AN ABSTRACT OF THE THESIS OF

RICHARD ALPHONSE MUSCO for the degree of ___DOCTOR OF PHILOSOPHY___

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Title: THE EFFECTS OF COUNSELOR-INDUCED CONDITIONS OF

PRESENT-CENTEREDNESS ON SELF-ACTUALIZATION IN

COLLEGE STUDENTS

Abstract approved: *Redacted for Privacy*

Dr. James L. Firth

The purpose of this study was to determine the effect
of counselor-induced conditions of present-centeredness on
self-actualization in college students at Oregon State
University. A determination of the level of self-actuali-
zation of clients treated by counselors with low, medium,
and high levels of present-centeredness was also measured.
In addition, the researcher investigated the present-
centered training effect on counselor responses.

Hypothesis 1: There will be no significant differences in
the level of self-actualization of clients involved
in counseling sessions with counselors trained in
present-centeredness (here-and-now) interventions as
compared to counselors not receiving training.

Hypothesis 2: There will be no significant differences in
the level of self-actualization of clients treated by
low, medium, and high present-centeredness counselors.

Hypothesis 3: There will be no significant differences
between the treatment and control groups on the level

of present-centeredness responses used in the counsel-
ing sessions.

.The volunteer sample (N=28) consisted of undergraduate
psychology students enrolled during the Spring term, 1978.
The subjects were divided into two groups (treatment and
control). Each subject was administered the Personal Orienta-
tion Inventory (POI) prior to treatment and at the termination
of the fifth counseling session. Each subject was treated by
counselors-in-training at Oregon State University. Group I
(N=14, treatment) was treated by counselors (N=7) who received
ten hours of present-centeredness training. Group II (N=14,
control) was treated by counselors (N=7) who did not receive
training in present-centeredness interventions.

The statistical procedures for hypotheses testing were
Analysis of Covariance using the F statistic at the .05 level
of significance and Chi Square, using Yates' correction
factor for low cell frequency distribution.

Analysis of the data showed no significant differences
between groups (treatment/control; and low, medium, and
high present-centeredness) on POI post/test subscale scores.
There was a highly significant relationship between rater
judgements, thus indicating inter-rater reliability and
significant differences between groups (treatment/control)
on the present-centered level in the counseling sessions.

The researcher identified the following limitations:

1. The ten-hour present-centeredness training program may not be sufficient time for the counselors to integrate this process into their personal counseling styles.

2. The subjects were motivated to participate in the study by receiving additional points towards their final course grade, not in their pursuing of personal growth.

3. Five individual counseling sessions may not be adequate for the subject's self-actualization to significantly increase.

Recommendations

Based on the findings, the following recommendations were made:

1. Replicate the study using a comprehensive training program to increase counselor integration of present-centeredness skills.

2. Replicate the study using a larger sample size of subjects who have an interest in pursuing personal growth.

3. Replicate the study involving subjects in more than five individual counseling sessions.

The Effects of Counselor-Induced Conditions of
Present-Centeredness on Self-Actualization
in College Students

by

Richard Alphonse Musco

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and share my gift.

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INTRODUCTION

The counseling profession has been firmly rooted in a
tradition employing Western modes of understanding and
thinking. Prior to the coming of the "third force" in
psychology and specifically, the development of Gestalt
therapy, the therapeutic emphasis was primarily on cogni-
tive knowing. Kepner and Brien (1970) state that psycho-
analytic theory explains behavior, particularly maladaptive,
as neurotic behavior on the basis of past learning and his-
tory of the client.

It was from the impact of psychoanalysis, encounter
groups, Eastern philosophy, and existentialism, that the
emphasis on present-centeredness arose. It was not until
the 1940's that Frederick S. Perls, the man primarily res-
ponsible for the development of Gestalt therapy, recognized
that much of his thinking was analogous to Eastern and
existential philosophies. Perls (1970) cites, as an
example, the word "nothingness":

> Nothingness in the Eastern language is no-
> thingness. We in the West think of nothing-
> ness as a void, an emptiness, a non-existence.

In Eastern philosophy nothingness-no-
thingness is a form of process ever moving.
(p. 19)

Naranjo (1970) noted that within the psychoanalytic
movement the influence of Freud's concept of transference,
Reich's notion of resistance and Horney's view of neurosis
influenced the concept of present-centeredness. Freud
(1938) viewed the past as holding the key to understanding
and by freeing the patient from the past, cure could be
effected in the present. The idea of transference was
thought of as the process in which the patient, in his
present life, inappropriately displaced onto the therapist
those notions of behaviors and emotions that originated
from the patient's childhood. Freud (1949) believed that
the danger of these states of transference consisted of
the patients misunderstanding their nature and taking them
for fresh experiences instead of reflections from the past.
Many psychoanalysts who did not subscribe to the orthodox
point of view realized that dealing with transference and
understanding the patient's present dynamics was essential
in curing the patient.

Wilhelm Reich (1961) added to Freud's idea of repres-
sion by observing the patient's ongoing mannerisms as mani-
fested in the person's musculature. Reich de-emphasized
memories, dreams, and associations and emphasized motoric
armoring as he observed the physical expression of his

patients, rather than focusing on the content of their speech.

Karen Horney (1951) contributed to the value of the present in her therapeutic process by touching on the foundation of the interpretation process. In her studies, emotional disturbances that originated in the past are sustained in the "now" by a false sense of identity (Horney, 1937). Horney believed that people can free themselves of their neuroses if they can understand how they are burying themselves in that very moment.

Despite these advances, however, psychoanalysts persisted in their delving into the past with their expectation that by making the unconscious, conscious, a cure would be effected. Perls (1970) believed that they mistakenly assumed that memory is reality. He further states, "much of Freudian analysis, for example, is based on the error that symbolic, intellectual knowledge is equal to understanding" (Perls, 1973, p. 98).

Encounter groups have focused on the expression of emotions. Individuals are given the opportunity and encouraged not only to verbalize what they feel, but to express how they feel at any given moment. In this way people learn how to feel, touch, and in effect re-discover neglected and disowned experiences. Arbuckle (1975) views openness and acceptance in groups as providing a means for expression of bottled-up feelings. Persons are encouraged

to become more honest with themselves and with others.

Besides the impact of psychoanalysis and encounter groups, the emphasis on present-orientation in contemporary psychotherapy can be traced to the impact of Eastern spiritual disciplines. Zen in particular, has contributed to the shaping of the immediacy of experience, spontaneity, and unity during the therapeutic relationship (Naranjo, 1970). Zen is "now." Naranjo sites Buddha's passage of the Pali Canon:

> Do not hark back to things that passed,
> and for the future cherish no fond hopes.
> The past was left by thee, the future
> state not yet come.
>
> But who with vision clear can see the
> present which is here and now. Such
> wise one should aspire to win what
> never can be lost nor shaken. (p. 67)

The realization of the importance of the "now" is not only limited to Eastern thought, however. Naranjo (1970) makes reference to Goethe:

> He who seizes the moment is the right
> man. (p. 66)

and also to Emerson:

> Those roses under my window make no
> reference to former roses or to better
> ones; they are for what they are. They
> existed with God today; there is not
> time to them. There is simply the rose;
> it is perfect in every moment of it's
> existence.... but man postpones and
> remembers. He cannot be happy and strong

until he too lives with nature in the
present, above time. (p. 68).

Emerson's statement reflects the concept of present-
centeredness in accepting the experience rather than being
judgmental and trying to actualize an ideal of what a per-
fect rose should be. The substance of this quote pertains
to existential thinking in that what is - is.

Existentialism rose to prominence in Europe after
World War II and greatly influenced the thinking of the
"third force" in psychology. Existential psychology
rejects interpretative thinking. It attempts to have
people experience themselves directly, without searching
for invisible meaning and causes. Thus, the emphasis is
on concreteness of experience and being present. May
(1961) describes existential thought in this way:

> Existentialism means centering upon the
> existing person; it is the emphasis on the
> human being as he is emerging, becoming....
> Traditionally in Western culture, existence
> has been set over against essence, the lat-
> ter being the emphasis on immutable prin-
> ciples, truth, logical laws, etc., that are
> supposed to stand above any given existence.
> (p. 16)

The impact of the here-and-now must be sensed, felt, per-
ceived, and experienced directly, according to existential
thinking.

Maslow (1954, 1962) developed the idea of the self-
actualizing person -- a person who is more fully

functioning and lives a more enriched life than does the average person. Such a person is seen as developing and utilizing all his/her unique capabilities, free of the inhibitions and emotional turmoil of those less self-actualized. Rogers (1951) and Shostrom (1960) suggest that the goal of therapy is to increase the development of self-actualization. The self-actualized individual's past and future orientations are depicted as reflecting positive mental health to the extent that his/her past is used for reflective thought and the future is tied to present goals. The self-actualized person is primarily present-centered. He/she is able to tie past and future to the present in a meaningful way.

When focusing in the here-and-now, one's own awareness of self and environment is enhanced, giving in to self-integration and increased responsibility, which are necessary ingredients leading to self-actualization. Rogers (1951) refers to self-actualization as the basic tendency of the organisms. Shostrom (1966) further describes the self-actualizing person as being time-competent and appears to live fully in the here-and-now, as he/she is less burdened by guilt, regrets, and resentments from the past.

Statement of the Problem

If self-actualized people are time competent, as Shostrom suggests, then more attention needs to be directed to the concept of present-centeredness. It is the purpose of this study to answer the following question: Does the use of present-centeredness (here-and-now) intervention by counselors result in increases in the level of self-actualization in their clients?

This study is a step in determining the implications for present-centeredness during counseling and therapy.

Need for the Study

Many theorists have suggested the implications of present-centeredness in a counseling relationship. Self-actualization is a frequently stated goal of counseling. However, no studies exist which relate these two variables to one-to-one counseling effectiveness. This research will attempt to show this need.

