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Effects Of Therapist Personality Characteristics On Client Locus-Of-Control As Measured By The Rotter Internal-External Locus-Of-Control Scale.

Jeffrey Charles Widmann
University of the Pacific

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EFFECTS OF THERAPIST PERSONALITY
CHARACTERISTICS ON CLIENT LOCUS OF CONTROL AS
MEASURED BY THE ROTTER INTERNAL-EXTERNAL
LOCUS OF CONTROL SCALE

A Dissertation
Presented to
The Faculty of the School of Education
University of the Pacific

In Partial Fulfillment of
the Requirements for the Degree
Doctor of Education

by
Jeffrey C. Widmann
October 1977
This dissertation, written and submitted by

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Dated November 10, 1977
EFFECTS OF THERAPIST PERSONALITY CHARACTERISTICS ON
CLIENT LOCUS OF CONTROL AS MEASURED BY THE ROTTER
INTERNAL-EXTERNAL LOCUS OF CONTROL SCALE

Abstract of Dissertation

This study investigated the relationship between two therapist personality characteristics and client locus of control expectancy (I-E) in a psychotherapy setting. The two therapist personality characteristics identified and studied were: a) therapist locus of control; and b) therapist self-disclosure level.

In order to determine the effects of these two variables on client I-E orientation, psychotherapists from two settings were asked to complete both the Rotter Internal-External Locus of Control Scale (I-E) and a 36-item version of the Jourard Self-Disclosure Inventory (JSI). Scores obtained on these two measures were analyzed in conjunction with client change in locus as an outcome of an average of eight weekly psychotherapy sessions. Clients were administered the Rotter I-E Scale both before entering therapy and again after the final therapy interview to determine the amount of change in client I-E expectancy. Clients ranged in age from 13 to 57 and included students and adults of both sexes.

The difference between client pretest and posttest means on the Rotter I-E Scale was analyzed using a repeated measures t test. The .05 level of rejection was set for all statistical tests. Two analyses of covariance (ANCOVA) were employed to analyze: a) therapist I-E level on client locus of control expectancy; and b) therapist self-disclosure level and client locus of control expectancy. Using the two therapist personality variables as predictors, a Multiple Regression Analysis (MRA) was completed to develop a prediction equation for client locus of control.

A significant difference at the .01 level was obtained between pre- and posttest means for client I-E scores. This difference was of such a magnitude that it could be attributed to: a) tendency of retest scores on the Rotter I-E Scale to shift in the internal direction; or b) testing effects; or c) receipt of psychotherapy; or d) expectation of receiving psychotherapy.

No support was found for the remaining hypotheses. Failure to find support was attributed to several methodological weaknesses in the study.

In addition, a behavior rating scale for identifying and quantifying therapist behaviors which might distinguish therapists on the basis of locus of control expectancy was developed and used to rate therapist behavior. Results of ratings were correlated with the Rotter I-E Scale.

Suggestions for future research included: a) use of a broader range of therapist I-E scores in defining internality and externality; b) more careful control of therapist self-disclosure; c) control of therapeutic orientation of therapist; d) identification of specific distinguishing behaviors of therapist in terms of I-E construct; and e) control of client expectations regarding outcome of psychotherapy.
We knowers are unknown to ourselves, and for a good reason: how can we ever hope to find what we have never looked for? There is a sound adage which runs: "Where a man's treasure lies, there lies his heart." Our treasure lies in the beehives of our knowledge. We are perpetually on our way thither, being by nature winged insects and honey gatherers of the mind. The only thing that lies close to our heart is the desire to bring something home to the hive. As for the rest of life--so-called "experience"--who among us is serious enough for that? Or has time enough? When it comes to such matters, our heart is simply not in it--we don't even lend our ear. Rather, as a man divinely abstracted and self-absorbed into whose ears the bell has just drummed the twelve strokes of noon will suddenly awake with a start and ask himself what hour has actually struck, we sometimes rub our ears after the event and ask ourselves, astonished and at a loss, "What have we really experienced?"--or rather, "Who are we, really?" And we recount the twelve tremulous strokes of our experience, our life, our being, but unfortunately count wrong. The sad truth is that we remain necessarily strangers to ourselves, we don't understand our own substance, we must mistake ourselves; the axiom, "Each man is farthest from himself," will hold for us to all eternity. Of ourselves we are not "knowers".

Friedrich Nietzsche

Preface to The Genealogy of Morals
ACKNOWLEDGEMENTS

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by

Jeffrey C. Widmann

This study investigated the relationship between two therapist personality characteristics and client locus of control expectancy (I-E) in a psychotherapy setting. The two therapist personality characteristics identified and studied were: a) therapist locus of control; and b) therapist self-disclosure level.

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CHAPTER I

INTRODUCTION

Psychotherapy as Change

Psychotherapy is essentially a process in which an individual, with the assistance of another individual ascribed the role of healer or therapist, is helped to learn new ways of feeling, thinking, and behaving (Frank, 1973). Similarly, Rotter (1964) has characterized the primary concern of psychotherapy as being "how to effect changes in behavior through the interaction of one person with another" (p. 82).

Rotter considers the problems of psychotherapy to be problems in human learning in a social situation and consequently concerned with questions of conditioning and reinforcement value; yet he acknowledges the importance of the individual's responsibility for incorporating new or alternate behaviors and actions into his or her life. He sees the patient ultimately determining for himself the value of new conceptualizations and alternate ways of behaving in his experiences outside of therapy. Rotter (1954) has described the purpose of therapy as "not to solve all of the patient's problems, but rather to increase the patient's ability to solve his own problems" (p. 342). One of the most important aspects of psychotherapy as seen from the social learning point of view advocated by Rotter
is to reinforce in the patient the expectancy that problems are solvable by looking for alternate solutions (Rotter, 1954).

Belief in the personal responsibility of the client for his actions and behaviors seems to be an important idea in the literature of psychotherapy. Szasz (1960) has proposed that behaviors labeled as "mental illness" are not so much illnesses as they are "problems in living" and deviations from accepted social norms. He argues that labeling people experiencing such difficulties as mentally ill strips them of personal responsibility for their condition or for effecting any change in their situation.

Subsequently, Szasz (1962) has proposed the use of what he calls "autonomous psychotherapy." Autonomous therapy "seeks to increase the patient's choices in the conduct of his life" (p. 282). Szasz sees the therapist's job as one of helping widen the client's understanding of his difficulties and helping him broaden, not narrow, his range of choice. Similarly, while proposing a different approach to dealing with client difficulties, Mowrer (1960, 1961, 1962) has nonetheless argued vehemently for a recovery of responsibility by the client in the therapeutic setting.

A number of other theorists have addressed themselves to this issue of client responsibility. Stieper and Wiener (1965) have suggested that along with desire to
change, patient assumption of responsibility for making breakthroughs or changes in behavior is an important initial step in psychotherapy. Singer (1965) argues that the single proposition underlying all forms of psychotherapy is the notion that the client is capable of change and that this change is brought about primarily by the individual himself. More recently, Wheelis (1973) has written:

The responsibility of the patient does not end with free associating, with being on time, with keeping at it, paying his bills, or any other element of cooperation. He is accountable only to himself and this accountability extends all the way to the change which is desired, the achieving of it or the giving up on it (p. 7).

Rollo May (1967) has written that there is argument among many psychotherapists that enlarging the area of the client's responsible freedom in his life is one of the goals, if not the central goal of psychotherapy.

Locus of Control

An important personality dimension related to this issue of personal responsibility is the locus of control construct. It has developed out of Rotter's Social Learning Theory (Rotter, 1954, 1966; Rotter, Chance, & Phares, 1972) and has received increasing attention over the last fifteen years. Locus of control refers to a
generalized expectancy concerning one's behavior and the reinforcements directing it. Individuals with an internal locus of control believe reinforcing events are the result of their own behaviors, capacities, or attributes, while those with an external orientation believe events in their lives are the result of fate, chance or the actions of powerful others (Rotter, 1966). In his 1966 monograph, Generalized Expectancies for Internal versus External Control of Reinforcement, Rotter has provided a comprehensive review of research concerning the locus of control construct and the reliability and validity of the 29 item Rotter Internal-External Locus of Control Scale (I-E) developed to measure it.

A wide range of competence and independence behaviors usually associated with successful therapeutic outcome has been accurately predicted by the I-E Scale. Research using the scale has indicated that individuals with an internal locus of control expectancy are more self-actualizing (Warehime & Foulds, 1971), more insightful (Tolar & Resnikoff, 1967), more prone to seek constructive solutions to frustration (Butterfield, 1964) and less maladjusted (Cromwell, Rosenthal, Shakow, & Zahn, 1961) in relation to externally oriented individuals.

In addition, internals see themselves as more active, ambitious, achieving, powerful, independent, and effective (Hersche & Scheibe, 1967). Yet, specific research using
the I-E construct to investigate clinical phenomena is rather meager (Smith, 1970; Harrow & Ferrante, 1969; Phares, 1976). While some evidence exists to suggest that effective therapy should cause a shift from an external locus of control to an internal one (Felton, 1973; Felton & Biggs, 1972; Foulds, Guinan & Warehime, 1974; Gillis & Jessor, 1970; Majumder, 1973; Smith, 1970) a number of researchers have failed to find support for the change hypothesis (Hayden, 1974; Posner, 1975; Reinfeld, 1975; Watts, 1976), even though, as we have seen, internality is an important goal of many psychotherapies.

It has also been demonstrated that certain therapist personality characteristics such as openness, unconditional positive regard, empathy, genuineness and degree of therapist self-disclosure have a facilitative effect on therapy (Carkhuff & Berenson, 1971; Jourard, 1971; Rogers, Gendlin, Kiesler, & Truax, 1967). Indeed, after a thorough review of relevant research, Truax and Mitchell (1971) concluded that the personality of the therapist is more important to successful therapy than the specific techniques he employs. However, as pointed out by Tyre (1973) in his evaluation of research on the I-E construct as it relates to counseling, little has been done to relate therapist personality characteristics and their effect on therapeutic outcome to I-E orientation in clients. Subsequent research has failed to focus on this important area of concern.
Statement of the Problem

The notion of personal responsibility has been shown to be an important concept in many if not most systems of psychotherapy. Furthermore, therapist personality characteristics have been shown to play a significant role in therapeutic effectiveness. Since the Rotter Internal-External Locus of Control Scale has been demonstrated to be a valid and reliable indicator of a particular personality characteristic which can provide evidence of behavior changes in therapy, and since the Rotter I-E Scale focuses upon the individual's perceived control over himself and his environment, it provides an empirical model by which the relationship between client responsibility, therapeutic effectiveness and therapist personality characteristics can be investigated.

Specifically, this study concerned itself with answering the questions: a) What is the effect of therapist locus of control on the client's I-E level in psychotherapy? b) Do therapists possessing an internal locus of control orientation facilitate the development of increased personal responsibility as evidenced by an increased internal expectancy in clients participating in therapy? Can clients with an external locus of control expectancy be expected to change more as a result of psychotherapy than clients with a more internal expectancy? c) What is the relationship of therapist self-disclosure to locus of control?
Rationale for the Present Research

Significance of the Study

Answers to the above questions would seem to have a direct impact on selection of counselors and therapists for training as well as the development of professional and in-service training programs. Findings from this study might also suggest methods for matching clients and therapists on the basis of locus of control to ensure optimal effectiveness of psychotherapy.

Outline of the Study

To determine the effects of therapist locus of control expectancy and self-disclosure level on client I-E orientation in a counseling milieu, therapists from two settings were asked to complete the Rotter Internal-External Locus of Control Scale and the Jourard Self-Disclosure Inventory. Scores obtained on these two measures were analyzed in conjunction with client change in locus of control as an outcome of eight weeks of psychotherapy. Clients were administered the Rotter I-E Scale both before the initial counseling session and after the final therapy interview to determine amount of change in client I-E expectancy.

Theoretical Base of the Study

The locus of control construct suggests that there are differences in the way individuals view change in their
behavior and environment--specifically whether or not they can control or effect change. The existing research literature concerning locus of control suggests that those individuals scoring as internal on the Rotter Internal-External Locus of Control Scale: a) view themselves as more able to effect changes in their environment; b) are more effective in dealing with their environment than those embracing an external view of control of reinforcing events. In the context of Social Learning Theory, these two findings supply the rationale underlying the present study.

Hypotheses

The hypotheses to be investigated in the present research are:

**Hypothesis 1**

As an outcome of psychotherapy, all clients will increase in internal locus of control of reinforcement.

**Hypothesis 2**

As an outcome of psychotherapy, clients receiving psychotherapy from high internal therapists will exhibit a greater change toward internal locus of control than clients of high external therapists.

**Hypothesis 3**

As an outcome of psychotherapy, clients receiving psychotherapy from high disclosing therapists will exhibit
a greater change toward internal locus of control than clients of low disclosing therapists.

Hypothesis 4

Change scores between I-E pretest and I-E posttest will be greatest among clients receiving psychotherapy from high internal, high disclosing therapists.

Hypothesis 5

Therapist score on the Rotter Internal-External Locus of Control Scale is related to specific behaviors exhibited by the therapist in the psychotherapeutic setting.

Assumptions of the Study

It was assumed that eight weekly counseling sessions of 50 minutes duration each would provide sufficient counselor-counselee interaction to demonstrate significant changes in client locus of control. Existing research has shown that six to eight weeks is sufficiently long to effect changes in locus of control as the result of therapeutic intervention (Diamond & Shapiro, 1973; Gillis & Jessar, 1970; Harrow & Ferrante, 1969; Smith, 1970).

Definition of Terms

For the purpose of this study, the following definitions of terms will be used:

Psychotherapy. The process in which an individual, with assistance from another individual ascribed the role
of healer or therapist, is helped to learn new ways of feeling, thinking, and behaving (Frank, 1972).

No distinction has been made between what has been called psychotherapy and what has been referred to as counseling. As has been suggested by Patterson (1973), there are no essential differences between the two operationally.

**External Locus of Control.** Belief by an individual that a reinforcement following an action is the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of forces around him (Rotter, 1966, p. 1).

**Internal Locus of Control.** Belief by an individual that events are contingent upon his own behavior or his own relatively permanent characteristics (Rotter, 1966, p. 1).

**Self-Disclosure.** "The process by which one person lets himself be known by another person" (Derlega & Chaikin, 1975, p. 1).

**Expectancy.** "The 'probability' held by the individual that a particular reinforcement will occur as a function of a specific behavior on his part in a specific situation or situations" (Rotter, 1954, p. 107).

**Reinforcement.** "Anything that has an effect on the occurrence, direction, or kind of behavior" (Phares, 1976, p. 15).
Value of a Reinforcement. "The degree of preference for any reinforcement to occur if the possibilities of their occurring were all equal" (Rotter, 1954, p. 107).

Behavior Potential. "[T]he potentiality of any behavior's occurring in any given situation or situations as calculated in relation to any single reinforcement or set of reinforcements" (Rotter, 1954, p. 105).

Need Potential. "The mean potentiality of a group of functionally related behaviors occurring in any segment of the individual's lifetime" (Rotter, 1954, p. 184).


Freedom of Movement. "The mean expectancy of obtaining positive satisfactions as a result of a set of related behaviors directed toward the accomplishment of a group of functionally related reinforcements" (Rotter, 1954, p. 194).

Minimal Goal Levels. "[T]he lowest goal in a continuum of potential reinforcements for some life situations or situation which will be perceived as a satisfaction" (Rotter, 1954, p. 213).

Summary

The problem studied was the relationship between:
a) counselor locus of control expectancy; and b) counselor self-disclosure, and client change in locus of control in a counseling setting. The importance of client responsibility for successful psychotherapeutic outcome and the
relationship of Rotter's locus of control construct to personal responsibility were discussed. The general hypotheses tested in the present study were identified, and definitions for terminology were also provided.

A review of the research literature relevant to the present investigation will be presented in the following chapter.
CHAPTER II

REVIEW OF THE LITERATURE

The following chapter will present a review of research and related literature relevant to the study of locus of control in counseling situations. Material reviewed will be presented in seven sections: a) the role of client responsibility in psychotherapy; b) basic concepts of Social Learning Theory; c) development of the Rotter Internal-External Locus of Control Scale; d) the relationship of locus of control to psychopathology; e) psychotherapy and methods for changing locus of control; f) counselor personality characteristics and client locus of control; g) psychotherapy and self-disclosure.

Client Responsibility in Psychotherapy

The importance of the concept of personal responsibility for self in psychotherapy can best be demonstrated by reviewing the place it occupies in some of the major theoretical systems of psychotherapy.

Psychodynamic Theories

Psychoanalysis. Freud maintained a strictly deterministic position regarding personal freedom throughout his writings. He believed that even the simplest everyday occurrences had deterministic antecedents of which the individual was not aware (1901/1958). The individual is
seldom if ever aware of these antecedents because they are primarily id motivated and consequently unconscious (Freud, 1933/1965). Freud considered the unconscious determinants of behavior to be one of his most important discoveries and wrote that the belief in psychic freedom and choice is unscientific and must yield to determinism which is the principle governing mental life (1915-1917/1962). Yet, he did find it necessary to assert that one of the goals of Psychoanalysis is "to give the patient's ego freedom to choose one way or the other" (Freud, 1923/1949, p. 72). While freedom of choice has been interpreted by later analysts as being an illusion necessary and useful for the patient if change is to occur in the psychoanalytic process (Mazer, 1960), Wheelis (1966) has pointed out the inconsistency in this position. He writes:

We, as psychoanalysts, expose to a patient why he has to be the way he is, then expect him to use this insight to become different from the way we have proved to him he can't help being (p. 144, italics in the original).

