. As soon as you break up a gestalt, it is not a gestalt any more, (p. 15).

The sixth and final principle extract from Organismic Theory is the belief that a comprehensive analysis of an individual is more important than abstracting singular phenomena from large samples of a population. It is probably due to this particular belief that organismic theory has had more acceptance from clinicians than from experimentally oriented psychologists.

Murray (1951) suggests that the early work of Werthemier and Kofka, the investigations of Lewin, Goldstein and others certainly had an effect on the development of psychology in general. But, most importantly, these men and their work seemingly have had a strong effect on Fredrick Perls and his conceptualization of Gestalt Therapy.
Perls (1969b) indicates his debt to gestalt psychology in a rather fascinating manner:

What is Tillich without his Protestantism, Marcel without his Catholicism? Can you imagine Sartre without support from his communist ideas, Heidegger without support from language or Binswanger without psychoanalysis?

If there no possibility of an ontic orientation where Dasein - the fact and means of our existence - manifests itself, understandable without explanatoriums; a way to see the world not through the bias of any concept, but where we understand the bias of conceptualization; a perspective where we are not satisfied to take an abstraction for a whole picture. . .

This is indeed! . . it comes from an approach called - Gestalt Psychology.

Perls, Reich and Freud

Between nineteen twenty six and nineteen thirty three we can see that Perls was strongly influenced by Kurt Goldstein, Lewin and the early gestaltists, Gelb and Wertheimer however, Perls was equally as strongly influenced from another direction by Horney, Reich, Haspeal and Freud.

Perls' development as psychotherapist was under the guidance of some of the leading Freudians of the time. Prior to Perls' establishment of residence in South Africa he was in analysis with Clara Kaspeal, Karen Horney and Wilhelm Reich. On the advice of Karen Horney, Perls spent a year in analysis
with Reich. Perls (1969b) says:

His book *Character Analysis* was a major contribution. His first discovery, the muscular armor, was an important step beyond Freud. It brought the abstract notion of resistance down to earth. Resistances now become total organismic functions and the anal resistance, the tight ass, had to give up its monopoly in resistances.

In Perl's autobiography *In and Out of the Garbage Pail* (1969b), he mentions several times that a paper he delivered in a psychoanalytic conference dealt with oral resistances and that this was a bold break with the "master." Obviously, there is an inconsistency in Perls' report. Perls implies that his conceptualization along these lines were original. Yet, Reich's work (1933) certainly states the nature of resistance is not solely anal.

The question here is just what of Perls' gestalt therapy is Perls', and just what of his treatment belongs to others. It would be difficult to extract exactly those fine lines of theoretical positions which overlap and cross. Yet the point is that Perls' analysis under Reich must have had more of an impact than Perls is willing to acknowledge. It can be further speculated upon that the major impact of Reich on Perls was in the areas of resistances.

Reich (1933) points out that the key to breaking down resistances is confronting the client with the therapist's awareness of the client's method of resistance, and that those resistances are bodily in nature, that is they manifest themselves physiologically. Thus Reich goes on to write that a great deal of the
therapist's attention is focused on the immediate non-verbal behavior of the client.

Reichian therapy is essentially a non-verbal therapy, (Lowen 1958).

Lowen discussing his debt to Reich in Physical Dynamics of Character Structure: Bodily Form and Movement in Analytic Therapy writes:

The character of the individual as it is manifested in his typical pattern of behavior is also portrayed on the somatic level by the form and movement of the body. The sum total of the muscular tensions seem as a gestalt, that is, as a unity, the manner of moving and acting, constitutes the body expression of the organism. The body expression is the somatic view of the typical emotional expression which is seen on the psychic level as "character." All this and more Reich elaborated, (p. 14).

What is important here is the emphasis placed on the session activity, or to rephrase, here and now behavior.

It can be seen that the occupation with here and now behavior in the therapeutic interview is a direct break with Freudian tradition. It is not the intention of this paper to suggest that Perls was the first to break with this Freudian methodology, but rather to show how Reich, who certainly was among the first to develop his own off-shoot from Freud did distinctly influence Perls.

As Perls' relationship with Freud, the only source which can shed some light is Perls' autobiography (1969b) and the accuracy of that work is doubtful. Yet, the one salient feature of Perls' autobiography is Perls' ongoing frustration with his memory of Sigmund Freud.
Perls certainly disagreed with Freud on major issues. Perls rejected Freud's topology of id, ego, and superego. For Perls the ego was an active interface between the organism and the environment and not as Freud thought a recepticle of introjections (Perls, 1947). Perls also conceived of the unconscious as a memory reservoir of unfinished (incomplete gestalt) emotionally charged situations which resulted from adverse human interactions (Perls, 1947).

Perls is obviously challenging Freud's belief in the unconscious as a wellspring of instincts and biological drives. The implication of both of these issues is that Perls tended to see the basic nature of man as good, and that human instincts were positive forces in the organism. Perls saw that defense mechanism were directed towards controlling experiences in the interpersonal area and not as Freud argued, aimed at controlling instinctive drive. It would be difficult to imagine an organism which survived several tens of thousands of years of evolution who's basic instincts were antithetical to the organism's best interest. Becker in defense of Perls (1970) stated that "human defeat, neuorsis, had to be experiential and not biological, and if it was then it was interpersonal," (p. 7).

Existentialism and Perls

Becker (1970) reports that in a conversation he had with Laura Perls, Fredrick Perls' wife, she confided to him (Becker) that she and Dr. Perls were intending to call their form of therapy (now known as Gestalt Therapy)
Existential Analysis; however, because of the use of that term by Sartre and other European therapists and philosophers and the connotations now ascribed to the term existential analysis they (Dr. F. and L. Perls) decided to forego naming their style of therapy existential analysis.

Of central importance to this section of Chapter II is the question: In what manner and ways is Gestalt Therapy related to existential philosophy?

Existentialism is difficult to analyze as a single philosophical system. There are atheistic existentialists, religious existentialists, agnostic existentialists, and existentialists who are not concerned with religious or christiological problems. MacIntyre, (1964) believes that the only way to analyze or characterize existentialism is by tracing the recurrent themes in existential literature. MacIntyre further suggests that a conceptualization of the nature of freedom as a fundamental tenet is necessary to a philosophy desirous of being labeled existential. MacIntyre (1964) continues to point out three conditions which can serve as criterion for unifying the various schools of existentialism:

1. The first is that all my actions imply choice.

2. The second is that although in many of the actions my choices are governed by criteria, the criteria which I imply are themselves chosen, and there is no rational ground for such choices.

3. The third is that no casual explanation of my actions can be given, (p. 149).
Freedom and choice are central themes of existentialism. Even Sartre's dictum that existence precedes essence (1942), and Heidegger's (1927) elaboration of that theme in his anxiety theory is of a person having possibilities of being different precedes his existence according to choice, really means no more than that man's nature is not fixed or limiting or that man's nature determines his choice. It is rather than their choices bring whatever their nature is into being (MacIntyre, 1964). The crucial nature of freedom and choice is central to the doctrine of existentialism and according to MacIntyre as existentialists develop the thesis of choice.

Second only to freedom as a philosophical mainstay for existentialism is the concept of anxiety as a basic human condition.

In an examination of Heidegger's Being and Time (1927) the concept of anxiety is presented in philosophical terms similar to how Perls expressed his gestalt therapy of anxiety. Heidegger (1927) writes:

Anxiety is not only anxiety in the face of something, but as a state of mind, it is also anxiety about something. That which anxiety is profoundly anxious (sich Abangstet) about is not a definite kind of Being for Dasein or a definite possibility for it. Indeed, the threat itself is indefinite and therefore cannot penetrate threateningly to this or that factually concretely potentiality for Being. That which anxiety is anxious about is Being-in-the-world. In anxiety what is environmentally ready to hand sinks away, and so, in general do entities within-the-world. Anxiety thus takes away from Dasein the possibility of understanding itself, as it falls in
terms of the world. ... Anxiety throws Dasein back upon that which it is anxious about. ... its authentic potential for being in the world,

In anxiety no definite thing or object can be identified. If asked what he is anxious about he will reply, "I don't know, nothing really." Anxiety is not like fear in that in anxiety my psychological safety is at stake. There is no way that an answer to anxiety may be given by a calculating machine or another person. Anxiety is my own responsibility and no one else's. I must deal with it, however, anxiety may be evaded, (Wild, 1963).

Heidegger in this theory of anxiety is similar to the impasse Perls describes in Gestalt Therapy. In Esalen Paper Number I (1966) this nothingness is described:

At first the patient will do anything to keep his attention from his actual experiences. He will take flight into memory and expectation (past and future); into the flight of ideas (free associations); intellectualizations or making a case of right and wrong. Finally, he encounters the holes in his personality with an awareness of nothing (no-thing-ness), emptiness, void, and the impasse, (p. 4).

Only through anxiety that man encounters nothingness. It is in the encounter with nothingness that he becomes aware of the necessity to die, his own finitude, and the paradox of life. Only through this encounter and the resolution and reappraisal of himself can man make real choices and achieve what Heidegger calls authentic existence.
May (1950) expressed the development of existentialism as a reaction to traditional nineteenth century rationalism. The existential position according to May (1950) was "that reality can be approached and experienced only by the whole individual, as a feeling and acting as well as a thinking organism," (p. 30).

Kierkegaard, who believes there can be no conceptual scheme to describe existence, expressed a similar individual concept of existentialism in Concept of the Dread (1958); "truth exists for the particular individual only as he himself produces it in action," (p. 42). The individual is a category through which existence itself passes (Kierkegaard, 1958).

May (1950) points out that the existential theologian Paul Tillich considers the individual as thinking, acting, and feeling totality.

The similarities among Perls' Gestalt Therapy and the neo-gestalt positions of Lewin and Goldstein and the above posited existential stance are clearly visible.

Karl Jaspers a noted twentieth century existential philosopher underscores the common binding between Gestalt Therapy and existential philosophy in his work Reason and Existen (1961):

Existence-philosophy is the way of thought by means of which man seeks to become himself. This way of thought does not cognize the object, but elucidates and makes actual the being of the thinker, (p. 20).

Existence in the meaning of authentic being in the world is the active choice of - the individual in his personal liberty. For Jaspers (1951) if man does not come
to himself and exercise his liberty in the realm of being one's self, he remains in the realm of being there. In gestalt-existential fashion Jaspers states:

Man is always something more than what he knows of himself. He is not what he is simply once and for all, but is a process; he is not merely an exact life but he is within that life, endowed with possibilities through the freedom he possesses to make himself what he will, (p. 159).

The authentic existence (Jaspers, 1951; Kierkagaard, 1960; Heidegger, 1927), is not a category in which the life of each of us is only a particular example. This existence exists for us when we become what we are.

Fromm (1941), Jaspers, (1953), and Marcel (1962), point out with painstaking care that the nature of man and freedom are not separable. Freedom in the Gestalt Therapy sense, in the Organismic Theory sense and in the existential sense is freedom from external forces and the personal retention of the freedom is dependent upon individual choice.

Gestalt Therapy attempts to have the individual experience his potential for self-actualization. Goldstein's "self-actualization" (p. 29), Fromm's "Authentic existence, (p. 4), and Buber's I-Thou (1929), all of them, in their own writings pronounce the gestalt maxim, "Se be! Existence, being, actualization are all - for being one's self." Goldstein, Fromm, Perls and Heidegger all exhort the individual to be what he is, to allow himself to realize his potential for behaving as he would like to, to experience his existence under his own control, his own self-regulation.
Philosophically, gestalt therapy executes existential principles in its approach to daily living. Gestalt therapy's approach to dealing with the conscious or with awareness is necessary to having an individual assume responsibility for himself in this world. Perls assumes responsibility for himself only and demands that those clients of his do the same. In Gestalt, **Awareness + Responsibility = FREEDOM.**

Van Dusen in *Recollections of Gestalt Therapy* (1969), considers Gestalt Therapy to be the psychotherapeutic approach that most closely fits the theoretical advancements of existential analysis. Existential analysis has developed its theoretical underpinnings so rapidly that it has far outstripped its own technology. That is to say, methodologically there is little to apply existential analysis. Gestalt Therapy is actually the application of existential analysis (Purseglove, 1969, p. 30). Purseglove goes on to point out that Gestalt Therapy is a significant departure in many respects from classical therapies in the sense that the person's work is not translatable into typical topologies unless the patient actually sees them as real characteristics of his life, (Purseglove, 1969).