Definition of Terms

<u>Present-Centeredness</u> -- Being here-and-now. De-emphasizing past and future living.

<u>Counselor-Induced Conditions of Present-Centeredness</u> -- Counseling intervention facilitating a "here-and-now" climate within the relationship.

Counselor -- For the purpose of this study, counselors are master degree students at Oregon State University who have completed three quarters of counseling training.

The Personal Orientation Inventory (POI) -- The POI consists of 150 paired opposite, forced choice statements. The inventory is self-administering and the items are scored twice, first for the two basic scales of personal orientation, Inner-Directed and Time Competence, and second, for ten sub-scales each of which measure an important element of self-actualization. This instrument was designed to be a comprehensive measure of an individual's current level of positive mental health or self-actualization.

Self-Actualization -- For the purpose of this study, the term self-actualization refers to self-actualization as measured by the POI.

Self-Actualized Person -- Shostrom (1963) suggests that this is a person who lives a more enriched life than the average person. He/she is one who develops and utilizes all of his/her unique capabilities or potentialities, freer of inhibitions and emotional turmoil of those less self-actualized. Self-actualized individuals are seen as more fully using their talents and capabilities, and seem to be fulfilling themselves by doing the best they are capable of doing.

Assumptions of the Study

The following assumptions were made before any generalizations or inferences were made.

1. Length of treatment: Five counseling sessions, although a relatively brief period, is sufficient time to increase self-actualization.

2. Training period: The training period of 10 hours is sufficient time for counselors to integrate the concept and use of present-centeredness in a counseling relationship.

3. Population: The subjects who have been randomly selected are assumed to be motivated for counseling.

4. Instrumentation: The POI scores reflected accurate and honest responses by the subjects.

Research Hypotheses

This investigation was designed to test the following hypotheses which are stated in the null form. Each major hypothesis is stated in a general form and operational hypotheses are also listed:

Hypothesis 1: There will be no significant differences in the level of self-actualization of clients involved in counseling sessions with counselors trained in present-centeredness (here-and-now) interventions as compared to counselors not receiving training.

$H_{1.1}$: There will be no significant differences between the treatment and control groups on post test Personal Orientation Inventory (POI) Time Competency (Tc) scores.

$H_{1.2}$: There will be no significant differences between the treatment and control groups on post test POI Inner-directed (I) scores.

Hypothesis 2: There will be no significant differences in the level of self-actualization of clients treated by low, medium, and high present-centeredness counselors.

$H_{2.1}$: There will be no significant differences between post test POI Time Competency (Tc) scores of clients treated by low present-centeredness, and high present-centeredness counselors.

$H_{2.2}$: There will be no significant differences between post test POI Inner-directed (I) scores of clients treated by low present-centeredness, medium present-centeredness, and high present-centeredness counselors.

Hypothesis 3: There will be no significant differences between the treatment and control groups on the level of present-centeredness responses used in the counseling sessions.

Summary

Chapter I presented an overview of this study referring to the here-and-now ethos as a paramount consideration in Gestalt therapy and an underlying force in the humanistic movement. This nonanalytic, present-oriented approach to psychological growth has its philosophical roots in European phenomenological-existentialism and its theoretical roots embedded in the works of Wilhelm Reich, Otto Rank, and Fritz Perls. Present-centeredness is an important consideration in increasing self-actualization according to Shostrom (1966).

The statement of the problem and the need for the study emphasized the importance of present-centeredness in a counseling relationship. A definition of essential terms, the assumptions of the study, and the hypotheses were also included in this introductory chapter.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter will review the literature related to
self-actualization and present-centeredness and how it
relates to individual counseling.

A review of the counseling literature pertaining to
present-centeredness and self-actualization was conducted
using computer search procedures available at the Oregon
State University Library (LRS, ERIC search, psychological
abstracts, and dissertation abstracts). Diverse and
numerous studies exist on self-actualization in groups.
However, research in present-centeredness (here-and-now
and immediacy) during a counseling session is virtually
nil.

·For this reason, this review of literature will
be limited to literature that refers to the theoretical
implication of present-centeredness in a counseling
relationship, self-actualization theory, and studies of
self-actualization and present-centeredness (here-and-
now).

Theoretical Implications of Present-Centeredness

This section will focus on the importance and impli-
cations of present-centeredness during a counseling and
therapeutic relationship.

The primary focus of counselors and therapists working from a humanistic orientation is on enhancement, intimacy, actualization, and creative choices. The theories of Maslow (1968), Jourard (1971), Perls (1969), Frankl (1967), and Rogers (1951), speak to people transcending their maladaptive and self-defeating behaviors and coming to value what is self-nourishing and joyful, thereby giving less significance to past situations.

In contrast to psychodynamic therapies, the humanistic therapies emphasize the here-and-now with the awareness of experience and varying behavior. This outlook pertains to living in the present moment, and not delving into the past. The here-and-now perspective does not counsel that one be blind to the future, but it does insist that one be in this moment doing much that will determine that future. Only in the ever-flowing present can one realize his/her own potentials (Bugental, 1967). Perls (1970) emphasizes that the past is no more and the future not yet. Only the now exists, and that all therapy that has to be done can only be done in the present. Anything else is interfering with the counseling process. Minkowski (1970) believes that psychopathology can be understood by examining the person's experience of space and time. And to be here-now is the essence of functioning as a harmonious, complete, unitary whole (Nelson and Growman, 1974).

The concern about the origin of the client's difficulties is not encouraged by most existential therapists. The focus is on the "now" events of what is actually happening in the therapeutic relationship. Van Dusen (1968) underscores the emphasis on the here-and-now in therapy when he says:

> In exploring the being-in-the-world of the others, one explores the here-now. Only insofar as past or future are tangled in the world here-now, do these become of consequence. After all, this world is here-now. It is not back in toilet training in childhood or forward in after life. He sits here before me and demonstrates his world...there isn't the long escape into what mama, papa, or sister did. We are here. What are you doing now? (p. 97).

This approach to a present-centeredness relationship is to encourage the client to focus his/her thoughts on immediate feelings of self-awareness. Binswanger (1963) speaks of the goals of therapy thusly:

> Therapy proceeds not merely by showing the patient where, when, and to what extent he has failed to realize the fullness of his humanity, but tries to make him experience this as radically as possible. (p. 10).

Richard Wallen (1972) refers to the here-and-now as a design to produce observable behaviors rather than merely to talk to the person about this thought. Van Dusen (1962) describes the importance of nonverbal messages this way:

> One will not grasp the patient solely by his
> words (a tendency in many overly logical
> therapists). Features of his world are his
> body sensations, his use of musculature, his
> gestures, his choices, his use of clothes,
> and even the inflection of his voice under-
> lying the words. Such a small matter as
> where he puts his gaze is quite important.
> Does he communicate eye-to-eye with the
> therapist or is he talking to a potted plant
> in the corner? No part of his world is so
> small as to be meaningless. This approach
> to patients implies a much richer and more
> subtle understanding than the simple
> grabbing another by his words. (p. 210)

De-emphasizing "whys" and tending to "what" and "how"
a person is behaving facilitates present-centeredness as a
person's meaning is expressed in his/her behavior as well
as his/her words.

Perls (1969) speaks favorably of the behavioristic
approach in that the here-now of behavior is being
observed. He does state, however,

> .... if they (behaviorists) could realize
> that the changes which are required are
> not to be obtained by conditioning, that
> conditioning always produces artifacts,
> and that the real changes are occurring by
> themselves in a different way.... (p. 64)

In contrast to behaviorism, those therapies that direct
themselves to the past and to individual history under the
assumption that individuals who resolve the issues around
a traumatic personal event (usually in infancy or child-
hood) will be prepared for all time to deal with the
world, for the world is considered a stable order (Arnold

Beisser, 1970). Today, however, the problem becomes one of discovering where a person stands in relationship to a shifting society. In referring to change and self-actualization, Perls (1970) believes that many people attempt to actualize an ideal of themselves, rather than actualizing themselves. Beisser (1970) ties in the concept of change and self-actualization clearly when he speaks about people changing, when they can abandon, at least for the moment, what they would like to become and attempt to be what they are now. Perls (1973) says, "man transcends himself only via his true nature, not through ambition and artificial goals (p. 49).

Carkhuff (1969) refers to immediacy of the relationship as significant because the client's behavior and functioning in therapy are indicative of his functioning in other interpersonal relationships. He further refers to immediacy as "one of the most critical matters in terms of communicating a depth of understanding of the complex interactions between the partners in the relationship" (p. 192). Immediacy involves the counselor's sensitivity to the immediate situation and understanding the dynamics of what is occurring here and now with the clients. Interpretations of immediacy are designed to facilitate the client's awareness of their present feelings and behavior. Carkhuff (1969) suggests four guidelines to help counselors to stay in the present:

1. Concentrate upon your experiencing in the immediate moment.

2. Disregard for the moment the contents of the client's statement.

3. During moments of frustration and lack of direction, momentarily become an observer and ask "What is the helper doing to slow us down?"

4. Periodically become an observer and sense the immediate situation by asking, "What is going on right now?" (p. 211)

The interpretation of immediacy provides counselors a means of effectively responding to dependency, manipulation, transference, trust, resistance, and countless other interpersonal issues (Pietrofesa, Huffman, Splete, Pinto, 1978).

    Example: Cl: So when my husband lies to you...he just has to know what it does to you...that I don't explode with anger so much that I lose control. He just has to realize that!

                Co: Mary could you say that again and this time take responsibility for your feelings...by using "I" statements. (p. 305)

In concluding this section, Bandler and Grinder (1975) speak of the effectiveness of Virginia Satir (1972) in her contribution to the minimum components for a well-formed therapy. These components include:

1. The way the client is representing his past experience to the present. These are often in the form of rules about his behavior.

