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THE IMPACT OF GROUP COUNSELING ON SELF-ESTEEM AND OTHER PERSONALITY CHARACTERISTICS

by
Donna Louise Sachs

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Education and Psychology)
in The University of Michigan

Doctoral Committee:

Professor William C. Morse, Chairman
Professor William M. Cave
Assistant Professor James A. Kulik
Professor Alvin F. Zander

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CHAPTER I

INTRODUCTION

The present study is an evaluation of the effects of participation in counseling groups on the self-esteem of college students. The particular approach used in the counseling groups was developed by Dr. Stanley Coopersmith and grew out of his theoretical and empirical work on self-esteem (e.g., Coopersmith, 1967). The two topics of interest in the research were 1) self-esteem, particularly the nature of self-esteem in college students, and 2) changes in self-esteem as a result of group counseling.

General and theoretical overview of self-esteem and the self-concept

To begin with, it is necessary to point out that the two terms, "self-esteem" and "self-concept," while often used interchangeably in the literature, are in fact, conceptually distinct. The self-concept refers to an individual's knowing of himself as an object of awareness while self-esteem refers only to the evaluative dimension of the self-concept. While the present study was most concerned with self-esteem, it should become apparent that

an individual's self-esteem can only be understood in the context of his own self-concept.

There is a vast amount of literature and research in the area of self-esteem and the self-concept. Most of the earlier research has been summarized and critically evaluated by Wylie (1961). Wylie attributed scientific interest in the self and self-related constructs to recognition of the importance of subjective processes. She argued that traditional objective and behavioristic approaches did not adequately account for human behavior in natural settings--"in the clinic, in the school, in 'everyday' life situations" (p. 318). Many theorists and researchers turned to constructs referring to the self, believing that "one could increase the accuracy of predictions of behavior if one found out what the subject perceives, knows, or feels about the 'objective' situation, including his own characteristics" (p. 318). Wylie concluded her extensive summary of research and theory in the area of the self-concept on a disappointing note. "Theories are vague, incomplete, and overlapping," and in regards to empirical findings, "on the whole we have found enough positive trends to be tantalizing. On the other hand, there is a good deal of ambiguity in the results, considerable apparent contradictions among the findings of various studies, and a tendency for different methods to produce different results" (p. 318). She

attributes most of the lack of definitive findings to methodological inadequacies.

Wylie's book is useful as a summary of research conducted prior to 1961 and as a critique of research methodology, however, it stands mostly as a matter of history. Her intellectual struggles to define "subjective" levels of personality as distinct from "objective" levels and to render subjective levels ammenable to scientific investigation are largely a thing of the past. This is most true of the cognitive level of personality, the level at which the self-concept exists.

In most current behavior theories, events which are said to be subjective events, mental events, or events which occur inside a person and by their very nature cannot be directly observed by others, have come to be considered as scientifically valid phenomena. Bandura (1969), for example, devotes a chapter in his book on principles of behavior modification to self-attitudes and procedures for changing self-attitudes. In regards to the whole field of personality theory and research, Singer and Singer (1972) observe in a recent review that emphasis on cognitive levels of personality has been steadily growing. Some of the issues include the manner in which people conceptualize events that occur around them (including in this perceptual field their own behavior and personal characteristics), the

characteristics of conceptual structures themselves, and the manner in which concepts affect perceptions, expectations, decisions, and ultimately, behavior. Study of the self-concept and self-esteem is one part of this broad area.

The theoretical framework of the present research defines the self-concept as a cognitive aspect of personality. The self-concept is the set of conceptualizations encompassing all the images, ideas, attitudes and feelings that a person has about himself. Self-esteem is the evaluative dimensions of the self-concept and consists of evaluative self-appraisals and corresponding feelings of personal worth related to the conceptualizations. This framework is exemplified in Gergen's (1971) recent book entitled The Conception of Self. Gergen sees the development of the self-concept as functional in terms of learning and survival. The self-concept ties events together in the person's awareness and gives him a sense of continuity and personal identity.

Two major theories which influenced the present research are George Kelly's (1955) theory of Personal Constructs and Carl Roger's (1959) theory of personality and counseling. Both theories give central importance to the self-concept and both developed largely out of counseling and psychotherapeutic practice. Each will be

discussed here.

Kelly's (1955) theory gives precedence to people's conceptual orientations to the world. He proposes that people have a basic tendency to make sense out of themselves and the world, and specifically, to predict and anticipate events. The fundamental postulate in his theory states that "a person's processes are psychologically channeled by the ways in which he anticipates events." Reality itself is experienced as a constantly changing kaliedoscope of stimuli that impinge upon the person. From very early in life, the person begins to abstract from the flow of experience and forms concepts which are not the experiences themselves, but which bring order, structure, and predictability to experience. These concepts, Kelly calls Personal Constructs. The Constructs are mental structures which differentiate, categorize, and organize experience. Kelly writes,

> Man looks at his world through transparent patterns or templates which he creates and then attempts to fit over the realities of which the world is composed....[the Constructs are] explicitly formulated or implicitly acted out, verbally expressed or utterly inarticulate, consistent with other courses of behavior or inconsistent with them, intellectually reasoned or vegetatively sensed. (p. 9)

Personal Constructs are learned through all the principles of concept formation. They are continually developed, tested, changed, and refined through experience. They affect behavior in any given situation by influencing the person's perceptions of himself and the situation, his expectations of himself and the situation, and his anticipations of what events are likely to occur. The notion of Personal Constructs, thus, has similarities to notions such as mental set and attitudinal set.

An individual's Personal Constructs do not exist independently of each other, but are bound together in what Kelly calls the Constructive System. Important characteristics of the Constructive System include the organization of the system, the hierarchical structure, the clarity of constructs, the degree of differentiation between them, and the rigidity or open-endedness of the constructs. Kelly uses the terms "permeable" or "impermeable to describe whether or not a construct is likely to be modified by the input of new information.

The better the fit between the Constructive System and reality, the more likely it becomes that the person will make correct anticipations and the more likely it is that he will behave in ways that lead toward his desired goals. Thus, there tends to be a relationship between psychological adjustment and the veridicality of constructs. On the other hand, the constructs themselves come to be partly responsible for creating a person's

reality, in that behaving as if a certain event is bound to occur may increase the chances of it actually happening. Such self-fulfilling prophecies can serve to validate both negative and positive constructs. A person who conceives himself to be incapable of succeeding in a certain situation is likely to behave in such a way as to insure the outcome of failure.

In Kelly's theory, the concept of validation is very important, and he contrasts it with the concept of reinforcement. Validation means that outcomes occur as anticipated, not that they are necessarily good or pleasurable. When the anticipated outcomes do not occur, the constructs are not validated, and the person experiences anxiety or threat. If a person expects to fail in a situation and then does, his construct is validated; whereas, if he were to unexpectedly succeed, he would be likely to react with anxiety. The strength of the need for validation can lead to continual repetition of destructive or limiting patterns of behavior even though the reinforcements would appear to be negative.

The conditions under which constructs may be modified are important to the present study from the perspective of changing self-concepts and enhancing self-esteem. In terms of Personal Construct theory, the self-concept refers to the constructs built up around the self as an object of awareness. The self-concept is a most central

construct, most necessary to validate, and generally the most resistant to change. Self-esteen depends upon the relationship between the content of constructs regarding the self and constructs regarding ideals, values, and standards. Also, self-esteem is affected by structural aspects of the person's Constructive System. For example, a person with an undifferentiated self-concept may have images and evaluations of himself which generalize across all the experiences and situations of his life. If a person has low self-esteem, his global self characterizations, e.g. "I am worthless" or "I am really a failure", will color all his expectations and anticipations as he moves into the many situations and roles of his life. A person with a more differentiated self-concept will have more specific self characterizations that are more directly associated with certain areas of his life and certain sets of abilities. An unfavorable self-evaluation in one area will be less likely to generalize to other areas. Thus, a person with a more differentiated construct system will be better able to maintain a general level of favorable self-esteem in spite of poor self-evaluations or even actual shortcomings in some areas.

In Kelly's (1956) system of counseling, much attention is paid to helping people detect and articulate the Personal Constructs which underlie their behavior.

Also, through a technique called Fixed Role Therapy, people experiment with adopting alternative constructs on a behavioral level. Kelly's theories have been criticized (Maddi, 1968) as being too extensively focused on abstract, conceptual levels of personality and not sufficiently linked to overt behavior. However, in actual practice, Fixed Role Therapy is very oriented to behavior. During the process of counseling, when constructs which underlie maladaptive behavior have been detected and articulated, the counselor and client together work on devising a new set of behaviors, a new role, which the client agrees to enact in his life situations for certain periods of time. The new role consists of behaviors which are expressions of constructs that differ in crucial ways from the old ones which have been causing the client his troubles. The enactment of new behaviors helps the client to question the validity of old constructs. Also, successful experiences with new behaviors helps him to formulate new constructs. Thus, the construct system and overt behavior support and interact with each other.

Carl Rogers' (1959) theory of personality is similar to Kelly's in the manner in which the self-concept is conceptualized, however, Rogers places more emphasis on the emotional level of personality and the ways in which emotions and impulses are integrated into the

self-concept and channeled into behavioral expressions. In Rogers' theory, the basic motivating force is called the "actualizing tendency", which arises from the biological impulse life of the organism and is defined as "the inherent tendency of the organism to develop all its capacities in ways which serve to enhance the organism."

Rogers defines the self-concept as "an organized, consistent conceptual gestalt composed of perceptions of the characteristics of the 'I' or 'me'." This conceptual gestalt is abstracted from the whole range of the individual's self-experience including his thoughts, emotions, and impulses. The degree to which an individual's self-concept accurately represents, or is "congruent" with his self-experience is an important factor in psychological adjustment. Incongruence between the self-concept and experience produces tension and confusion and underlies much neurotic or maladaptive behavior. In such a state, the individual's self-concept is at odds with the "actualizing tendency".

In Rogers' theory, the most important factor in the development of a healthy, congruent self-concept is the emotional climate that is provided for the child by significant others. The most positive climate in which a child can be reared is characterized by "unconditional regard" which means that he is loved, accepted, and

appreciated because of his intrinsic value as a human being. Treated in this way, a child is free to follow the bent of his own inclinations in expressing and developing his capacities. His self-concept will be congruent with his experience and his self-esteem will reflect the manner in which he has been valued by others. He will have a basic sense of his own self-worth, independently of whether or not he meets certain standards of achievement.

In contrast to the ideal of unconditional regard is "conditional regard" which means that a child is loved, accepted, and valued only when he meets certain criteria. He learns to evaluate and define himself around these criteria and to judge his self worth on the basis of whether or not he measures up. In attempting to win love and maintain self-esteem, negatively valued aspects of the self and self experience become defended against, blocked from awareness, distorted, or hidden from others. Incongruencies develop within the self-concept and between the self-concept and actual self experience which easily lead to psychological maladjustment and to problems in maintaining self-esteem.

In the theory of client-centered counseling, modification of the self-concept takes place within the atmosphere of a relationship with a counselor who is non-judgmental and communicates an attitude of unconditional regard toward the client. This acceptance is one

of the crucial elements in Rogers' theory and enables the client to ease his own judgmental and defensive attitudes, to explore the incongruencies of his self-concept, feelings, and behavior, and to begin to make changes toward a more positive and congruent self-concept.

The theories of Kelly and Rogers, both influential in the field of counseling, supplement each other. Personal Construct theory emphasizes the structure of ideas, while Rogers' emphasizes the area of emotions and interpersonal feeling. Research on the development of the self-concept and the dynamics of self-esteem has shown both of these aspects to be important. In particular, Coopersmith's (1967) work on the antecedents of self-esteem will be reviewed here.

Coopersmith (1967) conducted an extensive study of 85 12-year-old middle-class boys in which he assessed self-esteem and other personality characteristics by using self report measures, observation, and ratings by others. Also, parents were interviewed. Parental attitudes and family environments were studied in order to identify the antecedents of self-esteem. Coopersmith summarizes the findings into three general types of antecedents: 1) parental warmth and acceptance, 2) the presence of clearly defined limits which are set by the parents, and 3) respect for individuality within the limits. Each of these will be discussed at greater length.

Parental warmth and acceptance corresponds to Rogers' concept of unconditional regard. The parents value the child for himself, rather than valuing him only if he manifests behaviors, attributes, or achievements that the parents deem to be desirable. Coopersmith reports that parents who related to their boys with this kind of acceptance were people with high self-esteem themselves, and appeared to be happy with their spouses and to be leading active, fulfilling lives. Thus, as well as communicating messages of acceptance to their children, they also provided models of effective behavior and positive self-attitudes.

The presence of clearly defined limits within the family environment was found to be the second antecedent of positive self-esteem. Parents of boys with high self-esteem tended to provide clear and consistent guidelines for behavior, explicit limits, and explicit consequences for the transgression of limits. Such parents managed to provide structure and authority for their children while at the same time communicating an attitude of unconditional regard.

Unconditional regard has been both lauded and criticized as being highly non-directive and permissive. Such non-directiveness is often appropriate, such as in counseling situations, as has been explored at length by Rogers and other proponents of client-centered counseling.

However, its naive application to education and child rearing may produce situations in which the child is overwhelmed by the lack of structure in the environment. In constrast, a structured environment offers what Coopersmith calls "cognitive clarity". The child can learn to interpret events reliably, discover consistent relationships between events and his own behavior, and develop clearly defined concepts of himself, his competencies, and his capacities.

Parental respect for individuality within the established limits was the third general antecedent found to be related to self-esteem. Boys with high self-esteem tended to come from family environments where there was more tolerance for individual differences in opinions and behavior and where there were actually a lesser number of limitations. Boys with low self-esteem tended to come from homes where there were many limits, but the limits were unclear, inconsistent, and weakly, even ineffectually, enforced. In such families there was a demand for compliance, but a lack of adequate guidelines. Under such conditions, a child has difficulty formulating clear ideas of what is expected of him and also has difficulty forming adequate concepts for self-evaluation. Such difficulties can lead to feelings of uncertainty and helplessness and result in low self-esteem.

In summary, the theory and research findings that

have been presented demonstrate two important elements of positive self-esteem and adequate self-concepts. The first is an affective, evaluative element, experienced by the person as a basic sense of self-worth and acquired from a history of having been valued by significant others. The second is a cognitive element which gives the person an effective cognitive map of who he is in relationship to the world and other people. This concept system gives him reference points from which to understand and anticipate events and also gives him values and standards with which to evaluate his behavior and to guide his choices of aspirations, goals, and courses of action.

From the theoretical perspectives, it is clear that self-esteem is a complex phenomena and is not a unitary quality which people possess to a greater or lesser degree. The reference points for each individual's self-evaluations and feelings of esteem are contained within each individual's self-concept. A person's general level of self-esteem and the dynamics of his self-esteem over time depend upon his own particular concepts regarding himself, the values attributed to different aspects of himself, the salience or centrality of different aspects of himself to his core identity, and the standards or aspirations he holds for himself. Also important are structural aspects of the person's self-concept such as

the clarity and differentiation of concepts and the degree to which concepts are open to modification as a result of experience.

Methods of assessing and studying self-esteem

The choice of methods used to assess self-esteem depends upon the manner in which it is conceptualized. Most commonly, self-esteem has been regarded as a fairly stable and enduring dimension of personality. The two major ways of assessing this dimension are by means of self-report measures and by means of observations by others. Some studies focus on "global" self-esteem, the generalized dimension which covers all areas of the self-concept. Other studies focus on more limited aspects of self-esteem, aspects relevant to certain areas of the self-concept, certain perceived abilities, or certain role behaviors, e.g. the "body self," the "school self," the "social self." Evidence of the stability of self-esteem, both global and more specific, is reported by Engel (1959), Carlson (1965), and Coopersmith (1967).

Self-report measures of self-esteem. These include questionnaires, rating forms, and Q sorts (Rogers and Dymond, 1954; Wylie, 1961; Gergen, 1971; Robinson and Shaver, 1973). Self-report measures have been criticized on methodological and theoretical grounds. For

example, Combs et al. (1967) point out several factors which influence how closely an individual's self-report will approximate his self-concept or the level of his self-esteem. Such factors include the clarity of the individual's awareness, the availability of adequate symbols for expression, and the willingness of the individual to cooperate. Social desirability response sets (Block, 1965; Edwards, 1970) represent another source of error that can detract from the accuracy of self-report as estimations of self-esteem.

Most of the self-report measures yield a score derived from a single scale on which an individual has reported attitudes about himself. Sometimes there are subscales which yield scores regarding different areas of the self-concept. A criticism of these measures is that they do not give information on the individual's personal set of standards and values. A person may rate himself very highly on a certain trait or ability, but if he places no value on it, it will have no impact on his self-esteem. In order to incorporate variance due to individual value systems, some measures use two sets of ratings. On one, the person reports his "real self" and on the other, he reports his "ideal self". The discrepancy between the two ratings is then used as the estimate of his self-esteem. The use of scores derived from the difference between "real" self-concepts and

"ideal" self-concepts should theoretically be an improvement over the single scale measures.

In spite of all the sources of error that can enter into self-reports, they continue to be the major method for assessing self-esteem. It could be argued that this is as it should be since self-esteem is, by definition, a subjective, experiential phenomenon.

Observations by others. A second method of estimating self-esteem has been through the use of behavioral observations and ratings by others. The rationale behind these methods is that if self-esteem is truly a meaningful dimension of personality, it ought to be manifested in definite patterns of behavior. In some studies, researchers have obtained both self-reports and reports obtained from observations by others. Correlations between the two kinds of assessments range from very small (Borgatta, 1962) to fairly high (Coopersmith, 1967). It should be pointed out that a lack of association does not in itself invalidate either type of measure. Rather, self-reports and certain overt behaviors may each represent a particular manifestation of self-esteem. Coopersmith (1967) obtained both self-reports (subjective self-esteem) and behavioral observations (behavioral self-esteem) from a sample of 12 year old boys and found a high correlation between the two types of measures. He also classified the subjects according to whether or not

the two types of measures agreed with each other. Subjects for whom there was a great discrepancy were relatively few in number and common patterns could be discerned. Boys with high subjective self-esteem and low behavioral self-esteem were described as defensive. Those with the reverse pattern appeared to have feelings of low self-esteem not because they compared unfavorably with others, but because they had very high and personalized standards for themselves. Coopersmith also found that the self-reports, as compared to the data from behavioral observations, were stronger predictors of school achievement and were more strongly related to creativity and to characteristics of the family environment. Such findings support the validity and usefulness of self-report measures.

