

HUMAN RELATIONS TRAINING AT HIGH SCHOOL :

A PREVENTIVE PROGRAMME.

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by

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A B S T R A C T

This thesis evaluates one technique in the primary preventive approach to mental health. The need for primary prevention is discussed in relation to current manpower shortages in dealings with the rising incidence of psychological disturbances.

It is argued that the Human Relations Movement, which is based on humanistic principles and procedures has much to offer in the reduction of student vulnerability to social-emotional disturbances. One programme derived from this movement, the Human Development Programme (H.D.P.) (Bessell and Palomares, 1973) is a group-based technique designed for use with high school students. The short-term effectiveness of this programme in a local high school is assessed in relation to a number of adjustment-related variables: anxiety, self-esteem, peer-rated social competence, classroom dissatisfaction and teacher ratings of maladjustment.

The study employs a three-group design with one group receiving the H.D.P. A second group, serving as a placebo condition, receives a comparable group experience to the H.D.P. but excludes as far as possible, affective components, while the third group (no treatment) experiences the normal school routine.

The results indicate effectiveness of both the H.D.P. and placebo procedures on two variables, relative to the no treatment condition: peer-rated social competence and teacher-rated maladjustment.

Methodological problems associated with the study are considered and suggestions for future developments are made. In particular, the need for longitudinal follow-up studies to assess long-term effects are stressed. It is concluded that the H.D.P. is worthy of further investigation as a high school based primary preventive technique.

CHAPTER I.

GENERAL INTRODUCTION

Emotional disturbance has been an increasing problem in Western society in the last 10-15 years and is commonly regarded as today's number one public health problem of the Western World. For example, a report published recently in Canberra by the Society for Social Responsibility in Science, stated that "impairment of emotional health clearly exerts a more unfavourable effect on the quality of living [than disease]" (Furnass, 1976, p.15). The report further stated that in 1960 no less than forty percent of hospital beds in England, Wales, the U.S. and Australia were occupied by patients who were mentally ill or mentally defective. Since then, despite decreasing in-patient psychiatric care, there is little evidence of reduction in the incidence of mental illness in the community. Thus forty percent of lost years of working life resulting from chronic invalidity in Australia are accounted for by psychiatric disorder. Since lost years due to invalidity amount to about one-third of the number of lost years from premature death, mental disturbance clearly makes considerable inroads both into the work force and into personal well-being. Moreover in Western society between 1950 and 1970 the death rate from suicide during working life rose by forty-four percent (from 16.1 to 23.0 per 100,000) in men and by sixty-six percent (from 6.2 to 10.3 per 100,000) in women. In contrast to the higher rate of completed suicide in men, women show a higher incidence of parasuicide, mainly by overconsumption of the very psychotropic drugs prescribed to provide relief from depression, anxiety or insomnia.

This phenomena highlights the degree of personal suffering involved.

A serious crisis in the alleviation of human psychological suffering is the ever-worsening mental health manpower shortage (Albee, 1969; Arnhoff, Rubinstein and Speisman, 1969). Even overlooking the difficulties in defining mental disorder, and in determining how many people need professional assistance, it is generally agreed that in the foreseeable future, the mental health needs of the Western World are unlikely to be met, given present estimates of the incidence of disorder and of the numbers of professionals being trained. Clearly, viable alternatives to existing solutions need to be considered. It would thus seem both worthwhile and economical for professionals associated with the field of mental health to direct more energy towards primary preventive measures.

PRIMARY PREVENTION

Powerful determinants of behaviour are to be found in community situations such as institutions, clubs and schools. For this reason it has been recognized that an appropriate task for psychologists interested in this area would be to determine how such social environments currently foster or inhibit adaptive behaviour and then to implement modifications which may further enhance adaptive behaviour. (Cowen, Gardner and Zax, 1967.) School would seem an eminently suitable target area for such a project as it is the one major communal institution in modern society that impinges on all young people for a significant period during their formative development. It is obviously advantageous to conduct a preventive programme before adulthood as learning influences are most potent during childhood and adolescence.

It is predicted by community psychology researchers that a

reduction in the incidence of emotional distress and mental disorder generally will result from the implementation of specific programmes designed to help young people develop the awareness and social skills needed to adapt to the emotional pressures of our contemporary society. A variety of 'enrichment' programmes devised to remedy maladaptive psychological problems apparently attributable to poor social conditions, have been implemented in the U.S. For example, Project Head Start conducted by the Westinghouse/Ohio team (1974) was intended to enhance the psychological and educational development of disadvantaged children, primarily those from lower-income areas. Part of the rationale for such a programme was that certain human problems are a function of the failure to develop the social and intellectual skills that are needed for adaptation to society at large.

Another major assumption of such preventive programmes is that it is easier to prevent the development of a psychological problem than to manage it once it has developed. Support for this contention is encouraging so far, as it has been cogently argued by theorists in the emerging field of community mental health that it may be possible to prospectively increase an individual's capacity to cope, or in effect to immunise them against symptoms of anxiety by exposing them to a wider range of appropriate experiences than is normally available in their social environment (Caplan, 1964; Henderson, Montgomery and Williams, 1972). Research has also shown that such preventive techniques may effectively be applied in a group setting (Poser, 1969; Allen, 1971). Moreover, a broadscale approach involving all young people would seem appropriate due to the difficulty involved in trying to identify high risk groups. Attempts at prediction of high risk individuals consistently result in a large rate of

false positives (Murphy, 1969; Hawkes, 1971). i.e., there are many in the community who have social and psychological characteristics similar to those who develop symptoms, but in fact never develop symptoms. As yet there are few firm data about the effectiveness of wider scale preventive programmes in achieving their stated goals. There is even less data about such programmes carried out in Australia. The need for conducting sound research in this area is therefore obvious. The present study aims to implement and evaluate the effectiveness of one preventive programme in a Tasmanian high school.

High school would appear to be an excellent situation for the implementation of preventive programmes for at least two reasons :-

- 1) it contains a large, captive audience of young people, and 2)

preventive programmes aim to develop stress coping strategies and adolescence is a time of considerable stress. In particular, a wide range of interpersonal difficulties occur during adolescence; probably more than at any other stage of life. Moreover, anxiety is frequently associated with these difficulties. Many sources of anxiety in adolescence are similar to those of earlier years, but because of the new pressures and less structured roles which characterise this period, new anxieties appear and others are heightened (Cole, 1961; Offer, 1969). Anxieties occurring at this time are commonly related to sexuality, body-image and sex-role identity, dependence-independence, acceptance by peers, educational adjustment, the expression of aggression and anger, competence generally, and identity and values. Anxiety then, it would seem, is an integral part of the adolescent experience. Hence, any preventive programme designed to promote healthy mental development by catering more adequately for the social and emotional needs of adolescents, should benefit all. Therefore, it

is appropriate to examine the school setting more closely as clearly some common adolescent anxieties arise within this context.

SCHOOL-RELATED STRESS FACTORS

The pervasiveness of anxiety in education has been empirically demonstrated in many studies (McCandless and Castaneda, 1956; Hammond and Cox, 1967; Gaudry and Speilberger, 1971). Hammond and Cox (1967) in their study involving over three hundred Australian schoolboys noted severe manifestations of anxiety on both psychological and physiological indices. Such symptoms were predominantly related to:- (1) dread at having to perform school tasks in front of other students or (2) feeling inferior to other students; two factors which were also found to militate against educational achievement. While it has long been widely recognized that high anxiety is related to impaired learning of the more complex academic skills (McCandless and Castaneda, 1956; Hafner and Kaplan, 1959; Muuss, 1960; Reese, 1961), it has also been shown to relate to low self-concept and low social acceptance (Lipsitt, 1958; Cowen, Zax, Klein, Izzo and Trost, 1965). Children who are highly anxious may thus be multiply disadvantaged as they may find themselves not only achieving poorly, but may also experience low self esteem and develop inadequate social relationships.

Peer popularity is an important issue as it has been shown to relate to indices of later mental health. Recent research conducted by Rolf (1976) suggests that peer-rated social incompetence is one of the best predictors of risk of poor adult adjustment. Unpopular children are also more likely to be significantly over-represented later in life in a community-wide psychiatric register (Cowen, Pederson, Babigan, Izzo and Trost, 1973). In providing further

support for the above findings, Kohn and Clausen (1955) reported that the proportion of social isolates amongst adult psychiatric patients diagnosed as manic depressive and schizophrenic was close to one-third, while in normal control groups the proportion was close to zero. While not necessarily causal, it may be that strategies which reduce social isolation will also help reduce psychiatric symptoms. Specifically in relation to suicide, Stengel (1971) concluded that social isolation is the common denominator of a number of factors correlated with a high suicide rate. Furthermore, Roff, Sells and Golden (1972), in an extensive study involving some forty thousand school children in twenty-one cities in the U.S. found that except for the lowest socio-economic class, there was a positive relationship between the percentage delinquent and low peer acceptance scores taken four years earlier. Conversely, there is also considerable evidence now suggesting that social skill among children is predictive of social success with peers (Hartup, Glazer and Charlesworth, 1967; Rubin, 1973; Gottmann, Gonso and Rasmussen, 1975).

Clearly, the high incidence of both anxiety and associated interpersonal difficulties in high school students, at times causing not only temporary distress but also later serious psychiatric disorder, suggests that a closer examination of educational objectives and procedures may be instructive.

The educational tradition has handed down a number of views of education which overlap in many ways, with each usually finding some expression in the organization and programmes of work of most schools. An emphasis on one or other, gives a characteristic tone to a school or to a particular teacher's work (Connell, 1969). The main approaches might be stated briefly, as follows:-

1) Education is a process of instruction. There is a strong tradition in Western education that one of the principal aims should be the acquisition of a body of knowledge. The teacher has accumulated a body of knowledge and certain ideas on behaviour which it is his primary job to communicate to his pupils.

2) Education is a developing and disciplining of the mind. On this view, education consists essentially in the cultivation of mental abilities.

3) Education is the unfolding of human potentialities. In adopting this view, the teacher's task is to watch over and foster the development of his pupils to ensure that they will ultimately fulfil their latent potential.

4) Education is growth. The growth theory assumes that each individual is an active organism making a substantial impact upon its environment, changing the direction of his development as an opportunity arises and continually bringing into realization new possibilities of further growth. Education here is not restricted to the development of mental abilities, or the acquisition of knowledge but has for its field the whole range of the organism's activities.

5) Education is a continuous reconstruction of experience. In adopting this view, the education experience is seen as involving activity and effort on the part of a pupil, and it requires a blending of the new with the old in the construction of fresh patterns of meaning. Since much of this experience is social, the process of education inevitably becomes a continuous reconstruction of the tissue of everyday existence. As individuals grow through education, so too does society imperceptibly change and reconstitute itself through the

interaction of these developing and reconstructing individuals (Dewey, 1964).

Broadly speaking, the trend of thought and practice during the course of the twentieth century has been to move in emphasis from the first through to the fifth view of the educational process. Nevertheless, aspects of all these views are influential in the current practices of education. The extent to which these views are put into practice and the enthusiasm with which they are upheld or scorned and the emphasis which is placed upon one or other of them, will inevitably become manifest in the classroom when teachers and students interact. One significant aspect of the educational system that could profitably be examined is the classroom situation.

To the student, the classroom situation presents a body of information regarding expectations for learning and behaviour. These are communicated to him/her not only by the physical arrangement of space and by the nature and types of displays on bulletin boards, but more importantly by factors which include people. The most significant of these would be the attitudes and behaviour of the teacher, the morale of the class, the emotional climate of the school and the general attitude of the community toward education (Lindgren, 1976).

Unfortunately, the school itself often contributes to the student's increased anxiety and sense of discouragement by setting standards inappropriate to individual student needs, and making negative feelings towards self an inevitable consequence of failure (Holt, 1964; Jackson, 1968). Alternatively it has been postulated that other schools inadvertently emphasize 'education for docility' (Silberman, 1970; Winnett and Winkler, 1972). This involves an

overemphasis on order, discipline and conformity at the expense of self-expression, intellectual curiosity and the development of a more sensitive person who is concerned with values and capable of independent judgement. A number of research studies have examined the pattern of interaction between teachers and students in classroom groups and in general they support these contentions. Earlier studies examined in particular the effects of differing levels of warmth and dominance in teacher behaviour. It was consistently found that warm, friendly acceptance of the student by the teacher plus low teacher dominance relates to high morale within the classroom group (Lippitt and White, 1958; Anderson, 1959). Another favourable outcome from such socially-integrative interactions was the development of a positive self-concept (Staines, 1958; Spaulding, 1964). Conversely, several research investigations have shown that dominating-threatening teacher behaviour has been shown to have a negative effect on student learning. Thus, Flanders (1951) found that such teacher behaviour generated 'personal-social' anxiety in the learner which negatively affected his performance on a cognitive task; confronted by directive, demanding and deprecating teacher behaviour, the learner became more concerned with the problem of adjusting to the teacher and, as a consequence, activity directed towards reducing anxiety took precedence over attention to the learning task. Furthermore, evidence has suggested that such a pattern of high dominance and low warmth towards students is likely to motivate their students principally to strive to avoid failure rather than developing a positive desire to achieve success (Campbell, 1967).

Teacher behaviour that is highly directive is also likely to have adverse effects. Studies have shown that such behaviour may

increase the student's dependence on the teacher rather than contribute towards the development of greater self-reliance and independence. Specifically, Flanders (1964) demonstrated that where teachers use direct influence to a high degree, student contribution and participation are restricted while the teacher takes a much more central and dominant role in classroom activities. Conversely it was found that classes with favourable attitudes towards the teacher and classroom setting were subject to a higher proportion of indirect influence, compared with classes scoring low on the same attitude dimensions. Teachers in these classes "lectured less, were more sensitive to student participation and responded to it more frequently" (Flanders, 1965, p.53).

Classroom conditions such as those described above provide a context that favours student learning but by themselves they do not ensure high achievement. Other aspects of teacher behaviour, such as the level of task orientation and challenge exhibited, have been found to be influential in this regard (Wiseman, 1965; Campbell, 1967). Teachers' skills in organizing and guiding the cognitive aspects of classroom interaction have also been shown to contribute to the level and quality of the learning outcomes (Heil and Washburne, 1962; Spaulding, 1964).

In summary, the evidence shows constructive consequences arising from a warm, low-dominant, challenging pattern and from moderate directiveness and high task-orientation. The constructive values of stimulating student participation, and the negative effects of high levels of teacher dominance inducing anxiety or overdependence are well attested. In turning to the situation as it exists generally in schools today, it would appear that such research findings have had

only limited application to date. As an illustration, Cole (1961) summarised numerous surveys involving some ten thousand high school students. Fifty-nine percent of students were found to be anxious about whether they had sufficient ability to do required work, fifty-three percent were unable to speak before a group comfortably, and fifty-one percent of students found worrying over exams a problem. Other problems which emerged were an inability to concentrate and a general dislike of school.

At a psychological level then, it would appear that fear of failure and anxiety are often an integral part of the learning process. This is unfortunate as a certain amount of failure is necessary in learning. Only seldom is complete success achieved the first time a new task or skill is attempted. However for many students repeated failure appears to produce such high levels of anxiety that an avoidance motivation for new learning tasks develops, with the result that the learning process is severely inhibited (Morris, 1967). Thus instead of using errors to develop better discrimination, the student has difficulty in learning at all (Holt, 1964). Moreover, the high levels of student anxiety in many schools are frequently associated with various forms of problem behaviour, e.g., cheating, aggressive behaviour and withdrawing behaviour (Lindgren, 1976). In coming to a further understanding of this phenomenon, so that guidelines for overcoming these problems may be more readily forthcoming, it may be instructive to view the situation from a different perspective.

Specifically, it is proposed that a humanistic model can provide a theoretical framework which will lead to the delineation of specific guidelines for the alteration of this situation. From the humanistic model high anxiety levels and behavioural disorders in students may be

viewed as partially resulting from inadvertent failure of the school to meet students' individual needs. (Lindgren, 1976). Beginning with the elementary biological needs, concerned with bodily processes which must be met in order for an individual to survive, there continues a recognized hierarchy of important needs which motivate most human behaviour (Maslow, 1954). A higher order of needs does not emerge until the need below that one is satisfied. A satisfied need is one that is no longer a motivator of behaviour. Consequently once the lowest order of need, including the bodily wants such as hunger and thirst are satisfied, the second order of need, that for safety or security, emerges and becomes a motivator of behaviour. This second order of needs involves protection, shelter and general forms of security.

The social needs for companionship and other human contact only emerge when these second order needs are satisfied. When these are met the next higher order, the ego needs, emerge as motivators of behaviour. The ego needs are for recognition, status, esteem and belonging. After these are fairly well satisfied, the highest order of needs, for 'self-actualization' or creativity in the broad sense, emerge (Maslow, 1968). The term 'self-actualization' has been used by Rogers (1951) and Maslow (1968) to describe the need to find ever more adequate means for self-expression, to realize one's potentialities, to develop greater degrees of effectiveness and competence to be creative and to develop roles in life that are satisfying and worthwhile. More succinctly Maslow (1968) defines it as "ongoing actualization of potentials, capacities and talents, as fulfilment of mission, as a fuller knowledge of, and acceptance of, the person's own intrinsic nature as an unceasing trend toward unity integration or synergy with the person" (Maslow, 1968,

p.25). Humanistic psychologists would argue that if this need is alternatively stimulated and satisfied, continual learning and growth takes place. If it is never aroused or never satisfied however, the individual's psychological development tends to be considerably inhibited.

In support of these general contentions, White (1959) after extensively reviewing research data, concluded that apart from satisfying the most elementary biological needs, most human behaviour is concerned with attempts to gain some measure of competence. Consistent with a humanistic model, he considered that at school age too, most learning that is accomplished both inside and outside the classroom, would result from this striving. Conclusions similar to those of White (1959) were also reached by Rogers (1951) and Combs and Snygg (1959) as a result of their research into the processes of human learning and psychotherapy. During late childhood and early adolescence when significant developmental processes take place the general need for competence tends to become manifest in a more specific need to belong (Lindgren, 1976). This denotes the emergence of ego needs which theorists claim assume great importance during early adolescence. Following the satisfactory meeting of these needs, which usually occurs during adolescence and early adulthood, is the developmental experience which is encompassed in the concept of self-actualization as propounded by Rogers (1951) and Maslow (1968). This striving to achieve self-actualization tends to remain an ongoing need for most people for the rest of their lives.

It is of course a truism that individual needs are often not fully met in many existing schools to date. Within the school system the pursuit of 'humanistic' goals is often only likely to occur as a

function of an individual teacher's initiative rather than as an established institutional norm. At times it would appear that the aim of fulfilling individual needs is sacrificed for other goals. For example, the manner in which the curriculum is presented is often influenced more by administrative convenience and efficiency than by what is actually most likely to be effective in challenging students. As Silberman (1970) suggests, harassed teachers encouraged by administrators, may come to view the student as someone to be 'shaped up' rather than stimulated and encouraged to assume responsibility for his/her own conduct and academic progress. This situation is likely to be more pronounced at the high school level. With a greater number of discipline problems, secondary schools tend to be even more authoritarian and repressive than primary schools: the values they transmit are likely to be those of passivity, conformity and lack of trust.

The occurrence of adverse outcomes of a formal school system, where humanistic goals are not explicitly pursued, is confirmed in a recent study by Groobman (1976). In a comparison of students attending formal and informal schools, there was less evidence that students from formal schools developed positive attitudes towards school or their teachers, or transferred learning from school to nonschool settings than students from informal schools (Groobman, 1976). Prevalent discontent in some high schools is also revealed by discrepancies between student and teacher attitudes towards important aspects of schooling. Harris (1969) in a nation-wide survey in the United States, showed that on issues related to student participation in school affairs, a significantly larger percentage of students compared with teachers, were in favour of student participation. Differences also existed in attitudes toward the handling of unruly students where students opted

for an understanding approach significantly more often than teachers. Further evidence on discrepancies in attitudes between teachers and students is offered by Deutsch and Hamm (1975) who observed that high school teachers and students differed significantly on ratings of educational goals.

Overall, this is a regrettable situation as it is generally accepted that adolescence is a period when young people's need for competence is particularly high and it would be desirable if school could be an active agent in helping to meet their needs. From the foregoing review it may be concluded that stressful problems of adolescence are further exacerbated by problems within the school system such that students' individual needs are at times inadequately met. A number of programmes derived from humanistic principles have been developed in an attempt to overcome these problems. In the following chapter these programmes will be reviewed in terms of principles, procedures and content.