2. The way the client is representing his present experience in the present--that is, what the client is aware of now.

3. The way the client is representing his possible future experience in the present-- that is, his experience of what he expects the outcome of his behavior will be. (p. 163)

Naranjo (1970) gives some implicit moral injunctions of Gestalt therapy. They are not claimed to be systematic or thorough, however.

1. Live now. Be concerned with the present rather than with the past or future.

2. Live here. Deal with what is present rather than with what is absent.

3. Stop imagining. Experience the real.

4. Stop unnecessary thinking. Rather taste and see.

5. Express rather than manipulate, explain, justify, or judge.

6. Give in to unpleasantness and pain just as to pleasure. Do not restrict your awareness.

7. Accept no should or ought other than your own. Adore no graven image.

8. Take full responsibility for your actions, feelings, and thought.

9. Surrender to being as you are. (p. 49)

The preceding pages have dealt with the importance of being in the world and looking at such an experience from the perspective of present-centeredness and its effect on counseling and therapy.

Self-Actualization Theory

The term self-actualization was first used by Maslow (1943), who studied and wrote about individuals who seemed to function at a high level. He referred to his subjects as self-actualizers. Later Maslow (1962) constructed a theory of motivation and individual growth based upon a hierarchy of needs. In his theory, when the needs that have the greatest potency and priority are satisfied, the next needs in the hierarchy emerge and press for satisfaction. Maslow (1962) states:

> The hierarchical order from most potent to
> least potent is as follows: physiological
> needs such as hunger and thirst, safety
> needs, needs for belongingness and love,
> esteem needs, needs for self-actualization,
> cognitive needs such as a thirst for know-
> ledge, and finally aesthetic needs such as
> the desire for beauty. (p. 215)

Maslow (1962) describes self-actualizing people as follows:

1. They are realistically oriented.

2. They accept themselves, other people, and
   the natural world for what they are.

3. They are spontaneous in thinking, emotions,
   and behavior.

4. They are problem-centered, rather than
   self-centered in the sense of being able
   to devote their attention to a task, duty,
   or mission that seemed peculiarly cut out
   for them.

5. They have a need for privacy and even seek
   it out on occasion needing it for periods

of intense concentration on subjects of interest to them.

6. They are autonomous, independent, and able to remain true to themselves in the face of rejection or unpopularity.

7. They have a continuous freshness of appreciation and capacity to stand in awe again and again of the basic goods of life, a sunset, a flower, a baby, a melody, a person.

8. They have frequent "mystic" or "oceanic" experiences, although not necessarily religious in character.

9. They feel a sense of identification with mankind as a whole in the sense of being concerned not only with the lot of their own immediate families, but with the welfare of the world as a whole.

10. Their immediate relationships with a few specifically loved people tend to be profound and deeply emotional rather than superficial.

11. They have democratic character structures in the sense of judging people and being friendly not on the basis of race, status, or religion, but rather on the basis of who other people are as individuals.

12. They have a highly developed sense of ethics and are inclined to choose their behavior with reference to its ethical implications.

13. They have an unhostile sense of humor, which is expressed in their capacity to make common foibles, pretensions, and foolishness the subject of laughter, rather than sadism, smut, or hatred of an authority.

14. They have a great fund of creativeness.

15. They resist total conformity to a culture. (p. 240)

Shostrom (1967) described the self-actualizer as the opposite of the manipulator and as a person who appreciates himself and his fellow man as persons or subjects with unique potential...an expressor of his actual self. He states that the actualizer's philosophy of life is marked by four characteristics: honesty, awareness, freedom, and trust. The change from manipulation to actualization he sees in general as being on a continuum from deadness and deliberateness to aliveness and spontaneity. Shostrom described the four fundamental characteristics of the actualizer as follows:

1. Honesty (transparency, genuineness, authenticity). The actualizer is able honestly to be his feelings, whatever they may be. He is characterized by candidness, expression, and genuinely being himself.

2. Awareness (responsiveness, aliveness, interest). The actualizer fully looks and listens to himself and others. He is fully aware of nature, art, music, and the other real dimensions of living.

3. Freedom (spontaneity, openness). The actualizer is spontaneous. He has the freedom to be and express his potentials. He is master of his life, a subject, and not a puppet or object.

4. Trust (faith, belief). The actualizer has a deep trust in himself and others to relate to and cope with life in the here and now. (p. 99)

Goldstein (1939) on the basis of extended experience with brain-injured veterans, came to the conclusion that

self-actualization is the single basic motive of all
behavior.

Angyal (1941) defined life as a continual process of
self-expansion, increased autonomy, and self-realization
all of which are the intrinsic purposes of life.

Lecky (1945) impressed by the integration and organi-
zation of the self, felt that a need for self-consistency
and its preservation is the single basic need of the
organism. Individuals, according to Lecky, strive in the
maintenance of unified organization.

Rogers (1951) sees the organism as the individual,
inherently growing and forward-moving. The basic tendency
towards the maintenance and enhancement of the organism
and the self provides the motivating force for therapy and
personality change. "The organism has one basic tendency
and striving to actualize, maintain, and enhance the
experiencing organism" (p. 487).

Combs and Snygg (1959) adopted similar terminology
and were influenced by Rogers'thinking:

> From birth to death the maintenance of the
> phenomenal self is the most pressing, the
> most crucial, if not the only task of exis-
> tence...Man seeks not merely the maintenance
> of a self...Man seeks both to maintain and
> enhance his perceived self. (p. 45)

The essential character of people, according to
humanistic theorists, is that they are self-actualizing
beings. Their motives or drives can be viewed as the

actualizing of their potentials or the enhancement of the
self. Implicit in this assumption is that people perceive
themselves as free and (under appropriate conditions) they
are capable of utilizing freedom to develop their poten-
tials; and as Rogers (1951) notes,capable of inevitably
enhancing other selves as well.... "the self-actualization
of the organism appears to be in the direction of sociali-
zation, broadly defined" (p. 150). This is possible be-
cause people are not simply or only reactive beings, but
are also proactive beings or beings-in-the-process of be-
coming (Allport, 1962).

Selected Research

There is insufficient research evidence to clearly
identify the conditions under which individual or group
psychotherapy is more effective (Bednar and Lawlis, 1971).
However, studies do exist measuring behavioral and per-
sonality changes between clients receiving treatments in
group and individual therapy. For example, Novick (1965)
employed a factorial arrangement of treatment to compare
the effects of group and individual psychotherapy, using
high and low ego-strength for subjects. The results indi-
cated that high ego-strength subjects were equally respon-
sive to group and individual therapy. Similarly, Sommers et
al. (1966) employed a similar factorial arrangement of treat-
ment to study the effects of group and individual therapy,
using subjects differing in the severity of the presenting

speech problems. Again there was no difference between the treatment methods. A tentative conclusion is suggested by the data. At the expense of overgeneralization, it would appear that clients who are responsive to a group therapy experience would tend to be responsive to individual therapy.

Gibb (1971) has reported that many theories have been advanced to account for the power of the encounter method. In general, it can be inferred that individual outcome is a direct result of group process. The terms "here and now" (ahistorical) and "there and then" (historical) have referred to the focus of the group. There is considerable dissonance among contemporary practitioners with regard to these variables. Liberman, Yalom, and Miles (1973) reported that some group leaders feel that the essence of the group is keeping to what is happening currently within the group while others stress the essentiality of personal, historical material. The same can be said for individual counseling.

Early psychoanalytic theory advocated the here-and-now approach to interpretation. The patient's immediate unconscious feelings towards the therapist was considered the focus of interpretation. Psychoanalytic theorists who maintained a here-and-now emphasis include Melaine Klein, Wilfred Bion, Henry Ezriel, Karen Horney, and Kurt Lewin (Yalom, 1970).

Gazda (1971) in writing on the dynamics of groups, stated that transition occurs when group members reach a deeper level than historical self-disclosure. At this point participants experience a feeling of threat towards the immediacy of the group atmosphere.

The use of the here-and-now in group settings has been discussed in detail by Yalom (1970). Essentially, he believes that the here-and-now process is fundamental to effective therapy technique. The here-and-now focus is usually an accurate representation of behavior while the past has limited significance.

An experimental investigation comparing the effectiveness of there-and-then versus here-and-now interpretation in groups was conducted by Abramowitz and Jackson (1974). Using college subjects, the authors controlled for three conditions of therapists' interpretation: there-and-then; here-and-now; and both in combination. Several measures were administered, pre and post to all subjects. Results indicated that the group under the combined condition tended to demonstrate more consistently positive outcomes. Members of the here-and-now group tended to have less positive experiences, although the general conclusion of the study suggested that no evidence for the superiority of either treatment condition was found.

Foulds and Hannigan (1978) found that Gestalt marathon workshops where subjects were encouraged to pay attention

to their moment-to-moment organisms experiencing the process of living and being now, produced significant changes of personal and social functioning on the California Personality Inventory (CPI).

Connally (1974) in his study of rehabilitation clients assessed the effects of human relations training using Gestalt therapy techniques in disabled clients, using a test only control group design. These techniques facilitated awareness of feelings and sensations as one lives in a here-and-now world. The groups differed significantly on the Personal Orientation Inventory (POI) scales of time competence, inner-directed support, self-actualizing value, feeling reactivity, spontaneity and acceptance of aggression. It was concluded that this experiment increased the level of self-actualization in rehabilitation clients, but did not increase the level of any of the personality constructs greater than "no training." Generally, the study indicated that training was effective in influencing self-actualization in rehabilitative clients.

Witchel (1973) also using the POI, found that the effects of Gestalt-awareness or self-actualization did not significantly influence positive change in participants' time orientation, reactivity orientation, and self-assessment on graduate students in a Student Personnel in Higher Education Training Program. The sample consisted of

twenty graduate students in Student Personnel in Higher Education Training. The experimental group received a ten-week, two hour a week Gestalt awareness seminar and the control group received no special treatment. The POI was administered to both groups prior to and at the end of the treatment period.

