

AN ABSTRACT OF THE THESIS OF

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Title: Behavioral Changes of Participants in Family Group Consultation

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The study investigated the effect of family group consultation. Specific hypotheses to be examined were:

1. Family group consultation is productive in helping individuals move toward more effective behavior as measured by the increase in correlation between self sort and the ideal sort at the end of consultation.
2. An individual will have accomplished greater congruence between self and ideal self indicating the likelihood of more effective behavior after eight weeks of participation than after twelve weeks in family group consultation.
3. As family group consultation progresses the goals of the individual family members become more congruent with the goals of the counselors.

The subjects included two groups, one of which was made up of families who had been referred to the counseling staff at Portland Center. Families who were having difficulties because of faulty communication were accepted. In all cases the identified reason for referral was an adolescent in the family who was having difficulty in school. Twenty persons participated in the

experimental group.

The comparison group was made up of family members who had sought help at two other agencies in the Portland metropolitan area. There were sixteen persons in this group.

The counselors who were involved with the experimental group subjects were of similar academic background, with the emphasis in psychology and education. The staff members of the agencies where the comparison group was located, had had academic emphasis in psychology and had had clinical training.

Family group consultation was described to the family members who participated in the experimental group as a way of consulting with each other and with professional counselors. They were told that two or three families would meet together once a week for two hours. It was explained to them that they would be given an opportunity to relate to one another during the session and the counselor tried to prepare them for the openness and involvement expected of them.

The first session was used to get acquainted and to gathering information. During the first hour, parents and children were seen together. The second hour the parents were seen in one group while the children were seen in another.

During the second session the members were encouraged to describe family events. By the third session the individual family members were evaluating their own behavior, and the consultative process was engaged in by other families' members. The fourth session found the counselor

involved in events in the group. The fifth session was devoted to encouraging the members to use the skills learned, to look at their individual behavior and to examine what messages were sent and received. The sessions from the fifth to the twelfth were a reiteration of what went before: information gathering, identification of issues, description of events, continuation of the consultative process, and discussion of alternative ways of behaving. The last session was used by the group to summarize the process of consultation.

Data gathering involved the administration of an 80-item Q-sort designed to measure self-concept. Rogers' definition of the self-concept was used. The family is seen to have profound effect on the self-concept of its members. Therefore, it was in the family that change was sought through family group consultation. The data were gathered to find out if family group consultation results in change.

The instrument was administered three times and comparisons were made between self-sorts, ideal sorts, and the experts' sorts.

Since the experimental and the comparison groups were not taken from the same population a nonparametric statistic had to be used. A contingency table and a test of probabilities were computed directly. There was no significant change in the experimental group.

The limitations of the study were a consequence of the error in research design. The study should be replicated using a larger sample from the same population. The need for evaluating family group consultation has not been met by this study. However, the methodology described represents a

departure from that which has been used and may be considered a worthy contribution to the literature.

BEHAVIORAL CHANGES OF PARTICIPANTS
IN FAMILY GROUP CONSULTATION

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BEHAVIORAL CHANGES OF PARTICIPANTS IN FAMILY GROUP CONSULTATION

Chapter I

General Nature and Status of the Problem

The world is changing (Wrenn, 1962). The family form is changing to adapt to, or to accommodate, the change. Change works hardships especially on those in the forefront of the movement. They cannot fall back on the past and the future is unknown (Mead, 1965). The increasing awareness of the family as the primary locus of emotional disturbance by such students of human behavior as Ackerman (1958) may be used to document the consequences of change in the family. The purpose of this study is to examine one method of facilitating change in the family.

The changes may be of vast influence as, for example, in regard to industrialization and automation. The changes may be those which are brought about by mechanization, such as the movement from the farm to the city. The changes may be more immediate such as the building of a new school, the departure of a person for military service, the membership in an organization by any member of the family, or new standards set for admission to college. Any of these changes cause the family to change. The family may be thrown off balance by changes.

However, the function of the family has not changed. It is still "...to rear children who can live out as adults a form of life they learned as children. Within the family children learn how, in their turn, to relate themselves to others, to work and play, make friends, marry, and rear children. Within the enveloping life of the family, each child learns who he

is, what he is, and what he may become--what it is, in fact, to be a human being" (Mead, 1965, p. 80).

Some families appear to need help in carrying out their function. When change occurs on a wide scale those affected may react, or over-react, causing imbalance. Disturbed relationships within the family may occur. One of the ways in which people react to change is by "...surrounding ourselves with a cocoon of pretended reality--a reality which is based upon the past and the known, upon seeing that which is as though it would always be" (Wrenn, 1962, p. 446). Wrenn's concept can be used to describe the protective action any of us may take when change is threatening. For the purpose of this study the concern is with members of families. Parents who cling to ideas, values, and related behavior that served a social purpose at an earlier stage of their lives may become confused, distraught and disturbed in their communication with others and especially with members of their own families. Similarly, the adolescent member of the family who clings to the childish ways of his earlier life may come into conflict with himself and with others as he strives to maintain his once-useful behavior (Zwetschke, 1965).

Possible ways to help people accommodate changes, which the current world requires, occupy the thinking of many social scientists. One of the ways to facilitate change and to make the protective cocoon unnecessary may be found in family group consultation where family members are en-

couraged to exchange information, views, and opinions, and, what seems more important, to manifest the expression of affection, positive regard, and openness. The goals of family group consultation are understanding between persons of different orientations, diminishing cultural encapsulation, revealing affection and positive regard, and achieving greater openness in interpersonal relationships.

The purpose of this study is to assess a method of family group consultation which may facilitate change.

Review of Related Literature and Research

Since the early part of the twentieth century, according to Haley (1962), the emphasis on psychological study has been on the individual. Much of that study has been devoted to the "clinical" individual. In the literature, "clinical" appears to be used to describe individuals who are deeply disturbed in their behavior. There are persons, presumably, whose disturbance is such that their behavior is observably ineffective and disruptive to the extent that they seek help or that help is sought for them. Similarly, the preponderance of literature and research on the family has been devoted to the "clinical" family. It may be assumed that this family functions in a way which is maladaptive to the extent that some one of its members seeks help.

The probable reasons for concentrating study on the "clinical" individual and the "clinical" family seem understandable. Usually the individual

or family is observable or visible in his/their maladaptation. Another is that he/they are likely to seek help when the discomfort is acute in the presence of opportunity for help. Still another reason may be that just as extremes in other areas are more obvious, usually, i. e., dress, intelligence, customs, so it may be with behavior. The fact is also that some of the pioneers in the study of human behavior, such as Freud, concentrated on the individual. In fact, emphasis has been placed upon studying the abnormal individual partly, at least, because Freud made his observations of the person whose functioning was seen to be abnormal, and people who have followed him appear to have been influenced by his example. Moreover, Freud's "...warning against any attempt to engage the confidence or support of parents or relatives..." has increasingly served to arouse the interest of some analysts in trying to find some more workable arrangements, involving the family, according to Jackson and Satir (1961).

The study of the family has tended in the same direction as the study of the individual. Studies in the abnormally functioning family have dominated the scene (Handel, 1965). Even though the family has become the primary focus for some workers in the past ten years, much of what is done in the name of studying the family is really the study of family members for the purpose of increasing knowledge of the individual (Spiegel and Bell, 1959). However, throughout the country there are some clinics, institutes, and departments of hospitals and universities where work is being done using

the family in therapy (Ackerman, 1961). There is more than one approach being used in the various agencies.