CHAPTER II.

BACKGROUND TO PRESENT STUDY

CHAPTER II.

This thesis evaluates the Human Development Programme, a preventive programme revolving around the humanistic themes of self-awareness, mastery of social skills and understanding of social interaction. It is designed so as to be relevant to the social and emotional needs of young people and its components are extensively based on the assumptions and principles of humanistic psychology. In this chapter, the basic concepts of humanistic psychology are described briefly and the development of the Human Relations Movement and sensitivity training groups based on them, is outlined. Problems in the evaluation of such groups' training methods are discussed and a specific group training method, i.e., the theme-centred interaction method, is considered. Finally the Human Development Programme (H.D.P.) will be outlined.

HUMANISTIC PSYCHOLOGY

Humanistic psychology is inspired by the concept of human nature as a process of continuous growth and its task is to encourage one's inner nature to function, removing those obstacles that lead to frustration (Hernandez, 1973). Along with Rollo May, Carl Rogers and Erich Fromm, Abraham Maslow is regarded by many to have been a founder of humanistic psychology. As the programme used in this study is firmly based on principles of humanistic psychology, it is appropriate to delineate the basic concepts of the movement. Maslow (1968), in his book *Toward a Psychology of Being*, clearly outlines the basic

assumptions.

- "1) Each of us has an essential biologically based inner nature which is to some degree 'natural', intrinsic, given and in a certain limited sense, unchangeable, or at least unchanging.
- 2) Each person's inner nature is in part unique to himself and in part species-wide.
- 3) It is possible to study this inner nature scientifically and discover what it is like.
- 4) This inner nature seems not to be intrinsically or primarily or necessarily evil. The basic needs, the basic human emotions and the basic human capacities are either neutral, pre-moral or positively 'good'.
- 5) Since this inner nature is good or neutral rather than bad it is best to bring it out and to encourage it, rather than suppress it. If it is permitted to guide our life, we grow healthy, fruitful and happy.
- 6) If this essential core of the person is denied or suppressed, he gets sick sometimes in obvious ways, sometimes in subtle ways, sometimes immediately, sometimes later.
- 7) This inner nature is not strong and overpowering and unmistakable like the instincts of animals. It is weak and delicate and subtle and easily overcome by habit, cultural pressure and wrong attitudes toward it.
- 8) Even though weak, it rarely disappears in the normal person - perhaps not even in the sick person. Even though denied it persists underground forever pressing for actualization.
- 9) Somehow, these conclusions must all be articulated with the necessity of discipline, deprivation, frustration, pain and tragedy. To the extent that these experiences reveal and foster and fulfil our human nature, to that extent they are desirable experiences. "

(Maslow, 1968, pp. 3-4)

This image of man accepts the reality of higher human needs, motives and capacities. Maslow believed that man becomes fully human when the needs of his inherent nature are uncovered and realized. More

precisely, Maslow maintained, as outlined in the previous chapter, that there is a hierarchy of needs, progressing from the lowest order of bodily needs to the highest order of 'self-actualization' needs. Whilst it is considered that few people in our society have the highest order of needs well satisfied, Maslow maintained that striving toward this end is man's ultimate goal in life.

A natural outgrowth of the application of humanistic principles in psychology is the Human Relations or Growth & Development, or Sensitivity Training Movement, which has become a notable cultural phenomenon throughout the Western world in the last two decades. This movement has been concerned with relatively normal people whose aim tends to be the enhancement of their personal living, particularly as it involves relating to others.

HUMAN RELATIONS MOVEMENT

It is assumed by proponents of the Human Relations Movement that growth towards satisfaction of higher needs is facilitated by specialized forms of group interaction. Though these groups may be widely divergent in terms of activities and emphases, their definitive feature is the application of a recognisable set of practical principles. For example, Rogers (1973) reports that:

"A facilitator can develop, in a group which meets intensively, a psychological climate of safety in which freedom of expression and reduction of defensiveness occur.

In such a psychological climate many of the immediate feeling reactions of each member towards others, and of each member towards himself, tend to be expressed.

A climate of mutual trust develops out of this mutual freedom to express real feelings, positive and negative. Each member moves towards greater acceptance of his total being - emotional, intellectual and physical - as

it is, including its potential.

With individuals less inhibited by defensive rigidity, the possibility of change in personal attitudes and behaviour ... becomes less threatening.

... There is a development of feedback from one person to another, such that each individual learns how he appears to others and what impact he has in interpersonal relationships."

(Rogers, 1973, pp. 14-15)

Consistent with these principles, it is apparent that a group experience of this kind involves helping people to learn more constructive ways of expressing and managing feelings, and new skills in relating to others. Within this format the group experience could logically be seen as a valuable component in the primary prevention of emotional distress and psychological disorder. In essence primary prevention provides the 'at risk' group with a wide repertoire of coping skills to overcome possible life stresses or is directed towards the rearrangement of the environment in an attempt to eliminate pathogenic features. Within the framework of the Human Relations Movement, the 'at risk' group is considered to be those individuals who have not yet had the opportunity to freely express their inner nature and 'grow' in a self-actualizing sense.

The two earliest growth and development group models were the Tavistock "small study" group and the T-group. They differ in both national and conceptual heritage, Tavistock having originated in Great Britain within a psychoanalytic framework and the T-group in the United States within the scope of behavioural-science theory. Nevertheless, their derivatives have much in common: both were directed toward helping people to learn more about group dynamics, both saw the learning group's task as that of studying its own behaviour; both

attempted to keep this learning group as a core learning experience, within a larger institute-structure.

The Tavistock small study group was actually an outgrowth of group-dynamic psychotherapy. The founder of the Tavistock method, Bion (1959) had adopted an approach to psychoanalytic group therapy that encouraged the analyst to pay careful attention to those forces in the group that made for either greater or less cohesion. On the other hand, business and industry constituted the backdrop for the creation of T-groups. The idea of the model grew out of a conference held in Connecticut in 1946 that had been designed to help business and community leaders implement the Fair Employment Practices Act. At this conference, task groups composed of these leaders had been formed for the purpose of discussing the improvement of intergroup relations, and the use of groups in developing closer relations among communities. The T-group was concerned with group processes and with encouraging a group to become aware of its own dynamics as a group. However, unlike the Tavistock model, the T-group also attended to how individual participants differentiated themselves from one another in terms of particular roles taken within the group structure. In the first decade after their development by the National Training Laboratories in 1947, T-groups tended to follow a clear and consistent model. This involved a definite emphasis on two distinct foci. The trainer was to (1) encourage the group to become consciously aware of its own processes and (2) ensure that the group maintain a continuous concentration on the here-and-now. Gradually adherence to these two parameters was relaxed, resulting in the first distinct introduction of an Encounter thrust into sensitivity groups. Since then, the model has progressively broadened to include a wide variety of intervention

styles, theories of leadership and behaviour change.

The T-group and Encounter models can be distinguished on a number of parameters. These include the following:-

- 1) T-group model is more structured, with a more specified theoretical learning thrust (Shaffer and Galinsky, 1974).
- 2) T-group specifies goals which are related to participants ongoing organizational setting (Cooper and Mangham, 1969; Friedlander, 1971).
- 3) T-group encourages an academic and research approach, fostering an intellectual as well as emotional awareness (Shaffer and Galinsky, 1974).
- 4) T-group presents information to participants as 'feedback' in a rational, sympathetic manner (Papell, 1972).
- 5) T-group encourages less dependency on a group leader (Shaffer and Galinsky, 1974).

Various developments were influential in the evolution of the Encounter group but the T-group appears to have been its most direct precursor. Certainly many of the people who were subsequently to become strongly involved in the Encounter movement like Schutz (1969, 1971) and Gibb (1970) had initially been trained as T-group leaders. A number of societal influences helped to modify the group process, to diffuse the organizational focus and to result in the Encounter emphasis in human relations training groups. Some of these influences were:- 1) an increasing interest in humanistic psychology, which rejected both the conditioning emphasis of behaviourism and the deterministic attitude of psychoanalysis, and instead developed an existential thrust emphasizing man's freedom to choose.

2) an emphasis on mysticism and Eastern religions, particularly Zen Buddhism wherein some of the traditional dichotomizations of Western thought were seriously questioned, e.g., subject versus object, man versus nature, inner (psychological) reality versus outer (real) reality, sick versus well, and life versus death, and

3) the evolution of a movement that challenged the validity of rational-bureaucratic values and roles, and advocated instead the expansion of consciousness through a variety of means, including Yoga, meditation and drugs.

Proponents of the Encounter format consider that it offers an intensive group experience that is designed to bring the normally alienated individual into closer contact with himself, with others, with the world of nature and pure sensation. For example, Rogers (1973) describes people's motivations for attending an Encounter group as

"a hunger for relationships which are close and real; in which feelings and emotions can be spontaneously expressed without first being carefully censored or bottled up, where deep experiences - disappointments and joys - can be shared."

(Rogers, 1973, p.18),

and Schutz (1969) considers that Encounter techniques provide people with

"ways for using our bodies better, for sensing more, for functioning more effectively, for developing skills and sensitivity, for being more imaginative and creative, and for feeling more and holding the feelings longer."

(Schutz, 1969, p.251)

Consequently Encounter groups appear global in their purpose: they include both the psychotherapy aspect of therapy groups and the

educational function of growth and development groups. They also tend to utilize a variety of methods including expressive and action-oriented techniques as well as the discursive style common in analytic, experiential and T-groups.

The Encounter group, unlike its T-predecessor, makes no careful distinction between its purposes and those of therapy groups. Indeed the Encounter movement rejects the medical model of disease and treatment and insists instead that all twentieth century people are in desperate need for revitalization and renewed contact with themselves (Schutz, 1969; Liss, 1974). Consequently the Encounter leader will frequently attempt to provide an intensive emotional experience for as many participants as possible (Shaffer and Galinsky, 1974). In doing so, he is careful to remind the members that they have the main responsibility in trying to gain something for - and to protect - themselves. Characteristically then, Encounter groups aim at providing an intensive high contact group experience. They are generally small, focus on the here-and-now, encourage honesty, interpersonal confrontation, self-disclosure and strong emotional expression.

It is now well documented that human relations or sensitivity training arouses intense emotions (Gibb, 1970) and indeed this is one of the facts that has contributed to the growing controversy that surrounds the field (Peters, 1973). However, several studies indicate that feelings aroused are the most salient stimuli in the group situation and that changes in sensitivity, if they occur, take place in reference to feelings (Harrison, 1966; Bunker and Knowles, 1967; Gibb, Smith and Roberts, 1971). This would seem a positive feature of such a group situation as several theorists have suggested that any permanent changes in new behaviour must be preceded by greater

sensitivity to self. Research data also support this contention (Gibb, 1953; Burke and Bennis, 1961; Carson and Lakin, 1963). It is thus proposed that elements of the Encounter group movement will be incorporated in the programme to be evaluated in the present study.

EVALUATION OF GROUP OUTCOMES

In attempting to assess the effectiveness of the various methods and techniques utilized under the banner of the Human Relations Movement, certain difficulties arise. The first of these is the use of ill-defined and inconsistent terminology. In practice, an increasing number of leaders now conduct their groups as 'sensitivity training' groups without making any clear distinction as to which of the two models they are primarily using. In the literature too the term 'sensitivity training' is used frequently to apply to any of the group models constituting the Human Relations Movement.

Also, terms such as T-groups and Encounter groups are used interchangeably, even though there are fairly well-defined theoretical and practical differences between the two models. For example, in Lieberman, Yalom and Miles (1973) book entitled *Encounter groups: First facts*, which reports on an extensive study aimed at investigating the effects of 'Encounter' groups, it is found that groups representing ten different specialities were examined and only two of these would be considered 'Encounter' groups in the more accurate sense. Not surprisingly one of the first findings of this study was that there is no such thing as *the* Encounter group - very different things happen depending on the group leader.

In a practical sense then, it appears that the distinction between T- and Encounter groups may not be a very relevant one.

Indeed Lieberman *et al.*'s (1973) work would suggest that other dimensions on which groups differ, such as qualities of the group leader, may be more important. They further found that group leaders seemed to vary as much within a given specialty as across different specialties. From a comprehensive review of the area, Gibb (1970) had also concluded that leadership styles can significantly affect the outcome of a group. He found that the group leader's influence is determined in part, by the amount of self-disclosure, help-orientation, participation in person-oriented feedback and process interventions, that occur. A more recent study by D'Augelli and Chinsky (1974) has also highlighted another dimension which affects group outcome. This is the level of initial interpersonal skill of the participants. Moreover, Diamond and Shapiro (1975) in a recent review, identify a multitude of critical parameters. These include the intra-versus interpersonal orientation within the group (Lakin, 1972), the activity-passivity of the leader (Yalom, 1970), the amount of structured experience (Lieberman *et al.*, 1973), the emphasis on the application of the group learning to the back-home environment (Campbell and Dunnette, 1968), the temporal and spatial arrangements of the group (Gibb, 1971) and finally, the member composition of the group in terms of such variables as homogeneity versus heterogeneity, cohesiveness, and compatibility (Cooper and Mangham, 1971). In view of these and the other critical parameters already mentioned, it becomes clear that the use of generic terms like 'sensitivity', 'encounter' and 'T-group' are inadequate as defining operations. Thus it would seem important for researchers to isolate and specify more clearly what does go on in their groups.

The vast majority of sensitivity-training studies have been

performed on T-groups only. This highlights one of the main philosophical differences between T-groups and Encounter groups. T-group practitioners have been strongly research oriented from the beginning whereas many Encounter proponents have actively discouraged research, believing the de-emphasis of all linguistic abstraction about the Encounter experience one of its primary virtues. Consequently the evidence available to evaluate the Encounter group experience as defined by the model outlined here, is somewhat limited, especially compared with the evidence available on the T-group model. This fact in itself has created some scepticism about the validity of the Encounter approach. However, where a thorough analysis of various types of groups has been carried out, results of their overall effects have been encouraging (Gibb, 1970; Lieberman *et al.*, 1973). For example, Gibb (1971) analysed a hundred and six studies on sensitivity training groups (eighty-nine of which were on T-groups) and concluded that "the evidence is strong that intensive group training experiences have therapeutic effects" (Gibb, 1971, p.855). More specifically it was found that changes do occur in sensitivity, ability to manage feelings, directionality of motivation, attitudes toward the self, attitudes towards others and interdependence. These are the six most frequently recurring objectives in the sensitivity training literature as stated by professionals conducting groups. They are also closely correlated with commonly listed characteristics of positive mental health (Jahoda, 1958).

In contrast with certain popular beliefs that sensitivity training may be harmful to some individuals, there is little evidence that such negative effects are produced. For instance, an extensive study by the national YMCA in the U.S. (Batchelder and Hardy, 1968)

made a systematic effort to track down all instances of alleged negative effects in the twelve hundred YMCA executives who had participated in training groups. The investigators found only four cases out of twelve hundred participants who reported negative experiences. Follow-up interviews revealed that three of these four re-defined their experience as positive. Only one case still evaluated his experience as a 'negative' one and he continues to do an effective job in his position as a YMCA director. More recently, Smith (1975) reviewed substantive publications reporting adverse effects of sensitivity training, and concluded that adverse effects do occur among a small proportion of trainees, though this proportion differs markedly in different populations. He also reported that no study yet published provides a clear basis for concluding that adverse effects arising from sensitivity training are any more frequent than adverse effects arising in equivalent populations not in groups. More importantly, he discovered that such reports lack any clear consensus as to what constitutes an adverse effect. Consequently, generalization of findings in this area too should not be made without qualification.

In this section the results of sensitivity training groups have been considered at a general level. Clearly many studies in the area would seem open to criticism on methodological grounds, and the following section examines some of the typical methodological problems encountered in the area.

METHODOLOGICAL PROBLEMS

One problem fundamental to research on sensitivity training is the relative inadequacy of theories of training. New methods tend to go untested and research has little influence upon the evolution

of methods and theories of training. A number of attempts to improve this situation have been summarised by Gibb (1970). These include a study by French, Sherwood and Bradford (1966) in which a self-identity and process-feedback model was applied to training-group phenomena and provided data relevant to the model (Sherwood, 1965). Other promising approaches include Hampden-Turner's (1966) existential learning model, which aims to integrate diverse empirical findings, Gibb and Gibb's (1968a, 1968b) fear and trust, construct model which applies to a wide variety of training environments, and Miles' (1960, 1965) feedback model of training. One further model used in this particular experiment is the theme-centred approach which is discussed in detail shortly.

Difficulties in design and measurement constitute a recurrent methodological problem related to research on sensitivity training. Almost always sensitivity training is conducted under field conditions in which the researcher is an unwelcome intruder. In most cases the researcher knowingly settles for the best of poor design alternatives or outcome measures that were limited by such factors as expense, training conditions, participant resistance, and imprecise instruments. Researchers are still having difficulty resolving some of these design issues, as outlined by Gibb (1971), Cooper and Mangham (1971), Diamond and Shapiro (1975). For instance, difficulty still arises in trying to find or construct adequate 'control' or 'comparison' groups. One of the most effective practical solutions of this problem was first used by Miles (1960) and later by others (Bunker, 1965 and Valiquet, 1968). Each participant in the training group was asked to nominate a 'control' person who was in a similar organizational role but had not participated in training. The difficulty of eliminating the

indeterminate effects of delay of training experienced by control groups, is overcome by this method. An alternative solution to this problem is the use of matched subjects in a placebo group who complete a training programme contemporaneously (Meehl, 1965). This approach is used in the present study.

Measurement of outcome is another persistent problem. The phenomena which are important to evaluate would seem to prove the hardest to measure reliably (Gibb, 1971). Reliable measures are often not validated against acceptable indices of mental health, personal growth, or personal effectiveness in a natural setting. Also the intervention involved in measurement often affects the training process itself in indeterminable ways (Cooper and Mangham, 1971). Researchers report an increasing resistance to multiple measurements in the training setting (Gibb, 1971). Promising methods of measuring outcome in the area of sensitivity training have been developed by Bales (1950) for coding observer data on group member roles, Hill (1965) for coding member interactions, Stoller (1968) for getting visual feedback upon member behaviour and Miles, Cohen and Whidman (1959) for measuring performance and sensitivity. In attempting to improve the reliability of measures used, Diamond and Shapiro (1975) suggest that group goals be determined and specified in operational terms and that performance be operationalized in terms of product output.

A more telling criticism of current training research designs is their lack of representativeness, i.e., researchers may take great care in getting a random or representative sample of participants in the training group, but then reduce the generalization of their results by studying only one trainer one organization or one training organization. This is important as variability of outcome across such

characteristics has consistently been found (Strupp and Bergin, 1969; Mischel, 1968). As a result of such wide variability, Kiesler (1966) and Paul (1967) suggest that there is a need for specificity in reporting results of outcome research, such that research should be directed toward answering, '*what* training, by *whom*, is most effective for *this* individual, with *these* specific characteristics, and under which set of circumstances?'

To summarise, it would seem that while sensitivity-training groups are difficult enough to define, let alone evaluate, it is possible to attribute change to specific components if the critical parameters such as leadership style, group composition, participant expectations and procedural aspects are adequately controlled for and outcome measurement problems overcome. The more operationally defined all aspects of group goals, outcomes, procedures and functioning become, the more meaningful research will become also. Obviously then, it is reasonable to expect that a structured programme would be more *easily evaluated* than an unstructured one. For instance, the theme-centred interactional group method to be discussed in the next section is a lesser known but seemingly effective sensitivity training method which has the added feature of providing more structure than either the T- or Encounter group models.

THEME-CENTRED INTERACTION METHOD

Once the free-wheeling and loose nature of the Encounter group had experienced its 'full head' and ultimate freedom, there was felt, at least by some, a need to return to structure, conceptualization and goal relevance. In order to meet this need a model evolved which still maintained a humanistic orientation but offered more structure

than either the T-group or Encounter group models. This model was the theme-centred interactional method devised by Cohn (1969). This approach derives in part from psychoanalytic contentions and has as one of its major innovations the specification of a clear cut theme that is kept in the forefront of the group's awareness with reasonable consistency and non-coerciveness on the part of the group leader. The group resembles other sensitivity-training groups in that the themes may be quite personal, but in a theme-centred format the theme would be explicitly stated. By means of such a theme, the leader can more explicitly define and limit the group's learning goals, and in so doing, provide a structured approach. The thematic aspect of Cohn's approach increasingly provided an exceptional degree of versatility since the number of possible themes that could be set for a wide variety of groups having specialized interests was virtually unlimited (Shaffer and Galinsky, 1974).