Self-esteem as specific self-evaluative responses. This method of studying self-esteem diverges from what has been discussed so far and is based on a different way of conceptualizing the phenomena. It is represented in the extensive work of Diggory and his associates (1966). Instead of assessing self-esteem as a general dimension of personality, Diggory focuses on specific self-evaluative responses in specific situations. Self-evaluative responses are operationalized as the subject's expectation regarding how well he will perform. Using this framework, he has researched conditions which lead to

high or low self-evaluative responses and conditions under which such specific responses generalize to affect the person's overall level of self-evaluation, i.e. his self-esteem. Diggory's basic research design involves experimental tasks in which the experimenter is able to manipulate certain features of the task situation and the subject's performance in order to isolate variables which influence self-evaluations.

Diggory's findings have demonstrated that self-evaluations will be relatively high when "rate of improvement is high, when the average distance between performance and goal is small, when the deadline for the operation is distant or vaguely located, and when rate of improvement is relatively irregular" (Diggory, 1966, p. 203). Also, social comparisons processes were found to affect immediate self-evaluative responses. Similar findings have been reported by Gergen (1971). Diggory has also researched conditions under which self-evaluative responses will generalize to affect the person's general level of self-esteem as assessed by a self-report questionnaire. Findings indicate that generalization will occur when the task at hand is perceived as important and when the specific skill or ability used in the task is relevant to the person's self-concept. Diggory's work is valuable in that it begins to articulate the nature and dynamics of

self-esteem in specific situations.

Correlates of self-esteem

Performance. The association of positive self-esteem with effective functioning and performance has been widely documented. Diggory (1966) reports that high self-evaluations are related to relatively better performance on experimental tasks. Lekarczyk and Hill (1969) found that high self-esteem was related to level of performance on a paired-associate verbal learning task. Academic achievement has been the area of performance most studied as a correlate of self-esteem. Substantial relationships have been reported by Brookover et al. (1964), Coombs and Davies (1966), Coopersmith (1967), Caplin (1969), and Morrison (1973). Some of these studies assessed global self-esteem while others measured self-esteem only in respect to the students' self-concepts of their academic abilities. There is a trend for relationships to be highest when the aspect of self-esteem that is measured is more specifically relevant to its correlate. The power to predict academic achievement have been shown to be increased when the variable of self-esteem is added to the variables of intelligence and past achievement (Brookover et al., 1964). Sometimes, the design of a study permits conclusions to be drawn about cause and effect relationships in addition

to demonstrating the existence of association. Coombs and Davies (1966) found that college student with higher self-esteem regarding their academic abilities had higher expectations regarding the grade they would achieve as compared to students with lower self-esteem. At the end of the term, actual grades tended to confirm the students' expectations.

Psychological adjustment. In the area of mental health, positive self-esteem has long been regarded as a central feature of psychological adjustment, effective functioning, and personal satisfaction. Wylie (1961, 1968) reviews many studies which report statistical associations between self-esteem and adjustment; however, in summarizing the findings, she concludes that the relationship is not a simple one and that the level of self-esteem itself is not a valid indication of degree of adjustment. In most studies that compare people diagnosed as neurotic to people assumed to be normal, the neurotics report lower self-esteem than the normals. On the other hand, studies using other groups, including psychotics, schizophrenics, and delinquents, have produced inconsistent results (Rogers and Dymond, 1954; Wylie, 1961; Cole et al., 1967). Sometimes a curvilinear relationship has been found between self-esteem and adjustment (Cole, 1967).

The total pattern of the findings indicate that the level of self-esteem is not related in a simple linear

fashion to adjustment. Instead, it is more likely that people with different types of adjustment problems have qualitatively different self-concepts and qualitative differences in the dynamics of their self-esteem. Some schizophrenic individuals, for example, because of their fantasies and their poor contact with reality, are able to maintain high levels of self-esteem for considerable periods of time.

In studies limited to normal, or at least non-clinical populations, a correlation between self-esteem and adjustment is found fairly consistently and is reported to be fairly high (Engel, 1959; Rosenberg, 1965; Schluderman and Schluderman, 1970).

Persuasibility. Self-esteem has been studied extensively as a determinant of a person's susceptibility to influence. Early studies demonstrated an inverse relationship between level of self-esteem and persuasibility (Janis, 1954; Crowne and Marlowe, 1960). The theoretical reasoning behind the relationship was that people who are low in self-esteem are insecure and uncertain about their own beliefs and judgments. Thus, they have a greater propensity to yield to opinions and attitudes communicated from others. The size of the relationship, however, is actually quite small, and an array of experimental evidence has accumulated which demonstrates that many variables can affect and even

reverse the relationship. Some such variables are age and sex of the subject and comprehensibility and plausibility of the communication (Hoveland and Janis, 1959). Leventhal and Perloe (1962) and Dabbs (1964) found that characteristics of the communication interacted with persuasibility, such that high self-esteem subjects were most influenced by optimistic communications and low self-esteem subjects were most influenced by pessimistic communications. In a study using women subjects, Cox and Bauer (1964) found a curvilinear relationship with middle self-esteem women responding with the greatest amount of attitude change. In a study by Zellner (1970), high self-esteem people were found to be the most influenceable, especially when the communication was very complex and persuasive in nature.

Attempts have been made to summarize the multiplicity of findings into a single theoretical model. Cohen (1959) argues that people with different levels of self-esteem utilize different ego defense mechanisms. McQuire (1958) proposes that there are different kinds of mediating variables that account for varying effects, For low self-esteem people, persuasibility is mediated by a "tendency to yield". For high self-esteem people, the mediating variable is a tendency to "pay attention" and be "receptive" to the content of a communication. Such models predict that when people are faced with

attempts to influence their attitudes, people with high self-esteem will respond more realistically and with more positive coping behaviors than people with low self-esteem.

Self-esteem in college students

The subjects of the present study were college students, and before proceeding to the topic of changing self-esteem through group counseling, the relevance of self-esteem and the self-concept to this particular population needs to be discussed. In terms of personality development, late adolescence is an important phase in the formulation of the self-concept. Developmental tasks involve defining one's self and one's place in the world and establishing values, standards, and aspirations that serve as a structure for the movement into adulthood. In Erickson's theory of developmental stages throughout the life-span, the crucial task for people in this age group is to establish an individual sense of Identity.

Many of the trends that occur in the personality development of college students have been studied by Madison (1969), Katz (1968), and Feldman and Newcomb (1969). These include the development of autonomy and the establishment of individualized bases for values and future plans. The student is faced with opportunities and decisions in important areas of his life, regarding

choices of vocation, aspirations, and social roles. The choices he makes are crucial in defining his life as he grows into adulthood.

This developmental period is characterized by particular difficulties and anxieties and can be a time of much questioning and seeking. According to Katz (1968), the processes of separation and differentiation from parents and family background are of central importance to the student's personality development. Sanford (1956) points out that students are apt to experience much uncertainty which can lead to much anxiety and a highly unstable sense of self-esteem.

In regard to the present study, it is important to note that counseling groups which focus on self-esteem and the self-concept are dealing with issues that are current and salient to the developmental stages of college student participants. For some of the participants, a successful group counseling experience could involve changes away from self-concepts and corresponding behaviors that are pathological or maladaptive toward ones that are more conducive to psychological adjustment. For other students, the counseling experience may not function so much as a therapeutic change agent alleviating pathology, but as a facilitator of a developmental process that is already in motion.

Implications for enhancing self-esteem through counseling

The present study is concerned with changing self-esteem through group counseling. From the literature presented in this introductory chapter, the evidence is clear that low or negative self-esteem is detrimental to the individual. It consists of a devaluing of oneself, accompanied by feelings of distress. The person judges himself as falling short of what he thinks he should be. By definition, self-esteem is a subjective phenomena and is not tied in an isomorphic way to any specific behaviors. At the same time, clinical and research evidence show that there are general patterns or syndromes associated with varying levels of self-esteem. The low self-esteem person is apt to manifest insecurity, sensitivity to criticism, conformity, and lack of confidence, all of which are detrimental to positive personal functioning.

Most approaches to counseling and psychotherapy either explicitly or implicitly recognize change in the self-concept and the development of positive self-esteem as important aspects of the therapeutic change process. The counseling groups in the present study had, as their explicit aim, the enhancement of self-esteem. The specific manner in which the counseling groups were conducted will be described in the next chapter. For now, some general implications regarding planned interventions to change self-esteem will be discussed.

It has been shown that ways of conceptualizing and studying self-esteem can roughly be grouped into two approaches. In one, self-esteem is conceptualized as a relatively stable dimension of personality (e.g., Wylie, 1961; Coopersmith, 1967). In the other, self-esteem is viewed in terms of specific self-evaluative responses to specific situational events (e.g., Diggory, 1966). These two approaches supplement each other. Personality change occurs in the context of specific situations and through specific responses. Attempts to enhance self-esteem should involve the creation of situations and opportunities which generate positive self-evaluative responses and which make it likely that generalization will occur.

The importance of the individual's self-concept as the basis of his self-esteem must be recognized. Enduring changes in self-esteem are a consequence of changes in the person's concepts of himself. These could involve changes in content, in priorities, in the values attributed to certain characteristics, changes in "real" self-concepts, in "ideal" self-concepts, in the relationship between the "real" and "ideal", and finally, changes that lead to increased congruence between the self-concept and reality. Clinically based theories such as those of Rogers' (1963) and Kelly (1955) stress the importance of increased awareness and articulation of the self-concept

as a vehicle for change. As a person becomes aware of the specific contingencies on which his self-esteem is based, he becomes more capable of modifying contingencies and making choices that will lead to positive self-evaluations.

Another issue has to do with the stability of the self-concept and resistance to change. Self-concepts and conceptual systems in general have a certain independence from reality and may persist in spite of invalidating evidence. Why this should be so is suggested by Gergen's observation that self-concepts have survival value in that they give people a sense of continuity and personal identity. Even if a person defines himself in negative ways and suffers from low self-esteem, this may be preferrable to not knowing who he is at all. The importance of fairly stable conceptual systems to the well-being of the individual has been investigated at length by Kelly (1955) and Frank (1961). The implication is that the change process is not likely to involve a simple, linear increase in the dimension of self-esteem, but may reverberate through many levels of the personality and is apt to be accompanied by stress, resistance, and anxiety.

Some observations can be made at this point regarding the research literature on self-esteem and persuasibility (e.g. Hoveland and Janis, 1954). Though this research

has studied changes in attitudes regarding issues external to the self, some inferences can be drawn. The findings indicate that conditions under which attitude change is likely to occur are different for people with varying levels of self-esteem. Evidence suggests that change for low self-esteem people is associated with compliance and conformity, while change for high self-esteem people is associated with considered and realistic judgement. These findings offer a warning regarding change in counseling situations where the explicit goal is enhancement of self-esteem. It is possible that some shifts toward more positive self-evaluative responses within the treatment situation may occur too easily, happening because the person has simply complied with the goals of the treatment. If such is the case, the change would not be very likely to generalize to other areas of the person's life and would not represent a deeper level of constructive change within his self-concept. Again, the implication is that the change process involves more than a simple increase toward more positive self-evaluative responses.

The interpersonal atmosphere in which change is expected to occur is also very important (Rogers, 1959; Frank, 1961; Coopersmith, 1967). Rogers talks about unconditional positive regard from the counselor or therapist as necessary in order for people to relax their

defenses and undergo constructive change. In group counseling and therapy, the interpersonal climate of the group is a major factor that leads to change (Bednar and Lewis, 1971), and the therapist or group leader plays an instrumental role in developing the group climate (Truax et al., 1966). Groups which are more effective in terms of producing positive changes develop characteristics of interpersonal warmth and cohesiveness. In such groups, individuals tend to be more self-revealing, more genuine in their expressions, and to experience personal acceptance and trust from other group members. There is also research evidence which shows that such dimensions are predictive of positive outcomes in terms of changes on personality dimensions such as psychological adjustment and self-esteem (Bednar and Lewis, 1971; Truax and Carkhuff, 1967; Yalom, 1966).

Overview of research on outcomes of counseling and psychotherapy

The following chapter describes the variables of the present study, including the particular group counseling treatment that was employed. Since the study falls within the province of research on the outcomes of counseling and therapy, a general overview of that research will be presented here.

The vast literature on therapeutic outcomes has recently been summarized by Bergin (1971) and Bednar and

Lewis (1971). Bergin (1971) critically reviews the research on individual psychotherapy and demonstrates that the quality of the research often leaves much to be desired. There are methodological problems such as establishing adequate control groups, problems with the selection, definition, and measurement of outcome criteria, and problems with linking specific types or aspects of treatment to specific outcomes. Bergin comes to the conclusion that, all in all, despite the ambiguity of the findings, the research demonstrates that psychotherapy has modest, positive effects. More specifically, some people benefit from some kinds of therapeutic treatment, a larger number of people demonstrate no measureable change over change shown by non-treated controls, and some people appear to be harmed or to regress as a result of treatment. The conclusions, then, that psychotherapy has modest, positive results must be amended by a recognition that it may also have harmful results. Bergin points out that to try to evaluate the effects of psychotherapy, per se, is to operate on too high a level of abstraction. Instead, what is needed is to specify all the separate elements of the process; to study what kinds of interventions in what kinds of situations by what kinds of therapists produce what kinds of changes for what kinds of people.

One area of the research has focused on therapist characteristics. Truax and Carkhuff (1967) have designed

observer rating scales in order to quantify certain dimensions of therapist behavior. The dimensions were derived from Rogerian theory and are labeled 1) accurate empathic understanding, 2) non-possessive warmth, and 3) genuineness. Various studies have shown that these dimensions are related to client improvement on outcome measures (Truax and Carkhuff, 1967; Carkhuff and Berensen, 1967; Truax and Mitchell, 1971). Typical outcome measures have included improvement as judged by observers, various MMPI scales, anxiety scales, and Q sort measures of the self-concept and self-esteem. These studies begin to identify some of the specific curative or growth producing elements of counseling and psychotherapy. The findings also stand as validation of Rogerian theories regarding the importance of the therapeutic relationship to the change process.

Turning to research on the outcomes of group counseling and psychotherapy, Bednar and Lewis (1971) come to essentially the same conclusions as Bergin, arguing that while findings are often contradictory and ambiguous, there is enough accumulated evidence to demonstrate that group counseling and therapy methods produce modest, positive results, at least for some people. Again, it is important to specify types of group treatment, types of clients, types of criteria and goals, etc. The impact of group therapy varies, for example, with

types of clients who receive treatment. Data from various studies reviewed by Bednar and Lewis indicate that group treatment tends to be less successful with schizophrenics than with neurotics or "normals" ("normals" participating in groups designed for positive personal growth rather than alleviation of pathology). Also, as has been noted earlier, outcomes of group therapy have been shown to depend upon interpersonal and dynamic characteristics of the group, especially the characteristic of group cohesiveness. In group therapy, the interpersonal climate of the group assumes an importance parallel to the therapist-client relationship in individual therapy.

CHAPTER II

OVERVIEW OF THE STUDY

The study was designed to evaluate the impact of a particular method of group counseling on the self-esteem of college students. The research design used a pretest-posttest format and a control group which received no treatment. Before and after the group counseling treatment, psychometric instruments were used to assess self-esteem and other selected personality characteristics. In addition, data were collected from the group participants immediately following three of the counseling sessions. The participants filled out rating forms regarding how they evaluated themselves during the specific group session and how they evaluated two fellow group members. These data were used to relate events that occurred during the treatment process to the outcomes of the treatment.

Chart 1 summarizes the research design. Chart 2 lists all the variables and measures that were included in the study.

The following sections describe the group counseling treatment and present the selected personality characteristics, hypotheses, and measures that were

Chart 1

Outline of the Research Design

Subjects	Pretreatment	Treatment	Posttreatment
Experimental (n = 30)	Pretest data obtained for all subjects during week prior to treatment	Participation in counseling groups; nine 2-hour weekly sessions Evaluative ratings obtained	Posttest data obtained for all subjects during week following treatment
Control (n = 25)		No treatment No evaluative ratings	

Chart 2

Summary of Variables and Measures

Variables	Measures
Self-esteem (self-reports)	Self-Esteem Inventory (SEI)
	Real-Self/Ideal-Self Discrepancy Measure (D)
	Real-Self Ratings (RS)
Self-esteem (as rated by others)	Behavior Rating Form (BRF)
	Peer Rating Form (PR)
Psychological adjustment	Personality Integration Scale (SE), from the OPI
	Anxiety Level Scale (AL), from the OPI
Autonomy	Autonomy Scale (Au), from the OPI
Complexity	Complexity Scale (Co), from the OPI
Openness to Experience	Impulse Expression Scale (IE), from the OPI
Extroversion-introversion	Social Extroversion Scale (SE), from the OPI
Social desirability response tendency	Response Bias Scale (RB), from the OPI
Evaluations within the group counseling sessions	Self Ratings
	Ratings by Others

employed. A later section describes the variables assessed during the treatment process, along with hypotheses and measures. The chapter concludes with the report of specific research procedures, including the selection of subjects.

Description of the group counseling treatment

The groups were conducted at the University of California Davis during the Spring term of 1971. There were three groups and each met for two-hour evening sessions once a week for nine weeks, a total of 18 hours. The leaders were Coopersmith and associates who were psychologists and graduate students in psychology who worked under Coopersmith's supervision.