Kuppersmith (1975) concluded that marathon-encounter groups in which the focus of self-disclosure was here-and-now produced significantly higher results for the feeling reactivity scale of the experimental group than the control group. All subjects (N=60) were administered the POI as a pre, post, and one-month follow-up measure, in order to assess personality change. No significant differences were found on the follow-up POI tests indicating that a fifteen-hour marathon group did not demonstrate long term adjustment change.

The studies reviewed showed no consistent trends in relationships of present-centeredness and self-actualization. Available research is limited to groups. Research related to present-centeredness and self-actualization in a one-to-one counseling relationship is virtually nil.

Summary

The purpose of this chapter was to present the reader with an overview of the literature pertaining to theoretical aspects of present-centeredness, self-actualization

theory, and studies regarding present-centeredness as measured by the Personal Orientation Inventory.

CHAPTER III

RESEARCH DESIGN AND PROCEDURES

This study was designed to investigate the effects of counselor-induced conditions of present-centeredness on self-actualization in college students.

The experimental procedures of the study are described in this chapter including a description of the research sample and how it was selected, the training program, the training sample, the treatment procedure, the measuring instrument, the hypotheses, and the statistical procedures used for the analysis of the data.

Sample

The subjects in this research were volunteers, meeting the following parameters:

1. Undergraduates attending Oregon State University during the Spring term, 1978.

2. Students enrolled in Psychology 111 and Psychology 200 classes.

3. Students whose ages ranged from 18 to 25 years.

4. Unpaid Freshman and Sophomore volunteers.

5. Number of subjects: twenty-eight (28).

Subject Selection

At the beginning of Spring term, 1978, students enrolled in Psychology 111 and Psychology 200 courses were asked to participate in a research design treatment project that includes personal counseling and testing. These students were assumed to be typical of freshman and sophomore undergraduates at Oregon State University of which over nine hundred are enrolled in level 111 and level 200 psychology classes each term. Outcomes of participation and testing had no bearing upon the grades which students received at the end of the term. However, extra points towards a final grade were given by their instructors for the overall participation in the study.

From the thirty volunteers, twenty-eight completed the study. Fourteen were randomly selected for group I (experimental) and fourteen for group II (control). They were selected by means of a random number table (Downie and Heath, 1959). All the participants in the research were presented with a consent form required by Oregon State University Human Subjects Committee (Appendix A). On this form the rights of subject participants in this study were fully outlined.

The present study was reviewed and approved by the Oregon State University Committee for the Protection of Human Subjects. This was done in accordance with the

policy on protection of human subjects of the United States Department of Health, Education and Welfare.

Training Program

Sample Selection

The author presented counseling students an opportunity to participate in the study during the third quarter of the 1977-78 academic year. Fourteen students volunteered on the basis of the amount of time they had to contribute to the study and their interest in increasing their counseling competency. One-half of the volunteers were randomly assigned to the ten hour training program on present-centeredness. The remaining counselor-trainees not receiving the training provided counseling for student subjects. The counseling consisted of five one-hour sessions. Upon completion of the study, the author made available training in present-centeredness to those counselors working with the control group.

Training Procedure

The selected seven counselor-trainees at Oregon State University participated in a ten-hour orientation training period in which the rationale for the study was explained by the researcher. The four major content areas that afforded counselors exposure to present-centeredness were:

1. Readings in present-centeredness theory.

2. Discussion and lecture on present-centeredness.

3. Modeling of present-centeredness.

4. Practice of present-centeredness skills.

The training program was considered to be an integral component of the research as the counselor-trainees provided the treatment. The training procedures are presented in detail in Appendix B.

Experimental Group (Group I)

Group I consisted of half the student volunteers. Subjects in the experimental group were administered the Personal Orientation Inventory (POI), pre and post-treatment. The treatment period lasted eight weeks during the Spring term. Each subject was required to experience five counseling sessions with counselors who had received ten hours training in present-centeredness skills.

Control Group (Group II)

Group II consisted of the remaining volunteers. These subjects experienced five sessions with counselors who had not received the training in present-centeredness skills. The control-group counselors administered the Personal Orientation Inventory, pre and post-treatment. Table 1 describes the participation of both experimental and control groups in this study.

Table 1. Participation of all subjects, Spring term, 1978.

Participation	Group I (N=14) Experimental	Group II (N=14) Control
Pre-test		
Personal Orientation Inventory	Yes	Yes
Five sessions with counselors who had received training in present-centeredness	Yes	No
Five sessions with counselors who had not received training in present-centeredness	No	Yes
Post-test		
Personal Orientation Inventory	Yes	Yes

Treatment

The treatment consisted of five one-hour sessions per counselor, each counselor having experienced 10 additional training hours in present-centeredness skills (see Appendix B). The major goal of the treatment was to enhance the clients' appreciation of being in the present, and subsequently, to raise their level of awareness leading to increased self-actualization.

Instrumentation

The Personal Orientation Inventory consists of 150 paired opposite, forced choice statements. The Inventory is self-administering and the items are scored twice,

first for the two basic scales of personal orientation,
Inner-directed and Time Competency, and second, for ten
sub-scales. The following is a brief summary of the
interpretation of high or low scores as stated by Shostrom
(1966).

Time Competent-Incompetent -- A high score indicates that
    the individual appears to live more fully in the here-
    and-now. He/she is able to tie the past and the
    future to the present with meaningful continuity.
    He/she appears to be less burdened by guilts, regrets,
    and resentments from the past than is the non-self-
    actualized person. The time incompetent person is
    excessively concerned with the past or the future
    relative to the present.

Inner-Other Directed -- The inner-directed person goes
    through life apparently guided more by internal
    motivations than external influences. He/she is
    free, but his/her freedom is gained not by being
    constantly a rebel or pushing against others and
    fighting them. The other-directed person is con-
    stantly in danger of becoming overly sensitive to
    the opinions of others in matters of external con-
    formity. Approval by others becomes the highest
    goal. All power is invested in the actual or
    imaginary approving group.

Self-Actualizing Value -- A high score indicates that the
individual holds and lives by the values of self-
actualizing people, whereas a low score indicates
that he/she rejects these values, and lives by the
values of non-self-actualized people.

Acceptance of Aggression -- A high score indicates the
ability to accept anger or aggression within one's
self as natural. A low score indicates that one
denies having such feelings.

Capacity for Intimate Contact -- A high score indicates
the person's ability to develop meaningful, contact-
ful relationships with other human beings. Low
scores indicate a difficulty with warm interpersonal
relationships.

Existentiality -- Higher scores reflect flexibility in
application of values. Individuals receiving low
scores tend to hold values so rigidly that they may
become compulsive or dogmatic.

Feeling Reactivity -- A high score indicates a sensitiv-
ity to one's own needs and feelings. A low score
indicates the opposite, insensitivity to one's
feelings.

Spontaneity -- A high score indicates the ability to
express feelings in spontaneous action. A low
score indicates that one is fearful of expressing

feelings behaviorally.

Self Regard -- A high score indicates the ability to like

one's self because of one's strength as a person. A

low score is indicative of a low self-worth.

Self Acceptance -- A high score indicates accepting of

self in spite of weaknesses. A low score indicates

an unwillingness to accept the self because of per-

ceived weaknesses.

Nature of Man -- A high score indicates that one sees

man as essentially good and a low score indicates

that the person sees man as essentially evil or

bad.

Synergy -- A high score is a measure of the ability to

see opposites of life as meaningfully related. A

low score indicates that one sees opposites of life

as antagonistic.

Since its development in 1966 by Everett Shostrom,

the Personal Orientation Inventory (POI) has been applied

extensively in a variety of settings as a measure of

self-actualization or positive mental health. According

to Knapp (1971), a self-actualized individual is one

who sees his/her talents and capabilities more fully,

lives in the present rather than dwelling on the past or

the future, functions autonomously, and has a more

positive outlook on life and on human nature than the average person.

In response to the controversy over the validity of the assessment of the self-actualization construct, Everett L. Shostrom (1973) replied with the following statement:

> ....the actualization model is fastly replacing the medical model for most counselors and therapists. The medical model, as reflected by the MMPI, stresses movement from "illness" to "normalacy"; whereas the actualization model stresses ways by which normal (well) people can become weller. (p. 479).

Validity

Several studies have demonstrated the concurrent validity of the POI. In a study involving an outpatient population, Shostrom and Knapp (1966) found that all POI scales were significantly lower for a sample of outpatients beginning therapy than a group of advanced patients. The analysis of the POI scores showed all twelve scales differentiated between the criterion group (p < .01). In addition, the MMPI was administered to both groups and yielded significant difference (p < .01) on seven of the ten scales (depression, psychopathic deviate, psychasthenia

schizophrenia, hypochondriasis, hysteria, and paranoia).
This investigation also examined the correlation between
the MMPI and the POI. While many of the relationships are
in the predicted direction, it was concluded that the two
instruments are not measuring exactly the same aspects of
mental health (Shostrom, 1966).

The POI has been correlated with the Eysenck Persona-
lity Inventory (EPI)(Knapp, 1965). This study related the
personality construct of "neuroticism" to the self-
actualization measure of the POI. Both the EPI and POI
were administered to a sample of 136 undergraduate sub-
jects. On the basis of EPI scores, high and low neuro-
tic groups were formed. Mean scores for each group were
obtained for all POI scales. All mean differences were
significant at the .05 level. Eight of the twelve POI
variables correlated negatively with the neuroticism
dimension of the EPI (p < .05).

In a study relating the POI to the Edwards Personal
Preference Survey (EPPS), Grossack, Armstrong, and
Lussiev (1966) found positive correlations between the
support scale of the POI and EPPS scales of autonomy and
heterosexuality. Negative correlations were found between
the POI and abasement and order.

Further concurrent validation exists with the POI in
reference to the Comrey Personality Inventory (Knapp and
Comrey, 1973) and the repression-sensitization scale (Foulds

and Warehime, 1971a). Low overall correlations have been reported between the POI and the Guilford-Zimmerman Temperament Survey and the Sixteen Personality Factor Questionnaire (Meredith, 1967).