In keeping with humanistic principles, two concepts of central importance in the theory and practice of the theme-centred interaction method are those of autonomy and interdependence. In this context, autonomy refers to the participant's awareness of his/her own thoughts and feelings, and interdependence refers to the participant's relatedness to others within the group. The main task of theme-centred group leaders is to promote both the felt autonomy and interdependence of each participant. Another important task of the leader is to keep in balance the emotional-experiential-interactional aspects of group experience with the cognitive task learning aspects. In order to do this, the leader must try to be continually aware of the psychological experience of each person in the group at any one point in time, the cohesiveness of the group and theme that the group is aiming to

consider. The leader also aims to share some of his/her own experiences with the group where it helps to either facilitate the group interaction or to amplify the theme, and to inhibit or delay expression of those experiences which do not. In theme-centred terminology, this is referred to as selective authenticity.

The most characteristic tenet of the theme-centred approach is the emphasis on making explicit the focus of the group. Theme-centred proponents believe that all groups gather with some focus, however implicit, and that the more the focus is explicitly stated and intentionally kept in the forefront of the consciousness of both leader and participant, the more successful will be the group process and outcome (Shaffer and Galinsky, 1974). This stresses the importance of linking cognitive learning with experiential learning. Unlike the T-group model's approach of teaching about dynamics and interpersonal relations in an almost entirely experiential way, theme-centred proponents stress that self-awareness cannot by itself constitute a solution to the life stresses and problems confronting society. What is also required is some sort of rational planning and action.

In attempting to operationalize these ideas, theme-centred groups have certain distinctive methodological features. The first of these is the selection of a theme, to provide a group focus. Guidelines for this are that it should sound positive, personal and energizing. For example, "Being Myself at Work" might well turn out to have a less deadening effect than would "The Impersonal World of Jobs". The introductory procedure of a theme-centred group, in contrast to an Encounter group for instance, is usually verbal and aims to get the group focused on the theme in a total thinking-feeling way. It aims also to reduce anxiety as much as possible by providing positive

and emphatic responses to the initial comments of participants. This kind of paraphrasing responsiveness is very similar to that mode of intervention encouraged by Rogers (1951) in his model of client-centred psychotherapy. In order to achieve dynamic balancing of the different aspects of group functioning the leader's skill lies in detecting those decisive points at which the group progress is impeded and is therefore most ready for a shift in focus. At appropriate stages in a group session, the leader outlines various ground-rules which apply to group functioning. These aim to cover the areas of:- 1) individual responsibility for deriving whatever benefit one derives from the group experience, 2) necessity to state one's own personal experience, 3) necessity to clarify the reasons behind one's questions, and 4) necessity to avoid interrupting others and thereby listen to each contribution.

Overall it would appear that the theme-centred approach with its content-relevant emphasis and adherence to definable humanistic principles represents a sufficiently structured programme to permit reasonable evaluation. This feature is enhanced by the consistency of many theme-centred principles with a social learning viewpoint. This permits identification of the learning processes which serve as mediating variables in affecting group outcome. For instance, it is well accepted by theme-centred proponents that the group leader exerts a definite influence on the behaviour of the participants in his/her group (Cohn, 1970).

From a social learning viewpoint this influence is seen to be mediated through two major learning processes: modelling or observational learning and reinforcements (Libermann, 1972; Johnson, 1975). Members increase those behaviours which are modelled by the leader and

given positive feedback. However, before the leader can function influentially in these ways, he must possess certain attributes (Bandura, 1969). In general terms these attributes have been operationally defined by psychotherapy researchers as accurate empathy, nonpossessive warmth and genuine concern (Truax and Carkhuff, 1967) and appear to resemble the determinants of the theme-centred concept of selective authenticity as outlined by Shaffer and Galinsky (1974). In addition to this, social learning research has identified other model attributes which have also been shown to augment observational learning. These include competence and status of the model (Bandura, 1971) as well as similarities between observer and model in such characteristics as age, sex, race and socioeconomic status (Sherman, 1973). Thus where these similarities exist it would be expected that the group leader could be potentially more influential than in instances where they do not. Moreover by revealing his/her own personal experiences in response to the theme, and by acknowledging and reinforcing the efforts being made by the group members, the theme-centred group leader could be seen as first acting as a behavioural model and then as a social reinforcer, enhancing the social learning of group members. It is clear from laboratory and clinical research that immediate reinforcement is more effective than delayed reinforcement in establishing new behaviour (Cohen, 1969). Thus it is possible that theme-centred group leaders could enhance their effectiveness by being alert to the timing of their interventions.

There is considerable evidence (Bandura, 1964, 1965) that the behaviour of observers can be substantially modified as a function of witnessing other people's behaviour and its consequences for them. This type of social learning illustrates the behavioural principle of

vicarious reinforcement, and would appear to apply to theme-centred groups where participants are encouraged to share experiences with each other and to attempt new ways of relating to others. Liberman (1972) suggests that the effectiveness could be enhanced by the introduction of structured exercises to involve group members more specifically. Also, where group members are encouraged to adopt a leadership role this type of learning would occur quite extensively. Both these techniques are made full use of in the Human Development Programme, a theme-centred programme designed by Bessell and his colleagues for preventive work with children (Bessell and Palomares, 1973, and Palomares and Ball, 1974). Bessell's approach will be discussed more fully in the next section.

It would seem that many of the basic aspects of the theme-centred method are compatible with a social learning approach. Therefore, an interchange between behaviourally-minded clinicians and leaders of sensitivity groups may lead to benefits for both. What the leaders of sensitivity training groups can learn from behavioural technology are principles of social learning such as modelling, shaping and reinforcing in a systematic and conscious manner, to further the goals of individuals and the group as a whole. One such theme-centred programme which attempts this blending of behavioural and humanistic principles is the Human Development Programme (H.D.P.) referred to above. Bessell was concerned to implement a small group programme with preventive goals such as those outlined earlier in Chapter I., that is, to immunise individuals against possible life stresses by teaching them more adaptive coping skills at an early age. In particular the H.D.P. sought to be preventive by focussing on three problems.

1. The need to master social skills.

2. The need to feel approval.
3. The need to understand the experience of oneself and others.

Similar programmes to the H.D.P., with similar goals have been devised by Bullis and O'Malley (1947) and Ojemann, Levitt, Lyle and Whiteside (1955) with some success. Bullis and O'Malley's (1947) curriculum for classes in human relations was a pioneer preventive programme intended for children in late primary or early secondary grades. It places heavy emphasis on active student participation and the teacher's role was primarily to introduce evocative material and to facilitate class discussion. Many of the lesson plans included short stories which the teacher read to introduce topics such as the arousal of emotions or the means for managing defeat. The curriculum also provided briefing for the teacher regarding the major psychological issues toward which each lesson was directed. Relatively limited demands were made on teachers as the time involved was only one class per week. Unfortunately, the estimated positive outcome of the curriculum was based on anecdotal information only, so evidence on its effectiveness is sparse. Moreover, no attempt to relate outcome measures to indices of mental health was made, so the preventive aims of the programme have not really been fulfilled.

Leton (1957) compared the Bullis human relations course with three alternative programmes involving 1) a series of mental hygiene movies, 2) sociodrama and role-playing, and 3) hobby and craft activity group, and found no significant differences amongst groups, as measured by pencil-and-paper tests of adjustment, school grades or school attendance. However, in two respect the Leton study may

not be a fair test of the Bullis programme. Firstly only students who scored poorly on an adjustment inventory were included in the programme and since the Bullis curriculum was conceived as a primary preventive tool, it is possible that the inclusion of only students who were already experiencing problems may have excluded the group most likely to benefit (Carter, 1965). Secondly, the programme was conducted with grade nine students once a week for a single semester only. Therefore it may have been too late or too little to substantially affect the adjustment of students who already had problems and were at upper high school level.

The second curriculum centred approach to primary prevention in the schools, that of Ojemann, Levitt, Lyle and Whiteside (1955), took the form of a learning programme designed to help children develop a 'causal' orientation toward the social environment. A 'causal' orientation was defined as an understanding and appreciation of the multiple, complex, interacting nature of the factors that operate in human behaviour. It involved a willingness to see things from the viewpoint of others, a realization that one's behaviour has consequences and an attitude of suspending judgement until sufficient logical information is available. In a six and a half month's study involving twelve teachers representing ten elementary schools, Ojemann *et al.* (1955) found that students' scores on measures of causality and punitiveness had significantly improved over that period. Students undergoing the programme were found to be more causally oriented than matched students in control classes. In attempting to partial out the effective components of the programme, they found that the formal curriculum was not sufficient in itself to produce the positive effect and that the extensive training programme undergone by teachers was

partially responsible. One potentially confounding variable which was not controlled however, was the ability of teachers to relate positively to students prior to the study. Teachers conducting the programme were selected on their suitability for ongoing involvement in a programme of this kind, whereas control group teachers were not selected on this basis. Consequently teachers were subject to differential selection rather than a matching procedure. Furthermore, as in previous studies, Ojemann made us attempt to relate outcome measures to indices of mental health.

A study aimed to determine the effects of the Ojemann programme on three variables taken as indices of adjustment, i.e., anxiety, security and self-ideal-self discrepancy, was conducted by Bruce (1958). He found that after two years of undergoing the causal programme, an experimental group had lower anxiety scores and higher security scores than a control group. However, the self-ideal-self discrepancy did not differ significantly between the groups. In a more detailed study, Muuss (1960) used six mental health scales, and four tests of causal orientation. Subjects were members of three sixth-grade classes, one of which received one year under the programme, one two years, and the third no time in the programme. The group that received two years in the programme was found to be more causally oriented than the controls and also did better on three of the scales reflecting mental health. This tends to support the findings of Bruce (1958) that a period longer than one year is needed for measurable change to occur in some variables. However as in Ojemann's (1955) original study, neither the Bruce nor the Muuss study controlled for teacher variables.

Moreover despite the programme's apparent effectiveness

practical problems have prevented its widespread impact. As Roen (1967) has observed, the training procedure is difficult to master and the structure of the training does not fit existing curriculum structures in schools. Clearly this is a practicality which needs to be considered in selecting a programme for implementation in high schools.

In all of the programmes reviewed, a closer inspection of curriculum content reveals a common shortcoming: lack of an affective component written in to the programme. It would appear that much more emphasis is given to cognitive rather than emotional aspects of social development. This is unfortunate as greater sensitivity to self, which is brought about only by the arousal of certain feelings, has been found to precede any permanent changes in new behaviour (Gibb, 1953; Burke and Bennis, 1961; Carson and Lakin, 1963). Whilst it is acknowledged that certain teachers may automatically incorporate an affective component into their programmes (Palomares and Ball, 1974), it is hypothesized that a programme which systematically provides this, will reduce the chance factor for emotional and social growth. In so doing there is an increased likelihood of young people's needs for competence, belonging and acceptance being met and a consequent likelihood of anxiety being lowered, self esteem being improved and social acceptability being increased (Lindgren, 1976). These would be significant outcomes as all are known to be related to indices of mental health (Muuss, 1960; Gottmann *et al.*, 1975; Rolf, 1976). As the Human Development Programme appears to more adequately meet this requirement, it was adopted for this study. Details will be discussed below.

HUMAN DEVELOPMENT PROGRAMME

Like the other programmes discussed, the Human Development Programme (H.D.P.) is designed for inclusion in a school curriculum and aims to give young people the opportunity to become constructively involved in developing their own personal effectiveness, self-confidence and understanding of the causes and effects in interpersonal relationships (Bessell and Palomares, 1973). Conceived of also as a preventive programme, it provides for the learning of social skills to prevent problems that many people struggle with in adulthood. More than this though, the programme aims to operate from humanistic principles derived from Maslow (1954) and Horney (1950) and thereby capitalize on the basic needs of children and adolescents to achieve competence and gain approval and acceptance. The guiding principles are:-

- 1) Every individual has an inherent worth.
- 2) Every person has a right to be self-determining.
- 3) Every person has a right (as well as a need) to acceptance and affection (Palomares and Ball, 1974).

These principles are made explicit in various ways throughout the programme.

In practice, the programme involves small groups of children (8-12 is considered the ideal number) meeting for 20-30 minutes daily with their teacher to discuss a topic relating to one of three areas: self-awareness, mastery of social skills, a social interaction, e.g., 'How I felt when people laughed at me' (self-awareness). As these topics, which are arranged in developmental sequence, are studied, the emphasis is carefully directed to feelings and to participation by each child, as much as is possible. The task of the teacher is

chiefly to focus on, and shape expression of feelings and to model acceptance and warmth. Young people are encouraged by the use of open-ended questions, to explore their feelings more, to label them, and to listen to each other more accurately. Viewed from a social learning viewpoint it may be argued that in this way the skills and discrimination learning needed to deal with one's own and others feelings and to make generalized insights into interpersonal effects, are systematically learned (Bandura, 1969). Bessell and Palomares (1973) stress that at no time is there any emphasis on quality of performance or conformity to any standard. This is significant as it had been shown previously that striving to conform to some prescribed standard has been correlated with dissatisfaction and anxiety in the school situation (Reese, 1961; Hammond and Cox, 1967; Gandry and Speilberger, 1971).

As Bessell's (1973) format focuses on important stress areas for children and adolescents, it could be expected that participation in the programme should have a significant effect on the adjustment of the individuals who participate in it. An unpublished study by Biddulph (1975) points to the effectiveness of the H.D.P. with Tasmanian primary school children, using measures of anxiety and social competence. In Biddulph's study the experimenter acted as group leader, coming to a selected school each day to conduct sessions. In the present study however, it is planned to use regular class teachers as group leaders so as to encourage the generalization effects of the programme into other aspects of the school situation. Also, Biddulph's (1975) study was conducted with Grade 3 children only, so a study aimed at evaluating the programme at high school level would seem another useful extension of this work. No other empirical studies have been found,

though subjective reports about its effectiveness in American schools have been encouraging (Bessell, 1968). In the present thesis an attempt is made to implement and evaluate the effectiveness of Level 6 of the H.D.P. in reducing anxiety and dissatisfaction with classroom environment and increasing self esteem and social acceptability. This was conducted with a sample of first and second year high school students, using two control groups; one a placebo attention control and the other a no treatment control. Details of the method used to conduct this study will be outlined in the following chapter.

CHAPTER III.

METHOD.

DESIGN

A three group design was used in which each of three already existing small class groups (designated 'home-groups') became defined as one of the following experimental conditions.

Group A : Treatment group receiving the H.D.P. curriculum.

Group B : Placebo treatment group receiving a similar type of group experience but without the structured affective curriculum of the H.D.P.

Group C : No treatment group receiving only pre- and post-treatment measures.

The design aimed to assess any significant changes in anxiety, self esteem (high and low) peer-rated social competence (positive and negative)*, dissatisfaction with classroom environment and teacher-rated maladjustment in the H.D.P. group when compared with an appropriate placebo group and a no treatment group. The programme for Group B was included as a placebo treatment to control attention effects; a factor which has not been adequately controlled in many other studies of this kind. Group C was included to control for the effects of measurement and the passage of time.

Initially it was planned to run organizationally permissible groups as two parallel sets of groups such that each of the conditions A, B, and C, had two separate teachers. This feature was incorporated as a partial control for teacher specific effects. While such teacher effects would be more adequately controlled by the use of a number of teachers each conducting at least one group in each experimental condition, organizational and time restrictions made this impossible.

* Referred to hereinafter also as positive peer ratings or negative peer ratings.

Data from one set of groups was incomplete due to unavoidable student changes in composition of these groups. Therefore only the three groups free from such changes in composition were included in the present study.* Subjects in all groups were assessed on measures of anxiety, self esteem (high and low), peer-rated social competence (positive and negative), dissatisfaction with classroom environment and teacher-rated maladjustment prior to and following the treatment programme. Ideally follow-up assessment is desirable but this was prevented by time limitations. Two important further factors in the design are: (1) The teachers were matched on relevant variables such as sex, age, number of years teaching experience and positive child oriented interest. (For details, see Appendix A.) (11) The groups of subjects were matched on several relevant variables as outlined in the section below. (For complete details, see Appendix B.)

The H.D.P. aimed to develop greater interpersonal competence and it was expected that the group receiving the H.D.P. would improve on the dimensions of anxiety, self esteem (high and low), peer-rated social competence (positive and negative), dissatisfaction with classroom environment and teacher-rated maladjustment more than the placebo treatment and no treatment control groups. Further, it was expected that the group receiving the placebo treatment would improve more than the no treatment group, because of its associated expectancy effects. Specific hypotheses were drawn up to test these assumptions.

HYPOTHESES

1. a) That the H.D.P. group will show a significant reduction in symptoms of anxiety on the S.S.A.S. relative to:-
 - (i) the placebo groups and (ii) the no treatment group.

* The remaining three groups still operated in the school concurrently but with a different composition of members.

- b) That the placebo group will show a significant reduction in symptoms of anxiety on the S.S.A.S. relative to the no treatment group.
- 2.
- a) That the H.D.P. group will display a significant increase in high self esteem on the S.E.I. relative to:-
 - (i) the placebo group and (ii) the no treatment group.
 - b) That the placebo group will display a significant increase in high self esteem on the S.E.I. relative to students in the no treatment group.
- 3.
- a) That the H.D.P. group will display a significant reduction in low self esteem on the S.E.I. relative to:-
 - (i) the placebo group and (ii) the no treatment group.
 - b) That the placebo group will display a significant reduction in low self esteem on the S.E.I. relative to the no treatment group.
- 4.
- a) That the H.D.P. group will show a significant increase in positive peer ratings on the G.W.Q. relative to:-
 - (i) the placebo group and (ii) the no treatment group.
 - b) That the placebo group will show a significant increase in positive peer ratings on the G.W.Q. relative to the no treatment group.
- 5.
- a) That the H.D.P. group will show a significant reduction in negative peer ratings on the G.W.Q. relative to:-
 - (i) the placebo group and (ii) the no treatment group.
 - b) That the placebo group will show a significant reduction in negative peer ratings on the G.W.Q. relative to the no treatment group.

6. a) That the H.D.P. group will show a significant reduction in dissatisfaction with the classroom environment on the C.E.S. relative to:-
 - (i) the placebo group and (ii) the no treatment group.
- b) That the placebo group will show a significant reduction in dissatisfaction with the classroom environment relative to the no treatment group.
7. a) That the H.D.P. group will show a significant reduction in ratings of maladjustment by teachers on the S.M.S.T. relative to :-
 - (i) the placebo group and (ii) the no treatment group.
- b) That the placebo group will show a significant reduction in ratings of maladjustment by teachers on the S.M.S.T. relative to the no treatment group.

SUBJECTS

Three teachers and thirty-three students were finally selected from an initial pool of sixteen teachers and two hundred first and second year students attending a local high school. The school was selected on the following grounds:- 1) Expressed interest and willingness of the school principal to consider implementing human relations training into the school curriculum.

2) Existence of established small groups comprising of a teacher and approximately twelve students who met regularly for an hour each morning.

Teachers: Teachers were selected by a three-stage screening process:- 1) Initial screening omitted those who did not attend a

briefing session on human relations training at high school.

2) Those teachers were selected who each consistently taught the same group of children.

3) The teachers selected were matched on relevant variables of sex, age, number of years teaching experience and demonstration of a positive child oriented interest, the latter being assessed by the school Guidance Officer who had extensive knowledge of the teachers' ability to relate to students, and the Experimenter, who had observed teachers with students in various school situations in the few weeks prior to the programme.

Teachers were randomly assigned to one of three groups.

Students: The subjects in this study were students in three combined first and second year home-groups in a high school located in a low socio-economic neighbourhood. The school requested that these groups be retained intact if possible since it was mid-way through the school year when this study was commenced and rapport had been well-established between teacher and students in each home-group. Consequently twelve students from each of the three selected teachers' home-groups became subjects, making a total of thirty-six subjects. Data is not available on three subjects however; one student was killed in a car accident, another left the school and a third was absent for the post-assessment. Fortunately this affected one student from each group. This final sample comprised eighteen boys and fifteen girls, from first and second year high school level. Defining characteristics of the three groups are shown below in Table 1.

TABLE 1.

Defining characteristics of experimental
groups A, B, and C.