As was noted earlier, the particular manner in which the groups were conducted was developed by Coopersmith and grew out of his theoretical and empirical work on self-esteem. The goal of the treatment was to help people overcome deficits in self-esteem and to create opportunities and possibilities for positive self-feelings and self-evaluations that would be likely to generalize beyond the specific context of the group situation. The work that was done in the groups can be classified as: 1) the clarification of the self-concept and the bases of self-esteem and 2) the development of new behaviors. Each of these elements will be described

in more detail.

Clarification of the self-concept and the bases of self-esteem. In group discussions, group members talked about their feelings, their behavior, and their assumptions about themselves. The leaders guided the discussions closely. At the outset, the leader asked each person to identify three qualities about himself which he valued as personal strengths and from which he derived a sense of self-esteem. Each person's response to this request served as the beginning of the self-exploration that he shared with the group. The leader guided the discussions to insure that all group members had approximately equal opportunity for talking about themselves and for receiving feedback from other group members. Also, the leader encouraged group members to develop specificity in articulating their self-concepts, values, expectations and behavior. This specificity was seen as important in helping each person to understand and clarify his self-concepts and to develop alternatives.

The clarification of the self-concept and the bases of self-esteem through group discussion served to reveal the sources of a person's difficulties with self-esteem as well as strengths and potentialities which he may not have been acknowledging or utilizing. It was also a learning process which engaged people in a process of an introspection, self-questioning, and

developing alternatives.

The leaders anticipated that, in the group, people would be likely to experience positive feelings about themselves from the process of introspection, from increased self-understanding, from appreciation, support, and positive feedback from other group members. However, it was also anticipated that the processes of introspection and self-disclosure would frequently lead to anxiety. For group members, there would be the anticipation of receiving negative feedback from others, especially as one might begin to disclose areas of the self that he himself evaluates negatively. Also, there would be likely to be actual negative reactions from others. In addition, the process of introspection itself could lead to anxiety. To analyze and question the validity of one's self-concepts can lead to a questioning of the validity of one's orientation in the world. In the extreme case, it may seem to a person as if his whole way of being in the world is invalid; as if, so to speak, the ground has been pulled out from under him. Previously established defenses and methods of coping may no longer suffice to protect the person. He is likely to experience considerable anxiety, accompanied by feelings of emptiness, disorientation, and diminished self-esteem. For at least some people, the process of changing the self-concept and enhancing self-esteem may lead through a

difficult phase characterized by the destruction of some aspects of the person's system of orientation towards himself and the world. If the change process is successful, the person will ultimately formulate a new system of orientation with modified self-concepts, more appropriate bases for self-esteem, and, in effect, higher self-esteem.

An important aspect of the role of the leader was to develop an atmosphere of trust and mutual supportiveness within the group. Such an atmosphere was deemed essential in order for group members to feel free to engage in self-disclosure, to remain open to critical or even negative feedback from other group members, and in order to help them tolerate the anxieties of the process of change.

The development of new behaviors. The transition from verbal discussion and cognitive understanding to actual behavior change was facilitated in two ways: through role-playing within the group setting and through the use of "behavioral contracts" regarding new behaviors that a group member would agree to undertake in his life outside the group.

Role-playing has long been recognized as a powerful means for changing attitudes and for extending attitude change beyond the cognitive level to affective and behavioral levels (Janis, 1968). Types of role-playing

experiences that were used in the groups were selected and adapted from Moreno's (1958) techniques of psychodrama, Perls' techniques of Gestalt therapy (1951), and Kelly's (1956) Fixed-Role therapy.

The behavioral contracts involved each group member negotiating with the rest of the group about some specific behavior that he would agree to undertake in his life outside the group. The proposed behavior had to represent a way in which the person wanted to change and which would result in positive self-evaluation. It also had to have an element of risk, representing something the person would probably not ordinarily do, but the risk had to be low so that there would be a great probability of success. After the contract was decided upon, the group member would report back to the group during the next session regarding the outcome of the contract -- how he carried out the behavior and the results and effects of the behavior. Again, it was recognized that there must be a climate of support in the group. Through the behavioral contract, the group member takes on a responsibility for behaving in a new way in his normal everyday life where there may not, at least initially, be support for the change. In such a case, given that he feels secure enough within the group, he can turn to it for this necessary support.

In summary, the group counseling experience served

as the experimental treatment variable. The treatment that participants received in the groups was regarded in the data analyses as a single, wholistic variable. The study was designed to examine whether this kind of treatment produced measurable effects on self-esteem and other selected personality characteristics.

Dependent variables: self-esteem and other selected personality characteristics

Self-esteem. This was the major dependent variable, and the major hypothesis was that self-esteem would increase following participation in the counseling groups.

Other personality characteristics, in addition to self-esteem, were included in the study. Selection of these variables was based on several considerations: What personality characteristics might be associated with self-esteem? What personality characteristics might change along with a change in self-esteem? What personality characteristics might have an influence on the process of change for group participants? Finally, what personality characteristics might be relevant to self-esteem and changes in self-esteem within the population represented by the group participants?

Psychological adjustment. Indicators of psychological adjustment are the criteria most frequently used to evaluate the effectiveness of counseling and psychotherapeutic treatments (c.f. Bergin, 1971). If a treat-

ment is successful, a person ought to experience such changes as alleviation of symptoms, decreased anxiety, more effective personal functioning, and increased ability to cope with stress. Two variables were chosen to represent psychological adjustment. First was anxiety, conceived of as manifest anxiety, experienced by the individual as tension, worry, uncertainty, etc. in a rather pervasive way in a number of areas of his life. The second was personality integration, conceived of as adequacy of ego-functioning and emotional maturity. Positive changes in anxiety and personality integration were predicted to occur as a result of group counseling.

Also, the group counseling treatment had been devised to have its major impact on self-esteem, with the assumption that this impact would be reflected by positive personal growth and increased psychological well-being. To examine this assumption, it was predicted that increases in self-esteem would be accompanied by increases on the two psychological adjustment variables.

In summary, the hypotheses were that 1) psychological adjustment would increase as a result of group counseling, and 2) increases in self-esteem would be accompanied by increases in psychological adjustment following the group counseling.

Autonomy. This variable refers to maturity of judgment and a preference for individually determined

bases for values and actions. Personal autonomy also connotes a freedom from authoritarian attitudes and a corresponding openness to new ideas. Heist and Yonge (1968) refer to it as an aspect of a "freedom-to-learn syndrome." Katz (1968) and Madison (1968) have shown that the development of autonomy is a major trend in personality changes that occur during the college years.

There is no reason to suspect that autonomy, as such, should be related to self-esteem. It is certainly possible for people low in autonomy to maintain self-esteem, given supportive social environments. In the group counseling treatment, the variable of autonomy was regarded as important in two ways. First, it was predicted that people with high autonomy would be more open to change in that they would more readily take part in the process of self-questioning that was encouraged in the group, would more readily give up old assumptions about themselves and the world, and would be more willing to experiment with developing new ones.

Secondly, the goal of the treatment was to enhance self-esteem, and it was assumed that this enhancement would come about as a result of changes within the self-concept. More specifically, the person would come to define himself to a greater degree in terms of his own unique experience and values, and to formulate individualized bases for self-evaluations. This type of change

would involve an increase in autonomy. Thus, it was predicted that increases in self-esteem would be accompanied by increases in autonomy.

In summary, the hypotheses were that 1) subjects with high autonomy would be more likely to increase in self-esteem as a result of group counseling, and 2) increases in self-esteem as a consequence of group counseling would be accompanied by increases in autonomy.

Complexity. This characteristic refers to formal aspects of an individual's conceptual system. It is similar to Kelly's (1955) concepts of the dimension of differentiation within Personal Constructive Systems. A person with a high level of complexity has a highly differentiated orientation to the world and has concepts that are highly differentiated, complex, and specific. Likewise, his self-concept would be more differentiated. A person with a low level of complexity would have an undifferentiated self-concept and generalized sets of assumptions about himself that carry over from one experience to another. In contrast, high complexity would give a person a more adequate cognitive map for evaluating himself in relationship to specific events, more flexibility, more tolerance for ambiguity, and more openness to new experiences and more willingness to question assumptions.

According to Kelly, an ideally developed personality would possess both high complexity and high self-esteem. However, complexity is not a necessary condition for high self-esteem and should not relate in a simple fashion to self-esteem. For people participating in the counseling groups, high complexity should help them to question themselves, let go of old ideas and structures, and tolerate the ambiguities and anxiety of the change process until new structures are developed. Hypotheses were that 1) subjects with high complexity would be more likely to increase in self-esteem as a result of group counseling, and 2) increases in self-esteem following group counseling would be accompanied by increases in complexity.

Openness to experience. This term is borrowed from Rogerian theory and refers to an individual's relationship to his basic biological impulse and emotional life. It would perhaps be better termed as openness to impulses and emotions. A person who is open to this level of his experience is a person who is aware of his impulses and emotions and integrates them into his conceptual frameworks and his self-concept. He also allows them to find expressions through channels of behavior and imagination.

In the Rogerian formulation, the ideal, fully functioning person has as one of his essential characteristics this quality of openness to experience. However, the relationship between self-esteem and openness to experience would depend on many factors, such as whether such openness is valued by the person and his social environment, and the manner in which impulses and emotions are allowed to find expression.

It was predicted that people who could be characterized as highly open to experience would be more open to the processes of change facilitated by the counseling groups. The hypotheses were that 1) subjects with a high degree of openness to experience would be more likely to increase in self-esteem as a result of group counseling, and 2) that increases in self-esteem as a result of group counseling would be accompanied by increases in openness to experience.

Extroversion-Introversion. This dimension was included in the study, not because of a theoretical connection with self-esteem or the dynamics of self-esteem, but because the experimental treatment involved interpersonal interaction within a group situation. Extroverts are characterized as people who place relatively more value on social situations, while introverts place more value on solitary endeavors.

There is no reason to suspect that the dimension of extroversion-introversion should, per se, be related to self-esteem, except perhaps to the degree to which extroverted qualities and behaviors tend to be valued by the culture.

What was important in the study was the possibility of differential reactions of extroverts and introverts to the group process. An extroverted person could be expected to feel more at home in a group situation. Also, insofar as an extroverted person could be expected to be more socially active, to act and interact more and thus elicit more response and attention from the group, this, in itself, could have an enhancing effect on self-esteem. The hypothesis to be examined was that extroverted people who participated in the counseling groups would be more likely to increase in self-esteem.

Summary of hypotheses

1. It was predicted that, as a result of group counseling, subjects would increase in:

    a. self-esteem

    b. psychological adjustment

2. It was predicted that increases in self-esteem attributable to group counseling would be accompanied by increases in:

a. psychological adjustment

b. autonomy

c. complexity

d. openness to experience

3. It was predicted that increases in self-esteem as a result of group counseling would be most likely to occur for people who were initially high on the dimensions of:

a. autonomy

b. complexity

c. openness to experience

d. social extraversion

Measures

Pretest and posttest assessments were taken during the week that preceeded and the week that followed the group counseling treatment. The pretest-posttest interval was 10 weeks. Instruments included three self-report measures of self-esteem and two measures of each subject's self-esteem as rated by others. The other selected personality characteristics were assessed by six of the scales from the Omnibus Personality Inventory (OPI) (Heist and Yonge, 1968). Also included was the Response Bias scale

from the OPI. Copies of the instruments, with the exception of the OPI are presented in the Appendix.

The Self-Esteem Inventory (SEI) (Coopersmith, 1967) was used as the major measure of self-esteem. It consists of 25 self-relevant statements to which the person responds by checking one of two columns marked "like me" and "unlike me". The test was originally devised for use with preadolescents but has been used with people from age 8 through adulthood with some of the items reworded to make them more appropriate for older people.

The test is described as measuring "evaluative attitudes toward the self in social, academic [or work], family and personal areas of experience". Item content is obvious in nature, and thus, a respondent can obtain a high score in a direct and conscious manner by agreeing with items that indicate positive self-attitudes.

The SEI has been used predominantly with children and young adolescents. Also, it originally had 50 items and was reduced to 25 on the basis of item analyses. The shorter form is reported to correlate .86 with the longer form (Coopersmith, 1967). Test-retest reliabilities have been reported only for the longer form. Coopersmith (1967) found a reliability of .88 over 5 weeks and .70 after 3 years. Fullerton (1972) reports a reliability of .64 after 12 months. The shorter form would be expected to be less stable.

Information on the validity of the SEI is available from several studies. In Coopersmith's (1967) research on 85 sixth grade boys, he found relationships between SEI score and compliance, creativity, and academic achievement. Boys with high SEI scores were more likely to resist group pressure, while boys with low SEI scores were more likely to comply with the opinions of others. High SEI boys scored higher on three tests of creativity than low SEI boys. High SEI boys reported higher grade point averages. Many (1973), from a sample of over 4000 children in grades four through eight, found a negative correlation, small but significant, between SEI scores and both general and test anxiety. Also, SEI scores related positively to family adjustment for sixth grade boys (Coopersmith, 1967) and for 14 and 15 year old adolescents (Matteson, 1974). In a sample of 500 college students, correlations between the SEI and the Rosenberg self-esteem scale (Rosenberg, 1965) were found to be .59 for men and .60 for women (Coopersmith, 1974).

A semantic differential rating form was a second measure used to assess self-esteem. This measure consists of a set of 25 polar adjectives presented at either end of a 7-point scale. The respondent fills out two forms. On the first, he is instructed to rate his "real self", i.e. "you as you actually see yourself". On the second,

he rates his "ideal self", i.e. "how you would ideally like to be". The adjective pairs were taken from Osgood (1957) and were selected to represent his three major factors of meaning. Each rating is scored from 1 to 7 in the direction of social desirability. The method used to relate real-self and ideal-self rating was also taken from Osgood and consists of computing a Discrepancy or D score. A high D score indicates a large discrepancy between the real-self and the ideal-self ratings and is interpreted as reflecting low self-esteem. A low D score indicates close correspondence and reflects high self-esteem.

The D measure was used to supplement results from the SEI. An increase on both measures, following group counseling would allow for stronger conclusions regarding the impact of the treatment. Also, the two measures involve different ways of estimating a person's self-esteem. The SEI is a direct and obvious measure, while the D measure is comparatively indirect and non-obvious. In addition, the D measure incorporates information on an individual's personal value system. Scores are obtained by comparing a person's perception of himself on an item (his real-self rating) to the standard that he has for himself on that particular item (his ideal-self rating). In contrast, on the SEI, all respondents are evaluated according to the same value standards, set in

advance by the design of the test.

Wylie (1961) in her review of research on the self-concept, critically evaluates discrepancy measures of self-esteem as compared to measures which yield a single score derived from a single scale. Theoretically, the discrepancy measures should give a more valid estimate of self-esteem since they allow for the variability of individual value systems. However, Wylie reports that the variability of ideal-self ratings tends to be very small as compared to the variability of real-self ratings. She argues that personal value systems are more homogeneous among people of similar cultural backgrounds than researchers have assumed, and suggests that researchers concentrate their attention on perfecting the simpler, single scale measures of self-esteem rather than the more complex discrepancy measures. Nevertheless, discrepancy measures continue to be widely used in research and the issue remains open. For example, Frank and Heister (1967) reported that in a sample of college students, ideal-self scores were less reliable than real-self scores over a 4-week period. Varble and Landfield (1969), also studying college students, found support for the hypotheses that discrepancies between real and ideal self-concepts would decrease as a result of psychotherapy. They also analyzed the discrepancy scores and found that 1/3 of the students made their greatest changes on the

ideal-self dimension.

In the present study, two scores for each person were calculated from the semantic differential ratings: 1) the D score as has been described and 2) a Real Self (RS) score which was the average of the ratings from the "Real Self" rating form. Comparison of results on these two variables would yield information on whether they did, indeed, constitute similar estimates of self-esteem or whether they differed in significant respects.

Measures of self-esteem as rated by others. Each subject was rated by a peer on measures that estimated the peer's perception of the subject's self-esteem. Two measures were used. 1) The Behavior Rating Form (BRF). This form was adapted from Coopersmith (1967) and consists of eleven items which specify behaviors indicative of self-esteem. The rater rates the person on a five-point scale as to whether or not he manifests such behavior. 2) The Peer Rating Form (PR). The semantic differential rating form was also given to each subject's peer. The rater was instructed to rate the subject "as you perceive him to be." Thus, the same form was used to obtain an index of how each subject viewed himself and an index of how he was viewed by a peer.

In the research literature, correlations between self-reports and reports by others have been found to

range from zero to moderately high. Coopersmith's original version of the Behavior Rating Form has been used in conjunction with the SEI. Fullerton (1971) reports a correlation of .44 between teacher ratings on the BRF and SEI scores in a sample of 100 fifth and sixth grade children.

The ratings by others were included in the study to supplement the self-report measures. If, following the group counseling, the ratings by peers were found to change in correspondence with changes on the self-report measures of self-esteem, conclusions regarding the impact of treatment would be strengthened.

Measures of other selected personality characteristics. Scales from the Omnibus Personality Inventory (OPI) (Heist and Yonge, 1968) were used to assess the other personality characteristics. The OPI is an instrument designed to assess personality dimensions in normal, college student populations. Many of its scales are relevant to self-esteem and the self-concept.

The test manual (Heist and Yonge, 1968) presents reliability data on each of the OPI scales. Reliability coefficients are given in terms of both internal consistency and test-retest correlations over a time interval of 4 weeks. For the scales used to measure dimensions

relevant to the present study, the coeffecients are all high, ranging from .73 to .93.

The Personality Integration Scale (PI) and the Anxiety Level Scale (AL) were used to assess psychological adjustment. The Personality Integration Scale is described in the OPI manual (Heist and Yonge, 1968) as indicating an individual's level of social-emotional maturity.