The approaches which have been used to work out the problem of family imbalance, ineffectiveness, defeating behavior, or dysfunction, have some variation. The methods being used all contribute some information from which inferences may be drawn and added to the fund of knowledge. It is suggested, however, that each of these methods requires a differing degree of involvement on the part of the therapist as well as the family members; the degree of involvement may affect the process, the therapy venture.

Furthermore, successful therapy sessions may be those which make it possible for family members to relate more effectively with others in the family. Family members may be enabled to generalize this behavior to other people in other situations.

Some of the methods which are currently in use may minimize, in part, the social process and, as such, may defeat the goal of counseling thereby. Jackson and Satir (1961) enumerated six approaches which are used in working with families. (1) The family members are seen conjointly which means that all family members are seen by the same therapist at the same time. This method allows the family members involved a means of communicating intimately while the communication is being observed and interpreted by the therapist. The limitation which seems inherent in this

method is in the possibility that the complexity and amount of interaction and interpersonal dynamics may be more than one therapist can handle successfully; a consequence of this may be that the therapist may become part of the problem, in effect, another participant in the family difficulty.

(2) The whole family is seen conjointly for diagnostic purposes and its members are then assigned to individual therapists who work collaboratively. This method appears to work against the major premise of family therapy. It is in the family that we learn to relate to others, to find our identity, and to practice ways of behaving. To assign family members to individual therapists is to give them practice in relating to therapists, not to their own family with whom they live. For the therapists, "to collaborate" becomes an academic exercise in which they attempt to piece together what they have separately learned.

A variation of seeing the family conjointly for diagnostic purposes and then separately for treatment by different therapists, is to select one member for individual therapy after a family diagnosis has been made. This method seems equally questionable. To separate a person from the family suggests that one person alone is having difficulty and that he is unaffected by the other family members and that he does not affect them. Spiegel and Bell (1959) have suggested at least one way in which a family member may be used in maintaining some kind of equilibrium in the family in their discussion of the scapegoating concept. Using this concept as an example, if an individual in a family were used as a scapegoat, that is, as a target or

vehicle through which the destructive feelings of the family members were expressed, it is entirely possible that the act of taking this person into therapy as the identified patient would only further the process of scape-goating. If another person in the family were taken into therapy the scape-goating process might only be shifted from one to the other; the interaction of the family would be interrupted but little.

(3) A single therapist works with family members individually and pieces together what he knows of the interaction as described by the family members. Again, this method seems to be an academic exercise for the therapist who tries to fit together the views according to individual members of what goes on in the family. The purpose of counseling seems ignored: to help people live more effectively.

A variation on this method is to assign individual family members to different therapists at the beginning. These therapists then pool their findings and proceed with individual treatment. "The family interaction is observed primarily at the level of collaboration" (Jackson and Satir, 1961, p. 29). The same weakness appears to hold for this variation. It seems to be academic and fiction of a family.

(4) Another approach is to see the identified patient regularly and the family members occasionally. This approach serves to emphasize the division in the family between the sick and the well. This method is seen to be destructive in consequence, if not intent. To label and thus identify one as "sick" is to set him apart, to isolate him, and thus to reduce the feedback

he might get which would allow him to modify his behavior and to make it more acceptable to those around him. Moreover, this method suggests that there is something communicable about emotional "sickness" which will be minimized by isolation. It seems possible that "wellness" may be communicated, too, if the focus is the family as the patient, rather than an individual.

(5) Another schemata used and described by MacGregor, et al. (1965), is interdisciplinary in the selection of its therapists. One family is seen in a group initially, and then the family members are seen individually by each of the various members of the "multiple impact therapy" team. At the end of two full days the team and family members gather in a group again for a summary. The strength of this approach is that it uses the human resources of an interdisciplinary "team which serves as a model of healthy group functioning" (MacGregor, 1965). A question may be provoked in regard to the small amount of time and intensive activity directed toward behavior change. Is a person likely to maintain the change suggested over time? MacGregor's follow-up after six months indicates the majority of his subjects was able to maintain the change.

(6) Still another approach, reported by Curry (1965), is to bring together several family units into a large group where the members of the several families examine together their ways of functioning. Curry himself has expressed the limitations and the advantages inherent in this method:

"That the depth of this form of therapy can reach is limited is immediately admitted; it does, however, offer family units an opportunity to examine their way of functioning in a meaningful way with the support and help of a therapist" (Curry, 1965, p. 95).

The approaches described above all take as their starting point, the family. Each method is a variation on the theme of concern for the family as a unit. It is the goal of those involved in the study of families to help the malfunctioning family to find more effective, less defeating ways of behaving. As has been indicated in the brief comments of each method it appears that, in some cases, the method may become part of the difficulty rather than an interruption of the difficulty. Each of the methods being used provides necessary information for continuing to try new ways of working with families.

The present study is concerned with a method which is still another variation of those already mentioned. It is most nearly similar to that reported by Curry. There are at least two additional emphases, however. One is in the use of both family members and counselors as consultants in the discussion of alternatives of behavior and the other is in the use of more than one counselor in a group of multiple families.

Basic to the entire process is the need for the kind of communication between persons which aids and allows each one the freedom to achieve his greatest potential as a human being.

The present study is devoted to the proposition that multiple families meeting together weekly with at least two counselors can use the arena in which to learn how to communicate openly and freely without fear. Using the position taken by Allport, Rogers, Maslow, and others, to the effect that human beings are impelled toward growth, that they have a natural potential for learning, consideration is given to possible impediments to such growth. Obstruction in communication is seen as an impediment.

It seems likely that communication is in effect much of the time between persons. Something, some message, is being expressed. It may be indifference, or it may be anger, or love, or hate, or concern, or even a confusion of mixed feelings. The point is that people who are together appear to tell each other something by the way they act, what they say, how they say it, the tone they use in speaking, their facial expression, the kind of attention they give one another, and so on.

The kind of communication the present study is concerned with is that which may be used to open an exchange between family members which frees them from impediments - to learn and to grow, to become creative and adaptive individuals.

Again, the concentration of most research and related literature has been on that communication which debilitates. Most of what has been written emphasizes the point that faulty communication may lead to the learning of irrationality, to ways of behaving which are defeating, diminishing. Much study has been devoted to schizophrenics.

Communication

Difficulties in communication, the organizing and transmitting of messages, have been noted by several workers (Ruesch, 1957; Jackson, Riskin, and Satir, 1961) as the crux of the disequilibrium in families. Bateson and Ruesch (1951) have been at the forefront in studying the messages exchanged by family members generally, and parent-child message exchanges primarily. Bateson, et al. (1956) have come to consider the process of communication as having a significant part in the development of schizophrenia. These men hypothesize at least two levels on which communication takes place. What is said is one level; qualification of what is said is another. Qualification is carried by tone of voice and bodily movement or gesture. Qualification may affirm the content of what is said, deny it, make what is said a joke, etc. Bateson, et al. (p. 252) find "the schizophrenic is a person who grows up in a family in which what is said is typically qualified in such a way as to be utterly incongruent." This kind of communication, they hold, results in the child being caught in a "double-bind." A consequence of this experience may be that the child is unable to discriminate accurately in communication with himself and with others.

Haley carries this concept further in his study (1959) of the families of schizophrenics. He finds such families unique in that their members demonstrate an incongruence between what they say and how they qualify what they say; they disqualify what the other says and this disqualification

prevents the establishment of family leadership and stable alliances within or without the family. One's learning experiences within the family preclude his relating effectively to other people outside the family.

Jackson (1959) suggests still another facet of this communication theory: observation of family behavior may reveal the absence of arguments which can be a sign of pathology. Another merit of communication theory is that the focus of study is on the process rather than upon the subjects involved. Another study by Jackson and his colleagues, Riskin and Satir (1961), illustrates this emphasis in their analysis of a taped interview in which they focus on the pattern of communication, the motivation, and affect demonstrated by the family.