	A Treatment group	B Placebo group	C No treatment group
No. of males	6	6	6
No. of females	5	5	5
Total no.	11	11	11
Age: Mean	13 yr 2 mth	13 yr 3 mth	13 yr 2 mth
Range	12 yr 1 mth - 14 yr 4 mth	11 yr 11 mth - 14 yr 10 mth	12 yr 4 mth - 14 yr 1 mth
Verbal IQ: Mean	95.3	94.5	97.4
Range	83-115	77-120	70-120
Anxiety level: Mean	11.55	10.55	8.45
Range	6-17	3-17	4-14

PROCEDURE

The experimental groups followed the basic procedure of

1. An initial assessment on two consecutive days.
2. Participation in a training programme for 12 weeks.
3. A final assessment on two consecutive days.

For the no treatment control group, the same assessment procedure applied but they experienced normal school routine for the intervening

period.

Initial assessment was conducted by the experimenter. All students from the three home groups involved in the study were gathered together in one room and seated comfortably at desks around the room. The experimenter then introduced herself to the students and told them that they were being requested to participate in a survey which was looking into teenagers' attitudes towards school. Students were put under no obligation to participate but no-one chose to leave. Students were then required to fill out some questionnaires in which they would be asked how they felt about different aspects of the school situation. It was stressed that there were no right or wrong answers and that what was required was an honest personal reaction to each question. They were also told that they would be asked to repeat the questionnaires later in the year, as part of the survey was to see if their feelings about things changed over time. The confidentiality of their responses was assured and finally they were told they could have as much time as they needed to complete the questionnaires. Two of four questionnaires were completed in this first session and the second two were completed the following day during the same period. Assistance was offered to students who needed help in reading or understanding questions. An additional part of the initial assessment involved teachers completing a short rating scale for each of the students in their home-group. Teachers were requested to give a rating on each of the various factors relating to poor school adjustment derived from the questionnaires given to students.

Teachers involved with H.D.P. and placebo programme met together with the experimenter once before the programme began and

then separately at regular intervals during the programme. In the initial meeting a general rationale for conducting programmes geared towards improving teenagers' communication and relational skills was outlined. Teachers were also informed that the present study was seeking to explore the possibilities of two different programmes in this area, both of which appeared promising. It was stressed that both programmes would involve the same time commitment for teachers and students. Also, stimulus material would be provided for each session. Arrangements were then made to see the teachers separately the next day. Accordingly the experimenter met with the treatment group teacher the next morning, distributed the H.D.P. Level 6 Manual and briefly discussed sections on how to lead a circle session. Shortly afterwards the experimenter met with the placebo group teacher and provided him with a 'resource box' which contained numerous cards listing suggested discussion topics. Ground-rules for conducting discussion groups were also discussed briefly.

The programmes commenced at the beginning of the next week and continued for three and a half months, with a two week school vacation half-way through. The experimenter met separately with the treatment (A) and placebo (B) group teachers every week, under informal conditions, to discuss progress. When twelve weeks of the programme was completed, post assessment took place. This followed exactly the same format as the initial assessment, and was performed under the same conditions. Also, teachers completed rating scales for each student again, applying the same format as before. Data for each student was then collated and processed. (Subjective opinions of students gained from a group discussion after post-assessment were also recorded, as was a report given by the treatment group teacher (See Appendix A and B).)

TREATMENT

1. Experimental Treatment group (H.D.P.)

Treatment for the experimental group took the form of daily exposure to material selected from the Human Development Program, Level 6 (Ball, 1974). As students had never been exposed to this sort of material before, Level 6 seemed an appropriate starting point for first and second year high school students. The programme comprised of a curriculum for small group discussion and supplementary activities, covering areas of awareness, social interaction and mastery of social skills, and can be seen to relate closely to the theme-centred model of sensitivity training groups. Before starting the discussion topics, students took part in some communication exercises on how to discern messages, involving structured role-playing. Following these exercises, the teacher informed students of the ground-rules relating to a circle session and the first discussion topic was introduced. Sessions lasted for 20-30 minutes during the first hour of every school day.

Discussion topics were selected from a series of units covering the three areas of awareness, social interaction and mastery of social skills. For the first three weeks topics came from the awareness area and dealt with positive feelings, thoughts and behaviour. Though the positive aspects of human functioning were stressed throughout the programme it was considered important that initially activities be elementary and eliciting positive feelings. Topics relating to more complex issues were not introduced until later when the students had had time to develop trust and understanding. Not until then were negative feelings discussed. For this reason topics in the first unit relate to such things as happy memories, favourites, aesthetic

appreciations and successes. These kinds of personal experiences, thoughts and feelings were shared while the students developed rapport with one another and learned how a circle session worked. An example of topics covered at this stage is "A Time When I Felt Happy". (List of topics will be found in Appendix C.)

The second unit that was covered was a social-interaction unit on building trust. In this unit the students systematically examined the elements of human confidence by exploring how they have trusted and not trusted other people and have been trusted by others. Through these discussions they had the opportunity to understand more about establishing trust between persons, what is expected from others in order to trust them, and what they need to do to demonstrate that they are trustworthy. An example of a topic in this area is "Someone who trusts me". Half-way through this unit, the death of one of the group members occurred. Consequently some sessions were spent discussing feelings related to losing a classmate.

The third unit covered was a mastery of social skills unit relating to the school situation. This unit aimed to provide students with increased feelings of worthiness and gave them an opportunity to discuss the dynamics involved in learning, in a realistic context and to discuss how they felt about school in general. The unit began by giving students a chance to discuss the feelings they had about school, both positive and negative and then discussed some of the positive things that have happened to them with respect to learning. They then discussed some of the things that they were learning at the time or had just done. Finally the unit ended with two sessions relating to moving into a new grade and more specifically, as it was particularly relevant to students at the time, moving into a new

school building. During the final unit some students were able to take a turn as group leader, introducing the topic for the day, encouraging good listening skills in other members and focusing on feeling content in other members' responses.

2. Placebo treatment group

As the requirements of a placebo treatment are that it replicates the actual treatment in all aspects except the independent variable being tested (Paul, 1967), the placebo treatment was designed to give students a group activity with similar levels of verbal interaction, stimulus materials and a similar child-centred approach, but without the specific affective curriculum content. Therefore, different types of group discussions and semi-educational activities were used for this purpose.

Important features of this programme were group discussion encouraging, in a non-coercive manner, active involvement of all members. Students in this group came to value their regular group time as an opportunity to discuss interesting topics together in a more accepting manner than they had been used to. Initially topics covering a wide range of areas, including current affairs, interests and hobbies, aspects of schooling and hypothetical situations were provided but students were increasingly encouraged to provide their own topics and this they did with increasing frequency towards the end of the programme.

MEASURES

For the purposes of comprehensive assessment, two different types of measures were used in this study. These included:-

1) self-report inventories, i.e., Situational School Anxiety Scale, the Coopersmith Self-Esteem Inventory, and the Classroom Environmental Scale;

2) sociometric rating scales, i.e., the Guess-Who Questionnaire and the Student Maladjustment Scale for Teachers. All measures were selected for their dual purpose of assessing the impact of the Human Development Programme, and for their reliability as indices of mental health. Initially, a third type of assessment was also included: objective ratings by trained independent observers of videotaped classroom behaviour. The aim of this was to avert the discrepancy which often exists between people's actual behaviour and their awareness and verbal reporting of it (Mischell, 1968). However, due to the inability to adequately control for the novelty of a video-camera in the classroom, despite a familiarisation period, it was considered that samples of behaviour were too unreliable to be included. This behavioural measure was thus abandoned. Measures used in this study are outlined below.

Situational School Anxiety Scale (S.S.A.S.)

As outlined in an earlier chapter, anxiety has been shown to have deleterious effects on both school achievement and social relationships. (Cowen *et al.*, 1965), and the latter factor is also known to relate to indices of later mental health (Gottmann *et al.*, 1975). Accordingly, a measure of anxiety was included.

A Situational School Anxiety Scale was devised, adapted from the Test Anxiety Scale for Children (Sarason, Davidson, Lighthall, Waite and Ruebush, 1960) and aimed to include content relevant material. Though ideally this instrument should have been validated

before use, it was considered that content relevance was more important than the use of a validated instrument with irrelevant content. Therefore twenty items covering a more representative sample of school social situations were included in this scale. (See Appendix D.)

Self-Esteem Inventory (S.E.I.)

A shortened version of Coopersmith's (1967) Self-Esteem Inventory, comprising twenty items was used to obtain a subjective rating of each subject's worthiness in different areas of experience. The short form of the S.E.I. used in this study contained items from each of four subscales: general self, social self-peer, home-parents and school-academic, and may be expected to give a reliable global self-esteem measure (Edgar and Powell, 1974). Subjects responded to each item by placing a tick under the 'Like me' or 'unlike me' column opposite the appropriate item. Ten high and ten low self esteem items were included in this form and scoring involved computing a separate score for both low and high evaluations. (See Appendix E.)

"Guess-Who" Questionnaire (G.W.Q.)

A sociometric "Guess-who" questionnaire was used in the present study to provide a measure of each subject's current sociometric status among his peers. This reputed method of assessing behaviour, refined for use by Havigshurts, Bowman, Mathews and Pierce (1962) involves compiling a peer group consensus on the habitual behaviour of the subject by asking the opinion of a number of that person's peers. In this study, the questionnaire consisted of 16 items chosen from

classroom and playground observations of the group's values and after consultation with other teenagers of the same age-group. A typical item was 'this person is nice to everybody and has lots of friends'. (For complete list of items, see Appendix F.) The subjects were given a list of students in three home-groups (experimental groups A, B and C) and were asked to tick in the appropriate columns those names for which the description in the item seemed to be particularly applicable. Eight of the items were of positive valence: those describing socially acceptable behaviour and eight were of negative valence: those describing socially unacceptable behaviour. Two scores for each subject were extracted from this scale: a total score for all ticks recorded against positive items and a total score for all ticks recorded against negative items.

Classroom Environment Scale (C.E.S.)

A sample of fourteen items from the first three subscales of Trickett and Moos' (1974) Classroom Environment Scale was selected for the purpose of assessing the social climate of the high school classroom. In order to gauge the degree of student dissatisfaction with respect to classroom environment, subjects were required to answer each item in terms of (a) what they perceived and (b) what they would ideally like. Items were taken from the subscales of involvement, affiliation and teacher support. (For list of items, see Appendix G.) Two questions followed each item: Is this just what happens in this class most of the time? Is this just what I would like to happen in this class most of the time? Subjects replied by ticking 'yes' or 'no' opposite each question. If a discrepancy existed in the answers to these two questions, a dissatisfaction score was

recorded. The total dissatisfaction score was the sum of all recorded dissatisfaction scores for the fourteen items.

Student Maladjustment Scale for Teachers (S.M.S.T.)

A Student Maladjustment Scale for Teachers was devised to assess teachers' perceptions of students' behaviour. The scale contained six dimensions: anxiety, self-esteem, social acceptance, satisfaction with classroom environment, degree of participation in class and nature of interaction with peers. (See Appendix H.) For each dimension, there were two descriptions provided: one at either end of a seven point scale. Teachers were required to rate each student on each dimension of the scale by circling the appropriate number. A total maladjustment score was calculated by adding the scores for each dimension.

CHAPTER IV

R E S U L T S.

DATA ANALYSIS

The pre- and post-treatment scores for subjects in each of the experimental groups on all measures were calculated. These data and the group means are shown separately for each measure in Appendices I-O. Results will be discussed separately for each dimension.

1. Situational School Anxiety (S.S.A.)

Group mean S.S.A. scores at pre-treatment and post-treatment are shown in Fig. 1. for each of the three groups. It is clear from Fig. 1 that the H.D.P. group and placebo groups decreased their anxiety scores while those of the no treatment group increased. However, it should be noted that this trend may be at least in part an artifact of the relatively large difference between pre-treatment means.

Analysis of co-variance was carried out on the pre- and post-treatment measures to evaluate the significance of the above trends. Co-variance analysis was selected to partial out the effects of both differences between pre-treatment group means and any relationship between pre-treatment scores and change scores. In this analysis the criterion measure was the post-treatment scores while the pre-treatment baseline scores served as the co-variate. Results are shown in Table 2. It is clear that the trend is not significant at the .05 level. Therefore the three hypotheses regarding differences in anxiety between the H.D.P., placebo and control groups were not supported.

2. High Self Esteem (H.S.E.)

Group mean H.S.E. scores at pre-treatment and post-treatment

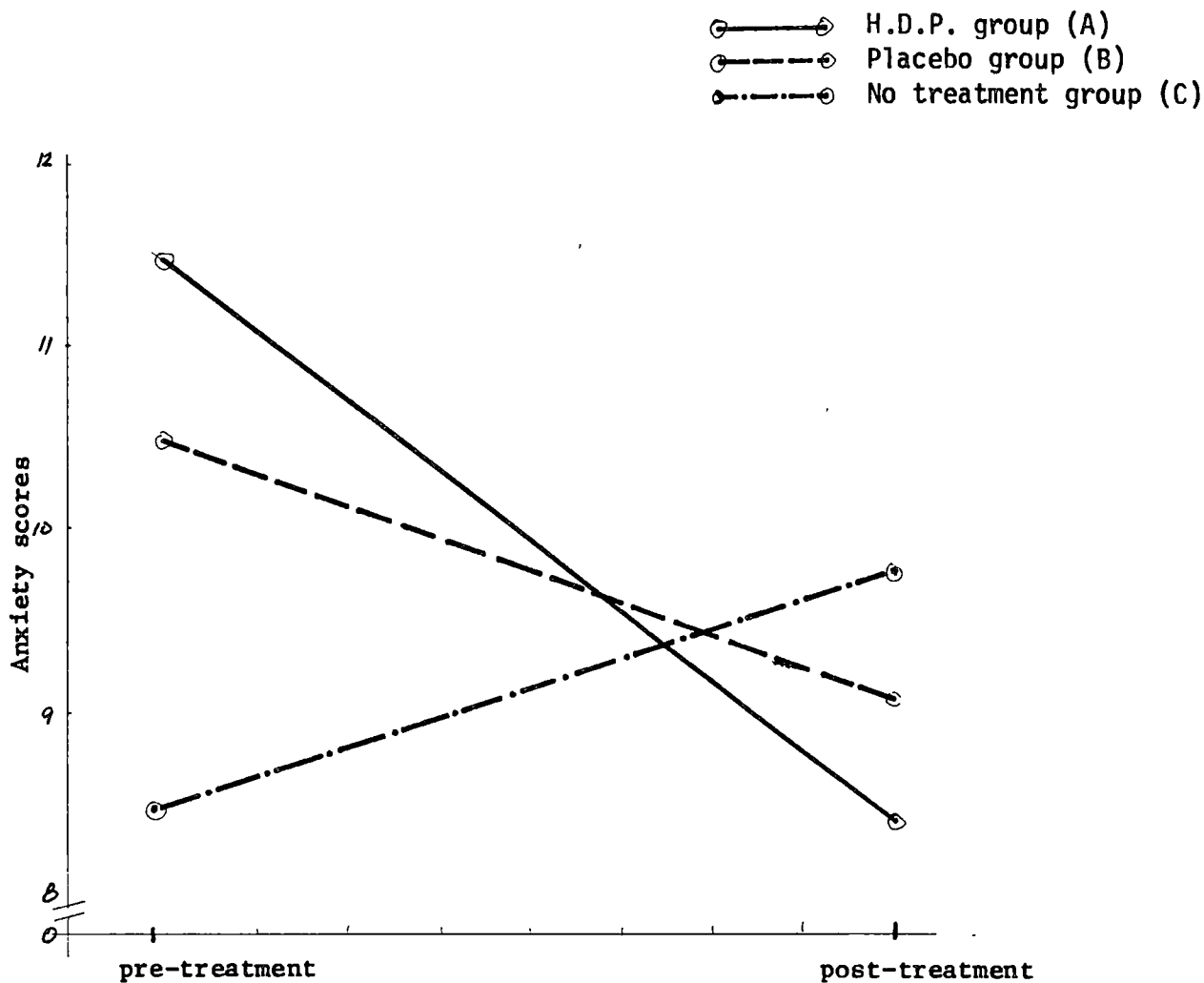


FIGURE 1. Mean changes in anxiety scores for groups A, B and C.

TABLE 2.

Analysis of covariance of the pre- and post-treatment scores of groups A, B and C on anxiety.

Source of variation	d.f.	Sum of squares	Mean square	F
Groups	2	35.243	17.621	2.293 N.S.
Covariates	1	111.454	111.454	
Residual	29	222.910	7.687	
Total	32	369.607	11.550	

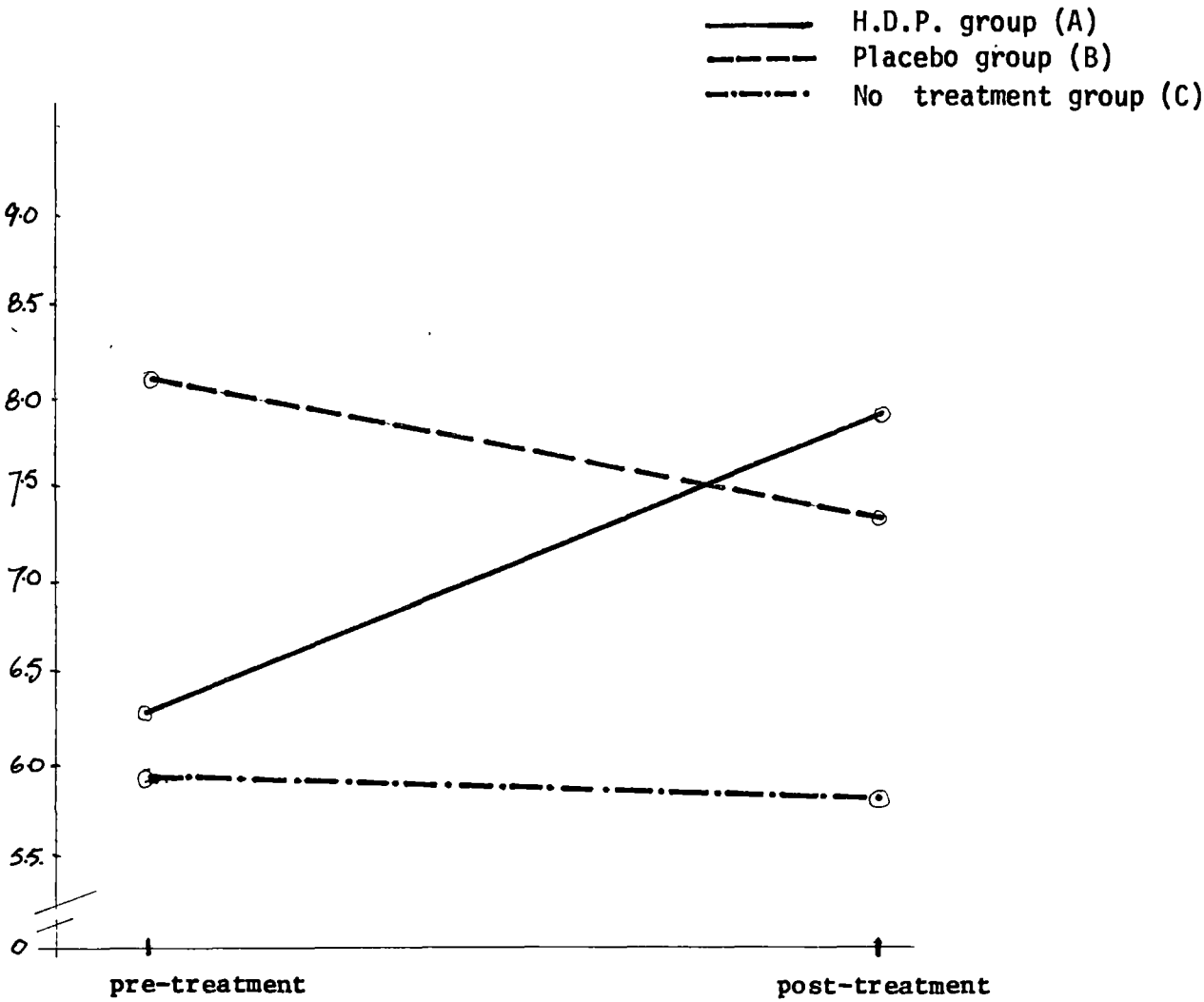


FIGURE 2. Mean changes in high self esteem scores for groups A, B and C.

TABLE 3.