> The high scorer admits to few attitudes and behaviors that characterize socially alienated or emotionally disturbed persons. Low scorers often intentionally avoid others and experience feelings of hostility and aggression along with feelings of isolation, loneliness, and rejection. (p.5)

On the Anxiety Level Scale, high scorers do not admit to being nervous or worried, and low scorers describe themselves as tense and high-strung and as having feelings of urgency and inadequacy. On the AL scale, a high score indicates low anxiety.

Validity data for the PI and AL scales is offered in the manual in terms of high correlations with other scales that purport to measure the same dimensions. They also correlate negatively to a high degree with the MMPI scales of Psychasthenia and Schizophrenia, as should be expected. The PI and AL scales correlate highly with each other, but the manual points out that the Anxiety Level scale is more specific

in nature.

The Autonomy Scale (Au) was used to measure the personality characteristic of autonomy. The scale is described as measuring "liberal, non-authoritarian thinking and a need for independence." High scorers are more tolerant, more realistic, and much less judgmental than low scorers (Heist and Yonge, 1968). The validity information points to an interpretation of this scale as measuring non-authoritarianism.

The Complexity Scale (Co) was used to measure the personality characteristic of complexity. According to Heist and Yonge (1968),

> This measure reflects an experimental and flexible orientation rather than a fixed way of viewing phenomena. High scorers are tolerant of ambiguities and uncertainties; they are fond of novel situations and ideas. Most persons high on this dimension prefer to deal with complexity, as opposed to simplicity, and very high scorers are disposed to seek out and to enjoy diversity and ambiguity. (p. 4)

The Co scale has been found to correlate highly with measures of construct complexity, flexibility, and creativity (Heist and Yonge, 1968).

The Impulse Expression Scale (IE) was chosen to represent the personality characteristic of openness to experience. The scale is described as measuring a general readiness to acknowledge impulses and to express them in

fantasy or action. "High scorers have an active imagination and value sensual reactions and feelings." (Heist and Yonge, 1968) Low scorers tend to be more controlled, not to value impulses and feelings, and to be more overtly conventional.

The IE scale correlates moderately highly with the Co scale. The manual also reports that it appears to have a component of hostility, rebellion, and uncontrolled impulsivity. This is indicated by negative correlations of IE with measures of socialization and reponsibility. It is pointed out that very high scorers are apt to have frequent feelings of aggression and rebellion, and that, for any individual, scores on IE should be interpreted together with the individual's level of personality integration as measured by PI.

The personality dimension of extroversion-introversion was measured by the Social Extroversion Scale (SE). "This measure reflects a preferred way of relating to people in a social context" (Heist and Yonge, 1968). The high scorers are extroverted, value being with many people and gain satisfaction from social activities. Low scorers are introverted, tend to withdraw from social contacts and responsibilities, and value being and working alone. The SE scale correlates consistently with other measures of the same dimension (Heist and Yonge, 1968).

A final scale from the OPI, the Response Bias Scale

(RB) was included in the study in order to assess social desirability response sets. The RB scale is composed chiefly of items whose content is not obviously socially desirable or undesirable. It was developed by giving the OPI to two criterion groups. One group was instructed to answer the test so as to make a favorable impression, while the other group was instructed to make an unfavorable impression (Heist and Yonge, 1968).

Social desirability response sets are a problem in the measurement of personality characteristics (Edwards, 1970). People, to a greater or lesser extent, tend to agree with item content that is socially desirable. Given certain motivational factors, the response set may even be reversed, and the person may respond in a way that is biased against social desirability. Most researchers regard social desirability response tendencies as artifacts that bias results and should, as much as possible, be specified and controlled. On the other hand, Crowne and Marlowe (1964) have argued that the tendency to respond in a socially desirable manner is, in itself, a meaningful personality characteristic. They call it Need for Approval and have developed a Need for Approval scale which they find to be negatively correlated with self-esteem. People with high Need for Approval tend to exhibit many characteristics of low self-esteem. Crowne and Marlowe's work has shed light

on the phenomena of social desirability response sets and their complex interactions with self-esteem. Still, most measures of self-esteem correlate positively with measures of social desirability. The interpretation of a high score on a measure of self-esteem is difficult since the score may be a true reflection of self-esteem or may be spuriously high because the person was responding to the test with a bias toward social desirability.

The RB scale was used to estimate the strength of social desirability response sets and, thus, to aid in interpreting results. If, for example, subjects were found to increase on self-esteem measures and to show corresponding increases on the RB scale, it could be argued that they did not increase in the underlying dimension of self-esteem, but merely in the more superficial propensity to present themselves in a favorable light. On the other hand, increases on self-esteem measures, without corresponding increases on the RB scale, would lend support to the conclusion that the measures reflected actual changes in self-esteem.

Self-evaluations and evaluations by others during the group counseling sessions; hypotheses, and measures

The manner in which the group participants perceived and regarded themselves in the group counseling

sessions was selected as a variable that should be related to the outcomes of treatment. As was discussed earlier, self-evaluative responses are conceptually distinct from a person's general level of self-esteem as assessed by the pretests and posttests. It was predicted that, if the group counseling treatment was successful, increases in self-evaluations within the treatment sitaution would generalize to produce increases in the person's general level of self-esteem. Hypotheses were that 1) self-evaluations would increase over time during the course of the group counseling treatment, and 2) increases in self-evaluations would be related to increases in general self-esteem.

The manner in which the group participants were perceived and regarded by other group members was also assessed. The responses and attitudes of others toward a person can have direct impact on the person's self-feelings and can provide feedback which validates or invalidates a person's concepts of himself. The hypotheses predicted that 1) evaluations by others would increase over the course of the group counseling treatment, and 2) increases in evaluations by others would be related to increases in the person's general level of self-esteem.

Evaluative ratings were taken at three points in time. Immediately following three of the group counseling sessions -- the second, the fifth, and the eighth --

participants were given forms on which to rate themselves and two other group members. Items on the rating forms were semantic differential sets of adjective, the same as were used to assess self-esteem in the pretests and posttests. Self-evaluations were measured by Self Ratings, and instructions were to describe "how you felt about yourself during the group session." Evaluations by fellow group members were measured with Ratings by Others. Instructions were to "rate how you perceive (name of a fellow group member). Base your ratings on the impressions you have formed about this person from being with him or her in the group." Copies of the rating forms with accompanying instructions are presented in the Appendix.

Procedure

Selection of subjects. Subjects were drawn from two introductory psychology classes, totaling 490 students. During a class session, the Self-Esteem Inventory (SEI) was administered to all the students. On a cover sheet accompanying the test, the students were asked if they would be interested in participating in weekly group sessions designed to enhance self-attitudes. There were 144 students who volunteered, and from this group, 64 subjects (31 females and 33 males) were selected for the research. There were three counseling groups of 11

subjects each. Two of the groups contained five females and six males, and the third had six females and five males. The remaining 31 subjects (14 females and 17 males) were assigned to the control group.

It should be pointed out that the students were informed that the counseling groups were designed to "enhance self-attitudes." This procedure had its shortcomings in that the subjects might tend to comply with the expectations of the researcher. In a true experimental, rather than a naturalistic study, it might be wiser to keep the purposes of the experimental conditions secret from the subjects. However, in this study, it was deemed more appropriate to follow as closely as possible the usual procedures for informing people of the availability and purposes of such group counseling experiences. Also, though the subjects could be considered as motivated to enhance their self-attitudes, they were not apprised of the various hypotheses of the study nor of the purposes of the various questionnaries and rating forms.

The procedure for the selection and assignment of subjects was based on several considerations. First, the counseling groups were theoretically designed to enhance the self-attitudes of low self-esteem people. Thus, it was deemed most relevant to select a sample that would represent people with deficits in self-esteem.

Subjects were selected from the lower end of the distribution of SEI scores. Other considerations regarding the selection of subjects were age and sex. A balance of males and females was included in each group. Also, only freshmen, sophomores, and juniors were selected. Seniors were excluded because it was thought that for them, being in their last term in the university before graduation would have a unique impact on their lives, not experienced by other students. Finally, the age range of the subjects was 18 to 21. Older students were excluded, again because of possible unique features of their life situations that would not be within the experience of younger students. For example, two women over age 35 who had returned to school after having children had expressed interest in joining the groups but were turned down.

In line with the above considerations, subjects were selected by first contacting volunteers who scored at the bottom of the distribution of SEI scores and working up through the list. Subjects were assigned to the counseling and control groups, as far as possible, on an alternate basis, with just as much variation from this procedure as was necessary to obtain a balance of males and females in each group.

Pretreatment assessments. The semantic differential measures of self-esteem (D and RS) and the Omnibus Per-

sonality Inventory were administered to all subjects during the week prior to the first group counseling session. Subjects were tested at a pre-arranged time and place in small groups of five to seven people. Also, each subject was given copies of the Behavior Rating Form and the Peer Rating Form which they, in turn, gave to a peer, preferrably a roommate, who knew them well on a personal level. On both of these instruments, the peer rated the subject.

Treatment. The three counseling groups met for two-hour evening sessions once a week for nine weeks. The control group received no treatment.

Three times over the course of the groups, at the end of the second session, the fifth session, and the eighth session, the group participants were given the Self and Other rating forms on which to describe how they felt about themselves during that particular group session and how they perceived two other group members. No subject rated a fellow group member twice; thus, each subject was rated by a total of six others over the period in which the groups were held.

Posttreatment assessments. All the pretest measures, including the SEI, were readministered during the week following the final group session.

Nine of the original 64 subjects were not retested. By the close of the third counseling session, three

people dropped out of the counseling groups, giving time pressure and other commitments as reasons for stopping. Also, six control subjects could not be recontacted at the end of the term or failed to be present for the posttest assessments. Thus, the final sample consisted of 30 group participants and 25 controls.

CHAPTER III

RESULTS

Initial characteristics of the subjects

This section examines the characteristics of the subjects prior to treatment, based on the data from the pretests. There were 64 subjects who were selected for the study from a group of 144 students who volunteered to participate in the group counseling experience. Scores on the Self-Esteem Inventory (SEI) were obtained for all 144 volunteers. The possible range of scores on the SEI was 0 to 25. For the volunteers, the actual range was 4 to 24, and the mean was 15.8 with the distribution skewed in the direction of high self-esteem. For the 64 selected subjects, the range of SEI scores was 4 to 22, and the mean was 14.79. Table 1 presents the SEI data for volunteers, grouped into those selected to be subjects and those not selected. The difference between the means for subjects and non-selected volunteers is significant, t (142) = 2.40, $p < .05$. This was to be expected and reflects the non-random selection procedure, biased toward the recruitment of students with low self-esteem. The selected subjects had SEI scores that varied over a wide range from low to high self-esteem, but the proportion of

Table 1

Means and Standard Deviations on the SEI for Volunteers (N = 144)

	Volunteers selected to be subjects (n = 64)	Volunteers not selected to be subjects (n = 80)
M	14.79	16.71
SD	4.41	5.08

t (142) = 2.40, p < .05

subjects with low self-esteem was somewhat overrepresented in comparison to the group from which they were selected.

Nine of the subjects were not retested after the group counseling treatment. These included three of the group participants (all females) and six controls (two females and four males). The data for these people were excluded from all the following analyses. Thus, the final sample consisted of 55 subjects.

Comparisons of experimental to control subjects on the pretests. The 30 experimental subjects were compared to the 25 subjects who received no treatment. Table 2 gives means and standard deviations on all the pretest measures for both groups. T-test comparisons between the means reveal no significant differences.

Comparisons of females to males. In order to detect

Table 2

Means and Standard Deviations on Pretest Measures for the Experimental and Control Groups

	Experimental Group (n = 30)		Control Group (n = 25)		
	M	SD	M	SD	t
SEI	14.13	5.00	14.86	3.81	.50
D[a]	8.87	3.08	8.36	2.59	.65
RS	4.76	.42	4.74	.53	.13
BRF	39.14	6.52	40.30	6.47	.64
PR	5.06	.49	5.09	.51	.25
PI	29.30	10.05	28.52	9.00	.30
AL[b]	11.57	4.42	11.44	4.73	.10
Au	34.73	4.50	32.28	5.48	1.82
Co	17.70	4.86	17.72	4.92	.15
IE	32.67	8.05	29.76	9.75	1.21
SE	18.43	6.52	17.76	7.66	.35
RB	11.07	4.14	11.88	3.68	.76

[a]Low scores on D indicate high self-esteem.

[b]Low scores on AL indicate high anxiety.

possible sex differences, the pretest scores were examined separately for females and males. Table 3 gives the pretest data, grouped according to sex, and shows that there are no significant differences between the means for females and males on any of the pretest measures.

Comparisons of subjects' pretest scores on the OPI scales to OPI norms. Normative scores for the Omnibus Personality Inventory are given by Heist and Yonge (1968). The norms are based on college freshmen. In Figure 1 standard score means on the OPI scales for the 55 subjects are plotted according to the OPI norms. Scores for females and males are shown separately.

Figure 1 illustrates that on the psychological adjustment scales of Personality Integration (PI) and Anxiety Level (AL), the males score at the mean, but females score somewhat below the mean. However, as was shown in Table 3, this difference between females and males is not statistically significant.

On the Autonomy scale (Au), the Complexity (Co) scale, and the Impulse Expression (IE) scale, the mean scores for the 55 subjects are considerably higher than the normative means. The study predicted that high scores on these scales would be likely to be predictive of positive changes in self-esteem as a result of the group counseling. It was also predicted that positive changes on these scales would be likely to accompany positive

Table 3

Means and Standard Deviations on Pretest Measures for Females and Males

	Females (n = 27)		Males (n = 28)		
	M	SD	M	SD	t
SEI	14.57	4.88	14.37	4.13	.16
D	8.93	3.26	8.35	2.89	.75
RS	4.65	.48	4.85	.44	1.68
BRF	38.96	7.01	40.35	5.94	.76
PR	5.03	.44	5.12	.55	.65
PI	27.07	9.11	30.75	9.70	1.45
AL	10.82	4.28	12.18	4.72	1.12
Au	32.89	5.08	34.32	5.06	1.05
Co	17.82	5.23	17.61	4.52	.16
IE	30.63	9.62	32.04	8.26	.58
SE	19.56	7.61	16.75	6.19	1.50
RB	11.22	4.71	11.64	3.06	.39

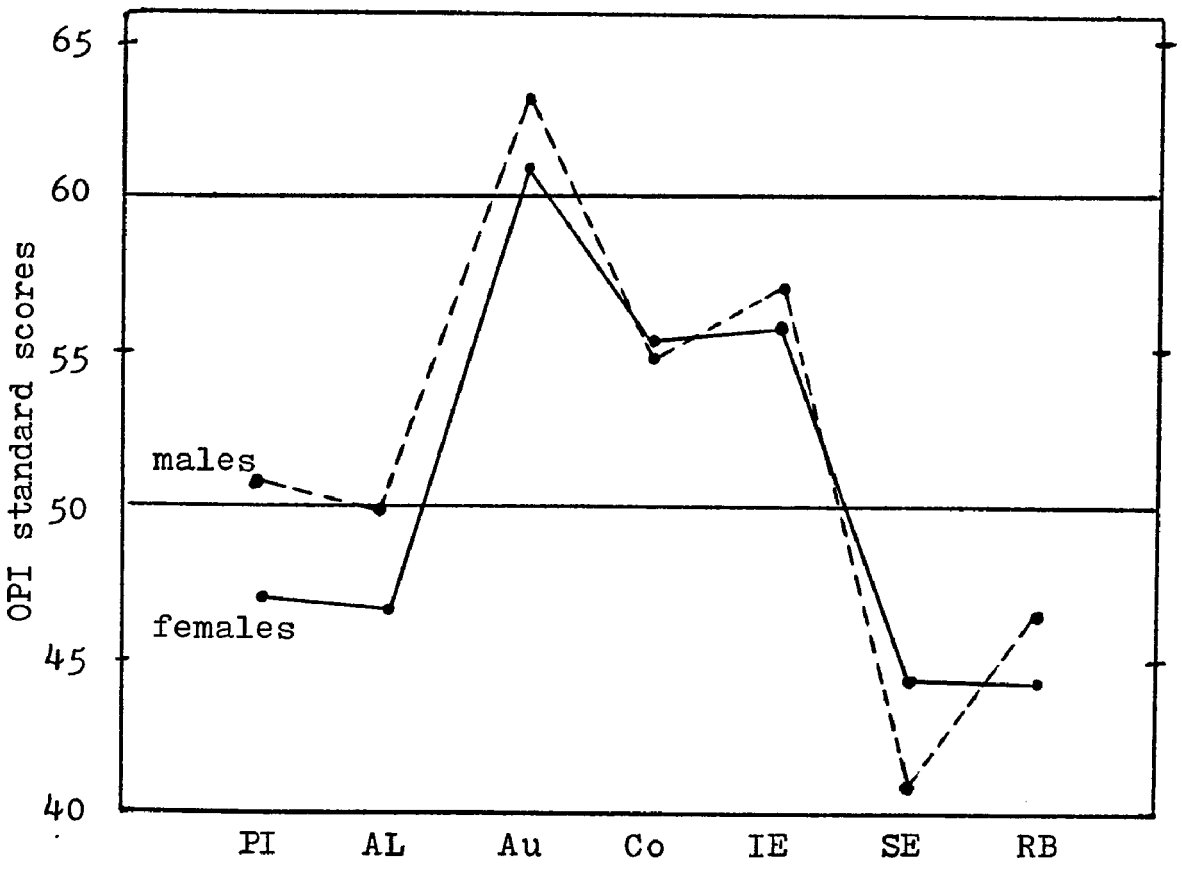


Figure 1. Means on the OPI scales for females ($\underline{n}$ = 27) and males ($\underline{n}$ = 28) plotted according to OPI norms.

changes in self-esteem. Here, it is demonstrated that the subjects tend initially to be already high on these three scales. One interpretation of this finding is that a self-selection process had occurred. The 55 subjects were all volunteers, and perhaps people with certain kinds of personality characteristics are more likely to seek out a group counseling type of experience. This interpretation receives support from a study by Gilligan (1973) in which he used the OPI to compare 52 college students who volunteered to participate in a group sensitivity training experience to 56 students who did not volunteer. Consistent with the data for the present subjects, he found that volunteers scored significantly higher than non-volunteers on the scales of Autonomy, Complexity, and Impulse Expression. Also consistent with the present study, he found that volunteers did not differ from non-volunteers on the psychological adjustment scales, Personality Integration and Anxiety Level. These findings indicate that college students who volunteer for a group counseling type of experience tend to be people who are independent, flexible, tolerant of ambiguities and uncertainties, open to new ideas and experiences. Also, they tend to be average in psychological adjustment.