Perls (1969a) called Gestalt Therapy as one of the active, human, and existential forces in psychology. It is truly existential in the sense that while it recognizes a conceptual framework it is also biological. Biological in the sense that it, Gestalt Therapy, takes into account the formation of gestalten, and the need for homeostatis.
Both Purseglove and Perls subscribe to Gestalt Therapy as a phenomenological approach. Van Dusen (1964) writes that phenomenology is the foundation of existential analysis. There is no objective theoretical framework into which the person's world can be fitted. Each person lives in his own unique and strange world. The similarity of Van Dusen's understanding of phenomenology and Kierkegaard's position regarding human existence is clear and useful in noting the historical relationship between existentialism and Gestalt Therapy.

Current State of Gestalt Therapy

Fagan and Sheperd's *Gestalt Therapy Now* (1970) has reported some of the diversity apparent in contemporary Gestalt Therapy. Arnold Beisser's "Paradoxical Theory of Change" (1970) exemplifies some of the expansion of the philosophical parameters encasing Gestalt Therapy. Beisser suggests that client change can only be accomplished when the client has given up the thought of changing himself. Beisser (1970) writes:

> that change occurs when one becomes what he is, not when he tries to become what he is not. . . . change can occur when the patient abandons, at least for the moment, what he would like to become and attempts to be what he is, (p. 77).

There is a distinct Zen flavor to this position. In fact, Perls (1969b) stated that he was becoming more enticed and influenced by some of the Zen writings.

*And recently, George Brown at a workshop in Philadelphia reported that Gestalt
Therapy is becoming known as "Zenjudaism." Philosophically, current Gestalt Therapy seems to be moving towards Zen (Sheperd, 1970).

Gestalt Therapy exercises and techniques have recently been applied to the human relations area (Enright, 1970). This is not therapy in the traditional sense, but rather, group training experiences and weekend workshops which are designed to further interpersonal relations. Ennis and Mitchell (1970) report using Gestalt techniques in human relations training with a day-care center staff.

Gestalt Therapy has also been applied to education both on the theoretical level and/or the practical level. Lenchitz (1970) has seen Gestalt Therapy as the philosophical basis of educational curriculum, particularly for affective or humanistic education. Nisenholz (1971) has utilized Gestalt Therapy techniques in supervising student teachers.

All of the recent developments in Gestalt Therapy which have been published have served to increase Gestalt Therapy's influence. However, one important domain is noticeably missing. That domain is systratic empirical research. To date the greatest amount of literature regarding Gestalt Therapy is either case studies or theoretical treatises. It is strongly urged by adherents of Gestalt as well as by others in the human relations, counseling, and psychological fields that the formal methods used by researchers be applied to counseling and therapy practices utilizing Gestalt Therapy.
Summary

The basic intent of this chapter was to sketch the influencing forces which helped to shape Perls and Gestalt Therapy. These forces were identified as: (1) Gestalt and neo-gestalt psychologists, (2) Freud and the neo-Freudian, Wilhelm Reich, and (3) The philosophical system of existentialism. The development of Gestalt Therapy coincides with the maturation of Fredrick Perls as a theorist and therapist. Perls drew in the above men and their concepts and attempted to put forth a therapeutic method which exemplified the best of each of the systems. From the gestaltist he utilized the concept of figure/ground so that the individual is seen within a context. From Reich, Perls developed his method of utilizing bodily (non-verbal) behavior as focus of inquiry in the therapy session. From the existentialist Perls developed an orientation which emphasized the importance of freedom and responsibility in the individuals striving for realizing his own existence.
CHAPTER III
PROCEDURES AND METHODS

In this chapter, the procedures and methods used to measure and evaluate the Gestalt self-acceptance treatment will be discussed. The research design, instrumentation, selection of subjects, and evaluation will also be reviewed.

Selection of Subjects

Approximately two to three weeks prior to the beginning of the experiment the author asked four graduate students if they would like to be in a group which was unlike the sensitivity training groups which are part of the curriculum in the Center for Human Relations—Counselor Education, in the School of Education. These graduate students were also told to invite other students from this department.

A total of fifty-four (54) volunteers were recruited from a total of one hundred ten graduate students in Counselor Education/Human Relations Program at the School of Education, University of Massachusetts, Amherst, Massachusetts.

All the subjects were either in training to prepare them to be counselors, counselor educators, or human relations specialists. These fifty-four (54) volunteers wrote their names and telephone numbers on three by five (3x5) index
cards and submitted these cards to the author.

Using a table of random numbers (Seigel, 1956) the participants were assigned to one of three groups. The three groups used in this study were: (1) the experimental or treatment group; (2) the control group; and (3) the hawthorne group.

All the volunteers in all three groups were contacted by telephone and asked to come to an organizational meeting. At this meeting, the participants were informed that not all of them could participate in the group experience because of limited time and resources. Therefore, all fifty-four volunteers were told that this group of fifty-four (54) would be divided into three groups, Group A, B, and C.

The volunteers were told that group A would receive training for six (6) weeks; group B would receive training for the following six (6) weeks; and that group C would be reserved space in the next training group in the next semester. In addition, Group C was informed that they would be met with for a short time over the next six weeks. During that time there would be an opportunity for discussion and that advanced reading materials would be made available to them. After some questions and answers, fifty-two (52) of the participants were agreeable to the described arrangement, and two were not agreeable to the arrangement. The two who were not agreeable gave their names and left. The two who had left were coincidentally on the treatment group list. Their names were removed from the list. Two participants from
both the control and hawthorne groups were randomly selected and dropped from the experiment. Procedures to keep the groups at equal numbers had been planned for, prior to the beginning of the experiment.

In all, twenty-one (21) volunteers were removed from the experiment for reasons ranging from inaccurate pretesting to being concurrently involved in training programs in similar areas, or being in intensive counseling or psychotherapy.

It is assumed that experience in therapy, counseling, or a strong group experience would contaminate the experiment in the sense that these experiences would constitute an additional variable which could not be controlled for and could be considered a "multiple-treatment interference" which is a serious hazard to an experimental design (Campbell and Stanley, 1963, p. 6). As subjects were identified as being ineligible for the experiments for one of the above reasons their pretest was removed from the file within twenty-four hours. In order to keep the N equal for all three groups, one subject from each of the two other groups was randomly selected by an acquaintance of the author who was not familiar with the experiment. Cotton, Wood, et al., (1966) point out that an experimental design without equal N's generally causes statistical problems and should, if at all possible, be avoided. Their pretest was also removed. All subjects were allowed to remain within their respective groups, but the removed subjects were informed at post-testing time that they need not complete a posttest. The number for each group was finally stabilized at eleven (N=11).
The Experimental Procedure

The members of the experimental group were met with as a group once a week for two and one half hours (2-1/2) for six (6) weeks. The sixth meeting was a non-treatment session. It may be helpful to the reader to briefly clarify what is meant by a non-treatment session. Concisely the experimental group met together in the same room at the same hour (see Table I) and sat talking to one another. None of the participants requested to work with the Gestalt Therapist. After one hour the therapist left and so did the group. Thus five sessions were actually experimental treatment in the sense that the treatment group was exposed to Gestalt Therapy only five times. Counting pre and post tests, these individuals met for a total of seven (7) times.

The members of the hawthorne group met once a week, every Friday, for one (1) hour during the six (6) week experimental period. No Gestalt Therapy was practiced with these individuals, nor did they witness any demonstration of Gestalt Therapy. The hour was spent in general discussion. Some of the areas covered were: What is meant by counseling? How is counseling and therapy different? How did Gestalt Therapy develop? and What are the basic principles of Gestalt?

The control group met only for pre and post testing. This was the only time they assembled as a group.
Six Week Schedule of the Experimental, Hawthorne and Control Groups

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Figure I
Thus in summation, the treatment group met for approximately twelve and one half (12.5) hours over a six (6) week period. The hawthorne group met for six (6) hours over the six (6) week period. The control group was a control group in the strict sense of the term. The control group did not meet as a group. The only group contact that they had was during pre and post testing.

Research Design

The research design employed in this dissertation was a modification of Campbell and Stanley's experimental design number four (1963).

Fundamentally, the design is kept intact; the modification is the addition of a third group, a hawthorne group. ¹

¹William Dickson and F. J. Roethlisberger in Counseling in an Organization write: For many social scientists the major finding of the Hawthorne studies was what has come to be called the "Hawthorne Effect." Who coined this phrase first we do not know; it was not used by any of the original investigators but now it has become a generally accepted term in the literature, (p. 19).
The hawthorne group was added to the experimental design. The purpose for utilizing a hawthorne group was to control for changes as a result of attention merely given to the individual. This awareness becomes confounded with the independent variable under study, with a subsequent facilitating effect on the dependent variable, thus leading to ambiguous results, (Cook, 1962). To recapitulate, the experimental group were the results of the treatment or the results of special attention, being in the experiment.
MODIFICATION OF EXPERIMENTAL DESIGN NUMBER FOUR
(Campbell and Stanley, 1963)

**FIGURE III**

**Instrumentation**

Three instruments were selected for use in this study.

1. **The Miskimins Self-Goal-Other Discrepancy Scale (MSGO)**
   (Appendix B)

   The MSGO is a paper and pencil, self-rating instrument designed to measure the discrepancies in an individual's perception of:
   (a) his self-concept; (b) his goal self-concept; and (c) his perception of how others perceive him in relation to specified four dimensions. These four dimensions are: (1) General; (2) Social; (3) Emotional; (4) Personal. Each area is constructed of five pairs of opposites. Basically, the subject rates himself on a nine point scale on each of the dimensions which are

General: Intelligent versus ignorant
        Creative and original versus not creative and original
        Physical attractiveness versus unattractiveness
        Success in life versus unsuccessfulness
        Competent for many jobs versus incompetent

Social: Friendly and warm versus cold and unfriendly
        Prefer being with people versus being alone
        Good relations with the opposite sex versus poor relations
        Socially skillful versus unskillful
        Concern for others versus no concern

Emotional: Happy versus sad
        Relaxed versus tense
        High self-confidence versus low self-confidence
        Handle personal problems versus can't handle

Personal: Five blanks are left for the individual to enter his own sets of opposites. It is assumed that these opposites will reflect the individual's own personal feelings and private experiences. It is important
that this portion of the test was described by Miskimins as the "projective" part of the test. This section was not utilized in this particular study for two reasons, the results yielded from projective test are questionable since there are little, if any, objective standards for interpretation and the interpretation is more a function of the clinician (Anderson and Anderson, 1965), and secondly, Miskimins (1968) reports poor reliability for this section of the MSGO.

Miskimins (1968) reports a reliability study on the MSGO using fifty-one subjects. The correlation coefficients for total score twenty items was reported at r=.87; while the total score for fifteen items was reported at r=.80. The total self-concept score which was used in this study was also reported. The twenty item self-concept score, r=.70; the fifteen item self-concept score, r=.81. Correlation coefficients (p. 21) for the perceived responses of others, and the goal self-concept were reported at: twenty items r=.85 for an N of twenty-one. Although MSGO is a little known and hence not a widely used instrument it does correlate to the more popular researched MMPI. A positive correlation with the MMPI F scale has been found: twenty items r=.52 and fifteen items r=.47. A negative correlation has been determined
between the MSGO and the MMPK scale: twenty items $r=0.61$ and fifteen items, $r=-0.28$ (Miskimins 1968, p. 10).

