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DATED..... *Nov 27th* ..... 19 *69*

TO MY FATHER  
MY WIFE ANNETTE  
AND MY CHILDREN  
DAVID AND MARIE-CLAIRE

THE UNIVERSITY OF ALBERTA

THE USE OF VIDEO-TAPE REPLAY IN ROGERIAN  
GROUP-CENTERED COUNSELLING

BY



PIERRE P. TURGEON

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
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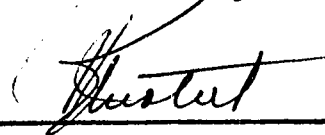
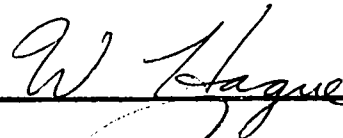
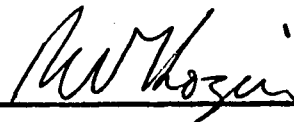
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "The Use of Video-Tape Replay in Rogerian Group-Centered Counselling" submitted by Pierre P. Turgeon in partial fulfilment of the requirements for the degree of Doctor of Philosophy.



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## ABSTRACT

The problem of this study was to attempt to evaluate the effectiveness of video-tape feedback as a therapeutic method as it applies to Rogerian group-centered counselling.

Two treatment conditions were utilized in this study for statistical comparison. Those conditions were: (1) Three video-tape feedback groups (VFG); and (2) Three client-centered counselling or control groups (CCG).

Two measures were used to determine the effectiveness of video-tape feedback in the experimental groups. The first was a pre and post personality measure using the Butler and Haigh (1954) Q-sort measure. The second was the analysis of two Rogerian therapeutic process measures using self and non-self descriptive statements and present and past verbalizations. In order to evaluate these process measures, sixty one-minute random samples were taken from the audio-taped group-counselling sessions with each of the three experimental (VFG) and three comparison (CCG) groups. A total of three hundred and sixty one-minute samples were analyzed.

Five hypotheses were generated and tested. They were:

1. Using the Butler and Haigh Q-sort the number of subjects indicating significant difference between pre-treatment and post-treatment correlations of ideal and real self-concept in the experimental group will be greater than the number of subjects showing significant differences

between pre and post correlations of ideal and real self-concept in the control group.

2. There will be a greater increase in the number of present verbalizations in the VFG than in the CCG.

3. There will be a greater decrease in the number of past verbalizations in the VFG than in the CCG.

4. There will be a greater increase in the number of self-descriptive statements in the VFG than in the CCG.

5. There will be a greater decrease in the number of non-self descriptive statements in VFG than in the CCG.

Intra-personal correlations between the individual's rating of his real and his ideal self were calculated for both pre and post measures to test the first hypothesis. A two-way analysis of variance was used to examine the remaining four hypotheses.

The first hypothesis was not supported. However, hypotheses two, three four and five were supported.

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## CHAPTER ONE

## INTRODUCTION AND THESIS PROBLEM

Client-centered theory is derived from the work of Carl R. Rogers, his students and his colleagues. As it has developed over the years, it has come to deal with many areas in psychology such as personality development, group counseling, education and learning, creativity, interpersonal relations, and the nature of the fully functioning person. The theory began with Rogers' attempts to make sense of the events occurring in his psychotherapeutic and counseling interviews, and psychotherapy has remained the core of the theory to the present time (Grummon, 1965).

Rogers' conceptions have been characterized by constant change and revision (Ford and Urban, 1963). He has consistently sought to avoid treating the postulates he has developed as statements of fact, and he has warned others against committing this frequent error. In this regard Ford and Urban say:

Rogers has openly expressed distress over the manner in which "small-caliber minds" turn what is frankly offered as theory into "a dogma of truth". He considers theory "a fallible changing attempt to construct a network of gossamer threads which will contain the solid facts" and "a stimulus to further creative thinking" (p. 397).

Rogers' theorizing has repeatedly changed in the past, and he fully expects it to change in the future as new clinical insights are discovered and as new research evidence becomes available (Stefflre, 1965).

As one pages the works of Rogers and his colleagues

says Carmichael (1965) one pages "most attractive new lines of study in which further experimentation and investigation may be carried on with profit" (p. vii).

It would seem that the very essence of the Rogerian theoretical position is one which welcomes new ideas and viewpoints which develop from the client-centered point of view. Rogers and his collaborators have captured the gift of making the researcher feel, as he familiarizes himself with the tenets of this theory, that he is already participating in the constructive and forward-looking thinking which characterizes the basic point of view of this theory. The writer hopes that this present study will continue this tradition.

#### STATEMENT OF THE PROBLEM

A recent innovation in the rapidly expanding field of group psychotherapy is the use of video-tape recording and playback for the purpose of individual and group self-confrontation and feedback. Psychotherapists such as Stoller (1968), Alger and Hogan (1967, 1968), Friesen (1968), Kagan et al. (1967), Danet (1967, 1968), have contended that video self-confrontation leads to more accurate perceptions of self and others.

Stoller (1968) stated that video-tape recording and playback within the group therapy situation is particularly useful in presenting information about self. He continued:

The group provides the arena for behavior as well as the opportunity for reflection upon the impact on others of this behavior. Video-tape recording is capable of extending such a process (p. 30).

In employing focused feedback, much of the emphasis is placed upon the feedback that the group members and the group leader can provide each participant. Employing video-tape playback according to Stoller (1968), "is meant to enhance this important aspect of group process, not to supplant it" (p. 30).

Alger and Hogan (1967) seemed to capture the features of the technique when they summarized:

The use of video-technique allows the development of greater awareness more rapidly and also enhances the patients motivation to remember this awareness vividly and often pictorially, and to put the new awareness into practice without the common feeling of coercion (p. 1429).

Truax (1968) spoke of the use of video-tape recording and playback as a therapeutic method in group therapy and in marathon group therapy when he said:

... the nature of the T.V. camera and recorder, its selectivity, intimacy, overload of information, and its quality of personal focusing seem theoretically sound and of considerable significance for practice (p. 52).

The problem of the present study is one of evaluating the effectiveness of video-tape feedback as a therapeutic adjunct of Rogerian group-centered counselling.



## DEFINITIONS

(1) Client-centered Groups (CCG): Experimental groups in the study which will receive client-centered group counselling but without the use of video-tape feedback replay.

(2) Client-centered Video Feedback Groups (VFG): Experimental groups in the study which will receive client-centered group counselling with the use of video-tape feedback replay.

(3) Self-concept: The self-concept is made up of perceptions or beliefs the individual has of himself with respect to certain characteristics or attributes or as Rogers (1961) says, "the self-concept is the picture the individual has of himself along with his evaluation of this picture" (p. 37).

(4) Ideal self-concept: In this study the ideal self-concept is the kind of person the individual would like to be.

(5) Present verbalizations: Verbalizations during the therapy sessions which refer to "here and now" activities within the group. This includes: e.g., "The group certainly seems quiet today" or "I'm trying to sort out certain feelings about you John" or "What you said Mary concerns me a great deal" or; also included are verbalizations such as... "Last week during our session Mary you said something which I would like to bring to your attention" or "I noticed John during our coffee break today that you acted in a particular fashion and I noticed the same behavior now."

(6) Past verbalizations: Verbalizations during therapy sessions which refer to the "there and then" activities outside the group. Discussions of topics outside the group not involving group members. These include references to places, people, events, and actions not in any way connected with the group. e.g. "We sure have been seeing our share of football this week on T.V." or "Teenagers today want a great deal for nothing."

(7) Unclassifiable Verbalizations: These are incomplete verbalizations, references which are not clear, e.g., "Yeah but" ... "it seems as though" ... or "Okay, but what is, or I mean what if ..."

(8) Self-descriptive statements: Statements such as "I" or "me" which refer to the self rather than to the non-self. (Statements included in this category are: I, I'd, I'll, I'm, me and myself.)

(9) Non Self-descriptive statements: Statements such as "he" or "she" which refer to the non-self rather than the self. (Statements included in this category are: he, her, she, him, they, them, you, themselves, themselves, your, yourself and yourselves.)

## **CHAPTER TWO**

## THEORETICAL ORIENTATION

Self-theorists postulate that our behavior is a function of how we perceive ourselves. Combs and Snygg (1959) discuss this line of reasoning when they say:

People do not behave according to the facts as others see them. They behave according to the facts as they see them. What governs behavior from the point of view of the individual himself are his unique perceptions of himself and the world in which he lives, the meanings things have for him (p. 17).

Combs and Snygg (1959) have emphasized that the governing of behavior of the individual is through his unique perceptions.

These perceptions then, can be viewed as steering mechanisms of behavior.

The self-concept is formed on the basis of each individual's unique perceptions or beliefs about himself. Horney (1950), Rogers (1951), Sullivan (1953), Maslow (1954), and Strang (1957) have written about and have given support to this point of view. These theorists have postulated the self as an all important concept in determining behavior.

Rogers (1951) proposes that we live in a continually changing world of experience in which we are the central figure and where our perceptual field is, for us, reality. Our perceptions may be consistent with the perceptions of other people in our interpersonal world or major subjective-objective differences may exist. According to Rogers and

the phenomenological point of view, experiences and external feedback are accepted into our field of awareness if they are consistent with our structure of self, ignored if they are not held relevant, and denied if they are inconsistent with the self-structure.

The self-concept or self-structure is defined by Rogers (1951) as:

... an organized, fluid but consistent conceptual pattern of the characteristics of the "I" or the "me" which are admissible into awareness, together with the values attached to those concepts (p. 507).