Analysis of covariance of the pre- and post-treatment scores of groups A, B and C on High Self Esteem

Source of variation	d.f.	Sum of Squares	Mean Squares	F
Groups	2	23.452	11.726	4.809*
Covariates	1	39.467	39.467	
Residual	29	70.715	2.438	
Total	32	133.633	4.176	

* p < .05

are shown in Fig. 2 for each of the three groups. It is clear from Fig. 2 that the H.D.P. group increased while the placebo group decreased and the no treatment group remained virtually unchanged.

The data were subjected to the same co-variance analysis used for the anxiety measure with post-scores as the criterion measure and pre-scores as the co-variate. Results are presented in Table 3. Inspection of Table 3 shows that the F-ratio is significant at the .05 level, indicating that at least one significant difference exists between the three experimental groups. A student t-test procedure was performed on the adjusted means to determine which intergroup differences were significant. The results of this test are shown in Table 4, in relation to the intergroup differences in post-treatment means adjusted by the co-variance analysis. From Table 4 it is clear

TABLE 4.

Inter-group differences between adjusted post-treatment means on high self esteem.

	A H.D.P. group	B Placebo group	C No treatment group
A H.D.P.group		1.67*	1.90*
B Placebo group			.23
C No treatment group			

* $p < .05$

(Least significant difference (L.S.D.) = 1.43 at .05 level). that the H.D.P. group differed significantly from both the placebo and untreated groups on high self esteem, and that the placebo group did not differ significantly from the untreated group. Therefore the hypotheses regarding differences in high self esteem between the H.D.P. group and both the placebo and no treatment groups were

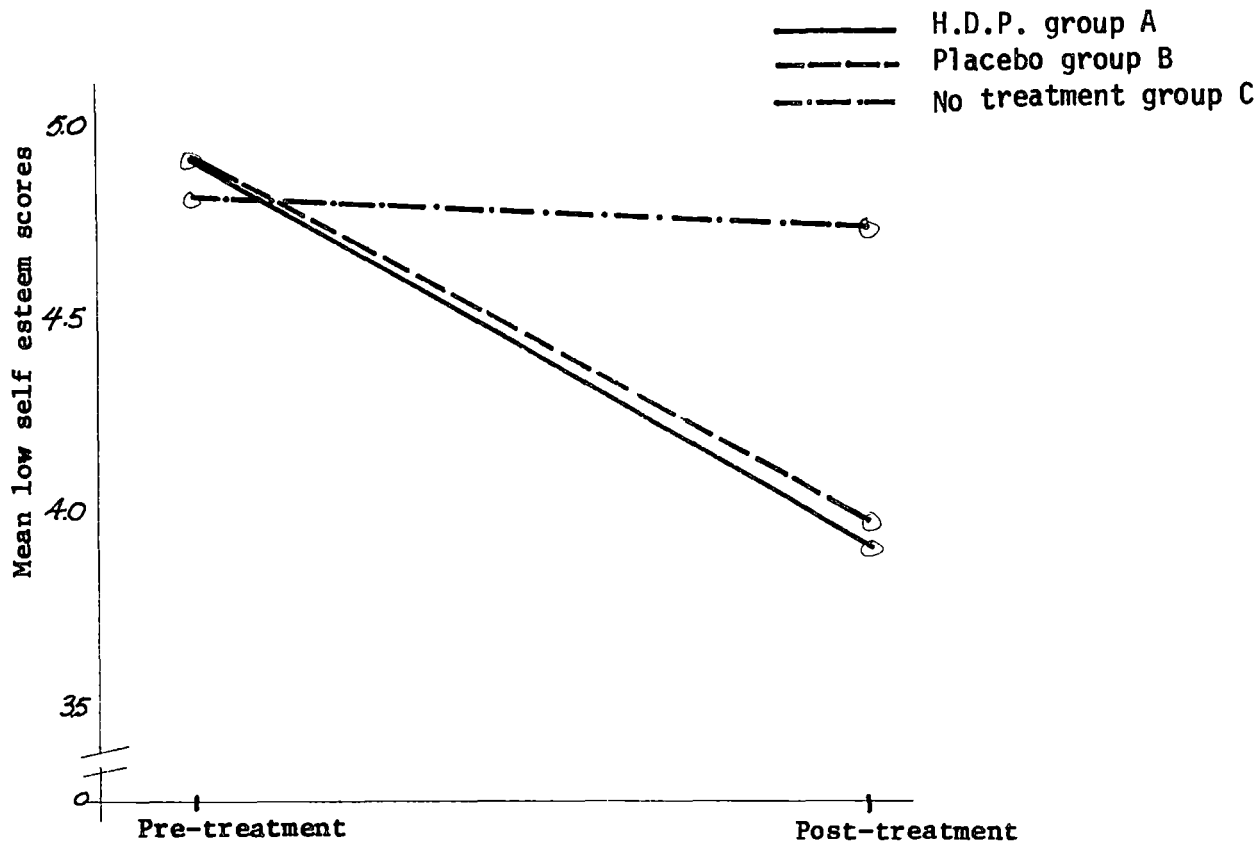


FIGURE 3. Mean change in low self esteem scores for groups A, B and C.

TABLE 5.

Analysis of co-variance of the pre- and post- treatment scores of groups A, B and C on Low Self Esteem.

Source of variation	d.f.	Sum of Squares	Mean Squares	F
Groups	2	5.134	2.567	.540 N.S.
Covariates	1	109.173	109.173	
Residual	29	137.918	4.756	
Total	32	252.225	7.882	

confirmed. The hypothesis of a difference between the placebo and the no treatment group was not confirmed.

3. Low Self Esteem (L.S.E.)

Group means L.S.E. scores at pre-treatment and post-treatment are shown in Fig. 3 for each of the three groups. It is clear from Fig. 3 that both the H.D.P. and placebo groups decreased in low self esteem while the no treatment group remained virtually the same.

The data were subjected to the same co-variance analysis used for the previous measures with the post scores as the criterion measure and the pre-scores as the co-variate. Results are presented in Table 5. Inspection of Table 5 reveals that the trend fails to attain significance at the .05 level. Therefore the three hypotheses regarding differences in low self esteem were not supported.

4. Positive Peer Ratings (P.P.R.)

Group mean P.P.R scores at pre-treatment and post-treatment are shown in Fig. 4 for each of the three groups. It is clear from Fig. 4 that the H.D.P. and placebo groups demonstrated similar increases on positive peer ratings while the no treatment groups decreased slightly.

The data were subjected to the same co-variance analysis used for the previous measures with post scores as the criterion measure and pre-scores as the co-variate. Results are presented in Table 6. Table 6 shows that the F-ratio is significant at the .05 level, indicating that at least one significant difference exists between the three experimental groups.

A student's t-test procedure was conducted on the adjusted means

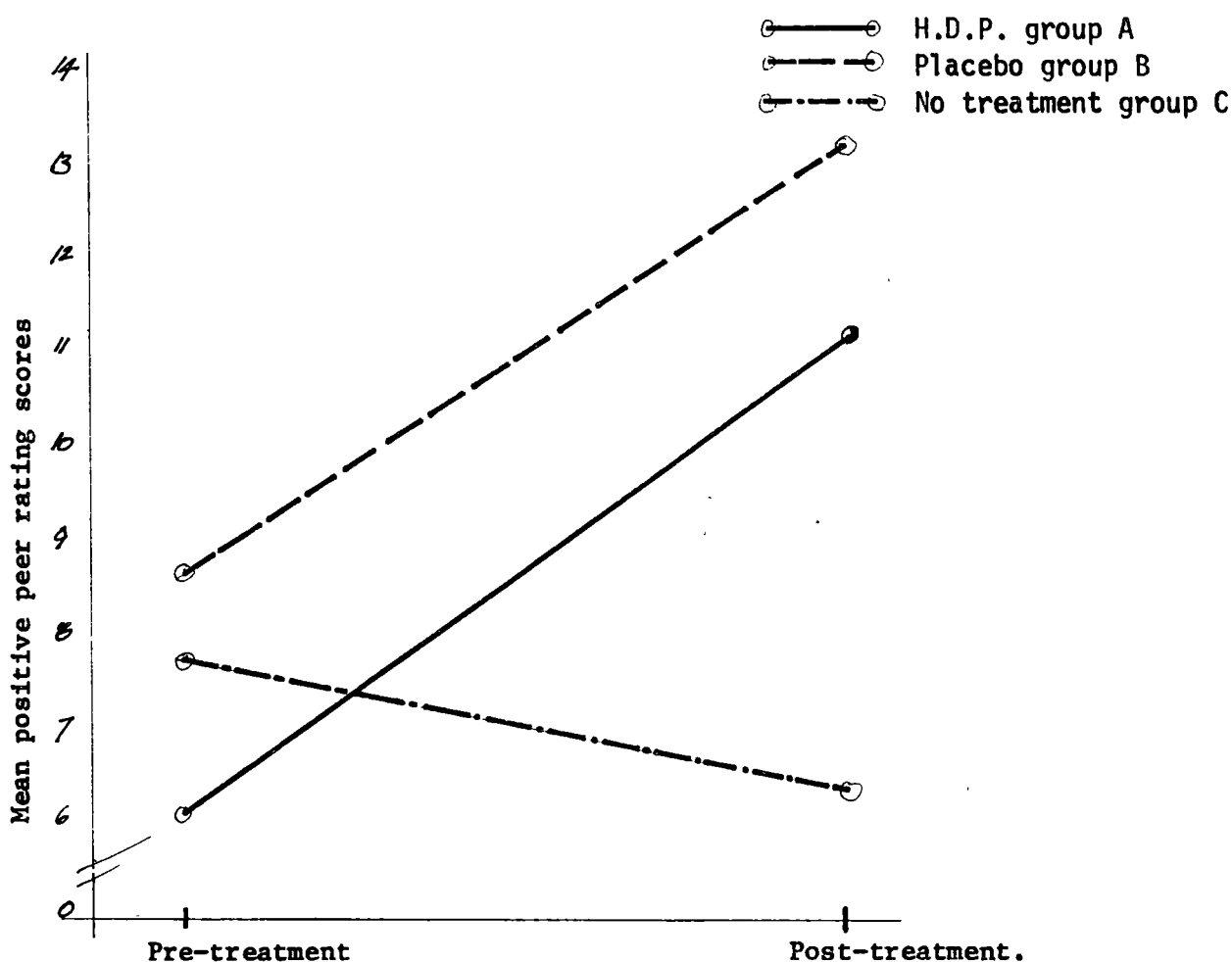


FIGURE 4. Mean change in positive peer ratings for Groups A, B and C.

TABLE 6.

Analysis of covariance of the pre- and post-treatment scores of groups A, B and C on positive peer ratings.

Source of variation	d.f.	Sum of squares	Mean squares	F
Groups	2	271.79	135.90	3.712*
Covariates	1	836.48	836.48	
Residual	29	1061.70	36.61	
Total	32	2169.98	67.81	

* $p < .05$

to determine which intergroup differences were significant. The results of this test are shown in Table 7 in relation to the inter-group differences in post-treatment means adjusted by the co-variance analysis. From Table 7 it is clear that both the H.D.P. and placebo

TABLE 7.

Inter-group differences between
adjusted post-treatment means on
positive peer ratings.

	H.D.P. group (a)	Placebo group (B)	No treatment group (C)
H.D.P. group (A)		.6	6.4*
Placebo group (B)			5.8*
No treatment group (C)			

* $p < .05$

(Least significant difference (L.S.D.) = 5.32 at .05
level)

groups differed significantly from the no treatment group on positive peer ratings. The H.D.P. group did not differ significantly from the placebo group. Therefore the hypotheses of differences between the H.D.P. and the no treatment group and between the placebo and no treatment groups were confirmed. The hypothesis of a difference between the H.D.P. and placebo groups was not confirmed.

5. Negative Peer Ratings (N.P.R.)

Group mean N.P.R. scores at pre-treatment and post-treatment are shown in Fig. 5 for each of the three groups. It is clear from Fig. 5 that all three groups increased in negative peer ratings.

The data were subjected to the same co-variance analysis used

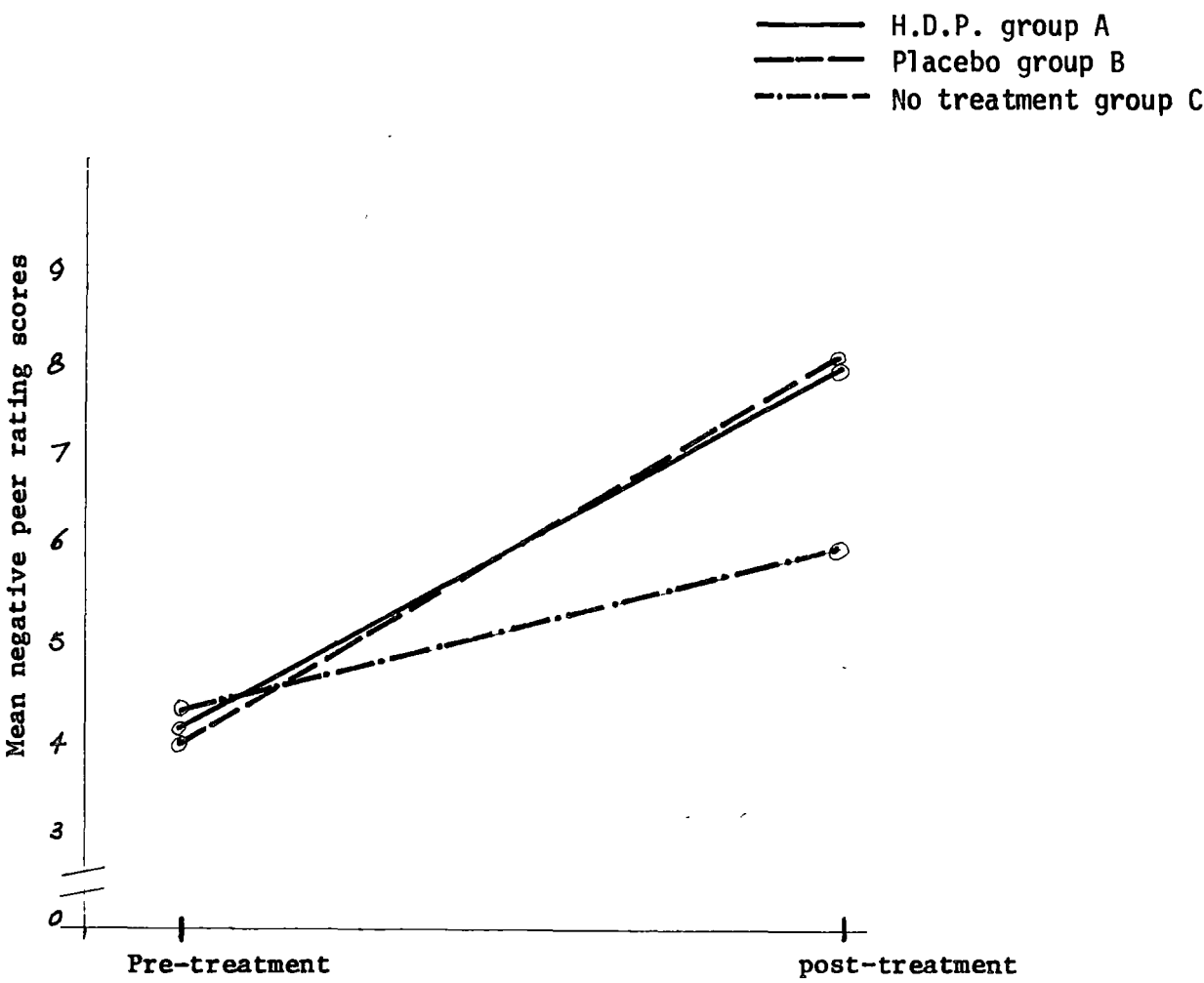


FIGURE 5. Mean changes in negative peer ratings for groups A, B and C.

TABLE 8.

Analysis of covariance of the pre- and post-treatment scores of the groups A, B and C on negative peer ratings.

Source of variation	d.f.	Sum of Squares	Mean Square	F
Groups	2	34.76	17.38	.691 N.S.
Covariates	1	593.57	593.57	
Residual	29	729.34	25.15	
Total	32	1357.66	42.43	

for the previous measures with the post scores as the criterion measure and the pre-scores as the co-variate. Results are presented in Table 8. It is clear from Table 8 that the trend is not significant at the .05 level. Thus the three hypotheses regarding differences in negative peer ratings were not supported. However it is of note that the most significant trend was in the opposite direction to that predicted.

6. Dissatisfaction with Classroom Environment (D.C.E.)

Group mean D.C.E. scores at pre-treatment and post-treatment are shown in Fig. 6 for each of the three groups. It is clear from Fig. 6 that the H.D.P. group decreased in dissatisfaction with classroom environment whereas both the placebo group and no treatment group increased slightly.

The data were subjected to the same co-variance analysis used for the previous measures, with the post scores as the criterion measure and the pre-scores as the co-variate. Results are presented in Table 9. It is clear from Table 9 that the trend is not significant at the .05 level. Therefore, the three hypotheses regarding differences in dissatisfaction with classroom environment were not confirmed.

7. Student Maladjustment Rating (S.M.R.)

Group mean S.M.R. scores at pre-treatment and post-treatment are shown in Fig. 7 for each of the three groups. It is clear from Fig. 7 that both the H.D.P. group and the placebo groups showed comparable and considerable reductions in maladjustment scores for the three groups. The no treatment group on the other hand, showed a slight

———— H.D.P. group (A)
----- Placebo group (B)
-.-.-.- No treatment group (C)

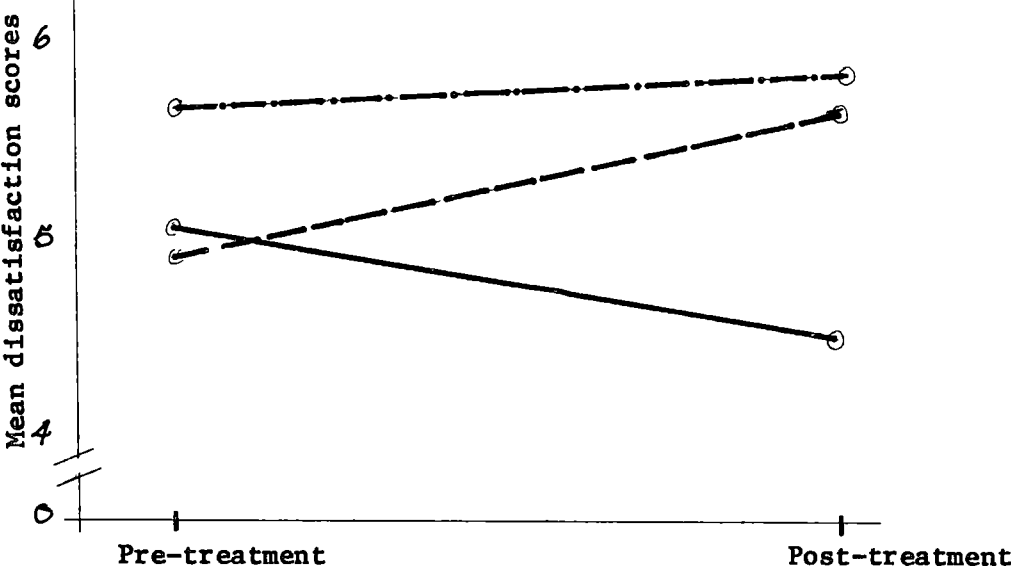


FIGURE 6. Mean changes in dissatisfaction with classroom environment scores for groups A, B and C.

TABLE 9.

Analysis of co-variance of the pre- and post-treatment scores of the groups A, B and C on dissatisfaction with classroom environment.