On the Social Extroversion (SE) scale, the present subjects score below the normative mean, in the direction

of social introversion. They also tend to be low on the Response Bias (RB) scale. Low RB scores indicate either a response set biased toward social undesirability, of a tendency for the respondent to be more self-critical in comparison to the norms.

Intercorrelations of pretest measures. The correlations between all the pretest measures were computed in order to examine the relationships of the measures and the underlying personality dimensions to each other. The intercorrelation matrix is presented in Table 4, with correlation coefficients given separately for males and females. Several features of the patterns of intercorrelations will be discussed.

The three self-report measures of self-esteem (SEI, D, and RS) tend to be associated with each other, and more so for females than males. For females, the intercorrelations of all three measures are significant. For males, only the correlation between SEI and D is significant. A notable sex difference occurs on the correlations between D and RS, where for females, $r = .78$ and for males, $r = .34$; a difference which is statistically significant ($Z = 2.62$, $p = .01$). To interpret this difference, it must be remembered that the Discrepancy (D) measure involved the difference between Ideal Self ratings and Real Self ratings, while the Real Self (RS) measure involved only the Real Self ratings. The differences

Table 4

Intercorrelations of the Pretest Measures (N = 55)

	SEI	D	RS	BRF	PR	Pl	AL	Au	Co	IE	SE	RB
SEI		.41*	.54**	-.03	.16	.71**	.67**	.20	-.02	-.16	.09	.40*
D[a]	.46*		.78**	.34	.32	.32	.59**	.26	.07	-.15	.16	.17
RS	.17	.34		.19	.29	.47*	.57**	.20	.16	.02	.22	.35
BRF	-.09	.22	.27		.69**	.13	.24	-.08	-.10	-.10	-.02	-.04
PR	-.21	-.04	.28	.64**		.14	.23	-.24	-.11	-.06	.15	.24
Pl	.67**	.52**	.15	-.03	-.19		.57**	.21	-.18	-.37	-.02	.64**
AL	.57**	.60**	.07	.23	-.22	.74**		.15	-.16	-.22	.31	.27
Au	.19	.09	.18	.16	.18	.09	.17		.31	.07	-.10	.01
Co	-.26	-.23	-.02	.03	.11	-.62**	-.25	.32		.57**	.33	-.20
IE	.01	-.22	.17	.17	.20	-.43	-.23	.41*	.47*		.49**	-.35
SE	.52**	.35	.45*	.33	.11	.45*	.35	.02	-.32	.19		.14
RB	.22	.13	.18	.09	-.13	.48**	.23	-.20	-.39*	-.48**	.26	

Note. Correlations above the diagonal are for females (n = 27), below are for males (n = 28).

[a]Signs on D have been reversed so that a positive r indicates a positive relationship.

*p < .05

**p < .01

between the correlations indicate that the variance of Ideal Self ratings was much greater for men than for women. This suggests differences in the underlying factor structure of self-esteem for men and women, with the Ideal Self component being relatively more important for men.

BRF and PR, the two measures of self-esteem as rated by others, are significantly and highly correlated with each other ($p < .01$). They have only minimal and nonsignificant correlations with all the other measures. In this study, the two types of assessments, those obtained from self-reports and those obtained from ratings by others, do not agree with each other. This could partly be due to inadequacies of the ratings by others. Only one peer rated each subject, and it could be argued that this was not an adequate sampling of the subject's behavior or the way other people view his behavior. Also, the relationships between subjective and behavioral levels of personality are very complex, and the lack of association between measures of each level does not, in itself, invalidate either measure.

The psychological adjustment measures, Personality Integration (PI) and Anxiety Level (AL) correlate highly and significantly with each other ($p < .01$) and this is consistent with data presented in the OPI test manual (Heist and Yonge, 1968). Looking at the relationships

between psychological adjustment and self-esteem, both PI and AL correlate highly and significantly with the SEI measure of self-esteem ($p < .01$). With the other self-esteem measures (D and RS), sex differences again appear. For females, there are high and significant correlations ($p < .01$) between RS and the psychological adjustment measures; while for males, these same associations are not significant and are close to zero. For men, it is the D measure of self-esteem rather than the RS measure of self-esteem that correlates significantly with the psychological adjustment measures. Again, the Ideal Self component appears to be a meaningful variable which differentiates between men but not between women. The inference can be drawn that ideal self-concepts have more impact on self-esteem and psychological adjustment for men than they do for women.

The three personality dimensions which were measured by the OPI scale of Autonomy (Au), Complexity (Co), and Impulse Expression (IE) were hypothesized to be important to the dynamics of self-esteem and to the process of change within the group counseling experience. It was not predicted that they would be directly associated with the level of self-esteem. Consistent with this anticipation, there are no significant correlations between these scales and any of the self-esteem measures.

A final observation regarding the data on intercorrelations has to do with the Social Extroversion (SE) scale. For men SE correlates significantly with self-esteem and psychological adjustment as measured by SEI, RS, and PI. For women, there are no such significant correlations. Social extroversion appears to be a component of self-esteem for men but not for women.

Summary of the characteristics of the present sample. A description of the characteristics of the subjects in the present research is necessary in order to make judgments about the generalizability of the findings. All were people in their first three years of college and in the age range from 18 to 21. They were from middle-class backgrounds, and all were Caucasians except for two males of Asian descent. There is an element of self-selection in that the subjects volunteered to participate in nine weekly group counseling sessions. The act of volunteering indicates an interest in experiencing the process of group counseling and a motivation for self-improvement, viewed either in terms of overcoming problems or seeking opportunities for positive growth experiences. The OPI data reveal that the subjects tended to be socially introverted and to be relatively high on the personality dimensions of complexity, autonomy, and impulse expression. In terms of psychological adjustment, they were average. Finally, the manner in which the subjects were selected led to a

sample in which the number of people with low self-esteem was somewhat overrepresentative.

Results on evaluative ratings during the group counseling treatment

Before proceeding to the pretest and posttest data, the data on the evaluative ratings will be presented. After three of the group counseling sessions -- the second the fifth, and the eighth -- the group participants filled out the Self and Other rating forms. These forms gave information on how the group participants evaluated themselves during particular group sessions and how they were evaluated by two fellow group members.

In order to determine whether there was agreement between how the participants evaluated themselves and how they were evaluated by others, correlation coefficients were determined between the average scores on the Self and Other ratings. They were as follows: .38 for the second session ($p < .05$); .60 for the fifth session ($p < .01$); and .33 for the eighth session (not significant). The correlations indicate a modest amount of agreement, unaccountably varying over time. The greatest amount of agreement occurred after the middle session.

The means for the Self and Other ratings, after each of three sessions, are presented in Table 5. Possible scores ranged from 1 to 7. Statistical analyses of

Table 5

Means and Standard Deviations on Self Ratings and Ratings by Others (n = 30)

	Session					
	Second		Fifth		Eighth	
	M	SD	M	SD	M	SD
Self Ratings	4.53	.84	4.97	.60	5.01	.57
Ratings by Others	4.73	.58	4.69	.51	4.91	.45

these data are presented in a later section (pp. 110-115) where they are examined in relation to the pretest and posttest data. For now, it is relevant to point out the overall trends. The means of the Self ratings increase significantly over time ($p < .01$), while the slight increases in the Ratings by Others fall well short of significance. These results give evidence that the group participants felt increasingly positive about themselves within the context of the sessions as the counseling treatment progressed. This finding had been predicted. At the same time, the participants do not appear to be regarded in increasingly positive ways by fellow group members.

The question of whether the increases in self-evaluations within the group situation generalized to

produce increases in general self-esteem leads into into the major results on change.

Analyses of change

The central purpose of the study was to examine whether changes occurred in self-esteem and other personality characteristics that could be attributed to participation in the counseling groups. All of the measures that were included in the pretest and posttest assessments were subjected to analyses of change.

Comparisons of pretest scores to posttest scores. The hypotheses predicted that increases in self-esteem and psychological adjustment would occur as a result of the group counseling treatment. The first step in evaluating the hypotheses was to examine the differences between pretest and posttest means within the experimental group and within the control group. Results showed increases in predicted directions. When the data were examined separately for males and females, supporting evidence of the hypotheses was found for males, but not for females.

Table 6 presents means and standard deviations on all measures taken before and after the treatment for both groups. T tests for correlated means were performed between the prescores and the postscores. The results of the t tests are included in Table 6. Hypotheses which specified

Table 6

Comparison of Pretest to Posttest Scores for the Experimental and Control Groups

	Experimental Group (n = 30)					Control Group (n = 25)				
	Pre		Post			Pre		Post		
	M	SD	M	SD	t	M	SD	M	SD	t
SEI	14.14	5.00	16.44	5.61	2.30*	14.86	3.81	17.60	3.59	4.63**
D	8.87	3.07	7.21	2.71	3.48**	8.36	2.59	7.74	2.55	1.33
RS	4.76	.42	4.97	.51	2.29*	4.74	.53	4.82	.42	.92
BRF	39.17	6.67	40.67	5.62	1.62	41.05	6.16	41.32	5.47	.21
PR	5.00	.49	5.19	.48	1.64	5.11	.55	4.98	.66	-1.06
PI	29.30	10.05	32.23	12.14	2.80**	28.52	9.01	32.40	9.84	3.13**
AL	11.57	4.42	12.37	4.66	1.11	11.44	4.73	11.68	4.85	.45
Au	34.73	4.50	35.67	4.77	1.61	32.28	5.48	33.16	6.15	1.62
Co	17.70	4.86	18.80	6.00	1.38	17.70	4.92	17.30	5.45	-.60
IE	32.67	8.05	33.23	8.45	.63	29.76	9.75	29.16	9.33	-.85
SE	18.43	6.52	18.13	7.06	-.29	17.76	7.66	17.04	6.85	-.69
RB	11.07	4.14	11.50	4.41	.91	11.88	3.68	12.84	3.39	2.09†

*p < .05, one-tailed test
**p < .01, one-tailed test
†p < .05, two-tailed test

direction were evaluated by one-tailed tests. For other results, two-tailed tests were used.

For the experimental group, four of the 12 measures show significant change, and the direction of these changes is positive. The significant changes occur on the three self-report measures of self-esteem (SEI, D, and RS) and the personality integration measure (PI). Each of these had been predicted to increase as a result of the group counseling.

The control group changes significantly on three measures, and again, the direction of change is positive. The significant changes occur on the SEI measure of self-esteem, the personality integration measure (PI), and the response bias measure (RB). Thus, both the experimental and control groups show significant changes on self-esteem (as measured by the SEI) and on personality integration.

Next, the differences between pretests and post-tests were analyzed separately for females and males. As was reported earlier, there were no significant sex differences on the pretest measures. However, differences did emerge in the patterns of the intercorrelations among the measures which were suggestive of differences in the nature and dynamics of self-esteem for men and women. Therefore, even though the study had not predicted any differential impacts and there was no basis for predicting what such differences might be, the results on change were analyzed separately for men and women as well as for

the subjects as a whole. Pretest and posttest means and standard deviations for women are presented in Table 7 and for men in Table 8. The t statistics given in the tables are for correlated means.

The data for females, in Table 7, show that the experimental females change significantly on two measures. There is a positive and significant change on peer ratings (PR) which is in line with the predictions of the study. However, the peers of each subject rated the subject on two measures, the Peer Rating form and the Behavior Rating Form. While PR increases for the experimental females, the BRF shows no change. Thus, the two measures of ratings by peers do not agree with each other. The experimental females also change significantly on social extroversion in a direction from extroversion to introversion. No changes on this measure had been predicted.

The control females change significantly on two measures, showing similar changes to those found for the control group as a whole. They increase on the SEI measure of self-esteem and on personality integration (PI).

For females, the control condition yielded more and greater increases in predicted directions than the experimental condition. There is no data here to suggest that there were any positive effects of group counseling for females.

The data for males present a very different picture.

Table 7

Comparison of Pretest to Posttest Scores for Experimental Females and Control Females

	Experimental Females (n = 14)					Control Females (n = 13)				
	Pre		Post			Pre		Post		
	M	SD	M	SD	t	M	SD	M	SD	t
SEI	13.26	5.81	13.99	5.13	.51	15.98	3.31	18.22	3.55	2.79**
D	9.41	3.21	7.98	2.51	1.76	8.41	3.36	7.50	2.30	1.37
RS	4.61	.42	4.76	.43	1.03	4.68	.55	4.86	.33	1.48
BRF	41.00	6.27	41.00	3.64	0	39.11	7.86	40.33	5.77	.57
PR	5.08	.38	5.36	.27	2.70**	5.02	.51	4.89	.72	1.02
PI	25.07	10.35	25.50	12.27	.29	29.23	7.35	33.92	8.42	2.27*
AL	10.64	4.63	9.43	4.52	-1.34	11.00	4.04	11.61	4.01	.95
Au	33.86	4.95	34.21	5.98	.47	31.85	5.19	32.31	6.81	.51
Co	18.29	4.89	18.21	4.82	-.06	17.31	5.74	16.54	5.90	-.72
IE	34.71	8.33	34.43	6.77	-.29	26.23	9.22	25.61	8.88	-.95
SE	20.71	7.37	17.50	7.72	-2.58†	18.31	7.95	15.54	5.78	-1.58
RB	10.14	5.13	9.36	4.65	-1.28	12.39	4.09	13.46	3.26	1.34

*$p < .05$, one-tailed test
**$p < .01$, one-tailed test
†$p < .05$, two-tailed test

Table 8

Comparison of Pretest to Posttest Scores for Experimental Males and Control Males

	Experimental Males (n = 16)					Control Males (n = 12)				
	Pre		Post			Pre		Post		
	M	SD	M	SD	t	M	SD	M	SD	t
SEI	14.91	4.21	18.59	5.25	2.73**	13.65	4.09	16.93	3.67	3.73**
D	8.37	2.98	6.54	2.75	3.28**	8.31	1.53	8.01	2.87	.45
RS	4.89	.39	5.16	.52	2.19*	4.81	.51	4.77	.51	-.34
BRF	37.86	6.86	40.36	6.81	2.17*	42.80	3.00	42.20	5.61	-.41
PR	4.95	.58	5.07	.58	.64	5.22	.51	5.07	.64	.63
PI	33.00	8.43	38.12	8.44	4.06**	27.75	10.81	30.92	11.35	2.17*
AL	12.37	4.21	14.94	3.02	2.84**	11.92	5.52	11.75	5.80	.19
Au	35.50	4.07	36.94	3.99	1.66	32.75	5.97	34.08	5.48	2.29†
Co	17.19	4.93	19.31	6.99	2.02	18.17	4.06	18.17	5.04	0
IE	30.88	7.60	32.19	9.79	1.02	33.58	9.17	33.00	8.54	-.43
SE	16.44	5.10	18.69	6.64	1.70	17.17	7.64	18.67	7.79	2.17
RB	11.88	2.99	13.38	3.28	2.48†	11.33	3.26	12.17	3.54	1.89

*p < .05, one-tailed test
**p < .01, one-tailed test
†p < .05, two-tailed test

Table 8 shows that the experimental males change significantly on seven of the 12 measures, and all these changes are in a positive direction. They increase on all three self-report measures of self-esteem (SEI, D, and RS). They increase on one of the peer assessments (BRF). They increase on both psychological adjustment measures (PI and AL). Finally, they increase on the Response Bias (RB) scale.

The control males have significant changes on four measures. They increase on self-esteem and psychological adjustment, but only on two measures (SEI and PI), whereas the experimental males changed significantly on all the self-report measures of these two personality dimensions. The control males also increase significantly on the Autonomy (Au) measure.

In summary, the sex differences are striking. There is evidence to suggest some positive effects of group counseling for men, but there is no evidence of positive effects for women.

Comparisons of change in the experimental group to change in the control group. The next step in analyzing the data on change was to examine whether the experimental group changed significantly more than the control group. No significant differences were found between the groups as a whole, and thus, the hypotheses that the group coun-

seling participants would increase in self-esteem and psychological adjustment as a result of the treatment was not supported by these comparisons. Again, sex differences were detected which revealed supporting evidence of the hypotheses for males but not for females.

Change scores were calculated for each subject by subtracting the pretest scores from the posttest scores. The change scores on each measure were then subjected to one-way analyses of variance over four groups: 1) the experimental females, 2) the control females, 3) the experimental males, and 4) the control males. The F ratios for only two of the change variables were significant. The analysis of variance of the change scores showed significant differences on anxiety level, F (3,51) = 3.81, $p < .05$, and on social extroversion, F (3,51) = 4.62, $p < .05$.

The F ratios alone do not give an adequate picture of the trends in the data. Further analyses were conducted by comparing relevant pairs of groups. T tests were used to evaluate differences between mean change scores.

The first comparisons were between the experimental and control groups with sexes combined. Means and standard deviations of the change scores for the experimental group and the control group on all measures are presented in Table 9. The table shows that none of the t-test com-

Table 9

Means and Standard Deviations of Change Scores for the Experimental and Control Groups

	Experimental Group (n = 30)		Control Group (n = 25)		
	M	SD	M	SD	t
SEI	2.30	5.47	2.74	2.96	-.46
D[a]	-1.60	2.59	-.62	2.33	1.51
RS	.21	.51	.07	.40	1.10
BRF	1.50	4.53	.26	5.49	.64
PR	.19	.58	-.14	.55	1.61
PI	2.93	5.74	3.96	6.33	-.73
AL[b]	.80	3.95	.24	2.65	.52
Au	.93	3.17	.88	2.71	.01
Co	1.10	4.38	-.40	3.35	1.32
IE	.56	4.92	-.60	3.54	.93
SE	-.30	5.65	-.72	5.23	.11
RB	.43	2.60	.96	2.30	-.94

[a]Negative scores on D indicate increased self-esteem.