Wall (1970) found a low correlation between the inner-directed support ratio scale of the POI and the internal dimension of the Rotter Locus of Control Scale. The investigator concluded that the two internal scales measure different constructs.

Only one study was found in the literature which evaluates the POI as a predictive instrument. Graff, Bradshaw, Danish, Austin, and Alterknuse (1970) report that the POI accurately predicted the success of dormitory assistants as rated by dormitory residents.

Shostrom (1965) demonstrated the construct validity of the POI by comparing a sample of clinically nominated, self-actualizing individuals with a sample nominated as non-self-actualizing. The POI significantly differenti-ated the two groups. Similarly, Fox, Knapp and Michael (1968) reported that significant differences were found for all scales with a group of hospitalized patients com-pared to normal and self-actualized samples. In the pre-vious studies, the hospitalized group was characterized by insufficient self-realization, inadequate utilization of time, and non-autonomous functioning.

Fisher (1968) reported significance on eight scales of the POI for psychopathic felons when compared to a group of normal adults. The felons were significantly less self-actualized than the normal group.

The POI has been used to discriminate counselor variables. In general, the POI has shown validity in differentiating counselor constructs such as genuineness and empathy (Foulds, 1969) and self-actualization (McClain, 1970).

Reliability

Several studies have investigated the overall reliability of the POI. Shostrom (1964) reported the initial test-retest reliability coefficients of .91 and .93, although others report less instrument stability. Klavetter and Mogar (1967) administered the POI twice within a one-week interval to a sample of forty-eight college students. The major scales of time competence and inner direction resulted in relatively high reliability coefficients of .71 and .77 respectively. Other scale correlations ranged from .52 to .82. Since many of the inter-correlations approximated the scale's reliabilities, it was concluded that performance on the POI could be more accurately expressed in terms of fewer dimensions. Similar test-retest consistencies were reported by Ilardi and May (1968).

Braun and LaFaro (1969) issued two sets of instruc-
tions to a sample group of students. Standard instructions
were given prior to the first POI administration followed
by "make a good impression" on the second administration.
The authors concluded that the POI shows a high resistance
to faking. Similarly, Foulds and Warehime (1971b) reported
that POI scores are unlikely to be inflated by conscious or
unconscious attempts of subjects to make a good impression.
These studies reflect the stability of the POI. Further-
more, the low probability of faking behavior suggests the
POI measures a trait rather than a state characteristic.
Contrary to the previous findings, Braun (1966) found that
students responding to the first administration of the POI
as "a typical neurotic" were significantly less self-
actualized than that same person two years after therapy
on the second administration. The author suggested that
the POI is highly transparent and should be used with
caution in instances where subjects may be motivated to
present a positive image. If personality is mainly com-
posed of trait factors, than the POI will tend to measure
with more stability.

Present-Centeredness in the Counseling Session

The following section explains the procedure used for
the evaluation of counselor present-centeredness responses.

Two hundred ninety counseling responses were randomly
selected and considered to be an appropriate sample size.
The minutes for the responses were selected by the random
number table (Downie and Heath, 1959). Counselors listened
to their audio tapes and recorded on an index card their
responses at the appropriate times. All counselor res-
ponses were evaluated by two judges to determine the pre-
sence or absence of present-centeredness. The present-
centeredness criteria sought by the judges were as fol-
lows:

1.   Having clients attend to ahistorical (here-and-now)
     process as opposed to historical (there-and-then)
     process.

2.   Having clients own feelings as opposed to disowning
     feelings.

3.   Having clients use "I" statements.

4.   Having clients identify "it" statements.

The judges were instructed to rate present-centered-
ness as having occurred if any one of the above criteria
were observed in the randomly sampled time segments of the
counseling sessions on the index cards (see Appendix C).

The judges were selected on the basis of their know-
ledge of Gestalt therapy. Each individual has had con-
siderable training and experience in individual and group
therapy emphasizing the here-and-now process.

Inter-rater reliability was determined by using a four-fold contingency table model to assess the extent to which the observers agreed upon the presence or absence of present-centered counselor responses in each of the two hundred ninety observations.

Determination of Relationship between Level of Present-Centeredness and Personal Orientation Inventory Scores

In order to assess the degree of relationship between the extent of counselor expressed present-centeredness and client self-actualization (as measured by POI post test scores), the fourteen counselors participating in the study were first evaluated to learn the extent to which they used present-centeredness responses on a scale ranging from 0-10. This scale was divided into the following three categories:

Low Present-Centeredness	0- 3
Medium Present-Centeredness	4- 7
High Present-Centeredness	8-10

These categories were then used in evaluating the post test POI (Tc) and post test POI (I) scores of the clients who were counseled by members of these three present-centered level groups.

Research Hypotheses

This investigation was designed to test the following hypotheses which are stated in the null form. Each major hypothesis is stated in a general form and operational hypotheses are also listed. The decision to reject the major hypothesis 1 was determined by the rejection of either operational hypothesis 1.1 or operational hypothesis 1.2. Likewise, the decision to reject the major hypothesis 2 was determined by the rejection of either operational hypothesis 2.1 or operational hypothesis 2.2.

Hypothesis 1: There will be no significant differences in the level of self-actualization of clients involved in counseling sessions with counselors trained in present-centeredness (here-and-now) interventions as compared to counselors not receiving training.

$H_{1.1}$: There will be no significant differences between the treatment and control groups on post test Personal Orientation Inventory (POI) Time Competency (Tc) scores.

$H_{1.2}$: There will be no significant differences between the treatment and control groups on post test POI Inner-directed (I) scores.

Hypothesis 2: There will be no significant differences in the level of self-actualization of clients treated by low, medium, and high present-centeredness counselors.

$H_{2.1}$: There will be no significant differences between post test POI Inner-directed (I) scores of clients treated by low present-centeredness, medium present-centeredness, and high present-centeredness counselors.

$H_{2.2}$: There will be no significant differences between post test POI Inner-directed (I) scores of clients treated by low present-centeredness, medium present-centeredness, and high present-centeredness counselors.

Hypothesis 3: There will be no significant differences
between the treatment and control groups on the level
of present-centeredness responses used in the coun-
seling sessions.

Statistical Procedures

The α level used for all statistical analyses was

established at α = .05. All statistical analyses were

subjected to prior tests of homogeneity of variance where

parametric procedures were called for in situations indi-

cating disproportionate sample variance. Special formulas

were used to allow for appropriate analysis in this case.

In this study, the design is a fixed-model utilizing

pre and post test measures appropriate to Analysis of

Covariance. The Analysis of Covariance was selected for

this research for the reasons described by Courtney and

Sedgwick (1972):

> Analysis of Covariance is a statistical
> technique which combines the concepts of
> analysis of variance, and regression to
> handle situations where the researcher can-
> not completely control all of the variables
> in his study. It is a procedure for treat-
> ing the significance of differences among
> means, accounting for the influence of un-
> controllable factors in the experiment. The
> analysis of covariance adjusts the means for
> uncontrollable factors using regression
> analysis procedures. In other words, it
> adjusts for control differences in the data.
> By making these adjustments, sample error is
> reduced and precision increased. (p. 1)

Hypotheses 1.1, 1.2, 2.1, and 2.2 were tested with

Analysis of Covariance. In each case, the pretest POI

(Tc) or (I) score was used as a covariate to decrease error variance. The independent variable in hypotheses 1.1 and 1.2 was group membership (treatment, control). The independent variable in hypotheses 2.1 and 2.2 was group present-centeredness level (low, medium, and high). The dependent variable for hypotheses 1.1 and 2.1 was POI post (Tc) scores. The dependent variable for hypotheses 1.2 and 2.2 was POI post (I) scores. Hypothesis 3 was tested using the Chi Square statistic with the Yates' correction for low-expected cell frequency.

The Analysis of Covariance utilizes the "F" statistic. The hypotheses were rejected when the computed "F" value generated by the ANOCOVA equaled or exceeded the tabulated "F" value $\alpha = .05$ level of significance.

Summary

The sample in this study consisted of volunteer undergraduate students from psychology classes. Subjects were randomly assigned to Group I (experimental) and Group II (control). Group I subjects received counseling by individuals trained in present-centeredness skills. Group II (control) subjects received counseling from counselors not trained in present-centeredness. All participants were administered the POI before and after treatment (pre-post). The major statistical procedure used was the Analysis of Covariance utilizing the "F" statistic for

hypotheses 1.1, 1.2, 2.1, and 2.2. The Chi Square statistic using the Yates' correction for low-expected cell frequencies was appropriate for hypothesis 3. Inter-rater reliability was tested for significance using the ϕ (phi) correlation coefficient.

CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

The purpose of this study was to determine the effects of counselor-induced conditions of present-centeredness on self-actualization. This researcher also sought to determine whether or not there was a relationship between levels of present-centeredness and POI scores, and if the level of present-centered responses was significantly different between the trained and untrained counselors.

The statistic used to test the null hypotheses was the "F" statistic. The .05 level of confidence was selected as the acceptable level of significance. Data were calculated by the Oregon State University computer center.

This chapter describes the statistical analysis performed for this study. Procedures for testing the hypotheses are explained, and tables illustrating analysis of the data are included. Analysis of the data yielded the following results.

Hypothesis 1: There will be no significant differences in the level of self-actualization of clients involved in counseling sessions with counselors trained in present-centeredness (here-and-now) interventions as compared to counselors not receiving training.

Analysis of Hypothesis 1.1

Hypothesis 1.1:   There will be no significant differences
between the treatment and control groups
on post test Personal Orientation Inven-
tory (POI) Time Competency (Tc) scores.

The Analysis of Covariance results appear in Table 2.

Table 2.   Comparison of treatment and control groups on
post test POI Time Competency scores.

