An Analogue Study of the Effects of Therapists' Level of Functioning on Co-therapists' Level of Functioning and Activity Level Within a Multiple Therapy Situation

By

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Abstract of Dissertation Presented to the Graduate Council of the University of Florida in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

AN ANALOGUE STUDY OF THE EFFECTS OF THERAPISTS' LEVEL OF FUNCTIONING ON CO-THERAPISTS' LEVEL OF FUNCTIONING AND ACTIVITY LEVEL WITHIN A MULTIPLE THERAPY SITUATION

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Major Department: Counselor Education

The purpose of this analogue study was to investigate the effects of therapists' level of functioning as determined by the core facilitative conditions—empathy, respect, genuineness, and concreteness—on their co-therapists' level of functioning and level of activity within multiple therapy. While numerous studies have investigated the importance of facilitative conditions in individual and group therapy, no studies have been reported considering these dimensions within a multiple therapy situation.

Seventy-six undergraduate students were given the Counselor Simulation Inventory and their responses were rated by three judges on the Carkhuff scales for empathy, respect, genuineness, and concreteness. Twenty students rated highest and 20 students rated lowest were selected to participate in the study. These 40 therapists were paired H-H, H-L, and L-L.
Twenty additional students volunteered to be clients and were randomly assigned to the therapist pairs. Each therapist of the pair saw their client individually followed by a multiple session.

Eight research hypotheses were generated to examine the following questions. What are the effects on therapists' level of functioning (overall rating on the core facilitative dimensions of empathy, respect, genuineness, and concreteness) when placed in multiple situations with high- and low-functioning co-therapists? What are the effects on therapists' activity level when placed in multiple situations with high- and low-functioning co-therapists? The hypotheses were formulated on the assumption that the study would include high-functioning therapists, those above level 3 on the Carkhuff scales. Since, however, the functioning levels of the participants only ranged from 1.06 to 2.45, the therapists were actually high- and low-functioning, nonfacilitative therapists.

The findings of this study were as follows:

1. The CSI ratings correlated .17 (p > .05) with the individual session tape ratings. Its use in predicting functioning level within this range was found to be questionable.

2. When two high-functioning nonfacilitative therapists worked together, their functioning levels remained unchanged, their activity level decreased significantly (p < .05) and their client's level of self-exploration did not change.
3. When a high-functioning nonfacilitative therapist and a low-functioning nonfacilitative therapist were placed together, their functioning levels decreased significantly \( (p < .05) \), the H therapist decreased significantly \( (p < .05) \) in his activity level while the L therapist's activity level remained unchanged, and their client's level of self-exploration decreased.

4. When two low-functioning nonfacilitative therapists worked together, their functioning levels decreased significantly \( (p < .05) \), their activity levels remained unchanged, and their client's level of self-exploration decreased.

5. Client self-exploration in the multiple session of the L-L condition was significantly lower than in the H-H condition \( (p < .01) \).

Conclusions and implications from these findings were discussed and suggestions for further research were given.
As the helping professions of counseling and psychotherapy develop, innovative and effective approaches facilitating psychological health are continuously being sought. One method to arouse interest recently is multiple therapy. As is often the case in the development of a new approach, multiple therapy comes under many names—co-therapy (Lundin & Aronov, 1952), three-cornered therapy (Bock, Lewis & Tuck, 1954), cooperative psychotherapy (Lott, 1952), dual leadership (Linden, 1954), and team counseling (Mallars, 1968). The practice of multiple therapy has no standard procedures other than it involves more than one therapist. Thus, there have been as many as nine (Hayward, Peters & Taylor, 1952) or 10 (Warkentin, Johnson & Whitaker, 1951) therapists working with one individual. In addition to using this method with one individual, two therapists have also collaborated to work with groups (Buck & Grygier, 1952), couples (Linden, Goodwin & Resnik, 1968), and families (Sonne & Lincoln, 1965).

While Mullan and Sanguiliano (1960) define multiple therapy as "the simultaneous therapeutic approach by two or more
separate yet related therapists to a single patient, married couple, family or patient group," Whitaker, Malone and Warkentin (1956) more specifically define it as "The treatment of a single patient by two (or more) psychotherapists who make up a therapeutic unit." For the purposes of this study, the latter definition of multiple therapy is used.

One of the more frequent questions asked of supporters of this approach is how they can justify the use of two professionals for one individual when therapeutic skill is at such a premium. Kell and Burow (1970) respond by stating that in addition to providing additional learning, multiple therapy is effective in some situations such as when a therapist and client have reached a standstill or impasse, and with some problem areas such as parental conflicts where dyadic therapy would either not succeed or would take a longer time to succeed. Whitaker, Malone and Warkentin (1956) concur when they conclude that "in a considerable number of cases, it appears that the total financial cost to the patient is less than the cost with similar cases due to the comparative brevity of multiple therapy." Further justification of this approach is given by those who claim its values lie not only in the therapeutic gain for the client, but also that it is considered to be an effective and efficient technique for use in training and supervision (Dyrud & Rioch, 1953; Greenbank,
1964; Haigh & Kell, 1950; Hayward, Peters & Taylor, 1952; Kell & Burow, 1970; and Rosenberg, Rubin & Finzi, 1968) and is claimed to be an inobtrusive and effective means for conducting research (Haigh & Kell, 1950; Whitaker, Malone & Warkentin, 1956). The need remains to experimentally validate these clinical judgements; however, for the purpose of this study, the assumption is made that the multiple approach is a valid one.

For many years the therapeutic relationship retained an almost sacred status. Very little self or outside critical evaluation was conducted on the processes or outcomes of therapy. What little evaluation did take place was usually subjective and based on clinical judgements by the therapists and/or self-reports of the clients. Eysenck (1952, 1960, 1965) and Levitt (1957, 1963) provided data challenging the efficacy of psychotherapy by showing there were no average differences of change between treated and non-treated groups. Their results provided the much needed impetus for numerous critical and evaluative studies conducted over the past two decades. Recent research (Carkhuff, 1969 a, b; Carkhuff & Berenson, 1967; Truax & Carkhuff, 1967) has in part explained some of the Eysenck and Levitt findings.

The clients of those counselors offering the highest levels of facilitative dimensions improve, while those of counselors offering
the lowest levels deteriorate [emphasis in the original] on a variety of indexes; that is, with both inpatients and outpatients, those helping processes involving the highest levels of counselor empathy, positive regard, genuineness, concreteness, and other dimensions, elicit the greatest therapeutic process movement and ultimately, the greatest constructive client gains or changes...Furthermore, since the conditions of change are not the exclusive property of professional practitioners, they are available from non-professional sources (Carkhuff & Berenson, 1967, p. 23).

Thus, the differential effects of high- and low-functioning counselors would average out to no differences as shown in the Eysenck and Levitt studies. Moreover, it is highly probable that many of the untreated individuals sought help from high- and low-functioning non-professionals.

Statement of the Problem

Although there exists substantial amounts of evidence on the importance of facilitative conditions in dyadic and group therapy (Carkhuff, 1969 a, b; Carkhuff & Berenson, 1967; Truax & Carkhuff, 1967), no studies have been conducted which have considered these dimensions within a multiple situation. The present study, then, had as its aim the investigation of the effects of a therapist's core facilitative conditions--empathy, respect, genuineness, and concreteness--on his co-therapist's core facilitative conditions and level of activity within multiple therapy. Therapist activity level is defined
simply as the total number of responses, including such attending responses as "um hmm" given by the therapist. More specifically, the present study examined the following questions:

1. What are the effects on therapists' level of functioning (overall rating on the core facilitative dimensions of empathy, respect, genuineness, and concreteness) when placed in multiple situations with high- and low-functioning co-therapists?

2. What are the effects on therapists' activity level when placed in multiple situations with high- and low-functioning co-therapists?

Definition of Terms

Multiple therapy - the treatment of one individual by two therapists.