[b]Positive scores on AL indicate decreased anxiety.

parisons reach a significant level. While the experimental group tends to increase, none of the increases are significantly greater than increases shown by the control group. On the major measure of self-esteem, the SEI, the control group even increases more than the experimental group. The major hypothesis of the study, that the group counseling treatment would have a positive impact on self-esteem, is not supported by these comparisons.

Because sex differences had been found when pretest and posttest means were compared, the change scores were also analyzed separately for females and males. Table 10 gives means and standard deviations of change scores on all measures for experimental females, control females, experimental males, and control males. T tests were used to make the following comparisons: 1) experimental versus control females, 2) experimental versus control males, 3) experimental females versus experimental males, and 4) control females versus control males. From Table 10 it can be seen that there are significant comparisons on five of the 12 measures.

Significant results occur on the psychological adjustment measures (PI and AL). On personality integration (PI) the experimental females show significantly less increase compared to both the control females and the experimental males. On anxiety level (AL) the experimental females decrease, and the experimental males increase

Table 10

Comparisons of Change Scores for Females and Males Within the Experimental and Control Groups

	Experimental (n = 30)				Control (n = 25)				Comparisons: t scores			
	Females (n=14)		Males (n=16)		Females (n=13)		Males (n=12)		exp f vs con f	exp m vs con m	exp f vs exp m	con f vs con m
	M	SD	M	SD	M	SD	M	SD				
SEI	.73	5.32	3.68	5.39	2.24	2.90	3.28	3.05	.88	.23	1.81	.59
D	-1.43	3.01	-1.85	2.26	-.92	2.41	-.30	2.29	.53	1.61	.46	.61
RS	.15	.54	.27	.50	.17	.42	-.03	.36	.14	1.71*	.70	1.12
BRF	.10	4.68	2.50	4.31	1.22	6.44	-.60	4.67	.49	1.50	1.16	.80
PR	.30	.35	.12	.70	-.13	.37	-.15	.72	1.58	1.10	.72	.09
PI	.43	5.60	5.12	5.04	4.69	7.44	3.17	5.06	2.08*	.88	2.20†	.65
AL	-1.21	3.40	2.56	3.61	.62	2.33	-.17	3.01	1.50	2.26*	3.26††	.62
Au	.36	2.82	1.44	3.46	.46	3.26	1.33	2.02	.09	.09	1.00	.73
Co	-.07	4.42	2.13	4.21	-.77	3.85	0	2.83	.46	1.42	1.53	.50
IE	-.29	4.71	1.31	5.13	-.62	2.33	-.58	4.64	.19	1.13	.99	.02
SE	-3.21	4.66	2.25	5.30	-2.77	6.33	1.50	2.39	.23	.40	3.02††	2.15†
RB	-.78	2.29	1.50	2.42	1.08	2.90	.83	1.53	2.06†	.74	2.65††	.26

*p < .05, one-tailed test
**p < .01, one-tailed test
†p < .05, two-tailed test
††p < .01, two-tailed test

significantly more than the experimental females and the control males.

On the Response Bias (RB) scale, the experimental females again decrease, and comparisons show them to fall significantly below the experimental males and the control females.

Additional significant t scores shown in Table 10 are on the social extroversion measure. The differences on SE are attributable to sex rather than treatment. Females change in the direction of introversion, and males in the direction of extroversion regardless of whether or not they participated in the counseling groups.

It can also be noted that on the SEI measure of self-esteem, the experimental males increase more than the experimental females. This comparison falls short of significance ($p = .075$), but is another illustration of results reported earlier: that experimental males increase significantly on the SEI while experimental females do not.

Summary of results on change. At this point, the results on change that have been presented so far can be summarized in light of the hypotheses of the study.

1. Self-esteem was predicted to increase as a result of group counseling. The experimental group as a whole made no changes that were significantly greater than changes made by the control group. These comparisons

failed to support the hypothesis. When males and females were considered separately, it was found that there was a nonsignificant trend for experimental males to increase more in self-esteem than experimental females.

2. Psychological adjustment was predicted to increase as a result of group counseling. The increases made by the experimental group were not significantly greater than the increases made by the control group; thus, this hypothesis was not supported for the total group of subjects. When the data for males and females was considered separately, divergent trends appeared. Experimental males increased significantly more than experimental females on both the dimensions of anxiety level and personality integration. Experimental females decreased on the Anxiety Level scale, indicating that they tended to become more anxious following the group counseling.

Examination of the variability of SEI change scores. It has been noted that on the Self-Esteem Inventory, the control group as a whole increased more than the experimental group. It has also been noted that within the experimental group, the males increased significantly on the SEI while the females made only a minimal positive shift. This is an example of how analyses of central tendencies for groups as a whole can mask meaningful differences within the groups. Examination of the variances

of SEI change scores reveals that the experimental group had a variance of 29.92 while the control group had a variance of 8.82. A statistical comparison shows that the difference between the variances is significant, F (29,24) = 3.42, $p < .01$.

In order to examine the implications of this significant difference, the change patterns on the SEI for individual subjects were examined. Striking differences were discerned between the experiment and the control groups. Within the control group, subjects change in a relatively homogeneous manner and tend to make relatively small increases. No control subject decreases more than one point. In contrast, the experimental subjects change in a heterogeneous manner. Some experimental subjects make small changes while others make large increases and still others make large decreases. Table 11 presents the SEI change data by classifying subjects according to the size and direction of change scores. The table illustrates the noted differences between the experimental and control groups. A Pearson chi-square test of the contingencies in the table yields a significant chi-square of 10.26 (3), $p = .025$. These data strongly suggest that the group counseling treatment had different kinds of impacts on different subjects.

Because of the trend for experimental males to increase more than experimental females on the SEI, it

Table 11

Subjects Grouped by Amount and Direction of Change on the SEI

SEI Change	Experimental Subjects	Control Subjects	Total
Gain of 6 or more points	9	4	13
Gain of 3 to 5 points	6	7	13
Change (+ or -) of 2 or less points	8	14	22
Loss of 3 or more points	7	0	7
Total	30	25	55

χ^2 (3) = 10.26, p = .025

should be pointed out that among the nine experimental subjects who showed substantial increases, six were males and three were females. Of the seven who showed substantial decreases, three were males and four were females.

The next steps in analyzing the data were to attempt to identify 1) who changed as a result of the group counseling and 2) what kinds of changes they made on dimensions other than self-esteem.

Comparisons of subjects who increased in self-esteem to subjects who did not increase. In order to undertake additional analyses, all subjects were classified according to whether or not they increased in self-esteem as measured by the SEI. The range of SEI change scores was -8 to +15. A cut-off point of +3 was selected to divide "Increasers" from "Non-increasers." The mean SEI change scores for the experimental and control groups were +2.30 and +2.96, respectively. This meant that in order to be classified as an Increaser, a subject had to have a greater than average SEI change score. There were 26 subjects classified as Increasers (including 15 experimental and 11 control subjects) and 29 subjects classified as Non-increasers (15 experimentals and 14 controls).

In addition to the SEI, there were two other self-report measures of self-esteem: the Real Self/Ideal Self Discrepancy measure (D) and the Real Self (RS) measure. In order to detect whether change scores on these supple-

mentary measures of self-esteem were related to change scores on the SEI, t-test comparisons were conducted between Increasers and Non-increasers on the D change scores and the RS change scores. Experimental and control subjects were analyzed separately. Table 12 gives the data for the D change scores, and Table 13 gives the data for the RS change scores. On both D and RS, the t scores are significant for the experimental subjects but not for the control subjects. These results indicate that for experimental subjects the change toward increased self-esteem on the SEI is accompanied by increased self-esteem on the other measures. For the control subjects, SEI changes are not related to changes on the other measures. The three measures (SEI, D, and RS) were used to estimate the same underlying personality construct, i.e., self-esteem. It can be argued that the agreement between the measures for the experimental group is an example of convergent validity. The convergence of these change scores strengthens the conclusion that, within the experimental group, some changes in the underlying construct of self-esteem have actually been assessed.

The measures of self-esteem as rated by peers (BRF and PR) were also examined to determine whether change in self-esteem as measured by the SEI agreed with change in self-esteem as assessed by peers. These analyses yielded no significant results. Again, the two types of

Table 12

Change Scores on the Real Self/Ideal Self Discrepancy (D) Measure for Increasers and Non-increasers

	Increasers			Non-increasers			
	M	SD	n	M	SD	n	t
Experimental	-2.58	2.76	15	-.72	2.11	15	2.08*
Control	.22	1.72	11	-1.28	2.57	14	-1.65

*p < .05, one-tailed test

Table 13

Change Scores on the Real Self (RS) Ratings for Increasers and Non-increasers

	Increasers			Non-increasers			
	M	SD	n	M	SD	n	t
Experimental	.46	.52	15	-.04	.37	15	3.05*
Control	.09	.30	11	.06	.48	14	.20

*p < .01, one-tailed test

measures, self-reports and peer assessments, do not agree with each other.

Examination of the relationship between change on the SEI and characteristics of the subjects prior to the group counseling. It has already been demonstrated that sex is one attribute associated with change as a result of group counseling. There is more evidence of change in predicted directions for men than for women. In order to examine whether other assessed personality characteristics were predictive of change, the Increasers (subjects who increased in self-esteem as measured by the SEI) were compared to the Non-increasers (subjects who did not increase in self-esteem as measured by the SEI) on the pretest dimensions. Comparisons were conducted separately for men and women within the experimental group and within the control group. The data and results of these tests are presented in Table 14 for females and Table 15 for males. At this point in the analysis of results, the number of subjects in each category is small. The analyses must be regarded as exploratory and the results as speculative.

Four hypotheses had been made regarding personality characteristics that would be predictive of change. Only one of these was supported by the data:

1. It was predicted that subjects who were initially high on the dimension of social extroversion would be more

Table 14

Comparisons of Female Increasers to Female Non-increasers on the Pretest OPI Scales

	Experimental Females					Control Females				
	Increasers (n = 6)		Non-increasers (n = 8)			Increasers (n = 4)		Non-increasers (n = 9)		
	M	SD	M	SD	t	M	SD	M	SD	t
PI	22.33	13.66	27.13	7.38	.84	26.75	2.87	30.33	8.57	.79
AL[a]	7.67	4.08	12.88	3.83	2.45*	12.50	2.52	10.33	4.53	.88
Au	33.83	6.91	33.88	3.40	.02	34.00	3.16	30.89	5.78	.99
Co	18.33	3.01	18.25	6.16	.03	13.75	4.99	18.89	5.56	1.58
IE	35.50	7.40	35.62	9.36	.46	26.50	12.87	26.11	8.08	.07
SE	19.67	9.87	21.50	5.45	.46	16.25	7.37	19.22	8.45	.61
RB	9.33	5.99	10.75	4.71	.49	12.50	2.52	12.33	4.77	.06

[a]A low score on AL indicates high anxiety.

*$p < .05$, two-tailed test

Table 15

Comparison of Male Increasers to Male Non-increasers on the Pretest OPI Scales

	Experimental Males					Control Males				
	Increasers (n = 9)		Non-increasers (n = 7)			Increasers (n = 7)		Non-increasers (n = 5)		
	M	SD	M	SD	t	M	SD	M	SD	t
PI	34.67	8.54	30.86	8.41	.89	22.71	8.85	34.80	9.86	2.23†
AL	13.44	2.51	11.00	5.66	1.16	9.57	6.08	15.20	2.28	1.95
Au	35.67	3.74	35.29	4.75	.18	31.86	6.19	34.00	6.04	.59
Co	16.33	5.22	18.29	4.68	.77	19.00	3.06	17.00	5.34	.83
IE	32.00	9.18	29.43	5.26	.65	33.00	9.50	34.40	9.71	.25
SE	18.67	3.46	13.57	5.65	2.23*	15.29	7.11	19.80	8.35	1.01
RB	13.00	2.69	10.43	2.88	1.84	11.43	3.41	11.20	3.42	.11

*$p < .05$, one-tailed test

†$p < .05$, two-tailed test

likely to increase in self-esteem as a result of group counseling. This prediction was supported for the males. As shown in Table 15, the experimental males who increase in self-esteem are initially significantly more extroverted (as measured by the SE scale) than experimental males who do not increase in self-esteem. The prediction was not supported for experimental females. Also, the effect does not occur within the control group.

2. It was predicted that subjects who were initially high on the personality dimensions of autonomy, complexity, and impulse expression would be more likely to increase in self-esteem as a result of group counseling. Tables 14 and 15 demonstrate that the pretest measures of autonomy (Au), complexity (Co), and impulse expression (IE) do not significantly differentiate between subjects who increase in self-esteem and subjects who do not increase. The hypotheses are not supported. An earlier section of this chapter reported that subjects in the present sample tended to have high scores on the OPI scales of Autonomy, Complexity, and Impulse Expression. Also, other research was cited (Gilligan, 1973) which suggested a "volunteer" effect. It had been hypothesized that people high on the dimensions of autonomy, complexity, and impulse expression would be more open to change, more open to the group counseling experience, and more able to deal with the ambiguities and anxieties of change. The data show that

these variables did not differentiate between subjects in the predicted manner during the treatment, but it is possible that they influenced whether or not people would volunteer for the group counseling in the first place.

Other results that had not been predicted appeared in the data. Table 14 shows that for the females, the Anxiety Level scale significantly differentiates between Increasers and Non-increasers in the experimental group. This indicates that at the beginning of the group counseling, those women who eventually gain in self-esteem start out as more anxious than women who do not gain in self-esteem. For the control females, there are no significant differences between Increasers and Non-increasers.

Table 15 shows that for the experimental males, the Social Extroversion (SE) scale is the only measure that significantly differentiates Increasers from Non-increasers. For control males, there is a significant result on the Personality Integration (PI) scale, showing Increasers to be lower than Non-increasers on the PI pretest. It should be noted that for experimental males, the tendency is in the opposite direction, with Increasers initially higher on personality integration than Non-increasers.

In summary, experimental subjects who gain in self-esteem and experimental subjects who do not gain in self-esteem are not different from each other on most of the

personality characteristics that were assessed by the pretests. In answer to the question of who is likely to increase in self-esteem as a result of group counseling, the evidence suggests that females who entered the group counseling with a relatively high level of anxiety and males who entered the group counseling with a relatively high level of social extroversion were most likely to change in the direction of high self-esteem.

Examination of the relationship between change in self-esteem and change on other personality characteristics. The change scores on the OPI personality dimensions were analyzed to look for differences between Increasers (subjects who increased in self-esteem as measured by the SEI) and Non-increasers (sugjects who did not increase in self-esteem as measured by the SEI). Again, data for males and females were analyzed separately and are presented in Tables 16 and 17.

Four hypotheses had been proposed regarding types of personality change that would accompany increases in self-esteem as a result of group counseling. Each of these hypotheses and the results relevant to them will be presented below.

1. It was predicted that increases in self-esteem as a result of group counseling would be accompanied by increases in psychological adjustment. Table 17 shows that for experimental males the Increasers gain signifi-

Table 16

Comparison of Female Increasers to Female Non-increasers According to OPI Change Scores

	Experimental Females					Control Females				
	Increasers (n = 6)		Non-increasers (n = 8)			Increasers (n = 6)		Non-increasers (n = 9)		
	M	SD	M	SD	t	M	SD	M	SD	t
PI change	2.67	4.37	-1.25	6.09	1.33	4.75	7.27	4.67	7.95	.02
AL change	.50	2.35	-2.50	3.62	1.76	1.50	1.91	.22	2.49	.91
Au change	.50	3.21	.25	2.71	.16	-.25	.96	.78	3.90	.51
Co change	2.33	4.08	-1.88	3.98	1.94*	.50	3.87	-1.33	3.94	.78
IE change	2.00	5.06	-2.00	3.89	1.68	-2.00	2.00	0	2.29	1.50
SE change	-.50	3.56	-5.25	4.50	2.13†	-3.50	5.07	-2.44	7.07	.27
RB change	-.83	2.48	-.75	2.31	.06	0	2.83	1.56	2.96	.88

*$p < .05$, one-tailed test

†$p < .05$, two-tailed test

Table 17

Comparisons of Male Increasers to Male Non-increasers According to OPI Change Scores

	Experimental Males					Control Males				
	Increasers (n = 9)		Non-increasers (n = 7)			Increasers (n = 7)		Non-increasers (n = 5)		
	M	SD	M	SD	t	M	SD	M	SD	t
PI change	7.33	5.17	2.29	3.35	2.23*	4.57	5.86	1.20	3.27	1.15
AL change	3.33	3.00	1.57	4.31	.97	.43	2.57	-1.00	3.67	.80
Au change	2.00	2.83	.71	4.27	.72	1.71	2.36	.80	1.48	.76
Co change	4.44	3.57	-.85	2.97	3.16**	1.14	2.73	-1.60	2.50	1.72
IE change	-.11	5.90	3.14	3.53	1.28	.71	5.12	-2.40	3.58	1.16
SE change	2.33	6.58	2.14	3.53	.69	.71	2.93	2.60	.55	1.40
RB change	1.78	2.22	1.14	2.79	.51	.43	1.51	1.40	1.52	1.09

*$p < .05$, one-tailed test

**$p < .01$, one-tailed test

cantly more than the Non-increasers on the personality integration (PI) dimension. There are no significant results for either the experimental females or the control subjects. These results give supporting evidence of the hypothesis for the males.

2. It was predicted that increases in self-esteem as a result of group counseling would be accompanied by increases in autonomy. Tables 16 and 17 show no significant differences between Increasers and Non-increasers on the Autonomy (Au) measure; thus, the hypothesis fails to be supported.