While it is not the purpose of this review to discuss the issue of freedom versus determinism, it is important to point out that even in a system of psychology as deterministic as Psychoanalysis, the question and importance of perceived client responsibility is of central concern.

Individual Psychology. Alfred Adler, a theorist with
roots in Freudian psychoanalytic theory and founder of the school of Individual Psychology, has concerned himself with man's personal effectiveness in mastering his environment. The central postulate of Individual Psychology is that man strives for superiority; this requires the operation of personal responsibility. In discussing "cure" in psychotherapy, Adler states that the actual change in the nature of the patient can come about only through the patient's own effort (1927). Adler believes that the measure of cure is the degree of success the patient has in taking on personal responsibility. It is the neurotic who actively resists assuming this responsibility for his life. The neurotic's disposition is to act in the world and to experience himself as if he were powerless. Psychotherapy is the process through which the individual can change and replace this helplessness.

Neo-Freudian theories. Karen Horney, a post-Freudian analyst who has attempted to include social factors in psychoanalytic theory, has also placed special emphasis on the role of personal responsibility in the treatment of neuroses (1945, 1950). She has distinguished between three kinds of responsibility: a) dependability in the sense of fulfilling obligations and duties to others; b) moral responsibility in the philosophical sense; c) responsibility for oneself. It is the last meaning of responsibility that Horney considers to be especially
important to the therapeutic relationship and its success. She contends that while the neurotic may in fact be responsible in the first two senses of the word, he is hardly ever responsible in the third (Horney, 1945). According to Horney (1950), the neurotic actively avoids assuming responsibility for himself; this shirking of responsibility makes it extremely difficult for the individual to face and overcome his problem.

Otto Rank, another neo-Freudian theorist, has given special emphasis to the concept of patient responsibility in therapy. Rank's therapy attempts to encourage the patient to assert himself in order to strengthen his own will and incorporate negative aspects of personality into a positive expression of this will. According to Rank, psychotherapy will prove ineffective if the therapist accepts the responsibility for change in the patient. While he may not be able to do so in the early stages of therapy, the patient must strive consistently for self-direction and assume responsibility for himself as soon as possible.

Rank has emphasized the flexible, adaptable, individual, patient-centered nature of the therapeutic process, and in this way has anticipated the later development of Rogers' Client-Centered approach.

Summary of Psychodynamic Theories. Freud was a strict determinist and considered even the most ordinary and insignificant daily events to be the result of deterministic antecedents of which the individual was unaware. Yet,
implicit in his theories is the notion that the individual must somehow use the insight gained in psychoanalysis to change himself. Later Freudian oriented theorists have attempted to make this implicit operating assumption explicit.

**Humanistic and Existential Theories**

**Client-Centered Therapy.** The notion of client responsibility is of central importance in Rogers' Client-Centered Therapy. Rogers (1957) sees peoples' lives moving from a condition of dependence to increasing independence, self-regulation and self-enhancement. Increased congruence is seen by Rogers as the desired goal of therapy. Congruent people can be characterized as warm, self-accepting, self-directed, and responsible; such a state is achieved through the processes that occur in psychotherapy (Rogers, 1958). Throughout the course of therapy, the therapist is non-directive in his relationship to the client. He leaves the responsibility for the direction of therapy to the individual (Rogers, 1951). Rogers believes that by accurate reflection of reality to the client and by providing a situation in which warmth and acceptance prevail, the client, motivated by a need to self-actualize, will come to accept himself and his own feelings (Rogers, 1961).

**Maslow's Theory of Self-Actualization.** Abraham Maslow, a leading spokesman for humanistic or "third force" psychology, postulates the existence of a hierarchy of needs and a
positive model of mental health. Maslow sees man striving to satisfy a need to "self-actualize" (1968). Self-actualization is the process of realizing one's potentials, or working to do well the thing that one wants to do. (Maslow, 1971).

In an attempt to define what it means to self-actualize in terms of behavior or actual procedures, Maslow describes eight ways in which one self-actualizes. Present in all eight of these behaviors are the themes of self-awareness, self-understanding, self-exploration, and responsibility for oneself. Relating responsibility and self-actualization to therapy, Maslow writes:

Clients are not honest much of the time. They are playing games and posing. They do not take easily to the suggestion to be honest. Looking within oneself for many of the answers implies taking responsibility. That is in itself a great step toward actualization. It is an almost tangible part of psychotherapy. In psychotherapy, one can see it, can feel it, can know the moment of responsibility. Then there is a clear knowing of what it feels like. This is one of the great steps. Each time one takes responsibility, this is an actualizing of the self (1971, pp. 46-47).

Existential Therapy. Existential psychotherapy emphasizes, above all, the essential dignity of man as an
autonomous being, responsible for who he is and what is made of him. The resistance of existential doctrines to behaviorism and other theories which view man as externally determined is the opposition of a philosophy of freedom to ideologies of domination and determinism. May (1967) suggests that progress in therapy can best be measured in terms of the progress made by the client in accepting the awareness of the choices he exercises in his life. He writes:

The existential approach in psychology and psychotherapy holds that we cannot leave will and decision to chance on the assumption that ultimately the patient "somehow happens" to make a decision. The existential approach puts decision and will back into the center of the picture (May, 1960, p. 43).

Logotherapy. Logotherapy, a major existential therapy developed by Viktor Frankl, is primarily concerned with the spiritual aspect of man and the nature of meaning in man's existence (Frankl, 1955, 1963, 1967, 1969). For Frankl, meaning in life is not uncovered by questioning the purpose of existence, but rather it emerges from the responses made by an individual to the situations, adversities, and problems which confront him (1955). While one is not able to control all the conditions with which he is confronted, he does have the ability to control his responses to them and is thus responsible for his responses, actions, and choices. The ultimate goal of therapy is to bring about
a change in attitude by bringing the client to the experience that he is responsible for the meaning his life takes on. As Frankl writes, "logotherapy sees in responsibleness the very essence of human existence" (1963, pp. 172-173).

**Summary of Humanistic and Existential Theories.**

Humanistic and Existential psychology share a number of basic beliefs concerning man: He is a) responsible, b) the center and source of values, c) has the capability of choosing and growing, d) achieves his full humanity only through action.

The concept of responsibility is perhaps the central issue for both. The primary difference between the two schools of thought resides in the humanistic psychologist's conviction that man is not only responsible for actualizing himself, but that he also has a positive drive and need to do so (Greening, 1971, p. 5).

**Other Psychotherapies**

**Gestalt Therapy.** The notion of personal responsibility can also be seen to play a central role in many currently popular psychotherapies. Resnick (1974) has stated that Gestalt Therapy has two major goals: a) helping the client become more self-aware; and b) assisting him/her to become more self-responsible. Perls has written extensively on these issues (1951, 1969a, 1969b). For Perls, responsibility means that the person is the source of action, the source of feelings and thought. He argues that responsibility in this sense must not be confused with obligation. The therapy
process is one in which the individual learns to mobilize his own resources and stand alone instead of manipulating others to satisfy his needs (Perls, 1969a).

**Rational-Emotive Therapy.** Rational-Emotive Therapy (RET) places the responsibility for a person's fate squarely upon his or her shoulders. It is one's irrational beliefs that cause traumatic experiences which result in neurosis (Ellis, 1973). According to Ellis, the Rational-Emotive therapist leads a client to attack his or her irrational belief systems by disputing them (1962, 1973). Once this attack has proven successful, the individual is free to establish more realistic beliefs and appropriate behaviors which are psychologically healthy. Ellis writes of Rational-Emotive Therapy:

Although RET's basic theory of human personality has strong roots in biological and environmental assumptions, it holds that the individual himself can, and usually does, significantly intervene between his environmental input and his emotional output and that therefore, he--and of course, she--has potentially, an enormous amount of control over what he feels and does (1973, p. 56).

Rational-Emotive Therapy is based on the notion that difficult though it may be, the individual is capable of taking action now which will change and control his future.

**Responsibility is central to RET (Ellis, 1962).**

**Reality Therapy.** In Reality Therapy, as outlined by
William Glasser (1965), the therapist's job is to develop a deepening relationship with the client and through the caring relationship that is generated, help the patient "face a truth that he has spent his life trying to avoid: he is responsible for his behavior" (1965, p. 27, under-scoring author's). The therapist's task is to continually confront the client with reality, not allowing him to avoid this fact. True involvement on the part of the therapist helps keep the client in the relationship so that he can be confronted with his "irresponsible behavior". Glasser has defined responsibility as the ability to fulfill one's needs in a way that does not interfere with or deprive others of the ability to fulfill their needs (1965, p. 13).

**Summary of Other Therapies.** While the three therapies briefly reviewed are each based on different theoretical assumptions regarding the process of psychotherapy, each includes as a central tenet, the importance of helping the client accept increasing responsibility for who he is and who he is to become.

**Basic Concepts of Social Learning Theory**

**Social Learning Theory**


Rotter has described Social Learning Theory as an "expectancy-reinforcement" point of view (1954, p. 80). Elsewhere he has characterized SLT as a molar theory of personality which integrates two rather diverse, yet important, points of view in American psychology. These two groups of theories brought together in Social Learning Theory are: a) stimulus response or S-R theories; and b) cognitive/field theories (Rotter, 1975).

According to Social Learning Theory, the effect of a reinforcement following some behavior on the part of a human being is much more than a mere stamping-in of behavior. Rotter's theory places stress on the fact that people learn to behave in social situations and that the basic modes of behaving are inextricably bound up with needs requiring for their satisfaction the action and mediation of others (1954).

Social Learning Theory, because of its basic assumptions regarding the learning process, emphasizes that the individual learns through past experience that some satisfactions are more likely to occur in particular situations than in others. Individual differences consequently exist not only in the strength of different needs, but also in the manner in which any one situation is perceived by
different individuals (Rotter, 1954). This fact is of partic-
ular importance to the construct of expectancy, an integral 
part of Rotter's theory. It provides the cues for a person's 
expectancies that his behaviors will lead to desired out-
comes.

**Basic Postulates of Social Learning Theory.** Rotter has 
enumerated a number of basic postulates and their corollaries 
which underlie his Social Learning Theory. They are working 
assumptions and as such are not subject to proof or disproof. 
However, hypotheses generated by these assumptions, support-
ed by research, have provided ample evidence of their 
utility. As Rotter argues, his theory is not concerned 
with the nature of truth in an absolute sense, but rather 
with furthering: a) accurate and reliable description of 
behavior; b) more effective organization of findings; 
c) more clearly articulated areas for conducting further 
research; and d) better control and prediction in research 
(Rotter, 1954, p. 84).

Four of these postulates and their accompanying 
corollaries are of direct interest to the present study. 
They are necessary assumptions if one is to accept psycho-
therapy as a potentially useful method of altering dys-
functional behaviors through changing individual expectancies 
of reinforcement.

**Postulate 1.** "The unit of investigation for the study 
of personality is the interaction of the individual
Corollary 1. "The study of personality is the study of learned behavior. Learned behavior is behavior that is modifiable, that changes with experience" (Rotter, 1954, p. 86).

Postulate 5. A person's experiences (or his interactions with his meaningful environment) influence each other. Otherwise stated, personality has unity (Rotter, 1954, p. 86).

Postulate 6. "Behavior as described by personality constructs has a directional aspect. It may be said to be goal-directed. The directional aspect of behavior is inferred from the effect of reinforcing conditions" (Rotter, 1954, p. 97).

Corollary 1. Needs are learned or acquired (Rotter, 1954, p. 100).

Corollary 2. Early acquired goals in humans (which play a great role in determining later goals) appear as the result of satisfactions and frustrations which for the most part are entirely controlled by other people (Rotter, 1954, p. 101).

Postulate 7. The occurrence of a behavior of a person is determined not only by the nature or importance of
goals or reinforcements but also by the person's anticipation or expectancy that these goals will occur. Such experiences are determined by previous experience and can be quantified (p. 103).

**Basic Constructs.** In addition to the postulates described above, Rotter has utilized and described four basic concepts in Social Learning Theory for the measurement, prediction, and understanding of behavior. They are: a) behavior potential; b) expectancy; c) reinforcement value; and d) the psychological situation (Rotter, 1954, 1966, 1975; Rotter, Chance, & Phares, 1972; Rotter, Seeman & Liverant, 1962).

The relationship between these variables can be described as follows: The potential for a behavior to occur in any specific situation is a function of the expectancy that the behavior will lead to a particular reinforcement in that situation and the value of that reinforcement (Rotter, 1975, p. 57). In Social Learning Theory a reinforcement acts to strengthen the expectancy that a certain event will be followed by that reinforcement (Rotter, 1966, p. 2). Furthermore, Rotter has written that when an individual perceives two situations to be similar, his expectancies for a particular class of reinforcement will generalize from one situation to another. Expectancies, then, in any given situation are influenced, at least in part, by experiences in other situations seen as similar
by the individual (Rotter, 1975). It is from this context that the construct of generalized expectancy of locus of control has issued.

**Internal-External Locus of Control Construct.** According to Rotter (Rotter, Seeman, & Liverant, 1962) the stimulus for studying the locus of control construct emerged from the clinical setting. Reinforcement of desirable client behavior seemed inadequate in bringing about client change. The "stamping-in" of behavior via reinforcement was effective only when the causal link between behavior and reinforcement was perceived by the client. The view that behaviors followed by reinforcement tend to be repeated and that behaviors not followed by reinforcement extinguish appeared too simple.

Phares (1976) has written that many clients make only a minimal attempt to acquire information that might be useful in achieving desired goals. He reasons that if in fact the client does not believe himself to be an effective agent in obtaining reinforcements or rewards, then it would make little sense for him to expend large amounts of energy acquiring information normally considered important in attaining need satisfactions or goals.

The effectiveness of a reinforcing event, then, depends upon whether or not a person perceives a causal relationship to exist between his behavior and the reward he values (Rotter, 1966). Because expectancies generalize
from a specific situation to one perceived as a similar or related, a generalized expectancy for a class of related events has functional properties that make it an important variable in personality description. Rotter defines the internal-external locus of control construct in his 1966 monograph:

When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or is unpredictable because of the great complexity of the forces surrounding him. When the event is interpreted in this way by an individual, we have labeled this a belief in external control. If the person perceives that that event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control (Rotter, 1966, p. 1, underscored in the original).

According to Phares (1976), the early notions which emerged from the developing internal-external locus of control construct raised two important questions: a) Is locus of control a concept that can be used to help generate predictions about a person's behavior in specified
future situations? b) Are the expectancy behaviors of psychotherapy clients idiosyncratic or are there large numbers of people who can similarly be described in terms of the locus of control concept? Each of these two approaches involves one of two types of expectancies identified by Rotter (1954): a) specific expectancies; and b) generalized expectancies.

Specific expectancies are situation specific and are determined by an individual's perceptions of locus of control of reinforcement in a given condition. Generalized expectancies, as stated earlier, are general beliefs an individual holds regarding the extent to which important events in his life are controlled by him or by agents external to himself. As emphasized by Rotter (1966, 1975), the generalized expectancy, locus of control, falls on a continuum of individual differences varying between internal and external and does not constitute a two category typology where an individual is either internal or external.

Locus of Control Research Orientations. Research investigating the locus of control construct originally began with the study of specific, situation bound expectancies in experimental conditions structured by instructions regarding the relationship of reinforcement to the experimental task. Phares (1957) conducted the first such research, examining changes in expectancies as a function of skill and chance situations. Consideration of locus of control
as a relatively stable personality variable provided the other approach to study, and grew primarily from research generated in the investigation of situational specific expectancies. As pointed out by Phares (1976), it was believed that if locus of control could not be demonstrated to exist in highly structured situations with a great deal of stimulus saliency, it seemed unlikely that it would exist at the personality level.

It is with research generated by the second approach to investigation of the locus of control construct that this review is concerned.

Development of the Rotter I-E Scale

Phares (1955) made the first attempt to develop a scale to measure the locus of control construct. The actual scale, developed as part of his doctoral dissertation, consisted of 13 skill items and 13 chance items presented in a Likert type format. Skill items were statements inferring that the outcome of events was determined by individual effort, skill, or control; chance items suggested that important events were the result of chance and not subject to control by the individual. He believed that internals and externals would differentiate themselves by whether they endorsed one type of item or the other. More specifically, Phares argued that individuals choosing "internal" items would show expectancy changes similar to
those produced by skill instruction. An opposite reaction was predicted for those preferring "external" or chance items. These predictions were not substantiated. The results, however, were suggestive and provided encouragement to pursue further the attempt to develop a measurement instrument.

James (1957), in an attempt to revise and improve the Phares scale, wrote 26 test items based on items which appeared to be the most successful in the Phares scale. The Likert format was retained. James believed, like Phares, that individuals scoring toward the external end of the continuum would perform on experimental tasks like those individuals given instructions that their performance was largely determined by chance, and conversely, that individuals scoring toward the internal end of the continuum would score in a fashion similar to individuals believing performance was the result of skill. James obtained low, but significant correlations between his test and behavior in the task situation.