Therapist - person functioning as a helper in a counseling situation.

Functioning level - therapist's overall rating on the Carkhuff core facilitative dimensions of empathy, respect, genuineness, and concreteness.

Activity level - total number of responses, including attending responses such as "um hmm," given by the therapist.

Level of self-exploration - rating on the Carkhuff scale used to measure the amount and manner in which a client discusses personally relevant material.
CHAPTER II

REVIEW OF RELATED RESEARCH

The present chapter has been divided into two sections: (1) history of multiple therapy and (2) research studies in multiple therapy.

History of Multiple Therapy

The beginnings of multiple therapy are claimed to be found in the early work of Alfred Adler and his co-workers at the Vienna Child Guidance Clinics (Dreikurs, 1950; Spitz & Kopp, 1963). Adler's procedure consisted simply of a frank discussion between Adler and his co-workers of the patient's problems in the presence of the patient. Although the patient did not participate in the discussion, this procedure appeared to have a therapeutic effect upon him.

Reeve (1939), using a social worker and a psychiatrist, appeared to be the first to use the joint interview with one individual as a way of reducing the individual's distortions that can occur in individual therapy, as well as providing valuable training benefits for the less-experienced therapist. Training benefits were also emphasized by Hadden in 1947 when
he allowed interns and residents to attend group therapy sessions. Later they were permitted to participate in the group interaction and eventually to alternate as leaders.

Having experimented for three years with "full term" multiple therapy, Whitaker, Warkentin, and Johnson (1949) stated their primary aim was to develop the capacity of the therapist since they consider the dynamics of psychotherapy to be in the "person of the therapist." Their long-range goal consisted of developing concepts which would facilitate the teaching of psychotherapy. When they first implemented this procedure, one therapist sat in the session primarily as an observer. However, this proved to be unsatisfactory for both therapists, and the procedure was, therefore, modified to allow both therapists to become actively involved. The new procedure not only alleviated the dissatisfaction of the therapists, but also was said to have facilitated the therapeutic process. The authors felt that the resolution of disagreements both during and after the interviews made possible a more complete perception of the therapeutic process with the resultant effects of improving the patient's progress and providing personal and professional growth for the therapists. One of the unique aspects of their focus on professional growth was the fact that the growth was intended for both of the equally experienced therapists rather than
primarily for a trainee's professional growth in the more common supervisor-trainee multiple therapy situations. Continuing their interest in multiple therapy, Whitaker, Warkentin, and Johnson (1950) introduced another use for the multiple situation, that of surmounting the inevitable therapeutic impasses. This "intervention" multiple therapy differed from their "full term" procedure in that the inclusion of the second therapist was generally only required for one or, at most, a few sessions.

While concurring with many of the earlier writers on the use of multiple therapy as an effective training procedure, Haigh and Kell (1950) in addition stressed that this approach can be useful as a psychotherapy research tool. They suggested that the multiple situation would enable the researcher to hold client variables constant since both therapists are working with the same client while studying such areas as the effects of counselor personality on client behavior or the effects of differing counselor theoretical orientation upon client behavior.

Dreikurs' (1950) interest in multiple therapy had an unusual beginning as a result of two incidents. He, with the patient present, discussed the case of this difficult patient with a class of medical students and, to his surprise, the patient responded favorably and began to cooperate in further
interviews. The second incident occurred when Dreikurs, due to an emergency situation necessitating the transfer of his patients to other therapists, used joint sessions for the purpose of smoothing out the transfer process. Since this procedure also proved to be an effective therapeutic technique, he continued to use multiple sessions on a consultative basis approximately every three sessions even after the emergency had abated. In 1952, Dreikurs, Shulman, and Mosak published two articles on the advantages of multiple therapy for the therapist (1952 a) and for the patient (1952 b). Their articles also cautioned about the possible pitfalls which may be encountered by this approach. One such pitfall is the possibility of competition between therapists.

Hayward, Peters, and Taylor (1952) suggested that the multiple procedure, in addition to clearing therapeutic impasses and training less-experienced therapists, can also be used profitably when dealing with the intense ambivalence of schizophrenic patients. Buck and Grygier (1952) cite as an advantage of the multiple approach with juvenile delinquents, the increased security and stability for both delinquents and therapists. They, furthermore, add the possibilities of combining research with psychotherapy.

Improved working relationships among staff members in a mental hospital were cited as major advantage by Dyrud and
Rioch (1953). Working out covert competitiveness resulted in better staff relationships. They also emphasized the use of multiple therapy for rapid and effective clarification of difficult transference and countertransference problems, for use in impasse situations, and as an effective supervisory technique.

Whitaker, Malone, and Warkentin (1956) broadened their exploration of multiple therapy to include a thorough examination of the relationship between the therapists. Prior to this time, most writers in the field focused on the outcome aspects by viewing it primarily as a method for training new therapists, conducting research, promoting therapeutic gains for the individual, and providing personal and professional growth for the therapists. By focusing on the process of multiple therapy and how it differed from individual therapy, they provided additional information in the area.

In a preliminary report of multiple psychotherapeutic practice, Mullan and Sangiuliano (1960) suggested that the use of this method as a symbolic family can be especially beneficial when working with a child. Some empirical research (Daniels, 1958; Staples, 1959) shows, however, that Mullan and Sangiuliano's suggestion does not hold true for groups of eighth-graders led by male-female co-therapists. Perhaps it may be correct for children in individual therapy. Mullan
and Sangiuliano further claimed that multiple therapy is appropriate when the patient and initial therapist are of the same sex and the patient's difficulty lies in his relationship with the opposite sex.

Five developmental problem areas are presented by Hill and Strahl (1968) as being especially appropriate for the multiple therapy approach. They use "multiples" with clients whose parents' behavior has been inconsistent with their feelings, with homosexual clients, with hysterics, with clients who have an excessive dependence on one parent, and, finally, with clients who have been deprived of both parents.

A current book to devote a major portion to multiple therapy was recently published by Kell and Burow (1970). Having worked with "multiples" for over 10 years, they contributed some specific answers to such questions as: When do you initiate multiple therapy? What type of client can benefit from this type of therapy? What characteristics contribute to an effective multiple team? and What is the process of multiple therapy and how does it differ from dyadic therapy?

Having begun as an occasional technique, multiple therapy has developed into a common approach for specific problem areas. Many therapists use the approach regularly (Hill & Strahl, 1968; Kell & Burow, 1970; Whitaker, 1970). In addition, several counseling centers including the University of
Florida and Michigan State University routinely employ multiple sessions as an effective therapeutic tool and for training purposes.

Research Studies in Multiple Therapy

Only three empirical studies have been conducted using two therapists with one individual. These studies are presented below.

Using 24 student counselors and 60 clients, Mallars (1968) conducted a study comparing the results of a counseling team approach with those of a standard counseling approach. She used client, counselor, and supervisor satisfaction as the criterion of effective counseling. A counseling rating scale, devised by Mallars and consisting of 25 items "selected from the literature emphasizing desired goals and methods of counseling," was presented to all clients, counselors, and supervisors shortly after the terminal interview. They were asked to evaluate the counseling interaction both for initial and terminal interviews.

Significant differences of satisfaction were found between groups using the two counseling approaches. Client, counselor, and supervisor were significantly more satisfied with the team approach than with the standard approach. Female clients were found to be significantly more satisfied than males with the team approach. Males were significantly more satisfied than females with the standard approach (pp. 982-983).
Based on the premise that the effectiveness of multiple therapy is largely dependent upon the therapists' satisfaction with each other, Kamerschen (1969) and Randolph (1970) conducted studies on variables within the multiple situation as related to co-therapist satisfaction. Using 23 therapist pairs, Kamerschen found the Co-therapist Inventory, a modification of van der Veen's Family Concept Q-Sort, to be a more direct and sensitive measure of the therapists' relationship than the Interpersonal Check List, a measure devised by the researcher. She also concluded that self-disclosure as measured by Jourard's Self Disclosure Questionnaire and the personal-impersonal dimension of co-therapist selection as measured by a scale devised by the researchers are variables relevant to a therapist's satisfaction with the co-therapy relationship. Randolph concluded that: (1) a male therapist's amount of self-disclosure is most indicative of his level of satisfaction with his co-therapist; (2) a female therapist's behavior in the area of verbal expression of affection is most predictive of her level of satisfaction with her co-therapist; and (3) multiple therapists' combined level of self-disclosure is most indicative of their level of satisfaction with each other.