Source of variation	d.f.	Sum of Squares	Mean Square	F
Groups	2	10.241	5.120	1.083 N.S.
Covariates	1	65.827	65.827	
Residual	29	137.082	4.727	
Total	32	213.150	6.661	

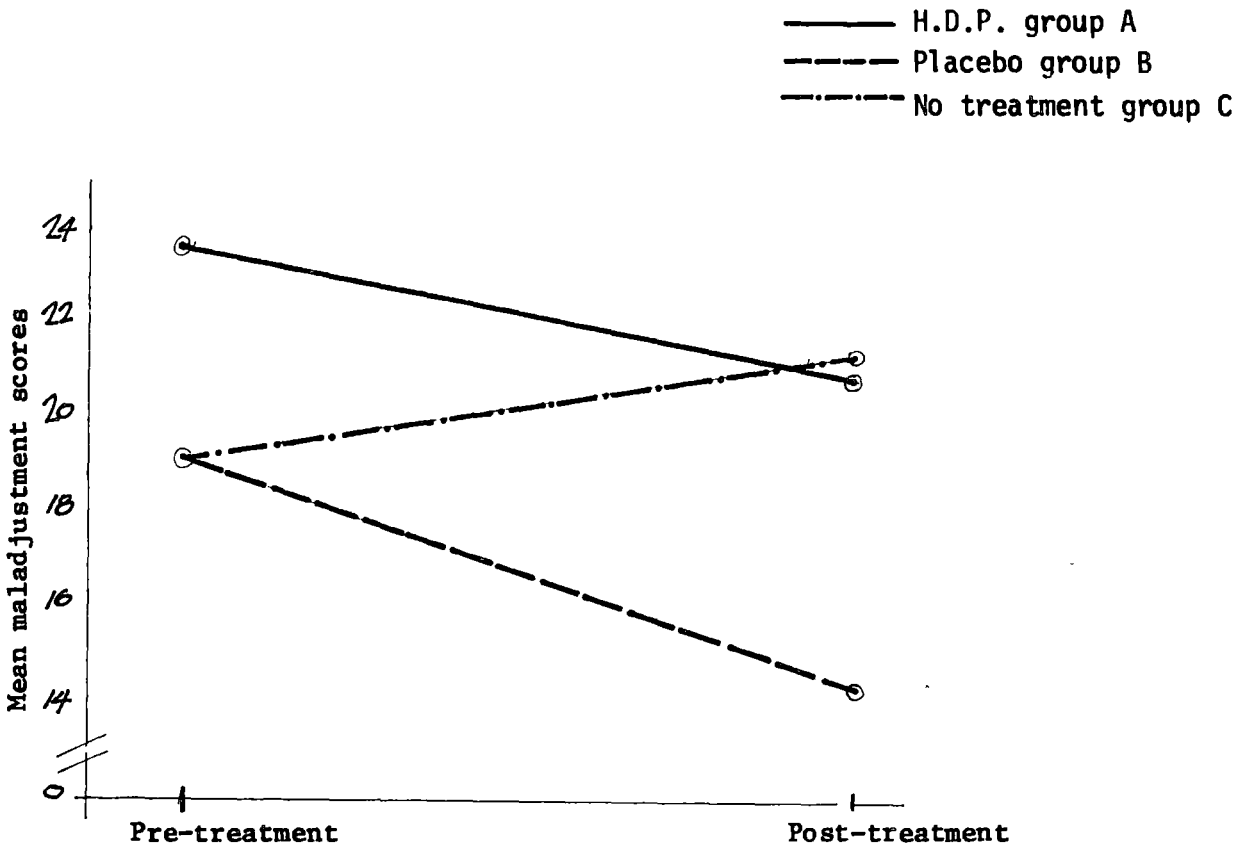


FIGURE 7. Mean change in student maladjustment scores for groups A, B and C.

TABLE 10.

Analysis of covariance of the pre- and post-treatment scores of the groups A, B and C on maladjustment ratings.

Souce of variation	d.f.	Sum of squares	Mean square	F
Groups	2	270.71	135.36	11.236***
Covariates	1	1197.92	1197.92	
Residual	29	349.35	12.05	
Total	32	1817.99	56.81	

*** Significant at .001 level. (p < .001)

increase.

The data were subjected to the same co-variance analysis used for the previous measures with the post-scores as the criterion measure and the pre-score as the co-variate. Results are presented in Table 10. It is clear from Table 10 that the F-ratio is significant at the .001 level, indicating that at least one significant difference existed between the three experimental groups. A student's t-test procedure was conducted on the adjusted means to determine which intergroup differences were significant. The results of this test are shown in Table 11, in relation to the intergroup differences in post-treatment means adjusted by the co-variance analysis.

TABLE 11.

Inter-group differences between adjusted
post-treatment means on maladjustment
ratings.

	H.D.P. group (A)	Placebo group (B)	No treatment group (C)
H.D.P. group (A)		2.8	4.2*
Placebo group (B)			7.0*
No treatment group (C)			

* $p < .05$

(Least significant difference (L.S.D.) = 3.08 at .05 level)

From Table 11, it is clear that both the H.D.P. and the placebo groups differed significantly from the no treatment group on maladjustment ratings. It also shows that the H.D.P. group did not differ significantly from the placebo group. Therefore the

hypothesis of a significant difference between the H.D.P. and placebo groups was not confirmed, while the hypotheses of significant differences between H.D.P. and no treatment groups and between placebo and no treatment groups were confirmed.

SUMMARY OF FINDINGS

Results will be evaluated in relation to the seven hypotheses outlined in Chapter III: 1) No significant reduction in anxiety was found in the H.D.P. group relative to either placebo or no treatment groups, nor was there a significant reduction in the placebo group relative to the no treatment group. However, trends for both H.D.P. and placebo groups were in the predicted direction of reductions in anxiety.

2) A significant increase in high self esteem was found in the H.D.P. group relative to both the placebo and no treatment groups. No significant increase was found in the placebo group relative to the no treatment group. Moreover the trend for the placebo group was in the opposite direction to the prediction of an increase in high self esteem in this group.

3) No significant reduction in low self esteem was found in the H.D.P. group relative to either the placebo or no treatment groups, nor was there a significant reduction in the placebo group relative to the no treatment group. However, trends for both the H.D.P. and placebo groups were in the predicted direction of a reduction in low self esteem.

4) Significant and similar increases in positive peer ratings were found in both the H.D.P. and placebo groups relative to the no treatment group. No significant increase was found in the H.D.P. relative

to the placebo group.

5) No significant reduction in negative peer ratings was found in the H.D.P. relative to either the placebo or no treatment groups, nor in the placebo group relative to the no treatment group. However, contrary to predictions, there were comparable trends for both the H.D.P. and placebo groups in the direction of an increase in negative peer ratings relative to the no treatment group.

6) No significant reduction in dissatisfaction with classroom environment was found in the H.D.P. group relative to either the placebo or no treatment groups, nor was there a significant reduction in the placebo group relative to the no treatment group. However, the H.D.P. group showed a trend in the predicted direction towards reduction in dissatisfaction with classroom environment relative to the no treatment group while the trend for the placebo group was towards an increase in dissatisfaction with classroom environment relative to the no treatment group; this direction was opposite to that predicted.

7) Significant and similar reductions in maladjustment ratings were found in both the H.D.P. and the placebo groups relative to the no treatment group. No significant reduction occurred in the H.D.P. group relative to the placebo group.

In summary, the H.D.P. group showed a statistically significant improvement in functioning on three of the seven measures, relative to the no treatment group (high self esteem, positive peer ratings and maladjustment ratings). It is noteworthy that the H.D.P. group showed a trend opposite to that predicted on only one measure (negative peer ratings). The placebo group showed statistically significant improvement on two of the seven measures relative to the no treatment group (positive peer ratings and maladjustment ratings). On only

one measure, high self esteem, did the H.D.P. group show a significant improvement relative to both placebo and no treatment groups.

CHAPTER V.

D I S C U S S I O N

INTERPRETATION OF FINDINGS

The findings of the present investigation suggest that the H.D.P. represents a promising primary preventive method for application in high school settings. More specifically, the H.D.P. was shown to have a beneficial effect on students by increasing their high self esteem, improving their social acceptability and favourably altering teachers' perceptions of their behaviour on various measures of adjustment.

High self esteem, or the positive evaluation which the individual makes and customarily maintains with regard to himself, is of particular significance among these outcome measures. That is, the H.D.P. was significantly superior to both the placebo and control groups in improving high self esteem. It is of particular interest that while superior to the no treatment group on most dimensions, the H.D.P. showed greater improvement than the placebo condition on only one dimension; notably, high self esteem. This finding is clearly understandable given the content difference between the H.D.P. and placebo groups. That is, a complete unit of the H.D.P. focused specifically on positive feelings, thoughts and behaviour, both in relation to the self and others, within a warm and accepting small group environment, whereas the placebo group did not concentrate specifically on these topics. Clearly the specific content of the H.D.P. which appears to be directly relevant to an increase in high self esteem, may be a critical factor in accounting for significant results on this dimension.

The clinical significance of this finding is underlined by

the work of Fromm (1939), Rogers and Dymond (1954), Ellis (1962), Rosenberg (1965), Coopersmith (1967), Staats (1968), Kanfer, Duerfeldt and Le Page (1969) and Meichenbaum (1973). These researchers have demonstrated that positive self-evaluations or high self esteem mediate a wide range of adaptive behaviours. Thus in almost all models of therapy self esteem plays a major role. How the individual views himself is central to theories of human development and psychopathology whether one refers to the theory of self-concept, (Rogers, 1951), self-system (Sullivan, 1953), identity (Erikson, 1968), self esteem (Coopersmith, 1967), or self evaluation (Kanfer, Duerfeldt and Le Page, 1969).

The concept of self evaluation has been stressed especially in regard to both its role in establishing a person's relationship between himself and his social environment, and its motivating properties (Kanfer *et al.*, 1969). According to Rogers (1951) the matrix of an individual's experience leads him to develop a relatively consistent and enduring framework of self-regarding attitudes. He proposes that realistic self-evaluation constitute a significant step toward personality growth. As Marston (1965) has suggested, the individual's self-concept system can be viewed as a super-structure which subsumes his positive and negative self-evaluation. He assumes that changes in self-concept markedly affect behaviour. Staats (1968) indicates that the verbal responses which an individual attaches to his own behaviour (his self esteem) enter significantly into other behaviours of the individual and help determine his adjustment.

Although one can argue that changing an individual's verbal responses about himself does not necessarily indicate a change in self esteem, several studies concerned with the effects of self-evaluative statements on behaviour, have indicated positive

behavioural changes as a result of self-reinforcing statements (Ellis, 1957; Bandura and Kupers, 1964; Marston, 1965; Meichenbaum, 1969; Krop, Calhoun and Verrier, 1971; Meichenbaum, 1971a; Meichenbaum and Goodman, 1971b; Krop, Perez and Beaudouin, 1973). In particular Meichenbaum's extensive work in this area has revealed a variety of behavioural techniques, incorporating self-reinforcing statements, which have been successful in modifying high self esteem. For instance, in a series of three experiments in which various behavioural techniques were applied, Meichenbaum found that stress inoculation training was the most effective in improving self-evaluative statements (Meichenbaum, 1971a). In this study, subjects were trained in how to control arousal and how to produce coping self-instructions in a stress-inducing situation. Interestingly, certain aspects of this technique approximate features of the H.D.P. in which students are encouraged to express thoughts and feelings, learn how to control these and then formulate strategies for coping in potentially stressful situations. Further support for Meichenbaum's findings is offered by the evidence presented in stress research studies by Janis (1958) and Lazarus (1966). These findings suggest that the acquisition of a general learning set and a positive manner of talking to oneself, are the critical factors in coping with stress.

Further support for the value of positive self-statements as an adaptive coping skill is provided by Coopersmith's (1967) in-depth analysis of self esteem carried out over eight years. This study yielded a number of behavioural indices of high self esteem. These included: 1) significantly fewer psychosomatic symptoms, 2) fewer marked behaviour problems, 3) less sensitivity to criticism, 4) increased willingness to speak up when responses are likely to

evoke anger and 5) less likelihood of being distracted from public affairs by personal concerns. Coopersmith (1967) concluded from his study that individuals with high self esteem are better able to deal with anxiety and threatening situations when they arise than are individuals who think less well of themselves. Thus, it is proposed that individuals with high self esteem are more assertive in social situations and are less likely to avoid potentially threatening situations. Such a contention is supported by the experimental studies of Janis (1954) in which it was demonstrated that a person with high self esteem is more capable of resisting pressures to conform and more able to perceive threatening stimuli.

Overall, it is clear from the above research that high levels of self esteem are associated with reduced vulnerability to later maladjustment, and may thus serve as a reliable prognostic indicator for later adaptive adult adjustment.

It may have been expected that with an increase in high self esteem, there would occur a corresponding reduction in low self esteem. However this was not the case. Though the trend was in this direction it was not significant. The discrepancy in results between high self esteem and low self esteem measures may reflect subtle differences in measurement characteristics of the scales for this particular population. However, the programme proved instrumental in increasing students' positive self-perceptions but ineffective in helping students to relinquish negative self-perceptions. This finding appears consistent with the focus on positive rather than negative self-perceptions in the H.D.P.

Moving from the personal to interpersonal perspective, it was

found that, relative to the no treatment group, the H.D.P. group showed a significant increase in peer-rated social competence when the number of positive roles assigned to members in each group was assessed. This is of considerable importance as recent research has confirmed that peer popularity is itself positively related to indices of later mental health (Kohn and Clausen, 1955; Stengel, 1971; Rolf *et al.*, 1972; and Cowen *et al.*, 1973). More specifically it has been demonstrated that children rated positively by their peers had greater knowledge of how to make friends and distributed and received more positive reinforcement than children rated negatively (Gottman *et al.*, 1975). It could be hypothesized that a programme such as the H.D.P. may serve to increase these positive correlates of peer popularity. The feasibility of such an outcome is underlined by an examination of the second unit of the H.D.P. Discussion of topics in this unit provided an opportunity for understanding more about building friendships and the prerequisite conditions needed to demonstrate trustworthiness.

It is of interest to note that in the present study the placebo group also increased significantly in positive peer ratings relative to the no treatment group. It may be that expectancy effects were operating and that the positive outcome may not be attributable to the H.D.P. alone. However an alternative explanation arose from informal discussions with teachers during the course of the programme. It appeared that the structure and function of the placebo group evolved in a direction similar to the H.D.P. Given that teachers were initially selected on a similar high level of positive child-oriented interest, it seems probable that they applied humanistic principles in their interaction with students. More specifically, it was reported that discussion in the placebo group moved from current affairs and

topics of general interest, geared at an impersonal level, to a discussion of values and adjustment problems in adolescence as students increasingly came to select topics of their own choosing with increased levels of affective content. Consequently there may well be a confounding effect operating here which suggests that caution must be applied in interpreting these results.

The increase in positive peer ratings was not accompanied by a corresponding reduction in negative peer ratings. Instead a small trend occurred in the opposite direction. This non-significant increase in negative peer ratings is difficult to explain in terms of content of the H.D.P. and placebo groups. However it may be an experimental artifact. Any increase in sensitivity to the behaviour of others resulting from the H.D.P. and placebo programmes could have resulted in greater recognition and ratings of negative responses in other students. It is possible that such artifacts could be controlled by the use of alternative scoring procedures relying on proportional changes, i.e., change in negative ratings relative to the total number of ratings.

The teachers' ratings of student maladjustment added a further dimension to the assessment procedure, although there is conflicting evidence as to the efficacy of this measure as a prognostic indicator (Beisser, Glasser and Grant, 1967; Rolf, 1972, and Weintraub, Liebert and Neale, 1975). Significant and comparable decreases in maladjustment are shown to occur in both the H.D.P. and placebo groups on the basis of these ratings. While limited by the confounding effect of expectancy, it would nevertheless be expected that the significant positive changes in student dimensions in both H.D.P. and placebo groups would lead to positive behaviour change as seen by teachers.

The assessment of situational school anxiety was another feature of the present study which warrants further elaboration. A marked trend was found in the direction of decreased anxiety in the H.D.P. group relative to the no treatment group. This trend was not significant, possibly because of a large error variance for this measure and substantial unavoidable inter-group differences in pre-treatment means. These problems could possibly have been reduced by the use of a more sensitive scale and better matching procedures. From previous research there is no clear association between the level of anxiety and later adjustment. However, it has been reliably found that high anxiety is associated with low sociometric ratings, which in turn reliably predict poor adult adjustment (McCandless, Castaneda, and Palermo, 1956; Cowen *et al.*, 1963).

The final measure discussed in the present study was the Classroom Environment Scale. Though not related to later indices of mental health the dissatisfaction with classroom environment score was extracted in order to gain an impression of the social climate in the school and provide some index of generalisation of the H.D.P.'s effects at school. No significant results were found on this measure suggesting that the H.D.P. failed to generalise to the rest of the school situation within the three month period allotted to the programme. Had students been requested to respond to this questionnaire in relation to their small home-group situation only, rather than to their school experience generally, the results may have been different.

METHODOLOGICAL CONSIDERATIONS

It is clear from the foregoing account that though the H.D.P. has been modestly successful in achieving its stated goals, more discriminating measures are needed to accurately assess its effects. Measures which are both relevant to the subject population and of high reliability would permit a more accurate evaluation of the programme. In measuring anxiety, for example, a scale which is of high reliability but still relevant to the school situation would be more suitable than that used in the present study. Secondly, the Classroom Environment Scale proved too general to provide any specific information about the homegroup situation. While many of the items are appropriate, a more suitable measure would refer them to the small group situation only rather than all classroom situations. Moreover, both the anxiety, classroom environment and self esteem measures suffer from problems common to self-report inventories, e.g., response sets, faking, and failure to understand instructions (Jackson and Messick, 1958; Sarason *et al.*, 1960; Marlowe and Crowne, 1961; Ruebush, 1963; Nunnally, 1967). The videotaping of classroom interactions was an attempt to provide a more objective assessment of programme effectiveness. Although this attempt failed in the present study a longer term adaptation of subjects to the filming procedure may have rendered this technique feasible.

One problem encountered in any outcome research is the partialling out of specific programme-related effects from non-specific effects. The potential contamination of results by experimenter expectancy effects (Rosenthal, 1966; Bergin and Garfield, 1971) was only partially controlled in the present study. While teachers and students remained ignorant of the direction of the hypotheses, and the

experimenter was unaware of which treatment subjects were receiving, she was aware of which teacher was conducting each condition and had regular contact with teachers throughout the experiment. In order to achieve the preferable double-blind situation, it would have been necessary for the experimenter to avoid contact with teachers once allocation to treatment and placebo groups had been made. Any further contact with teachers would have to be made by an independent assistant, unaware of the direction of the hypotheses.

In the present design, attempts were made to control for other non-specific therapeutic effects, e.g., the enhancing effect of any special attention on subjects (Lefrançois, 1972), by having a placebo group which received equal amounts of time and attention. In so doing, it was intended to replicate the actual treatment in all aspects except the independent variable being tested (Paul, 1967). In this study the experimental variable being assessed was the effect of the curriculum with specifically affective content. Consequently the placebo treatment was designed to give students a group activity, with similar levels of verbal interaction, stimulus materials and a similar child-centred approach. In practice it proved very difficult to exclude any affective content from the placebo group and avoid discussion related to interpersonal factors. This highlights an area of design difficulty which other researchers have also encountered in this area (Byrd, 1967; Fink, 1969). The significant problem remains of how to design a placebo group which consistently remains a placebo group without any treatment components becoming incorporated into it.

Another practical design problem highlighted by the community-based nature of the research conducted in this study was the necessity to accept a compromise between a more efficient research design in

theoretical terms and modification of the design so as to maintain full cooperation of the school involved in the study. For example, it was requested by the school that students should remain in their already existing home-groups for the duration of the programme. Though this did have the advantage of permitting greater generalisation of beneficial effects at the end of the programme, it also precluded careful, statistical matching of students for the three experimental groups. When an examination of relevant group characteristics fortuitously revealed reasonably well-matched groups, it seemed strategic to settle for the existing groups. Nevertheless, the ethical dilemma still remains: how does the experimenter decide on the level of inconvenience he/she is prepared to cause the individuals whose cooperation he/she is seeking in conducting the research?

A more thorough attempt to partial out specific teacher effects would have been desirable in the present study. Though an attempt was made to match teachers on a number of variables which were considered relevant, the differential effects of teachers would have been more adequately controlled by the implementation of a double cross-over design. This would have involved the same teacher conducting a group under each separate experimental condition. Constraints of time and school organization prevented this in the present study. There may have been more flexibility in these arrangements if the study had been commenced at the beginning of the school year, rather than half-way through.

FUTURE DIRECTIONS:

The present study provides some support for the overall effectiveness of the H.D.P. and a logical direction for future research

would be to partialling out the relative effects of different components of the programme. As outlined previously, a more stringent design and more discriminating measures would need to be devised in order to achieve this. In addition, further validation of the H.D.P. should be carried out over a longer period of time, in a wide variety of schools. The need for longitudinal studies is crucial, so that students who have experienced a preventive programme at high school will be followed up into adulthood, to determine whether their coping ability has in fact been strengthened. Such longitudinal studies are necessary as part of a full evaluation of the H.D.P. and other similar programmes. Studies including multiple schools and grades would establish differential effects of the programme across different levels of age, grade, and maturational stages.