This is the private world of each individual's experience which is called the phenomenal field or experiential field (Rogers, 1951). It includes all that is going on in the organism that might reach consciousness, although only a small part of the individual's experiences are ever conscious at any time. Grummond (1965) comments:

Awareness and consciousness are used synonymously in client-centered theory. Consciousness is the symbolization, although not necessarily the verbal symbolization, of experience. This symbolic representation of experience may have varying degrees of vividness and clarity and, in the figure-ground terminology of Gestalt psychology, may be in the central focus of awareness as figure or in the background of awareness as ground (p. 38).

Rogers notes that man is continually checking his perceptions one against the other in order to make them a more reliable guide to reality. Each perception is in the nature of an hypothesis to be checked against further perceptions. Man's perceptions tend to become accurate

representations of reality as he interacts with his environment in attempts to satisfy his needs. Yet, says Grummond (1965), "Many of man's perceptions remain unconfirmed or only partially confirmed (p. 39)."

The capacity to be aware of events is a critical attribute of human behavior (Ford and Urban, 1965). It is "the gift of a free and undistorted awareness" (Rogers, 1954) that significantly distinguishes man from other members of the animal kingdom. All individuals have innately the capacity to be aware of all events both externally impinging and internally produced (Rogers, 1954). Healthy behavior depends upon adequate awareness, and those things that interfere with the individual's awareness of significant events is thought of as jeopardizing healthy development.

Rogers speaks of behavior as being organized in a holistic fashion so that new experiences have to be fitted into the existing organization in some manner (Boy and Pine, 1963). The implication seems to be that an individual not only learns new responses in new situations but also automatically tries to fit these into existing response patterns so that they are neither conflicting nor discrepant.

The adjusted person is completely open to all his experiences. His experiences are not, of course, always in awareness but they are always available to awareness. Since his experiences change as he meets different life situations, his self-structure becomes a fluid gestalt,

always in the process of assimilating new experiences. The individual experiences himself, not as a static being, but as a process of becoming (Stefflre, 1965).

This hypothetical, fully functioning person would be as Rogers (1962) says:

... fully open to his experiences and would have access to all of the available data in the situation, on which to base his behavior; the social demands; his own complex and possibly conflicting needs; his memories of similar situations; his perceptions of the uniqueness of this situation. The data would be very complex indeed. But he would permit his total organism, his consciousness participating, to consider each stimulus, need and demand, its relative intensity and importance, and out of this complex weighing and balancing, discover that course of action which would come closest to satisfying all his needs in the situation (Rogers, 1962, p. 27).

The patterns of self-thoughts come as a result of an individual's noticing his reactions to all kinds of situations. He learns that he can read well, but he is not a skilled musician; that he is strong enough to do some things, but not others; that he is comfortable by himself, but uncomfortable in a group; that he feels confident with friends, but has difficulty meeting and getting to know new acquaintances; that he might have good ideas on various topics, but he does not have the confidence to share these ideas with others. If his habits or self-thoughts are very broad and inclusive, any of his responses such as anger, fear, love, or sexual excitement are consistent with his self-conceptions; he is open to his experiences. Harper (1965) comments in this regard:

The more the individual is able to attend to, think about, and accept as part of himself the whole range of his responses, the better adjusted he is likely to be (p. 89).

But what of behavior disorder? Rogers sees behavior disorder as a consequence of faulty learning, which interferes with the functioning of the natural developmental sequence (Patterson, 1966). He refers to it as incongruence between the self and experience. The fundamental conflict could be crudely characterized says Rogers (1959) as:

It feels good, but other people disapprove of it. Since I want them to like me, I'll disapprove of it too. This is man's basic estrangement, he has not been true to himself (p. 226).

The basic meaning of psychological conflict is illustrated when the person says: "There is a basic gap between the image of man I cherish and the image I have of myself (Singer, 1965)." Grummon (1965) when speaking of this gap also sees it as incongruence and says it is:

An inconsistency between the self-concept and experience.... This state exists when an individual's self-concept is different from the actual experience of his organism. A child is incongruent if he thinks of himself as loving and wishing to take care of his little sister when he is organismically experiencing anger and jealousy over having to share his mother's love and attention with his sister (p. 44).

Harper (1959) sees incongruence as a state of distress. The essential nature of this distress is that if the experience, which is incongruent with the self-concept, were accurately symbolized in awareness, the self-concept would no longer be a consistent gestalt. As Rogers (1959) says:



"a state of anxiety would exist within the client (p. 227)."

In a sense every individual develops some habits of ignoring some of his own behavior, thinking inaccurately about some of it, and approving or disapproving of some of it simply because others have taught him to, not because it is personally satisfying or dissatisfying. It would seem therefore that everyone has some pieces of disordered behavior in his repertoire (Gendlin, 1968). However, people vary greatly in the extent to which they have acquired such habits.

Ford and Urban (1963) speak of the individual manifesting disordered behavior as being somewhat contrary to the characteristics of the fully functioning person discussed earlier. They state:

... the individual suffers from an excess of tension or negative affect, particularly anxiety. He tends to think about his subjective responses--his perceptions of situational events as well as his responses to them--in absolute and unconditional terms, that is, to over-generalize. His responses are not specific, nor are they appropriate to the situation under which they occur. He tends to confuse fact and evaluation of fact. He tends not to "check out" his thoughts about himself and the world around him to make sure that they fit the realities of the situations. He ignores or thinks erroneously about many aspects of situations and his own responses. He avoids a great variety of new situations which would produce new patterns of responses (new experiences) within himself. He is unaware of much of his behavior and feels that some of it is out of his control. His behavior is erratic, characterized by behavioral impoverishment, and frequent inappropriate responses. Of course, as a consequence of all this, the behavior of other people toward him is likely to be unsatisfactory to him, and thus further difficulties may be created (pp. 420-421).

It could be summarized, therefore, that behavior disorders are caused by inappropriate habits of attending to significant events, inaccurate ways of thinking about them, and habitual self evaluative thoughts which reject natural or organismically satisfying experiences.

How can the individual become a truly effective and happy person? Rogers' theory of therapy follows an "if-then" model and consists of three main parts: condition for therapy, process of therapy, and outcomes of therapy. In other words if certain conditions exist, then a definable process is set in motion which leads to certain outcomes or changes in the client's behavior. Hobbs (1962) states:

Rogers sees the therapist's task as the creation of certain conditions which make it possible for the subject to change himself. If the therapist is successful in creating the conditions, then the patient will change himself. He says his theory does not try to explain why the process occurs, only to describe it. He notes that it is not unusual in science for one to be able to describe orderly relationships among events and to utilize that knowledge to achieve predictable consequences, even though an adequate explanation of why things work that way may not yet have been developed (p. 425).

Client-centered therapists talk and write about the intimacy of the relationship, the spontaneity of the therapist, the therapist attending to much of his own immediate experiences in the relationship and sharing this with the client (Truax, 1965; Stevens, 1957). As Grummon (1965) says:

... there is an increasing focus on helping the client get closer to the flow of his own immediate experiences, and client-centered therapists engage in varying activities to further this aim (p. 55).

The client prior to entering counselling has acquired faulty habits of attending to, identifying, thinking about, and evaluating the raw data of his experience, his sensations, and his self-images. To correct this the client has to start over with the raw data and rebuild more accurate habits of awareness and thought (Grummon, 1965; Truax, 1966). The client should attend to, think about, and talk about his habits of evaluating himself and other people or events. He should:

... pay attention to how he naturally responds to events, both in terms of actions and in terms of the sensations and effect which follow. By noticing and thinking about such events the client can reconcile the contradictions and thus remove, reduce or control the antecedents to anxiety (Ford and Urban, 1963, p. 429).

Rogers' (1959a) publication of a formal theory about the process of therapy is based on the accumulated evidence from research and clinical experience. Following the "if-then" model the theory states that if the conditions of therapy, as mentioned before, are established and maintained over a period of time then the therapeutic process is set in motion. For the purposes of this investigation two observable changes which occur in therapy will be of main concern. Rogers (1959a) speaks of these observable changes when he says:

... the client gradually becomes freer in expressing his feelings in verbal and motor channels, and these feelings increasingly have references to the self rather than the non-self (p. 216).

At the beginning of therapy says Rogers (1961) "there

is an unwillingness to communicate self. Communication is only about externals (p. 132).” However as the process of therapy continues communication of self becomes a natural and necessary function. As Rogers (1961) says: "There is an increasing ownership of self feelings, and a desire to be these, to be the 'real me' (p. 41)."

Self-awareness as measured from non-self to self descriptive statements increase and the topics which the person feels to be related to the "I" or the "me" increase as well (Vargos, 1954). This observation has been noted in the literature by Lewis, Rogers and Shlien (1959); Rainy (1948); Seeman (1949); Snyder (1945); Stock (1949); Strom (1948); Gendlin and Zimiring (1955); Gendlin (1961a) and Gendlin (1962b).

It seems clear that there is a movement from symptoms to self. Initially the clients' exploration revolves around the various aspects of the problem, but gradually the concern is more and more with the self. There also seems to be a movement from environment to self and from others to self (Rogers, 1959). Rogers (1951) speaks of this when he says:

... the client verbally manipulates his situation, devoting a considerable portion of his time to a consideration of the non-self elements as well as those within himself. But gradually he explores himself almost to the exclusion of the non-self (p. 135).

Another change in verbalizations during the process of therapy seems to be a movement of material from past to

present. As Rogers (1951) says:

He (the client) has learned that it is safe to leave the less dangerous consideration of his symptoms, of others, of the environment, and of the past, and to focus upon the discovery of the 'me, here and now' (p. 136).

At the beginning of therapy the experiencing is bound by the structure of the client's past experience (Rogers, 1959; Gendlin, 1961; Gendlin, 1962). Any differentiation of personal meaning is very limited and somewhat global. There also seems to be much expression by the client of feelings and personal meanings not now present; that is to say feelings with a past orientation. However as therapy progresses there is an increased tendency to express freely feelings as being in the present. Rogers (1959) describes this in the following manner using the actual verbalizations of a client:

I expected kinda to get a severe rejection ... this I expect all the time ... somehow I guess I even feel it with you ... It's hard to talk about because I want to be the best I can possibly be with you.