Although the present study was concerned with multiple situations with one individual, a few case studies and
research using two therapists in groups are also mentioned. The findings in the first two articles (Warkentin, Johnson & Whitaker, 1951; Singer & Fischer, 1967) are the subjective impressions of the researchers who presumably were also the therapists.

Warkentin, Johnson, and Whitaker (1951) studied 25 patients whose number of multiple therapy sessions ranged from five to 30. The number of therapists varied from two to 10 but for any given patient the therapists remained the same throughout. The authors concluded that the patients reacted to several therapists in much the same way as patients do with individual therapists. In some cases, the patients seemed much more free than in individual therapy to act out their feelings, both positive and negative. Feeling that his work with several therapists approximated cultural acceptance, one patient felt safer in his dependency and less guilty about his feelings. For some patients, termination took on more importance, as if they were once outnumbered but now felt strong enough to face the therapists and leave. Another conclusion derived from this study was

the personal growth of the therapists and the corresponding increase in their enthusiasm for psychotherapy are major by-products of this method... As the relationship of the therapists to each other becomes more intimate, they develop
a greater therapeutic capacity in their individual work with patients (p. 418).

The use of a male and a female therapist with a group of male homosexuals was reported to have positive results (Singer & Fischer, 1967). The group had been running for one year with two male therapists when they decided to bring in a female therapist. "This concrete representation of the parental dyad allowed for transference distortions to occur and consequently be worked through." After one year, they reported, the majority of the group members had decreased their homosexual activity and some had stopped completely. Some were dating women for the first time on a consistent basis. In addition, the majority had increased their work efficiency and greatly decreased their self-destructive behavior.

Using "multiple therapy in group counseling and psychotherapy," Nunnelly (1969) hypothesized that multiple therapy groups would be better than individually led groups on: (1) perceptions of father acceptance; (2) perceptions of mother acceptance; (3) increase in ego strength; (4) increase in self-acceptance; and (5) decrease in social introversion. He found no statistical support for hypotheses 2-5. For the first hypothesis, he found the multiple group to be significantly better than the male therapist group but no different
from the female therapist group. The scales he used in the study were: the Father Acceptance and Mother Acceptance scales of the Family Relations Inventory, the Total Positive scale of the Tennessee Self Concept Scale and the Ego Strength and Social Introversion scales of the Minnesota Multiphasic Personality Inventory.

In a study of eighth-grade behavior problem boys, Daniels (1958) found that the male-female co-therapist group had negative behavior changes while the male-led group and the female-led group both showed improvement. The boys in the co-therapist group became more hostile toward school, more anxious, less confident in themselves and the future, more reluctant to adopt a male sexual role, and tended to have more emotional disturbance in general. Using the same procedure except with eighth-grade girls, Staples (1959) found that the group led by male-female co-therapists deteriorated more than the male therapist group. The male therapist group, although showing improvement according to teacher ratings, was found to have deteriorated on adjustment ratings by psychologists. The female therapist group showed some improvement on both the teacher ratings and the psychologists' ratings. Both studies attributed their results to the "replication of the family constellation with its Oedipal overtones."
Most of the material written on multiple therapy is theoretical, philosophical or the descriptive impressions gathered from case studies. Little empirical research has been conducted on this therapy approach. The research which has been performed using two therapists with one individual focused primarily on the satisfaction between co-therapists or on the client's satisfaction with the therapists. There have been no studies which have compared individual therapy with multiple therapy on outcome measures or which have examined the core facilitative conditions of multiple therapists. Despite the impressions of some authors, the research on multiple therapy with groups has failed to show any advantage in having two therapists. In some cases, co-therapist groups were found to have deleterious effects on group members. As the practice of multiple therapy is increasingly being employed, it becomes evident that evaluative research is greatly needed.
CHAPTER III

PROCEDURE

Subjects

All of the participants in the experiment were University of Florida (UF) and Sante Fe Junior College (SFJC) undergraduate students. The "therapists" were selected from the UF Psychology 300, 309 and Foundations in Education 345 classes while the "clients" volunteered from SFJC psychology classes and UF Psychology 201. The decision to use undergraduate students was based on their availability and their naivété to counseling techniques. Since the primary purpose of this study was to examine the effects of therapists' levels of facilitative conditions within a multiple situation and since Carkhuff and Berenson (1967) have stated that the core facilitative conditions are available from non-professionals as well as from professionals, it was concluded that students functioning at the various levels could be used.

Instruments

The Counselor Simulation Inventory (CSI - Appendix A), administered to students from Psy 300, 309 and EDF 345, was
used to determine initial functioning level of the therapists. This instrument developed by Cannon (1971) is an easily administered collection of 13 counseling excerpts which can be rated for each of the four facilitative dimensions—empathy, respect, genuineness, and concreteness. Although no validity information is available on the CSI, Cannon had "surveyed counselors at Pennsylvania State University, Michigan State University, and West Virginia University and found levels of functioning consistent with those reported for professionals in Beyond Counseling and Therapy by Carkhuff and Berenson" (Cannon, 1971). Since the respondents are asked to give as helpful a response as possible, it is assumed that their responses will give an accurate sample of their overall level of functioning in a helping situation. Supporting this assumption, Greenberg (1969) found the correlation between written responses to standard client stimuli and responses when cast in a helping role to be positive, high, and statistically significant.

The Carkhuff scales for empathy, respect, genuineness, and concreteness (Appendix B) were used to rate the therapist's level of functioning. On these 5-point scales, level 3 is defined as the minimally facilitative level of interpersonal functioning. The empathy, respect, and genuineness scales
were derived in part from "A Scale for the Measurement of Accurate Empathy," "A Tentative Scale for the Measurement of Therapist Unconditional Positive Regard" and "A Tentative Scale for the Measurement of Therapist Genuineness or Self Congruence" respectively, which have been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Truax & Carkhuff, 1967) and in part from an earlier version that has similarly been validated (summarized in Carkhuff, 1968; Carkhuff & Berenson, 1967) (Carkhuff, 1969 b, p. 315).

The concreteness scale was "derived from earlier work (summarized in Truax & Carkhuff, 1967) and has received support in research on training and counseling (summarized in Carkhuff, 1968; Carkhuff & Berenson, 1967)" (Carkhuff, 1969 b, p. 323).

Theoretically and clinically, self-exploration has been demonstrated to be an antecedent to psychotherapeutic outcome (Truax & Carkhuff, 1967); therefore, Carkhuff's helpee self-exploration scale was used to assess the client's level of functioning. "This scale, derived in part from 'The Measurement of Depth of Intrapersonal Exploration' (Truax & Carkhuff, 1967), has been validated in extensive process and outcome research on counseling and psychotherapy (Carkhuff, 1968; Carkhuff & Berenson, 1967; Truax & Carkhuff, 1965, 1967)" (Carkhuff, 1969 b, p. 326).
Raters

Doctoral students in psychology and counselor education who volunteered to be trained as raters, submitted a tape to a member of the University of Florida Counseling Center staff to be rated on the core facilitative dimensions. Those who scored at level 3 or above on overall level of functioning were selected for training. The staff member, who himself has proven to be high-functioning and has been trained in the Carkhuff scales, conducted the training sessions. Tapes of helping situations with naive individuals were included in the training procedure in order to provide the raters with experience rating the type of situation used in this study. Three judges, who obtained interjudge reliabilities of .80 or above on the analysis of variance method of determining interjudge reliabilities (Winer, 1962), were selected from the pool of trained students to rate all of the CSI responses and the tape segments. According to Carkhuff and Berenson (1967), there is extensive evidence for the predictive validity of the scales when conducted by high-level functioning helpers. Furthermore, Carkhuff (1969 b) stated,

From the criterion of meaning, only individuals who are themselves functioning at high levels can rate effectively... To develop clinically meaningful learnings it may be necessary for the rater to listen to the helper-helpee
interactions in sequence so that he can be sensitively attuned to the subtle nuances in the exchange. In addition, it is often felt that experienced helpers, who have themselves demonstrated that they are functioning at high levels on the relevant dimensions, are justified in rating the excerpts simultaneously on all the relevant scales involved (pp. 232-234).