The cognitive structure seems involved in the communication structure since it seems desirable to know about the sender and the receiver. The cognitive process has to do with the question, "How do members of a family think?" and, "How are they integrated cognitively?" and, "What part do cognitive processes play in the integration of a family?" (Handel, 1965, p. 35).

Flavel (1957) suggested that cognitive development as it is affected by pathogenic early interpersonal relations must be part of an adequate explanation of the schizophrenic process. He was reacting to Powdermaker's (1952) remark to the effect that the child may be forced to leap ahead in his transition from presocialized ideas to realistic thinking, and, as a consequence, loses self-esteem which may cause him to incline away from

reality. Lidz, et al. (1958), touch on this point, too, when they discuss the theorists' task to explain the schizophrenic's need to give up testing reality and his ability to do so. The loss of communication by way of feedback is clear.

For the purpose of the present study, the possibility to be emphasized is that communication within the family may be facilitated to the extent that its members may relate to each other with greater freedom and effectiveness and that an increase in psychological health may accrue. The impulse toward growth may be augmented. The underlying assumption is that if faulty communication within the family leads to the learning of irrationality, improved communication may lead to the use of greater reason, to increased effectiveness.

Controlled Experiment

There are comparatively few controlled experiments reported in the literature.

Most of what has been written on the family is descriptive, or suggestive of possible interpretations of family relationships. That there is need for experimentation is obvious. Haley (1962), set the goal of family experiments as the description and measurement of the way family members typically respond to each other outside the experimental situation. The difficulties of experimenting with the family within a controlled situation seem great enough and perhaps point to the need for developing methods and

instruments different from those used in studying other groups. For example, Strodtbeck (1954), used small group procedures in studying families and found important differences which he construed as being due to the abiding alliances of family members, as opposed to the kind of alliances found in ad hoc groups.

More recently several experiments have been reported which suggest some inroads to the problem of conducting controlled experiments with family interaction.

A method which seems to hold promise of a qualitative tool for rating interpersonal aspects of communication was developed by Terrill and Terrill (1965). They used Leary's Interpersonal System to classify eight interpersonal ways of interacting, arranged in a circular continuum. Each variable was located on the continuum by its relationship to the circle's axes. Using a tape and a transcript of a family discussion the raters assigned each scorable speech to one of eight interpersonal variables. The average agreement between two raters was 78 per cent.

Another attempt to study the interpersonal processes in the family was described by Levin (1966). The subject is physically isolated so that only he and the experimenter are present. The subject is asked to give directions to a member of his family, a specific person, which would enable that person to carry out a simple task. The purpose of this study was to contrast the communication behavior of schizophrenic family members with a control

group. Levin found that the experimental group produced more ambiguous, less adequate explanations, than did the control group.

Ferreira, Winter, and Poindexter (1966) studied some interactional variables which might distinguish normal families from abnormal families. They measured the amount of talking of the participants. They asked, who talks most? Who talks least? How much do statements overlap? How much time does a family remain silent while performing a task that calls for an exchange of information among family members. They concluded that the amount of talk didn't differentiate the normal from the abnormal families. However, silence did differentiate the normal from the abnormal families.

Jackson (1963) also focussed on the participation in speech of members of families. He studied the sequence of who talks after whom in a family discussion in terms of randomness and limitation of speaking patterns. He used seven rating scales and a modification of the Leary Interpersonal Check List to assess the marital relationship and the parent-child teaching relationship.

This review of the literature and related research seems to illustrate the almost exclusive concern the researchers have with the study of disturbed behavior, with the clinical or the abnormal.

Of central importance to the present study is what happens to family members who are distressed, who are functioning at less than their optimum because of their distress, when they avail themselves of family group con-

sultation. Basic to development of this study was the early work at Portland Continuation Center in family consultation. In the fall of 1961, two of the staff members of the Counseling and Guidance Training Institute went to the University of Oregon Medical School Psychiatric Outpatient Clinic to work with families under the supervision of a psychiatrist. They counseled with members of several families in one group. These people, members of several families, had been referred to the Clinic because an adolescent member of each family was identified as needing help. In each instance, although there were difficulties in relationships within the families, the individuals about whom there was concern did not fit the psychiatrist diagnostic nomenclature. Consequently, it seemed appropriate that they be seen by the two men whose primary concern was the study of adolescents and the training of high school teachers to work effectively with adolescents. For several months they counseled with the families under the supervision of a psychiatrist. When they left the Medical School setting for the Portland Continuation Center, they continued with the same families. From time to time they added other families. They terminated some. These families and others agreed to be used in the training aspect of the Counseling and Guidance Training Institute program. To the observer-participant the method appeared to be productive of more effective behavior patterns and the families attested to their "feeling better."

Increasingly the rest of the staff of counselor-trainers became involved

in this method of counseling until at present all staff members actively carry a case load consisting of several families with whom they work. The families are referred primarily by the public schools in the metropolitan area; however, on occasion other agencies of the helping professions refer families.

Not only was the proposed study intended to emphasize the "well" family which has been temporarily interrupted in its impulse toward health, toward growth, but it was intended to meet the need for controlled experimentation. However, an error in design resulted in failure to satisfy this need.

Scope of the Present Study

Purpose

It is necessary to assume, for the purpose of this study, that there are characteristics of a well-functioning family which can be identified. It appears that a healthy family would be one in which information, views, opinions, affection and positive regard are exchanged among its members. Another way of saying this would be that the individual family member as well as any optimally functioning individual is a person who is free to express affect, who is able to function with an apparent awareness of self as well as an awareness of others, who is able to feel close to others, who is able to demonstrate this closeness in his relationships, and who is optimistic in anticipation of outcomes (Foreman, 1966). Such a person would be

expected to relate with ease to other persons, and he would appear to be on good terms with himself. He would be expected to express feeling directly but with recognition and acceptance of the feeling of the recipient of his expression. He would be receptive to overtures made by another. He would be as willing to be helped as to help. He would act as though the tasks with which he is confronted are challenges and would attack them in the spirit of a game. He would display these characteristics in the family where he has learned them by example and by practice.

The primary purpose of this study is to determine the movement toward healthy, more effective behavior as implemented by family group consultation. A secondary purpose is to attempt to determine the optimum number of counseling sessions.

Such movement would be expected to be exemplified in an interchange of cultural outlooks. Alternate ways of working out conflicts between parents and adolescents would be discovered by families who participate. This would be in contrast to the limited approaches of a family, a family which has "tried everything." Adolescents may be expected to relate in more positive ways to other adolescents, to listen and to talk with less stress.

Demonstration of affection and positive regard would be seen in a person's willingness to reveal himself to others in the group, and such revelation would be accepted by the group. The effect of this exchange would free all involved to act more spontaneously, with less constraint.

A person who feels free to express affect might be expected to make such statements as "I can generally express my feelings (joy, sorrow, pleasure, pain, etc.)." Or he might say, "I feel better when I have talked about my concerns with someone." Such a person might give voice to his awareness of self and others, especially his readiness to relate to others, by saying something like, "I have several close friends," or "I like to be with my family," or "I enjoy being with most people." He would appear to be on good terms with himself and this state might be revealed through such statements as "I usually feel well," and "I think of myself as a happy person," or "I usually feel confident of the decisions I make." A person who is optimistic probably would express such optimism by saying, "Most of the things I plan work out well," or "I like things to happen as I plan them, but I don't get terribly upset if they don't," or "I am a good manager (of money, time, work, etc.)." He would be able to ask for help quite directly as, for example, "I don't know exactly what is expected of me in some situations. Will you tell me what you would do?" And he would be able to respond positively to a similar request made of him. He would give expression to his willingness to face tasks as challenges by communicating, "I have no trouble making decisions," or "I like making plans or working our problems. They seem like contests to me." He might also say, "I am curious to know how others solve problems. I think it is fun to know different ways of doing things." He might communicate his willingness to reveal himself by such a

statement as "There aren't many things I mind talking about," or, more positively, "I'm willing to talk about almost anything with my family or close friends."