CONCLUSIONS

The H.D.P. and placebo programmes led to a significant improvement in the dimensions of self esteem, peer-rated social competence and teacher-rated maladjustment. No significant effects were noted regarding anxiety and dissatisfaction with classroom environment. The H.D.P. was significantly superior to *both* placebo and no treatment groups only on the dimension of self esteem. This was discussed in relation to the specific content regarding affect inherent in the H.D.P. The failure to find significant differences between the degree of improvement of H.D.P. and placebo programmes on other dimensions was discussed in terms of: 1) inadvertent contamination of the placebo condition with H.D.P.-relevant material, 2) difficulties with measures used, 3) limitations of design, e.g., the possible effects of experimenter expectancy and teacher-specific attributes.

4) the possible influence of nonspecific therapeutic effects.

Limitations of the design were discussed and suggestions were made towards a more definitive evaluation of the H.D.P. and other similar preventive programmes. These included: 1) the more effective use of objective measures such as ratings of videotaped classroom interactions, 2) the use of a double-blind, cross-over design, 3) more adequate matching of groups on pre-treatment means, and 4) longitudinal follow-up studies to evaluate long-term effects of the programme.

In summary, the study produced support for the short-term effectiveness of the H.D.P. on a number of adjustment-related measures, particularly high self esteem, and it is tentatively concluded that it is worthy of further investigation as a high school-based primary preventive technique.

REFERENCES

- Albee, G.W., We have been warned. In Ryan, W.(Ed.), *Distress in the city*. The Press of Case Western Reserve University, Cleveland, Ohio, 1969.
- Allen, G.J., Effectiveness of study counseling and desensitization in alleviating test anxiety in college students. *Journal of Abnormal Psychology*, 1971, 77, 3, 282-289.
- Anderson, R.C., Learning in discussions: a resume of the authoritarian-democratic studies. *Harvard Educational Review*, 1959, 29, 201-15.
- Arnhoff, F.N., Rubinstein, E.A., and Speisman, J.E., (eds.), *Mental health manpower*. Aldine, Chicago, 1969.
- Bales, R.F., *Interaction Process Analysis. A Method for the Study of Small Groups*. Addison-Wesley, Cambridge, Mass., 1950.
- Bandura, A., and Kupers, C., The transmission of patterns of self-reinforcement through modeling. *Journal of Abnormal and Social Psychology*, 1964, 69, 1-9.
- _____, Vicarious processes: A case of no trial learning. In Berkowitz, L. (Ed.), *Advances in Experimental Social Psychology*. Vol.II, Academic Press, New York, 1965.
- _____, *Principles of Behavior Modification*. Holt, Rinehart and Winston, New York, 1969.
- _____, Psychotherapy based upon modeling principles. In Bergin, A.E. and Garfield, S.L. (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis*. Wiley, New York, 1971.
- Batchelder, R.L., and Hardy, J.M., *Using sensitivity training and the laboratory method*. Association Press, New York, 1968.
- Beisser, A., Glasser, N., and Grant, M., Psychosocial adjustment in children of schizophrenic mothers. *Journal of Nervous and Mental Disorders*, 1967, 145, 429-440.
- Bergin, A.E., The evaluation of therapeutic outcomes. In Bergin, A.E., and Garfield, S.L., *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis*. Wiley, New York, 1971.
- Bessell, H., The Content is the Medium: The Confidence is the Message. *Psychology Today*, 1968, 3, 32-35.
- _____, and Palomares, U.H., *Methods in Human Development*. Human Development Training Institute, La Mesa, Cal., 1973.
- Biddulph, S., *Preventing Childhood Maladjustment at School*. Unpublished thesis. University of Tasmania, 1975.

- Bion, W.R., *Experiences in groups*. Basic Books, New York, 1959.
- Bruce, P., Relationship of self-acceptance to other variables with sixth grade children oriented in self-understanding. *Journal of Educational Psychology*, 1958, 49, 229-238.
- Bullis, J.E., and O'Malley, E.E., *Human relations in the classroom*. Hambleton, Wilmington, 1947.
- Bunker, D.R., Individual applications of laboratory training. *Journal of Applied Behavioral Science*, 1965, 1, 131-149.
- _____, and Knowles, E.S., Comparison of behavioral changes resulting from human relations training laboratories of different lengths. *Journal of Applied Behavioral Science*, 1967, 3, 505-523.
- Burke, R.L., and Bennis, W.G., Changes in perception of self and others during human relations training. *Human Relations*, 1961, 14, 165-182.
- Byrd, R.E., Training in a non-group. *Journal of Humanistic Psychology*, 1967, 7, 18-27.
- Campbell, J., and Dunnette, M., Effectiveness of T-group experiences in managerial training and development. *Psychological Bulletin*, 1968, 70, 73-104.
- Campbell, W.J., Excellence or fear of failure: the teacher's role in the motivation of learners. *Australian Journal of Education*, 1967, 11, 1-12.
- Caplan, G., *Principles of preventive psychiatry*. Basic Books, New York, 1964.
- Carson, R.C., and Lakin, M., Some effects of group sensitivity experience. Paper presented at meeting: South-eastern Psychological Association, Miami Beach, Florida, 1963. Cited in Gibb, J.R. Sensitivity training as a medium for personal growth and improved interpersonal relationships, *Interpersonal Development*, 1970, 1, 1, 6-31.
- Carter, J.W., *Research contributions from psychology to community mental health*. Behavioral Publications, New York, 1968.
- Cohen, J., *Operant behavior and conditioning*. Rand: McNally, Chicago, 1969.
- Cohn, R.C., From couch to circle to community: beginnings of the theme-centred interactional method. In H.M. Ruitenbeek, Ed., *Group therapy today*. Atherton Press, New York, 1969.

- Cohn, R.C., From Couch to Circle to Community: beginnings of the theme-centred interactional method. In Ruitenbeek, H.M., *The New Group Therapies*. Avon, New York, 1970.
- Cole, L., *Psychology of Adolescence* (5th Edn.). Holt, Rinehart and Winston, New York, 1961.
- Combs, A.W., and Snygg, D., *Individual behavior: A perceptual approach to behavior*. (2nd Edn.) Harper, New York, 1959.
- Connell, W.F., *The Foundations of Education*. (2nd Edn). Novak, Sydney, 1969.
- Cooper, C.L., and Mangham, I.L., The Effectiveness of T-groups in Producing On-the-Job change. *Journal of Management Studies*, 1969, 6, 53-72.
- _____, (Eds.), *T-groups. A survey of research*. Wiley, London, 1971.
- Coopersmith, S., *The Antecedents of Self-Esteem*. W.H. Freeman & Co., San Francisco, 1967.
- Cowen, E.L., Gardner, E.A., and Zax, M., *Emergent approaches to mental health problems*. Appleton-Century-Croft, New York, 1967.
- _____, Pederson, A., Babigan, H., Izzo, L.D., and Trost, M.A., Long-term follow-up of early detected vulnerable children. *Journal of Consulting and Clinical Psychology*, 1973, 41, 438-446.
- _____, Zax, M., Klein, R., Izzo, L.D., and Trost, M.A., The relation of anxiety in school children to school record, achievement and behavioural measures. *Child Development*, 1965, 36, 685-95.
- D'Augelli, A.R., and Chinsky, J.M., Interpersonal skills and pre-training. *Journal of Consulting and Clinical Psychology*, 1974, 42, 1, 65-72.
- Deutsch, S.J., and Hamm, W.L., Goals in Secondary Education - A Conflict of Interests. *Journal of Experimental Education*, 1975, 44, 2, 78-88.
- Dewey, J., *Democracy and Education*. Macmillan, New York, 1964.
- Diamond, M.J., and Shapiro, J.L., Method and paradigm in encounter group research. *Journal of Humanistic Psychology*, 1975, 15, 2, 59-70.
- Ellis, A., Outcome of employing three techniques of psychotherapy. *Journal of Clinical Psychology*, 1957, 13, 344-350.

- _____. *Reason and emotion in psychotherapy.* Lyle Stuart, New York, 1962.
- Erikson, E.H., *Identity, youth and crisis.* Norton, New York, 1968.
- Fink, S., The non-design of a laboratory. *Human Relations Training News*, 1969, 13.
- Flanders, N.A., Personal-social anxiety, as a factor in experimental learning situations. *Journal of Educational Research*, 1951, 45, 100-110.
- _____, Some relationships among teacher influence, pupil attitudes and achievement. In Biddle, B.J., and Ellena, W.J., (Eds.), *Contemporary Research in Teacher Effectiveness.* Holt, New York, 1964.
- _____, Teacher influence, pupil attitudes and achievement. *Co-operative Research Monograph, No. 12*, Office of Education, Washington, 1965.
- French, J.R.P., Sherwood, J.T., and Bradford, D.L., Change in self-identity in a management training conference. *Journal of Applied Behavioural Science*, 1966, 2, 210-218.
- Friedlander, F., The Impact of Organizational Training Laboratories upon the Effectiveness of Ongoing Work Groups. *Personnel Psychology*, 1967, 20, 289-309.
- Fromm, E., Selfishness and self-love. *Psychiatry*, 1939, 2, 507-523.
- Furnass, B., Changing Patterns of Health and Disease. In Diesendorf, M., (Ed.), *The Magic Bullet.* Society for Social Responsibility in Science, Canberra, 1976, p.15.
- Gaudry, E., and Spielberger, C.D., *Anxiety and Educational Achievement.* Wiley, Adelaide, 1971.
- Gibb, J.R., Effects of role-playing upon (a) role-flexibility and upon (b) ability to conceptualize a new role. Paper presented at meeting: American Psychological Association, Cleveland, Ohio, 1953. Cited in Egan, G., *Encounter Groups: Basic Readings.* Brooks/Cole, Belmont, California, 1971.
- _____, and Gibb, L.M., Leaderless groups: Growth-centred values and potentials. In Otto, H.A., and Mann, J., (Eds.), *Ways of Growth: Approaches to expanding awareness.* Grossman, New York, 1968, a.
- _____, Emergence therapy: The TORI process in an emergent group: In Gazda, *Innovations to group*

- psychotherapy. Thomas, Springfield, Illinois, 1968, b.
- _____, Sensitivity training as a medium for personal growth and improved interpersonal relationships. *Interpersonal Development*, 1970, 1, 1, 6-31.
- _____, The Effects of Human Relations Training. In Bergin, A.E., and Garfield, S.L. (Eds.), *Handbook of Psychotherapy and Behavior Change*. Wiley, New York, 1971.
- _____, Smith, E.E., and Roberts, A.H., Effects of positive and negative feedback upon defensive behavior in small problem-solving groups. Cited in Egan, G., *Encounter Groups: Basic Readings*, Brooks/Cole, Belmont, California, 1971.
- Gottmann, J., Gonso, J., and Rasmussen, B., Social Interaction, Social Competence and Friendship in Children. *Child Development*, 1975, 46, 709-718.
- Groobman, D.E., Forward, J.R., and Peterson, C., Attitudes, Self-Esteem, and Learning in Formal and Informal Schools. *Journal of Educational Psychology*, 1976, 68,1, 32-35.
- Hafner, A.I., and Kaplan, A.M., Children's manifest anxiety and intelligence. *Child Development*, 1959, 30, 269-271.
- Hammond, S.B., and Cox, F.N., Some antecedents of educational attainment. *Australian Journal of Psychology*, 1967, 19, 3, 231-240.
- Hampden-Turner, C.H., An existential 'learning' theory and the integration of T group research. *Journal of Applied Behavioural Science*, 1966, 2, 367-386.
- Harris, L., What people think of their high schools. *Life*, 1969, 66, 22-3.
- Harrison, R., Cognitive change and participation in a sensitivity training laboratory. *Journal of Consulting Psychology*, 1966, 30, 517-520.
- Hartup, W.W., Glazer, J.A., and Charlesworth, R., Peer reinforcement and sociometric status. *Child Development*, 1967, 38, 1017-1024.
- Havigshurst, R.J., Bowman, P.M., Mathews, C.V., and Pierce, J.V., *Growing up in river city*. Wiley, New York, 1962.
- Hawkes, D.V., "Can Psychology afford to Treat the individual?", *Bulletin of British Psychological Society*, 1971, 24, 133.
- Heil, L., and Washburne, C.W., Brooklyn College research in teacher effectiveness. *Journal of Educational Research*,

1962, 55, 347-351.

- Henderson, A.S., Montgomery, I.M., and Williams, C.L., Psychological Immunisation. *The Lancet*, 1972, 1111-1113.
- Hernandez, R., The Third Force. In Shapiro, E. (Ed.), *PsychoSources*, Communications Research Machines, Inc., Toronto, 1973.
- Hill, W.F., *HIM. Hill Interaction Matrix*. Youth Study Center, University of Southern California, Los Angeles, 1965.
- Holt, J., *How Children Fail*. Pitman, New York, 1964.
- Horney, K., *Neurosis and Human Growth*. W.W.Norton, New York, 1950.
- Jackson, D.M., and Messick, S., Content and style in personality assessment. *Psychological Bulletin*, 1958, 55, 243-252.
- Jackson, P.W., *Life in classrooms*. Holt, Rinehart and Winston, New York, 1968.
- Jahoda, M., *Current concepts of positive mental health*. Basic Books, New York, 1958.
- Janis, I.L., Personality correlates of susceptibility to persuasion. *Journal of Personality*, 1954, 22, 504-518.
- _____, *Psychological stress: Psychoanalytic and behavioural studies of surgical patients*. Wiley, New York, 1958.
- Johnson, W.G., Group therapy: A behavioural perspective. *Behavior Therapy*, 1975, 6, 30-38.
- Kanfer, F., Duerfeldt, P., and LePage, A., Stability of patterns of self-reinforcement. *Psychological Reports*, 1969, 24, 663-670.
- Kiesler, D.J., Some myths of psychotherapy research and the search for a paradigm. *Psychological Bulletin*, 1966, 65, 110-136.
- Kohn, M., and Clausen, J., Social isolation and schizophrenia. *American Sociological Review*, 1955, 20, 265-273.
- Krop, H., Calhoon, B., and Verrier, R., Modification of the "Self-concept" of emotionally disturbed children by covert reinforcement. *Behavior Therapy*, 1971, 2, 201-204.
- _____, Perez, F., and Beaudoin, C., Modification of "Self-Concept" of Psychiatric Patients by covert reinforcement. In Rubin, R.D., Brady, J.P., and Henderson, J.D., *Advances in Behavior Therapy*. Academic Press, New York, 1973.

- Lakin, M. *Interpersonal encounter: theory and practice in sensitivity training.* McGraw-Hill, New York, 1972.
- Lazarus, R.S., *Psychological stress and the coping process.* McGraw-Hill, New York, 1966.
- Lefrançois, G.R., *Psychology for teaching: a bear always faces the front.* Wadsworth, California, 1972.
- Leton, D.A., An evaluation of group methods in mental hygiene. *Mental Hygiene*, 1957, 41, 525-533.
- Liberman, R.P., Learning Interpersonal Skills in Groups: Harnessing the behavioristic horse to the humanistic wagon. In Houts, P.S., and Serber, M. (Eds.), *After the Turn on, What?* Research Press, Champaign, Illinois, 1972.
- Lieberman, M.A., Yalom, I.D., and Miles, M.B., *Encounter groups: First facts.* Basic Books, New York, 1973.
- Lindgren, H.C., *Educational Psychology in the Classroom* (5th Edn.). Wiley, New York, 1976.
- Lippitt, R., and White, R.K., An experimental study of leadership and group life. In Maccoby, E.E., Newcomb, T.M., and Hartley, E.L. (Eds.), *Readings in Social Psychology*, Holt, Rinehart and Winston, New York, 1958.
- Lipsitt, L.P., A self-concept scale for children and its relationship to the Children's Form of the Manifest Anxiety Scale. *Child Development*, 1958, 29, 463-72.
- Liss, J., *Free to Feel.* Praeger, New York, 1974.
- McCandless, B.R., and Castaneda, A., Anxiety in children, school achievement and intelligence. *Child Development*, 1956, 27, 3, 379-382.
- _____, and Palermo, D.S., Anxiety in children and school status. *Child Development*, 1956, 27, 385-391.
- Marlowe, D., and Crowne, D.P., Social desirability and response to perceived situational demands. *Journal of Consulting Psychology*, 1961, 25, 109-115.
- Marston, A., Self-reinforcement: The relevance of a concept in analogue research to psychotherapy. *Psychotherapy: Theory, Research and Practice*, 1965, 2, 1-5.
- Maslow, A.H., *Motivation and personality.* Harper, New York, 1954.
- _____, *Toward a Psychology of Being.* (2nd Edn.). D. Van Nostrand. New York, 1968.

- Meehl, P.E., Discussion of H.J. Eysenck. The effect of psychotherapy. *International Journal of Psychiatry*, 1965, 1, 156-157.
- Meichenbaum, D., The effects of instructions and reinforcement on thinking and language behaviors of schizophrenics. *Behaviour Research and Therapy*, 1969, 7, 101-114.
- _____, Reducing fear by modifying what clients say to themselves: A means of developing stress inoculation. Unpublished manuscript, University of Waterloo, 1971. Cited in Rubin, R.D., Brady, J.P., and Henderson, J.D., *Advances in Behavior Therapy*. Academic Press, New York, 1973.
- _____, and Goodman, J., Training impulsive children to talk to themselves: A means of developing self-control. *Journal of Abnormal Psychology*, 1971, 77, 115-126.
- Miles, M.B., Cohen, S.K., and Whidman, F.L., *Changes in performance test scores after human relations training*. Horace Mann-Lincoln Institute of School Experimentation, New York, 1959.
- _____, Human relations training: processes and outcomes. *Journal of Counseling Psychology*, 1960, 7, 301-306.
- _____, Changes during and following laboratory training: a clinical-experimental study. *Journal of Applied Behavioral Science*, 1965, 1, 215-242.
- Mischel, W., *Personality and Assessment*. Wiley, New York, 1968.
- Morris, J.L., Teacher-student interaction as a determinant of academic grades in the secondary school. *Australian Journal of Education*, 1967, 11, 13-23.
- Murphy, V., Personality and the nature of suicide attempts. *British Journal of Psychiatry*, 1969, 115, 791-795.
- Muuss, R.E., The effects of a one and two-year causal-learning program. *Journal of Personality*, 1960, 28, 479-491.
- _____, The relationship between "causal" orientation, anxiety and insecurity in elementary-school children. *Journal of Educational Psychology*, 1960, 51, 122-29.
- Nunnally, J.C., *Psychometric theory*. McGraw-Hill, New York, 1967.
- Offer, D., *The psychological world of the teenager: A study of normal adolescence*. Basic Books, New York, 1969.
- Ojemann, R.H., Levitt, E.E., Lyle, W.H., and Whiteside, M.F., The effects of a 'causal' teacher-training program and certain curricular changes on grade school children. *Journal of Experimental Education*, 1955, 24, 95-114.

- Palomares, U.H. and Ball, G., *Human Development Program. Level VI Activity Guide*. Human Development Training Institute Inc., La Mesa, California, 1974.
- Papell, C., Sensitivity-training: relevance for social work education. *Journal of Education for Social Work*, 1972, 8, 42-45
- Paul, G.L., Strategy of outcome research in psychotherapy. *Journal of Consulting Psychology*, 1967, 31, 109-118.
- Peters, J.J., Do encounter groups hurt people? *Psychotherapy: Theory, Research and Practice*, 1973, 10, 1, 33-35.
- Poser, E.G., Toward a theory of behavioural prophylaxis. *Journal of Behaviour Therapy and Experimental Psychiatry*, 1969, 1, 39-43.
- Reese, H.W., Manifest anxiety and achievement test performance. *Journal of Educational Psychology*, 1961, 52, 132-35.
- Roen, S.R., Primary prevention in the classroom through a teaching program in the behavioral sciences. In Cowen, E.L., Gardner, E.A., and Zax, M. (Eds.), *Emergent approaches to mental health problems*. Appleton-Century-Crofts, New York, 1967.
- Roff, M., Sells, B., and Golden M.M., *Social adjustment and personality development in children*. University of Minnesota Press, Minneapolis, 1972.
- Rogers, C.R., *Client-centered Therapy*. Houghton Mifflin, Boston, 1951.
- _____, and Dymond, R.F. (Eds.), *Psychotherapy and Personality Change: Co-ordinated Studies in the Client-centered Approach*. University of Chicago Press, Chicago, 1954.
- _____, *Encounter Groups*, Pelican, Middlesex, 1973.
- Rolf, J.E., The social and academic competence of children vulnerable to schizophrenia and other behaviour pathologies. *Journal of Abnormal Psychology*, 1972, 80, 225-243.
- _____, Peer status and the directionality of symptomatic behavior. *American Journal of Orthopsychiatry*, 1976, 46, 1, 74-87.
- Rosenberg, M., *Society and the adolescent self-image*. Princeton University Press, Princeton, 1965.
- Rosenthal, R., *Experimenter effects in behavioural research*. Appleton, New York, 1966.
- Rubin, K.H., Egocentrism in childhood: a unitary construct? *Child Development*, 1973, 44, 102-110.