The judges followed this procedure of rating the interactions in sequence and of rating the excerpts simultaneously on all the core facilitative conditions.

Method

Students in Psy 300, 309, and EDF 345 volunteered to take the CSI within a specified time period early in the spring quarter of the 1970-1971 academic year. After ratings on the CSI using the Carkhuff scales were obtained on the responses, the students who scored 3.0 and above on the overall level of functioning (average score on the core facilitative dimensions—empathy, respect, genuineness, and concreteness) were designated high-functioning "therapists" while those who scored below 3.0 were considered to be low-functioning "therapists." Twenty highs and 20 lows were selected and paired into five pairs of highs with highs (H-H), 10 of highs and lows (H-L), and five of lows with lows (L-L) yielding data on: 10 H working with an H, 10 H working with an L, 10 L working with an H, and 10 L working with an L.
Twenty "clients," volunteers from the Psychology 201 and SFJC psychology classes who were willing to discuss a real problem, were then randomly assigned to the co-therapist pairs.

An overview of the method for each pair of two therapists is: Therapist A saw client for a half-hour. Then therapist B saw the same client for a half-hour. Therapists A and B spent a half-hour together without the client, followed by a multiple session of therapists A and B seeing the client for another half-hour. All individual and multiple sessions were tape recorded. A more specific procedure discussion follows:

Five groups of pairs were run each evening for four days. The following instructions were given verbally to the therapists by the experimenter and to the clients by another doctoral student. Half of the therapists were asked to report 30 minutes later than the others so that they would receive their instructions just prior to seeing the client. In half of the H-L pairs, the high-functioning therapist had his individual session first and in the remaining pairs the low-functioning therapist went first to counter any possible order effects.

**Therapists**

The purpose of this study is to look at ways people help others. Each of you will be seeing a student who will be
discussing his or her problem. Your role will be to respond to this person in as helpful a way as possible. The half-hour session will be tape recorded and later the tapes will be coded so that only I will know who the specific people are on each tape. I will be giving you additional instructions after the session is over.

Clients

The purpose of this study is to look at ways people help others. You have volunteered to discuss a real problem with another person. You will be talking with this person for a half-hour and the session will be tape recorded. The tapes will later be coded so that only I will know who the specific people are on each tape. I will be giving you additional instructions after the session is over.

When the first individual session was concluded, the client received further instructions:

You have just completed a half-hour session speaking about your problem with one individual. I would now like you to see another person and discuss this same problem with him (or her).

After each of the two therapists had seen the client for a session, they spent a half-hour together without the client to enable them to discuss the client's problem and to get to know one another. Specific instructions were:

Each of you have just spent a half-hour helping another student with a personal problem. You each saw the same student. For the next half-hour you may discuss the student, the student's problem, and get to know a little about each other.
This will not be tape recorded. You will then be seeing the student once again but this time together.

While the two therapists were in the informal session, further instructions were given to the client:

You have just completed two half-hour sessions. You will now have about a half-hour in which you may do some studying or look at a magazine or just relax. In a short while you will have another half-hour to continue talking about your problem, this time with both of the persons together.

When this final multiple session was finished, all of the participants received the following concluding comments:

Thank you for taking the time to participate in this study. Since the experiment will be running for two weeks, I'd greatly appreciate your not discussing the study with anyone until after that time. You are also asked to keep the specific information given in the sessions in confidence as I'm sure you would in any helping relationship. In two weeks, I'd be most happy to explain the study to you if you are interested. You may phone me, Karen Swander, 392-1575, anytime between 9 and 5 here at the Counseling Center. In addition, if any of you would wish to speak with a counselor, I'd be happy to make the necessary arrangements. Thanks again; you've been most helpful.

Three three-minute segments were randomly selected from the middle 26 minutes of each session. Since the first and last two minutes of each session typically consist of conversational, introductory and concluding remarks, they
were eliminated. On each segment ratings by three judges were conducted on each therapist's level of empathy, respect, genuineness, and concreteness and on the client's level of self-exploration.

The total number of therapist responses in each segment were counted to derive the activity level of each therapist in each segment. The overall therapist activity level then was obtained by averaging the total number of responses given in the three segments of each session. Any verbal response including such attending responses as "um hmm" were tabulated. Since this study was concerned with the interactive effects of high- and low-functioning therapists, it was necessary to determine their activity level. Although these are gross measures of activity and although there are no established optimal levels of therapist activity, it seems evident for one therapist to have an effect upon another, this would have to be reflected to some extent in his activity level.

Research Hypotheses

1. There will be an increase in overall level of core facilitative conditions offered by a low-functioning therapist when placed in a multiple therapy situation with a high-functioning therapist.

2. There will be an increase in overall level of core facilitative conditions offered by a high-functioning therapist when placed in a multiple therapy situation with a low-functioning therapist.
3. There will be no change in overall level of core facilitative conditions offered by a high-functioning therapist when placed in a multiple therapy situation with another high-functioning therapist.

4. There will be no change in overall level of core facilitative conditions offered by a low-functioning therapist when placed in a multiple therapy situation with another low-functioning therapist.

5. There will be a decrease in the activity level of a low-functioning therapist when placed in a multiple therapy situation with a high-functioning therapist.

6. There will be an increase in the activity level of a high-functioning therapist when placed in a multiple therapy situation with a low-functioning therapist.

7. There will be a decrease in the activity level of a high-functioning therapist when placed in a multiple therapy situation with another high-functioning therapist.

8. There will be no change in activity level of a low-functioning therapist when placed in a multiple therapy situation with another low-functioning therapist.

The effects of high- and low-level multiple therapy situations on client level of self-exploration were also examined; however, since this was not a major focus of the study, directional hypotheses were not stated. A descriptive analysis is presented.

Analysis of Data

The research hypotheses as stated are in a mixed mode; some are stated in a directional form while others are stated in a null form. However, all hypotheses express the expectations of results from this study.
All eight hypotheses were analyzed by comparing means of dependent samples with a two-tailed \( t \) test (Wyatt & Bridges, 1967). The level of significance considered to be acceptable for this study was \( p < .05 \). In all cases, the null form of the hypotheses was submitted to statistical analysis. Two-tailed tests were completed even though some of the research hypotheses were directional. This unusual procedure was used because of the practical importance of detecting differences in a direction other than that stated in the respective research hypotheses.
CHAPTER IV
ANALYSIS AND INTERPRETATION OF DATA

The first section of this chapter presents information on the judges' ratings of therapists' functioning level, the analysis of each of the eight hypotheses, and the analysis of client self-exploration. Only minimum comments are included. The second part of the chapter concerns the interpretation of the obtained data.