	Sums of squares	Degree of freedom	Mean squares	F	p
Covariate (pre POI Tc)	93.190	1	93.190	16.918	.001
Group (treat-ment/control)	1.210	1	1.210	.220	.643*
Residual	137.708	24	5.508	8.569	
Total	232.107	27	8.597		

*Not significant at the .05 level.

As can be seen from Table 2, there was no significant
difference found between the treatment and control groups
on post test POI Time Competency scores.

Analysis of Hypothesis 1.2

Hypothesis 1.2:   There will be no significant differences
between the treatment and control groups
on post test POI Inner-directed (I)
scores.

The Analysis of Covariance results appear in Table 3
below.

Table 3. Comparison of treatment and control groups on
          post test POI Inner-directed scores.

	Sums of squares	Degree of freedom	Mean squares	F	p
Covariate (pre POI I)	3057.043	1	3057.043	78.446	.001
Group (treatment/control)	130.710	1	130.710	3.354	.079*
Residual	974.246	25	38.970	40.900	.001
Total	4162.000	27	154.148		

*Not significant at the .05 level.

As can be seen from Table 3, there was no significant
difference found between the treatment and control groups
on post test POI Inner-directed scores. Since neither
operational hypotheses 1.1 nor 1.2 were rejected, the
major hypothesis 1 is retained.

Hypothesis 2: There will be no significant differences in
     the level of self-actualization of clients treated by
     low, medium, and high present-centeredness counselors.

Analysis of Hypothesis 2.1

Hypothesis 2.1: There will be no significant differences
                 between post test POI Time Competency
                 scores of clients treated by low present-
                 centeredness, medium present-centeredness,
                 and high present-centeredness counselors.

The 14 counselors were classified in terms of low,
medium, and high present-centeredness levels according to
the previously described criteria. A contingency table

showing the present-centeredness scores for each counselor appears in Table 4 below. The clients of these three groups of counselors were evaluated for post POI (I) scores. This information appears in Table 5.

Table 4. Present-centeredness ratings for each of the 14 counselors.

Present-centeredness (PC) scores		Groups	
		Control	Treatment
	0	4	0
	1	5	0
Low	2	3	1
	3	2	3
		N = 14	N = 4
	4	0	0
	5	0	4
Medium	6	0	1
	7	0	2
		N = 0	N = 7
	8	0	1
	9	0	1
High	10	0	1
		N = 0	N = 3
Total		14	14

Table 5.   Analysis of group present-centeredness differ-
ences (low, medium, high) on post test Personal
Orientation Inventory Time Competency scores.

	Sums of squares	Degree of freedom	Mean square	F	p
Covariate (pre POI Tc)	93.190	1	93.190	20.001	.001
PC (low, medium, high)	27.095	2	13.547	2.908	.074*
Residual	111.822	24	4.659		
Total	232.107	27	8.597		

(Not significant at the .05 level.

As can be seen from Table 5, there was no significant difference between groups (low, medium, high) on post POI Time Competency scores.

Analysis of Hypothesis 2.2

Hypothesis 2.2:   There will be no significant differences between post test POI Inner-directed scores of clients treated by low present-centeredness, medium present-centeredness, and high present-centeredness counselors.

The clients who were counseled by the three groups of present-centeredness level counselors were assessed for differences on POI post test Inner-directed scores. These results appear in Table 6.

Table 6. Analysis of group present-centeredness differ-
          ences (low, medium, high) on post test Personal
          Orientation Inventory Inner-directed scores.

	Sums of squares	Degree of freedom	Mean square	F	p
Covariate (pre POI I)	3057.043	1	3057.043	76.287	.001
PC (low, medium, high)	143.204	2	71.602	1.787	.189*
Residual	961.753	24	40.073		
Total	4162.000	27			

*Not significant at the .05 level.

As can be seen from Table 6, there were no signifi-
cant differences between groups (low, medium, high present-
centeredness) on post test POI Inner-directed scores. Since
neither operational hypotheses 2.1 nor 2.2 were rejected,
major hypothesis 2 is retained.

Analysis of Hypothesis 3

Hypothesis 3: There will be no significant differences
        between the treatment and control groups on the level
        of present-centeredness responses used in the counsel-
        ing sessions.

Hypothesis 3 was analyzed by condensing the informa-
tion reported in the contingency Table 4 showing present-
centeredness scores of 14 counselors into Table 7 which
appears below. A Chi Square using the Yates' correction
for continuity was utilized because of low cell frequency

size. The data were calculated using the following

formula:

$$\chi^2 = \frac{N(|AD-BC) - \frac{N}{2})^2}{(A+B)(C+D)(A+C)(B+D)}$$

A 12	B 1
C 2	D 13

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Table 7. Present-centeredness levels of treatment and control groups.

Level of present-centeredness (PC) scores	Groups	
	Control	Treatment
2 or less	12	1
3 or more	_2_	_13_
	14	14

In terms of the amount of observed present-centeredness counselor responses.

As can be seen from Table 7, the differences between

groups are extremely significant (p < .001), therefore

hypothesis 3 is rejected.

Analysis of Inter-rater Reliability

The extent of agreement of the two observers in assessing present-centeredness in the 290 observations is depicted on the following four-fold contingency table.

Table 8. Observations of present-centeredness in 290 time sampled counseling interactions.

	Observer #1		
	Presence of PC response	Absence of PC response	
Observer #2			
Presence of PC response	69	28	97
Absence of PC response	19	174	193
Total agreements	88	202	290

ϕ = .63

p < .0001

As can be seen from Table 8, the inter-rater reliability was .63. A reliability estimate of that size, based upon 290 observations, is highly statistically significant (p < .0001).

Summary

Analysis of the data showed no significant differences between groups (both treatment/control, and low/medium/high present-centeredness) on post test Time Competency and Inner-directed scores. There was a highly significant relationship between rater judgements, thus

indicating inter-rater reliability, and a very significant difference between groups (treatment/control) on the present-centeredness levels in the counseling situation.

CHAPTER V

SUMMARY

This chapter includes five sections: (1) summary of the purpose and procedures of the study; (2) discussion; (3) conclusions; (4) limitations based on the statistical analysis described in Chapter IV; and (5) recommendations.

Summary

The purpose of this study was to determine the effects of counselor-induced conditions of present-centeredness on self-actualization in students at Oregon State University. A determination of the level of self-actualization of clients treated by counselors-in-training with low, medium, and high levels of present-centeredness was also measured. In addition, the author investigated the present-centeredness training effect on the counselor responses.

The volunteer sample (N=28) consisted of undergraduate psychology students enrolled during the Spring term, 1978. The subjects were divided into two groups (treatment and control). Each subject was administered the Personal Orientation Inventory (POI), a measure of self-actualization or positive mental health, prior to treatment and at the termination of the fifth counseling session. Group I (N=14, treatment) was treated by

counselors-in-training (N=7) at Oregon State University who received ten hours of present-centeredness training. Group II (N=14, control) was treated by counselors-in-training (N=7) at Oregon State University who did not receive training in present-centeredness interventions. Statistical analysis for hypotheses 1.1, 1.2, 2.1, and 2.2 utilized the Analysis of Covariance using the .05 level of significance. A Chi Square using the Yates' correction factor for low cell frequency size was used for analysis of Hypothesis 3. A ϕ phi coefficient was also used for analysis of inter-rater reliability (see Appendix B for format).

Analysis of the data showed no significant differences between groups (both treatment/control, and low/medium/ high present-centeredness) on post POI time-competency and Inner-directed scores, therefore major hypotheses 1 and 2 were retained. There was a highly significant relationship between rater judgements, thus indicating inter-rater reliability. Hypothesis 3 was rejected, indicating a significant difference between groups (treatment/control) on the present-centeredness levels in counseling.

Discussion

The researcher suggests several possible interpretations regarding the concepts of self-actualization and present-centeredness. Conservative interpretations and

application of the findings are suggested until further research is done.

Hypothesis 1: There will be no significant differences in the level of self-actualization of clients involved in counseling sessions with counselors trained in present-centeredness (here-and-now) interventions as compared to counselors not receiving training.

Hypothesis 1 was retained. There was no significant difference in the level of self-actualization of clients involved in counseling sessions with counselors trained in present-centeredness (here-and-now) interventions.

Although the literature has supported the positive relationship between self-actualization and present-centeredness (Perls, 1973; Shostrom, 1966; Rogers, 1951), this study has to some degree opened the question as to the validity of present-centeredness as "the process" of counseling and therapy. An implication of this finding is that although present-centeredness interventions in a counseling relationship may facilitate awareness, immediacy and contact of a therapeutic encounter, it does not automatically translate into self-actualization.

An important ingredient in people's quests to become more self-actualized is that they be open to varying experiences. Because the subjects were student volunteers, their primary motivation for participating could have been because they received extra points towards their

final grade in psychology. Perhaps the completion of this experience was more important than the experience itself. The phenomenon of client motivation or the lack of it could have effected and confounded the treatment.

The treatment period of five counseling sessions may have not allowed sufficient time for change to take place. It is also possible that change in self-actualization levels were occurring but were insufficient to alter the POI test scores.

Based on numerous studies using college students to measure self-actualization in college students, subject participation and treatment time were assumed to be adequate to the study and not perceived as limitations to the study.

Hypothesis 2: There will be no significant differences in the level of self-actualization of clients treated by low, medium, and high present-centeredness counselors.

Hypothesis 2 was also retained. There was no significant difference in the level of self-actualization of clients treated by low, medium, and high present-centeredness counselors.

Although Carkhuff (1969) and Perls (1969) speak to the importance of immediacy and here-and-now in a counseling relationship, the levels of here-and-now responses by a counselor are not necessarily related to the levels of client self-actualization. Because counselors emit a high

level of present-centeredness responses, does not
guarantee that they will be more effective in facilitating
self-actualizing change, than do counselors who emit a low
level of present-centeredness responses.