Rogers continues:

Here feelings regarding the therapist and the client in relationship to the therapist, emotions often most difficult to reveal, are expressed openly (p. 139).

The present research is an attempt to explore the contributions video-tape replay could have on the process of Rogerian therapy. The rationale can be simply stated: Audio-video feedback is expected to enrich the client's experiential or phenomenal field thus increasing the number

of stimuli available to him. The group counselling experience planned for this investigation, hopefully, will permit the group members to look at themselves constructively. Because it is difficult for a group member both to introspect and to interact with another member in a normal manner at the same time, it is planned, through the use of video taped sessions, to provide the members with this opportunity. By doing this the group members will be provided with the clues and cues which would help them relive experiences and explore various points of the interaction, the thoughts, feelings, changes in thoughts and feelings, and the meaning of various gestures and expressions. By capturing the relevant data in the group counselling experience it will become possible to recreate the group experience thus permitting the group members to relive the original situation.

#### THE RATIONALE OF THE HYPOTHESES

One approach to describe the process of therapy has been in terms of changes in the self-concept and attitudes towards the self. Since the self-concept is seen as the criterion determining the "repression" or awareness of experiences and as exerting a regulatory effect upon behavior (Rogers, 1951) its relevance to any study of counselling seems clear (Butler and Haigh, 1954). Studies examining electrically recorded and transcribed cases (Rainy, 1948; Seeman, 1949; Sheerer, 1949; Stock, 1949)

have shown that there is a movement from negative to positive feelings about the self over successful client-centered counselling. Sheerer (1949) showed that increased acceptance of self is accompanied by an increased acceptance of others. Caplan (1957), Baymur et al. (1960), Golkurg (1962), Clements (1963), Zimpfer (1964), Freetly (1965), Ohlsen et al. (1965), Catron (1966), Kuntz (1966), Laxer et al. (1967), Zimpfer (1967), Truax (1966), have conducted group counselling research using self-ideal discrepancy change as a measure of therapeutic process and outcome. The investigator of this present study believes as well as maintains that a discrepancy between self concept and the ideal concept reflects a sense of self-dissatisfaction, which generates the motivation for coming into counselling. It becomes an underlying hypothesis, then, just as in the aforementioned studies, that self-dissatisfaction is reduced as a result of counselling. Self-ideal discrepancies in an individual are a product or outcome of experiences which indicate to a client that his self-organization is unsatisfactory (Rogers and Dymond, 1954). Also the reduction of such discrepancies, consequent upon counselling is based as Rogers (1954) stated:

... theoretically on the disorganization and re-organization of both self and ideal structures under the conditions of counselling. The immediate goal of the counsellor is to create conditions under which the client can relax his defenses and assimilate experiences into new conceptual patterns. The new patterns are consistent with a wider range of experiences than the conceptual patterns

which existed when the client came in (p. 38).

The reduction of discrepancies between the self-concept and ideal-concept, therefore, is seen as a result or outcome of fundamental experiences between the interaction of group members with themselves and group members with the counsellor (Truax, 1968). The foundational hypothesis therefore can be stated as a reduction of self-ideal discrepancies is a consequence of the self-concept and the ideal-concept coming to rest on a broader base of available experience following counselling than before counselling (Butler and Haigh, 1954). An integral part of the present hypothesis states also that the groups in the present proposed investigation using video-tape replay as a counselling method to enrich their experiential or phenomenal fields and as a consequence increasing the number of stimuli available to them, will show, as groups, a greater reduction of self-ideal discrepancies than the groups not using the video-tape replay. In other words the individual's self will become more congruent with the individual's experience.

Another approach to analyzing the process of therapy has been in examining the verbalizations within actual counselling sessions. This particular investigation will deal with self descriptive statements as compared to non-self descriptive statements and an analysis of the material during the sessions related to the past and to the present.



It becomes an integral part of the reasoning behind this study, just as in the reasoning behind the self-ideal-discrepancy rationale, to assume that those groups using audio-video replay to increase the client's experiential or phenomenal field thus increasing the numbers of stimuli available to them will manifest a greater number of self descriptive statements and few non-self descriptive statements. These groups will also concern themselves with a greater number of topics relating to the present than topics relating to the past.

#### SUMMARY AND STATEMENT OF RESEARCH HYPOTHESES

The theoretical framework for this study has been taken from Rogers' (1951) Client Centered Therapy: Its Current Practice, Implications and Theory. It is held by the present investigator, that this approach serves as a reasonable basis for the formulation of research hypotheses. There is recognition also of Morison's (1960) warning that it may be satisfying to a psychologist's needs to have a comprehensive theory, but it is probably more scientifically productive in the long run to begin one's work with limited but testable hypotheses.

#### RESEARCH HYPOTHESES

Given that audio-video feedback is expected to enrich the client's experiential or phenomenal field thus

increasing the number of stimuli available to him, it is hypothesized that:

1. Using the Butler and Haigh (1954) Q Sort the number of subjects indicating significant difference between pre-treatment and post-treatment correlations of ideal and real self concept in the experimental groups (VFG) will be significantly greater than the number of subjects showing significant differences between pre and post correlations of ideal and real self concept in the control groups (CCG).
2. There will be a greater increase in the number of present verbalizations in VFG in comparison to CCG.
3. There will be a greater decrease in the number of past verbalizations in VFG in comparison to CCG.
4. There will be a greater increase in the number of self-descriptive statements in VFG in comparison to CCG.
5. There will be a greater decrease in the number of non-self descriptive statements in VFG in comparison to CCG.

## **CHAPTER THREE**

## REVIEW OF RELATED LITERATURE

The theoretical orientation of this study has led to testable hypotheses directly concerned with, self-concept, ideal self-concept and discrepancy between the self-concept and the ideal self-concept. Integrally interwoven within this theoretical framework is the effect of audio-video replay as a technique which is expected to enrich the client's experiential field or phenomenal field thus increasing the number of stimuli available to the client.

This chapter will present a review of those studies having relevance to the aforementioned topics, namely:

- (a) self-concept, ideal self-concept, discrepancy;
- (b) therapeutic group counselling studies using audio-video and finally,
- (c) a review of the literature dealing with the instrument to be used in this study.

### SELF-CONCEPT, IDEAL SELF-CONCEPT AND DISCREPANCY

Self-concept, Ideal self-concept and Discrepancy are variables which appear frequently in the literature.

The ideal self-concept is the kind of person the individual hopes to be or would like to be (Strang, 1957). In the literature the term "incongruence" is frequently synonymous with the term "discrepancy." Bills, Vance and McLean (1951), suggest that the discrepancy between the concept of self and the concept of ideal self can be viewed as personal maladjustment. Lipsitt (1958) considers the

difference between the individual's self-concept rating, as described in a test measure, and his ideal self-concept score described in a test rating to be the discrepancy score. Discrepancy scores are typically utilized in self-concept studies (i.e. Bills, Vance and McLean, 1951; Block and Thomas, 1955; Butler, Haigh, 1953; Freidman, 1955; Hanlon, Hofstaether and O'Connor, 1954; Lipsitt, 1958; Miller and Worchell, 1956; Palermo, Castaneda, and McCandless, 1956). As Rogers views it, the client, in therapy, shifts his goals as he improves, and the discrepancy between his ideal self image and his perceptions of his real self become less and less (Harper, 1959). Thus self-concept and ideal self-concept can be seen as importantly related. Both self-concept and ideal self-concept are fruitful entities in yielding information regarding the individual's adjustment. Both self-concept and ideal self-concept are formed on the basis of the individual's image of himself.

The history of research in Self-Theory reveals that earlier, as well as more recent studies are closely related to the position of Rogers (1950), as well as that of Combs and Snygg (1960) as representative samples. Havighurst (1946) and his colleagues tried to determine the growth of the ideal self during childhood and adolescence. Their findings show the ideal self commences in childhood as an identification with a parental figure; it moves, during middle childhood and early adolescence, through a stage of romanticism and

glamour, and culminates in late adolescence as a composite of desirable characteristics which may be symbolized by a visible adult, or may be an imaginary figure. Carlson (1958) demonstrates by means of specifically designed questionnaires providing descriptions of the self and the ideal self, that parental attitudes do, in part, determine aspects of the child's self-concept and his social status.

Lecky (1945) found negative self-perceptions in an individual as indicative of a lack of unity with the personality, or of a discrepancy between the perceptions of self and the ideal self. It was hypothesized by Bills (1954) that people with a small discrepancy between concept of self and concept of the ideal self would show fewer signs of depression on Rorschach than people with a large discrepancy. Bills' sample was college students. He compared the Rorschach records of subjects with high discrepancy scores with the records of those who were low discrepancy scorers. It was concluded that on the basis of the findings of the study, a group of people with a high discrepancy between concept of self and concept of the ideal self differs from a group of low discrepancy scores in that the high scorers gave more signs of depression on the Rorschach.

Pomp (1962) confirmed the hypothesis that discrepancy would be significantly higher in his physically disabled group in a comparison of self-concept distortion between two groups of students, one of which was physically disabled

and the other non-disabled. Lipsitt (1958) employed both self-concept and discrepancy measures in studying children. Lipsitt's findings indicated that of the two measures self-concept and discrepancy, the self-concept provided a somewhat more reliable measure than the discrepancy score.

Working with male undergraduates, Chodorkoff (1954) set up the hypothesis that the greater the correspondence between the perceived self and the ideal self, the more adequate the individual's personal adjustment. Chodorkoff points out, his findings indicate that caution must be taken in interpreting correspondence between perceived and ideal self as reflecting adequacy of adjustment. In his groups, although the most adequately adjusted subjects show the highest correspondence between perceived and ideal self, not all of the least adequately adjusted subjects show low correspondence.