Analysis

Although the original design of the study defined high-functioning therapists as those who were above level 3 on the Counselor Simulation Inventory (CSI) and low-functioning therapists as those who were below level 3, the range of the 76 volunteers was 1.0 to 2.38 with a mean of 1.39. Thus, the top 20 volunteers became the high-functioning therapists and the bottom 20, the low-functioning therapists. The ranges and means on the CSI for each group are given in the following table.
Table 1

Ranges and Means on the CSI of Low- and High-Functioning Therapists

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Range</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-functioning</td>
<td>20</td>
<td>1.0 - 1.19</td>
<td>1.10</td>
</tr>
<tr>
<td>High-functioning</td>
<td>20</td>
<td>1.45 - 2.38</td>
<td>1.78</td>
</tr>
</tbody>
</table>

Three judges were used to rate the functioning levels of the therapists on the CSI. The analysis of variance method of interjudge reliability (Winer, 1962) was used with the resultant interjudge reliabilities: Empathy, .96; Respect, .96; Genuineness, .94; and Concreteness, .96. The figures derived by this method estimate correlations between the average ratings of these judges with the average ratings of another set or three judges selected at random.

The purpose in using the CSI was to predict therapist functioning level in order to pair individuals into co-therapy pairs of H-H, H-L and L-L for the study. However, using a Pearson product moment coefficient of correlation (Kirk, 1968), the 40 CSI ratings in this study were found to correlate .17 (p > .05) with the 40 individual session tape ratings. Thus, when the individuals' sessions were rated, 18 of the 40 therapists were misclassified as to whether they were high or low.
Perhaps the CSI is not a predictive measure when the range of functioning level is as narrow as was present in this study. For the purpose of analyzing the data, then, the co-therapist pairs were redesignated H-H, H-L, and L-L on the basis of their individual session tape ratings. Instead of five H-H pairs, 10 H-L pairs, and five L-L pairs, there were four H-H pairs, 12 H-L pairs, and four L-L pairs. Furthermore, one of the H-L pairs had to be eliminated from the study since their multiple session inadvertently was not tape recorded.

The range of functioning levels of the 40 therapists was 1.06 - 2.48 with an overall mean of 1.8. The ranges and means for each group as determined by individual session ratings are given in Table 2.

Table 2

Ranges and Means on the Individual Session Ratings of Low- and High-functioning Therapists

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Range</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-functioning</td>
<td>20</td>
<td>1.06 - 1.81</td>
<td>1.47</td>
</tr>
<tr>
<td>High-functioning</td>
<td>20</td>
<td>1.82 - 2.48</td>
<td>2.12</td>
</tr>
</tbody>
</table>

Again three judges were used to rate the therapists' functioning levels and, in addition, the clients' levels of
self-exploration. Using the analysis of variance method to estimate reliability, the interjudge reliabilities were: Empathy, .86; Respect, .88; Genuineness, .76; Concreteness, .74; and Self-exploration, .78.

In presenting the results, each hypothesis will be stated followed by a table showing the means and standard deviations of individual session ratings and multiple session ratings for the group of therapists included in the hypothesis. All eight hypotheses were analyzed using two-tailed t tests for the significance of the difference between two means for correlated samples (Wyatt & Bridges, 1967).

**Hypothesis 1**

There will be an increase in overall level of core facilitative conditions offered by a low-functioning therapist when placed in a multiple situation with a high-functioning therapist.

**Table 3**

Means and Standard Deviations of Level of Facilitative Conditions of 11 Low-functioning Therapists in Individual Sessions and in Multiple Sessions with High-functioning Co-therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1.59</td>
<td>1.29</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.22</td>
<td>0.27</td>
</tr>
</tbody>
</table>
The results of the test of significance contrasting these two means indicated significant differences ($t = 5.1777$, $df = 10$, $p < .05$). It should be noted that the observed difference was a decrease; thus, hypothesis 1 was not supported.

Hypothesis 2

There will be an increase in overall level of core facilitative conditions offered by a high-functioning therapist when placed in a multiple therapy situation with a low-functioning therapist.

Table 4

Means and Standard Deviations of Level of Facilitative Conditions of 11 High-functioning Therapists in Individual Sessions and in Multiple Sessions with Low-functioning Co-therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.13</td>
<td>1.59</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.28</td>
<td>0.41</td>
</tr>
</tbody>
</table>

The results of the test of significance comparing these two means indicated significant differences ($t = 4.6508$, $df = 10$, $p < .05$). It should be noted that the observed difference was a decrease; thus, hypothesis 2 was not supported.
Hypothesis 3

There will be no change in overall level of core facilitative conditions offered by a high-functioning therapist when placed in a multiple therapy situation with another high-functioning therapist.

Table 5

Means and Standard Deviations of Level of Facilitative Conditions of Eight High-functioning Therapists in Individual Sessions and in Multiple Sessions with High-functioning Co-therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.08</td>
<td>1.89</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.17</td>
<td>0.27</td>
</tr>
</tbody>
</table>

The results of the test of significance contrasting these two means indicated no significant differences ($t = 2.2285$, $df = 7$, $p > .05$). Thus, the data from this study provided no evidence contradicting hypothesis 3 and it was not rejected.

Hypothesis 4

There will be no change in overall level of core facilitative conditions offered by a low-functioning therapist when placed in a multiple therapy situation with another low-functioning therapist.
Table 6

Means and Standard Deviations of Level of Facilitative Conditions of Eight Low-functioning Therapists in Individual Sessions and in Multiple Sessions with Low-functioning Co-therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1.34</td>
<td>1.14</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.24</td>
<td>0.19</td>
</tr>
</tbody>
</table>

The results of the test of significance comparing these two means indicated significant differences ($t = 3.0704$, $df = 7, p < .05$); thus, hypothesis 4 was rejected.

Hypothesis 5

There will be a decrease in activity level of a low-functioning therapist when placed in a multiple therapy situation with a high-functioning therapist.

Table 7

Means and Standard Deviations of Activity Level of 11 Low-functioning Therapists in Individual Sessions and in Multiple Sessions with High-functioning Co-Therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>7.4</td>
<td>3.9</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.32</td>
<td>2.23</td>
</tr>
</tbody>
</table>
The results of the test of significance contrasting these two means indicated no significant difference \((t = 1.9870, df = 10, p \geq .05)\); therefore, hypothesis 5 was not supported.

**Hypothesis 6**

There will be an increase in the activity level of a high-functioning therapist when placed in a multiple therapy situation with a low-functioning therapist.

**Table 8**

Means and Standard Deviations of Activity Level of 11 High-functioning Therapists in Individual Sessions and in Multiple Sessions with Low-functioning Co-therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>7.4</td>
<td>3.9</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.32</td>
<td>2.23</td>
</tr>
</tbody>
</table>

The results of the test of significance comparing these two means indicated significant differences \((t = 4.0481, df = 10, p < .05)\). It should be noted that the observed difference was a decrease; thus, hypothesis 6 was not supported.
Hypothesis 7

There will be a decrease in the activity level of a high-functioning therapist when placed in a multiple therapy situation with another high-functioning therapist.

Table 9

Means and Standard Deviations of Activity Level of Eight High-functioning Therapists in Individual Sessions and in Multiple Sessions with High-functioning Co-therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>5.8</td>
<td>4.5</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.66</td>
<td>1.36</td>
</tr>
</tbody>
</table>

The results of the test of significance contrasting these two means indicated significant differences ($t = 4.3108$, $df = 7$, $p < .05$); therefore, hypothesis 7 was supported.

Hypothesis 8

There will be no change in activity level of a low-functioning therapist when placed in a multiple therapy situation with another low-functioning therapist.
Table 10

Means and Standard Deviations of Activity Level of Eight Low-functioning Therapists in Individual Sessions and in Multiple Sessions with Low-functioning Co-therapists

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>5.8</td>
<td>4.5</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.66</td>
<td>1.36</td>
</tr>
</tbody>
</table>

The results of the test of significance comparing these two means indicated no significant differences ($t = 1.5613, df = 7, p > .05$). Thus, the data from this study provided no evidence contradicting hypothesis 8 and it was not rejected.