2. The California Psychological Inventory (CPI)

This is the second instrument to be used in measuring the effects of the Gestalt Therapy treatment. The CPI is a four hundred and eighty (480) item true/false questionnaire with eighteen (18) standard scales designed to measure personality characteristics determined to be significant in daily living and social interaction of the general population. This instrument was chosen on the basic assumption that the test was more concerned with the positive aspects of personality as opposed to the abnormal or pathological (Gough, 1956). The eighteen (18) scales of the CPI are:

- Dominance (Do)
- Capacity for Status (Cs)
- Sociability (Sy)
- Sense of Well Being (Wb)
- Responsibility (Re)
- Socialization (So)
- Self-Control (Sc)
- Tolerance (To)
- Good Impression (Gi)
- Communality (Cm)
- Achievement vis Conformance (Ac)
- Achievement vis Independence (Ai)
- Intellectual Efficiency (Ie)
- Psychological Mindedness (Py)
- Flexibility (Fx)
- Femininity (Fe)
- Social Presence (Sp)
- Self Acceptance (Sa)

The CPI test-retest correlations based on two hundred and twenty-six (226) high school students over a twelve (12) month period yielded reliability coefficients of .57 to .77.
3. The Personal Orientation Inventory (POI)

This was the third instrument used in this study. The POI is a one hundred and fifty (150) forced choice survey. The POI is described as an objective test of mental health and a non-threatening test to the subject (Shostrum, 1964). Because the POI is a non-threatening test and because it purports to directly measure qualities such as self-acceptance and the quality of one's self-concept the author selected this test. The POI has two basic scales and ten sub-scales. The two basic scales are: Time Incompetence/Competence and Support Ratio Other/Inner.

The ten sub-tests are:

- Self-Actualization Value (Sav)
- Existentiality (Ex)
- Feeling Reactivity (Fr)
- Spontaneity (S)
- Self-regard (Sr)
- Self-Acceptance (Sa)
- Nature of Man (Nc)
- Synergy (Sy)
- Acceptance of Aggression (A)
- Capacity for Intimate Contact (C)

POI reliability coefficients for the major scales of time competence and inner direction are .71 and .84 respectively. Test-retest reliability coefficients for the ten sub-tests of the POI range from .55 to .85 (Klavetta & Mogar, 1967). Seven scales of the POI, T/c, I/o, Sav, S, Sr, Nc, and C correspond (P .01) with the Neuroticism scale of the EPI (Shostrum, 1964, p. 12).
Scoring and Analyzing the Data

All three instruments were scored as prescribed in their accompanying manuals. No special scores were established. The raw scores collected were key-punched and fed into a computer using a Bio-Med Analysis of Covariance (BMDO4V) program, and a BMDO1D to determine group means and standard deviations.

Campbell and Stanley in Experimental and Quasi-Experimental Designs for Research (1963) state that the most widely acceptable statistical test for Design 4 is to compute for each group pretest - post-test gains scores and to compute a t between experimental and control groups on these gain scores. Randomized blocking or leveling on pretest scores and the analysis of covariance with pretest scores as the covariant are usually preferable to simple gain-four comparisons, (p. 23).

In addition, Duncan's New Multiple Range Test was applied to those variables which showed statistical significance at the .05 level for the purposes of determining differences between treatment means. Alan Edwards in Experimental Design and Psychological Research (1968) discusses the use of multiple comparisons on treatment means.

Suppose we have tested a set of means by the analysis of covariants and have calculated that the means differ significantly this, alone is not very satisfactory what we would usually like to know is how the means differ, (p. 132).
A Duncan Multiple Range Test is used to determine differences among treatment means. The data accrued from this analysis will be presented in Chapter Four.

General Hypothesis:

The central question of this study was as follows: Could Gestalt Therapy significantly increase self-acceptance in those subjects who experienced either direct or indirect treatment. To test this central question eight specific hypotheses were established and tested. It was predicted that there would be statistically significant change scores for the eight sub-hypotheses. The determinants of statistically significant change scores would be integrated to support the major hypothesis.

Sub-Hypothesis:

Hypothesis 1: The experimental group will view themselves more positively as measured by the MSGO than will the control or hawthorne groups. The change will be seen in the score of the "Self Concept" scale. Determination will be based on the production of statistically significant change scores between pre and post testing.

Hypothesis 2: The experimental group will have fewer Self Concept - Goal Self Concept (SC-GSC) discrepancies on the MSGO
Hypothesis 3: The experimental group will Perceive the Responses of Others (PRO) as being more positive as measured by the MSGO than the control or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

Hypothesis 4: The experimental group will have fewer Self Concept Perceived Responses of Others (SC-PRO) discrepancies as measured by the MSGO than will the control or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

Hypothesis 5: The experimental group will have a higher score on the selected scales on the Personal Orientation Inventory (POI) than will the control or hawthorne groups. The selected scales of the POI are existentaility (Ex), Self Respect (Sr), Self Acceptance (Sa), Synergy (Sy), and Acceptance of Aggression (A). Determination will be based on the production of statistically significant
change scores between pre and post testing.

**Hypothesis 6:** The experimental group will score higher on those scales which when totalled will indicate high ability to (1) measure feeling within one's self, \((Fr \text{ and } S)\); (2) ability to like one's self for one's strengths and in spite of one's weaknesses \((S4)\) and \((Sa)\) than will either the control or hawthorne group. Determination will be based upon the production of statistically significant change scores between pre and post testing.

**Hypothesis 7:** The experimental group will score higher on those scales which when totalled will indicate a high degree of awareness \((Nc \text{ and } Sy)\) than will either the control or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

**Hypothesis 8:** The experimental group will score in a more positive direction on selected scales of the California Psychological Inventory: Dominant Scale \((D)\), Self Acceptance Scale \((Sa)\), Well Being Scale \((Wb)\), Self Control Scale \((Sc)\), Tolerance Scale \((To)\), Achievement vs. Independance Scale \((AI)\), Flexibility Scale \((Fx)\) than will the control
or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

Summary

In this chapter the procedures and methods used to evaluate the self-acceptance treatment have been presented. It has been noted that the selection of subjects was a result of the subjects volunteering to be in a group experience, and that subject assignment to one of the three groups, experimental, control, and hawthorne, was a result of selection from a table of random numbers (Seiget, 1956). Further, it was noted that the population used in this study is considerably different than the general population in terms of their level of education and the subjects' apparent attitudes towards human relations and groups in education which is reflected in their course of study at the University of Massachusetts.

The research design that was reviewed in this chapter was a modification of Stanley and Campbell's (1963) experimental design number four. The modification of this design used in this study was the addition of a third group. This was done to control for what is commonly referred to as a Hawthorne effect.

Statistically, it was stated that an analysis of covariance is the primary treatment and that the significant alpha level was established at the five (.05)
percent level of confidence (Guildford, 1967).

Chapter three also presented the reader with information regarding the instrumentation, the MSGO, the POI, and the CPI, chosen for this study. In regards to those instruments it has been noted that all three instruments have good reliability (MSGO .81 (Miskimins, 1968), CPI .77 (Gough, 1956, and POI .85 Klauhand Mogar, 1967)). These were also selected because they are seen as psychologically non-threatening tests. In addition, the three tests purport to measure levels of self-acceptance. Finally, the major hypothesis and the minor hypotheses were also presented.
CHAPTER IV
ANALYSIS OF THE DATA

In this chapter, the statistical analysis for each hypothesis will be presented. An analysis of covariance was used as the statistical test for this study. On those variables which showed a statistically significant $F$ ($P < .05$), Duncan's New Multiple Range Test (Edwards, 1968) was applied to further validate the data.

General Hypothesis

The central question of this study was as follows: Could Gestalt Therapy significantly increase self acceptance in those subjects who experienced either direct or indirect treatment. To test this central question eight specific hypotheses were established and tested. It was predicted that there would be statistically significant change scores for the eight sub-hypotheses. The dominance of statistically significant hypotheses would be interpreted to support the major hypothesis.

Sub-Hypotheses

Hypothesis 1: The experimental group will view themselves more positively as measured by the MSGO than will the control of hawthorne groups. The change will be seen in the
score of the "Self Concept" scale. Positive change in terms of this study, will depend on the production of a statistically significant lower post test than pre test score.

To test Hypothesis 1 an analysis of covariance was computed between the pre test change scores for the control, hawthorne and treatment groups. Results of this analysis may be seen in Table I. As indicated in Table I there was no statistical significance among the three groups. An F of 3.33 or larger is needed for significance at the .05 level (Edwards, 1968). Due to the lack of statistical significance the hypothesis was rejected.

Hypothesis 2: The experimental group will have fewer Self Concept - Goal Self Concept (SC-GSC) discrepancies on the MSGO than will the control or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

An analysis of covariance was used to analyze the data. As indicated in Table II there was no statistical significance in results among the three groups. Since there was no statistical significance, the hypothesis was rejected.

Hypothesis 3: The experimental group will Perceive the Responses of Others (PRO) as being more positive as measured by the MSGO than the control or hawthorne groups. Determination will be based on the production of
statistically significant change scores between pre
and post testing.

An analysis of covariance was used to test Hypothesis 3. The results
of this analysis can be seen in Table III. The analysis of covariance revealed
that a statistically significant difference did occur among these three groups.
A Duncan's New Multiple Range Test was applied to this data to determine where
the statistical significance lay. The results of this test can be seen clearly in
Table IV.

The Duncan's New Multiple Range Test points out that there is a
statistically significant ($P < .05$) difference between the hawthorne group's post
test means and the control group's post test means, and a statistically
significant ($P < .05$) difference between the treatment group's post test means
and the control group's post test means. It is also strongly indicated that there
is no statistical significance between the hawthorne group's post test means and
the treatment group's post test means. The implications of the lack of
statistical significance between the hawthorne group's post test means and the
treatment group's post test means will be discussed in Chapter V. Since
conclusive statistical significance could not be produced the hypothesis was
rejected.

Hypothesis 4: The experimental group will have fewer Self Concept
Perceived Responses of Others (SC-PRO) discrepancies
as measured by the MSGO than will the control or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

An analysis of covariance was applied to the data. The results of the analysis can be seen in Table V. Results of the analysis demonstrated that the people receiving experimental treatment did not significantly see the responses of others as being close to their view of their own self concept. However, it can be noted that the treatment group's post test means reflected a positive change of 8.91 (s.d. 5.36) while the hawthorne group's post test means reflected a negative change of -2.73 (s.d. 14.95) and the control group's post test means also reflected a negative change, -.091 (s.d. 9.16). Due to the lack of statistical significance Hypothesis 4 was rejected.

Hypothesis 5: The experimental group will have a higher score on the selected scales on the Personal Orientation Inventory (POI) than will the control or hawthorne groups. The selected scales of the POI are existentially (Ex), Self Respect (Sr), Self Acceptance (Sa), Synergy (Sy), and Acceptance of Aggression (A). Determination will be based on the production of statistically significant change scores between pre and post testing.
Since this hypothesis is composed of five variables, each variable and its accompanying analysis will be presented consecutively in the order listed above. An analysis of covariance was applied to the Existentiality Scale, Variable 1, Hypothesis 5. The result of this analysis can be seen in Table VI. There was no statistically significant change between pre and post test scores for any of the three groups.

An analysis of covariance was applied to the Self Respect Scale, Variable 2, Hypothesis 5. The results of this analysis can be seen in Table VII. There was no statistically significant change between pre and post test scores for any of the three groups.

An analysis of covariance was applied to the Self Acceptance Scale, Variable 3, Hypothesis 5. The results of this analysis can be seen in Table VIII. There was a statistically significant \((P < .05)\) increase in post test scores. A Duncan's New Multiple Range Test was applied to this data. The results of this test can be seen in Table IX.

As indicated in Table IX there was a statistically significant \((P < .05)\) difference between the hawthorne group's post test means and the control group's post test means. There was also a statistically significant \((P < .05)\) difference between the treatment group's post test means and the control group's post test means; however, there was no statistical significance between the hawthorne group's post test means and the treatment group's post test means.
The Duncan's New Multiple Range Test points out that there is a statistically significant ($P \leq 0.05$) difference between the hawthorne group's post test means and the control group's post test means, and a statistically significant ($P \leq 0.05$) difference between the treatment group's post test means and the control group's post test means. It is also strongly indicated that there is no statistical significance between the hawthorne group's post test means and the treatment group's post test means. The implications of the lack of statistical significance between the hawthorne group's post test means and the treatment group's post test means will be discussed in Chapter V. Since conclusive statistical significance could not be produced the hypothesis was rejected.