3. It was predicted that increases in self-esteem as a result of group counseling would be accompanied by increases in complexity. Tables 16 and 17 show that on the Complexity (Co) scale, the differences between Increasers and Non-increasers are significant for both the experimental males and the experimental females, and are in the predicted direction. For the control subjects, the differences are notably less. The hypothesis is supported.

4. It was predicted that increases in self-esteem as a result of group counseling would be accompanied by increases in impulse expression. There were no significant differences between Increasers and Non-increasers on the

Impulse Expression (IE) scale. The hypothesis was not supported.

One significant result that had not been predicted was found on the Social Extroversion (SE) scale for the experimental females. The females who do not increase in self-esteem move in the direction of social introversion.

Finally, the results on the Response Bias (RB) scale should be noted. The RB scale was included in the study as an estimate of social desirability response sets. The role of the scale was to serve as a check on the possibility that observed increases in self-esteem could arise from increased social desirability response tendencies rather than from the group counseling treatment. Tables 16 and 17 show that there are no significant differences on the RB scale, and this suggests that the observed increases in self-esteem were not accompanied by increased social desirability response tendencies.

Analysis of the relationship between evaluative ratings taken over the course of the group counseling treatment and outcome

The two variables assessed during the course of the group counseling treatment were self-evaluations and evaluations made by others with respect to feelings and behavior within the context of the group sessions. Data were obtained at three points in time -- after the second

session, after the fifth, and after the eighth. Earlier in this chapter (pp. 80-81), it was shown that the subjects' evaluations of themselves, as measured by the Self Ratings, increased over time as the counseling treatment progressed. The evaluations of each subject made by fellow group members, as measured by the Ratings by Others, did not increase. At this point, the evaluative ratings can be related to the outcome results.

Analysis of self-evaluations (Self Ratings). Support was found for the hypothesis that increases in self-evaluations within the counseling sessions would be related to increases in the subjects' general level of self-esteem. In order to evaluate this hypothesis, the subjects were again classified into two groups, as Increasers and Non-increasers, depending upon whether or not they had gained in general self-esteem as defined by at least a three point increase on the Self-Esteem Inventory (SEI).

Table 18 presents the data from the Self Ratings for Increasers and Non-increasers. These results were evaluated by a two-way analysis of variance for repeated measures over time on the same subjects (Winer, 1962). The results of the analysis of variance are presented in Table 19. There is no significant "group" effect, indicating that change in the general level of self-esteem has no association with the magnitude of the Self Ratings

Table 18

Means and Standard Deviations on Self Ratings for Increasers and Non-increasers

	Self Ratings					
	second session		fifth session		eighth session	
	M	SD	M	SD	M	SD
Increasers (n = 15)	4.39	.84	5.23	.26	5.26	.53
Non-increasers (n = 15)	4.68	.83	4.67	.73	4.76	.49

Table 19

Analysis of Variance of Self Ratings by Amount of Increase in General Self-esteem and Time

Source	SS	df	MS	F	p
Between Subjects		29			
Group (A)	1.05	1	1.05	1.84	ns
error	15.99	28	.57		
Within Subjects		60			
Time (B)	3.88	2	1.94	5.54	<.01
A x B	2.99	2	1.50	4.29	<.05
error	19.78	56	.35		

when time is held constant. As has already been noted, there is a highly significant time effect (F (2,56) = 5.54, $p < .01$) indicating that the Self Ratings increase over time. Finally, and most importantly, there is a significant interaction effect between "group" and ratings over time (F (2,56) = 4.29, $p < .05$). Looking at the means of the Self Ratings as presented in Table 18, it can be seen that this interaction effect occurs because the subjects who increase in general self-esteem make by far the largest gain on the Self Ratings. This result supports the hypothesis and indicates that increases in self-evaluations specific to the group counseling situation are predictive of positive outcome in terms of enhanced self-esteem. It should also be noted that the increases in self-evaluations are not linear over time, but are achieved midway through the treatment, i.e., the fifth session. This suggests the possibility that people who are likely to benefit from a particular type of counseling treatment may be identifiable at an early stage of the treatment.

Analysis of evaluations by others (Ratings by Others). Table 20 gives the data on the Ratings by Others for Increasers and Non-increasers. As with the Self Ratings, the Other ratings were subjected to an analysis of variance. Table 21 shows that there were no significant results. An examination of the means, as shown in Table 20,

Table 20

Means and Standard Deviations on Ratings by Others for Increasers and Non-increasers

	Self Ratings					
	second session		fifth session		eighth session	
	M	SD	M	SD	M	SD
Increasers (n = 15)	4.88	.56	4.71	.41	4.87	.46
Non-increasers (n = 15)	4.58	.57	4.66	.61	4.97	.44

Table 21

Analysis of Variance of Ratings by Others by Amount of Increase in General Self-esteem and Time

Source	SS	df	MS	F	p
Between Subjects		29			
Group (A)	.15	1	.15	..48	ns
error	7.21	28			
Within Subjects		60			
Time (B)	1.05	2	.52	1.94	ns
A x B	.60	2	.30	1.11	ns
error	15.13	56	.27		

reveals that even the tendencies in the data are not consistent with predictions. There is some gain in the magnitude of Other ratings over time, but this gain is attributable to the group of Non-increasers rather than the group of Increasers. The hypothesis regarding the Other ratings was not supported. Subjects who increased in general self-esteem following the group counseling treatment did not receive increasingly positive ratings from fellow group members.

Summary of results

Overall comparisons of the experimental group to the control group yielded no evidence of any effects attributable to group counseling. Further analyses, however, revealed divergent trends in the data, suggesting that the counseling experience had different kinds of impacts on different people. On the Self-esteem Inventory, the major measure of self-esteem, the variance of change scores for the experimental group was significantly greater than the variance of change scores for the control group. Many of the experimental subjects made large shifts on the SEI, but in divergent directions. Evidence emerged that there were negative effects of the group counseling for some of the participants.

The strongest evidence of positive effects was found for male subjects, and particularly for males who were

initially high on the dimension of social extroversion. There was also evidence that the group participants who increased in self-esteem achieved accompanying gains in psychological adjustment and complexity.

Data from the ratings taken during the treatment process showed that increases in how a person perceived and felt about himself within the group counseling situation were associated with positive changes in self-esteem on the outcome measures.

CHAPTER IV

DISCUSSION

The task of this final chapter is to summarize and interpret the findings of the study, to discuss some of the problems in the study, and to discuss implications for theory and research. The study predicted that changes in self-esteem and other personality dimensions would occur as a result of the group counseling treatment. The strongest evidence for positive impacts of the group counseling would have come from increases on the outcome measures for the experimental group that were above and beyond those made by the control group. Such findings were not obtained. Two features of the data relevant to this lack of substantive results need to be discussed. First, the control group itself made substantial increases and, on some of the measures, these changes were significant. Secondly, there was evidence that negative as well as positive changes occured within the experimental group. It appeared that these divergent trends cancelled each other out, so that, on the outcome measures, the experimental group as a whole did not appear to be different from the control group. The issues of control group increases and

divergent trends within the experimental group will be addressed in more detail.

Consideration of increases within the control group. The control group changed significantly in positive directions on one of the measures of self-esteem (the SEI), on one of the psychological adjustment measures (the PI scale), and on the Response Bias scale. Control group increases are frequently noted in the literature on outcome research on measures involving questionnaires, Q-sorts, rating forms, and personality inventories--measures of the type employed in the present study (Stuart, 1970; Bednar and Lewis, 1971; Hull, 1972). Such increases can be interpreted in a number of ways. First, there is evidence that on self-report personality scales, people tend to do better when the tests are administered to them a second time, even with no intervening treatment. What may happen is that while taking the tests the first time, respondents are able to figure out the meaning of the items and to detect what the tests are aiming to measure. They become, in effect, test-wise. When the test is readministered, they may respond more consistently in a manner that is socially desirable. A second interpretation argues that the increases may reflect more than a superfical bias due to familiarity with the tests. Responding to the test itself may be a learning experience. Becoming

engaged in the task of the test, reading the item content and thinking about oneself in relation to the item content, may initiate a process of self-reflection and questioning which could lead to real personality change. Thus, the tests themselves may function as change agents. This interpretation should recognize the possibility that people could change in negative as well as positive directions, though the data show that the changes were positive.

Thirdly, it should be recalled that the control subjects as well as the experimental subjects had volunteered for the group counseling. The motivation which led them to volunteer may mean that during the 10 week period between the pretests and the posttests, they were open to a process of personal change. The desire to have more positive feelings toward themselves may, in itself, have led to positive changes. Also, Bergin (1971) points out that "psychotherapeutic treatments" can occur in many forms and that there are sources of support and agents of change indigenous within communities. The control subjects were considered as untreated within the context of the research design, but this doesn't exclude the possibility that they encountered some kind of "treatment" elsewhere. These considerations point to the difficulties of obtaining adequate control data in naturalistic outcome research.

Consideration of divergent trends in the changes made by the group counseling participants. The evidence of divergent trends among the experimental subjects is considered to be one of the most meaningful findings of the study. It is likely that the opposite trends in the data for experimental subjects cancelled each other out so that the overall statistical analyses revealed no differences between the experimental group and the control group; however, this is not the most important lesson to be learned. More important considerations are, first of all, that the study did not predict for differential effects. The treatment variable was specified and hypotheses were proposed that linked the treatment experience to expected changes. It cannot be inferred, however, that all subjects experienced the treatment in the same way. A later section of this chapter will describe the various trends in more detail; what the trends appeared to be and who appeared to change in what way. Evidence gathered from this study could thus lead to more sophisticated research predicting different kinds of effects for different kinds of people.

Secondly, it is important to underscore the evidence of negative effects for at least a few of the subjects. This evidence was most striking on the Self-Esteem Inventory where seven of the experimental subjects made substantial decreases as compared to no subjects in the

control group. In the field of professional psychology, it is necessary to recognize that treatment programs and types of interventions that are undertaken with the goal of helping people may be potentially harmful for some people or at least may involve a degree of risk.

Research results which indicate negative effects are not unique to the present study. Many studies on the outcomes of psychotherapy and counseling have encountered the phenomenon of greater variance among treated subjects as compared to controls on change measures such as those employed in the present study. Articles by Bergin (1971) and Howard and Orlinsky (1972) present extensive reviews and summaries. Losses on outcome measures have come to be known as deterioration effects. Eysenck (1961) was one of the first to detect and explicitly describe deterioration effects and he argued that potential clients should be made aware of the risk factor involved in psychotherapy. In recent years considerable attention has been given to deleterious effects of counseling and psychotherapy, as in Stuart's (1970) book, entitled Trick or Treatment. Howard and Orlinsky (1972) observe that the failure rate reported in outcome studies seems to average around 15%. It can be pointed out that in the present study, seven out of 30 group participants decreased on the Self-esteem Inventory, a rate of 23%. Bergin (1971) argues

that deterioration effects represent an important and exciting finding:

> ...it demonstrates that some portions of whatever is happening in therapy is powerful; and, like any other discovery in nature, it can have beneficial or harmful effects. This is equally true of aspirin, X-rays, and atomic energy. While the deteriorative effect is disturbing, its existence proves the existence of a complementary "improvement" effect...(p. 247)

The question of what deterioration effects actually represent needs to be addressed. Bergin (1971) raises the possibility that they may be "an artifact of criteria measurement error", but argues that this is unlikely since the effect rarely occurs in control groups and appears to be the opposite of statistical regression toward the mean.

The second possibility is that some people truly are harmed by counseling and psychotherapeutic treatments. This possibility needs to be taken seriously and investigated further.

A third possibility is that the deterioration effects are temporary phenomena. Most theories of therapeutic personality change recognize that very often a person must pass through a stage when old, habitual defenses and response styles are given up. The person is temporarily very vulnerable to anxiety and may regress in certain areas of functioning. It had been anticipated that the group counseling experience could be difficult and anxiety

producing for at least some of the group participants in that it could lead to extensive questioning and doubt of basic assumptions regarding one's values, one's orientation in the world, and one's own self-concept. It is possible that by the end of the nine group sessions, some of the participants were still in the midst of this difficult phase of the change process. The duration of the group counseling had been arbitrarily set at 9 weeks. Perhaps less time would have been adequate for some of the participants and more time would have been helpful for others.

One additional consideration regarding deterioration effects has to do with whether or not they are indicative of increased pathology. This is especially relevant to the present study. The subjects were from a normal college student population and on the pretest measures they could not be characterized as any less well-adjusted than their peers. It is possible that the negative changes reflected, not loss in terms of basic psychological stability or mental health, but a higher level of discontent. When people undertake a program of personal change or self-improvement such as the group counseling experience, they may come to envision higher levels of possibilities for themselves. In areas such as positive personal functioning, happiness in interpersonal relationships, the experience of value and meaning in themselves and their

lives, they may begin to set higher levels of aspiration, becoming in some ways less content with themselves. Maslow (1971) has proposed that a distinction be made between clinical types of psychopathology and the "meta-pathologies" of healthy individuals who are experiencing conflicts regarding values and meaning. He also argues that such metapathologies often accompany personal growth and development. For the college students in the present study, it is likely that some part of the observed deterioration effects were manifestations of stresses of growth in the realm of values and self-identity.

Types of changes that occurred within the experimental group. At this point, the content of the types of changes made by people who participated in the group counseling will be summarized. It should be remembered that many subjects showed no substantial changes in measured self-esteem. This summary is based on the overall trends that appeared in the data as presented in the previous chapter, and focuses on trends that differentiated the experimental subjects from the control subjects.

The hypotheses predicted that subjects would increase in self-esteem and psychological adjustment, and that changes on these two dimensions would accompany each other. Acknowledging the presence of deterioration effects, there was also evidence that positive changes did occur for the male subjects on these dimensions. Also,

the increases on these dimensions tended to accompany each other; that is, the males who increased in self-esteem were likely to also increase in psychological adjustment.

For females, it was more the evidence of deterioration effects that stood out from the background of the data. Experimental females made less positive changes on the dimensions of self-esteem and psychological adjustment than either experimental males or the control subjects. Also, following the group counseling, the females who decreased in self-esteem were likely to become more anxious and more introverted. It should be noted that while the group counseling appeared to be more favorable for males, there were some females who made substantial increases in self-esteem, and some males who decreased.

Hypotheses had also been proposed that increases in self-esteem would be accompanied by increases on the personality dimensions of autonomy, complexity, and impulse expression. There was no support for the hypotheses regarding autonomy and impulse expression. The hypothesis regarding complexity was supported. The group participants who increased in self-esteem also increased in complexity. This finding is supportive of the theoretical notions regarding the role of conceptual

variables in self-esteem and the self-concept. The inference can be proposed that subjects who increased in self-esteem achieved an increased degree of complexity and differentiation within their self-concepts. This inference goes beyond the personality characteristics estimated by the Complexity scale, but points a way toward further investigation into the nature of self-esteem, the self-concept and processes of change.

Other hypotheses stipulated that the personality dimensions of autonomy, complexity, impulse expression, and social extroversion would be predictive of change within the counseling experience. There was no support for the hypotheses regarding autonomy, complexity, and impulse expression. However, the subjects were initially high on these dimensions, and evidence was cited to suggest that these dimensions, while not predictive of change as a result of the counseling experience, may be predictive of whether or not a person choses to enter a group counseling experience. The hypothesis regarding social extraversion was supported for the male subjects. Males who were initially more extraverted were more likely to increase in self-esteem as a result of the group counseling.

The issue of sex differences in relation to the effects counseling (any kind of counseling or psychotherapy, either group or individual) has not been subjected to deliberate empirical research. This study indicates that

there are such differences and that these differences need to be investigated. Some initial questions which come to mind are: Why are there stronger positive effects for males? Why are there stronger deterioration effects for females? Would the results of this study be replicated? If so, under what conditions? What is the meaning and the source of such sex differences?

Such questions can address themselves to a number of levels. On the level of measurement, there is the possibility of different meanings behind the responses of men and women to test items. For example, with respect to the sex differences obtained on the OPI Anxiety Level scale; perhaps it was more acceptable for females to admit feelings of anxiety following the group counseling. This could be explored by using other methods to estimate anxiety.

Also, specific measures may not assess the same underlying construct for one sex as they do for the other, or the underlying constructs themselves may involve sex differences. It can be noted that there was evidence in the data of differences in the nature of self-esteem for men and women. This evidence came from the intercorrelations of the personality dimensions as assessed by the pretests. It appeared that the dimension of the Ideal self and the discrepancy between the Real self and the Ideal self were more important components of self-esteem

for men than women. It is possible that the particular approach to group counseling that was evaluated by the study is actually more suitable for males. Much of the group work had the goal of helping people to articulate and clarify their self-concepts, assumptions underlying their behavior, and their feelings about themselves. This work focused on ideal self-concepts as well as real self-concepts and on the nature of the discrepancies between the two. In so far as ideal self-concepts may be more salient constructs for men than for women, this approach may have been more beneficial for the men.

Findings from the evaluative ratings. Assessments were taken over the course of the group counseling treatment of how positively the subjects perceived and felt about themselves in the group situation. It was proposed that a successful treatment experience would involve increases in positive self-evaluative responses within the treatment situation and that these responses would generalize to enhance the person's general level of self-esteem. The hypothesis was supported by findings that the subjects who made large increases in self-evaluations within the group counseling situation were the same subjects who increased in general self-esteem. While the data support the hypothesis, there are many questions which come to mind. In the experimental design, the treatment was regarded as a single, wholistic variable. Further

investigations could address such questions as: What specific aspects of the treatment led to positive self-evaluations? Were the increases in self-evaluations manifested overtly by the subjects, and if so, how?

It had also been predicted that evaluations made of the subjects by fellow group members would increase over the course of treatment and that these increases would be related to positive outcomes. The data did not support this prediction. Though it was logical to anticipate that the group members would have important impacts on each other during the group counseling process, such interpersonal effects were not isolated by the data that was obtained.