Following these early efforts were several more systematic and extensive attempts to develop a measure of locus of control. Rotter, Liverant, and Seeman (1962) attempted to improve the predictive power of the I-E Scale developed by James. While they felt that the early findings suggested the variable was sufficiently stable to be considered an
important personality construct, they set about to broaden and improve the James-Phares Scale (Rotter, et al., 1962; Rotter, 1966). The researchers felt that the existing scale failed to take into account the effect various kinds of reinforcement had on expectancy. To remedy this perceived shortcoming, they attempted to group test items according to different classes of reinforcements—to develop a scale which took into account the functional relationships among goals (Rotter et al., 1962). An individual may behave more as an external in one situation but exhibit more internal types of behavior when goals are of another kind. They felt that increased predictive power could be achieved by measuring locus of control in specific life areas.

Consequently, the revised I-E measure contained items from four specific need categories: a) academic recognition; b) social recognition; c) love and affection; d) general life philosophy. Individual test items were related to a particular category by referring the content of each to a specific goal; e.g. grades, money, friends, authority, etc. (Rotter, et al., 1962).

To control for response sets of various kinds, a forced choice format was utilized for the one hundred items which comprised the earliest version of the scale. One item in each pair dealt with an external belief while the other dealt with an internal orientation. In addition to controlling for response sets, such a format was felt to possess the distinct advantage of being more representative of "real life"
situations calling for individual decision between several, alternatives than responses to single stimulus items. Subsequent item and factor analysis reduced the scale to 60 items (Rotter, 1966).

Further difficulties resulted in the abandonment of the subscale concept of internal-external control. According to Rotter (1966), item analysis of the 60-item scale showed that subscales were not independent in that they did not provide any information not already provided by the data obtained from the total scores of clients. In addition, achievement items tended to correlate highly with social desirability and correlations with other scales in some instances were equal to internal consistency obtained for the I-E Scale.

Further refinement of the measure was undertaken to reduce its correlation to the Marlowe-Crowne Social Desirability Scale. The overall correlation of the scale with the Social Desirability Scale ranged from between .35 to .40 for several samples. These correlations were considered to be too high and further purification was undertaken (Rotter, 1966).

The resulting measure contained items that: a) correlated with at least one of two criteria; b) had low correlations with the Marlowe-Crowne Social Desirability Scale; c) one of the two alternatives was endorsed more than 85% of the time; d) correlated with the other item total with that item removed. Expectancy statements in a
laboratory task (Rotter, Liverant, & Crowne, 1961) and behavior of tubercular patients in actively attempting to improve their condition (Seeman & Evans, 1962) served as the two criterion behaviors mentioned above. The final version of the scale which consisted of 23 items and 6 filler items was standardized on college students (Rotter, 1966, 1975).

Items selected for inclusion in the scale covered a variety of life situations where locus of control attitudes might be important factors in behavior. The six filler items were included to make more ambiguous the nature and intent of the instrument (Rotter, 1966). Each item was weighted equally and items were selected to provide an adequate representative sampling of situations in which internal-external attitudes might be expected to affect behavior (Rotter, 1975).

Scale Characteristics. An enormous amount of research has been conducted over the last fifteen years regarding the locus of control construct. The findings are generally consistent, and in agreement with hypotheses dictated by Social Learning Theory. The construct and predictive validity of the I-E Scale appears strongly supported by both predictive studies and research correlating locus of control with behavioral criteria.

Reliability as reported by Rotter has been consistent. Test-retest reliability measures for periods of one to two
months ranged between .49 and .83 with internal consistency estimates generally falling in the .70's. Hersche and Scheibe (1967) obtained test-retest figures of .75 over a six week period with a psychiatric population.

A number of researchers have provided comprehensive reviews of research concerning the locus of control construct and the validity and reliability of the Rotter Scale (Joe, 1971; Lefcourt, 1966, 1976; Phares, 1976; Rotter, 1966; Tyre, 1972). There is general agreement that the construct and predictive validity of the Rotter Scale has been adequately established.

Research concerning locus of control and specific factors related to psychotherapy, control, behavior change, and psychopathology will be discussed in subsequent sections of this chapter.

**Relationship of Locus of Control to Psychopathology**

A sizeable amount of research has been conducted attempting to relate particular personality attributes and behaviors to individuals who tend to fall toward one end of the I-E continuum or the other (Lefcourt, 1976; Phares, 1976). A number of these personality variables are important to the present study since many of the behaviors attributed to successful therapeutic outcome are associated with a more internal locus of control, while many pathological or dysfunctional conditions seem to be related to a
more external locus of control expectancy.

Indeed, the healthy individual described by Maslow (1968, 1971) possesses many of the attributes which seem to characterize an internal locus of control orientation. Among these are included: the ability to make one's own choices; assuming responsibility for one's own actions and behaviors; giving up defensive behaviors; maximizing opportunities for growth; and being more understanding and open to one's self, one's needs, and one's tastes.

Similarly, Jahoda (1955) has proposed three basic features of mental health: a) an active adjustment or attempt at mastery of the personal environment by an individual in contrast to a lack of adjustment or indiscriminate adjustment through passive acceptance of social conditions; b) unity of personality--maintenance of a stable internal integration which remains intact in spite of the flexibility of behavior which derives from active adjustment; and c) ability to perceive accurately the world and self.

Anxiety

Anxiety seems to be one of the major elements present in the psychotherapeutic situation and its reduction an important aspect of the therapy process. Often times it is the felt anxiety of the client over certain aspects of his life that causes him to seek psychotherapy in the first place (White, 1964). As Arbuckle (1966) suggests, "although
anxiety, of course, is common to all human beings, the relationship between the anxiety and the object or event producing it is often a measure of one's disturbance" (p. 197).

A great deal of evidence exists to suggest the presence of a relationship between locus of control and anxiety. A number of studies correlating locus of control to various measures of anxiety are summarized and presented in Table 1. As can be seen from the data presented, many of the correlations in the research literature are small; yet, as Phares (1976) has suggested, the relationship between anxiety and externality has been found in so many different studies, using so many different measures of anxiety and in such a variety of situations, that the relationship is inescapable. However, it is difficult to differentiate cause and effect since many of these studies are correlational in nature. Some research exists to support the social learning view of anxiety as a high expectancy for punishment or a low expectancy of success in a valued need area. That is, that anxiety is the result of an external belief system.

Nelson and Phares (1971) predicted that locus of control would be associated with both anxiety level and need values whose magnitudes surpassed the individual's expectancies of satisfying them. Their hypothesis was supported; externals rated themselves as more anxious than internals. They also showed the greatest difference between the value
## Table 1

Correlations of Locus of Control to Anxiety

<table>
<thead>
<tr>
<th>Study</th>
<th>Anxiety Measure</th>
<th>Correlation with Externality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butterfield (1964)</td>
<td>Alpert-Haber Facilitating-Debilitating Test Anxiety Questionnaire</td>
<td>$r = .61, p &lt; .01, N = 47$ (debilitating anxiety)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$r = -.82, p &lt; .01, N = 47$ (facilitating anxiety)</td>
</tr>
<tr>
<td>Feather (1967)</td>
<td>Alpert-Haber Facilitating-Debilitating Test Anxiety Questionnaire</td>
<td>$r = .38, p &lt; .05, N = 84$ (debilitating anxiety)</td>
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<td></td>
<td></td>
<td>$r = -.44, p &lt; .05), N = 84$ (facilitating anxiety)</td>
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<tr>
<td></td>
<td>Text Anxiety Questionnaire</td>
<td>$r = .13, ns, N = 153$ (Males)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$r = .36, p &lt; .05, N = 46$ (Females)</td>
</tr>
<tr>
<td>Tolar and Resnikoff (1967)</td>
<td>Death Anxiety Scale</td>
<td>$r = .23, p &lt; .05, N = 77$</td>
</tr>
<tr>
<td>Watson (1967)</td>
<td>Alpert-Haber Facilitating-Debilitating Test Anxiety Questionnaire</td>
<td>$r = .25, p &lt; .01, N = 648$ (debilitating anxiety)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$r = -.08, p &lt; .05, N = 648$ (facilitating anxiety)</td>
</tr>
<tr>
<td></td>
<td>Taylor Manifest Anxiety Scale</td>
<td>$r = .36, p &lt; .01, N = 648$</td>
</tr>
<tr>
<td>Aarons (1968)</td>
<td>Taylor Manifest Anxiety Scale (Shortened form)</td>
<td>$r = .33, p &lt; .001, N = 498$</td>
</tr>
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### Table 1 Contd.

Correlations of Locus of Control to Anxiety

<table>
<thead>
<tr>
<th>Study</th>
<th>Anxiety Measure</th>
<th>Correlation with Externality</th>
</tr>
</thead>
<tbody>
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<td>Bowers (1968)</td>
<td>Fenz Anxiety Scale</td>
<td>r = .32, p&lt;.05, N = 32</td>
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<tr>
<td>Ray and Katahn (1968)</td>
<td>Mandler-Sarason Text Anxiety Questionnaire</td>
<td>r = .22, p&lt;.01, N = 323</td>
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<tr>
<td></td>
<td>Taylor Manifest Anxiety Scale</td>
<td></td>
</tr>
<tr>
<td>Hountras and Scharf (1970)</td>
<td>Heineman Forced-Choice Anxiety Scale</td>
<td>r = .40, p&lt;.01, N = 323</td>
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<tr>
<td>Powell and Vega (1972)</td>
<td>Iowa Manifest Anxiety Scale</td>
<td>r = -.27, p&lt;.05, N = 44</td>
</tr>
<tr>
<td>Strassberg (1973)</td>
<td>IPAT Anxiety Scale</td>
<td>r = .41, p&lt;.01, N = 141</td>
</tr>
</tbody>
</table>
of their academic goals and their expectancies of achieving those goals. The relationship between anxiety and the need value discrepancy was shown to be clearly linear. Similarly, Strassberg (1973) found that a lower expectancy of achievement of valued goals was associated with both higher anxiety scores and a more external locus of control. Employing a regression analysis in his research, he found that adding locus of control doubled the amount of variability in anxiety scores predicted by valued goal expectancy alone.

Furthermore, Ray and Katahn (1968), in an attempt to determine whether or not an anxiety factor was present within Rotter's I-E Scale, correlated scores between the Rotter Scale, Taylor Manifest Anxiety Scale (MAS) and the Mandler Test Anxiety Questionnaire (TAQ), which measures fear of failure in achievement situations, for two groups of college students of 323 students and 303 students. The researchers obtained low but significant correlations for both samples (See Table 1). Utilizing a factor analysis with a varimax rotation, they concluded; a) that the anxiety scales and the I-E Scale were assessing conceptually different variables which were correlated with each other; and b) that the correlation between the Rotter I-E Scale and the anxiety scales was not due to a hidden anxiety factor within the I-E Scale.

Joe (1971) has proposed that a more thorough
examination of this issue is needed. He has suggested that such research should attempt to clarify the issue of whether external locus of control is a defense against anxiety learned in past encounters with stressful experiences or whether anxiety reaction is the result of the perception of a world in which events are unpredictable, predetermined or the result of the actions of powerful others.

Adjustment

A relationship between locus of control and adjustment is suggested by existing data. Hersche and Scheibe (1967) computed correlations of I-E scores with 24 Adjective Check List (ACL) self-scores and 18 California Psychological Inventory (CPI) scales for two groups of individuals who were members of the Connecticut Service Corps (N=448 and N=446 respectively). Negative correlations were obtained between 16 of the CPI scales and locus of control scores on the Rotter instrument. Since the Rotter Scale is scored in the external direction, this means that externals scored lower on the CPI and internals higher. Moderately elevated scores on the CPI are generally considered indicative of psychological health (Megargee, 1972). While correlations were low, falling generally in the .20's and .30's, they were consistent with what would be predicted on the basis of locus of control theory. Similarly, on the ACL, the internal scorer was characterized as high on Dominance, Achievement, and Endurance, while scoring lower on
ACL scales reflecting Succorance and Abasement.

To further clarify the picture of I-E personality distinctions, the 26 individuals scoring as most internal (total Rotter scale score of 7 or less) were compared to the 26 most external subjects (I-E score of 16 or more) on the 300 items of the Adjective Check List. It was found that 23 adjectives were checked significantly more frequently by the internal individual (p<.05). They were: clever, efficient, egotistical, enthusiastic, independent, self-confident, ambitious, assertive, boastful, conceited, conscientious, deliberate, persevering, clear-thinking, dependable, determined, hardheaded, industrious, ingenious, insightful, organized, reasonable, and stubborn. Only one adjective was checked significantly more often by externals; that was self-pitying.

I-E scores were also correlated to several measures of maladjustment. The indexes of maladjustment employed were:

- The Rotter Incomplete Sentences Blank (r=.14, p<.05);
- The $pt$ scale of the MMPI (r=.26, p<.05); and
- Discrepancy between self and ideal-self description. Correlation of the $d$-statistic and I-E was .21. Again, while correlations were low, they were consistent with what would be expected theoretically.

Warehime and Foulds (1971), predicting a relationship between internality and self-actualization as measured by Shostrom's (1966) Personal Orientation Inventory (POI),
obtained a significant correlation between Internal Support, the major POI subscale, and the Rotter Scale for a group of female subjects (N=55, r=-.34, p<.01). No significant correlation was found to exist between the Internal Support subscale of the POI and male I-E scores. Moderate correlations falling in the range of .30 to .40 were obtained between I-E score and other POI subscales. One of the strongest of these correlations was between I-E score and Self-Regard. For females a correlation of r=-.43 was obtained (N=55, p<.01, one tailed test); for males r=-.28 (N=55, p<.05, one tailed test); and for the combined group a correlation of r=-.33 (N=110, p<.01) was found. The correlations between I-E scores for males, females, and the combined group and all twelve of the POI subscales are presented in Appendix A.

The researchers suggested that the difference in results for males and females might be due to the possibility that the POI measures a type of personal adjustment not as highly valued by males as by females.

Wall (1970), in a study similar to that of Warehime and Foulds (1971), administered both the Rotter I-E Scale and the POI to a sample of 113 introductory psychology students at San Fernando Valley State College. Pearson product-moment correlations were computed between the Rotter Scale scored in the internal direction and the 12 subscales of the POI. Three significant correlations were
obtained, with the range of all correlations falling between -.004 and .26. The significant correlations were Self-Regard ($r = .26, p < .01$), Self-Actualizing Value ($r = .25, p < .01$), and Nature of Man as Constructive ($r = .21, p < .05$). Like Warehime and Foulds, Wall concluded that the POI and I-E scales were measuring conceptually different variables.

A number of other researchers have found locus of control to be related to adjustment. Feather (1967), investigating the relationships of a variety of personality correlates to locus of control, found a tendency for external control subjects to be relatively high in anxiety and neuroticism. James and Worthington (1967) found a significant positive correlation to exist between neuroticism and externality ($N = 86, r = .44, p < .05$). Similarly, Lichtenstein and Keutzer (1967) obtained a positive correlation between locus of control and neuroticism as measured by the Eysenck Personality Inventory ($N = 213, r = .34, p < .01$).

While most of the research conducted after Rotter's 1966 monograph seems to point to a linear relationship between externality and level of anxiety, Phares (1976) suggests the existence of a curvilinear, U-shape relationship between the two variables. He further argues that in general, individuals falling at both ends of the I-E continuum, those extremely internal and those very external, might be maladjusted. Rotter (1966) in his earlier review of the literature reasoned that seriously maladjusted groups
of individuals could be expected to show more variability in I-E scores and probably more frequently to have high scores in the direction of externality. Such scores would indicate a passivity in the face of environmental difficulties which, for many subjects, would result in maladjustment in this society. Likewise, he suggests in passing that while one would expect some relationship between internality and good adjustment in our society, such a relationship might not be characteristic of extreme internal scores. Rotter, based on the limited data then available to him, hypothesized that the relationship between I-E and adjustment might be non-linear. Phares (1976) has argued that failure to demonstrate a U-shape relationship between externality and adjustment in general and externality and debilitating anxiety specifically, might be due to design characteristics of existing research.

Schizophrenia

Harrow and Ferrante (1969) examined the distribution of different types of mental disorders among upper-middle-class psychiatric patients on the locus of control dimension. They found that individuals diagnosed as schizophrenic were more external in locus of control than nonschizophrenic patients \( t = 2.51, \text{df}=126, p < .05 \). Examining the relationship between time perspective, locus of control, and severity of psychological disturbance, Shybut (1968) found, among other things, that psychotic subjects had significantly
higher scores on the locus of control scale than normal and neurotic subjects. His findings were consistent with earlier research reporting a greater degree of externality in pathological subjects than in normals (Sialer, 1961; Cromwell, Rosenthal, Shakow, & Zahn, 1961).

Lottman and DeWolfe (1972) recently attempted to relate locus of control to the process-reactive dimension of schizophrenia, where the process schizophrenic, with a poorer premorbid adjustment, was predicted to be significantly more external than the reactive schizophrenic. Their hypothesis was verified. Furthermore, they found the process schizophrenics to be more external than a nonschizophrenic control group. No difference was found to exist between the nonschizophrenic and the reactive schizophrenic groups. They concluded that the greater externality exhibited by process schizophrenics suggests that locus of control is a function of long-term social learning based on level of premorbid adjustment, and is not simply the result of current symptomatology.

Fontana, Klein, Lewis, and Levine (1968) also investigating the relationship of locus of control to the process-reactive dimension of schizophrenia found that schizophrenic patients wishing to impress others that they were healthy were more internally oriented than those desiring to convince others that they were not well.
Depression

Abramowitz (1969) found that externals reported more feelings of anger and depression than did individuals with a more internal locus of control. Correlating a 20-item version of the I-E Scale to the Guilford Depression Scale, he obtained a positive correlation between the two scales with external control related to higher levels of depression ($N=69$, $r=.28$, $p<.05$). Similarly, Darlington (1967) found that psychiatric patients reporting feelings of depression tended to have an external locus of control orientation.