An analysis of covariance was applied to the Synergy Scale, Variable 4, Hypothesis 5. The results of this analysis can be seen in Table X. There was a statistically significant ($P \leq 0.05$) difference between the hawthorne group's post test means and the control group's post test means. The Duncan's New Multiple Range Test revealed no other statistical significance.

An analysis of covariance was applied to the Acceptance of Aggression Scale, Variable 5, Hypothesis 5. The results of this analysis can be seen in Table XIII. There was a statistically significant ($P \leq 0.01$) difference between the hawthorne's group's post test means and the control group's post test means. The treatment group's post test means was also statistically significant ($P \leq 0.01$) from the control group's post test means. No statistically significant difference was
indicated by the Duncan's New Multiple Range Test between the hawthorne group's post test means and the treatment group's post test means.

It can be seen that three of the five variables (Sa, Sy, A) in Hypothesis 5 proved to be statistically significant and that two were not statistically significant. It can also be seen that in those three variables that were statistically significant the Duncan's New Multiple Range Test was unable to prove that the statistical significance lay solely within the treatment group. It can also be noted at this point that while the Duncan's New Multiple Range Test was unable to prove statistical significance for the treatment group it did not indicate statistical significance for the hawthorne group. However, keeping within the strictest boundaries of data analysis, Hypothesis 5 must be rejected.

Hypothesis 6: The experimental group will score higher on those scales which when totalled will indicate high ability to (1) measure feeling within one's self (Fr and S); (2) ability to like one's self for one's strengths and in spite of one's weaknesses (Sr and Sa) then will either the control or hawthorne groups. Determination will be based upon the production of statistically significant change scores between pre and post testing.

Since this hypothesis is composed of two variables, each variable and its accompanying analysis will be presented consecutively in the order listed
above. An analysis of covariance was applied to the Feeling Reactivity/Spontaneity Scale, Variable 1, Hypothesis 6. The results of this analysis can be seen in Table XIV. There was no statistical significance found.

An analysis of covariance was applied to the Self Respect/Self Acceptance Scale, Variable 2, Hypothesis 6. Results of that analysis can be seen in Table XV. There was a statistically significant ($P \leq 0.05$) increase in the post test scores. Since a statistically significant difference was determined a Duncan's New Multiple Range Test was applied. The results of this test can be seen in Table XVI. The Duncan's New Multiple Range Test revealed a statistically significant ($P \leq 0.01$) difference between the treatment group's post test means and the control group's post test means. A statistically significant difference did not occur between the control group's post test means and the hawthorne group's post test means, nor between the hawthorne group's post test means and the treatment group's post test means. The implication of these findings will be discussed in Chapter V.

In the overall analysis due to the fact that only one variable was statistically significant and that variable did not show that the statistical significance lay solely within the treatment group Hypothesis 6 was rejected.

Hypothesis 7: The experimental group will score higher on those scales which when totalled will indicate a high degree of awareness ($Nc$ and $Sy$) than will either the control
or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

An analysis of covariance was used to test Hypothesis 7. The results of this analysis can be seen in Table XVII. The results of the analysis seems to indicate that those individuals who received the treatment did not demonstrate a significantly increased score on the awareness scale. The data does not support Hypothesis 7 due to the lack of statistical significance. Therefore, Hypothesis 7 was rejected.

Hypothesis 8: The experimental group will score in a more positive direction on selected scales of the California Psychological Inventory: Dominance Scale (D), Self Acceptance Scale (Sa), Well Being Scale (Wb), Self Control Scale (Sc), Tolerance Scale (To), Achievement vs. Indepandence Scale (AI), Flexibility Scale (Fx) than will the control or hawthorne groups. Determination will be based on the production of statistically significant change scores between pre and post testing.

Since this hypothesis is composed of seven variables each variable and its accompanying analysis will be presented in the order listed above. An analysis of covariance was applied to the Dominance Scale, Variable 1. Hypothesis 8.
The results of this analysis can be seen in Table XVIII. Since this analysis indicated a statistically significant (P ≤ .05) change score a Duncan's New Multiple Range Test was applied to this data. The results of this analysis can be seen in Table XIX. The Duncan's New Multiple Range Test clearly indicated that the treatment group's post test mean score was statistically significant (P ≤ .05) from both the hawthorne group's post test means and the control group's post test means.

An analysis of covariance was applied to the Self Acceptance Scale, Variable 2, Hypothesis 8. The results of this analysis can be seen in Table XX. Since this analysis indicated no statistically significant change score a Duncan's New Multiple Range Test was not applied.

An analysis of covariance was applied to the Well Being Scale, Variable 3, Hypothesis 8. The results of this analysis can be seen in Table XXI. Since this analysis indicated a statistically significant (P ≤ .05) change score a Duncan's New Multiple Range Test was applied to this data. The results of this analysis can be seen in Table XXII. The Duncan's New Multiple Range Test revealed that a statistically significant (P ≤ .05) difference does exist between the treatment group's post test means and the hawthorne group's post test means. No statistically significant difference occurs between the treatment group's post test means and the control group's post test means.
An analysis of covariance was applied to the Self Concept Scale, Variable 4, Hypothesis 8. The results of this analysis can be seen in Table XXIII. Since this analysis indicated no statistically significant change score a Duncan's New Multiple Range Test was not applied.

An analysis of covariance was applied to the Tolerance Scale, Variable 5, Hypothesis 8. The results of this analysis can be seen in Table XXIV. Since this analysis indicated a statistically significant (P<.05) change score a Duncan's New Multiple Range Test was applied to this data. The results of this analysis can be seen in Table XXV. The Duncan's New Multiple Range Test clearly indicates that a statistically significant (P<.01) difference does exist between the control group's post test means and the treatment group's post test means. In addition, the Duncan's New Multiple Range Test clearly indicates that a statistically significant (P<.05) difference does exist between the hawthorne group's post test means and the treatment group's post test means.

An analysis of covariance was applied to the Achievement vs. Independence Scale, Variable 6, Hypothesis 8. The results of this analysis can be seen in Table XXVI. Since this analysis indicated no statistically significant change score a Duncan's New Multiple Range Test was not applied.

An analysis of covariance was applied to the Flexibility Scale, Variable 7, Hypothesis 8. The results of this analysis can be seen in Table XXVII. Since this analysis indicated no change score a Duncan's New Multiple Range
Test was not applied.

Since only three (Do, Wb, and To) of the seven variables were statistically significant, see Tables XVIII, XXI, XXIV and only two of those variables (Do and To) were statistically significant for the treatment group alone, see Tables XIX and XXV, Hypothesis 8 was rejected.

Summary

The eight hypothesis presented and the 19 variables were statistically analyzed by an analysis of covariance. Only two (Do and To) of the total of 19 variables were determined as showing that the experimental group did change in a statistically significant manner. It can be seen that the experimental group showed a statistically significant improvement in their level of tolerance as measured by the California Psychological Inventory, Tolerance Scale, and a statistically significant increase in their degree of Dominence in the assertive behavior as measured by the California Psychological Inventory, Dominence Scale. In the other six variables (PRO, Sa, Sy, A, Sr/Sa, and Wb), which showed that statistically significant changes had occurred, see Tables III, VIII, X, XII, XV, XXI, evidence that the significance lay solely within the treatment group could not be produced. On the basis of the above analysis all eight hypothesis were rejected. Further discussion will be presented in Chapter V.
ANALYSIS OF COVARIANCE FOR MISKIMINS, SELF-GOAL-OTHER, SELF-CONCEPT SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>57.3636</td>
<td>59.0909</td>
<td>57.4926</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>53.1818</td>
<td>46.9091</td>
<td>48.1028</td>
</tr>
<tr>
<td>Treatment</td>
<td>54.3636</td>
<td>44.5455</td>
<td>44.9501</td>
</tr>
</tbody>
</table>

\[ F(2/29\text{ Df})=3.156 \text{ not significant} \]

Table I
ANALYSIS OF COVARIANCE FOR MISKIMINS SELF-CONCEPT - GOAL-SELF CONCEPT DISCREPANCY SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>15.0000</td>
<td>15.5455</td>
<td>17.9802</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>23.6364</td>
<td>14.4545</td>
<td>13.3669</td>
</tr>
<tr>
<td>Treatment</td>
<td>24.2727</td>
<td>14.0909</td>
<td>12.7438</td>
</tr>
</tbody>
</table>

F(2/29 Df)=0.960 not significant

Table II
ANALYSIS OF COVARIANCE FOR MISKIMINS SELF-GOAL-OTHER PERCEIVED RESPONSES OF OTHERS SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>57.1818</td>
<td>55.9091</td>
<td>53.7883</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>48.8182</td>
<td>39.1818</td>
<td>40.5455</td>
</tr>
<tr>
<td>Treatment</td>
<td>50.2727</td>
<td>39.3636</td>
<td>40.1211</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df})=4.030* \]

*\(P < .05\)

Table III
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - MISKIMINS SELF-GOAL-OTHER PERCEIVED RESPONSES OF OTHERS SCALE

<table>
<thead>
<tr>
<th>Means</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4) Shortest Significant Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40.1211</td>
<td>40.5455</td>
<td>53.7883</td>
<td>P_01** P_05*</td>
</tr>
<tr>
<td>1</td>
<td>40.1211</td>
<td></td>
<td>.421</td>
<td>13.6672* R_2 14.7133 10.9272</td>
</tr>
<tr>
<td>2</td>
<td>40.5455</td>
<td></td>
<td></td>
<td>13.2431* R_3 15.3959 11.4901</td>
</tr>
<tr>
<td>3</td>
<td>53.7883</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
1 = treatment
2 = hawthorne
3 = control

Table IV
ANALYSIS OF COVARIANCE FOR MISKIMINS SELF-GOAL-OTHER SELF-PERCEIVED RESPONSES OF OTHERS SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>11.4545</td>
<td>11.5455</td>
<td>12.1336</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>10.4545</td>
<td>13.1818</td>
<td>14.2111</td>
</tr>
<tr>
<td>Treatment</td>
<td>16.4545</td>
<td>7.5455</td>
<td>5.9280</td>
</tr>
</tbody>
</table>

$F(2/29 \text{ Df})=2.043$ not significant

Table V
ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, EXISTENTIALITY SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
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</thead>
<tbody>
<tr>
<td>Control</td>
<td>23.7273</td>
<td>24.3636</td>
<td>24.8213</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>24.3636</td>
<td>26.2727</td>
<td>26.4477</td>
</tr>
<tr>
<td>Treatment</td>
<td>26.1818</td>
<td>27.7273</td>
<td>27.0946</td>
</tr>
</tbody>
</table>

$F(2/29 \text{ Df})=2.599$ not significant

Table VI
# ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, SELF RESPECT SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Prestest</th>
<th>Post test</th>
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<tbody>
<tr>
<td>Control</td>
<td>12.1818</td>
<td>11.8182</td>
<td>11.9070</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>12.0000</td>
<td>12.6364</td>
<td>12.8013</td>
</tr>
<tr>
<td>Treatment</td>
<td>13.0000</td>
<td>14.0000</td>
<td>13.7462</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df}) = 2.559 \text{ not significant} \]

Table VII
ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, SELF ACCEPTANCE SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>17.2727</td>
<td>17.0000</td>
<td>16.8459</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>16.3636</td>
<td>18.5455</td>
<td>18.8116</td>
</tr>
<tr>
<td>Treatment</td>
<td>17.1818</td>
<td>19.5455</td>
<td>19.4334</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df}) = 4.431^* \]