Family group consultation was conceived as a method of working with families which would allow their members to become more fully, more effectively functioning.

Family group consultation is defined as a form of counseling in which families meet together for the purpose of consulting with one another and with the professional counseling staff.

Hypotheses

1. Family group consultation is effective in helping individuals move toward more optimally functioning family behavior as measured by the increase in correlation between self sort and the ideal sort toward the end of consultation.
2. An individual will have accomplished greater congruence between self and ideal self indicating the likelihood of more effective behavior after eight weeks of participation than after 12 weeks in family group consultation. This will support the assumption that there is an optimum number of counseling sessions beyond which little is accomplished. The increase in congruence between the ideal self and self Index of Personal Adjustment scales will not be significantly greater after twelve weeks than after eight weeks of family group consultation.

3. As family group consultation progresses the goals of the individual family members become more congruent with, more similar to, the goals of the counselors.

Chapter II

Methods and Materials

The Experimental Group

It was from referrals made by teachers to the counseling staff of the Portland Center, Division of Continuing Education, that the experimental group, used in the present study, was drawn. The first six families who were referred in January, 1965, whose combined number totaled twenty-five, were used in the study. The number of families accepted into family group consultation was determined by staff time available for use in working with these families. It was estimated that six families could be accommodated and as they were referred they were given an initial interview. An attempt was made to determine whether the problems of the family involved a breakdown in communication, in interpersonal relations, between two or more family members. If such was the case, the family was accepted into family group consultation. If the problem was other than a breakdown in communication between two or more family members, individual counseling or some other disposition of the problem was recommended. In all cases the identified reason for referral was an adolescent in the family who was having difficulty in school. Of the six families all but one father participated in counseling. Eleven parents were involved in family group consultation, and fourteen youngsters participated. The age range of the adults was from thirty-nine years to forty-three years. The educational range

among the adults was from twelve to seventeen years. The age range of the youngsters was from five to eighteen years. The educational range of the youngsters, from pre-school to high school. Two of the families were from suburban Portland, three from Portland metropolitan area, and the sixth family was from Vancouver, Washington, a city of approximately twenty-six thousand people many of whom work or attend school in Portland.

The Comparison Group

An attempt was made to find a control group which could be matched with the experimental group on the following variables: number of families, number of parents, number of youngsters, sex, age, educational years, locality of residence, and socioeconomic status. The aim was not achieved. In addition, only those persons who had indicated a desire for counseling would be used, and only those who had not had and would not have, counseling for a period of at least eight weeks, preferably twelve. Some people were found, however, who did conform in one aspect: This group of people, like those in the experimental group, had sought counseling. Moreover, they would not be taken into counseling in less than eight weeks. Therefore, since they had indicated a desire for counseling and since they would not be given an appointment for at least eight weeks, they were used as a comparison group, a group whose scores might be compared with the scores of those in the experimental group.

The control group was made up of members of ten families who were desirous of counseling. Eight of these families were on the waiting list of the Clark County Mental Health Center in Vancouver, Washington.

The age range of the adults was from twenty-one to fifty-one years. The age range of the youngsters was from fourteen to nineteen years. The years of education for these people ranged from nineteen to sixteen years.

In the beginning of the study more than twenty-five people agreed to participate but some moved, some came to feel no need for counseling, and some were accepted into counseling. Those who were willing to participate in the study were told simply that the purpose was to find out if counseling makes a difference in the lives of those who seek help.

The staff members who were involved in counseling with the subjects in the experimental group were of similar academic background. One took his doctoral degree in both psychology and education; one in psychology, two in education with major emphasis in guidance, and a doctoral candidate in education with major emphasis in guidance. All had spent at least nine months at the University of Oregon Medical School Hospital Psychiatric Outpatient Clinic working under the supervision of a psychiatrist. This experience involved working with persons who had been referred to the clinic by various agencies, principally medical personnel in other departments of the medical school hospital, and discussing with the psychiatrist in a seminar the dynamics involved in working with these

patients. This practice required the observation of the intake interview which was conducted by the supervising psychiatrist. At the time of the initial interview a decision was made as to the disposition of the case. If it were decided by the psychiatrist that one of the members of the seminar might work with the person an appointment mutually acceptable was set up and a series of sessions was begun. Between sessions with the person the members of the seminar met with the psychiatrist for the purpose of reviewing the content and the process of the interview as reported by the student. At this time suggestions were made by the psychiatrist in regard to the conduct of subsequent interviews by the student.

The staff members of the Clark County Mental Health Center, from which most of the people in the comparison group were drawn, had had training which apparently emphasized the clinical. The director of the center took his degree in clinical psychology, the psychiatric social worker had a master's degree which required two years' field experience, the psychiatrist who spent two days per week in the center had had medical training plus three years' residency. In addition to this regular staff there were two trainees in the clinical psychologist program from a local university, and three first year social workers who were on field placement at the center and as such spent two days per week at the center. The latter were on assignment from another college in the metropolitan area.

Three centers were involved in this study. They are the Portland

Center of the Division of Continuing Education, the Clark County Mental Health Center in Vancouver, Washington, and the Community Child Guidance Clinic in Portland. In each center there is a form of family counseling being conducted. At the Portland Center, family group consultation is the method used. At the Clark County Mental Health Center single families are seen by one therapist. At the Community Child Guidance Clinic several families are involved in counseling at one time with a psychiatrist, a psychiatric social worker, and at least two trainees in psychiatric social work.

The criterion measure devised for this study was administered to members of families at each of the three centers.

A Comparison of Agencies

The primary purposes of Clark County Mental Health Center and the Portland Continuation Center, seem to be quite similar. The Clark County Mental Health Center has as its main purpose the promotion of mental health in the community through public education. Such education is directed toward the prevention, diagnosis and treatment of mental illnesses. The main purpose of the Portland Continuation Center is the education of people of the community through its many and varied regular educational and special programs.

One of the special programs conducted by the Portland Continuation Center, Division of Continuing Education, is the Counseling and Guidance

Training Institute. The purpose of this program is to train secondary school teachers to become counselors. In the process of this training, enrollees are instructed and supervised in counseling with people who are in difficulty. At the Clark County Mental Health Center, where the primary purpose is to promote mental health in the community, the professional staff views the treatment of patients as its primary responsibility. The graduate students in social work and the intern in clinical psychology are given instruction and training. The staff at the Portland Center, Counseling and Guidance Training Institute, has available a psychiatrist who serves in a consultative role, and who is usually called upon to give a series of lectures or demonstrations in group work. Similarly, at the Clark County Mental Health Center there is a psychiatrist who spends part of his time at the center in a consultative role to the full-time staff. Again, there are two persons on the staff of the Counseling and Guidance Training Institute who are certified psychologists and there is a clinical psychologist on the staff at the Clark County Mental Health Center. The remaining persons on the Counseling Institute staff at Portland Center have doctoral degrees in education and psychology. The remaining persons on the staff at the Clark County Mental Health Center are psychiatric social workers with masters degrees in psychiatric social work.