Friedman (1955) investigated self-relationships in normal, neurotic and paranoid schizophrenic subjects. He found in his sample that normal subjects tend to see themselves as they would like to be, reflecting positive attitudes towards the self. The neurotic group subjects tended to regard their self-qualities as being very much different from the way they would like to be. The paranoid schizophrenic group revealed positive self attitudes which were reflective of self-enhancing defenses and were based on unrealistic self-appraisal.

Many studies (e.g. Raimy, 1948; McQuitty, 1950; Phillips, 1962; Hartley, 1951; Butler and Haigh, 1954; Dymond, 1954; Caplan, 1957; Baymur et al., 1960; Colburg, 1962; Clements, 1963; Zimpfer, 1964; Freetly, 1965; Ohlsen et al., 1965; Catron, 1966; Kuntz, 1966; Laxer et al., 1967; Zimpfer, 1967) support the contention of Rogers (1950) that positive and accepting attitudes toward the self are associated with good psychological adjustment.

#### LITERATURE DEALING WITH VIDEO-TAPE FEEDBACK

The purpose of this part of the review of literature is to attempt to examine some of the observations as made by writers who have used video-tape feedback in group counselling and group therapy.

As far as can be observed from the psychological literature video-tape feedback in a therapeutic setting, originated in France. Carrere (1954, 1955, 1958) produced films of alcoholics while they were undergoing delirium tremens. These films were then played back to the patients after they had recovered from the acute stage of the attack. Carrere found that as a result of showing the films he was often able to break through the alcoholic's resistance to reality and to present him with a true image of his illness.

Video-tape feedback in counselling was first introduced to North America through a series of extensive studies by Nielsen during 1956-58 and in 1961. He presented college students



with self-confrontations through the use of filmed stress-provoking interviews. Nielsen (1963, 1964) reported the value of the technique when he said:

... the self-confrontation created a unique responsibility in the subjects in regard to their self-image, a willingness to associate with it, and a particular interest in understanding themselves. One might guess, therefore, that the method of self-confrontation could even have some therapeutic value... (1964, p. 10).

He further commented on the power of the technique:

Some of the subjects were curious as to the nature of their inner self; others were frightened by the intense self-awareness and found it quite painful. The confrontation with the self-image left none of them neutral or untouched (p. 40).

Cornelison and Arsenian (1960) confronted a small group of hospitalized psychotics with both still photographs and movies of themselves. The authors felt that it was important to attempt to understand the self but that the mental patient "may require mobilization to recognize the need to reappraise himself (p. 1)." Once "mobilized," patient reactions varied from "psychotic shock" to "emotional catharsis."

The production of inexpensive audio-video replay equipment in the 1960's introduced a new tool to the area of self-confrontation research. Cornelison and Tausig (1964) and Moore et al., (1965) video taped short psychiatric interviews and replayed these to the patients involved. Both studies found a greater degree of improvement for those patients who viewed themselves than for those who did not.

Geertsma and Reivich (1965) were the first research team to conduct audio-video replay of an actual series of therapy sessions. They reported significant improvement in a single narcissistic and defensive subject who had been unsuccessful with other types of therapy.

Gazda (1968) speaks of his appraisal of video-tape feedback:

Focused feedback is a technique which has been developed for utilizing the video tape recorder within the group therapy situation, particularly in enhancing the presentation of information about the self. The group (in group therapy) provides the arena for behavior as well as the opportunity for reflection upon the impact on others of this behavior. Video tape replay is capable of extending such a process (Gazda, 1968, p. 208).

Stoller (1968) shares Gazda's enthusiasm

Looking at himself on the television monitor is a special circumstance; it is probably the only chance one has for seeing himself in interaction with other people. Photographs do not provide this information and motion pictures are rarely used for natural social interaction. Thus he confronts himself on the video tape. A new and special situation is created for both the individual and the group (p. 30).

The use of video-tape as an agent of self-confrontation in both psychotherapy and the training of psychotherapists has increased at a rapid rate. Research reports and descriptive material include Alger and Hogan (1966a, 1966b, 1967, 1968), Benschoter et al. (1965), Boyd and Sisney (1967), Danet (1967, 1968), Friesen (1968), Kagan et al. (1963, 1967), Pascal (1967), Poling (1965, 1968), Ruhe (1960), Stoller (1967a, 1967b, 1968), Thorensen (1966), Walz and Johnston (1963), and Woody et al. (1965).

## THE BUTLER AND HAIGH Q-SORT

Stephenson (1950) originated the Q-technique in England over thirty years ago. Initial articles dealt with the theoretical aspects of Q-technique with the practical features first employed by Hartley (1951) in her study of the changes in a client's concept of self and ideal self throughout psychotherapy.

Q-technique is a method whereby persons individually arrange a set of pictures, photographs, words, or statements in such order as to describe or give their impression of a predetermined object or concept. This method enables researchers to obtain complex descriptions and multiple judgments which are appropriate for systematic comparison and statistical analysis.

Basically, Q-technique involves presenting a subject with a set of definitive, descriptive statements printed on individual cards and asking him to sort the statements into several categories in such a manner as to best describe a certain object or concept. The subject places in the extreme right-hand category those statements which he believes to be most descriptive of the object in question and in the extreme left-hand category those statements which he believes to be the least descriptive of the object in question. Then he sorts the next most descriptive statements into the category apposite to the extreme right-hand category and the next least descriptive statements into the category

appositive to the extreme left-hand category. This procedure continues until the remainder, which he feels are neither true nor false in regard to the object he is describing, are placed in the middle category(s). The subject may reposition items at will.

Increased interest in Q-technique coincided with the publication of Stephenson's (1953) book on the subject. While his book attempted to present useful suggestions for the application of Q-technique, it was primarily a defense of the method on theoretical grounds.

At this time, Mowrer (1953) completed a comprehensive and detailed review and history of Q-technique. It was also about this time that the new term, Q-sort appeared and was used to describe the actual instrument rather than the theoretical model.

Cronbach and Gleser's (1954) review of Stephenson's book attacked him for lack of empirical proof, for use of a forced distribution in his Q-sorts, and for failure to control social desirability of items. They concluded their review with a warning:

It is imperative to discourage students of personality and social psychology from copying Stephenson's designs as he presents them. Many research investigators have run into difficulty--usually unrecognized by them--which made it impossible to establish the intended conclusions. We fear that Stephenson's book may misdirect much research effort (p. 329).

In a reply, Stephenson (1954) reminded his critics that his book was not intended as a set of detailed

instructions but was a broad, theoretical introduction to Q-technique. The fact remained, however, that here was a new research tool with impressive possibilities for a study in areas previously untouched.

Q-technique might have faded from the scene at this point had it not been for the work of Butler and Haigh (1954). Research was expanding in the area of personality and psychotherapy with the apparent need for a measure of the processes involved. Butler and Haigh designed a one hundred item Q-sort specifically for self and self ideal descriptions and put it to use on a large scale at the Counselling Center of the University of Chicago. They established Q-technique as a workable appropriate instrument for personality research.

Butler and Haigh (1954) speak of the merit of Q-sort in their study when they say:

... the technique used in this study, with its sortings for the self-characteristics and their perceived values, is clearly in harmony with this theory (Rogers' theory) of the dynamics of inner reorganization. Hence it seems justifiable to regard an increase in the correlation between self and ideal sorts as an operational indication of an increased confluence between the concept of self and the concept of the valued person (p. 58).

There followed a period of ambitious endeavour in the areas of personality and adjustment with Q-sorts being employed in such typical studies as those of Calvin (1953), Dymond (1953, 1954), Hanlon (1954), Chodorkoff (1954), Rudikoff (1954), Nunally (1955), Taylor (1955), McGregor

(1955), Levy (1956), Hillson (1957), and Reznikoff (1958).

As the number of studies increased one name appeared more than any of the others; Block (1955, 1961, 1964, 1966) performed research on the basic theory, design, application, and statistical treatment of Q-sorts. He wrote a book which deals specifically with the practical application of Q-technique. The book gives an extensive presentation of the major factors involved in Q-technique.

At the same time as Block's book was published, Wittenborn (1961) wrote a comprehensive review of all phases of Q-methodology. Shlien (1966) brought Mowrer's history of Q-technique up-to-date.

Several articles in the literature have dealt with the various forms considered desirable for Q-sorts. Jones (1956) reported that no single form was preferred by subjects. From this, he concluded that the results of Q-sorts were not valid unless the subjects were free to place any number of items in a single category. Livson and Nichols (1956) also found that no particular form was preferred by sorters and as a result, they argued that researchers should use a rectangular distribution to obtain the maximum number of item discriminations.

In more recent research, Hess and Hink (1965) discovered that results did not differ significantly whether subjects sorted according to a free or a forced distribution and Block concluded that "in the various comparisons, the

forced Q-sort method appeared equal or superior to the natural, unforced Q-sort method (p. 492)."

In the early years of Q-sort research the consensus was that subjects had to have the freedom to sort items in any form they desired. Now, however, research has indicated that results are the same regardless of the Q-sort form employed. Therefore, to facilitate statistical treatment, it would seem that the most efficient Q-sort form would be an approximately normal, forced distribution.

Different researchers have chosen a variety of sizes for Q-sorts. Although Q-sorts have been constructed with as few as thirty and as many as one hundred and fifty statements, Block suggests that fewer than seventy items does not provide adequate material for the presentation of a detailed report and Q-sorts containing more than one hundred items become burdensome and unwieldy with regard to the time required for a careful, relaxed sort. The recommended size for Q-sorts then would appear to be between seventy and one hundred items which would in turn necessitate a design with from eight to eleven categories.