*P< .05

Table VIII
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - SELF ACCEPTANCE SCALE, PERSONAL ORIENTATION INVENTORY

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>16.8459</td>
<td>18.8116</td>
<td>19.4334</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>16.8459</td>
<td>1.9657*</td>
<td>2.5875*</td>
<td>R₂ 2.4875 1.8464</td>
</tr>
<tr>
<td>2</td>
<td>18.8116</td>
<td></td>
<td>.6218</td>
<td>R₃ 2.5965 1.9425</td>
</tr>
<tr>
<td>3</td>
<td>19.4334</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
1 = control
2 = hawthorne
3 = treatment

Table IX
ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, SYNERGY SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>7.5455</td>
<td>7.3636</td>
<td>7.2299</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>7.3636</td>
<td>8.0909</td>
<td>8.0575</td>
</tr>
<tr>
<td>Treatment</td>
<td>7.0000</td>
<td>7.6364</td>
<td>7.8035</td>
</tr>
</tbody>
</table>

F(2/29 Df)=3.707*

*P<.05

Table X
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - SYNERGY SCALE, PERSONAL ORIENTATION INVENTORY

<table>
<thead>
<tr>
<th>Means</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4) Shortest Significant Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 7.2299</td>
<td>-----</td>
<td>.5736</td>
<td>.8276*</td>
<td>R₂ .8511 .6301</td>
</tr>
<tr>
<td>2 7.8035</td>
<td>-----</td>
<td>------</td>
<td>.2540</td>
<td>R₃ .8883 .6630</td>
</tr>
<tr>
<td>3 8.0575</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
1 = control
2 = treatment
3 = hawthorne

Table XI
ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, ACCEPTANCE OF AGGRESSION SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>17.6364</td>
<td>17.1818</td>
<td>17.2247</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>17.9091</td>
<td>19.4545</td>
<td>19.3689</td>
</tr>
<tr>
<td>Treatment</td>
<td>17.6364</td>
<td>19.1818</td>
<td>19.2247</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df}) = 6.242^{**} \]

\[ **P \leq 0.01 \]

Table XII
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - ACCEPTANCE OF AGGRESSION SCALE, PERSONAL ORIENTATION INVENTORY

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>P_.01** P_.05*</td>
</tr>
<tr>
<td>1</td>
<td>17.2247</td>
<td></td>
<td>2.000**</td>
<td>2.1442**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>R2 1.8656 1.3812</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>19.2247</td>
<td></td>
<td></td>
<td>1.1442</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>R3 1.9472 1.4532</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>19.3689</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
1 = control
2 = treatment
3 = hawthorne

Table XIII
ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, FEELING REACTIVITY/SPONTANEITY SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>31.6364</td>
<td>30.7273</td>
<td>31.2050</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>33.3636</td>
<td>34.3636</td>
<td>33.9336</td>
</tr>
<tr>
<td>Treatment</td>
<td>32.6264</td>
<td>34.5455</td>
<td>34.4977</td>
</tr>
</tbody>
</table>

F(2/29 Df)=3.053 not significant

Table XIV
ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, SELF RESPECT/SELF ACCEPTANCE SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>29.4545</td>
<td>28.8182</td>
<td>28.7690</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>28.3636</td>
<td>31.1818</td>
<td>31.5755</td>
</tr>
<tr>
<td>Treatment</td>
<td>30.1818</td>
<td>33.5455</td>
<td>33.2010</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df})=4.438^* \]

\*P < .05

Table XV
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - SELF RESPECT/SELF ACCEPTANCE SCALE, PERSONAL ORIENTATION INVENTORY

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4) Shortest Significant Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means</td>
<td>28.6790</td>
<td>31.5755</td>
<td>33.2010</td>
<td>P_ .01**  P_ .05*</td>
</tr>
<tr>
<td>1</td>
<td>28.7690</td>
<td></td>
<td></td>
<td>2.8065  4.4320** R_2 4.1378 3.0637</td>
</tr>
<tr>
<td>2</td>
<td>31.5755</td>
<td></td>
<td></td>
<td>1.6255  R_3 4.3186 3.2230</td>
</tr>
<tr>
<td>3</td>
<td>33.2010</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
1 = control
2 = hawthorne
3 = treatment

Table XVI
ANALYSIS OF COVARIANCE FOR PERSONAL ORIENTATION INVENTORY, NATURE OF MAN/SYNERGY SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>19.1818</td>
<td>19.5455</td>
<td>19.6576</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>19.5455</td>
<td>20.5455</td>
<td>20.4333</td>
</tr>
<tr>
<td>Treatment</td>
<td>19.3636</td>
<td>20.8182</td>
<td>20.8182</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df})=1.542 \text{ not significant} \]

Table XVII
ANALYSIS OF COVARIANCE FOR CALIFORNIA PSYCHOLOGICAL INVENTORY DOMINANCE SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>29.3636</td>
<td>28.9091</td>
<td>29.5258</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>30.3636</td>
<td>29.8182</td>
<td>29.5500</td>
</tr>
<tr>
<td>Treatment</td>
<td>30.4545</td>
<td>31.6364</td>
<td>31.2878</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Fd})=3.736^* \]

\*\( p < .05 \)

Table XVIII
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - DOMINANCE SCALE, CALIFORNIA PSYCHOLOGICAL INVENTORY SCALE

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4) Shortest Significant Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means</td>
<td>29.5258</td>
<td>29.5500</td>
<td>31.2878</td>
<td>P_.01** P_.05*</td>
</tr>
<tr>
<td>1</td>
<td>29.5258</td>
<td>.0242</td>
<td>1.7620*</td>
<td>R₂  2.0353 1.5068</td>
</tr>
<tr>
<td>2</td>
<td>29.5500</td>
<td></td>
<td>1.7378*</td>
<td>R₃  2.1242 1.5853</td>
</tr>
<tr>
<td>3</td>
<td>31.2878</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
1 = control
2 = hawthorne
3 = treatment

Table XIX
ANALYSIS OF COVARIANCE FOR CALIFORNIA PSYCHOLOGICAL INVENTORY SELF ACCEPTANCE SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>22.7273</td>
<td>22.4545</td>
<td>23.0591</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>23.5455</td>
<td>24.0000</td>
<td>23.8949</td>
</tr>
<tr>
<td>Treatment</td>
<td>24.0000</td>
<td>24.7273</td>
<td>24.2278</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df}) = 1.150 \text{ not significant} \]

Table XX
ANALYSIS OF COVARIANCE FOR CALIFORNIA PSYCHOLOGICAL INVENTORY WELL BEING SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>32.6364</td>
<td>33.0000</td>
<td>33.6639</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>34.3636</td>
<td>31.4545</td>
<td>30.6630</td>
</tr>
<tr>
<td>Treatment</td>
<td>33.2727</td>
<td>35.0000</td>
<td>35.1277</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df}) = 4.045^* \]

*P < .05

Table XXI
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - WELL BEING SCALE, CALIFORNIA PSYCHOLOGICAL INVENTORY SCALE

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means</td>
<td>30.6630</td>
<td>33.6639</td>
<td>35.1277</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>30.6630</td>
<td></td>
<td></td>
<td>P_.01**</td>
</tr>
<tr>
<td>2</td>
<td>33.6639</td>
<td>3.0009</td>
<td>4.4647*</td>
<td>R2 4.3782</td>
</tr>
<tr>
<td>3</td>
<td>35.1277</td>
<td></td>
<td></td>
<td>R3 4.5695</td>
</tr>
</tbody>
</table>

Legend:
1 = hawthorne
2 = control
3 = treatment

Table XXII
ANALYSIS OF COVARIANCE FOR CALIFORNIA PSYCHOLOGICAL INVENTORY SELF CONTROL SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>22.9091</td>
<td>23.3636</td>
<td>23.4285</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>23.2727</td>
<td>21.0909</td>
<td>20.8964</td>
</tr>
<tr>
<td>Treatment</td>
<td>22.8182</td>
<td>20.5455</td>
<td>20.6751</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df})=2.280 \text{ not significant} \]

Table XXIII
ANALYSIS OF COVARIANCE FOR CALIFORNIA PSYCHOLOGICAL INVENTORY TOLERANCE SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>18.0909</td>
<td>17.6364</td>
<td>19.5541</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>22.0909</td>
<td>21.1818</td>
<td>20.3776</td>
</tr>
<tr>
<td>Treatment</td>
<td>22.5455</td>
<td>24.2727</td>
<td>23.1592</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df})=4.739^* \]

\*P<.05

Table XXIV
DUNCAN'S NEW MULTIPLE RANGE TEST APPLIED TO THE DIFFERENCE BETWEEN TREATMENT MEANS - TOLERANCE SCALE, CALIFORNIA PSYCHOLOGICAL INVENTORY SCALE

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4) Shortest Significant Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>19.5541</td>
<td>20.3776</td>
<td>23.1592</td>
<td>( P_{.01}^{**} P_{.05}^* )</td>
</tr>
<tr>
<td>2</td>
<td>19.5541</td>
<td>.8235</td>
<td>3.6051**</td>
<td>( R_2 3.1991 2.3746 )</td>
</tr>
<tr>
<td>3</td>
<td>20.3776</td>
<td>2.7816*</td>
<td>3.475</td>
<td>( R_3 3.475 2.498 )</td>
</tr>
<tr>
<td>3</td>
<td>23.1592</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
1 = control
2 = hawthorne
3 = treatment

Table XXV
### ANALYSIS OF COVARIANCE FOR CALIFORNIA PSYCHOLOGICAL INVENTORY
#### ACHIEVEMENT VS INDEPENDENCE SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>20.6364</td>
<td>20.1818</td>
<td>21.6137</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>22.4545</td>
<td>22.0909</td>
<td>22.0666</td>
</tr>
<tr>
<td>Treatment</td>
<td>24.1818</td>
<td>23.7273</td>
<td>22.3197</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df}) = 0.144 \text{ not significant} \]

Table XXVI
**ANALYSIS OF COVARIANCE FOR CALIFORNIA PSYCHOLOGICAL INVENTORY FLEXIBILITY SCALE**

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Post test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>11.6364</td>
<td>11.7273</td>
<td>14.2530</td>
</tr>
<tr>
<td>Hawthorne</td>
<td>16.5455</td>
<td>16.8182</td>
<td>14.9911</td>
</tr>
<tr>
<td>Treatment</td>
<td>15.2727</td>
<td>15.9091</td>
<td>15.2105</td>
</tr>
</tbody>
</table>

\[ F(2/29 \text{ Df}) = 0.455 \text{ not significant} \]

Table XXVI I
CHAPTER V

DISCUSSION, OBSERVATION, LIMITATIONS, AND IMPLICATIONS OF THE STUDY

This dissertation attempted to address itself to one central question: Could Gestalt Therapy significantly increase self-acceptance in those subjects who experienced either direct or indirect treatment? This chapter will center itself on the answer to that question. The implications for further research will be discussed. In addition, the limitations of this study will also be reviewed.

Eight specific hypotheses were generated to answer the above central question. The outcomes of these eight hypotheses, to facilitate discussion, were separated into two dimensions. These dimensions were: (1) self-acceptance, and (2) the effects of the Gestalt treatment.

Self Acceptance

Briefly restated self-acceptance, in terms of this study, is the acceptance of self in spite of weaknesses or deficiencies, and with a realistic understanding of one's strengths and abilities, (Shostrum, 1966). Carkhuff and Truax (1967) also strongly suggest that self-acceptance is an acceptance of what one is, rather than a demand for what one ought to be.
The MSGO was used to measure any changes that might occur due to the treatment in the self-concept of the experimental subjects. The analysis of the self-concept scale of the MSGO did not reveal a statistically significant improvement between the pre-experimental and the post-experimental period for the treatment, hawthorne or control group. On the other hand, an examination of the raw data demonstrates that in terms of the largest degree of improvement the treatment group showed a mean improvement score of 9.8181 as opposed to a mean improvement score for the hawthorne group of 6.2727, and a decreased mean score of -1.7273 for the control group. The standard deviations for the treatment, hawthorne, and control groups were 8.96, 17.87 and 20.12 respectively. While no statistical significance can be claimed, it can be seen that the treatment group did demonstrate, according to the MSGO, an improved self-concept which was greater than either the control or hawthorne.