Goss and Morosko (1970) obtained significant correlations between the Depression scale on the MMPI and the Rotter Scale among three groups of alcoholics. The more external the alcoholic, the more likely he was to respond in a pathological and dysphoric manner on the MMPI.

Miller and Seligman (1973) have proposed a learned helplessness model of depression. They have suggested that depression is a specific cognitive distortion of the perception one has of his ability to alter the environment through his own responses and behaviors, and not a general pessimism. On the basis of this model, they predicted that depressed subjects should tend to perceive reinforcement as more response independent than do nondepressed subjects in skill tasks, but not in chance tasks. A 2 X 2 factorial design analysis of variance was employed to investigate changes in expectancies for success following reinforcement.
in chance and skill tasks. Thirty-two college students served as subjects and were assigned to four groups on the basis of scores on the Beck Depression Inventory and the Rotter Scale: a) depressed high externals; b) depressed low externals; c) nondepressed high externals; and d) non-depressed low externals. Results supported their main hypothesis. As anticipated, nondepressed subjects showed greater expectancy changes than depressed subjects in skill type tasks, while no difference was found to exist between the changes of depressed and nondepressed subjects in chance situations. The researchers found no data of significance regarding internal locus of control orientation and expectancy changes in chance and skill tasks. Miller and Seligman concluded that:

A significant behavioral manifestation of depression is learned helplessness--the expectancy that responding and reinforcement are independent. If this is so, the acquisition of such expectancy may be central to the etiology of depression and its removal central to successful treatment (1973, p. 73).

The results are in accord with both theory and other research regarding locus of control: an external locus of control expectancy, the perception of a lack of a cause and effect relationship between acts and outcomes, is predictive of depressive behavior and lack of achievement.
One recent study by Kilpatrick, Dubin and Marcotte (1974) utilized a self-report format in investigating the relationship of locus of control to moods in students engaged in each of four years of medical school. Utilizing the POMS (Profile of Mood States) developed by McNair, Lorr, and Droppleman (1971), the researchers found that internals showed less mood disturbances as compared to their more external counterparts. Internals rated themselves as less tense, anxious, depressed, hostile, fatigued, and confused than externals.

While not attempting to identify a specific category of dysfunctional behavior, Smith, Pryer, and Distefano (1971) investigated the relationship of internal-external locus of control and severity of emotional impairment among psychiatric patients. The criterion of severity of impairment was ward behavior ratings by psychiatric attendants. The MACC Behavioral Adjustment Scale (Ellsworth, 1962) was used to measure degree of impairment. Attendants, using the MACC, rated 126 clients. Those scoring above the 70th percentile constituted the mildly impaired group, while those scoring at the 30th percentile or below were regarded as severely emotionally impaired. The I-E Scale was administered to 30 individuals drawn from each of the two groups. Diagnostic categories of the subjects included: 47 functional psychoses, 3 brain syndromes, 7 neuroses, and
3 personality disorders.

A 2 X 2 analysis of variance with severity and sex serving as the independent variables was employed to analyze the data. The severely-emotionally impaired group was found to be significantly higher in external control than was the mildly impaired group ($F(1, 56) = 5.22, p<.05$). No sex difference was found, nor any interaction effect of severity and sex on I-E level.

**Self-Esteem**

In a study investigating the effects of self-esteem, perceived performance, and choice on causal attribution in a dot discrimination task, Fitch (1970), among other findings, obtained a low ($r=.23, p<.05$) Spearman rank-order correlation between locus of control and self-esteem. Low self-esteem subjects tended to score toward the external end of the Rotter Scale. Similarly, Ryckman and Sherman (1973) obtained low but significant correlations between the Rotter I-E Scale and the Feelings of Inadequacy Scale (Janis and Field, 1969). For the male sample the correlation was $r=-.29$ ($N=178, p<.001$); for the female sample $r=-.20$ ($N=204, p<.01$). Earlier, Fish and Karabenick (1971) had obtained a significant correlation between the I-E Scale and the Feelings of Inadequacy Scale for males ($r=.28, p<.001$).

**Manipulation and Control**

It would appear that those individuals described as
internals are more resistant to direct manipulation and control by others than are externals. They also appear to be somewhat more discriminating about what influences they will accept (Lefcourt, 1976; Phares, 1976).

Doctor (1971) in an investigation attempting to clarify the relationship between locus of control and responsiveness to social influence, found that externals and internals respond differentially in situations involving subtle forms of interpersonal or social influence. He found internals to be nonresponsive or resistive to influence whereas externals were typically compliant, cooperative and responsive.

Crowne and Liverant (1963), in an experiment using an Asch-like conformity situation, found that subjects viewing themselves as externally controlled were significantly more conforming than internally oriented subjects. Furthermore, it was found that externals, when conforming to peers' judgment, were willing to bet more money on the correctness of those judgments than when they made independent and less conforming judgments. Crowne and Liverant concluded that externals appeared to have more confidence in consensual judgments of others than in their own independent decisions.

Similarly, Getter (1966) found a relationship to exist between locus of control and verbal conditioning. Hypothesizing that individuals perceiving reinforcement to be controlled by themselves (internals) will be more resistant
to attempts to condition their verbal behavior and that externals would be more likely to yield to experimenter influence, he administered a contrived test of abstract ability to a group of 108 university students. Responses ending in "ion" were reinforced during acquisition trials with no reinforcement being given during the second portion of the test. A control group of 22 students received no reinforcement. Getter found, as expected, that the most external participants were those that were the most readily conditioned. However, paradoxically, he found that the most internal subjects produced the conditioned response during the extinction phase of the experiment. He proposed that the subjects with a generalized expectancy for internal control had negative feelings for being manipulated. Internals, apparently attuned to the reinforcement contingency since increment eventually occurred, did not allow themselves to show it. Only during the subsequent extinction trial, when they did not feel manipulated, but free to make an independent decision, was conditioning exhibited.

Findings by Strickland (1972) are in agreement with those of Getter's earlier study. In an experiment employing a verbal conditioning task, she found that the more external the subject, as measured by Rotter's Scale, the more likely was that subject to be amenable to experimenter influence, providing the subject was aware of the situation. Conversely, internals tended to deny the influence of the experimenter
and followed their own inclinations in responding to the situation. She suggested that cooperation of the internal client might be of crucial importance in situations where the therapist might be employing behavior modification techniques or other methods of overt behavior control.

Hjelle and Clouser (1970) investigated the hypothesis that externally controlled subjects will show more attitude change when exposed to standardized communications advocating a change in their pre-established positions than will individuals possessing a more internal expectancy regarding control. The main effect for locus of control was significant in the predicted direction ($F (1, 60) = 12.53, p < .001$), indicating a greater attitude change in externals than internals.

Ritchie and Phares (1969) provide support for the notion that internals are more selective in what they allow to influence them. They found, as did Gore (1963), that internals were not affected in their views by the status of the source of an argument while externals were. Two additional studies investigating the relationship of attempts to quit smoking and I-E orientation (James, Woodruff, & Werner, 1965; Platt, 1969) lend support to the notion that internals are not indiscriminately resistant to any kind of influence but are, instead, discriminating about what they allow to influence them. Biondo and MacDonald (1971) found that internals were more rejecting of influence in a high
influence situation while finding no support for their hypothesis that internals would also react against low influence messages.

The existing research relating to control and influence and locus of control suggests that: a) externals are more subject to outside influence whether subtle or overt; b) externals are more directly affected by the prestige or status of the person doing the influencing; c) internals resist indiscriminate attempts at influence; and d) internals are more discriminating in what arguments or influence they will accept in changing their views. We might expect in a counseling situation, then, that externals would be more readily affected by the therapy process regardless of whether the therapist was subtle or overt in his attempts to influence; furthermore, we might expect that internals would be more discriminating and selective in accepting any attempted influence on the part of the counselor.

Personal Effectiveness

The superior cognitive functioning of internals as compared to externals (Phares, 1976) might logically be expected to enhance personal effectiveness. The research literature supports this contention. Phares, Ritchie, and Davis (1968) investigating the effect of threat, locus of control, and subsequent behavior, showed internals significantly more willing to take remedial action to correct presumed personal shortcomings when given the opportunity to do so. More
importantly, perhaps, Phares (1965) and Williams (1970), investigating the differential effectiveness of internals and externals in terms of social influence aspects of personal interaction, found internal experimenters able to induce significantly greater attitude changes in subjects than external experimenters. Felton (1971) found internal experimenters to be more effective in eliciting expected data from their subjects than external experimenters. Weight (1969) found that internal experimenters are generally more effective than externals in eliciting positive self-reference statements from their subjects. Hersche and Scheibe (1967), examining the effectiveness of volunteer mental health workers and the relationship of effectiveness to locus of control, obtained a significant positive correlation between effectiveness and internal control. Majumder, MacDonald, and Creever (1977) concluded that an external orientation was a handicap to a counselor and that counselors who were more internal in orientation received higher job performance ratings. Furthermore, evidence exists to suggest that externally oriented individuals utilize significantly more coercive power in interpersonal situations to solve problems than do internals (Goodstadt & Hjelle, 1973). Similarly, Rotter, Seeman, and Liverant (1962) showed a significant relationship between external control and authoritarianism, although Baron (1968) found no such relationship to exist in an investigation of
authoritarianism, locus of control and risk taking.

**Defensiveness**

While some researchers have interpreted findings that internals forget personal failures more readily as being indicative of greater defensiveness (Efren, 1963; Lipp, Kolstoe, James, & Randall, 1968; Macdonald & Hall, 1971; Phares, 1968), additional findings mitigate against such a conclusion and suggest, instead, that perhaps internals are more discerning in their assignment of cause for failure. Phares, Wilson, and Klymer (1971), testing the hypothesis that internals are less prone than externals to blame forces outside themselves for task failure, found that under conditions involving serious situational distractions, there was no difference between internals and externals in blame attribution. However, under the nondistracting conditions, internals were significantly more prone to blame themselves than externals following failure. Findings by Phares (1971) and Davis and Davis (1972) support the earlier findings reported by Phares. It has been suggested by some researchers that individuals obtaining external scores on the Rotter Scale may have developed an external expectancy for defensive reasons since such an expectancy allows for easy blame attribution for failure to outside sources (Rotter, 1966; Hersche & Scheibe, 1967; Davis, 1970). Ready acceptance of responsibility for failure by internals seems to suggest a nondefensive posture regarding failures.
Summary of Literature Relating to I-E and Psychopathology

Summarizing briefly the research relating to psychopathology, adjustment, and locus of control, it would appear that persons with an internal locus of control orientation: a) are better adjusted; b) display fewer psychopathological symptoms; c) are less anxious; d) function more effectively in interpersonal relationships; e) are more effective in acquiring and using information and; f) are less subject to manipulation and control by others. Furthermore, the correlation between internal-external locus of control and adjustment-maladjustment appears to be consistent and linear.

Psychotherapy and Methods for Changing Locus of Control Orientation

As Lefcourt (1976) suggests and as is implied by the findings reviewed previously, shifting of client locus of control from an external to a more internal orientation would seem to be a primary goal of the psychotherapist. While Rotter (1966) has written that learned expectancies are highly resistant to change and extinction, a growing body of research has appeared which centers around identification of methods for facilitating change in locus of control.

General Treatment Strategies

Individual psychotherapy. Gillis and Jesser (1970) hypothesized that successful psychotherapy should be
characterized by an increased belief in internal control. They found that psychotherapy patients in an institutional setting, who were rated as improved, increased significantly more in internal control over those rated as unimproved. Smith (1970) found that individuals experiencing an immediate life crisis situation showed a significant decrease in externality after six weeks of intensive psychotherapy.

**Group psychotherapy.** In a group counseling setting, Kline (1974) found that subjects receiving counseling gained significantly more in self-efficacy as measured by the Rotter Scale than did a comparable group of noncounseled control subjects. Foulds (1971), examining the effects of personal growth experiences on locus of control, found an increase in internal scores for a group of 30 undergraduates who participated in four half-hour therapy sessions once a week for eight weeks. A control group of similar subjects showed no change. Foulds, Guinan, and Warehime (1974) investigating the relationship of locus of control to effects of a 24-hour group marathon, obtained a significant change in perceived locus of internal-external control in the direction of increased internality. Diamond and Shapiro (1973) also found shifts toward internality on the Rotter Scale in two studies investigating the effects of encounter group experiences on locus of control. In both studies, subjects assigned to control groups remained stable in I-E
orientation while individuals assigned to treatment groups exposed to one or another form of encounter group experience shifted toward a more internal locus of control orientation.

Reed (1975), in attempting to assess the effects of short-term group therapy on changing inmates' expectations of locus of control in a prison population, found the difference in change scores between those receiving therapy and those not receiving therapy to be significant. He concluded that short-term group psychotherapy can be effective in changing locus of control orientation. Hayden (1974), on the contrary, in an experiment designed to evaluate the effectiveness of psychotherapy emphasizing client control of expectancies and encouraging an internal control orientation, obtained no significant treatment effects. Clients in the group receiving "internalization" psychotherapy, showed no significant difference in locus of control on posttest administration of the Rotter I-E Scale. Similarly, in a group setting, Reinfeld (1975) using The Locus of Control of Interpersonal Relationships Scale developed by Lewis, Dawes, and Cheney (1973) as a measure of I-E level, obtained no significant difference between scores of an experimental group receiving group psychotherapy and a comparable control group.

Specific Treatment Strategies

A number of researchers have attempted to identify specific change strategies or factors within the therapeutic
process which might lead to an increase in internal control expectancies. Dua (1970), for example, examined the effectiveness of two treatment methods of psychotherapy in relation to the change induced along a number of personality variables, one of which was locus of control. One treatment mode was a psychotherapy reeducation program which focused directly on altering the subject's attitudes and beliefs. The second treatment approach was behavioral and action oriented. Procedures in this second treatment method focused on moving the subject to new but specific behaviors independently of the client's beliefs and attitudes. Dua's results showed that of the two treatment approaches, the behavioral action program was more effective than reeducation program procedures in changing client locus of control toward greater internality. The Rotter I-E Scale was used to measure change. However, clients in the reeducation group showed greater change toward internal locus of control than did a comparable control group.

Dua concluded that changing a client's behavior often produces a clear modification of client feelings and attitudes, and in the context of the present study, clients in the behavioral control group reported feeling less externally controlled. As Strickland (1972) noted in a study reviewed previously, clients may respond differentially to different treatment methods. Based on her findings, she concluded that cooperation of the internal client is of
crucial importance in situations where the therapist might be employing behavior modification techniques or other methods of overt behavior control.

Piemonte (1976) found originality training to be effective as a locus of control change technique. The experimental group in the study increased in both originality and internality as the result of receiving Maltzman originality training. Clawson (1976) attempted to measure the effectiveness of Rational Self-Counseling (RSC) in changing subject's locus of control orientation. Subjects in the study received an eight week, sixteen hour course in RSC principles. The program consisted of lectures, written homework, pre-taped counseling interviews, reading assignments, and experiential class discussion. Results were in the predicted direction. Subjects receiving RSC training showed significant movement in the internal direction as measured by the Rotter Scale. This was true for both internals as well as externals. No control group was used to control for possible contaminating effects of history.

Felton (Felton, 1973; Felton & Biggs, 1972; Felton & Davidson, 1973), in a series of studies, explored the extent to which "internalization behaviors" can be taught in a variety of settings. One of the basic therapeutic orientations utilized in each of the studies was a Gestalt approach stressing three factors: a) orientation to present time;
b) confrontation and emphasis on personal responsibility for behavior; and c) use of the language of responsibility. The findings suggested that a direct relationship exists between externality and low academic achievement, and that internality can be taught successfully in group and individual psychotherapy and in college training programs.

In a similar vein, Pierce, Schauble, and Farkas (1970), used a brief, straight-forward approach to psychotherapeutic intervention in which during a 20 minute portion of the therapy hour the therapist made the client aware when he was internalizing or externalizing, and offered him positive reinforcement for internalizing behavior. They found that client behavior as measured by the Rotter I-E Scale changed positively toward more internal orientation.

Masters (1970) has employed basically a clinical approach in attempting to change behaviors. He argues that how an individual categorizes a situation or his responses to that situation may affect his subsequent behavior. Masters' attempts to effect change have been concerned with altering an individual's perception of particular situations by helping him reconstrue the stimuli and then providing behavior assignments which demonstrate the efficacy of that reconstrual of experience.

Reimanis has conducted a series of studies which are reported in several papers (1970a, 1970b, 1971a, 1971b), investigating the relationship of locus of control to
achievement in a number of different settings and involving a wide range of age groups. In all of the studies reported, a confrontation technique was utilized in the counseling situation in an attempt to change locus of control orientation toward the internal end of the continuum. When clients made statements suggesting that they were not in control of what was happening to them or indicated that they were not responsible for their lives, the counselor confronted each with statements such as "What could you have done about it?" or "Why did you let them take advantage of you?" With each confrontation, the counselor attempted to replace an external control statement or thought made by the client with an internal one. In addition, clients were encouraged to transfer the internal thoughts to future events. That is, now that he knows what he could have done, what will he do in the future?

Results were generally consistent. Counseling procedures oriented toward strengthening the perception of behavior-effect contingencies produced significant increases in internal control as measured by the Rotter I-E Scale. Reimanis also found that achievement motivation was directly related to internality. One shortcoming of the Reimanis work, however, was the small number of subjects utilized in some of the studies reported.