Various methods and suggestions in regard to the writing of Q-sort statements were outlined by Goodling and Guthrie (1956), Hilden (1958), and Schmidt (1962). Stephenson felt that the main area or topic of a Q-sort should be divided into sections and statements written for each such section. Jackson and Bidwell (1959) termed this the balanced block

technique because of the approximately equal inclusion of all aspects of a topic. Their article provided a detailed outline of the technique.

The importance of controlling social desirability of items has been stressed and studied by Cronbach (1953), Edwards (1953, 1955), Kenny (1956), and Cowen (1960). These studies all indicated that the social desirability of items could have a definite influence upon results but they also demonstrated that this contamination is more likely to occur with personality items than with descriptions of non-personality concepts because of the personal nature of the former. The difficulty may be avoided if care is taken in arriving at statements which are all of approximately equal social desirability.

Most articles reporting the construction of Q-sorts have included reliability checks. These have all been of the test-retest type. Taylor (1955) reported a reliability coefficient of .79 for his particular Q-sort while Frank (1956) found results ranging from .93 to .97, Engel (1959) reported reliability of .68, and Anderson (1965) claimed a reliability of .71.

The majority of objective studies requiring persons to report their perception, impression, or description of an object or objects have made use of multiple choice, true-false, or simple ranking types of instruments. While these tests and indices are simple and expeditious and provide



material which readily lends itself to statistical treatment, they do not allow for the presentation of complex or detailed reports.

Q-technique was chosen for this study because it presents the subject with a vast array of possible choices and discriminations while using a relatively small number of items in comparison to other approaches.

## **CHAPTER FOUR**

## THE ORGANIZATION AND PROCEDURE OF THE STUDY

### THE SAMPLE

The forty-eight subjects for this experiment were selected from volunteers of the student population at the Alberta Vocational Centre, a school administered by the Department of Education, in the Province of Alberta. The institution's primary function is that of educational upgrading. The students attending this institution are school drop-outs or unemployables who have decided to return to school in order to upgrade themselves educationally. After successfully completing the required upgrading courses, the students may then continue their education at a higher institute of learning such as university, technical or trade school, nursing school, etc.

The sample consisted of twenty-seven males and twenty-one females ranging in age from 18 to 45 years with a mean age of 27.3. The subjects were stratified according to sex and randomly assigned to three experimental (VFG) and three control (CCG) groups. An illustration of the breakdown by sex for each group is presented in Figure I.

**FIGURE I**  
**THE NUMBERS OF INDIVIDUALS BY SEX IN EACH GROUP**

<b>Client-Centered Groups (CCG) or Controls</b>			<b>Video-Feedback Groups (VFG) or Experimentals</b>		
	<b>Males</b>	<b>Females</b>		<b>Males</b>	<b>Females</b>
Group I	5	3	Group I	5	3
Group II	4	4	Group II	4	4
Group III	5	3	Group III	4	4

#### EXPERIMENTAL DESIGN

Two treatment conditions were utilized in this study for statistical comparison. These were: (1) Three video-tape feedback or experimental groups (VFG); and (2) Three client-centered counselling or control groups (CCG). All groups met for two hour sessions twice a week for five weeks. This provided each group with ten counselling sessions or twenty hours of counselling time. The study was executed as a replicated three block two-way analysis of variance design. The design is illustrated in Figure II.

FIGURE II  
AN ILLUSTRATION OF THE DESIGN OF THE STUDY

Client-Centered Groups	Video-Feedback Groups
CCG I	VFG I
CCG II	VFG II
CCG III	VFG III
TOTAL	TOTAL

Only the experimental groups or (VFG) used video-tape playback. The use of video-tape playback is illustrated in Figure III. The control groups or (CCG) met for ten two hour sessions without the use of video-tape playback.

FIGURE III  
AN ILLUSTRATION OF THE USE OF VIDEO-FEEDBACK WITH THE VFG

Session:	I	II	III	IV	V					
Hour:	1	2	3	4	5	6	7	8	9	10
	X	0	X	0	X	0	X	0	X	0
Session:	VI	VII	VIII	IX	X					
Hour:	11	12	13	14	15	16	17	18	19	20
	X	0	X	0	X	0	X	0	X	0

Key: X - Hour in which video-taping is done.  
0 - Hour in which a ten minute video-tape feedback period is used in conjunction with counselling.

## DATA COLLECTION

Research data included the following variables: (1) Pre and post measures of the clients real and ideal self. The instrument used was the Butler and Haigh (1954) Q-sort. (2) Measures of self-descriptive and non-self descriptive statements. To obtain these statements, six one-minute random samples were taken from each two-hour session.\* Three hundred and sixty samples, sixty from each group were analyzed. (3) Measures of one-minute verbalizations selected from the audio tape recorded proceedings with both experimental (VFG) and control (CCG) groups. The verbalizations were classified as "present," "past" or "unclassifiable." Sixty one-minute samples were selected from each group to be analyzed.

## THE Q-SORT ADMINISTRATION

At the first testing session, all subjects were informed of the general nature of the procedures and apparatus they would encounter during the study and were given assurance that the anonymity of individual results would be preserved.

The Q-sort was administered both pre and post according to standard procedures to all subjects. Due to schedule difficulties, some tests were administered in class periods

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\*Each session was audio taped and the verbalizations of these segments were used as the data to examine this variable.

and others were administered individually.

The Butler and Haigh Q-sort consists of a series of statements about the self (e.g. "I express my emotions freely") that the person is instructed to sort into categories. (See Appendix E.) In the case of the self-sort, the person sorts them into items reflecting the degree to which each statement applies or does not apply as he perceives himself. For the ideal sort, he sorts the same set of statements on the basis of how he would ideally like to be.

#### THE COUNSELLORS

The six counsellors chosen for this study were all graduate students from the University of Alberta Counsellor Education Program. All had had experience in working with groups and had indicated a willingness to work within the theoretical orientation used in this study. The writer did not counsel in the study but rather acted as the overall co-ordinator.

One week prior to the beginning of the experimental period the counsellors met with the writer at the University in order to discuss their roles in the study. The following is an elaboration of that meeting.

1. Each counsellor was given a timetable of the overall process of the experimental period. Possible conflicts in school timetabling were noted as well as school holidays which might interfere with their group meetings.

2. Xeroxed articles, four by Rogers\* and one by Stoller\*\*, were then handed out. It was felt by the writer that these articles manifested the Rogerian philosophy of counselling and would serve as the necessary theoretical base from which all counsellors could begin. The counsellors were asked to read the articles carefully prior to meeting with their groups for the first time. The fifth article by Stoller was used as the theoretical base for the use of video-feedback with the experimental groups (VFG).

3. The assignment of counselling rooms was then made and the use of equipment was discussed. The counsellors were informed all groups were to be audio-taped, and that equipment (tape recorder and tapes) would be available for them every day in the rooms assigned to them. An effort was made prior to beginning of counselling to ensure that

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\*Rogers, C. R. "The Characteristics of a Helping Relationship," in C. R. Rogers, On Becoming a Person. Boston: Houghton Mifflin, 1961.

Rogers, C. R. "The Therapeutic Relationship: Recent Theory and Research," Australian Journal of Psychology, XVII, 1965, 95-108.

Rogers, C. R. "The Interpersonal Relationship: The Core of Guidance," Harvard Educational Review, Vol. 32, No. 4, 1962.

Rogers, C. R. "The Process of the Basic Encounter," in J. F. T. Bugental, Challenges of Humanistic Psychology. McGraw Hill, 1967, 261-276.

\*\*Stoller, Frederick. "Use of Videotape (Focused Feedback) in Group Counselling and Group Therapy," Journal of Research and Development in Education, Vol. 1, No. 2, 1968, 30-43.



all rooms used by the groups would be equipped with comfortable chairs, proper lighting, ashtrays, etc. Coffee was also provided for all groups during the experimental period.

4. The design of the study was then discussed. (See Experimental Design in present chapter.) Counsellors were informed that following the first meeting (where the writer would be on hand initially to inform them how the equipment functioned) setting-up equipment would become a group function. No outside technician would be present to operate the equipment.\*\*\* The counsellors were informed of the length of the sessions and the use of video-feedback was discussed. All groups would be in session for two fifty-minute periods with a ten-minute break in between. The groups using video-feedback would video and audio tape the first fifty-minute segment. During the break the group would decide what ten-minute segment they wished to view at the beginning of the second fifty-minute session. All groups experimental and control would audio-tape both halves of each session.

5. The counsellors were then randomly assigned to experimental (VFG) and control groups (CCG). They were then given the time, place, and names of their group members. Name cards were also assigned in order to facilitate the groups' interactions in the first few meetings.

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\*\*\*The equipment used was very simple to operate. Stoller (1968) felt that technicians, other than group members, often become distracting to the group. It was therefore decided by the writer not to use technicians for the present study.

6. The counsellors were asked to inform their groups, at the first meeting, of the fact that the data gathered for this study would be kept completely confidential. The groups were to be informed that all tapes would be erased following the collection and analysis of data.

7. The final part of the meeting was used to discuss any concerns which the counsellors had about what had just been discussed, and they were encouraged to ask any questions they might have about the proposed research.

**CHAPTER FIVE**

## RESULTS AND FINDINGS

The findings related to each hypothesis will be presented in this chapter in the order in which the hypotheses were stated in the previous chapter.

### HYPOTHESIS ONE

Using the Butler and Haigh (1954) Q-sort the number of subjects showing significant difference between pre-treatment and post-treatment correlations of ideal and real self concept in the experimental groups (VFG) will be significantly greater than the number of subjects showing significant differences between pre and post-correlations of ideal and real self-concept in the control groups (CCG).