From a statistical point of view the findings did not support the previous research of Wargo and Truax (1966b); Barrett-Lennard (1962); and Argyris (1964) whose research reported that human potential group programs did effect a change in the self-concept of the subjects. The findings of this dissertation concerning the issue of self-concept did seem to lend support to the position postulated by Campbell and Dunnette (1968) and Rollin (1970) that certainty could not be established for subject's changes in self-perception as a result of group human potential experiences.
The second hypothesis concerned with self-acceptance predicted that if increased self-acceptance were to be developed in the subjects, there would exist after the experimental period fewer discrepancies between a person's concept of himself and a person's concept of his ideal self.

Carkhuff and Truax (1967) and Rogers (1964) indicate that self-acceptance as viewed in the above manner was an outcome of successful group counseling. Crater (1959) and Burke and Bennis (1961) report that human potential group experiences lessened the discrepancies between self-concept and ideal self in those subjects who experienced the training. This study did not support those findings. Rather, the findings reported in this study (see Table II) support the findings of Gassner, et al., (1964), Stock (1964), Rollin (1970) who reported no significant change in self-perception relative to self-concept – ideal self-concept discrepancy as a result of T-group and human relations training. Campbell and Dunnett (1968) in their exhaustive review of T-group research write:

It seems relatively well established that the way in which an individual see himself may indeed change during the course of a T-group. However, there is no firm evidence indicating that such changes are produced by T-group training as compared with other types of training, merely by the passage of time, or even by the simple expedient of retaking a self-descriptive inventory after a period of thinking about one's previous responses to the same inventory, (p. 91).
Perls, et al., (1951) strongly utilized the psychoanalytic principle of projection as an important concept in his therapeutic method. Perls, et al., (1951) writes of projections as:

A trait, attitude, feeling or bit of behavior which actually belongs to your own personality but is not experienced as such; instead, it is attributed to objects or persons in the environment and then experienced as directed toward you by them instead of the other way around, (p. 211).

When a person is projecting he loses his identification with the impulse, and thus believes that the impulse is directed from the environment towards him. To that person it is logical, therefore, to expect that the resolve of the impulse will be done for the person by the environment. In other words he "waits for his problem to be solved for him from outside, (Perls, et al., 1951, p. 212).

The Gestalt means of eliminating the projection is to "re-own" the projected impulse, fear, or thought. "The only way actually to get rid of an "unwanted feeling" is to accept it," (Perls, et al., 1951, p. 221). On the basis of the above theoretical position it seems logical to suggest that those people who accept themselves would reduce their projections. That is they would admit to their feelings and impulses and thoughts as part of their own personality. Hence they would not project as much as the non-self-accepting person. These people would tend to have a more realistic picture of their environment as being more positive in its relations to themselves. In terms of
research, Fey (1955) reported that students, third year medical students, who had measures of high self-acceptance also saw their environment as being more favorable to them. Hamachek (1971) regards the self-accepting person as a person who is less defensive and sees the world as a congenial environment.

The MSGO's PRO scale was used to measure how a subject perceived his environment. It was hypothesized that the subjects who underwent the treatment (Gestalt Therapy) would reown their projections and therefore see the responses of others as being more favorable to them. It seems plausible to suggest that those people who see their environment as positive could be viewed as more self-accepting of themselves.

The results of the PRO scale of the MSGO revealed a statistically significant improvement on the mean scores for the treatment group. In terms of the research design utilized in this study, a significant change score was also found to exist between the hawthorne group and the control group. While hypothesis three does seem to indicate support for the general hypothesis, the impact of this finding is dulled by the results of the scores for the hawthorne group. The implications of the findings for hypothesis three in regards to the efficacy of Gestalt groups versus a hawthorne group will be discussed in the second section of Chapter V.

Hypothesis four was an extension of hypothesis three. It was believed that if a positive relationship between self-acceptance and favorable perceived
responses of others existed, the discrepancies between self-concept and perceived responses of others would be fewer for the treatment group.

The results of the SC-PRO scale did not reveal a statistically significant change score for either the treatment or hawthorne groups. An examination of the raw data revealed that the treatment group's mean post test score indicated an improvement of 8.90 while both the control group and the hawthorne group showed a negative post test means change score of -.091 and -2.72 respectively. The standard deviations for the three groups were: (1) treatment, 5.36; (2) control, 14.94; and (3) for the hawthorne group 9.15. The large standard deviations of the three groups, especially those standard deviations of the control and hawthorne group could suggest a possible reason as to why there was no statistical significance. It can be further observed that eight of the eleven subjects in the treatment group showed a favorable change score between pre and post testing. On the other hand only five subjects in the control group and only five subjects in the hawthorne group demonstrated a positive change score.

Summary of the Analysis of the MSGO

Only one of the four hypotheses (three) was found to show statistical significance. Statistical significance occurred for both the treatment group and the hawthorne group. It was suggested that the hawthorne group's change was a result of the positive environment in which the hawthorne group was conducted.
The four sub-hypotheses failed to show strong statistical support for the major hypothesis.

The Efficacy of the Gestalt Therapy Group

Everett L. Shostrom in his POI Manual: An Inventory for the Measurement of Self Actualization (1966) acknowledges Dr. Fredrick Perls for developing the concepts which underlie the Inventory, and Shostrom further acknowledges Dr. James Simkin for his assistance in the development of some of the Inventory items. It seems logical to assume that since extensive support for the POI has been derived from Gestalt Therapy theory and practitioners of the same, that a group utilizing a Gestalt approach should show significant improvement in POI scales beyond that of a control and hawthorne. Hypotheses five, six and seven were constructed from eight POI scales. These scales were: (1) self-respect, (Sr); (2) self-acceptance, (Sa); (3) existentiality, (Ex); (4) synergy, (Sy); (5) acceptance of aggression, (A); (6) feeling reactivity and spontaneity (Fr/Sp); (7) self-respect and self-acceptance, (Sr/Sa); and (8) nature of man and synergy, (Nc/Sy).

The results of hypotheses five revealed that there was no statistical significant change score for the Gestalt treatment group for three of the five scales (existentiality, self-regard, and synergy) on the POI. These results do not support the findings reported by Guinan and Fcuid who reported strong significant changes (P < 01) for seven scales of the POI for a treatment group
which participated in a thirty-hour human potential group. The treatment group did show a significant change score on the A scale of the POI ($P < 0.01$). This coincides with the findings of Guinan and Foulds (1970) and Culbert, et al., (1968). However the more interesting results of this analysis of this scale is that the hawthorne group also improved their acceptance of aggression score ($P < 0.01$); in fact the mean improvement score for the hawthorne group (1.5454) was the same for the treatment group. The Synergy scale of the POI revealed a significant ($P < 0.05$) change score for the hawthorne group alone. The hawthorne group demonstrated a statistically significant difference from the control group. The treatment group did not differ statistically speaking from either the control or the hawthorne group (see Table XI).

Equally important is the finding that in regards to the self-acceptance scale of the POI both the hawthorne group and the treatment group showed a statistically significant difference when compared to the control group. When the treatment group was compared to the hawthorne group no statistical significance could be determined. A possible explanation of the hawthorne group’s change may be attributed to the nature of the atmosphere which was maintained in the hawthorne group.

Shostrom (1966) suggests that the two scales of self-regard and self-acceptance when combined will give an accurate overall score of a subject’s self-perception. The higher the totalled score the more generally acceptant
and positive a person is about himself. The findings relevant to this item indicate a substantial change \( (P < 0.05) \) occurred. Furthermore, the findings revealed that the treatment group was statistically significant \( (P < 0.01) \) from the control group. While statistical significance could not be established between the treatment group and the hawthorne group it was observed from the raw data that the treatment group scored an increase of 3.3533 as compared to the hawthorne group's mean increase of 2.8182. The standard deviation for the treatment and the hawthorne were 3.1421 and 5.1927 respectively. As measured by the Sr/Sa scale of the POI the Gestalt treatment was able to effect the perception of participants to a degree statistically significant to that of a control group, and greater although not statistically significant than that of a hawthorne group.

**Summary of the Analysis of the POI Scales**

Hypotheses five, six and seven were comprised of selected scales from the POI. Only four scales \( (Sa, Sy, A, \text{ and } Sr/Sa) \) was a statistically significant difference determined. On the Sy and A scales the hawthorne group demonstrated a statistical significance. The atmosphere of the hawthorne group may have had a greater effect than anticipated. Hypothesis seven showed no statistical significance at all. In summation the sub-hypotheses five, six and seven did not give statistical support to the major hypothesis.

Campbell and Dunnette (1968) cite the failure of human potential groups to register changes on standardized personality tests. Campbell and
Dunnette (1968) write:

An internal criterion, which so far has yielded completely negative results, is the standardized personality measure. Massarik and Carlson (cited in Dunnette, 1962) administered the CPI (Gough, 1957) before and after a relatively long sensitivity-training course conducted with a group of students (N = 70) at UCLA. No significant changes were observed, (p.

The results of the analysis applied to the data of hypothesis eight yielded some interesting information. On four of the scales utilized from the CPI no significance was found. This information collaborates the finding of Massarik and Carlson (1961), Coons, (1957). Statistical significance (P<.05) was determined for the treatment group as compared to both the hawthorne and control group on the Dominance scale of the CPI. The same findings resulted after the analysis of the data for the Tolerance scale of the CPI, (See Table XV).

In both instances, the treatment groups change seem to be a result of treatment. It may be suggested however that this change could also be the result of the interaction with personality variables of the therapist. Fiedder (1953) and Snyder (1957) have argued that change in therapy is a correlate of the therapist personality. Clinical observations suggest that the practicing therapist was a self assertive individual. What may have occurred was the modeling of self-assertive behavior (Bandura 1968). While it has been argued
that interaction effect (Coons, 1957) is an important variable for therapeutic change, Perls has argued the idea the intrapersonal interaction is necessary for change. In terms of the variable, Tolerance, Perls et al., (1951), have argued that intolerance is a projection. Intolerance of others is actually an intolerance of some aspect of a person's own personality which is projected onto the environment. Becoming more tolerant of ourselves will lead to an increased tolerance of others.

**Summary of the Analysis of the CPI Scales**

Only two of the CPI scales showed statistical significance (Do and To). Both of these scales showed a significant \((P<.05)\) over both the control and hawthorne groups. These two scales represented the strongest findings in this study. It may be possible that the Gestalt group achieved some personality changes or that the results are a reflection of the therapist.

**Limitations of the Study**

In many ways the nature of the population was a limitation of this study. Participants in all three groups were prior to the experiment functioning according to pre test measures at a level which greatly exceeded the functioning level of the general population. In addition, many of the participants had had previous training in counseling, therapy, and human relations skills. The participants in the treatment group were also interested in the treatment from a cognitive
perspective and therefore, it may be assumed they tended to analyze the
treatment rather than experience it. Furthermore, the practicing therapist
can be regarded as a relatively inexperienced therapist and thus his probabilities
of success were limited (Fiedler 1951, 1953; Snyder 1964). And finally the
measures used in this study while reporting good reliability may not actually
have good reliability. Part of the measurement also reflected a post hoc
approach to the study of the effects of Gestalt Therapy. Gestalt Therapy theory
emphasizes an approach to the whole person. The use of instruments which
attempt to divide personality into sub-compartments may prove to be useless
in terms of measuring Gestalt Therapy.

Summary

It was the attempt of this study to create in the hawthorne groups an
atmosphere of warmth, positive attention, and acceptance. The leader of the
hawthorne group possessed counseling skills which were used to keep the group
as closely as possible in the atmospheric state described. While the leader did
not attempt to draw out the feelings of any of the group members or engage the
group in any activity which might be classified as a T-group, counseling, or
therapy method, the leader did accept all of the student's questions and answers
as warmly as possible. Furthermore, the leader did encourage the group to ask
questions and he attempted to show concern for each student in regards to the
lectures. In all of the hawthorne meetings (see Figure II), the leader only
attempted to show positive interest in the group members.