DeCharms (1972), in a rather ambitious study concerned with behavioral changes relevant to locus of control, has
attempted to develop a training program to facilitate an increased sense of "personal causation" in individuals. While I-E was not specifically measured, the notion of personal causation is very similar to Rotter's locus of control construct. Feeling oneself to be the origin of one's behavior is analogous to having an internal locus of control expectancy; pawn behavior on the other hand corresponds to externality. DeCharms has outlined four ways the teacher must assist the student. They are: a) help the student determine realistic goals for himself; b) assist the student in knowing his own strengths and weaknesses; c) help the student determine concrete action that he can take now that will help him to reach his goals; and d) bring the student to consider how he can tell whether he is approaching his goal; that is, whether his action is having the desired effect.

Results achieved using Personal Causation Training in fostering more origin behavior are striking and show support for the proposition that belief in origin behavior or internal locus of control can be increased. DeCharms found that motivation of both students and teachers increased as the result of Personal Causation Training, that academic achievement of participating students was enhanced, and that positive effects achieved were cumulative over the three year period during which his training program was
Negative Findings

In addition to the negative findings of Hayden (1974) and Reinfeld (1975) discussed earlier, a number of other investigators have failed to effect changes in locus of control employing different techniques. For example, Posmer (1975), studying the effect of Success Sharing and Transactional Analysis group counseling on expectancies of senior-year students at a Midwestern suburban high school, obtained no significant treatment effects. There was no difference between the two experimental groups and a control group with regard to change between pretest and posttest I-E Scale scores. All three groups manifested a significant change in the direction of internality. She concluded that a combination of maturation and extratreatment history effected the observed change. Watts (1976) found no significant treatment effect in attempting to change locus of control using strategies based on reality therapy and individualized instruction. Investigating the use of reinforced "I choose" statements in a problem-solving group counseling setting and its possible effect on increasing client internal locus of control, DuFaux (1976) found that after six weekly, 90 minute counseling sessions, gain in internality as measured by the Rotter Scale was not significantly higher than for a group of clients reinforced for "I" statements. Increased frequency in the use of "I" statements was
considered to be an indicator of greater self-responsibility and hence internality on the part of the client.

Summary of Research Relating to I-E Change

Review of existing research regarding change suggests that locus of control can be altered by a variety of different therapy techniques and training programs. While some researchers have failed to demonstrate changes in I-E orientation using particular change strategies, the evidence supports the change hypothesis. Furthermore, the literature tentatively suggests that more direct approaches to change are the most effective. However, the differential response of internals and externals to specific strategies needs further investigation.

Counselor Personality Characteristics and Client Locus of Control

While a great deal of the research effort devoted to investigation of the locus of control construct has focused on client personality and behavior correlates, a number of important areas of investigation still remain relatively untouched. Two of these areas are: a) the differential response of internals and externals to specific strategies for change; and b) the effect of counselor personality characteristics and influencing behavior on the outcome of attempts to change client locus of control.
Some research has been reviewed in a previous section suggesting that internals are more likely to resist attempts to influence them whether such attempts are subtle or overt (Crowne & Liverant, 1963; Doctor, 1971; Getter, 1966; Hjelle & Clouser, 1970; Ritchie & Phares, 1969). However, when the attempted influence is overt, internals apparently perceive the choice to respond or reject the attempted influence as they choose (Ritchie & Phares, 1969).

Some additional research regarding therapist characteristics is available. Helweg (1971) showed sound films of both Albert Ellis and Carl Rogers each conducting initial interviews with a patient to college students and psychiatric inpatients. As he predicted, individuals in both groups who preferred the more directive approach employed by Ellis over the nondirective Rogerian approach obtained higher scores on a dogmatism scale and also were more external in their locus of control orientation. Jacobson (1971) obtained similar results. He compared imagined selection of therapists by subjects between a behaviorist and an analytically oriented psychotherapist. Choice was based on composite profiles of each type of therapist presented to the subjects. As predicted, internals chose the analytic therapist, while externals preferred the behavioristically oriented therapist.

Hutcherson (1967) found some support for his hypothesis that there would be a congruence-seeking tendency in client
preference for a therapeutic approach. He predicted that clients would prefer the approach most similar to their own lifestyle. Results of the study showed that internal control subjects tended to prefer an approach emphasizing more personal responsibility regardless of whether it was directive or nondirective. He concluded that responsibility was a more important determiner of preference among prospective patients than independence.

More recently, Abramowitz (1974) has found that in a group therapy setting, externals are more therapeutically responsive to treatment involving a relatively active, powerful group leader, while internals are more responsive to a less directive approach.

Wilkins (1973) has recognized the relative lack of emphasis given the role of the therapist in research dealing with client expectations. He has suggested that therapeutic effectiveness can more appropriately be attributed to the influence of the therapist than to the client's initial expectancies of improvement. He argues that the therapist's awareness of the client's expectancy, not the client's expectancy per se, is the critical variable contributing to improvement in the therapeutic setting. What is important to the present study is Wilkin's contention that the importance of the therapist may have been prematurely and inappropriately deemphasized. To date, little research has focused on the importance of therapist
personality characteristics, particularly therapist locus of control, on subsequent therapeutic outcome. Tyre's (1972) statement that virtually no work has been done investigating counselor-therapist I-E orientation and its relationship to treatment effectiveness still holds true today.

Weight (1969) explored the relationship between experimenter perception of personal control of life circumstances and experimenter effectiveness as a social reinforcer in an interview situation. He found, among other things, that internal experimenters were significantly more effective than externals in eliciting positive self-reference statements from their subjects. He concluded that locus of control is an important experimenter variable which affects interpersonal relations in an interview situation. These findings are consistent with those of Phares (1965) discussed previously.

Another study directly related to the issue of therapist locus of control and its effect on client performance is the dissertation completed by Newman (1967). Investigating the effects of locus of control expectancy on accuracy of interpersonal perception, he found that the value orientations of internal therapists are more accurately perceived by both internal and external subjects than are those of external therapists. Newman concluded that:

A major ingredient for effective communication between psychotherapist and patient is the
therapist's position on the internal-external continuum. Effective professional intervention appears to be more closely related to the capacity of the psychotherapist to communicate his belief in the ability of individuals to exercise an important measure of control over their life situations, than to agreement between therapist and patient about specific goals (p. 109).

The communication, then, of the therapist's generalized locus of control expectancies may have an important influence on client locus of control and may serve as a model for the client to imitate and incorporate into his own value orientation. Bandura (1962, 1968, 1969), has demonstrated the power of modeling as a technique for behavior change.

More recently, Bell (1970) undertook to study the effects of therapist and client generalized expectancies upon the outcome of therapy. He hypothesized that psychotherapy would not only cause a shift in locus of control in clients from an external to a more internal orientation, but also therapist locus of control expectancy would affect therapeutic success of the client. Findings failed to support Bell's hypotheses. He concluded that the I-E construct, within the limitations of his study, was an unsuccessful predictor of some aspects of both the process
and outcome of psychotherapy.

One additional study germane to the present discussion is that of Gilbert (1972). Investigating the role of locus of control expectancy to self-disclosure he found that:

a) actual self-disclosure increased across occasions and in reciprocation to experimenter intimate disclosure; b) anxiety decreased prior to the second counseling interview with intimate experimenter self-disclosure; and c) actual disclosure of extreme internals and extreme externals was less in line with their own perceived self-disclosure than a group possessing a moderate locus of control orientation.

Gilbert's research, while not dealing with the issue of therapist personality characteristics and their effect on locus of control orientation of the client, does suggest that a relationship may exist between the variables of self-disclosure and locus of control expectancy.

**Psychotherapy and Self-Disclosure**

**The Concept of Self-Disclosure**

A number of books and articles have been written which review the existing literature on self-disclosure (Allen, 1973; Chaikin & Derlega, 1974a, 1974b; Cozby, 1973; Jourard, 1971a, 1971b). Consequently, this section will only attempt to outline: a) the nature of self-disclosure and its relationship to the therapeutic process; and b) major considerations of relevance to the current study.
Self-disclosure or openness has been postulated by Jourard to be the essential factor in the psychotherapeutic experience (1971a). Likewise, Truax and Carkhuff (1965) have argued that, from the early work of Freud and Breuer to the present, most accounts of the therapeutic process center upon the increasing, progressive self-disclosure, self-exploration, and self-awareness of the client. The role of the therapist or counselor has been to facilitate this process of self-disclosure and exploration in the client.

In terms of self-disclosure, psychopathology is seen as a foul-up in the process of knowing and of becoming known to others. Symptoms become smoke screens interposed between the client's real self and the gaze of onlookers; they become devices used to avoid becoming known (Jourard, 1959). Therapy is the process of discovering oneself through self-disclosure to the counselor or therapist. Jourard argues that people become clients in psychotherapy primarily because they have not disclosed themselves in some optimum degree to the people in their life. He suggests that often times people accept their assigned role in society without being able to reveal the self underneath. They accept the role without being able to share the feelings, the experience of the person (Jourard, 1959).

Psychotherapy, then, is more than just a method for eliminating obvious symptoms. It centers around altering
interpersonal behavior and fostering authentic behavior. To Jourard, authentic behavior is behavior that is not play-acting, faking or contrived. Therapy is a dialogue between therapist and client, where the client is permitted to be himself. It is the experience of feeling free to be and to disclose himself in the presence of another human being whose goodwill is assured, but whose responses are unpredictable (Jourard, 1971a). Effective therapists are those who are able to be themselves in the presence of the client, involving themselves in his situation, striving to know the client, and responding openly and spontaneously. According to Jourard, such a relationship fosters personal growth.

As Allen (1973) suggests, self-disclosure is both a means and an end. In order for any form of psychotherapy to occur, a patient must reveal himself to the therapist. Self-disclosure supplies much of the raw material for the therapeutic process. At the same time, self-disclosure may be an end in itself. As Jourard (1971a) has suggested, self-disclosure promotes growth and fosters psychological health. In addition, self-disclosure in the therapeutic setting may serve as an agent in extinguishing repressive feelings and behaviors. The client learns to express his feelings in a nonthreatening, nonpunitive atmosphere. In this process the client may reveal and bring to awareness more threatening information in the acceptance and openness of the therapy interview. A condition of exploring exists
in which the client is free to experience feelings and thoughts too risky, or too threatening before (Chaikin & Derlega, 1974a). Self-disclosure provides the client with an opportunity to engage in reality testing in a nonthreatening, and accepting environment (Culbert, 1970).

Self-Disclosure and Psychological Adjustment

Existing research generally supports the contention that self-disclosure is related positively to psychological health although there are a number of negative findings.

Truax and Carkhuff (1965), in an early study for example, found client and therapist disclosure to be significantly correlated. Furthermore, they found that patients who were rated high in self-disclosure showed greater constructive personality change across a variety of recovery measures including the Rorschach and the MMPI, and that success of therapeutic outcome could be predicted from level of self-disclosure as early as the second therapy session. Halverson and Shore (1969) measured 53 Peace Corps trainees on the self-disclosure dimension using a modified form of the Jourard scale; they found these scores to be positively related to both peer ratings and assessment board ratings on interpersonal effectiveness and how well liked they were by peers. Mayo (1968), investigating the relationship of self-disclosure to psychopathology compared three groups of females on the self-disclosure dimension. The three groups were: a) neurotic inpatients; b) normals
with neurotic symptoms; and c) symptom-free normals. He found that self-disclosure was the lowest in the inpatient group and highest in the symptom-free group. Vosen (1967) found a positive relationship between self-disclosure and self-esteem. Measuring self-concept before and after participation in a sensitivity group, he found low self-disclosure subjects reported a decrease in self-esteem. Himmelstein and Lubin (1966) reported higher scores on the K Scale of the MMPI indicating greater defensiveness for low self-disclosing college males. No differences were found for females.

On the other hand, a number of researchers have found negative relationships between self-disclosure and mental health. Stanley and Bownes (1966), using the Jourard Scale, found no consistent relationship to exist between neuroticism and self-disclosure. Fitzgerald (1963) failed to find a significant relationship between self-esteem and reported self-disclosure to peers. A recent study by Kinder (1976), investigating the relationship between self-disclosure and self-actualization, suggests that the relationship may in fact be nonlinear. In other words, high and low levels of self-disclosure might be indicative of poor adjustment. While little experimental evidence exists concerning the nonlinearity of the self-disclosure/adjustment relationship, Kinder's findings are in accord with research suggesting that adjustment is related to appropriateness of
self-disclosure. Indeed, Chaikin and Derlega (1974a) found that individuals who revealed very personal information about themselves to casual acquaintances and strangers, were rated as maladjusted by observers while persons revealing themselves intimately to close friends were rated as normal and well adjusted. Cozby (1973) has suggested that mentally healthy persons are those who are high-disclosers to a few significant others in the social environment.

It would appear that, at least in part, the discrepancy in the research regarding the adjustment/self-disclosure relationship might be due to failure by some researchers to take into account the appropriateness of self-disclosing behavior in a particular situation. Two additional reasons offered to account for the apparent discrepancy in research are offered by Chaikin and Derlega (1974a). They suggest that in addition to the possibility of a nonlinear relationship, there is no consistent definition of mental health used by researchers. Each defines adjustment and psychological health differently. And finally, there is some question regarding the validity of the Jourard self-disclosure instruments which are the most frequently used measures of self-disclosure. This third issue is taken up in Chapter Three.

Self-Disclosure and the Psychotherapist

A final important area for review is the relationship of therapist self-disclosure to client progress in the
therapeutic setting. One way the therapist can go about facilitating this process of self-disclosure in the client is to self-disclose himself. Jourard holds that behavior begets similar behavior. Manipulation begets manipulation on the one hand, self-disclosure begets self-disclosure on the other. Research by Bandura (1962, 1968, 1969) suggests that modeling of desirable behavior is an effective way to insure that behavior is learned. This tendency for self-disclosure to elicit a similar response in the other person has been called the "Dyadic Effect" by Jourard. Resnick (1970) has found support for this reciprocal relationship of self-disclosure. When status differences were controlled and disclosure readiness varied, she found disclosure to prevail over reserve and the low disclosing individual to be drawn into more disclosing behavior. Similarly, Powell (1968), in a study designed to explore the effectiveness of three different experimenter interventions in influencing subject verbal behavior in an unstructured interview, found support for Jourard's contention that self-disclosure begets self-disclosure. Comparing supportive statements, self-reflection and open self-disclosure, honest disclosure from the interviewer was the most effective of the three approaches for increasing client self-reference. Powell concluded that "in the present study, the experimenter's willingness to be open and honest was repaid in kind." Jourard and Friedman (1970) found that subjects to whom the experimenter disclosed
something of himself, disclosed themselves at greater length than did subjects to whom the experiment did not reveal himself.

Worthy, Gary, and Kahn (1969) in a study investigating self-disclosure and liking, found strong support for the reciprocity hypothesis. Subjects tended to disclose more intimate information to those from whom they had received intimate disclosure. The researchers concluded that self-disclosure functions as a social reward, that perhaps the rewarding effect of receiving an intimate self-disclosure, in part, derives from the freedom it accords the receiver to reply in an equally open and intimate manner.

In an experiment attempting to ascertain the effects of demand characteristics on reciprocity of disclosure in a laboratory experiment, Derlega, Chaikin, and Herndon (1975) found that regardless of the extent laboratory subjects thought they might have to talk about themselves, intimacy of self-disclosure increased as a function of intimacy of input. Demand characteristics connected with self-disclosure affected only the overall amount of information which subjects disclosed.

Finally, Anchor, Strassberg, and Elkins (1976) found ratings of psychotherapist trainees by licensed clinical psychologists on willingness to self-disclose to be significantly correlated with supervisor ratings of competence ($r = .54$, $df = 27$, $p < .01$) and trainee sophistication ($r = .42$, $df = 27$, $p < .01$).
df=27, p<.05). Self-disclosure ratings were not related significantly to ratings of trainee maturity.

Summary of Literature Relating to I-E and Self-Disclosure

Self-disclosure has been shown to be: a) an important therapist personality variable affecting the outcome of the therapeutic process; and b) related to psychological health. Existing research also suggests that self-disclosure in clients participating in psychotherapy is affected by counselor self-disclosure, intimacy level of material disclosed by the counselor, and appropriateness of disclosure.

Summary

Most major systems of psychotherapy have accepted increased client responsibility for self as an essential factor in positive therapeutic change. The locus of control construct which has issued from Rotter's Social Learning Theory of personality is related to this issue of client responsibility.

Locus of control refers to how a person views his ability to effect changes in his world. Research evidence has shown that an internal locus of control expectancy is related to behaviors and attitudes typically associated with healthy personalities, while external expectancies are more characteristic of individuals displaying dysfunctional behaviors and maladjustment. The Rotter Internal-External Locus of Control Scale used to measure the I-E construct has
been employed in the present study as an empirical measure of client change in degree of acceptance of personal responsibility.

External locus of control expectancy has been shown to be related to a number of behaviors considered to be indicative of maladjustment including debilitating anxiety, depression, and schizophrenia. In addition, literature investigating the relationship of locus of control expectancy to self-esteem, and manipulation and control was reviewed. Findings suggest that externals are lower in self-esteem, more defensive, and more susceptible to manipulation and control by others.