The client level of self-exploration was also examined although directional hypotheses were not stated since this was not a major focus of the study. The means are given in Table 11.
Table 11

Mean Client Self-exploration Within Individual and Multiple Sessions Under Three Conditions of Therapist Functioning Level

<table>
<thead>
<tr>
<th></th>
<th>First Individual with Individual with Therapist</th>
<th>Second Therapist First Therapist</th>
<th>Second Therapist Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>High - High</td>
<td>2.64</td>
<td>2.48</td>
<td>2.63</td>
</tr>
<tr>
<td>High - Low</td>
<td>2.65</td>
<td>2.44</td>
<td>2.05</td>
</tr>
<tr>
<td>Low - Low</td>
<td>1.90</td>
<td>1.93</td>
<td>1.43</td>
</tr>
</tbody>
</table>

An analysis of variance (Kirk, 1968) was performed on the levels of client self-exploration within the multiple therapy sessions.

Table 12

Summary of Analysis of Variance Comparing Client Self-exploration Scores under Three Conditions of Therapist Functioning Level

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among Groups</td>
<td>2.6796</td>
<td>2</td>
<td>1.3398</td>
<td>6.57*</td>
</tr>
<tr>
<td>Within Groups</td>
<td>3.2627</td>
<td>16</td>
<td>.2039</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.9423</td>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .01
Thus, significant differences at the .01 level were found among the three groups, H-H, H-L, and L-L, for levels of client self-exploration in the multiple therapy sessions. Sheffe's S Method (Kirk, 1968) for pairwise comparison among the means was performed and the following F's were obtained:

- High-High with High-Low \( F = 4.84 \) nonsignificant
- High-Low with Low-Low \( F = 4.67 \) nonsignificant
- High-High with Low-Low \( F = 12.97 \) \( p < .01 \).

Consequently, the significant variance in client self-exploration was between the H-H and L-L clients. The highest mean level of client self-exploration was obtained by clients having two high-functioning therapists, followed next by those having one high- and one low-functioning therapist, and, lastly, by those having two low-functioning therapists. The decreasing trend in client self-exploration, therefore, is evident in addition to the significant differences found between the H-H and L-L multiple situations.

**Interpretation of Data**

One of the significant results of this study concerns the predictive validity of the CSI. The CSI was intended to give "very rough estimates of the respondent's overall level of facilitative functioning" (Cannon, 1971). Although no validity information was available on the instrument, Cannon
"surveyed counselors at Pennsylvania State University, Michigan State University and West Virginia University and found levels of functioning consistent with those reported for professionals in Beyond Counseling and Therapy by Carkhuff and Berenson" (Cannon, 1971).

The CSI ratings in this study were found to correlate .17 (p > .05) with individual session tape ratings; thus, its use is questionable as a predictive measure with individuals whose functioning levels are apt to be within a 1.0 to 2.45 range. Some support for this finding can be found in a recent study conducted by Bellanti (1971) at Pennsylvania State University. He collected pre- and post-CSI ratings and coached-client interview tape ratings (CCI) on 87 individuals in an encounter group experience. Their range of functioning levels was 1.0 to 1.9. Although he obtained significant changes on the CCI ratings, the CSI ratings did not change significantly indicating that the CSI is not a sensitive instrument with this range. Perhaps the CSI would have more predictive or concurrent validity if the range of functioning levels in this study had included high-functioning individuals. Further research is needed to replicate or refute the finding in this study as well as to investigate the CSI's validity with a wider range of therapist functioning levels.
There were considerable differences between the CSI interjudge reliabilities and the individual session tape interjudge reliabilities. On the CSI, the therapists gave one response per excerpt whereas during the individual sessions the therapists gave as many as 11 responses per three-minute segment. It would seem likely that the raters would have a higher possibility of agreement when rating one response rather than many responses.

The eight research hypotheses were generated on the premise that high-functioning therapists--those who score about 3.0 on the Carkhuff scales--as well as low-functioning therapists--those below 3.0--would participate in the study. Since, however, the range of overall functioning levels of the 76 volunteers was only 1.0 to 2.38, all of the therapists were actually low-functioning in terms of the Carkhuff scales. The mean level of functioning for the 40 therapists was 1.8 which is similar to the mean functioning levels of undergraduate students found in other studies, 1.87 (Kratochvil, Aspy, & Carkhuff, 1967), 1.9 (Carkhuff, Piaget, & Pierce, 1968), 2.03 (Holder, Carkhuff, & Berenson, 1967), and 2.06 (Piaget, Berenson, & Carkhuff, 1967). In view of this, the hypotheses must be interpreted while considering that the high- and low-functioning therapists were, in actuality, high- and low-functioning, nonfacilitative therapists. In
the discussion to follow, H therapist shall refer to high-functioning, nonfacilitative therapist; likewise L therapist shall refer to low-functioning, nonfacilitative therapist.

The first four hypotheses were concerned with the effects on therapists' functioning level when placed in multiple situations with high- and low-functioning co-therapists. When an L therapist was with an H therapist, his functioning level decreased significantly. An H therapist with an L therapist decreased significantly in his overall level of functioning. In addition, an L therapist's functioning level while working with another L therapist also decreased significantly. These results indicate that the presence of an L therapist has a negative effect on the co-therapist and a cumulative negative effect since his own functioning level also decreases. However, when an H therapist worked with another H therapist, there was no significant change in his functioning level. It appears, then, that no additional harm is done when two H therapists choose to work together but that there is significant negative change with an H therapist and an L therapist or when two L therapists work together.

The last four hypotheses were concerned with the effects on therapists' activity level when placed in multiple situations with high- and low-functioning co-therapists. When an L therapist was working with an H therapist, there was no
change in his activity level. Apparently the H therapist was not functioning high enough to have an effect on the activity level of the L therapist. When, however, an H therapist was placed with an L therapist, his activity level decreased significantly. The H therapist, unable to withstand the negative effect by the L therapist on his functioning level, decreased in his activity. In a multiple situation where an H therapist was working with another H therapist, his activity level decreased significantly. Since there had been no change in the H therapist's functioning levels in this situation, they were both pulling about equal weight in the session resulting in a decrease in activity level. When, however, an L therapist worked with another L therapist, there was no change in his activity level. Thus, it appears that in this situation where the L therapists decreased in their functioning levels, they persisted in their activity levels. This could result in having a cumulative negative effect on client functioning level and activity within therapy. While further research needs to be done to determine optimal activity levels, it would seem that the more responses a client receives from a nonfacilitative therapist or therapists, the greater the possibility of destructive consequences.

The results of client self-exploration (DX) support the conclusions derived from the therapist data. In the H-H
multiple situation, the therapists' functioning levels remained unchanged from individual to multiple sessions, and the level of client DX also remained the same. In the H-L condition, both therapists decreased in functioning level and while client DX was somewhat higher in the H individual session than the L individual session, it decreased considerably in the multiple session. In the L-L situation, both therapists decreased in functioning level, and client DX, already low in the individual sessions, dropped even further in the multiple session. Client DX was highest in the H-H condition, next in the H-L, and lowest in the L-L situation.

The results of the three multiple therapy situations may be summarized as follows:

**High with High**

1. Functioning level of both therapists remained unchanged.

2. Activity level of both therapists decreased.

3. Impact upon client self-exploration unchanged.

**High with Low**

1. Both therapists decreased in functioning level.

2. H therapist decreased in activity level.
3. L therapist's activity level unchanged.


**Low and Low**

1. Both therapists decreased in functioning level.

2. Both therapists remained the same on activity level.


Since the functioning levels of most professionals in the helping services also are below level 3 (Carkhuff & Berenson, 1967; Lister, 1970), the results of this study have direct implications for those who practice multiple therapy. Two therapists of higher nonfacilitative levels of core conditions may work together with no negative effect on each others functioning levels and with no negative effect on the level of client self-exploration. When, however, one low-functioning nonfacilitative therapist works with another nonfacilitative therapist, there will not only be a negative effect on each other's functioning level but on the level of client self-exploration as well.
CHAPTER V
SUMMARY

Although numerous studies have investigated the importance of facilitative conditions in individual and group therapy (Carkhuff, 1969 a, b; Carkhuff & Berenson, 1967; Truax & Carkhuff, 1967), no studies have been reported considering these dimensions within a multiple therapy situation. Therefore, the purpose of this analogue study was to investigate the effects of therapists' level of functioning as determined by the core facilitative conditions—empathy, respect, genuineness, and concreteness—on their co-therapist's level of functioning and level of activity within multiple therapy.