In the matter of referrals, both agencies receive many from the public schools. In addition, referrals may come from parents, juvenile courts,

ministers, and other agencies. In regard to an initial or intake interview at the Portland Center the staff member conducting the interview makes the decision as to whether that person may be best served by the counseling skills available there or if he should be referred to another agency. At the Clark County Mental Health Center an intake interview is performed by a staff member: the case is then reviewed by the psychiatrist and other staff members at which time the person is assigned a place on a waiting list or is assigned a worker who then meets with him on a regular schedule.

Another Agency Used

Two families who were used as part of the comparison group had been on the waiting list at the Community Child Guidance Clinic in Portland. This, too, is an agency which receives UGN support. It receives referrals from such agencies as the public schools, the juvenile courts, parents, teachers, ministers, etc. The purpose of this agency is similar to that of the Clark County Mental Health Center in the promotion of mental health through education and treatment with the child as the focus.

The professional staff of the Community Child Guidance Clinic is composed of a full-time psychiatrist, a part-time psychiatrist, several psychiatric social workers, and two psychologists. Its primary purpose is the treatment of disturbed youngsters, but it also functions as a training situation for graduate students in psychology and social work.

A Description of Family Group Consultation

During the intake interview an exchange of information is carried on by both the family members and the counselor conducting the interview. The family is asked questions which are used to elicit information as to the kind of difficulty the family is having. An explanation of the family group consultation process is given the family. They are told that families meet together for the purpose of consulting with one another and with the professional counselors. They are told that typically two or three families, consisting of up to fifteen individuals, meet together weekly, and that two counselors are present. They are informed that the total time period of each session is usually two hours. All family members are together during the first hour. Adult members and children meet separately the second hour. One counselor remains with the adult group the second hour while a second counselor meets with the children during that time. Ordinarily it is at this time that the family is acquainted with the fact that the Portland Center is used as a training as well as a service agency, and that they may be observed by persons in training during the family consultation process. However, for the purpose of this study it was determined that there would be no observers nor participants other than staff counselors.

Also during the intake interview the counselor tries to prepare the family for the kind of openness and involvement that will be expected of each family member as counseling progresses. They are told that consultation

provides an opportunity for its members to relate to one another, to obtain feedback from the group in regard to their relationships, to learn to look at specific details of a problem situation, and to describe events as they have occurred within the family. They are told they will be helped to describe their feelings as well as their behaviors and that, as they learn to do this, they may become aware of how interpersonal relationships may result in conflict or resolution. An appointment is then set up for a time when the family is to meet with at least one other family. In the meantime, another family has been interviewed and accepted for family group consultation, and it is with this other, also beginning family that a group is formed.

When the family members arrive for the first session they find chairs arranged in a circle or around a table which makes it possible for everyone to face each other. At the first family group meeting each family member and counselor introduces himself and says a few words about himself, why he is there, what he does, and/or how he feels. These introductions prepare the way for questions to begin which help to acquaint all with the particular problems the family has. Group members raise questions usually during this exchange and the responses are explored.

The course of a family's participation in the group can be described as follows. The first session is spent in the family's supplying information of two kinds: factual information (ages, occupations, interests, etc.) and interpretive information (descriptions of events which have occurred in the

family). Information gathering usually occupies much of the first session. Additional information is gathered in subsequent sessions but with less emphasis on the factual and more on the interpretive. Family members are asked to respond to the question, "What are the issues before this family?" Each person is asked, "How do you see yourself in the family? What is your role? Do you see yourself as important to the family?"

Everyone in the family is asked to come to family group consultation but the attitude taken is that the counselors will work with those who do come with the hope that the other(s) will come later. The counselor makes a note of how many of the nuclear family are present, what the relationship appears to be between father and mother, between parents and siblings, between siblings, and possible variations of these. He hypothesizes the person he sees as controlling the family. He makes an observation to himself as to the kind of involvement each person demonstrates. Does he involve himself verbally? Do non-contextual clues (facial expression, body posture, physical activity or lack of physical activity, etc.) provide one with the feeling that the person is involved even though he contributes little verbally? The counselor comments on what he observes.

The second hour the parents discuss difficulties which may exist between themselves while the children may feel freer to discuss their concerns without the parent present. Also, if there are very small children present the second hour allows them more physical freedom and yet it pro-

vides the counselor the opportunity to observe the children as they relate to each other.

The second session, a week later, may be begun with a question to start things by the counselor such as, "Well, how has it been going?" Some such brief lead is used to allow the family members to determine the subject. At this stage the response is likely to be rather superficial and factual such as, "We went out to dinner last night." The counselor uses this as a lead into something which may be more productive such as an interpretation of what happened while the family are, what went on between them, and how they felt about the experience.

As he listens, the counselor makes careful note of the following factors in an event: (1) time, (2) place, (3) significant persons taking part in the event, and (4) the reporting individual's perception of what happened. It should be noted that he keeps track of each participant's account of an event. He checks the description of the event over and over as each person describes it. Out of all these data, clear patterns begin to emerge. (Fullmer and Bernard, 1964, p. 209).

The counselors begin to get a notion of what the loyalties are, the alliances, and the contracts which may exist in the family and he uses these notions to check out with the members what they really are. In a family, for example, where the mother appeared to try to meet her son on his terms in exchange for his loyalty, it seemed pertinent for the counselor to reflect that she might have disqualified herself as mother when she attempted this bargain. The likely pain and anxiety engendered by such a reflection may result in some such client rejoinder as, "What would you do?" or "Tell me what I

should do" to which the counselor avoids responding directly. In an effort to keep the responsibility where he believes it belongs, with the owner of the behavior, he would respond by saying something like, "Let's talk about the alternatives available to you. What do you think you could do? How do you think a mother should act?" Should the person be unable to respond, the questions are directed to the group.

The third session is used to give the members of the families further practice in reporting events. Up until this time reporting events with reference to other persons has been accepted. At this point, however, the group members are asked to use the pronoun "I" rather than "he" or "she" as an event is recounted. The focus is on the person who is telling of the event and he is encouraged to "own" his perception of the event by using "I" in the telling. Descriptions of the same event by other family members permits the counselors to hypothesize a pattern of behavior in the family.

The individual at this stage is expected to begin some evaluations of his own behavior and may be heard to say, "I didn't realize I felt that way," or "That's a new thought to me."

It is intended that by the third session individuals become aware that other families have problems and discussion seems to become more open. A remark such as "My daughter is that way, too, but I'm not worried about it" may be accepted as supportive. As confidence is gained individual group members become less the outsiders and more the helping persons. Suggestions or solutions are proffered by members of the group.

It is intended that by the fourth session the members of the group will have manifested commitment to consultation. The most obvious demonstration of commitment is the attendance at the sessions of the individual members. However, other forces may be at work which result in the attendance of some members. For example, coercion may be used by parents to get youngsters to attend or a reluctant spouse may be pressured into presenting himself to and in the group. If such possibilities suggest themselves to the counselors, they should check them out by confronting the person with his seeming behavior. A question may be put, such as, "Why do you come here?" or "For whom do you come here?"

In addition to gauging the commitment of the members of the group by their presence, there is another way. Since the first session the counselors have been asking the individual in the group to describe events and problem situations as they happened. By the fourth session the counselors have had some direct experience of events as they happen in the group. This, combined with the description of events by the various members, should supply them with some information by which they can make some judgment of the commitment of the family members. The counselors ask themselves how well the descriptions offered by the individuals conform to what they, the counselors, observe happening. On the basis of this kind of comparison, the counselor reflects what he sees, consistency or discrepancy, and asks the person to react to his reflection. If there seems to be a discrepancy the in-

dividual is helped to look at his input to a situation, and the inputs of others involved to the situation. He is encouraged to focus on himself in relation to his problems. His willingness to do this may be a gauge of his commitment.