Review of the literature pertaining to therapist personality variables and effectiveness of therapeutic outcome suggests that little research has been conducted investigating the effect of therapist personality characteristics on change in client locus of control in a psychotherapy setting. Presently, existing evidence tentatively suggests a relationship between therapist locus of control, and therapist self-disclosure and therapeutic outcome. The present study is an attempt to clarify this relationship.
CHAPTER III
PROCEDURES

This study investigated the relationship between therapist personality characteristics and client locus of control expectancy in a psychotherapy setting. The two independent variables were therapist locus of control and therapist self-disclosure; the dependent variable was client I-E level. The Rotter Internal-External Locus of Control Scale was used to measure the locus of control expectancy of both therapists and clients. A slightly modified version of the 40-item, future form, of the Jourard Self-Disclosure Inventory was utilized to measure therapist self-disclosure level.

Subjects

Subjects for this research project were drawn from both male and female clients between the ages of 13 and 65 who sought and received counseling services at either of two sources: a) the White House Counseling Center of the San Juan Unified School District, Sacramento, California; or b) the Student Counseling Center of California State University, Sacramento (CSUS). Only persons who had not received any counseling services for at least one semester prior to the onset of the study were included in the present research.
The initial experimental sample consisted of over 200 counseling clients who were being seen by participating counselors for the first time and who had originally agreed to participate in the study. Of that total both the pretest and posttest measures of I-E were available for 76 clients. This group made up the final sample utilized in this study. Forty-seven of the clients included in the total of 76 were obtained from the CSUS Counseling Center. Eighteen were male and 29 were female. Twenty-nine clients, six male, 21 females, and two unspecified were obtained from the White House Counseling Center.

Ages of clients included in the final sample ranged from 14 to 57. In addition, all clients included in the study were receiving therapy for personal or emotional problems. In some instances, counseling included simultaneous counseling of more than one individual, i.e., marriage counseling. Participants in group counseling were not included in the sample.

The White House Counseling Center

The White House Counseling Center provides counseling, diagnostic, and psychological services to the school district's 49,000 students and their families. Clients seen for counseling include students at all grade levels, parents, and families falling within the San Juan catchment area. Approximately 1,000 individuals are provided with counseling services over the course of the normal school year. There
is a two week to three week time lapse between the request for counseling services and the initial contact with the prospective client by a counselor. Clients seen at the White House are typically seeking counseling for crisis, personal, or emotional problems. Routine academic or vocational counseling services, in the case of students, is provided in the individual schools. Socio-economic status varies considerably since the San Juan Unified School District includes neighborhoods ranging from lower to upper-middle class.

Counseling Center, CSUS

The CSUS Counseling Center provides members of the university community with counseling services for a number of difficulties including personal counseling, career counseling, crisis intervention, family counseling, and group and couples counseling. The number of individuals receiving counseling in one of these categories during the Fall 1976 semester immediately prior to the onset of this research project was 773. Of that number, 392 persons received counseling for personal matters other than routine academic or vocational counseling. The majority of these individuals were white. Seventy-one of the 392 persons receiving counseling for personal matters were black, of Asian descent, or Mexican-American ancestry. Of the 392 clients receiving counseling in this category 279 were female.
Therapists

Therapists for this research consisted of: a) full-time paid staff at the CSUS Counseling Center; b) fieldwork students completing the fieldwork requirements for Master's Degrees or Counseling Credentials through California State University, Sacramento. All fieldwork students, therefore, had either a Master's Degree in counseling, social work, or psychology, or were completing requirements for that degree. Full-time staff of the CSUS Counseling Center all had earned doctorate degrees. Level of counseling experience varied from one year to over 20 years. A total of 19 therapists participated in the present research project. Six were male and 13 were female. Personal information concerning therapists who participated in this study is presented in Table 2.

Instrumentation

Locus of Control

The instrument used to assess internal-external locus of control in both clients and therapists participating in this study was the Rotter Internal-External Locus of Control Scale (Rotter, 1966). The Rotter Scale is included as Appendix B. A number of researchers have provided comprehensive reviews of research concerning the locus of control construct and the validity and reliability of the Rotter Scale (Joe, 1971; Lefcourt, 1966, 1976; Phares, 1976; Rotter, 1966, 1975; Tyre, 1972). This research has been reviewed
### Table 2

** Enumeration and Description of Therapists**

<table>
<thead>
<tr>
<th>Therapist</th>
<th>I-E Score</th>
<th>JSDI Score</th>
<th>Yrs. Exp.</th>
<th>Age</th>
<th>Cred.</th>
<th>Therapy Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td>6</td>
<td>17</td>
<td>9</td>
<td>40</td>
<td>Ed.D.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>2*</td>
<td>10</td>
<td>27</td>
<td>9</td>
<td>30</td>
<td>Ph.D.</td>
<td>Gestalt-Community</td>
</tr>
<tr>
<td>3*</td>
<td>11</td>
<td>31</td>
<td>12</td>
<td>36</td>
<td>Ph.D.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>4*</td>
<td>1</td>
<td>36</td>
<td>21</td>
<td>53</td>
<td>Ph.D.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>5*</td>
<td>8</td>
<td>29</td>
<td>15</td>
<td>49</td>
<td>Ed.D.</td>
<td>Eclectic-Existential</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>36</td>
<td>6</td>
<td>33</td>
<td>Ph.D.</td>
<td>Reality</td>
</tr>
<tr>
<td>7*</td>
<td>4</td>
<td>36</td>
<td>20</td>
<td>46</td>
<td>Ph.D.</td>
<td>Psychoanalytic</td>
</tr>
<tr>
<td>8*</td>
<td>6</td>
<td>29</td>
<td>8</td>
<td>34</td>
<td>Ed.D.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
<td>30</td>
<td>1</td>
<td>30</td>
<td>M.S.</td>
<td>Reflective Listening</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
<td>24</td>
<td>2</td>
<td>23</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>11</td>
<td>6</td>
<td>27</td>
<td>1</td>
<td>35</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>12*</td>
<td>8</td>
<td>23</td>
<td>1</td>
<td>29</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>13*</td>
<td>5</td>
<td>25</td>
<td>2</td>
<td>31</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>14*</td>
<td>5</td>
<td>36</td>
<td>8</td>
<td>32</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>15*</td>
<td>4</td>
<td>30</td>
<td>1</td>
<td>31</td>
<td>M.Ed.</td>
<td>Rogerian</td>
</tr>
<tr>
<td>16*</td>
<td>8</td>
<td>--</td>
<td>--</td>
<td>28</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>17*</td>
<td>6</td>
<td>19</td>
<td>2</td>
<td>40</td>
<td>M.S.W.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>18</td>
<td>17</td>
<td>29</td>
<td>1½</td>
<td>26</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
<tr>
<td>19</td>
<td>11</td>
<td>19</td>
<td>2</td>
<td>29</td>
<td>M.S.</td>
<td>Eclectic</td>
</tr>
</tbody>
</table>

*Denotes therapist for which counseling sessions were taped.*
extensively in Chapter II; there is general agreement that the construct and predictive validity of the Rotter Scale has been adequately established.

Self-Disclosure

The 40-item, "future form" of the Jourard Self-Disclosure Inventory was employed as a measure of therapist self-disclosure. Four items, considered inappropriate to the current study, were excluded from the scale. The final version used in the present study is included as Appendix C.

The particular form of the Jourard Scale used in this study asks the respondent to: a) indicate whether or not he has ever disclosed fully to anyone in the past on 36 topics of varying intimacy value; and b) whether or not he or she would disclose completely to an unknown person of the same age, sex, and peer standing on the same 36 topics.

A number of instruments measuring self-disclosure have been developed and utilized by Jourard and his students in investigating self-disclosure (Jourard, 1971b). They typically predict present, actual disclosure on the basis of the individual's past history of self-disclosure to particular, significant others in his or her life. However, questions have been raised concerning the validity of certain of these instruments. Research findings are contradictory, and it appears that there are a number of factors affecting the validity of the instruments.

While there appears to be ample support for the construct
validity of paper and pencil measures of self-disclosure, Allen (1974) has observed that there is often a failure of these instruments to predict overt behavior. Similarly, Cozby (1973), in a review of the literature concerning the self-disclosure construct, concluded that there is little evidence to support the predictive validity of the self-disclosure inventory. Burhenne and Mirels (1970) found no correlation between rated disclosure on written self-descriptions and the Jourard Self-Disclosure Inventory. Similarly, finding negative correlations between the self-report Self-Disclosure Inventory and a number of observer ratings of self-disclosure, Hurley and Hurley (1969) concluded that caution needs to be exercised in accepting the Jourard Scale as a valid, general measure of self-disclosure.

Other researchers have found support for the Jourard Scales. Pederson and Higbee (1968) found support for the convergent and discriminant validity of both the 60-item and 25-item versions of the Jourard Scale using a Campbell-Fiske, multitrait-multimethod matrix research design. DeLeon, DeLeon, and Sheflin (1970), in an attempt to provide support for the validity of the self-disclosure inventory and the theoretical framework upon which it is based, obtained partial support using a modified version of the Jourard Scale. When reports from a discloser were compared to those of the targets of the disclosure, a correlation of $r = .36$ ($p < .05$).
was obtained. This correlation held true only for male subjects. The researchers found it difficult to explain the lack of agreement between female S's and the targets of disclosure on how much they had disclosed.

Resnick (1970) found that low-disclosing subjects (identified by low scores on a forty-item self-disclosure questionnaire), when paired with other low disclosure subjects disclosed less than did high-disclosing subjects who were paired with highs. The differences between each pair of means was significant at the .01 level. The self-disclosure questionnaire used to identify low-disclosing and high-disclosing subjects for the two groups thus predicted actual behavior. Resnick considered these findings to support the predictive validity of the instrument. Similarly, Drag (1968), found that self-reports of "willingness to disclose" predicted actual disclosure to an experimenter and fellow subjects when the relationship between the experimenter and the subject was kept impersonal. Wilson and Rappaport (1974) found that the Jourard Self-Disclosure Inventory did predict actual behavior when the JSDI was scored for anticipated self-disclosure. There were significant differences in actual personal discussion between subjects who scored high and those who scored low on the scale. No differences were found, however, between subjects divided into high and low disclosers when the Jourard Scale was scored on the basis of recalled past disclosure. They also
found that specific expectancy manipulation and intimacy level of topics has significant effects on self-disclosure.

Recently, in a study attempting to investigate the impact of therapist disclosure on patient self-disclosure, Simonson (1976) obtained a substantial correlation between willingness to self-disclose as measured by the future form of the JSDI and actual self-disclosure during an interview situation ($r = .82$). He concluded that at least within the experimental design utilized in his study, substantial evidence for the predictive validity of the Jourard Self-Disclosure Inventory exists.

The validity of the Jourard Scale is a complex issue. A number of investigators have identified factors which have an important influence on the predictive value of the Jourard instruments in any particular situation. Altman and Taylor (1973), for example, have suggested that it is unrealistic to expect to find a one to one correspondence between self-disclosure and personality traits. They have suggested that it is more feasible to attempt to identify personality characteristics related to self-disclosure in the context of specific situations, relationships, or settings. Indeed, the ability to predict accurately seems to be affected by contextual variables. Drag (1971) found that correlations of willingness to disclose and actual disclosure to a roommate were .77 and .78 for two groups counterbalanced for order of interview. The comparable
correlations between willingness to disclose and actual disclosure to a stranger were .26 and .04 respectively, neither of which were significant.

Jourard (1971b) has acknowledged the importance of situational variables in the predictive value of his scales and has argued that investigators attempting to investigate the predictive validity of the Jourard Self-Disclosure Inventory cannot expect a subject's report of past disclosure to significant others to forecast extent of disclosure to strangers in a laboratory setting. He has suggested that such factors as identity and number of confidants involved must be taken into consideration when talking about the predictive validity of the Jourard Scale. Burhenn and Mirels (1970) have similarly stressed the importance of situational variables in the use of the Jourard inventory. They have suggested that while a person may conceivably report himself to be a high discloser on the questionnaire, he may be less willing to disclose to a stranger in a contrived experimental situation. Two additional factors are identified as important by the authors. They are: a) confounding of degree of disclosure and number of persons to whom disclosure is made on the inventory; and b) topic specificity.

Cozby (1973) has suggested that willingness to disclose to a particular person would be a more sensitive measure of disposition to disclose than past history of disclosure.

Research cited earlier (Drag, 1968; Resnick, 1970) utilizing
the 40-item future form of the Jourard inventory would tend to support this notion. Recent research by Daher and Banikiotes (1976) supports these earlier findings. A 48-item self-disclosure inventory was developed in which a respondent provided actual disclosure. Scores on this inventory for actual disclosure were related to scores on the 40-item Jourard Self-Disclosure Inventory which requires responses from subjects concerning report of past disclosure and willingness for future disclosure. The inventory correlated significantly ($r = .37, p < .001$) with the Jourard Scale, future form. Correlations with the past form of the Jourard Scale were nonsignificant.

Ajzen and Fishbein (1973) argue that a self-report measure can be an accurate predictor of actual behavior when the observed behavior is in a situation specific to the one to which subjects are asked to predict and when the prediction is based on specific future situations and not remembered past situations.

Test-retest reliabilities for the Jourard Scales have been demonstrated to be good. Scores generally range between .80 and .90 (Jourard, 1971b; Pederson & Breglio, 1968; Swensen, 1968).

**Summary**

Existing research literature shows the Rotter Internal-External Locus of Control Scale and the 40-item, future form version of the Jourard Self-Disclosure Inventory to
have adequate construct and predictive validity. Characteristics of the Rotter Scale were discussed in Chapter II. The Jourard Scale was discussed in the present chapter. The particular version of the Jourard Scale utilized in the present research was selected on the basis of the following criteria: a) close approximation to the situation a counselor might face with new clients entering a counseling relationship; and b) superior predictive validity of scales utilizing willingness to disclose over scales using past history of disclosure in predicting actual self-disclosure. These criteria were based on the research findings cited above.

Method

The Rotter I-E Scale was administered to each of the subjects participating in the study immediately prior to the first counseling session or, if the client was in a state of crisis and completion of the questionnaire was deemed inappropriate by the counselor, as early in the counseling process as possible. A brief explanation of the purpose of the study was given to each client at the same time the Rotter Scale was administered (See Appendix D). In addition, all clients were asked to provide certain basic demographic information regarding age, ethnicity, sex, and social security number for identification purposes. Instructions for completing the Rotter Scale and request for required
information is included as Appendix E. Clients were assigned to counselors on a first-come, first served basis.

Counselors who were asked to participate in the study and elected to do so completed a data sheet requesting certain demographic information including, age, sex, years of counseling experience, professional training, and counseling orientation. The Counselor Data Sheet is included as Appendix F. Counselors also completed the Rotter I-E Scale, and the 36-item version of the Jourard Self-Disclosure Inventory. Using a median split, each of the two counselor variables was divided into two levels. Four groups of counselors were formed on the basis of the following criteria:

Group 1: High internal; high self-disclosure counselors
Group 2: High internal; low self-disclosure counselors
Group 3: High external; high self-disclosure counselors
Group 4: High external; low self-disclosure counselors

Counseling sessions were scheduled weekly and lasted approximately 50 minutes. No attempt was made to have therapists adhere to a particular therapeutic orientation. Each was instructed to conduct counseling sessions in the fashion he or she was accustomed to. Clients were not told the specific purpose of the questionnaire other than the brief explanation provided when the Rotter Scale was administered. After completion of eight therapy sessions, or termination of therapy if the client left before eight sessions
had been completed, all clients were retested on the Rotter Scale.

It was possible to tape record counseling sessions of some of the participating counselors. Counselors for whom tape recorded sessions were available are asterisked in Table 2. The fourth or fifth session was recorded in each of these cases. Two five-minute segments were extracted from the middle portion of each tape recorded session and played for an undergraduate psychology student who rated counselor performance. An observational rating scale for locus of control devised for this study was utilized in the rating process and is included as Appendix G.

**Behavioral Rating Scale**

The proposed behavioral rating scale was an attempt to identify specific, observable behaviors exhibited by the therapist in the counseling situation that might distinguish internal from external therapists. It was not intended that the proposed instrument be a systematic, formally developed measurement device. Instead, the intent was to point up some behaviors differentiating internal from external counselors that might prove to be the starting point of further research.

Twenty statements concerning potential counselor behaviors in the therapeutic setting were constructed employing a ten point Likert format. Nineteen of these behaviors were considered to be characteristic of counselors
with an internal locus of control expectancy; one was considered to be typical of external oriented counselors. The "external" item in the rating scale is asterisked.

The scale was scored in the internal direction with a "1" being used to indicate that the listed behavior "never" occurred and a "10" used to indicate that it occurred "very frequently". For the external item, scoring was reversed so that a score of ten indicated the behavior never occurred and a one represented very frequent occurrence. A high overall score on the rating scale, therefore, was considered to be indicative of an internal locus of control expectancy.

A correlation matrix was calculated for the 20 items, overall score on the rating scale, and counselor locus of control as measured by the Rotter I-E Scale. Item-total correlations provided a measure of internal consistency of the rating scale. Upon computation of the matrix, items having positive correlations of .15 or less or items with a negative item-total correlation were discarded as not possessing significant construct validity to be retained in the scale.

**Hypotheses**

The specific experimental hypotheses tested by the present study are:

**Hypothesis 1**

As an outcome of psychotherapy, all clients will
increase in internal locus of control of reinforcement. Hypothesis 1 was operationally defined in the following manner:

The mean I-E Scale score for the entire sample on the pretest will be significantly greater than the mean I-E Scale score for the entire sample on the posttest (high score on the Rotter I-E Scale equals externality).