Seventy-six undergraduate students were given the Counselor Simulation Inventory and their responses were rated by three judges on the Carkhuff scales for empathy, respect, genuineness, and concreteness. Twenty students rated highest and 20 students rated lowest were selected to participate in the study. These 40 therapists were paired H-H, H-L, and L-L. Twenty additional students volunteered to be clients and were randomly assigned to the therapist pairs. Each
therapist of the pair saw their client individually followed by a multiple session.

Eight research hypotheses were generated to examine the following questions. What are the effects on therapists' level of functioning (overall rating on the core facilitative dimensions of empathy, respect, genuineness, and concreteness) when placed in multiple situations with high- and low-functioning co-therapists? What are the effects on therapists' activity level when placed in multiple situations with high- and low-functioning co-therapists? The hypotheses were formulated on the assumption that the study would include high-functioning therapists, those above level 3 on the Carkhuff scales. Since, however, the functioning levels of the participants only ranged from 1.06 to 2.45, the therapists were actually high- and low-functioning, nonfacilitative therapists.

The findings of this study were as follows:

1. The CSI ratings correlated .17 (p $>$ .05) with the individual session tape ratings. Its use in predicting functioning level within this range was found to be questionable.

2. When two high-functioning nonfacilitative therapists worked together, their functioning levels remained unchanged, their activity level decreased significantly (p $<$ .05) and their client's level of self-exploration did not change.
3. When a high-functioning nonfacilitative therapist and a low-functioning nonfacilitative therapist were placed together, their functioning levels decreased significantly (p < .05), the H therapist decreased significantly (p < .05) in his activity level while the L therapist's activity level remained unchanged, and their client's level of self-exploration decreased.

4. When two low-functioning nonfacilitative therapists worked together, their functioning levels decreased significantly (p < .05), their activity levels remained unchanged, and their client's level of self-exploration decreased.

5. Client self-exploration in the multiple session of the L-L condition was significantly lower than in the H-H condition (p < .01).

From these results, it was concluded that two therapists of higher nonfacilitative levels of core conditions may work together with no negative effect on each others functioning level and with no negative effect on their client's level of self-exploration. When, on the other hand, a low-functioning nonfacilitative therapist works with another nonfacilitative therapist, there will not only be a negative effect on each others functioning level, but on the level of client self-exploration as well.

This study examined some of the effects of high- and low-functioning therapists in terms of their level of functioning and activity levels. Since there are no established optimal levels of activity for therapists, additional studies could be conducted focusing on the effects of varying amounts and
types of activity within therapy. The use of the CSI was found to be questionable with this range of individual functioning levels. Further research should investigate the use of the CSI or similar written response inventories for use in therapy research, not only for this range of functioning levels, but with high-functioning therapists as well. One of the limitations inherent in this study concerns the length of available time for the sessions. It would be of interest to see if these or varying results are obtained over a longer period of time. Additional research is suggested to replicate the results of this analogue study using actual therapists instead of undergraduate students. Furthermore, research should be conducted on multiple therapy which includes high-functioning individuals.
APPENDICES
Following are 13 excerpts containing statements made by students in individual counseling interviews.

The statements are taken from different students, so do not attempt to relate any of the excerpts when formulating your responses.

Your role is that of a person who is trying to be as helpful as possible to this student who has come to you in a time of need.

For each excerpt, imagine that the student is sitting across from you, that he (she) is speaking directly to you, and that there is no one else in the room.

For each excerpt, write out in the space provided what you would say to this student. Please use the exact wording you would use if you were actually speaking to the student.
Excerpt 1

She is so phony I can't believe it! She's worn that fake smile the whole two months we've been rooming together. And then--behind my back--she spreads rumors about me and my boyfriend, and tells other kids how she can't stand to room with me. Boy, I'd like to just wipe that smile off her face and really tell her what I think of her.

(Your Response) 1.

Excerpt 2

Gee, I don't know what I'm gonna do. I've been here almost three months now, and I haven't made a single friend. I talk with the kids in my classes, and I go to the mixers, but nobody seems to like me. I just want to go home and forget about stupid old college.

(Response) 2.
Excerpt 3

That little bitch! Oh, I could rip her eyes out! She's been wearing my pin for six weeks now, and yesterday I find out she's been dating at least two other guys steadily. She tells me she loves me and talks about marriage, and now I find out that after I took her home she would go out with another guy. God! I could wring her cheating little neck!

(Response) 3.

Excerpt 4

Who do you think you are?! You call yourself a sensitive person! Damn! Here I am spilling my guts out to you and all you do is look at the clock. You don't even hear what I say. Your responses aren't attuned to what I'm saying. You're so wrapped up in your own world. I never heard of such helping. I--ah--it makes me so god damn mad!

(Response) 4.
Excerpt 5

I finally found some kids I can really get along with. They're just natural and real, and they really understand me. I can hardly wait to be with them. I don't know, it's like I can really be myself. No criticism, no phoniness. They're just great!—it's the best thing that's happened to me since I came to college.

(Response) 5.

Excerpt 6

Boy, if that Dr._______ wasn't a professor and an old man, I'd smash him right in the mouth! He gave me a week's extension on this term paper, because I had to go home, and then he lowered my grade from a B to a D because he said the paper was late regardless of the extension. Ah--I'm so mad I could tear this whole school apart.

(Response) 6.
Excerpt 7

I'm so disappointed. I thought we could get along so well together and you could help me. But you don't understand me. You don't know I'm here. I don't even think you care for me. You don't really hear me when I talk; you seem to be somewhere else. Your responses are independent of anything I have to say. I don't know where to turn. I'm just so--dog-gone it--I don't know what to do, but I know you can't help me. There is just no hope.

(Response) 7.

Excerpt 8

I really don't know what to do. I slept with Jerry because I thought I really loved him. Now, he's dating other girls and I find out I'm pregnant. I don't want to tell him and I just can't tell my parents. Oh--I wish I was dead.

(Response) 8.
Excerpt 9

I'm so glad I found a person like you. I really didn't think any existed. You're always right with me; you seem to understand exactly how I'm feeling. It's just great! I feel like I'm coming alive again.

(Response) 9. _____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Excerpt 10

Wow--I feel like a new woman. We're so much in love. I never knew sex could be so beautiful. I feel like Alice in Wonderland--like there's a whole beautiful world out there I didn't know existed.

(Response) 10. ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Excerpt 11

I just don't know what to do. I have all my exams in three days next week, and I can't possibly do all the reading by then. I just wish I could quit and say to hell with the whole thing. I've never felt so low.

(Response) 11.__________________________________________


Excerpt 12

It's fantastic. As soon as I finish exams, I've got a job with a summer stock company. What a chance to try out my wings! It's like the whole future is opening up to me, and I just know I can make the most of it.

(Response) 12.__________________________________________


Excerpt 13

Silence. (Student does not speak; simply looks nervous and moves about in chair).

(Response) 13._____________________________________

_____________________________________

_____________________________________

_____________________________________
APPENDIX B

SCALE 1

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

Level 1

The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself.

Examples: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or uninterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but express that he is listening, understanding, or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2

While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he subtracts noticeable affect from the communications of the second person.

Examples: The first person may communicate some awareness of obvious surface feelings of the second person, but his communications drain off a level of the affect and distort the level of meaning. The first person
may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the second person.