- Ruebush, B.K., Anxiety. In Stevenson, H.W., Kagan, J., and Spiker, C. (Eds.), *Child Psychology*. University of Chicago Press, Chicago, 1963.
- Sarason, S.B., Davidson, K.S., Lighthall, F.F., Waite, R.R., and Ruebush, B.K., *Anxiety in elementary school children*. Wiley, New York, 1960.
- Schutz, W.C., *Joy. Expanding Human Awareness*. Grove Press, New York, 1969.
- _____, *Here comes everybody*. Harper & Row, New York, 1971.
- Shaffer, J.B.P., and Galinsky, M.D., *Models of Group therapy and sensitivity training*. Prentice-Hall, Englewood Cliffs, 1974.
- Sherman, A.R., *Behavior Modification, Theory and Practice*. Brooks/Cole, Monterey, 1973.
- Sherwood, J.J., Self identity and self-actualization: a theory and research. Unpublished doctoral dissertation, University of Michigan, 1962. Cited in, Bergen, A.E., and Garfield, S.L. (Eds.), *Handbook of Psychotherapy and Behaviour Change*. Wiley, New York, 1971.
- _____, Self identity and referent others. *Sociometry*, 1965, 28, 66-81.
- Silberman, C.E., *Crisis in the classroom: the remaking of American education*. Random House, New York, 1970.
- Smith, P.B., Are there adverse effects of sensitivity training? *Journal of Humanistic Psychology*, 1975, 15, 2, 29-47.
- Spaulding, R.L., Achievement, creativity and self-concept correlates of teacher pupil transactions in elementary schools. In Stendler, C.B., *Readings in Child Behavior and Development* (2nd Edn.). Harcourt Brace, New York, 1964.
- Staats, A.W., *Learning, language and cognition*. Holt, New York, 1968.
- Staines, J.W., The self-picture as a factor in the classroom. *British Journal of Educational Psychology*, 1958, 27, 97-111.
- Stengel, E., *Suicide and attempted suicide*. Penguin, Middlesex, 1971.
- Stoller, F.H., Focussed feedback with video tape: Extending the group's functions. In Gazda (Ed.), *Innovations to group psychotherapy*. Thomas, Springfield, Illinois, 1968.
- Strupp, H.H., and Bergin, A.E., Some empirical and conceptual bases for co-ordinated research in psychotherapy: a critical

- review of issues, trends and evidence. *International Journal of Psychiatry*, 1969, 7, 18-90.
- Sullivan, H.S., *The interpersonal theory of psychiatry*. Norton, New York, 1953.
- Trickett, E.J., and Moos, R.H., *Classroom Environment Scale*. Consulting Psychologists Press, Palo Alto, California, 1974.
- Truax, C., and Carkhuff, R., *Toward effective counseling and psychotherapy: Training and practice*. Aldine, Chicago, 1967.
- Valiquet, M.I., Individual change in a management development program. *Journal of Applied Behavioral Science*, 1968, 4, 313-325.
- Weintraub, S., Liebert, D., and Neale, J., Teacher ratings of children vulnerable to psychopathology. *American Journal of Orthopsychiatry*, 1975, 45, 838-845.
- Westinghouse/Ohio team, Project Headstart. Cited in Zax, M., and Specter, G.A., *An Introduction to Community Psychology*. Wiley, New York, 1974.
- White, R.W., Motivation reconsidered: the concept of competence. *Psychological Review*, 1959, 66, 297-333.
- Winett, R.A., and Winkler, R.C., Current behavior modification in the classroom: be still, be quiet, be docile. *Journal of Applied Behavior Analysis*, 1972, 5, 499-504.
- Wiseman, S., Learning versus teaching. In Niblett, W.R. (Ed.), *How and Why Do We Learn?* Faber, New York, 1965.
- Yalom, I., *The theory and practice of group psychotherapy*. Basic Books, New York, 1970.

A P P E N D I C E S

APPENDIX A.

Sex, age, number of year's teaching experience and level of positive child-oriented interest of teachers selected for the H.D.P. (A), placebo (B), and no treatment (C) groups.

	T e a c h e r		
	Group A	Group B	Group C
Sex	M	M	M
Age (in years)	30	27	38
Number of years teaching experience	6	6	15
Level of child-oriented interest	High	High	High

APPENDIX B.

Sex and characteristics of individual subjects
in the H.D.P. (a), placebo (B), and no treatment (C)
groups.

Subject	S e x			Age (in years and months)		
	Group A	Group B	Group C	Group A	Group B	Group C
1	F	F	M	13-7	13-6	13-10
2	M	M	M	14-4	14-10	14-0
3	F	M	F	13-7	13-2	12-11
4	F	F	M	13-5	13-7	13-1
5	M	F	F	13-8	14-5	13-7
6	M	M	F	13-5	13-6	13-7
7	M	M	M	12-1	13-0	12-7
8	F	M	M	12-3	13-2	12-5
9	F	M	M	12-4	12-5	14-1
10	M	F	F	13-3	11-11	12-8
11	M	F	F	13-1	12-0	12-4

Verbal I.Q. and anxiety scores of individual
subjects in the H.D.P. (A), placebo (B) and
no treatment (C) groups, at commencement of
the study.

Subject	V e r b a l I.Q.			A n x i e t y		
	Group A	Group B	Group C	Group A	Group B	Group C
1	95	82	87	17	16	8
2	86	79	83	13	10	10
3	106	120	100	14	3	12
4	89	102	91	14	8	14
5	101	94	120	14	9	6
6	85	112	116	6	3	10
7	97	78	128	6	12	4
8	115	77	104	11	17	9
9	94	92	78	8	11	6
10	83	102	70	13	14	8
11	101	102	94	11	13	6

APPENDIX C (1)

HUMAN DEVELOPMENT PROGRAMME :

UNIT 1.

Awareness : Positive Feelings, Thoughts and Behavior.

Positive Feelings:

"A Time When I Felt Happy"

"My Favorite Place"

"My Favorite Animal"

"My Favorite Game"

"A Time When Something Funny Happened"

"A Time When I Felt Proud of Myself"

"A Time When I had Unexpected Happy Feelings"

Positive Thoughts:

"Something I Like to Imagine"

"My Favorite Story"

"Something That I Think Is Beautiful"

"A Time When I Came Up With The Answer"

"Something I'm Looking Forward To"

"I Planned Something That Turned Out Well"

"When I Thought It Over I Felt Better"

Positive Behavior:

"What is Positive Behavior?"

"Someone Did Something That I Felt Good About"

"How I Made Someone Feel Happy"

"How I Like To Spend My Free Time"

"An Adventure I Had"

"If I Could Do Anything I Wanted"

(ii)

Human Development Programme :UNIT 11.Social Interaction : Building Trust

Topics on Building Trust:

"What People Need from Each Other in Order
to be Good Friends"

"A Place Where I Feel Safe"

"A Person I Feel Safe With"

"Someone I Don't Trust Very Much"

"Someone Who Trusts Me"

"A Time When I Trusted Myself" or "I Knew I Could Do It"

"When Someone Betrayed My Trust"

"I Didn't Trust Someone Because of What Someone
Else Said"

"Someone I Learned to Trust"

"A Risk I Took and I Was Glad"

"How I Show Someone That They Can Trust Me"

UNIT 111.MASTERY : SCHOOL

Topics on School:

"The Things I Like Most About School"

"The Worst Things About School"

"Something That I Learned Easily"

"I Taught Myself Something"

"I Taught Something to Someone Else"

"Something I Just Learned How To Do"

"Something I'm Learning About Now That Is Enjoyable"

"Something I'm Learning About Now That Is Hard"

"I Could Learn Better if I ..."

"Positive Feelings That I Have About Going to
the New School.

"Negative Feelings That I Have About Going
into the New School"

APPENDIX D

Situational School Anxiety Scale

Name _____

Class _____

Age _____

Tick 'Yes' or 'No' depending on how you think and feel.

Sample 1 : Are you afraid of rats and mice? YES _____ NO _____

Sample 2 : Do you get scared when you have to walk home alone in the dark? YES _____ NO _____

1. Do you think you worry more about your school-work than other kids? YES _____ NO _____

2. When the teacher is teaching maths, do you think that other kids understand him/her better than you do? YES _____ NO _____

3. Do you worry that your friends will sometimes ignore you and make friends with someone else? YES _____ NO _____

4. If the teacher asked you to answer some questions in front of the class, would you feel scared? YES _____ NO _____

5. Are you pleased when the teacher says he/she is going to find out how much you know? YES _____ NO _____

6. When you are in bed at night, do you sometimes worry about how you are going to do in school next day? YES _____ NO _____

7. When you are doing a test, do you forget some things you knew very well before you started the test? YES _____ NO _____

8. Do you often worry that you won't be able to complete your assignments on time? YES _____ NO _____

9. If you are sick and miss school do you keep thinking that you won't be as good as the other kids when you come back to school? YES _____ NO _____

10. Do you often think that other kids are better looking than you? YES _____ NO _____
11. When the teacher says he/she is going to give the class a test do you get a nervous or funny feeling? YES _____ NO _____
12. Do you get upset that you may not have anyone to go around with at recess or dinner-time? YES _____ NO _____
13. Would you feel good if the teacher asked you to put your work on the wall? YES _____ NO _____
14. Do you get nervous if you have to read out loud in class? YES _____ NO _____
15. Do you worry that kids will laugh at you when you wear new clothes to school? YES _____ NO _____
16. Do you feel good when the teacher praises you in front of the class? YES _____ NO _____
17. If you get the answer wrong when the teacher asked you about something, would you probably feel like crying, even though you wouldn't? YES _____ NO _____
18. Do you ever stay away from school because you're scared of being picked on? YES _____ NO _____
19. Would you feel upset if some of your friends played a joke on you? YES _____ NO _____
20. Do you think you worry more about things than your friends do? YES _____ NO _____

APPENDIX E.

SELF ESTEEM INVENTORY

Name :
Sex :
Age :

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.

	<u>Like Me</u>	<u>Unlike Me</u>
1. I'm pretty sure of myself
2. I'm easy to like
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 often feel ashamed of myself
6. I'm proud of my schoolwork
7. I'm a lot of fun to be with
8. It's pretty tough to be me
9. I'm doing the best work that I can
10. My parents and I have a lot of fun together
11. Kids pick on me very often
12. I'm a failure
13. I have a low opinion of myself
14. Kids usually follow my ideas
15. I often feel upset in school

	<u>Like Me</u>	<u>Unlike Me</u>
16. I'm popular with kids my own age
17. I'm not doing as well in school as I'd like to
18. I don't like to be with other people
19. I'm pretty happy
20. There are many times when I'd like to leave home

APPENDIX F

"GUESS-WHO?" QUESTIONNAIRE

Name:
Grade:
Age:

Instructions : On the next page are some descriptions
 of members of your class. Read each
 statement and then tick on your answer
 sheet the name of the person whom you
 think the description fits.

Remember : Sometimes a description may fit more than
 one person. If this happens, tick as many
 names as you think belong with that
 description. The same person may be
 mentioned for more than one description.
 Tick your own name if you think the
 description fits you. If you cannot
 think of anyone to match a particular
 description, leave it and go on to the
 next one. You will have as much time
 as you need to finish.

Now you are ready to begin.

Can you guess which boy or girl is being talked about?

1. This is the person I like the most.
2. These are 2 other people I like (tick 2 names).
3. This person is always willing to help other kids.
4. This person is a good sport who always plays fairly and can take it when they lose.
5. This person gets mad if he/she can't do what he/she wants.
6. This person always sticks up for his/her friends, and never says unkind things about them behind their backs.
7. This person is nice to everybody and has lots of friends.
8. This person enjoys a joke and can see the fun in it even when the joke is on himself/herself.
9. This person always knows how to start games or suggests something interesting to do, so that others like to join in.
10. This person always speaks out of turn and tries to get others to take notice of him/her.
11. This person is someone whom no-one seems to like.
12. This person tells on people and always says unkind things behind people's backs.
13. This person shows off a lot and acts silly.
14. This person starts a lot of fights.
15. This person likes calling people names and playing mean tricks on people.
16. This person smashes things.

APPENDIX G

CLASSROOM ENVIRONMENT SCALE

Name:

Class:

Age:

INSTRUCTIONS:

The questions presented here are to help us find out what teenagers think about certain aspects of school, and the things they would like to see happen in the classroom. There are no "right" or "wrong" answers. Each person may answer differently. Just try to put down what you really think and really wish.

Read the sentences below and the questions that follow them. If the answer to the question is 'yes' put a tick next to 'yes'. If the answer is 'no' put a tick next to 'no'.

Study this sample until you know how to do it.

SAMPLE:

Students fool around a lot in this class.

Is this just what happens in this class most of the time?	YES....	NO....
Is this just what I would like to happen in this class most of the time?	YES....	NO....

1. Students put a lot of energy into what they do here.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
2. Students daydream a lot in this class.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
3. Students are often "clock-watching" in this class.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
4. Most students in this class really pay attention to what the teacher is saying.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
5. Very few students take part in class discussions or activities
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
6. Students in this class get to know each other really well.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
7. Students in this class aren't very interested in getting to know other students.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....

8. A lot of friendships have been made in this class.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
9. It's easy to get a group together for a project.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
10. Students enjoy working together on projects in this class.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
11. The teacher spends very little time just talking with students.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
12. The teacher is more like a friend than an authority.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
13. The teacher goes out of his way to help students.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....
14. Sometimes the teacher embarrasses students for not knowing the right answer.
 Is this just what happens in this class most of the time? YES.... NO....
 Is this just what I would like to happen in this class most of the time? YES.... NO....

APPENDIX H.

STUDENT MALADJUSTMENT SCALE FOR TEACHERS

Instructions: Rate the following students on the 6 different dimensions listed below, by circling the appropriate number.

STUDENT'S NAME TEACHER'S NAME

Level of Anxiety

1	2	3	4	5	6	7
Completely at ease, take things in his/her stride.						Nervy, jumpy, tense worries a lot, dwells on things.

Social acceptance by peers

1	2	3	4	5	6	7
Well-liked, has good friends, others say nice things about him/her.						Seems to be a loner, doesn't appear to have many friends. Others say nasty things about him/her.

Self-esteem

1	2	3	4	5	6	7
Appropriately self-confident, comfortable with self. Appropriately assertive.						Completely lacks self-confidence, feels unable to cope in social situations.

Perception of school environment

1	2	3	4	5	6	7
Seems to enjoy being at school, speaks positively about school experiences.						Seems to dislike school. Speaks very negatively about school experiences.

Degree of participation in class

1	2	3	4	5	6	7
Participates well. Active class member.						Does not participate in class activities at all.

Nature of interaction with peers

1	2	3	4	5	6	7
Constructive, cooperative, share things.						Destructive, monopolizes. Won't share.

APPENDIX I.

Individual and group mean pre- and post-treatment scores of anxiety for all subjects on Situational School Anxiety Scale.

Subject	Group A		Group B		Group C	
	Pre	Post	Pre	Post	Pre	Post
1	17	12	16	14	8	9
2	13	5	10	12	10	14
3	14	10	3	6	12	9
4	14	9	8	11	14	14
5	14	10	9	8	6	10
6	6	8	3	5	10	12
7	6	7	12	9	4	2
8	11	8	17	16	9	7
9	8	8	11	4	6	5
10	13	8	14	8	8	15
11	11	10	13	8	6	10
Mean (\bar{X})	11.55	8.63	10.55	9.18	8.45	9.72

APPENDIX J.

Individual and group mean pre- and post-treatment scores for all subjects of high self-esteem on Self-Esteem Inventory.

Subject	Group A		Group B		Group C	
	Pre	Post	Pre	Post	Pre	Post
1	9	10	8	7	5	3
2	3	6	7	5	4	2
3	5	8	5	5	8	7
4	8	10	10	8	8	6
5	3	9	10	10	5	7
6	9	9	10	10	7	8
7	6	7	9	8	10	7
8	6	6	7	5	6	7
9	10	7	8	7	7	7
10	6	9	6	4	2	5
11	4	6	9	10	3	5
Mean (\bar{X})	6.27	7.90	8.09	7.18	5.90	5.81

APPENDIX K.

Individual and group mean pre- and post-treatment scores for all subjects of low self-esteem on Self-Esteem Inventory.

Subject	Group A		Group B		Group C	
	Pre	Post	Pre	Post	Pre	Post
1	4	5	7	5	3	3
2	2	1	7	5	8	8
3	8	9	3	1	6	6
4	7	1	6	3	4	8
5	2	2	1	1	4	5
6	5	5	1	4	1	1
7	8	8	8	6	3	3
8	2	0	8	8	7	2
9	1	2	5	2	1	4
10	5	4	7	9	8	3
11	10	6	1	0	8	9
Mean (\bar{X})	4.90	3.90	4.90	4.00	4.81	4.72

APPENDIX L.

Individual and group mean pre- and post-treatment scores of positive peer ratings for all subjects on the 'Quess-Who' Questionnaire.

Subject	Group A		Group B		Group C	
	Pre	Post	Pre	Post	Pre	Post
1	1	7	11	26	6	6
2	5	6	2	3	7	5
3	10	25	15	15	4	5
4	6	11	20	30	12	10
5	17	12	10	18	7	4
6	3	3	4	9	16	18
7	4	7	8	4	12	11
8	6	24	4	2	11	6
9	7	10	9	2	5	2
10	1	2	4	11	2	1
11	8	14	8	25	3	2
Mean (\bar{X})	6.18	11.00	8.64	13.18	7.73	6.36

APPENDIX M.

Individual and group mean pre- and post-treatment scores of negative peer ratings for all subjects on the 'Guess-Who' Questionnaire.

Subject	Group A		Group B		Group C	
	Pre	Post	Pre	Post	Pre	Post
1	2	2	4	11	11	6
2	6	8	0	4	19	20
3	11	26	1	2	4	2
4	1	6	1	4	0	4
5	0	5	1	1	1	5
6	0	4	9	11	0	4
7	3	18	15	18	0	1
8	5	5	5	20	2	2
9	4	4	6	11	5	7
10	2	5	1	6	5	13
11	12	4	0	0	0	2
Mean (\bar{X})	4.18	7.90	3.91	8.00	4.27	6.00

APPENDIX N.

Individual and group mean pre- and post-treatment scores of dissatisfaction with classroom environment for all subjects on the Classroom Environment Scale.

Subject	Group A		Group B		Group C	
	Pre	Post	Pre	Post	Pre	Post
1	3	4	5	8	7	7
2	3	6	10	12	6	7
3	4	4	4	2	2	4
4	5	2	5	7	6	7
5	2	4	4	2	6	9
6	4	3	2	3	5	4
7	5	3	7	9	6	9
8	7	5	9	8	3	3
9	10	3	3	5	6	4
10	6	6	3	3	8	7
11	7	9	2	3	7	3
Mean (\bar{X})	5.09	4.45	4.91	5.63	5.64	5.81

APPENDIX O.

Individual and group mean pre- and post-treatment scores of maladjustment ratings by teachers for all subjects on the Students Maladjustment Scale for Teachers.

Subjects	Group A		Group B		Group C	
	Pre	Post	Pre	Post	Pre	Post
1	31	29	16	9	23	28
2	32	24	22	14	17	26
3	15	15	15	13	20	20
4	16	10	11	6	14	19
5	16	13	15	8	24	23
6	26	27	23	20	8	12
7	37	25	31	27	9	13
8	11	9	13	9	17	21
9	15	17	33	28	30	26
10	28	33	20	16	31	27
11	31	25	11	8	16	19
Mean (\bar{X})	23.50	20.63	19.10	14.36	19.00	21.27