Hypothesis 2

As an outcome of psychotherapy, clients receiving psychotherapy from high internal therapists will exhibit a greater change toward internal locus of control than clients of high external therapists. Hypothesis 2 was operationally defined in the following manner:

The mean change score for clients receiving psychotherapy from high internal therapists will be significantly greater than the mean change score for clients receiving psychotherapy from high external therapists.

Hypothesis 3

As an outcome of psychotherapy, clients receiving psychotherapy from high disclosing therapists will exhibit a greater change toward internal locus of control than clients of low disclosing therapists. Hypothesis 3 was operationally defined in the following manner:

The mean change score for clients receiving
psychotherapy from high disclosing therapists will be significantly greater than the mean change score for clients receiving psychotherapy from low disclosing therapists.

**Hypothesis 4**

Change scores between I-E pretest and I-E posttest will be greatest among clients receiving psychotherapy from high internal, high disclosing therapists. Hypothesis 4 was operationally defined in the following manner:

Therapist score on the Jourard Self-Disclosure Inventory will account for a significant amount of experimental variance beyond the common factor variance shared with the Rotter I-E Scale in predicting client locus of control.

**Hypothesis 5**

The Rotter Internal-External Locus of Control Scale will be related to specific behaviors exhibited by the therapist in the therapeutic setting. Hypothesis 5 was operationally defined in the following manner:

There will be a significant positive correlation between the Rotter Scale and the proposed behavior rating scale developed to rate counselor behavior in therapy interviews.

**Statistical Analysis**

Hypothesis 1 was tested using a \( t \) test for repeated
measures with client gain scores on the Rotter I-E Scale as the dependent variable. Counselor locus of control expectancy as measured by the Rotter Scale served as the independent variable. Since direction of change was predicted, a one-tailed test was employed. Significance was determined at the .05 level.

Hypothesis 2 was tested using an Analysis of Covariance (ANCOVA). Client scores on the I-E pretest served as the covariate, posttest client I-E scores were the dependent variable. The independent variable was counselor I-E expectancy as measured by the Rotter Scale. Significance was determined at the .05 level.

Hypothesis 3 was tested using an ANCOVA. Client scores on the I-E pretest served as the covariate, posttest client I-E scores were the dependent variable. The independent variable was counselor self-disclosure as measured by the future form, Jourard Self-Disclosure Inventory. Significance was determined at the .05 level.

Hypothesis 4 was tested using a step-wise Multiple Regression Analysis (MRA). Therapist locus of control and therapist self-disclosure served as the predictor variables. Client locus of control served as the criterion. Significance was determined at the .05 level.

Hypothesis 5 was tested using a Pearson product-moment coefficient of correlation. Significance was determined at the .05 level. In addition, a correlational matrix was
computed among all 20 items on the proposed behavioral rating scale, counselor I-E and total behavioral rating scale score. The rating scale was revised on the basis of this information.

Summary

Methods and procedures used in conducting this study were presented in the foregoing chapter. A description of client and therapist samples and populations, and a discussion of the validity and reliability of the Jourard Self-Disclosure Inventory was also included. A proposed behavioral rating scale used to rate counselor behaviors was presented. In addition, five hypotheses were listed and operationalized and the statistics employed to analyze each described. Results of the study are presented in Chapter IV.
CHAPTER IV

RESULTS

The problem investigated in this study was the determination of the relationship between two counselor personality variables, counselor locus of control and counselor self disclosure in a psychotherapy setting. Five hypotheses were enumerated and operationally defined. Each of these hypotheses were subjected to statistical analysis. Descriptive data, null hypotheses, and the results of the statistical procedures employed in this study are reported below.

Description of the Sample

Descriptive data for counselors is presented in Table 3. As can be seen, the mean score for counselors on the Rotter Internal-External Locus of Control Scale was 7.79. The standard deviation was 4.22. Scores ranged from 1 to 18. A low score on this scale indicates an internal locus of control and a high expectancy score an external locus of control expectancy. Counselor scores on the Jourard Self-Disclosure Inventory ranged from 17 to 36 with a mean score of 27.67 and a standard deviation of 6.01. The mean age for counselors was 33.4 and participating counselors averaged 6.6 years of counseling experience with a standard deviation of 6.4 and a range of 1 to 21 years.
Table 3
Counselor Descriptive Data: I-E and JSDI Scores, Age, and Years Counseling Experience

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>M</th>
<th>SD</th>
<th>Mdn</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-E Scale Score</td>
<td>7.79</td>
<td>4.22</td>
<td>6.4</td>
</tr>
<tr>
<td>JSDI Score</td>
<td>27.67</td>
<td>6.01</td>
<td>27.5</td>
</tr>
<tr>
<td>Age</td>
<td>33.4</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td>Years Counseling Experience</td>
<td>6.6</td>
<td>6.4</td>
<td></td>
</tr>
</tbody>
</table>

\[n = 19\]
Since a median split was used to divide counselors into high and low disclosers and high internals and high externals on the locus of control construct, median scores on both the Rotter and Jourard scales are also presented in this table.

Client descriptive data is presented in Table 4. The mean client pretest score on the Rotter I-E Scale was 9.83 with a standard deviation of 4.29. Scores ranged from 1 to 10. Client posttest scores ranged from 1 to 18 with a mean posttest score of 8.93 and a standard deviation of 3.94. The mean client age of the sample was 28.8 years. The standard deviation was 10.0. Mean number of therapy sessions completed by clients ranged from 2 to 11 with a mean of 7.7 and a standard deviation of 2.1.

Inferential Tests of Hypotheses

The statistical analyses reported in this chapter were computed with the Statistical Package for the Social Sciences (SPSS) routines on the University of the Pacific, Burroughs B6700 computer.

Hypothesis 1

There will be no difference between the mean I-E score for the entire client sample on the pretest and the mean I-E score for the entire sample on the posttest.

Hypothesis 1 was tested using a t test for repeated measures. Since the direction of change was predicted, a one-tailed test was employed. A significant t value was
Table 4

Client Descriptive Data: Pretest and Posttest I-E Scores, Age, and Number of Therapy Sessions Completed

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest I-E Scores</td>
<td>9.83</td>
<td>4.29</td>
</tr>
<tr>
<td>Posttest I-E Scores</td>
<td>8.93*</td>
<td>3.94</td>
</tr>
<tr>
<td>Age</td>
<td>28.8</td>
<td>10.0</td>
</tr>
<tr>
<td>Number Therapy Sessions Completed</td>
<td>7.7</td>
<td>2.1</td>
</tr>
</tbody>
</table>

\[ a_n = 76 \]

\[ *_{p<.01} \]
obtained \((t = 2.49 (75), p < .01)\), and the null hypothesis was rejected. As predicted, there was a significant change in client mean locus of control in the internal direction (change = -0.90) for the entire sample.

**Hypothesis 2**

There will be no difference between the mean change score for clients receiving psychotherapy from high internal therapists and clients receiving psychotherapy from high external therapists.

Hypothesis 2 was tested using an Analysis of Covariance (ANCOVA). The independent variable was counselor locus of control, the dependent variable was client posttest locus of control score. Client pretest locus of control (I-E) score served as the covariate. As the findings reported in Table 6 show, the ANCOVA disclosed no significant results. Consequently, the null hypothesis was accepted. Client pretest I-E scores, the covariate, accounted for most of the explained variance. Clients receiving therapy from internal counselors as measured by the Rotter I-E Scale showed no greater change in locus of control as a result of therapy than clients receiving therapy from external therapists.

**Hypothesis 3**

There will be no difference between the mean change scores for clients receiving psychotherapy from high self-disclosing therapists as measured by the JSDI and the mean
Table 5
Means and Standard Deviations for Therapists Scoring High and Therapists Scoring Low on the Rotter I-E Scale

<table>
<thead>
<tr>
<th>I-E Level</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Internal Therapists</td>
<td>10</td>
<td>4.9</td>
<td>1.6</td>
</tr>
<tr>
<td>High External Therapists</td>
<td>9</td>
<td>11.0</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Table 6
Analysis of Covariance Summary Table: Client Posttest I-E by Counselor Locus of Control

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explained</td>
<td>599.94</td>
<td>2</td>
<td>299.97</td>
<td>38.64</td>
</tr>
<tr>
<td>I-E Pretest (Covariate)</td>
<td>595.53</td>
<td>1</td>
<td>595.53</td>
<td>76.71*</td>
</tr>
<tr>
<td>Counselor I-E</td>
<td>4.41</td>
<td>1</td>
<td>4.41</td>
<td>0.57**</td>
</tr>
<tr>
<td>Residual</td>
<td>566.73</td>
<td>73</td>
<td>7.76</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1166.67</td>
<td>75</td>
<td>15.56</td>
<td></td>
</tr>
</tbody>
</table>

*P < .001  
**n.s.
change score for clients receiving psychotherapy from low self-disclosing therapists.

Hypothesis 3 was tested using an Analysis of Covariance. The independent variable was counselor self-disclosure; the dependent variable was client posttest locus of control scores. Client pretest I-E score served as the covariate. Results are reported in Table 8. As can be seen, the ANCOVA disclosed no significant treatment effects; consequently, the null hypothesis was accepted. Client pretest I-E scores, the covariate, accounted for most of the explained variance.

Clients receiving psychotherapy from high-disclosing counselors showed no greater change in locus of control as a result of therapy than did clients receiving therapy from low-disclosing therapists.

In addition to the future form of the Jourard Self-Disclosure Inventory, counselors participating in this study were also requested to respond to the items in the Jourard scale in terms of how they had actually disclosed to same age, same sex peers in the past. An Analysis of Covariance was also employed using this data. The independent variable was counselor response on the past-disclosure version of the Jourard scale; client posttest locus of control scores served as the dependent variable, and client pretest I-E scores functioned as the covariate. Results are reported in Table 10. The obtained F ratio
Table 7
Means and Standard Deviations for Therapists Scoring High and Low on the Jourard Self-Disclosure Inventory: Future Form

<table>
<thead>
<tr>
<th>Disclosure Level</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Disclosers</td>
<td>10</td>
<td>30.1</td>
<td>6.6</td>
</tr>
<tr>
<td>Low Disclosers</td>
<td>8</td>
<td>24.6</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Table 8
Analysis of Covariance Summary Table: Client Post-test I-E by Counselor Self-Disclosure

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explained</td>
<td>596.20</td>
<td>2</td>
<td>298.10</td>
<td>38.15</td>
</tr>
<tr>
<td>I-E Pretest (Covariate)</td>
<td>595.53</td>
<td>1</td>
<td>595.53</td>
<td>76.21*</td>
</tr>
<tr>
<td>Counselor Self-Disclosure</td>
<td>0.68</td>
<td>1</td>
<td>0.68</td>
<td>0.09**</td>
</tr>
<tr>
<td>Residual</td>
<td>570.47</td>
<td>73</td>
<td>7.82</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1166.67</td>
<td>75</td>
<td>15.56</td>
<td></td>
</tr>
</tbody>
</table>

*P<.001  
**n.s.
Table 9
Means and Standard Deviations for Therapists Scoring High and Low on the Jourard Self-Disclosure Inventory: Past Form

<table>
<thead>
<tr>
<th>Disclosure Level</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Disclosers</td>
<td>7</td>
<td>35.9</td>
<td>.4</td>
</tr>
<tr>
<td>Low Disclosers</td>
<td>11</td>
<td>28.5</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Table 10
Analysis of Covariance Summary Table: Client Posttest I-E by Counselor Self-Disclosure History

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explained</td>
<td>615.32</td>
<td>2</td>
<td>307.66</td>
<td>40.74</td>
</tr>
<tr>
<td>I-E Pretest (Covariate)</td>
<td>595.53</td>
<td>1</td>
<td>595.3</td>
<td>78.85*</td>
</tr>
<tr>
<td>Counselor Self-Disclosure History</td>
<td>19.80</td>
<td>1</td>
<td>19.80</td>
<td>2.62**</td>
</tr>
<tr>
<td>Residual</td>
<td>551.35</td>
<td>73</td>
<td>7.55</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1166.67</td>
<td>75</td>
<td>15.56</td>
<td></td>
</tr>
</tbody>
</table>

*p<.001

**n.s.
was small and non-significant indicating that counselor scores on the past-disclosure version of the Jourard questionnaire failed to predict client locus of control.

**Hypothesis 4**

Therapist scores on the Jourard Self-Disclosure Inventory will not account for any experimental variance beyond the common factor variance shared with the Rotter I-E Scale in predicting client locus of control.

A step-wise Multiple Regression Analysis (MRA) was used to test Hypothesis 4. Therapist locus of control and therapist self-disclosure served as the predictor variables. Client locus of control gain scores between pretest and posttest served as the criterion. A summary of results is presented in Table 11. As can be seen, the simple Pearson product-moment correlation coefficient between counselor locus of control and client locus of control change was $r = .172$ which was non-significant. The multiple correlation coefficient, adding the Jourard scale to the Rotter scale, was $R = .178$, non-significant and not appreciably different from the first order correlation. Consequently, the null hypothesis was accepted. The rather insubstantial correlations obtained indicate that neither the Rotter scale alone nor the Rotter scale in conjunction with the Jourard inventory predict client locus of control. Table 11 presents data included in the prediction equation.
Table 11

Multiple Regression Summary Table:
Regression on Client Locus of Control of Counselor I-E and Counselor Self-Disclosure Scores (n = 76)

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>R²</th>
<th>R² Chng.</th>
<th>r</th>
<th>B</th>
<th>beta</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor I-E</td>
<td>.172*</td>
<td>.030</td>
<td>.030</td>
<td>.172</td>
<td>.125</td>
<td>.172</td>
<td>2.119*</td>
</tr>
<tr>
<td>Counselor Self-Disclosure</td>
<td>.178*</td>
<td>.032</td>
<td>.002</td>
<td>.044</td>
<td>.031</td>
<td>.045</td>
<td>.143*</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.937</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*n.s.
Hypothesis 5

There will be no positive correlation between the Rotter scale and the proposed behavior rating scale developed to rate counselor behavior in therapy interviews.

A Pearson product-moment coefficient of correlation was computed to test Hypothesis 5. In addition, a correlation matrix was computed among all 20 items on the proposed behavior rating scale, counselor I-E, and total behavior rating scale score. The rating scale was revised on the basis of this matrix. The correlation matrix is included as Appendix H.

As can be seen, the correlation between overall score on the rating scale and the locus of control score of the counselor was low and non-significant ($r = .190$). Furthermore, only eight of the twenty items included in the scale had significant, high item-total correlations. Item-total correlations for these eight items are presented in Table 12.

In an attempt to improve the internal consistency of the scale and to increase the correlation of the rating scale with the Rotter scale, the 12 items with low item-total correlations were eliminated and a second correlation matrix was computed among the remaining eight items, the counselor locus of control scale score and the new total score for the eight item scale. This matrix is included as Appendix I. The Pearson $r$ between locus of control scores for counselors and rating scale scores, while greater than the original value, was still low ($r = .29$, $p = .057$).
Table 12

<table>
<thead>
<tr>
<th>Item</th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.470</td>
<td>.004</td>
</tr>
<tr>
<td>2</td>
<td>.445</td>
<td>.006</td>
</tr>
<tr>
<td>3</td>
<td>.475</td>
<td>.003</td>
</tr>
<tr>
<td>7</td>
<td>.487</td>
<td>.003</td>
</tr>
<tr>
<td>9</td>
<td>.476</td>
<td>.003</td>
</tr>
<tr>
<td>11</td>
<td>.483</td>
<td>.003</td>
</tr>
<tr>
<td>13</td>
<td>.578</td>
<td>.001</td>
</tr>
<tr>
<td>18</td>
<td>.488</td>
<td>.003</td>
</tr>
</tbody>
</table>

\(^{a_n} = 31\)
In addition, item-total correlations for the eight items included in the second version of the rating scale were corrected to eliminate spuriously high correlations resulting from the correlation of the item with itself within the scale. Correction procedures outlined by Nunnally (1967, p. 262) were employed. Correlations, correction factors, and corrected item-total correlations are presented in Table 13. As can be seen, only one of the eight corrected item-total correlations was significant, Item 7.

Findings indicate no significant relationship exists between the Rotter Internal-External Locus of Control Scale and the proposed behavior rating scale. Therefore, the null hypothesis was accepted.

Summary

Five hypotheses were tested and the results reported. Support was found for Hypothesis 1; no support was found for the remaining four hypotheses. These findings are discussed in Chapter 5.
Table 13
Corrected Pearson Product-Moment Correlation
Coefficients for Items of Shortened Eight-Item
Behavior Rating Scalea

<table>
<thead>
<tr>
<th>Item</th>
<th>$s^2$</th>
<th>$s$</th>
<th>$r$</th>
<th>Correction factor</th>
<th>Corr. $r$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4.516</td>
<td>2.125</td>
<td>.607</td>
<td>.524</td>
<td>.083</td>
</tr>
<tr>
<td>2</td>
<td>2.561</td>
<td>1.600</td>
<td>.312</td>
<td>.118</td>
<td>.194</td>
</tr>
<tr>
<td>3</td>
<td>1.361</td>
<td>1.167</td>
<td>.451</td>
<td>.325</td>
<td>.127</td>
</tr>
<tr>
<td>7</td>
<td>8.095</td>
<td>2.845</td>
<td>.631</td>
<td>.337</td>
<td>.294*</td>
</tr>
<tr>
<td>9</td>
<td>2.978</td>
<td>1.723</td>
<td>.588</td>
<td>.421</td>
<td>.168</td>
</tr>
<tr>
<td>11</td>
<td>1.903</td>
<td>1.380</td>
<td>.509</td>
<td>.365</td>
<td>.144</td>
</tr>
<tr>
<td>13</td>
<td>1.303</td>
<td>1.142</td>
<td>.620</td>
<td>.521</td>
<td>.070</td>
</tr>
<tr>
<td>18</td>
<td>1.503</td>
<td>1.226</td>
<td>.544</td>
<td>.423</td>
<td>.121</td>
</tr>
</tbody>
</table>

$a_n = 31$

$^*_{p < .05}$
CHAPTER V

DISCUSSION

This study investigated the relationship between two therapist personality characteristics and client locus of control expectancy in a psychotherapy setting. The two therapist personality characteristics identified and studied were: a) therapist locus of control; and b) therapist self-disclosure. In order to determine the effects of these two variables on client I-E orientation, psychotherapists from two settings were asked to complete both the Rotter Internal-External Locus of Control Scale (I-E Scale) and a 36-item version of the Jourard Self-Disclosure Inventory (JSDI).