Consideration of the measures obtained from others regarding their perceptions of the subjects. The two types of instruments used in the study involved self-reports and ratings by others. It had been anticipated that if results on the two types of instruments converged with each other, conclusions of the study would be strengthened. Such convergence was not found.

Included among the pretest and posttest assessments were the Behavior Rating Form (BRF) and the Peer Ratings (PR). These were defined as measures of manifest or behavioral self-esteem and were supplementary to the self-report measures of self-esteem. Pretest data show that the BRF and the PR did not correlate with the

self-report measures. Also, analyses of change revealed no associations of change on the BRF or PR with change on the self-report measure, i.e. the SEI. A major shortcoming of this aspect of the study is that the assessments by peers were probably inadequate as measures of behavioral self-esteem. Only one peer rated each subject, and it can be argued that this did not afford an adequate sampling of either the subjects' behavior or other people's perceptions of their behavior. The third instrument that involved observational data was the Ratings by Others measure which was used to obtain data regarding specific group sessions. Change on this measure also failed to be associated with change on the SEI. Again, the measure may not have been adequate in that only two fellow group members rated each subject.

In addition to the questionable adequacy of the observational measures, is the issue that different methods of measuring a construct may not agree with each other. Among the sets of scores, the variance due to a particular method may be greater than the variance due to the construct that is presumably being measured. Borgatta (1968) observes that convergence of findings between self-report data and data from observations by others is infrequent. He reports studies where self ratings correlate with other self ratings, peer ratings correlate with other peer ratings, but the two types of ratings do not correlate with each other.

It can be noted that the correlations between the two types of measures used following specific group sessions, the Self Ratings and the Ratings by Others, tended to be significantly high while correlations between the two types of measures on the pretests and posttests were near to zero. This higher degree of association could be due to the more limited domain of behavior from which the ratings were made, i.e. the subjects' behavior within the group sessions as opposed to behavior in his on-going, everyday life. Increased specificity of observational data should improve its validity.

Considerations regarding the measurement of change. It should be pointed out that there are various ways of analyzing change between pretests and posttests. The method selected in the study was to subtract each subject's pretest score from his posttest score, thus deriving a change score. This was chosen as the most direct way of estimating change and was considered appropriate since there were no significant differences between the experimental group and the control group on the pretests.

Two alternative methods should be mentioned. One is to use analysis of covariance in order to control for differences on the pretests. In this method subjects are treated as if they were the same to begin with. Another method is to calculate "percentage gain" scores for each

subject. These scores are obtained by converting the observed numerical change between the pretest and the posttest into a percentage of the amount of change that could possibly have occurred on the test. An advantage of this method is that it makes allowances for ceiling effects. In the present study, it is possible that the use of different statistical methods to analyze change would have modified the results.

In conclusion, the intention of the study was to examine a particular approach to group counseling in order to determine whether it achieved its explicit goal of enhancing the self-esteem of the group participants. Criterion measures were scores on psychometric instruments. While there was evidence of gains in self-esteem for some subjects, a greater number showed no change over control subjects, and a few subjects decreased in self-esteem. Thus, according to the data, the goals of the treatment were not achieved for most of the participants.

The group counseling method was derived from a theoretical framework which conceptualizes self-esteem as a subjective aspect of personality that influences feelings of well-being as well as overt behavior. High self-esteem is a component of mental health while low self-esteem is detrimental to the individual. A person with low self-esteem suffers subjective distress and has relatively low

opinions regarding his ability to achieve his goals or realize his values. Also, the theory recognizes that a person's self-esteem is inseparable from his self-concept and that enduring changes in self-esteem come about as a function of changes in the self-concept.

The lack of substantial validation in terms of outcome for the group counseling treatment may have been due to a number of factors. One is the large amount of error variance in psychometric data and the lack of sensitivity of psychometric scores to meaningful nuances for different individuals. A second factor is the difficulty of controlling extraneous variables in naturalistic research. The group counseling experience involved just 18 hours over a 9 week period, and the impact of events that occurred outside of the treatment can be supposed to have affected the results for at least some of the subjects. Finally, the hypotheses of the study were of a general nature and, for the most part, predicted the same types of processes and effects for all the group participants. In contrast, the findings indicated that different subjects were affected in different ways. There were also indications of sex differences in the factor structure of self-esteem which led to expectations that men and women would respond differently to counseling treatments.

Valuable tasks for future research could involve the development of greater specificity in conceptualizing and

measuring self-esteem and its influences on personality and behavior. Also, individual differences in the nature and dynamics of self-esteem, particularly sex differences, need to be investigated further. Greater understanding of self-esteem could lead to greater understanding of change processes and more specific predictions regarding the effects of particular therapeutic treatments for particular individuals.

APPENDIX

COPIES OF PRETEST AND POSTTEST INSTRUMENTS (EXCLUDING THE OPI)

Self-Esteem Inventory 135

Real Self Rating Form 136

Ideal Self Rating Form 137

Behavior Rating Form 138

Peer Rating Form 139

COPIES OF INSTRUMENTS USED DURING THE TREATMENT PROCESS

Self Rating Form 140

Form for Ratings by Others 141

SELF-ESTEEM INVENTORY

Please mark each statement in the following way:
If the statement describes how you usually feel, put a check (✓) in the column "LIKE ME". If the statement does not describe how you usually feel, put a check in the column "UNLIKE ME".
There are no right or wrong answers.

	LIKE ME	UNLIKE ME
1. I often wish I were someone else.		
2. I find it very hard to talk in front of a group.		
3. There are lots of things I'd change about myself if I could.		
4. I can make up my mind without too much trouble.		
5. I'm a lot of fun to be with.		
6. I get easily upset at home.		
7. It takes me a long time to get used to anything new.		
8. I'm popular with people my own age.		
9. My family usually considers my feelings.		
10. I give in easily.		
11. My family expects too much of me.		
12. It's pretty tough to be me.		
13. Things are all mixed up in my life.		
14. Other people usually follow my ideas.		
15. I have a low opinion of myself.		
16. There are many times when I'd like to leave home.		
17. I often feel upset at the work I do.		
18. I'm not as nice looking as most people.		
19. If I have something to say, I usually say it.		
20. My family understands me.		
21. Most people are better liked than I am.		
22: I usually feel as if my family is punishing me.		
23. I often get discouraged at what I am doing.		
24. Things usually don't bother me.		
25. I can't be depended on.		

REAL SELF RATING FORM

HOW I VIEW MYSELF

Below is a series of opposite adjectives. Between each pair of adjectives is a series of spaces. Please respond to each pair of opposites by placing a check (x) in the space that best describes you as you actually see yourself.

Example: tall____:____:____:____:____:____:____short

If you see yourself as extremely tall, you would mark an x in the space nearest "tall":

tall_x_:____:____:____:____:____:____short

If you see yourself as being of medium height, you would mark the center space:

tall____:____:____:_x_:____:____:____short

If you see yourself as rather short, you might mark:

tall____:____:____:____:____:_x_:____short

Be sure to place your checks in the middle of spaces, not on the boundaries. Never put more than one check on a single scale. Try not to skip any.

TENACIOUS____:____:____:____:____:____:____YIELDING

WEAK____:____:____:____:____:____:____STRONG

HAPPY____:____:____:____:____:____:____SAD

INCOMPETENT____:____:____:____:____:____:____COMPETENT

DELIBERATE____:____:____:____:____:____:____IMPULSIVE

INTERESTING____:____:____:____:____:____:____BORING

ACTIVE____:____:____:____:____:____:____PASSIVE

SINCERE____:____:____:____:____:____:____INSINCERE

SELF-ASSURED____:____:____:____:____:____:____SELF-CONSCIOUS

OPEN____:____:____:____:____:____:____CLOSED

RELAXED____:____:____:____:____:____:____TENSE

DULL____:____:____:____:____:____:____BRIGHT

DEPENDENT____:____:____:____:____:____:____INDEPENDENT

COLD____:____:____:____:____:____:____WARM

EXTROVERTED____:____:____:____:____:____:____INTROVERTED

COMPETITIVE____:____:____:____:____:____:____COOPERATIVE

ATTRACTIVE____:____:____:____:____:____:____UNATTRACTIVE

BAD____:____:____:____:____:____:____GOOD

EMOTIONAL____:____:____:____:____:____:____RATIONAL

RASH____:____:____:____:____:____:____CAUTIOUS

SENSITIVE____:____:____:____:____:____:____INSENSITIVE

DEEP____:____:____:____:____:____:____SHALLOW

EXCITABLE____:____:____:____:____:____:____CALM

ACCEPTING____:____:____:____:____:____:____REJECTING

SHY____:____:____:____:____:____:____BOLD

IDEAL SELF RATING FORM

HOW I IDEALLY WOULD LIKE TO BE

Mark each of the following sets of adjectives according to the same instructions, but this time mark the space that best describes how you would ideally like to be.

WEAK____:____:____:____:____:____:____STRONG
INDEPENDENT____:____:____:____:____:____:____DEPENDENT
BORING____:____:____:____:____:____:____INTERESTING
RASH____:____:____:____:____:____:____CAUTIOUS
CLOSED____:____:____:____:____:____:____OPEN
SINCERE____:____:____:____:____:____:____INSINCERE
ACTIVE____:____:____:____:____:____:____PASSIVE
COMPETENT____:____:____:____:____:____:____INCOMPETENT
EMOTIONAL____:____:____:____:____:____:____RATIONAL
ATTRACTIVE____:____:____:____:____:____:____UNATTRACTIVE
YIELDING____:____:____:____:____:____:____TENACIOUS
ACCEPTING____:____:____:____:____:____:____REJECTING
COOPERATIVE____:____:____:____:____:____:____COMPETITIVE
EXTROVERTED____:____:____:____:____:____:____INTROVERTED
SELF-CONSCIOUS____:____:____:____:____:____:____SELF-ASSURED
BAD____:____:____:____:____:____:____GOOD
EXCITABLE____:____:____:____:____:____:____CALM
BOLD____:____:____:____:____:____:____SHY
SAD____:____:____:____:____:____:____HAPPY
SENSITIVE____:____:____:____:____:____:____INSENSITIVE
DULL____:____:____:____:____:____:____BRIGHT
SHALLOW____:____:____:____:____:____:____DEEP
DELIBERATE____:____:____:____:____:____:____IMPULSIVE
RELAXED____:____:____:____:____:____:____TENSE
WARM____:____:____:____:____:____:____COLD

BEHAVIOR RATING FORM

1. Does this person adapt easily to new situations, feel comfortable in new settings, enter easily into new activities?

____always ____usually ____sometimes ____seldom ____never

2. Does this person hesitate to express his opinions as evidenced by extreme caution, failure to contribute, or a subdued manner in speaking situations?

____always ____usually ____sometimes ____seldom ____never

3. Does this person become upset by failures or other strong stresses? For example, in such situations does he pout, whine, cry, become moody, or withdraw?

____ always ____usually ____sometimes ____seldom ____never

4. How often is this person selected to participate in activities by other people?

____always ____usually ____sometimes ____seldom ____never

5. Does this person become alarmed and frightened easily? Does he become very restless, jittery, or anxious when exams are scheduled, or events that are important to him are impending?

____always ____usually ____sometimes ____seldom ____never

6. Does this person seek support and reassurance from other people, as evidenced by much seeking of advice and frequent inquires as to whether he is doing the right thing?

____always ____usually ____sometimes ____seldom ____never

7. Does this person show confidence and assurance in his actions toward other people?

____always ____usually ____sometimes ____seldom ____never

8. Does this person deprecate ("put down") his grades, classwork, activities, creations, and workproducts?

____always ____usually ____sometimes ____seldom ____never

9. Is this person sensitive to criticism? When he is criticized, or when people get angry at him, does he become very aggressive, very sullen and withdrawn, or otherwise visibly upset?

____always ____usually ____sometimes ____seldom ____never

10. To what extent does this person show a sense of self-esteem, self-respect, and appreciation of his own worthiness?

____always ____usually ____sometimes ____seldom ____never

11. Does this person show a sense of pride in his accomplishments?

____always ____usually ____sometimes ____seldom ____never

PEER RATING FORM

On this form, you are asked to rate your impressions of the person. Below is a series of opposite adjectives. Between each pair of adjectives is a series of spaces. Respond to each pair by placing a check (x) in the space that best describes how you see the person. Example:

tall____:____:____:____:____:____:____short

If you see the person as extremely tall, you would mark an x in the space nearest to "tall":

tall_x_:____:____:____:____:____:____short

If you see him (her) as being of medium height, you would mark the center space:

tall____:____:____:_x_:____:____:____short

If you see him (her) as rather short, you might mark:

tall____:____:____:____:____:_x_:____short

Be sure to place your checks in the middle of spaces, not on the boundaries. Never put more than one check on a single scale. Try not to skip any.

TENACIOUS____:____:____:____:____:____:____YIELDING

WEAK____:____:____:____:____:____:____STRONG

HAPPY____:____:____:____:____:____:____SAD

INCOMPETENT____:____:____:____:____:____:____COMPETENT

DELIBERATE____:____:____:____:____:____:____IMPULSIVE

INTERESTING____:____:____:____:____:____:____BORING

ACTIVE____:____:____:____:____:____:____PASSIVE

SINCERE____:____:____:____:____:____:____INSINCERE

SELF-ASSURED____:____:____:____:____:____:____SELF-CONSCIOUS

OPEN____:____:____:____:____:____:____CLOSED

RELAXED____:____:____:____:____:____:____TENSE

DULL____:____:____:____:____:____:____BRIGHT

DEPENDENT____:____:____:____:____:____:____INDEPENDENT

COLD____:____:____:____:____:____:____WARM

EXTROVERTED____:____:____:____:____:____:____INTROVERTED

COMPETITIVE____:____:____:____:____:____:____COOPERATIVE

ATTRACTIVE____:____:____:____:____:____:____UNATTRACTIVE

BAD____:____:____:____:____:____:____GOOD

EMOTIONAL____:____:____:____:____:____:____RATIONAL

RASH____:____:____:____:____:____:____CAUTIOUS

SENSITIVE____:____:____:____:____:____:____INSENSITIVE

DEEP____:____:____:____:____:____:____SHALLOW

EXCITABLE____:____:____:____:____:____:____CALM

ACCEPTING____:____:____:____:____:____:____REJECTING

SHY____:____:____:____:____:____:____BOLD

SELF RATING FORM

Below is a series of opposite adjectives. Between each pair is a series of spaces. Respond to each pair of opposites by placing a check (x) in the space that best describes: how you felt about yourself during the group session.

CAUTIOUS	:	:	:	:	:	:	RASH
TENACIOUS	:	:	:	:	:	:	YIELDING
WEAK	:	:	:	:	:	:	STRONG
HAPPY	:	:	:	:	:	:	SAD
INCOMPETENT	:	:	:	:	:	:	COMPETENT
DELIBERATE	:	:	:	:	:	:	IMPULSIVE
INTERESTING	:	:	:	:	:	:	BORING
ACTIVE	:	:	:	:	:	:	PASSIVE
SINCERE	:	:	:	:	:	:	INSINCERE
SELF-CONSCIOUS	:	:	:	:	:	:	SELF-ASSURED
OPEN	:	:	:	:	:	:	CLOSED
RELAXED	:	:	:	:	:	:	TENSE
DULL	:	:	:	:	:	:	BRIGHT
DEPENDENT	:	:	:	:	:	:	INDEPENDENT
COLD	:	:	:	:	:	:	WARM
EXTROVERTED	:	:	:	:	:	:	INTROVERTED
COMPETITIVE	:	:	:	:	:	:	COOPERATIVE
ATTRACTIVE	:	:	:	:	:	:	UNATTRACTIVE
BAD	:	:	:	:	:	:	GOOD
EMOTIONAL	:	:	:	:	:	:	RATIONAL
SENSITIVE	:	:	:	:	:	:	INSENSITIVE
DEEP	:	:	:	:	:	:	SHALLOW
EXCITABLE	:	:	:	:	:	:	CALM
ACCEPTING	:	:	:	:	:	:	REJECTING
SHY	:	:	:	:	:	:	BOLD

FORM FOR RATINGS BY OTHERS

On the following scales, rate how you perceive_____. Base your ratings on the impressions you have formed about this person from being with him or her in the group. We're not interested in "correctness", but rather, in your personal perceptions.

CAUTIOUS____:____:____:____:____:____:____RASH
TENACIOUS____:____:____:____:____:____:____YIELDING
WEAK____:____:____:____:____:____:____STRONG
HAPPY____:____:____:____:____:____:____SAD
INCOMPETENT____:____:____:____:____:____:____COMPETENT
DELIBERATE____:____:____:____:____:____:____IMPULSIVE
INTERESTING____:____:____:____:____:____:____BORING
ACTIVE____:____:____:____:____:____:____PASSIVE
SINCERE____:____:____:____:____:____:____INSINCERE
SELF-CONSCIOUS____:____:____:____:____:____:____SELF-ASSURED
OPEN____:____:____:____:____:____:____CLOSED
RELAXED____:____:____:____:____:____:____TENSE
DULL____:____:____:____:____:____:____BRIGHT
DEPENDENT____:____:____:____:____:____:____INDEPENDENT
COLD____:____:____:____:____:____:____WARM
EXTROVERTED____:____:____:____:____:____:____INTROVERTED
COMPETITIVE____:____:____:____:____:____:____COOPERATIVE
ATTRACTIVE____:____:____:____:____:____:____UNATTRACTIVE
BAD____:____:____:____:____:____:____GOOD
EMOTIONAL____:____:____:____:____:____:____RATIONAL
SENSITIVE____:____:____:____:____:____:____INSENSITIVE
DEEP____:____:____:____:____:____:____SHALLOW
EXCITABLE____:____:____:____:____:____:____CALM
ACCEPTING____:____:____:____:____:____:____REJECTING
SHY____:____:____:____:____:____:____BOLD

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