It is this atmosphere and the modeling of positive accepting behavior which may have caused the changes noted in the hawthorne group. The group leader showed an acceptance of ideas which were not akin to his. This may be interpreted as an acceptance of aggression in an intellectual way. In addition the group leader's behavior demonstrated a general feeling of acceptance. This acceptance from the environment may have been responsible for an internalization of acceptance on the part of the group participants (see page ).

Social reinforcement from a respected figure can be internalized by the recipient of the reinforcement, (Bandura, 1968). Finally, the group leaders attempt to accept all questions and answers from all participants without negative judgment required that he in some way was able to make seemingly deviant opinions and attitudes seem more similar. It is quite possible that without realization, the group leader was demonstrating an intellectualizing of synergism. In general it is quite possible that just the warm, positive, and concerned affect given to the group by the leader is responsible for the changes mentioned, (Betz, 1962; Fielder, 1950b; C. Gail Gardner, 1964; Rogers, 1959b; Truax, 1966), and numerous other counselors and researchers have demonstrated the rapid change in a client(s) due to facilitative conditions which are similar to those conditions described above.

In terms of applying social science research methodology to the study of the effects of Gestalt Therapy it would still seem quite practical to continue
Investigating Gestalt Therapy with the research tools currently in use. Dunner (1968) utilized typical behavioral science research methodology in studying the effects of Gestalt exercises and reported significant results. It would seem logical to assume that if Gestalt Therapy can produce a change in an individual that change will manifest itself in terms of behavior, and behavior can be measured.

In examining the eight sub-hypothesis no statistical evidence could be produced which would allow for the acceptance of the major hypothesis. Change scores which show movement in a direction favoring the hypothesis were found to exist for both the hawthorne as well as the treatment group. The treatment overall showed a somewhat more favorable approximation of self-acceptance. On two personality items of the CPI the treatment group showed a statistically significant change score in comparison to the hawthorne and control groups.
CHAPTER VI
SUMMARY

This study was designed to test whether or not Gestalt Therapy could raise the level of self-acceptance in graduate students in counselor education and thereby lend itself to the training of counselors and human relations specialists. The experimental period covered a six sessions of two hours duration, over a six week training period.

The research design employed in this study was basically a random assignment of subjects to either a treatment, control or hawthorne group. This was a variation of Design Four (Campbell and Stanley, 1963). Pre and post tests were administered to all groups before and after the experimental period.

The subjects in the experiment were all graduate students in counseling or human relations training at the School of Education, University of Massachusetts, Amherst. Thirty-three subjects were randomly selected from a group of volunteers and then randomly assigned to the treatment, hawthorne or control group. The Gestalt therapist is currently a psychologist and post-doctoral fellow at the Northampton Veterans Hospital, Northampton, Massachusetts, and the clinical program, Psychology Department, University of Massachusetts.
The Criterion measures used in this study are as follows: The Miskimins Self-Goal-Other Discrepancy scale; the Personal Orientation Inventory; and the California Psychological Inventory.

Results of this study were discussed in relation to the development of self-acceptance and the efficacy of Gestalt Therapy in relationship to a Hawthorne group. Finally, the results of the study were discussed in terms of implications for further research and limitation of the present study.

Eight specific hypotheses were generated, tested and examined as an outcome of this study. These hypotheses may be assigned to two distinct dimensions. The first is that the subjects in the treatment group would demonstrate statistically significant increase in their self-acceptance as measured by hypotheses one, two, three and four. The second that Gestalt Therapy would prove to be an expedient means for producing personality change particularly relevant to self-perception. The results of hypotheses testing revealed that there was no statistically significant change in the level of self-acceptance in the treatment group. It was further revealed that only one (hypothesis three) of the first four hypotheses revealed a statistically significant change for the treatment group, and that hypothesis was equally as significant in terms of mean improvement score for the hawthorne group.

In terms of the second dimension, hypotheses testing did not conclusively demonstrate that the Gestalt Therapy treatment was effective in
altering the predicted changes relevant to self-perceptions as measured by hypotheses five through eight. It was further revealed that the Gestalt Therapy treatment did significantly effect the post test scores of the treatment subjects on two scales of the CPI, as opposed to both the control and hawthorne groups. These scales were Dominance and Tolerance. Clinical Observation suggested that these changes may have been a function of the therapist as clearly opposed to the function of the therapy model. Harper (1959); Carkhuff, Truax, and Wargo (1966b); Russell and Snyder (1964); Barron and Leary (1955); Vogel and Cartwright (1960) all strongly argue that therapeutic change may be a function of the therapist and not solely a function of the school of therapy. This study would seem to support that contention. There seems to be strong methodological problems apparent in researching the Interaction the effect between the therapist and theory; however, it should be noted that Gestalt Therapy can be researched by current behavioral science methods.

Finally, in terms of the limitations it can be seen that the subjects for all three groups were not typical by virtue of their education training and previous experience. Longitudinal studies should be conducted to determine some of the effects that time has on the outcomes of therapy. It is possible to have subjects who gain immediately from therapy, counseling, and human relations groups only to lose the gains after a period of time. It is also conceivable that there are clients who demonstrate no gains immediately following treatment, but tend to demonstrate different behaviors or attitudes after a period of time.
This study recommends that wherever possible multiple treatment
groups including hawthorne groups be utilized in addition to the control group,
and that wherever possible consideration in research design should be given to
develop a means for isolating the interaction effect between theory and therapist.
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MISKIMINS SELF-GOAL-OTHER DISCREPANCY SCALE (MSGO)

Name ______________________________________ Date ____________________ Sex ____________________
Birthdate ___________________________ Age__________ Marital Status: S M Sep D W
Occupation ________________________ Education __________________ Examiner __________________

INSTRUCTIONS: PLEASE READ CAREFULLY

The purpose of this questionnaire is to measure your ideas about important areas of living. You will be asked to rate yourself, according to your own experience and feelings, on a total of twenty items. Each of these items is simply a pair of opposite words, such as "good—bad", on which you will be required to give your standing by placing yourself nearer to "good", nearer to "bad", or somewhere in between. You will be asked to look at each pair of word-opposites in three different ways. These are:

1. SELF Concept (SC) — This is defined as the way in which you see yourself, or how you would describe your own experience and feelings. Thus, if you were dealing with the opposite words "good—bad", you would have to decide WHERE YOU ARE on the scale between "good" and "bad".

2. GOAL Self Concept (GSC) — This is defined as how you would most like to be. Thus, if you were dealing with the opposites "good—bad", you would have to decide WHERE YOU WANT TO BE on the scale between "good" and "bad".

3. Perceived Responses of OTHERS (PRO) — This is defined as how you think other people see you. For the opposites "good—bad", you would have to decided WHERE OTHERS SEE YOU on the scale, nearer to "good" or nearer to "bad" or somewhere in between.

SAMPLE ITEM

The following pair of opposite words, "hard working—lazy", are provided as an example. Consider these word-opposites and rate yourself in the three ways described above—SELF (SC), GOAL (GSC), and OTHERS (PRO).

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First, for the SC rating—make an X in one of the squares on the first line to indicate where you see yourself as belonging between "hard working" and "lazy". Second, for the GSC—place yourself on the second line of the scale (labeled GSC on both ends) according to where you would most like to be, between "hard working" and "lazy". And thirdly, for the PRO rating—place an X in a square on the third line (labeled PRO) according to where you think other people might rate you as being between "hard working" and "lazy". Now you should have a total of three ratings for the sample item, an X on each line (SC, GSC, and PRO).

**If you have any questions at this point, please ask the examiner for help!**

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SC (SELF)—Where you are on the scale.
GSC (GOAL)—Where you want to be on the scale.
PRO (OTHERS)—Where others see you on the scale.

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## MSGO DISCREPANCY SCALE
### HAND SCORING SUMMARY SHEET

**Name:**

**Age (yrs.):**

**Occupation:**

**Sex:**

**Mar. St.:**

**Education (yrs.):**

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### PERSONAL CONSTRUCT DIMENSIONS

1. 
2. 
3. 
4. 
5. 

**MSGO-HSSS-3**

**Card ID No.** [3]

**Card ID No.** [80]
Before proceeding to numbers 16 through 20, carefully read the instructions given below:

The final part of the test allows you to construct pairs of opposites which are IMPORTANT TO YOU, but have not been handled or mentioned on a previous scale. Simply build pairs of opposites which are related to your own personal experience and feelings and then rate them in the same three ways, SC, GSC, and PRO. Be sure to put the more favorable opposite (as you see it) on the LEFT-HAND side of the scale.

If you have any questions at this point or find it very difficult to think of words to use for these last items, please ask the examiner for help!

SC (SELF)—Where you are on the scale.
GSC (GOAL)—Where you want to be on the scale.
PRO (OTHERS)—Where others see you on the scale.

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If there are any comments you would like to make regarding any part of this examination, please do so below:
DIRECTIONS

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to you.

You are to mark your answers on the answer sheet you have. Look at the example of the answer sheet shown at the right. If the first statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "a". (See Example Item 1 at right.) If the second statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "b". (See Example Item 2 at right.) If neither statement applies to you, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give YOUR OWN opinion of yourself and do not leave any blank spaces if you can avoid it.

In marking your answers on the answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks in this booklet.

Remember, try to make some answer to every statement.

Before you begin the inventory, be sure you put your name, your sex, your age, and the other information called for in the space provided on the answer sheet.

NOW OPEN THE BOOKLET AND START WITH QUESTION 1.
1. a. I am bound by the principle of fairness.
   b. I am not absolutely bound by the principle of fairness.
2. a. When a friend does me a favor, I feel that I must return it.
   b. When a friend does me a favor, I do not feel that I must return it.
3. a. I feel I must always tell the truth.
   b. I do not always tell the truth.
4. a. No matter how hard I try, my feelings are often hurt.
   b. If I manage the situation right, I can avoid being hurt.
5. a. I feel that I must strive for perfection in everything that I undertake.
   b. I do not feel that I must strive for perfection in everything that I undertake.
6. a. I often make my decisions spontaneously.
   b. I seldom make my decisions spontaneously.
7. a. I am afraid to be myself.
   b. I am not afraid to be myself.
8. a. I feel obligated when a stranger does me a favor.
   b. I do not feel obligated when a stranger does me a favor.
9. a. I feel that I have a right to expect others to do what I want of them.
   b. I do not feel that I have a right to expect others to do what I want of them.
10. a. I live by values which are in agreement with others.
    b. I live by values which are primarily based on my own feelings.
11. a. I am concerned with self-improvement at all times.
    b. I am not concerned with self-improvement at all times.
12. a. I feel guilty when I am selfish.
    b. I don't feel guilty when I am selfish.
13. a. I have no objection to getting angry.
    b. Anger is something I try to avoid.
14. a. For me, anything is possible if I believe in myself.
    b. I have a lot of natural limitations even though I believe in myself.
15. a. I put others' interests before my own.
    b. I do not put others' interests before my own.
16. a. I sometimes feel embarrassed by compliments.
    b. I am not embarrassed by compliments.
17. a. I believe it is important to accept others as they are.
    b. I believe it is important to understand why others are as they are.
18. a. I can put off until tomorrow what I ought to do today.
    b. I don't put off until tomorrow what I ought to do today.
19. a. I can give without requiring the other person to appreciate what I give.
    b. I have a right to expect the other person to appreciate what I give.
20. a. My moral values are dictated by society.
    b. My moral values are self-determined.
21. a. I do what others expect of me.
    b. I feel free to not do what others expect of me.
22. a. I accept my weaknesses.
    b. I don't accept my weaknesses.
23. a. In order to grow emotionally, it is necessary to know why I act as I do.
    b. In order to grow emotionally, it is not necessary to know why I act as I do.
24. a. Sometimes I am cross when I am not feeling well.
    b. I am hardly ever cross.
25. a. It is necessary that others approve of what I do.
   b. It is not always necessary that others approve of what I do.

26. a. I am afraid of making mistakes.
   b. I am not afraid of making mistakes.