Intra-personal correlations between each individual's real and ideal sortings were calculated for both pre and post measures. Whether or not the difference between pre and post correlations were significant was then determined (Ferguson, 1966, p. 187). A critical value of .28 for the z score difference was needed in order for the score to be considered significant. A summary of correlations and z score transformations for both experimental and control groups is presented in Table I and Table II. For the nineteen experimental subjects five differences between correlations were significantly different. However, for the nineteen control subjects five correlations were also found to be significant. The level of significance used was .05. Since there was no difference between VFG and CCG the hypothesis was not supported.

TABLE I  
CORRELATIONS AND z SCORE TRANSFORMATIONS  
OF PRE AND POST SCORES FOR VFG

Subject	Pre	zr1	Post	zr2	zr2-zr1 *
	.351	.366	.584	.669	.303 *
1	.422	.450	.490	.536	.086
2	.032	.032	-.328	--	
3	.397	.420	.248	.254	-.674
4	-.128		-.184	--	
5	.261	.267	.068	.067	-.200
6	.176	.178	.102	.103	.075
7					
8	.623	.727	.698	.861	.134
9	.111	.112	.528	.586	.474 *
10	.355	.371	.579	.660	.289 *
11	.140	.141	.503	.551	.410 *
12	.387	.408	.476	.518	.110
13	.416	.443	.474	.516	.073
14	.358	.375	.593	.681	.306 *
15	.051	.051	-.344		
16	.433	.462	.522	.578	.116
17	.678	.822	.689	.836	.014
18	.950	1.832	.822	1.165	-.667
19	.208	.211	.452	.487	.276

\* Critical Value at .05 level .28

TABLE II  
CORRELATIONS AND z SCORE TRANSFORMATIONS  
OF PRE AND POST SCORES FOR CCG

Subject	Pre	zr1	Post	zr2	zr2-zr1 *
1	.160	.161	-.200		
2	.488	.534	.470	.510	-.024
3	-.147		.287		
4	.482	.525	.444	.477	-.048
5	.351	.367	.584	.670	.303 *
6	.404	.428	.388	.408	-.020
7	.185	.187	.455	.491	.304 *
8	.373	.390	.558	.628	.238
9	.176	.177	.825	1.172	.995 *
10	.147	.149	.279	.286	.137
11	.344	.356	.589	.678	.322 *
12	.393	.414	.471	.511	.097
13	.613	.712	.737	.945	.233
14	.481	.524	.593	.681	.157
15	.240	.245	.492	.538	.293 *
16	.036	.036	.064	.064	.028
17	.721	.909	.739	.949	.040
18	.344	.359	.478	.521	.162
19	.169	.170	.241	.247	.077

\* Critical Value at .05 level .28

## HYPOTHESIS TWO

There will be a greater increase in the number of present verbalizations in VFG in comparison to CCG.

A two-way analysis of variance was performed in order to determine the tenability of the above hypothesis. Only the relevant data are reported. Remaining data may be found in Appendix "A". Three hundred and sixty one-minute samples (sixty for each group) were examined and classified by the experimenter in one of three categories: present, past and unclassifiable. Six judges were then trained (a typescript of the training audio tape may be found in Appendix "B") and were asked to classify the one-minute segments. Inter-judge reliability scores were calculated and may be found in Table III.

TABLE III

INTER-JUDGE RELIABILITY SCORES FOR THE CLASSIFICATION OF PRESENT AND PAST VERBALIZATIONS

Judge	Score	Total
1	.867	.891
2	.856	
3	.894	
4	.867	
5	.922	
6	.939	

The F ratio for treatment effects as given in Table IV is 24.16 which is highly significant. The means for both experimental and control groups are presented in Table V.

The hypothesis appeared to be tenable and was therefore accepted.

TABLE IV  
SUMMARY OF ANALYSIS OF VARIANCE FOR PRESENT VERBALIZATIONS

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Probability
Treatment effect	26.66	1	26.66	24.16	.00001
Counsellor effect	2.66	4	.666	.6040	.6614
Error	59.60	54	1.10		

TABLE V  
MEANS FOR PRESENT VERBALIZATIONS OF VFG AND CCG  
FOR THE SIX ONE-MINUTE SEGMENTS  
RANDOMLY SELECTED FROM EACH OF THE TEN SESSIONS

	Group I	Group II	Group III
VFG	3.60	3.20	3.80
CCG	2.20	2.40	2.00



### HYPOTHESIS THREE

There will be a greater decrease in the number of past verbalizations in VFG in comparison to CCG.

A two-way analysis of variance used to test the tenability of the above hypothesis was performed. A summary of this analysis is presented in Table VII. Other data may be found in Appendix "A". The F ratio for treatment effects is presented in Table VI. It was found to be 29.14 which is significant at the .001 level. The means for both experimental and control groups is presented in Table VII. In view of these findings the hypothesis appeared to be tenable and was accepted.

TABLE VI

SUMMARY OF ANALYSIS OF VARIANCE FOR PAST VERBALIZATIONS

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Probability
Treatment effect	26.66	1	26.66	29.14	.00001
Counsellor effect	3.66	4	.9166	1.002	.4146

**TABLE VII**  
**MEANS FOR PAST VERBALIZATIONS OF VFG AND CCG**  
**FOR THE SIX ONE-MINUTE SEGMENTS**  
**RANDOMLY SELECTED FROM EACH OF THE TEN SESSIONS**

	Group I	Group II	Group III
VFG	2.30	2.50	2.00
CCG	3.40	3.40	4.00

**HYPOTHESIS FOUR**

There will be a greater increase in the number of self-descriptive statements in VFG in comparison to CCG.

A two-way analysis of variance was performed to determine whether the data received to examine this hypothesis were significant. A summary of this analysis is presented in Table VIII. The remaining data may be found in Appendix "C". The F ratio for treatment effects was found to be 52.09 which is once again highly significant.

**TABLE VIII**  
**SUMMARY OF ANALYSIS OF VARIANCE FOR SELF-DESCRIPTIVE STATEMENTS**

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Probability
Treatment effect	7571.25	1	7571.25	52.0957	.0001
Counsellor effect	448.50	4	112.12	0.7715	.5485
Error	7848.00	54			

**TABLE IX**  
**MEANS FOR SELF-DESCRIPTIVE STATEMENTS OF VFG AND CCG**  
**FOR THE SIX ONE-MINUTE SEGMENTS**  
**RANDOMLY SELECTED FROM EACH OF THE TEN SESSIONS**

	Group I	Group II	Group III
VFG	69.50	78.10	71.50
CCG	51.10	48.90	51.70

#### HYPOTHESIS FIVE

There will be a greater decrease in the number of non-self-descriptive statements in VFG in comparison to CCG.

To examine the tenability of this hypothesis a two-way analysis of variance was performed. The findings for this analysis is presented in Table X. Other data relevant to this hypothesis are presented in Appendix "D". The F ratio for treatment effects was found to be 77.95 which is significant. Once again there seems to be little difference in the performance of the counsellors. The means for both experimental and control groups is presented in Table XI. The findings appeared to be significant and the hypothesis was accepted.

TABLE X  
SUMMARY OF ANALYSIS OF VARIANCE  
FOR NON-SELF-DESCRIPTIVE STATEMENTS

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Probability
Treatment effect	7259.93	1	7259.94	77.95	.00001
Counsellor effect	1164.18	4	291.04	3.12	.0220
Error	5028.87	54	93.12		

TABLE XI  
MEANS FOR NON-SELF-DESCRIPTIVE STATEMENTS OF VFG AND CCG  
FOR THE SIX ONE-MINUTE SEGMENTS  
RANDOMLY SELECTED FROM EACH OF THE TEN SESSIONS

	Group I	Group II	Group III
VFG	48.30	58.40	47.90
CCG	68.50	74.10	78.00

The foregoing analysis of the data obtained for this study would seem to suggest the following conclusions:

1. Using the Butler and Haigh Q-sort the number of subjects showing significant difference between pre-treatment and post-treatment correlations of ideal and real self-concept in the experimental group is not greater than the

number of subjects showing significant differences between pre and post correlations of ideal and real self-concept in the control group.

2. There is a statistically significant increase in the number of present verbalizations in VFG in comparison to CCG.

3. There is a statistically significant decrease in the number of past verbalizations in VFG in comparison to CCG.

4. There is a statistically significant increase in the number of self-descriptive statements in VFG in comparison to CCG.

5. There is a statistically significant decrease in the number of non-self descriptive statements in VFG in comparison to CCG.

In short, all hypotheses but the first were upheld.

**CHAPTER SIX**

## SUMMARY AND DISCUSSION

The problem of this study was to attempt to evaluate the effectiveness of video-tape feedback as a therapeutic method as it applies to Rogerian group-centered counselling.

Two treatment conditions were utilized in this study for statistical comparison. The experimental conditions were: (1) Three video-tape feedback groups (VFG); and (2) Three client-centered counselling or control groups (CCG). The latter groups were used as controls in the study.

Two approaches were used to measure the effectiveness of video-tape feedback in the experimental groups. The first was a pre and post personality measure using the Butler and Haigh (1954) Q-Sort measure. The second was the analysis of two Rogerian therapeutic process measures using self and non-self descriptive statements and present and past verbalizations. In order to evaluate these process measures, sixty one-minute random samples were taken from the audio-taped group-counselling sessions with each of the three experimental (VFG) and three control (CCG) groups. A total of three hundred and sixty one-minute samples were analyzed.

Five hypotheses were generated and tested. They were:

1. Using the Butler and Haigh Q-sort the number of subjects showing significant difference between pre-treatment and post-treatment correlations of ideal and real self-concept in the experimental group will be greater than the number of subjects showing significant differences between

pre and post correlations of ideal and real self-concept in the control group.

2. There will be a greater increase in the number of present verbalizations in the VFG than in the CCG.

3. There will be a greater decrease in the number of past verbalizations in the VFG than in the CCG.

4. There will be a greater increase in the number of self-descriptive statements in the VFG than in CCG.

5. There will be a greater decrease in the number of non-self descriptive statements in VFG than in CCG.

Intra-personal correlations between the individual's real and ideal sortings were calculated for both pre and post measures to test the first hypothesis. A two-way analysis of variance was used to examine the remaining four hypotheses.