Lack of commitment to consultation from each member may be characterized by a tendency of the group to "wander" through the session, never focusing for long on any issue. If "wandering" in this sense is observed a question should be aroused in the counselors as to the commitment of each person. An observation of such "wandering" should be made to those involved. Some statement such as "We don't seem to be able to stay with one subject very long today. I wonder what is going on," might be used at this point. If the counselors feel there is a serious lack of commitment demonstrated this should be made known to the group since it is felt that movement is questionable under these circumstances. Furthermore, bringing attention to the situation as seen by the counselors may provide the impetus for concerted movement.

By the time of the fifth session some members of the group will be observed using the counseling skills they have learned. They will be heard to ask others to be more specific in reporting incidents that have happened outside the group. In trying to get a clearer picture of what happened they might say, "I don't think I understand what you are saying. What I thought you said was...Can you straighten me out?"

They will be asking one another to look at his own behavior, pointing out the difference between saying "You upset me" and saying "I'm feeling upset and it seems to be related to you. I wonder what is bothering me." He is being asked to look at his own behavior instead of focusing on the behavior of another in the situation.

The counselors encourage the group to pursue the meaning of the communication between sender and receiver. The attempt is made to clarify the meaning of a signal sending and reception. A group member is asked about his verbal and non-verbal behavior as it affects others. Specific incidents, occurring in the group, are used to confront a person with what he does, and what it seems to do to others. The purpose of this is to sharpen his awareness and perceptions of events which involve him.

Sessions from the fifth one on are a reiteration of what has gone before. Information-gathering continues but is at an incidental level. Identification of issues before the individual families continues. The issues may appear to change as counseling proceeds but the process of identifying them remains the same. The degree of commitment of each person is estimated and commented on if it seems appropriate and serves the purpose of being a reinforcement. Events within the respective families are described by each individual involved. Patterns as they emerge from this process are checked out with the family. Individual family members continue to respond to the comments, concerns, confrontations of the members of other families in the

group. Alternative ways of behaving are suggested and discussed. The individuals are encouraged to consider changes which they can implement in their own families while comparing such possible solutions to those used in the other families.

The final session is intended to be used by the group to summarize the process of consultation. For the purpose of this study the experimental group continued for twelve sessions and consequently used the twelfth session to summarize. However, the sessions beyond the fifth, whether the goal is eight sessions or twelve, are used similarly. They are used to check out descriptions of events, what happens to the individuals involved, and alternate ways of behaving in such events. In addition, the counselors spend considerable group time in making certain that they and the other consultants are understood, that the messages being sent are those which are received, and that the messages being sent are those the sender wishes to go out.

To lead the group into summarizing their experiences in the group and the consequences thereof, some remarks are made such as "This is the last session for the time being. I wonder if we can devote part of it, at least, to a review of what we've been doing? What do you make of what has been going on? What do you think has been accomplished? Are there things you do differently now from the way you did do such things? Can you be specific?" "What can you use of what you learned here?" These questions would be asked in order to encourage an internalizing of trial activities and to make

more immediate a sense of gain. In an effort to help the individuals find the direction most desirable to each in the future, such questions as these might be asked: "What do you anticipate for yourself? How are you going to use what you've learned? Can you think of some situations in which you might try some of the things you've learned?"

Other questions, intended to keep the communication process open and functioning, are asked. For example, "Do you practice talking things over at home within the family? Can you use the same tactics outside your family? What recommendations would you make for other families like yours?"

The final session is thus concluded with a remark to the effect that we would like to hear from someone in the family in six or eight weeks just to know how things are going.

The Instrument

Theoretical Framework for Gathering Data

The primary purpose for gathering data was to determine the movement individuals involved in family group consultation made toward healthy and more effective behavior. The secondary purpose was to determine the optimum number of family group consultation sessions. A third reason for gathering data was to find out if, as family group consultation progresses, the goals of the individual family members become more congruent with the goals of the counselors.

The data gathered were based upon the assumption that an individual has a concept of himself which can be expressed. He may verbalize this self-concept but such verbalization is difficult to assess. He may express this self-concept by making measurable responses to stimuli presented by an instrument. The latter method was chosen for the purpose of this study.

The self-concept as defined by Rogers is used in this study as the basis for studying change. Rogers' definition of the self-concept as seen by Butler and Haigh is "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" (Butler and Haigh, 1954, p. 55). The self-concept is seen as the criterion determining the awareness of experiences and regulating behavior. Presumably, a person also holds an idea of himself as he would like to be, his ideal self. Rogers' notion was that a disparity between the self and the ideal cause discomfort. The greater the disparity between self and ideal, the greater the discomfort, and the greater the ineffectiveness of the person.

The self-concept is construed as many single self-perceptions which comprise an organized pattern of an individual, the ways in which he sees himself. Presumably the weights he gives these single self-perceptions would allow him to assess such perceptions on a continuum from "unlike me" to "like me." For example, if a need to express feelings about oneself and his concerns is perceived as being more characteristic of himself than

a need to know what others think of him, the individual would give a higher place on the continuum to his need to express his feelings about himself than to his need to know what others think. Basic to this is the assumption that the individual can make a judgment about his self-perceptions.

A construct of some similarity to Rogers' formulation of discomfort resulting from disparity between self and ideal self is Kagan's construct of cognitive dissonance. Kagan wrote that motivation for change can be accounted for largely by "the desire to increase similarity between the individual's conceptualization of himself and his conceptualization of his idealized model" (Kagan, 1962, p. 2). This construct carries with it two implications. One implication is that an individual is motivated by dissonance to make an effort to bring into harmony his self and ideal concepts. The other is that an individual observes other persons with whom he comes into contact and formulates an idealized model as a consequence of such contacts. These other persons may become significant to him. When there is disagreement, or dissonance, between the person's concept of himself and his idealized model, according to this formulation, the person would be motivated to change.

When these "significant other persons" are adequate persons, all is well. When they are inadequate, when their values and behaviors are unrealistically distorted, difficulties may result. Since it is in the family that such models are likely to be found early, it is in the family members

that some modification of behavior is sought. In family group consultation the parents and the youngsters, by virtue of their contact with peers, parents, and/or even an individual's own parent(s), may all contribute to and gain from more adequate models.

The data were gathered to find out if family group consultation results in a change, if such change can be achieved in a limited time period, and if the goals of the counselors become the goals of the counselees.

The Development of the Instrument

Since there was no known instrument available for use in studying individuals involved in family group consultation, one was developed.

The first step in the study consisted of collecting an appropriate group of statements descriptive of the way a person might feel about himself, about others, and especially about others in his family. To this end staff counselors, all of whom were or had been involved in family group consultation, were asked to try to recall statements they had heard made by participants during family group consultation sessions. Statements sought were those reflective of feelings an individual has toward himself and toward others. Lay idiom was used in wording the statements. An attempt was made to keep only statements which were independent of one another.

The statements submitted by the staff counselors, such as "I feel better when I have talked about my concerns," "I am considered last when my family makes decisions," and "I feel indifferent to what others do,"

were gathered into one list. This list was then submitted to the members of three families, nine individuals, who had been involved in family group consultation. These people were asked to indicate the statements they thought reflected their feelings as they recalled them upon first entering the group. Such statements were retained. The remainder was discarded.

Additional statements were taken from available protocols and incorporated in the list. The list of 300 statements was given to each of the "experts" four times; the first time they were asked to select statements they viewed as reflecting positive feelings; the second time they were asked to select statements they viewed as reflecting negative feelings; the third time they were asked to select statements they thought reflected neutral feelings. The fourth time they were asked to react to all of the statements and to assign (+) (-) (0).