Carkhuff (1969) refers to the counselor's warmth and
genuineness as necessary dimensions in counseling. Rogers
(1951) believes that counselors must also be empathic
while positively regarding the client as a unique person.
The dimensions which facilitate effective client change
and self-actualization may not be the mere verbalization
of present-centeredness responses, but the counselor's
sense of comfort, humanity, and personal style in how he/
she relates to his/her client.

The counselor present-centered responses appeared to
have a mechanistic quality, thereby seemingly interfering
with spontaneity and naturalness. The attempt to develop
his/her own style was possibly interfered with during this
process, which may have caused counselors to become less
empathic.

The counselors used in treatment were master degree
students. They possibly had not developed and integrated
their style of counseling. Perhaps experienced counselors
may have been able to become more comfortable with their
use of present-centeredness interventions.

Prior to the beginning of the treatment, however,
counselors-in-training, because of their availability and

willingness, were considered as an appropriate population to assist in this research. The specific skills of present-centeredness responses were assumed to add depth and effectiveness to their counseling skills and were not intended to subtract from or replace what they had already learned.

Hypothesis 3: There will be no significant differences between the treatment and control groups on the level of present-centeredness responses used in counseling sessions.

Hypothesis 3 was rejected indicating that there was a significant difference in present-centeredness responses by those counselors who were trained in present-centeredness. A Chi Square of 14.36 was considered to be highly significant at the .001 level of significance. The training of counselors in present-centeredness did yield more here-and-now responses than did untrained counselors. Although the ten hour training program in present-centeredness promoted significantly higher levels of present-centeredness as defined by the criteria, than did counselors not receiving the training, the impact of this significance is not considered to be paramount to the research, due to the lack of significance in hypothesis 1 and hypothesis 2.

Had present-centeredness been shown to make a significant contribution to increasing self-actualization of

clients, the importance of this successful training in present-centeredness would be obvious.

Until further research verifies the impact of present-centeredness on self-actualization, the research leaves in doubt the value of this training experience.

Conclusions

The researcher concluded the following:

1. There is no empirical evidence from this research to support the importance of present-centeredness counselor responses on self-actualization. However, because of the prolific writings in present-centeredness and self-actualization, this researcher is unwilling to abandon the relationship of these two concepts.

2. While analyzing present-centeredness responses, it became apparent that the responses had a mechanistic quality which seemed to interfere with the counselors' attempt to use their own style of counseling. Having counselors become more present-centered at the expense of confounding their own personal approach to counseling, was not anticipated in advance. The nature of the present-centeredness training program may not be sufficient for the counselors to integrate this process into their personal counseling styles, .

thereby not imparting effective levels of present-centeredness on clients.

3. It is possible to train counselors to emit present-centeredness responses. However, present-centeredness may be more complex, and more precise ways of measuring present-centeredness are needed.

Limitations

The following appear to be limitations in this research:

1. The ten-hour present-centeredness training program may not be sufficient time for the counselors to integrate this process into their personal counseling styles.

2. The subjects were motivated to participate in the study by receiving additional points towards their final course grade, not in their pursuit of personal growth.

3. Five individual counseling sessions may not be adequate for the subjects' self-actualization to significantly increase.

4. Although the POI is the best standardized measure of self-actualization, some reliability estimates are quite low. The POI, like other paper and pencil self-report instruments, is of less than desirable reliability.

5. The experimental and control groups were drawn from a
   very restricted range of individuals (college student
   volunteers enrolled in psychology classes) and this
   restricted range has implications in terms of indi-
   vidual differences in statistical analysis.

6. Although the number of counseling responses sampled
   was quite high (290), there were only 28 subjects and
   14 counselors used in this study. The data may have
   yielded different results if counselor-client dyads
   were greater in number.

Recommendations

Based on the above findings, it is recommended that
the study be repeated using the following modifications:

1. Use a comprehensive training program to increase
   counselor integration of present-centeredness skills.

2. Increase sample size of subjects who have an interest
   in pursuing personal growth.

3. Involve subjects in more than five individual coun-
   seling sessions.

4. Utilize additional assessment techniques for:

   A. Measurement of client progress,

   B. Measure of present-centeredness.

5. Develop other procedures to assess the extent of
   present-centeredness in a counseling situation.

6. Utilize experienced counselors rather than counselor-
    trainees to provide the treatment.

BIBLIOGRAPHY

Abramowitz, S. I. and Jackson, C. "Comparative effective-
    ness of there-and-then versus here-and-now therapist
    interpretations in group psychotherapy." Journal of
    Counseling Psychology, 1974, 21:288-293.

Allport, G. W. "Psychological models for guidance." Har-
    vard Educational Review, 1962, 32:373-381.

Angyal, A. Foundations for a Science of Personality. New
    York, Commonwealth Fund, 1941.

Arbuckle, D. Counseling and Psychotherapy, an Existential-
    Humanistic View. Boston, Allyn and Bacon, Inc., 1975.

Barclay, J. R. Foundations of Counseling Strategies. New
    York, Wiley, 1971.

Bednar, R. L. and Lawlis, G. F. "Empirical research in
    group psychotherapy." In A.E. Bergin and S.L. Gar-
    field (eds.), Handbook of Psychotherapy and Behavior
    Change: An Empirical Analysis, New York, John Wiley
    and Sons, Inc., 1971.

Beisser, A. "The paradoxical theory of change." In
    J. Fagan and I. L. Shepherd (eds.), Gestalt Therapy
    Now, Palo Alto, Science and Behavior Books, Inc.,
    1970, p. 77-78.

Binswanger, L. Being in the World: Selected Papers of
    Ludwig Binswanger. New York, Basic Books, 1963.

Braun, J. R. "Effects of typical neurotic and after
    therapy sets on Personal Orientation Inventory scores.
    Psychological Reports, 1966, 19:1282.

Braun, J. R. and LeFaro, D. "A further study of the faka-
    bility of the Personal Orientation Inventory. Journal
    of Clinical Psychology, 1969, 25:296-299.

Bugental, J. T. "The humanistic ethnic--The individual in
    psychotherapy as a social agent." Psychological Ser-
    vice Associates of Northern California, Palo Alto,
    Science and Behavior Books, Inc., 1967, p. 3654-3655.

Carkhuff, R. R. The Counselor's Contribution to Facilitative
     Processes. Mimeographed manuscript, State University
     of New York at Buffalo, 1969.

Combs, A. W. and Snygg, D. Individual Behavior: A Per-
     ceptual Approach to Behavior. New York, Harper and
     Row, 1959.

Connolly, S. G. "The effects of human relations training
     using Gestalt therapy techniques upon selected per-
     sonality variables in rehabilitation clients." Dis-
     sertation Abstracts, 1974, 7644-7645A.

Courtney, E. W. and Sedgwick, L. Use of Variance Analysis.
     Oregon, Oregon State University, 1972.

Fisher, G. "Performance of psychopathic felons on a mea-
     sure of self-actualization." Educational and Psycho-
     logical Measurement, 1968, 28:561-563.

Foulds, M. L. "Self-actualization and the communication
     of facilitative conditions during counseling." Jour-
     nal of Counseling Psychology, 1969, 16:132-136.

Foulds, M. L. and Hannigan, P. S. "Gestalt marathon work-
     shop: Changes in a measure of personal and social
     functioning." Journal of Humanistic Psychology, 1978,
     18(1):57-66.

Foulds, M. L. and Warehime, R. G. "Effects of a 'fake
     good' response set on a measure of self-actualiza-
     tion." Journal of Counseling Psychology, 1971a,
     18:279-280.

_____. "Relationships between repression-sensitiza-
     tion and a measure of self-actualization." Journal
     of Consulting and Clinical Psychology, 1971b, 36:
     257-259.

Fox, J., Knapp, R. R. and Michael, W. B. "Assessment of
     self-actualization of psychiatric patients: Validity
     of the Personal Orientation Inventory." Educational
     and Psychological Measurement, 1968, 28:565-569.

Frankl, V. Psychotherapy and Existentialism. New York,
     Simon and Schuster, 1967.

Freud, S. An Outline of Psychoanalysis. London, Logarth,
     1938.

Freud, S. An Outline of Psychoanalysis. New York, W. W. Norton and Co., 1949.

Gazda, G. M. Group Counseling: A Developmental Approach. Boston, Allyn and Bacon, Inc., 1971.

Gibb, J. R. "Meaning of the small group experience." New Perspectives on Encounter Groups, San Francisco, Jossey-Bass Inc., 1972.

Goldstein, K. The Organism. New York, World Book, 1939.

Graff, R. W., Bradshaw, H. E., Danish, S. J., Austin, B. A. and Alterkruse, M. "The POI: A validity check." Educational and Psychological Measurement, 1970, 30: 429-432.

Grinder, J. and Bandler, R. The Structure of Magic, II. Palo Alto, Science and Behavior Books, Inc., 1975.

Grossack, M. M., Armstrong, T. and Lussiev, G. "Correlates of self-actualization." Journal of Humanistic Psychology, 1966, 6:87-88.

Horney, K. Neurosis and Human Growth. New York, W. W. Norton and Co., 1951.

_____. The Neurotic Personality of our Time. New York, W. W. Norton and Co., 1937.

Ilardi, R. L. and May, W. T. "A reliability study of Shostrom's Personal Orientation Inventory." Journal of Humanistic Psychology, 1968, 8:68-72.

Jourard, S. M. The Transparent Self. New York, Van Nostrand and Co., 1971.

Kepner, E. and Brien, L. "Gestalt therapy: A behavioristic phenomenology." In J. Fagan and I. L. Shepherd (eds.), Gestalt Therapy Now, Palo Alto, Science and Behavior Books, Inc., 1970.

Klavetter, R. E. and Mogar, R. E. "Stability and Internal consistency of a measure of self-actualization." Psychological Reports, 1967, 21:422-424.