The findings did not support hypothesis one however hypotheses two, three, four and five were supported.

The present study would seem to confirm the contention that video-feedback can be an effective method or technique in Rogerian group-centered counselling. In the theoretical orientation chapter of this study it was mentioned that Rogers (1951) states that in the process of therapy there seems to be a movement from symptoms to self. As Rogers mentions...

The client's exploration revolves first around the various aspects of the problem but gradually the concern is more and more with self...



Rogers continues...

... not only is there a movement from symptoms to self but from environment to self and from others to self (p. 135).

This contention would seem tenable with the VFG in this study. As indicated previously there was a significantly greater number of self-descriptive statements in the VFG than in the CCG. Conversely the CCG showed a significantly greater number of non-self descriptive statements.

Rogers (1951) states that another change during the process of therapy is in material from past to present. The clients tend to deal with aspects of his concerns which tend to be past oriented. This Rogers feels initially is less painful or threatening. As Rogers (1951) says...

... the client tends to begin with some past aspect and only gradually faces the more crucial and often unpleasant issue as it exists in the present.

... He has learned that it is safe to leave the less dangerous consideration of his symptoms, of others, of the environment, and of the past, and to focus upon the discovery of "me, here and now (p. 136)."

Once again the VFG performed significantly better than the CCG in this study using the variable of present and past verbalizations. This again would seem to add strength to the contention that video-feedback can be an effective method or technique in Rogerian group-centered counselling.

The findings of the present study would also seem

to lend credence to the studies of Steller (1968), Alger and Hogan (1967, 1968), Friesen (1968), and Danet (1967, 1968) who had all contended that video-feedback can prove to be an effective method in the area of psychotherapy. Steller (1968) states that video tape recording and playback within the group situation is particularly useful in presenting information about self. The findings of this present study would seem to lend support to this contention. Alger and Hogan (1967) speak of the video-technique as allowing the development of greater awareness more rapidly and also enhancing the individual's motivation to remember this awareness of self more vividly.

Generally the hypotheses generated dealing with self and non-self descriptive statements and present and past verbalizations to attempt to determine the effectiveness of video-feedback in this study would seem to indicate that, as measured by these variables, the use of video-feedback can be an effective method or technique in Rogerian group-centered counselling.

This would seem to add support to the comments of Truax (1968) when he stated:

... the nature of the T.V. camera and recorder, its selectivity, intimacy, and its quality of personal focusing seem theoretically sound and of considerable significance for practice (p. 52).

In reference to the first hypothesis (where intrapersonal correlations between self and ideal sortings for both pre and post measures were used) no significant

difference between VFG and CCG was found, therefore no comprehensive conclusions may be drawn.

This, however, may suggest some interesting speculations which would be considered in explanation of this finding. If the counselling time for the groups had been extended to a greater number of total hours for each group would the findings for Q-sort have been the same? If other personality measures had been used would they have found a difference in VFG and CCG? In terms of change in therapy is there really a relationship between the types of verbalizations as manifested by the individuals within therapy and the outcome scores on a personality measure? Was Q-sort enough of a discriminatory instrument in this study to be able to effectively determine the changes, if any, within the CCG and VFG?

These are questions which cannot be answered by the findings of this study, however they could be of interest for further research.

#### SUMMATION

As in most studies, the present findings should be interpreted as suggestive, rather than definitive. There is however, some indication that video-feedback can be effective in Rogerian group-centered counselling. Further study is necessary to examine more completely this contention.

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## **APPENDICES**

**APPENDIX A**

**Present and Past Verbalizations**

## Present and Past Verbalizations For VFG and CCG

	VFG			CCG		
	I 123*	II 123*	III 123*	I 123*	II 123*	III 123*
Session 1	420	420	420	141	150	330
2	420	240	520	330	240	150
3	240	240	411	231	231	330
4	510	321	330	330	231	240
5	420	321	420	330	240	150
6	420	330	411	420	240	240
7	510	510	330	141	510	240
8	510	330	321	330	240	240
9	420	420	420	141	330	150
10	420	321	420	151	330	330

- \* 1. Present  
2. Past  
3. Unclassifiable

Group	I	II	III	I	II	III
<b>TOTALS</b>	<b>Present</b>	<b>Present</b>	<b>Present</b>	<b>Present</b>	<b>Present</b>	<b>Present</b>
	36	32	39	22	24	20
	<b>Past</b>	<b>Past</b>	<b>Past</b>	<b>Past</b>	<b>Past</b>	<b>Past</b>
	23	25	20	34	34	40
	<b>Uncla.</b>	<b>Uncla.</b>	<b>Uncla.</b>	<b>Uncla.</b>	<b>Uncla.</b>	<b>Uncla.</b>
	1	3	1	4	2	0
<b>GRAND TOTALS</b>	<b>Present</b>			<b>Present</b>		
	107			66		
	<b>Past</b>			<b>Past</b>		
	68			108		
	<b>Unclassifiable</b>			<b>Unclassifiable</b>		
	5			6		

**APPENDIX B**

**The Training Program For Judges**

### Judges Training Manual

You will be asked to listen to a number of tape-recorded one-minute group counselling segments. I will then ask you to classify each segment into one of three categories: (1) Present, (2) Past, or (3) Unclassifiable.

----- Are there any questions? -----

If there are no further questions, I will now concern myself with each of the aforementioned categories that is present, past, and unclassifiable.

First, Present: The operational definition I have used for present categories in the study is the following: Verbalizations during the therapy sessions which refer to "here and now" activities within the group. Included here as well are references pertinent to discussions of interactions between present group members. The following are examples of these types of present verbalizations.

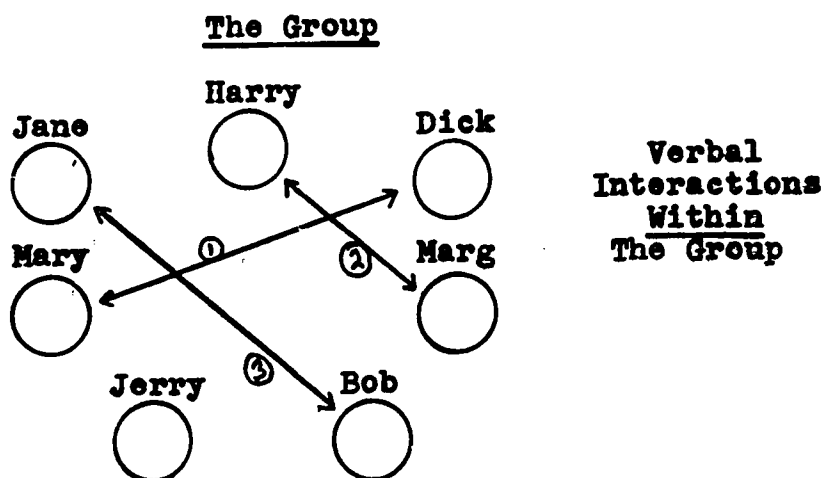
"The group certainly seems quiet today" or "I'm trying to sort out certain feelings about you John" or "What you said Mary concerns me a great deal" or ...; also appropriate are verbalizations such as ... "Last week during our session Mary you said something which I would like to bring to your attention" or "I noticed John during our coffee break today that you acted in a particular fashion and I noticed the same behavior now," or "During the first session May, I noticed you said very little."

----- Are there any questions? -----

If there are no further questions let me review the definition of present verbalizations. ----- Verbalizations during the therapy sessions which refer to "here and now" activities within the group.

An illustration on the blackboard may assist in making this definition clearer.

### Illustration I



Example 1 Mary to Dick "I noticed today you are more quiet than you were yesterday."

Example 2 Harry to Marg "Marg I've been thinking about what I said at our last meeting and I'd like to clarify some things with you."

Example 3 Bob to Jane "I don't know what it is Jane but when I was talking a moment ago you seemed to frown at what I was saying. ... I'm curious now as to what that frown meant."

The important aspect to become aware of here is that these examples shown in Illustration I are verbalizations within the group. That is present verbalizations.

----- Are there any questions? -----

If there are no further questions I would now like to proceed with the second classification.

Past Verbalizations: The operational definition I have used for past verbalizations in the study is the following: Verbalizations during therapy sessions which refer to the Discussions of topic outside the group. Discussions of topic outside the group not involving group members.

These include references to places, people, events, and actions not in any way connected with the group, e.g. "We sure have been seeing our share of football this week on T.V." or "Teenagers today want a great deal for nothing."

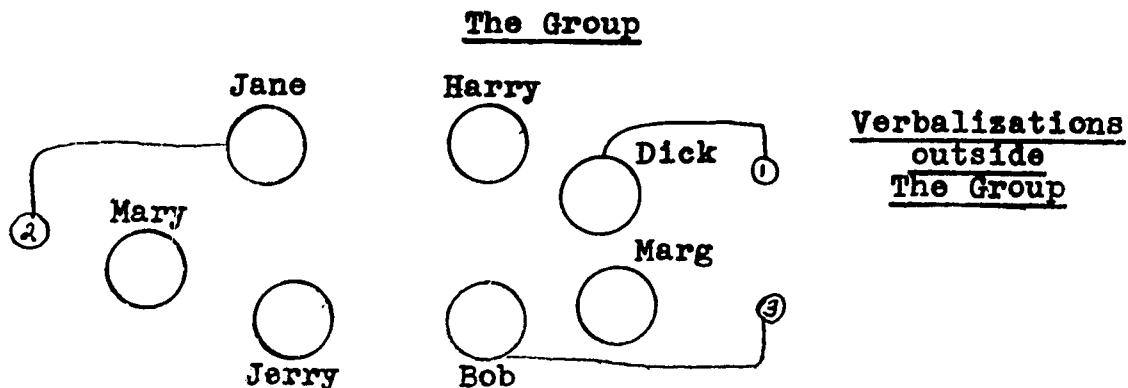
----- Are there any questions? -----

If there are no further questions let me review the definition of past verbalizations.