Five staff members were chosen to act as experts in the construction of the Q-sort to be used. These staff members were chosen on the basis of training and experience. Each had devoted much of his academic career, graduate as well as undergraduate, to the study of psychology and education, and each had had a minimum of five years counseling experience. In addition, all had had experience of at least nine months duration working under the supervision of a psychiatrist at the University of Oregon Medical School Hospital. All had participated in family group consultation. The background and training each brought to counseling seemed to qualify him as an expert

in the task of selecting statements which might be used in an instrument constructed to reflect behavior change.

To provide the experts with a common frame of reference to guide them in the selection of statements they were given Rogers' definitions of positive and negative attitude as follows:

"Positive Attitude Towards Self; A Client Statement Indicating a Positive Attitude Toward Some Aspect of His Own Personality." This may be illustrated by this kind of statement: "I realize now I have more ability than I thought I had." In other words a positive statement would reflect any feeling which adds to or enhances the effective functioning of an individual.

"Positive Attitude Toward Others" is indicated by an expression, "...a statement, indicating positive feeling toward others in the environment" and is illustrated by this: "I understand my mother better now and I feel more warmly toward her." Roger defines as "Negative Attitude Towards Others" a statement indicating negative attitude towards others in the environment, and illustrates this attitude by "I resent my mother's trying to manage my life." He defined "Negative Attitude Toward Self" as indicating a negative attitude toward some personal quality and illustrates it thusly: "I was too timid, I wouldn't fight for myself so my older sister did that for me." In other words, any statements which reflect the feeling that one is less than he might be, or that reflect a feeling that detracts from him that is likely to inhibit his affective or productive functioning as an in-

dividual, were to be regarded as negative statements. Neutral statements were those which were neither positive nor negative in their reflection of feeling towards oneself or others.

Only statements on which there was complete agreement (five out of five judges agreed on the definition), or near-complete agreement (four out of five), were retained. Eighty statements were thus achieved: twenty-seven positive, twenty-seven negative and twenty-six neutral. Subsequent to this, each of the eighty statements was written on a small numbered card for easy sorting by the family members. At this point the judges were asked to sort the statements a fifth time, this time in accordance with their view of an effectively functioning person. Each was given a set of statement cards, a record sheet on which to indicate the rank assigned to a given statement, and a typed copy of the directions. Each was instructed to sort the statements into nine ranks in the way that best described an effectively functioning person and to assign a score to each statement according to its rank. The highest scores were to be assigned to the most descriptive statements; the lowest scores were assigned to those least descriptive. The range of scores (ranks) was one through nine. By specifying the number of statements to be assigned to a particular rank, the statements were forced into a quasi-normal distribution. The experts then recorded the score for each statement on the record sheet. The rank given each statement by each expert was recorded. The "experts' sort"

was arrived at by forcing the statements by their ranks into the categories (least like me, most like me and neutral). When there were ties they were randomized into the adjacent columns. The experts' responses to each statement were averaged. The averages were then forced into the quasi-normal distribution designed on the answer sheet. Also, the sort of each expert was compared with the sort of each other expert. The correlation among the experts for "Expert Sort Number One" was found to be .61.

Two months later the experts were asked to sort the statements again so as to provide inter-correlations and ranges of each judge with the others and sort-resort reliability coefficient for each judge.

Table 1 lists an average sort-resort reliability coefficient of .84 based upon an ideal sorting by the five staff counselors who were designated as experts. An indication of reliability of Experts' sorting was the correlations ranging from .73 to .91 between the experts' sortings and the composite rank ordering of sort one and sort two called "Experts' Sort One" and "Experts' Sort Two" in Table 1. Tables 2a and 2b show inter-rater correlations among experts on their sortings as given for "Experts' Sort One" and "Experts' Sort Two." Since the average inter-rater correlations were somewhat higher for the second sort than the first, and since this was true to some degree for every expert, it was decided to use "Expert Sort Two" rather than "Expert Sort One" as one of the bases for evaluating the growth of counseling in individual family members. This second expert sort was called the Index of Personal Adjustment.

Table 1
Q-Sort Reliability Data (Correlation)

Expert	Sort-Resort	Expert Sort 1	Expert Sort 2
1	.85	.80	.84
2	.92	.91	.89
3	.82	.80	.79
4	.86	.81	.91
5	.65	.73	.75
Average **	.84	.82	.85

Inter-rater Correlations for Q-Sort

On Expert Sort I

Expert	Expert				Average**
	1	2	3	4	
1	x				.64
2	.79	x			.71
3	.59	.63	x		.58
4	.67	.78	.56	x	.64
5	.43	.60	.52	.48	.51
All					.62

Table 2b

On Expert Sort II

Expert	Expert				Average**
	1	2	3	4	
1	x				.70
2	.80	x			.73
3	.64	.65	x		.61
4	.76	.82	.69	x	.73
5	.52	.60	.44	.63	.55
All					.67

** All averages computed based on Fisher's 2 coefficient.

Method of Gathering Data

The test which was used was an 80-item Q sort employed to study behavior change accompanying family group consultation. The items were sorted into a subjective continuum of a forced-normal distribution ranging from "like" to "unlike." Standard directions for the first sort, or the self sort, were: "Sort these cards as they describe the way you feel about yourself, about others, and especially about others in your family." The second, or ideal, sort directions were: "Now sort these cards to describe your ideal person as you would like to feel toward yourself, toward others and especially toward members of your family."

The rank for each of the statements was recorded, and a correlation coefficient was obtained (Cohen, 1957). According to Rogers (1951) and Stephenson (1953), this \underline{r} is an index of emotional health, or congruence of the self-perception and the self-ideal perception. Six sorts per person in the experimental group were obtained: self before counseling (S_1), ideal self before consultation (I_1), self after 8 weeks of consultation (S_2), ideal self after consultation (I_2), self after 12 weeks of consultation (S_3), and ideal self after 12 weeks of consultation (I_3).

Five possible \underline{r} 's were found for each person in the experimental group, representing the degree of congruence for the following pairs of variables: S_1-I_1 , S_2-I_2 , I_1-I_2 , I_2-I_3 , S_3-I_3 . In addition to these pairs of variables, six more \underline{r} 's were found for each person by pairing each sort

with the experts' sort, the IPA. Again, the six \underline{r} 's were found for each person, representing the degree of congruence for the following pairs of variables: S_1 -IPA, I_1 -IPA, S_2 -IPA, I_2 -IPA, S_3 -IPA, I_3 -IPA. The mean \underline{r} 's for each set of correlations were found (Guilford, 1956).

The comparison group responded to the Q-sort on two occasions, eight weeks apart. They were not asked to respond to it a third time. Three \underline{r} 's were found for each person in the comparison group, representing the degree of congruence for the following pairs of variables: S_1 - I_1 , S_2 - I_2 , I_1 - I_2 . In addition to these pairs of variables, four more \underline{r} 's were found for each person, representing the degree of congruence for the following pairs of variables: S_1 -IPA, I_1 -IPA, S_2 -IPA, I_2 -IPA.

Each person in the experimental group was given the Q sort following the initial interview but before the first family group consultation session. Each person in the experimental group was given the Q sort at the end of twelve weeks of family group consultation.

The test-retest correlations demonstrate the reliability of the experts' sort. The assumption here is that the expectancies of the experts are not likely to change between sorts. On the other hand, the assumption in regard to the people in consultation is that they would be likely to change in their expectancies of their behavior.

The validity of the instrument is attested to by the acceptance of the items by the judges, experts, who thought they might measure effective

behavior. Further validity (test) is established by the fact that counselors see change and the test indicates that there is change.