Knapp, R. R. The Measurement of Self-actualization and its Theoretical Implications. San Diego, Educational and Industrial Testing Service, 1971.

Knapp, R. R. "Relationship of a measure of self-actualization to neuroticism and extraversion." Journal of Consulting Psychology, 1965, 29:168-172.

Knapp, R. R. and Comrey, A. L. "Further construct validation of a measure of self-actualization." Educational and Psychological Measurement, 1973, 33:419-425.

Kuppersmith, J. H. The Relative Effects of Here-and-Now versus There-and-Then Self-disclosure upon Personality and Cohesiveness in Marathon Encounter Groups. Unpublished doctoral dissertation, University of Mississippi, 1975.

Lecky, P. Self-consistency: A Theory of Personality. New York, Island Press, 1945.

Liberman, M. A., Yalom, J. D. and Miles, M. B. Encounter Groups: First Facts. New York, Basic Books, 1973.

McClain, E. W. "Further validation of the Personal Orientation Inventory." Journal of Consulting and Clinical Psychology, 1970, 35:21-22.

Maslow, A. Toward a Psychology of Being. New York, Van Nostrand and Co., 1962.

_____. Motivation and Personality. New York, Harper and Row, 1954.

_____. "A theory of human motivation." Psychological Review, 1943, 50:370-396.

May, R. Existential Psychology. New York, Random House, 1961.

Meredith, G. M. Temperament and Self-actualization. San Diego, Educational and Industrial Testing Service, 1967.

Minkowski, E. Lived Time: Phenomenological and Psychopathological Studies. Illinois, Northwestern University Press, 1970.

Naranjo, C. "Present-centeredness: Technique, prescription, and ideal." In J. Fagan and I. L. Shepherd (eds.), Gestalt Therapy Now, Palo Alto, Science and Behavior Books, Inc., 1970.

_____. What is Gestalt Therapy? Palo Alto, Science and Behavior Books, 1970.

Nelson, William III, and Groman, W. D. "The meaning of here-now, there-then in Gestalt therapy." The American Journal of Psychoanalysis, 1974, 34:337-346.

Novick, J. I. "Comparison between short-term group and individual psychotherapy in effecting change in undesirable behavior in children." International Journal of Group Psychotherapy, 1965, 15(3):366-373.

Perls, F. S. The Gestalt Approach and Eye Witness to Therapy. New York, Bantam Books, Inc., 1973.

_____. "Four lectures." Gestalt Therapy Now, Palo Alto, Science and Behavior Books, Inc., 1970.

_____. Ego, Hunger, and Aggression, New York, Vintage Books, 1969a.

_____. Gestalt Therapy Verbatim. Utah, Real People Press, 1969b.

Pietrofesa, J. J., Hoffman, A., Splete, H. H., Pinto, D. V. Counseling: Theory Research and Practice, Chicago, Rand McNally College Publishing, 1978.

Reich, W. Character Analysis. New York, Pocket Books, 1976.

Rogers, C. R. Client-centered Therapy. Boston, Houghton Mifflin, 1951.

Sarte, J. P. Existentialism and Human Emotions. New York, Wisdom Library, 1957.

Satir, V. People-making. Palo Alto, Science and Behavior Books, Inc., 1972.

Shostrom, E. L. "Comment on a test review: The Personal Orientation Inventory." Journal of Counseling Psychology, 1973, 20:479-481.

_____. Man the Manipulator. New York, Bantam Books Inc., 1967.

_____. Personal Orientation Inventory Manual, San Diego, Educational and Industrial Testing Service, 1966.

_____. "A test for the measurement of self-actualization." Educational and Psychological Measurement, 1965, 24:207-218.

_____. "An inventory for the measurement of self-actualization." Educational and Psychological Measurement, 1964, 24:207-217.

Shostrom, E. L. The Personal Orientation Inventory. San Diego, Educational and Industrial Testing Service, 1963.

Shostrom, E. L. and Knapp, R. R. "The relationship of a measure of self-actualization (POI) to a measure of pathology (MMPI) and to therapeutic growth." American Journal of Psychotherapy, 1966, 20:193-202.

Sommers, R. K., Schaeffer, M. W., Leiss, R. H., Gerber, A. J., Bray, M. A., Fundrella, D., Olson, J. K., and Tomkins, E. R. "The effectiveness of group and individual therapy." Journal of Speech and Hearing Research, 1966, 9:219-225.

Van Dusen, W. Recognitions in Gestalt Therapy. New York, Funk and Wagnalls, 1968.

_____. Psychoanalysis and Existential Philosophy. New York, Dutton, 1962.

Wall, J. B. "Relationships of locus of control to self-actualization." Psychological Reports, 1970, 27:282.

Wallen, R. "Gestalt Therapy and Gestalt Psychology." In J. Fagan and I. L. Shepherd (eds.), Gestalt Therapy Now, Palo Alto, Science and Behavior Books, Inc., 1970.

Witchel, R. I. "Effects of Gestalt-awareness on self-actualization and personal assessment of student personnel graduate students." Dissertation Abstracts, 1973, 4766-4767 A.

Yalom, I. D. The Theory and Practice of Group Psychotherapy. New York, Basic Books, 1970.

Young, E. R. and Jacobson, L. I. "Effects of time-extended marathon group experiences on personality characteristics." Journal of Counseling Psychology, 1970, 17: 247-251.

APPENDICES

APPENDIX A

CONSENT FORM

Consent Form

In signing this consent form, I agree to participate
in experiments or demonstrations conducted under the direc-
tion or supervision of Richard Musco. My signature also
indicates that I have read, and do understand the follow-
ing five rights listed below:

1. I understand that I do have the right to refuse to
    participate in any particular experiment or demon-
    stration if I so desire.

2. I understand that I do have the right to terminate my
    participation in an experiment or demonstration if I
    so desire.

3. I understand that I do have the right to complete
    information as to the nature and purpose of my parti-
    cular experiment or demonstration as soon as the
    information can be feasibly given without affecting
    the outcome of the experiment or demonstration.

4. I understand that I do have the right to not be
    deceived during my participation in any particular
    experiment or demonstration unless (1) deception is,
    within reason, necessary to conduct the experiment or
    demonstration, (2) no harm or psychological stress
    can be logically anticipated to come from the use of
    the deception, and (3) I have been forewarned of the
    possibilities of deception before my participation.

5.   I understand that I do have the right to keep my identity anonymous if the experiment or demonstration should be publicly reported.

My signature below indicates that I have read, and do understand these rights, and that I have received a copy of these rights.

(Date)	(Signature)

APPENDIX B

TRAINING PROGRAM IN PRESENT-CENTEREDNESS

Training Program

Content

The four major content areas focused upon readings in
present-centeredness theory, discussion on present-cen-
teredness theory, modeling of present-centeredness skills
and practice of present-centeredness skills. In view of
the fact that the counselors-in-training at Oregon State
University administered the treatment, exposure to the
above four areas was considered to be pivotal to their
effectiveness.

The following is a description of the training objec-
tives:

1.   Readings: Each counselor trainee was required to
     read:
     a.   "The Now Ethos," Gestalt Therapy Integrated by
          Erving and Mariam Polster.
     b.   "Present-centeredness technique, prescription and
          ideal," by Claudio Noranjo, Gestalt Therapy Now.
     c.   "The paradoxical theory of change," by Arnold
          Beiner, Gestalt Therapy Now.
     d.   Approach and Eye Witness to Gestalt Therapy by
          Frederick S. Perls.
     e.   Awareness by John O. Stevens.

2.   Discussion of theory on Present-Centeredness
     a.   Nature of people from a Gestalt therapy perspective

     b.   Figure-ground relationships

     c.   Organismic-self-regulation

     d.   Awareness

3.   <u>Modeling of present-centeredness</u>. The trainer demonstrated the to-be-learned skills of staying in the present. Repetition and group discussion of the experience continued until the counselor-trainees' here-now responses facilitated awareness.

     Example 1: Client: "I don't know what my parents expect from me."

               Counselor: "I sometimes feel nervous in new situations too."

     Example 2: Client: "It's foolish."

               Counselor: "Can you say I feel foolish right now?"

4.   <u>Practice and role rehearsal</u>. The final phase of the training consisted of the trainees assuming the counselor role. The role-rehearsal experience was video and audio taped, and critiqued by the trainer.

<u>Criteria for Present-Centeredness</u>

Having clients attend to:

1.   Ahistorical (here and now) as opposed to historical (there and then).

2.   Having clients own their feelings as opposed to disown their feelings.

3.   Having clients use "I" statements.

4.   Having clients identify "It" statements.

The above four criteria were drawn from theoretical writings in the area of present-centeredness and therefore have content validity.

APPENDIX C

INTER-RATER RELIABILITY FOR PRESENT-CENTEREDNESS

Inter-Rater Reliability

In order to determine the consistency in which the criteria can be applied, inter-rater reliability for present-centeredness was determined in the following manner:

1. Two hundred ninety randomly selected counseling responses were presented to two raters instructed in the use of the criteria.

2. Inter-rater reliability coefficient was calculated and tested for significance using the ϕ phi coefficient, mathematically expressed as

$$\phi = \frac{ad-bc}{\sqrt{(a+b)\ (c+d)\ (a+c)\ (b+d)}}$$

The following is an example of the procedure counselors used in recording their counselor responses (on index cards).

Counselor Code	Client Code	Minutes	Session No.
01	18	21-40	1

1st counselor response after the 21st min:

_____

_____

_____

1st counselor response after the 40th min:

_____

_____

This procedure was utilized with all counselor/time-sampled responses.

Counselor Response	Session	Minutes (Random)
_____	2	25
_____		
_____		
_____		43
_____		
_____		
_____	3	7
_____		
_____		
_____		17
_____		
_____		
_____	4	17
_____		
_____		
_____		20
_____		
_____		

Counselor Response	Session	Minutes (Random)
_____	5	2
_____		
_____		
_____		11
_____		
_____		