----- Verbalizations during therapy sessions which refer to the "there and then" activities outside the group.

An illustration on the blackboard may assist in making this definition clearer.

Illustration II





Example 1 Dick: "When I was a kid I can remember the tremendous times we used to have around our area .... We used to have a real ball ... I remember one Halloween ....."

Example 2 Jane: "My daughter last Saturday stayed out till twelve o'clock ... Boy when I was a kid I would have been belted for doing that without permission ... Those kids today don't seem to give a damn ....."

Example 3 Bob: "The teacher I had in school wasn't really respected by the kids in our class ... She used to let us get away with murder ... Some of the things we did in that class you wouldn't believe ... She should have been firmer with us ....."

The important aspect to become aware of here is that the examples shown in Illustration II are verbalizations outside the group. That is past verbalizations.

----- Are there any questions? -----

If there are no further questions I should now like to proceed to the last of the three categories, namely:

Unclassifiable Verbalizations: An unclassifiable verbalization will be verbalizations which are not clear, not audible, incomplete, etc., e.g. "Yeah but"..., "It seems as though" ... or "O'Kay, but what is" etc.

There may be certain one-minute samples which are not as technically clear as others. There may be others which may have, in your judgment, as many present verbalizations as past. By this I mean a group may begin with a present

verbalization switch to a past and come back to a present etc. I would ask you here to judge this type of verbalization as unclassifiable.

In other words if you are not sure in your mind whether a verbalization segment is obviously past or present I would ask you to classify this segment as unclassifiable.

A cardinal Rule

"If a verbalization is unclear to you, doubtful to you or the type where a decision cannot seem to be made using the present or past category, I would ask you to judge this statement as unclassifiable."

----- Are there any questions? -----

If there are no further questions I would like to briefly review the instructions for judging.

You will be asked to listen to a number of tape-recorded one-minute group counselling segments. I will then ask you to classify each segment into one of three categories: present verbalization; past verbalization; or unclassifiable verbalizations.

Present verbalizations were defined as: Verbalizations during the therapy sessions which refer to "here and now" activities within the group.

The important phrases in this definition are "here and now" and "within the group."

----- Are there any questions? -----

Past verbalizations were defined as verbalizations

during therapy sessions which refer to "there and then" activities outside the group.

The important phrases in this definition are "there and then" and "outside the group."

----- Are there any questions? -----

Unclassifiable verbalizations were defined as verbalizations which are not audible, not clear in meaning, incomplete, etc.

The cardinal rule you were asked to remember here was:

"If a verbalization is unclear to you, doubtful to you or the type where a decision cannot seem to be made using the present or past category I would ask you to judge this statement as unclassifiable."

----- Are there any questions about the three categories? -----

Let us now refer to Illustrations I, II, and a third Illustration III.

Illustration I

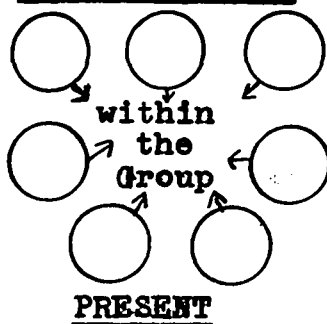


Illustration II

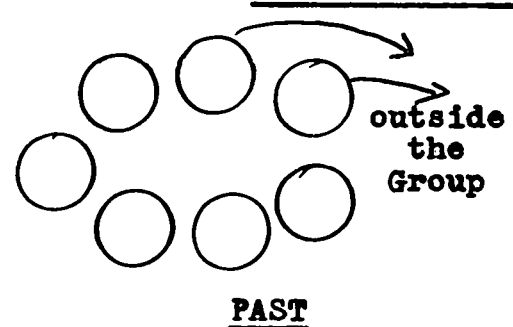
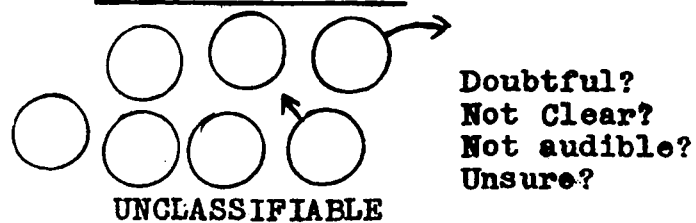


Illustration III



We will be meeting for six consecutive afternoons here in this room. We will be dealing with one group per day. Each group met for ten sessions. Six one-minute samples were drawn from each session totalling sixty per group. We will be having periodic breaks, however, do not hesitate to tell me if you are tired and cannot concentrate on the segments.

Finally, the participants of this study have been assured of the complete confidentiality of the study. Please treat the segments as completely confidential. Your cooperation and help is greatly appreciated.

Thank you.

**APPENDIX C**

**Self-Referring Statements**

## Self-Referring Statements For VFG and CCG

		VFG			CCG		
		I	II	III	I	II	III
<b>Session</b>	<b>1</b>	68	107	49	54	44	40
	2	72	68	71	68	51	50
	3	87	71	76	38	41	47
	4	78	90	63	65	43	56
	5	65	59	59	57	51	63
	6	56	88	86	41	78	31
	7	77	72	103	46	42	43
	8	72	95	77	36	47	59
	9	56	81	67	53	46	64
	10	64	58	68	53	46	64
<b>Total</b>		695	799	719	503	486	493
<b>Grand Total</b>		2213			1482		

**APPENDIX D**

**Non-self Referring Statements**

**Non-Self Referring Statements For VFG and CCG**

		VFG			CCG		
		I	II	III	I	II	III
<b>Session</b>	<b>1</b>	54	56	45	73	77	59
	<b>2</b>	51	59	50	79	83	60
	<b>3</b>	58	83	53	69	67	90
	<b>4</b>	43	60	54	59	60	99
	<b>5</b>	44	49	43	56	63	95
	<b>6</b>	52	67	50	67	75	75
	<b>7</b>	46	63	54	72	74	67
	<b>8</b>	44	56	45	54	90	67
	<b>9</b>	41	42	43	78	76	84
	<b>10</b>	50	49	42	78	76	84
<b>Total</b>		483	585	479	674	753	769
<b>Grand Total</b>		1557			2196		



**APPENDIX E**

**The Butler and Haigh Q-Sort**

**The Q-Sort Items**

1. I feel uncomfortable while talking with someone.
2. I put on a false front.
3. I am a competitive person.
4. I make strong demands on myself.
5. I often kick myself for the things I do.
6. I often feel humiliated.
7. I doubt my sexual powers.
8. I am much like the opposite sex.
9. I have a warm emotional relationship with others.
10. I am an aloof reserved person.
11. I am responsible for my troubles.
12. I am a responsible person.
13. I have a feeling of hopelessness.
14. I live largely by other people's values.
15. I can accept most values and standards.
16. I have few values and standards of my own.
17. I have a hard time controlling my sexual desires.
18. It's difficult to control my aggression.
19. Self-control is no problem to me.
20. I am often down in the dumps.
21. I am really self centered.
22. I usually like people.
23. I express my emotions freely.
24. Usually in a mob of people I feel a little bit alone.
25. I want to give up trying to cope with the world.

26. I can live comfortably with the people around me.
27. My hardest battles are with myself.
28. I tend to be on my guard with people who are somewhat more friendly than I had expected.
29. I am optimistic.
30. I am just sort of stubborn.
31. I am critical of people.
32. I usually feel driven.
33. I am liked by most people who know me.
34. I have an underlying feeling that I am not contributing enough to life.
35. I am sexually attractive.
36. I feel helpless.
37. I can usually make up my mind and stick to it.
38. My decisions are not my own.
39. I often feel quiet.
40. I am a hostile person.
41. I am content.
42. I am disorganized.
43. I feel apathetic.
44. I am poised.
45. I just have to drive myself to get things done.
46. I often feel resentful.
47. I am impulsive.
48. It's important for me to know how I seem to others.
49. I don't trust my emotions.

50. It's pretty tough to be me.
51. I am a rational person.
52. I have the feeling I'm just not facing things.
53. I am tolerant.
54. I try not to think about my problems.
55. I have an attractive personality.
56. I am shy.
57. I need somebody else to push me through on things.
58. I feel inferior.
59. I am no one. Nothing really seems to be me.
60. I am afraid of what other people think about me.
61. I am ambitious.
62. I despise myself.
63. I have initiative.
64. I shrink from facing a crisis or difficulty.
65. I just don't respect myself.
66. I am a dominant person.
67. I take a positive attitude toward myself.
68. I am assertive.
69. I am afraid of a full-fledged disagreement with a person.
70. I can't seem to make up my mind one way or the other.
71. I am confused.
72. I am satisfied with myself.
73. I am a failure.
74. I am likeable.
75. My personality is attractive to the opposite sex.

76. I am afraid of sex.
77. I have a horror of failing in anything I want to accomplish.
78. I feel relaxed and nothing really bothers me.
79. I am a hard worker.
80. I feel emotionally mature.
81. I am not accomplishing.
82. I am naturally nervous.
83. I am really disturbed.
84. All you have to do is insist with me, and I give in.
85. I feel insecure within myself.
86. I have to protect myself with excuses, with rationalizing.
87. I am a submissive person.
88. I am intelligent.
89. I feel superior.
90. I feel hopeless.
91. I am self-reliant.
92. I often feel aggressive.
93. I am inhibited.
94. I am different from others.
95. I am unreliable.
96. I understand myself.
97. I am a good mixer.
98. I feel adequate.
99. I am worthless.
100. I dislike my own sexuality.