Instrumentation

1. Self-sort. The response of the individual to the instruction to "sort these cards to describe how you feel about yourself, about others, and especially about members of your family."
 2. Ideal-sort. The response of the individual to the instruction to "sort these cards to describe the way the ideal person, the person you'd like most to be, feels about himself, about others, and especially the members of his family."
 3. Self-Ideal Congruence. This study examines several specific hypotheses about changes in perception of self and others during and after participation in family group consultation. One hypothesis suggests that the correlation between the self-sort and ideal-sort will increase during and after family group consultation.
 4. Self-IPA Congruence. Another hypothesis suggests that the correlation between the self-sort and the Index of Personal Adjustment (the experts' sort) will increase during and after family group consultation.
 5. Ideal-IPA Congruence. A third hypothesis states that the correlation between the ideal-sort and the Index of Personal Adjustment (the experts' sort) will increase during and after family group consultation.
- The nature of the items to be sorted on each of the two scales, in the

combinations as above stated, may be suggested by these illustrations:

"I feel friendly toward most people"; "I am willing to change"; "What my family thinks is important to me"; "I am extremely critical of myself"; "I love the members of my family, but I don't know how to show it."

6. Gain Score. Comparison of the correlations between the self-ideal and the self-Index of Personal Adjustment over twelve weeks time.

Chapter III

Results and Discussion

Of the 25 persons who participated in the study as members of the experimental group, one woman was hospitalized four weeks after the beginning of family group consultation. Consequently, she dropped out of the group while the other members of her family continued. Four children who were unable to respond to the Q-sort, and were thus lost to the measurable part of the study, continued to attend family group consultation, two families comprised of seven people, dropped out after the eighth session, and after responding a second time to the Q-sort.

Of the 35 people who agreed to participate as members of the comparison group, sixteen people responded to two sorts, eight weeks apart.

Correlations were determined following Cohen (1957). The transformation of \underline{r} 's to \underline{z} scores was done to compensate for the radical departures of the sampling distribution of \underline{r} from normal form (Guilford, 1956). The mean \underline{r} 's for the various sorts were computed. There appears to be a discrepancy between S_1 and IPA. The discrepancy between S_2 and IPA appears to be somewhat less and the discrepancy between S_3 and IPA still less. Individual \underline{r} 's seem to indicate change too. However, the direct computation of probabilities yielded no significant differences.

An error in design necessitated the use of a nonparametric statistic. Since the population from which the experimental group was taken was not

the same as that from which the comparison group was taken, and since the sample was small a direct computation of probability was made (Walker and Lev, 1953, p. 435 and p. 103). The cell frequencies were arranged in a two-by-two table with fixed marginal frequencies, and the probability associated with the arrangement was computed. The result, .228 or .23, is of no significance.

On the basis of this test it would appear that family group consultation is not instrumental in helping individuals move toward more effective behavior. Nor are the indications clear that there is an optimum number of consultation sessions. Finally, there is no evidence which demonstrates that the goals of the counselors become those of the counselees.

Despite the fact that there was no significant difference in the behavior of the groups involved in the study there does seem to be other evidence of change. With the exception of two persons, all of the individuals' self-sorts in the experimental group evidenced greater congruence with the experts' sorts at the end of twelve weeks. All but two evidenced greater congruence between their self-sorts and ideal sorts by the end of family group consultation. All movement, with the exception of the two mentioned, in whatever amount, was in the direction of congruence. In other words, for all but two there was a decrease in discrepancy in self-concept.

In addition, there is informally collected empirical evidence to the effect that all but two of the families reported themselves as getting along

better than they had been previous to family group consultation. The families were asked for a verbal evaluation six months after the last session of consultation. The two families who reported continued difficulties are those in which individuals' sorts demonstrated no increase in congruence.

Another consideration when looking at the results of the statistical computation may be the losses in the sample. The sorts of five persons, one adult and four children, could not be used in the statistical treatment of the design. This loss may have had an effect on the results.

As a consequence of these observations, it is suggested that the findings do not disprove the hypothesis that family group consultation is effective in helping individuals move toward more effective behavior, as much as it indicates an error in research design. In other words, the lack of significance in the test of the hypothesis may not be a function of the method of consultation as much as it is a function of an error in design.

Chapter IV

Summary

The purpose of this study was to investigate the effect of family group consultation. Specific hypotheses to be examined were:

1. Family group consultation is productive in helping individuals move toward more effective behavior as measured by the increase in correlation between self sort and the ideal sort toward the end of consultation.
2. An individual will have accomplished greater congruence between self and ideal self indicating the likelihood of more effective behavior after eight weeks of participation than after 12 weeks in family group consultation.
3. As family group consultation progresses the goals of the individual family members become more congruent with, more similar to, the goals of the counselors.

The subjects included two groups, one of which was made up of families who had been referred to the counseling staff at Portland Center. Families were accepted who were having problems because of breakdown in communication. The identified reason for referral in all cases was an adolescent in the family who was having difficulty in school. Six families, twenty persons, participated in the experimental group.

The second group, the comparison group, was made up of family group members who had sought help at two other agencies in the Portland

metropolitan area. There were ten families, sixteen persons.

The staff members who were involved in counseling with the subjects in the experimental group were of similar academic background, with the emphasis in psychology and education. The staff members of the agencies where the comparison group was located, had had clinical training.

Family group consultation was described to the family members who participated in the experimental group at the initial interview as a way of consulting with each other and with professional counselors. They were told that two or three families would meet together once a week for two hours. It was explained to them that they would be given an opportunity to relate to one another during the session and the counselor tried to prepare them for the openness and involvement expected of them.

The first session with another family was used to get acquainted and was largely devoted to gathering information, by counselors and family members alike. During the first hour parents and children were seen together. The second hour the parents are seen in one group while the children are seen in another.

During the second session the members were encouraged to describe family events. By the third session the individual family members were evaluating their own behavior, and the consultative process was engaged in by other families' members. The fourth session found the counselor involved in events in the group. The fifth session was devoted to encouraging

the members to use the skills learned, to look at his individual behavior and to examine what messages were sent and received. The sessions from the fifth to the twelfth were a reiteration of what went before: information gathering, identification of issues, description of events, continuation of consultative process, and discussion of alternative ways of behaving. The last session was used by the group to summarize the process of consultation.

Data gathering involved the administration of an 80-item Q-sort designed to measure self-concept. Rogers' definition of the self-concept was used. The family is seen to have profound effect on the self-concept of its members. Therefore, it was in the family that change was sought through family group consultation. The data were gathered to find out if family group consultation results in change.

The instrument was developed from statements made by former participants in family group consultation. Five staff members were chosen as experts to respond to the statements and to select those statements which most clearly reflected the ways in which people feel about themselves, others, and especially family members. Statements which were retained comprised the instrument which family members were asked to sort. The items were sorted into a subjective continuum of a forced-normal distribution ranging from "like" to "unlike". Each person was asked to do a self-sort and an ideal-sort.

The instrument was administered three times and comparisons were made between self sorts, ideal sorts and the experts' sorts.

Since the experimental and the comparison groups were not taken from the same population a non-parametric statistic had to be used. A contingency table and a test of probabilities was directly computed. There was no significant change in the experimental group.

The limitations of the study were a consequence of the error in research design. The study should be replicated using a larger sample from the same population. The need for evaluating family group consultation has not been met by this study. However, the methodology described represents a departure from that which has been used and may be considered a worthy contribution to the literature.

A facet of future research which should be examined is that concerned with a follow-up study of the families. It is hypothesized that to provide the families with an opportunity to return to the group consultation situation after a period of elapsed time (for example, three months) might continue the educative process and help to consolidate such gains as had been achieved.

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