27. a. I trust the decisions I make spontaneously.
   b. I do not trust the decisions I make spontaneously.

    b. My feelings of self-worth do not depend on how much I accomplish.

29. a. I fear failure.
    b. I don't fear failure.

30. a. My moral values are determined, for the most part, by the thoughts, feelings and decisions of others.
    b. My moral values are not determined, for the most part, by the thoughts, feelings and decisions of others.

31. a. It is possible to live life in terms of what I want to do.
    b. It is not possible to live life in terms of what I want to do.

32. a. I can cope with the ups and downs of life.
    b. I cannot cope with the ups and downs of life.

33. a. I believe in saying what I feel in dealing with others.
    b. I do not believe in saying what I feel in dealing with others.

34. a. Children should realize that they do not have the same rights and privileges as adults.
    b. It is not important to make an issue of rights and privileges.

35. a. I can "stick my neck out" in my relations with others.
    b. I avoid "sticking my neck out" in my relations with others.

36. a. I believe the pursuit of self-interest is opposed to interest in others.
    b. I believe the pursuit of self-interest is not opposed to interest in others.

37. a. I find that I have rejected many of the moral values I was taught.
    b. I have not rejected any of the moral values I was taught.

38. a. I live in terms of my wants, likes, dislikes and values.
    b. I do not live in terms of my wants, likes, dislikes and values.

39. a. I trust my ability to size up a situation.
    b. I do not trust my ability to size up a situation.

40. a. I believe I have an innate capacity to cope with life.
    b. I do not believe I have an innate capacity to cope with life.

41. a. I must justify my actions in the pursuit of my own interests.
    b. I need not justify my actions in the pursuit of my own interests.

42. a. I am bothered by fears of being inadequate.
    b. I am not bothered by fears of being inadequate.

43. a. I believe that man is essentially good and can be trusted.
    b. I believe that man is essentially evil and cannot be trusted.

44. a. I live by the rules and standards of society.
    b. I do not always need to live by the rules and standards of society.

45. a. I am bound by my duties and obligations to others.
    b. I am not bound by my duties and obligations to others.

46. a. Reasons are needed to justify my feelings.
    b. Reasons are not needed to justify my feelings.

GO ON TO THE NEXT PAGE
7. a. There are times when just being silent is the best way I can express my feelings.
b. I find it difficult to express my feelings by just being silent.

8. a. I often feel it necessary to defend my past actions.
b. I do not feel it necessary to defend my past actions.

9. a. I like everyone I know.
b. I do not like everyone I know.

b. Criticism does not threaten my self-esteem.

11. a. I believe that knowledge of what is right makes people act right.
b. I do not believe that knowledge of what is right necessarily makes people act right.

12. a. I am afraid to be angry at those I love.
b. I feel free to be angry at those I love.

13. a. My basic responsibility is to be aware of my own needs.
b. My basic responsibility is to be aware of others' needs.

14. a. Impressing others is most important.
b. Expressing myself is most important.

15. a. To feel right, I need always to please others.
b. I can feel right without always having to please others.

16. a. I will risk a friendship in order to say or do what I believe is right.
b. I will not risk a friendship just to say or do what is right.

17. a. I feel bound to keep the promises I make.
b. I do not always feel bound to keep the promises I make.

18. a. I must avoid sorrow at all costs.
b. It is not necessary for me to avoid sorrow.

19. a. I strive always to predict what will happen in the future.
b. I do not feel it necessary always to predict what will happen in the future.

20. a. It is important that others accept my point of view.
b. It is not necessary for others to accept my point of view.

21. a. I only feel free to express warm feelings to my friends.
b. I feel free to express both warm and hostile feelings to my friends.

22. a. There are many times when it is more important to express feelings than to carefully evaluate the situation.
b. There are very few times when it is more important to express feelings than to carefully evaluate the situation.

23. a. I welcome criticism as an opportunity for growth.
b. I do not welcome criticism as an opportunity for growth.

24. a. Appearances are all-important.
b. Appearances are not terribly important.

25. a. I hardly ever gossip.
b. I gossip a little at times.

26. a. I feel free to reveal my weaknesses among friends.
b. I do not feel free to reveal my weaknesses among friends.

27. a. I should always assume responsibility for other people's feelings.
b. I need not always assume responsibility for other people's feelings.

28. a. I feel free to be myself and bear the consequences.
b. I do not feel free to be myself and bear the consequences.

GO ON TO THE NEXT PAGE
69. a. I already know all I need to know about my feelings.
   b. As life goes on, I continue to know more and more about my feelings.

70. a. I hesitate to show my weaknesses among strangers.
   b. I do not hesitate to show my weaknesses among strangers.

71. a. I will continue to grow only by setting my sights on a high-level, socially approved goal.
   b. I will continue to grow best by being myself.

72. a. I accept inconsistencies within myself.
   b. I cannot accept inconsistencies within myself.

73. a. Man is naturally cooperative.
   b. Man is naturally antagonistic.

74. a. I don't mind laughing at a dirty joke.
   b. I hardly ever laugh at a dirty joke.

75. a. Happiness is a by-product in human relationships.
   b. Happiness is an end in human relationships.

76. a. I only feel free to show friendly feelings to strangers.
   b. I feel free to show both friendly and unfriendly feelings to strangers.

77. a. I try to be sincere but I sometimes fail.
   b. I try to be sincere and I am sincere.

78. a. Self-interest is natural.
   b. Self-interest is unnatural.

79. a. A neutral party can measure a happy relationship by observation.
   b. A neutral party cannot measure a happy relationship by observation.

80. a. For me, work and play are the same.
   b. For me, work and play are opposites.

81. a. Two people will get along best if each concentrates on pleasing the other.
   b. Two people can get along best if each person feels free to express himself.

82. a. I have feelings of resentment about things that are past.
   b. I do not have feelings of resentment about things that are past.

83. a. I like only masculine men and feminine women.
   b. I like men and women who show masculinity as well as femininity.

84. a. I actively attempt to avoid embarrassment whenever I can.
   b. I do not actively attempt to avoid embarrassment.

85. a. I blame my parents for a lot of my troubles.
   b. I do not blame my parents for my troubles.

86. a. I feel that a person should be silly only at the right time and place.
   b. I can be silly when I feel like it.

87. a. People should always repent their wrongdoings.
   b. People need not always repent their wrongdoings.

88. a. I worry about the future.
   b. I do not worry about the future.

89. a. Kindness and ruthlessness must be opposites.
   b. Kindness and ruthlessness need not be opposites.

90. a. I prefer to save good things for future use.
   b. I prefer to use good things now.

91. a. People should always control their anger.
   b. People should express honestly-felt anger.

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92. a. The truly spiritual man is sometimes sensual.
b. The truly spiritual man is never sensual.
93. a. I am able to express my feelings even when they sometimes result in undesirable consequences.
b. I am unable to express my feelings if they are likely to result in undesirable consequences.
94. a. I am often ashamed of some of the emotions that I feel bubbling up within me.
b. I do not feel ashamed of my emotions.
95. a. I have had mysterious or ecstatic experiences.
b. I have never had mysterious or ecstatic experiences.
96. a. I am orthodoxly religious.
b. I am not orthodoxly religious.
97. a. I am completely free of guilt.
b. I am not free of guilt.
98. a. I have a problem in fusing sex and love.
b. I have no problem in fusing sex and love.
99. a. I enjoy detachment and privacy.
b. I do not enjoy detachment and privacy.
100. a. I feel dedicated to my work.
b. I do not feel dedicated to my work.
101. a. I can express affection regardless of whether it is returned.
b. I cannot express affection unless I am sure it will be returned.
102. a. Living for the future is as important as living for the moment.
b. Only living for the moment is important.
103. a. It is better to be yourself.
b. It is better to be popular.
104. a. Wishing and imagining can be bad.
b. Wishing and imagining are always good.
105. a. I spend more time preparing to live.
b. I spend more time actually living.
106. a. I am loved because I give love.
b. I am loved because I am lovable.
107. a. When I really love myself, everybody will love me.
b. When I really love myself, there will still be those who won't love me.
108. a. I can let other people control me.
b. I can let other people control me if I am sure they will not continue to control me.
109. a. As they are, people sometimes annoy me.
b. As they are, people do not annoy me.
110. a. Living for the future gives my life its primary meaning.
b. Only when living for the future ties into living for the present does my life have meaning.
111. a. I follow diligently the motto, "Don't waste your time."
b. I do not feel bound by the motto, "Don't waste your time."
112. a. What I have been in the past dictates the kind of person I will be.
b. What I have been in the past does not necessarily dictate the kind of person I will be.
113. a. It is important to me how I live in the here and now.
b. It is of little importance to me how I live in the here and now.
114. a. I have had an experience where life seemed just perfect.
b. I have never had an experience where life seemed just perfect.
115. a. Evil is the result of frustration in trying to be good.
b. Evil is an intrinsic part of human nature which fights good.

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116. a. A person can completely change his essential nature.
   b. A person can never change his essential nature.

117. a. I am afraid to be tender.
   b. I am not afraid to be tender.

118. a. I am assertive and affirming.
   b. I am not assertive and affirming.

119. a. Women should be trusting and yielding.
   b. Women should not be trusting and yielding.

120. a. I see myself as others see me.
   b. I do not see myself as others see me.

121. a. It is a good idea to think about your greatest potential.
   b. A person who thinks about his greatest potential gets conceited.

122. a. Men should be assertive and affirming.
   b. Men should not be assertive and affirming.

123. a. I am able to risk being myself.
   b. I am not able to risk being myself.

124. a. I feel the need to be doing something significant all of the time.
   b. I do not feel the need to be doing something significant all of the time.

125. a. I suffer from memories.
   b. I do not suffer from memories.

126. a. Men and women must be both yielding and assertive.
   b. Men and women must not be both yielding and assertive.

127. a. I like to participate actively in intense discussions.
   b. I do not like to participate actively in intense discussions.

128. a. I am self-sufficient.
   b. I am not self-sufficient.

129. a. I like to withdraw from others for extended periods of time.
   b. I do not like to withdraw from others for extended periods of time.

130. a. I always play fair.
   b. Sometimes I cheat a little.

131. a. Sometimes I feel so angry I want to destroy or hurt others.
   b. I never feel so angry that I want to destroy or hurt others.

132. a. I feel certain and secure in my relationships with others.
   b. I feel uncertain and insecure in my relationships with others.

133. a. I like to withdraw temporarily from others.
   b. I do not like to withdraw temporarily from others.

134. a. I can accept my mistakes.
   b. I cannot accept my mistakes.

135. a. I find some people who are stupid and uninteresting.
   b. I never find any people who are stupid and uninteresting.

136. a. I regret my past.
   b. I do not regret my past.

137. a. Being myself is helpful to others.
   b. Just being myself is not helpful to others.

138. a. I have had moments of intense happiness when I felt like I was experiencing a kind of ecstasy or bliss.
   b. I have not had moments of intense happiness when I felt like I was experiencing a kind of bliss.
139. a. People have an instinct for evil.
   b. People do not have an instinct for evil.

140. a. For me, the future usually seems hopeful.
   b. For me, the future often seems hopeless.

141. a. People are both good and evil.
   b. People are not both good and evil.

142. a. My past is a stepping stone for the future.
   b. My past is a handicap to my future.

143. a. "Killing time" is a problem for me.
   b. "Killing time" is not a problem for me.

144. a. For me, past, present and future is in meaningful continuity.
   b. For me, the present is an island, unrelated to the past and future.

145. a. My hope for the future depends on having friends.
   b. My hope for the future does not depend on having friends.

146. a. I can like people without having to approve of them.
   b. I cannot like people unless I also approve of them.

147. a. People are basically good.
   b. People are not basically good.

148. a. Honesty is always the best policy.
   b. There are times when honesty is not the best policy.

149. a. I can feel comfortable with less than a perfect performance.
   b. I feel uncomfortable with anything less than a perfect performance.

150. a. I can overcome any obstacles as long as I believe in myself.
   b. I cannot overcome every obstacle even if I believe in myself.