In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

Example: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

In summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to express feelings a level deeper than the second person was able to express himself.

Example: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.
Level 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of on going deep self-exploration on the second person's part, to be fully with him in his deepest moments.

Examples: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wave length. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.

SCALE 2
THE COMMUNICATION OF RESPECT IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

Level 1

The verbal and behavioral expressions of the first person communicate a clear lack of respect (or negative regard) for the second person(s).

Example: The first person communicates to the second person that the second person's feelings and experiences are not worthy of consideration or that the second person is not capable of acting constructively. The first person may become the sole focus of evaluation.

In summary, in many ways the first person communicates a total lack of respect for the feelings, experiences, and potentials of the second person.
Level 2

The first person responds to the second person in such a way as to communicate little respect for the feelings, experiences, and potentials of the second person.

Example: The first person may respond mechanically or passively or ignore many of the feelings of the second person.

In summary, in many ways the first person displays a lack of respect or concern for the second person's feelings, experiences, and potentials.

Level 3

The first person communicates a positive respect and concern for the second person's feelings, experiences, and potentials.

Example: The first person communicates respect and concern for the second person's ability to express himself and to deal constructively with his life situation.

In summary, in many ways the first person communicates that who the second person is and what he does matter to the first person. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator clearly communicates a very deep respect and concern for the second person.

Example: The facilitator's responses enables the second person to feel free to be himself and to experience being valued as an individual.

In summary, the facilitator communicates a very deep caring for the feelings, experiences, and potentials of the second person.
Level 5

The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual.

Example: The facilitator cares very deeply for the human potentials of the second person.

In summary, the facilitator is committed to the value of the other person as a human being.

SCALE 3
FACILITATIVE GENUINENESS IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

Level 1

The first person's verbalizations are clearly unrelated to what he is feeling at the moment, or his only genuine responses are negative in regard to the second person(s) and appear to have a totally destructive effect upon the second person.

Example: The first person may be defensive in his interaction with the second person(s) and this defensiveness may be demonstrated in the content of his words or his voice quality. Where he is defensive he does not employ his reaction as a basis for potentially valuable inquiry into the relationship.

In summary, there is evidence of a considerable discrepancy between the inner experiencing of the first person(s) and his current verbalizations. Where there is no discrepancy, the first person's reactions are employed solely in a destructive fashion.

Level 2

The first person's verbalizations are slightly unrelated to what he is feeling at the moment, or when his responses are genuine they are negative in regard to the second person;
the first person does not appear to know how to employ his negative reactions constructively as a basis for inquiry into the relationship.

Example: The first person may respond to the second person(s) in a "professional" manner that has a rehearsed quality or a quality concerning the way a helper "should" respond in that situation.

In summary, the first person is usually responding according to his prescribed role rather than expressing what he personally feels or means. When he is genuine his responses are negative and he is unable to employ them as a basis for further inquiry.

Level 3

The first person provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really genuine response to the second person(s).

Example: The first person may listen and follow the second person(s) but commits nothing more of himself.

In summary, the first person appears to make appropriate responses that do not seem insincere but that do not reflect any real involvement either. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator presents some positive cues indicating a genuine response (whether positive or negative) in a non-destructive manner to the second person(s).

Example: The facilitator's expressions are congruent with his feelings, although he may be somewhat hesitant about expressing them fully.

In summary, the facilitator responds with many of his own feelings, and there is no doubt as to whether he really means what he says. He is able to employ his responses, whatever their emotional content, as a basis for further inquiry into the relationship.
Level 5

The facilitator is freely and deeply himself in a non-exploitative relationship with the second person(s).

Example: The facilitator is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful. In the event of hurtful responses the facilitator's comments are employed constructively to open a further area of inquiry for both the facilitator and the second person.

In summary, the facilitator is clearly being himself and yet employing his own genuine responses constructively.

SCALE 5
PERSONALLY RELEVANT CONCRETENESS OR SPECIFICITY
OF EXPRESSION IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

Level 1

The first person leads or allows all discussion with the second person(s) to deal only with vague and anonymous generalities.

Example: The first person and the second person discuss everything on strictly an abstract and highly intellectual level.

In summary, the first person makes no attempt to lead the discussion into the realm of personally relevant specific situations and feelings.

Level 2

The first person frequently leads or allows even discussion of material personally relevant to the second person(s) to be dealt with on a vague and abstract level.

Example: The first person and the second person may discuss the "real" feelings but they do so at an
abstract, intellectualized level.

In summary, the first person does not elicit discussion of most personally relevant feelings and experiences in specific and concrete terms.

**Level 3**

The first person at times enables the second person(s) to discuss personally relevant material in specific and concrete terminology.

**Example:** The first person will make it possible for the discussion with the second person(s) to center directly around most things that are personally important to the second person(s), although there will continue to be areas not dealt with concretely and areas in which the second person does not develop fully in specificity.

In summary, the first person sometimes guides the discussions into consideration of personally relevant specific and concrete instances, but these are not always fully developed. Level 3 constitutes the minimal level of facilitative functioning.

**Level 4**

The facilitator is frequently helpful in enabling the second person(s) to fully develop in concrete and specific terms almost all instances of concern.

**Example:** The facilitator is able on many occasions to guide the discussion to specific feelings and experiences of personally meaningful material.

In summary, the facilitator is very helpful in enabling the discussion to center around specific and concrete instances of most important and personally relevant feelings and experiences.
Level 5

The facilitator is always helpful in guiding the discussion, so that the second person(s) may discuss fluently, directly, and completely specific feelings and experiences.

Example: The first person involves the second person in discussion of specific feelings, situations, and events, regardless of their emotional content.

In summary, the facilitator facilitates a direct expression of all personally relevant feelings and experiences in concrete and specific terms.

SCALE 8
HELPEE SELF-EXPLORATION IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

Level 1

The second person does not discuss personally relevant material, either because he has had no opportunity to do such or because he is actively evading the discussion even when it is introduced by the first person.

Example: The second person avoids any self-descriptions or self-exploration or direct expression of feelings that would lead him to reveal himself to the first person.

In summary, for a variety of possible reasons the second person does not give any evidence of self-exploration.

Level 2

The second person responds with discussion to the introduction of personally relevant material by the first person but does so in a mechanical manner and without the demonstration of emotional feelings.

Example: The second person simply discusses the material without exploring the significance or the meaning of the material or attempting further exploration.
of that feeling in an effort to uncover related feelings or material.

In summary, the second person responds mechanically and remotely to the introduction of personally relevant material by the first person.

**Level 3**

The second person voluntarily introduces discussions of personally relevant material but does so in a mechanical manner and without the demonstration of emotional feeling.

Example: The emotional remoteness and mechanical manner of the discussion give the discussion a quality of being rehearsed.

In summary, the second person introduces personally relevant material but does so without spontaneity or emotional proximity and without an inward probing to discover new feelings and experiences.

**Level 4**

The second person voluntarily introduces discussions of personally relevant material with both spontaneity and emotional proximity.

Example: The voice quality and other characteristics of the second person are very much "with" the feelings and other personal materials that are being verbalized.

In summary, the second person introduces personally relevant discussions with spontaneity and emotional proximity but without a distinct tendency toward inward probing to discover new feelings and experiences.

**Level 5**

The second person actively and spontaneously engages in an inward probing to discover new feelings and experiences about himself and his world.

Example: The second person is searching to discover new
feelings concerning himself and his world even though at the moment he may perhaps be doing so fearfully and tentatively.

In summary, the second person is fully and actively focusing upon himself and exploring himself and his world.
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Mrs. Swander is a member of Kappa Delta Pi, an associate member of the American Psychological Association, and a student member of the Association for Women in Psychology, the American Personnel and Guidance Association and the Association for Counselor Education and Supervision.
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

James L. Lister, Chairman
Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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Associate Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Harry Grater, Jr.
Professor of Psychology
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December, 1971

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