Scores obtained on these two measures were analyzed in conjunction with client change in locus of control as an outcome of an average of eight weekly psychotherapy sessions. Clients were administered the Rotter scale both before entering therapy and again after the final counseling interview to determine the amount of change in client I-E expectancy.

Five hypotheses concerning the outcome of this study were advanced and stated in Chapter Three. Of these five, only the first hypothesis was rejected; the remaining four were accepted.

The present chapter is organized into three sections:
a) discussion and summary of present findings in the context of current research; b) conclusions of the study; and c) recommendations for further investigation.

Summary

Hypothesis One

As the results of the previous chapter showed, the null hypothesis for H1 was rejected. There was a significant difference between mean pretest and posttest scores on the Rotter scale for all clients. This outcome was predicted and in agreement with the rationale of the study.

While the pretest to posttest change was significant, the magnitude was such that more than one explanation of the results is possible. One such explanation is that the obtained difference in mean client pretest and posttest scores is an experimental artifact. Rotter (1966) has found that while reliability for the I-E scale is good, scores tend to change in the internal direction (decrease in numerical score) about one scale point upon retest. Similarly, Harrow and Ferrante (1969) obtained a small non-significant change in the internal direction in a psychiatric population upon retesting with the Rotter I-E scale. The mean change was -.44 scale points. The researchers suggested that this change was probably related in part to the test instrument.

Hersche and Scheibe (1967) found that control groups as well as experimental groups receiving summer work experience
in selected chronic wards of four Connecticut state mental institutions changed in the internal direction after retesting on the Rotter instrument. Mean test-retest change scores ranged from -.11 to -1.33.

A second explanation for pre-post I-E change in clients is possible. Client change in locus of control expectancy might be attributable to some uncontrolled extra-treatment history effect. Indeed, Posner (1975), studying the effects of two treatment techniques upon locus of control expectancies of senior year students at a Midwestern suburban high school, obtained a significant change in the direction of internality between pre and posttest scores in both experimental and control groups. She speculated that the change was due to a combination of maturation and extra-treatment history effects. Change was specifically attributed to sensitivity toward internality in locus of control expectancy in adolescent's in the second semester of their senior year of high school.

Two reasons mitigating against acceptance of maturation and/or history effects as possible explanations of findings in the present study are: a) a variety of clients of differing ages, socioeconomic backgrounds, and occupations from two different counseling settings participated; b) a wide variety of therapeutic techniques and orientations were employed; no particular procedure was specified for use by participating therapists.

A third explanation for the findings of this study is
that differences between pretest and posttest scores for both
treatment groups are due to a testing effect uncontrolled for
by the present research design. Use of a Solomon Four-Group
design, employing both experimental and control groups not
administered the pretest, would effectively control for this
possibility (Campbell & Stanley, 1963). Furthermore, it would
provide specific information about both testing main effects
and test/locus of control interactions.

A fourth explanation is that change in locus of control
across treatment groups toward internal locus of control is
the result of either: a) psychotherapy as predicted by the
rationale underlying the present research; or b) the expecta-
tion of receiving help or a combination of the two.

A number of researchers have documented the role client
expectation plays in symptom relief and successful psycho-
therapeutic outcome (Fish, 1973; Frank, 1972; Goldstein,
1971, 1973; Strong & Schmidt, 1970; Torrey, 1972). Indeed,
Frank (1972) has suggested that the arousal of hope and
client expectations regarding outcome may be a major factor
in the success of psychotherapy. Hope, then, may act as a
situation specific expectancy in the therapeutic setting,
affecting outcome of therapy independently of a general
expectancy for external locus of control. The design of the
present research did not permit assigning the change in locus
of control to therapy itself, however.
Hypothesis Two

Hypothesis Two predicted that client change in locus of control as an outcome of psychotherapy is a function of therapist locus of control orientation. Results failed to support this hypothesis.

The simplest explanation for the failure of the present study to support this hypothesis is that the Rotter scale is unrelated to the outcome of psychotherapy. If this explanation is accepted, it would suggest that both internal and external therapists are equally successful in effecting increased internality in client locus of control expectancies.

While there is a great deal of research suggesting that experimenter expectations can affect experimental results (Barber & Silver, 1968; Rosenthal, 1966, 1968), there is virtually no research bearing directly upon the issue of therapist locus of control expectancy and therapeutic outcome. Research by Weight (1969), discussed earlier, suggested that there is a relationship between experimenter perceived personal control of life circumstances and effectiveness as a social reinforcer. Phares (1965) found that internals were more effective in eliciting change in attitudes than were externals in an experimental situation. On the other hand, Bell (1970), in his dissertation investigating the effects of therapist locus of control on client I-E change, found no significant relationship to exist.

Since little support from the existing literature could
be mustered for acceptance of this explanation and since it was directly opposed to the rationale of the present research, an alternative explanation was sought. One such possible alternative was that the present research design failed to maximize treatment variance by: a) not identifying specific therapeutic techniques and procedures to be utilized by participating therapists in counseling clients, since the therapist was allowed to conduct the course of the counseling interviews in the fashion he or she was accustomed to; and b) the restricted range of therapist I-E scores.

Research presented earlier concerning the success of various approaches to psychotherapy suggested that certain techniques were more effective in fostering change than others. Dua (1970), for example, found that a behaviorally oriented action program was more successful in altering client I-E in the internal direction than a psychotherapy approach attempting to change attitude and belief systems. Similarly, a direct attempt to increase internal expectancy through confrontation and the use of language acknowledging personal responsibility for behaviors and actions was shown to be successful in studies by Felton (1973), Felton and Biggs (1972), and Felton and Davidson (1973); and in a series of studies conducted by Reimanis (1970a, 1970b, 1971a, 1971b). DeCharms (1972) has developed a detailed and direct program for fostering internally oriented locus of control expectancies.
However, no attempt was made to control the use of such techniques in the present study. Use of such procedures by an externally oriented therapist might mask any difference obtained between that therapist and an internal therapist eliciting a change in client I-E due to therapist locus of control orientation.

The second consideration, and perhaps the most important in explaining the lack of difference in posttest client I-E orientation between clients receiving therapy from an internal therapist and clients receiving therapy from an external therapist is the rather restricted range of I-E scores of therapists. The mean counselor I-E score was 7.79 with only two scores above 11: one score of 17 and one score of 18. The median score used to dichotomize therapists into high internals and high externals was 6. In an absolute sense, this is a rather high internal score since the mean I-E scores reported by Rotter in 1966 for his standardization sample of 575 college males and 605 college females, were 3.15 and 8.42 respectively. The standard deviation for males in Rotter’s sample was 3.88; 4.06 for females. Scores ranged from 0 to 20 in the male group and 0 to 21 in the female sample.

Recent evidence suggests that there has been a movement in the external direction of from two to four points. Schneider (1971) for example, reported that in 1966, the mean I-E scale score for University of Oklahoma students was
7.42, while in 1970 the mean score was 10.38. By current standards then, scores falling in the eight through eleven range can be considered moderate, and not external at all in an absolute sense.

Furthermore, if the curvilinear hypothesis advanced by Rotter (1966; 1975) and supported by Phares (1976) suggesting interpersonal effectiveness is more characteristic of individuals falling in the middle of the I-E continuum is accurate, we could expect that counselors with moderate scores would be well adjusted and effective therapists. In short, external counselors as defined in the current study may in fact not be external at all, but rather moderate in locus of control expectancy.

The lack, then, of a more heterogenous distribution of counselor locus of control scores might be considered to be a serious shortcoming of the present study which may account for the lack of difference in the two treatment groups.

**Hypothesis Three**

A number of studies have demonstrated the existence of a relationship between self-disclosure of the therapist and successful therapeutic outcome. Much of this literature is reviewed elsewhere (Allen, 1973; Chaikin & Derlega, 1974b; Cozby, 1973; Derlega & Chaikin, 1975; Jourard, 1971b). A relationship has also been shown to exist between client behaviors usually associated with successful psychotherapy
and client locus of control. That is, an internal locus of control expectancy in the client is usually indicative of good psychological adjustment (Butterfield, 1964; Cromwell, et al., 1961; Tolar & Resnikoff, 1967; Warehime & Foulds, 1971). Therefore, we might expect that clients receiving therapy from high self-disclosing therapists would show a greater change toward an internal locus of control expectancy than clients receiving therapy from a low-disclosing therapist. However, results of the current study do not support this notion.

A failure to adequately control the actual disclosure of therapists in the therapeutic setting may account for the failure to support hypothesis three. While counselors did in fact rate themselves regarding willingness to disclose to a same age, same sex peer, using the Jourard Self-Disclosure Inventory, their behavior in the counseling setting did not confirm their reported behavior on the JSDI.

Subsequent to the analysis of the experimental data for the present study, after no difference was obtained in client scores for those individuals receiving therapy from high-disclosing therapists and those responding as low-disclosing therapists on the Jourard inventory, an attempt was made to determine the extent to which actual self-disclosure took place in the counseling situation. The taped counseling segments which were rated using the experimental I-E behavioral rating scale, were again reviewed, this time for actual
self-disclosing behavior on the part of therapists. A frequency count was made of the number of times the counselor disclosed to the client. No attempt was made to assess appropriateness or the level of disclosure.

Self-disclosing behavior was defined as the revealing or sharing of thoughts, feelings, or past experiences by the therapist with the client. Reflective statements, where the therapist was primarily reflecting client feelings or statements back to the client, were not counted as self-disclosure on the part of the therapist even though the therapist phrased these reflective comments as "I" statements.

The frequency count of self-disclosing statements revealed on the average less than one such statement per counseling interview for both high and low-disclosing therapists. There was no difference between therapists identified as high-disclosing and those identified as low-disclosing on the Jourard scale.

The future form version of the Jourard Self-Disclosure Inventory has been demonstrated to have both construct and criterion validity. Research concerning validity and reliability of the scale was discussed in Chapter Three. This research has suggested that the predictive value of the Jourard inventory is closely tied to careful specification and control of situational variables.

In the present study, therapists were asked to respond to the Jourard scale as if they were disclosing to a same
age, same sex, peer who was a stranger. While Jourard scale scores may indeed be an accurate reflection of actual disclosure in such a situation, accurate prediction of self-disclosure in the therapy situation may in fact require a different and more specific set of specifications to accurately determine disclosure to a client. Typically, the client in therapy is not a same age, same sex, peer, although the client may or may not be a stranger. If such is the case, then the Jourard scale, while being an accurate predictor of self-disclosure to a same age, same sex peer, might not accurately reflect degree of self-disclosure in the present study. While the scale scores may indicate a high degree of willingness to disclose, there appeared to be little disclosing behavior occurring in the present situation.

In the present study, it appears that the Jourard inventory failed to predict disclosing behavior since no significant disclosure occurred in any of the counseling sessions reviewed. Failure to find support for the third hypothesis, then, was again explained as resulting from a failure to maximize the treatment variance, specifically in this case, self-disclosure.

**Hypothesis Four**

Failure to find support for hypothesis four, utilizing a Multiple Regression Analysis with counselor self-disclosure and locus of control orientation serving as predictor variables,
logically follows from the failure to support hypothesis two and three. Since neither the Rotter scale nor the Jourard inventory were found to be related to client locus of control in the present study, they were valueless as predictors of client I-E expectancy.

Hypothesis Five

The rejection of hypothesis five suggests that there is no relationship between the Rotter I-E Scale and the specific behaviors identified and included in the proposed behavioral rating scale developed in this study. This conclusion is in direct opposition to existing research reviewed earlier, since the behavioral rating scale was devised after a careful review of the literature and included only behaviors typically exhibited by internals. It was decided that an alternative explanation should be sought.

Thirty-one counseling sessions were taped and rated using the experimental behavior rating scale. These tapes constituted counseling sessions conducted by twelve of the nineteen counselors participating in the study. Not included in this group of twelve were the two counselors with the two most external scores, i.e., 17 and 18. No counseling sessions were taped for them at their request. Furthermore, of the group of twelve counselors for whom tapes were available, one had a score of 10, one had a score of 11, and one had a score of 1 on the Rotter scale. The remaining nine therapists had scores on the I-E scale ranging between four
and eight. If a substantial correlation existed between locus of control and the behavioral rating scale utilized to rate counselor behavior, a low correlation would nevertheless be obtained using a truncated range of scores such as the one obtained for the therapist I-E scores. The correlation coefficient obtained between the two scales would, in fact, underestimate the actual predictive value of the rating scale (Stanley & Hopkins, 1973).

Furthermore, the limited number of items included in the final version of the scale would also seriously reduce the possibility of obtaining a high internal consistency reliability. Nunnally (1967) has suggested that the final scale should consist of from 20 to 30 items to insure a satisfactory reliability of .80 (p. 259).

The failure to find support for hypothesis five then, may be due to both the restricted range of therapist I-E scores available and the small number of items included in the behavioral rating scale.

Conclusions

The findings of the present research led to the following conclusions:
1. Client change in locus of control expectancy in the internal direction occurs as an expected phenomenon; it can be attributed to: a) tendency of retest scores on the Rotter I-E scale to shift in the internal direction; or b) testing
effects; or c) receipt of psychotherapy; or d) expectation of receiving therapy.

2. Failure to demonstrate a difference in change in locus of control expectancy between clients receiving therapy from internal therapists and those receiving therapy from therapists with an external locus of control expectancy can be attributed to: a) failure to control specific therapeutic techniques employed by therapists; and b) failure to include therapists with a sufficiently external I-E orientation in the therapist sample.

3. Failure to demonstrate a difference in client I-E level between those receiving therapy from high-disclosing therapists and those receiving therapy from low-disclosing therapists can be attributed to failure to adequately control the self-disclosure treatment variable.

4. Failure to obtain a significant correlation between the Rotter Internal-External Locus of Control Scale and the experimental rating scale can be attributed to: a) restricted range of counselor I-E scores; and b) insufficient number of items included in the behavior rating scale to obtain satisfactory internal consistency.

Recommendations

1. Future research should investigate the relationship between the Rotter Internal-External Locus of Control Scale and client I-E orientation using a broader range of therapist
I-E scores in defining internality and externality. In addition, therapist I-E level and its relationship to client locus of control could be studied more effectively by distinguishing between high internal therapists, high external therapists, and therapists with a moderate I-E score.

2. Future research should investigate the relationship of the self-disclosure personality characteristic of therapists and client locus of control expectancy. However, therapist self-disclosure should be more carefully controlled. One suggestion for accomplishing this is to have a portion of participating counselors in the study disclose to clients per a prearranged schedule. Disclosure should take into account both level of disclosure as well as content.

3. An important variable requiring more careful attention in future research is the therapeutic orientation of the therapist. This variable needs to be more adequately controlled and its relationship to therapist I-E level in effecting client locus of control changes studied.

4. A further attempt should be made to identify specific behaviors which distinguish the internally from externally oriented therapist and which are emitted by the therapist in the therapy interview.

5. Client expectations regarding outcome of therapy need to be controlled in future research dealing with client locus of control expectancy.
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Appendix A

Warehime and Foulds: Correlations of POI Subscales to I-E Scale
<table>
<thead>
<tr>
<th>POI subscale</th>
<th>Males</th>
<th>Females</th>
<th>Combined group</th>
</tr>
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<tbody>
<tr>
<td>Time Competence</td>
<td>-.39**</td>
<td>-.30*</td>
<td>-.32**</td>
</tr>
<tr>
<td>Internal Support</td>
<td>-.11</td>
<td>-.34**</td>
<td>-.18*</td>
</tr>
<tr>
<td>Self-Actualizing Value</td>
<td>-.09</td>
<td>-.37**</td>
<td>-.18*</td>
</tr>
<tr>
<td>Existentiality</td>
<td>.04</td>
<td>-.27*</td>
<td>-.08</td>
</tr>
<tr>
<td>Feeling Reactivity</td>
<td>.08</td>
<td>-.18</td>
<td>.00</td>
</tr>
<tr>
<td>Spontaneity</td>
<td>-.03</td>
<td>-.26*</td>
<td>-.09</td>
</tr>
<tr>
<td>Self-Regard</td>
<td>-.28*</td>
<td>-.43**</td>
<td>-.33**</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>-.08</td>
<td>-.12</td>
<td>-.08</td>
</tr>
<tr>
<td>Nature of Man</td>
<td>-.22*</td>
<td>-.40**</td>
<td>-.27**</td>
</tr>
<tr>
<td>Synergy</td>
<td>-.17</td>
<td>-.21</td>
<td>-.16</td>
</tr>
<tr>
<td>Acceptance of Aggression</td>
<td>.24</td>
<td>-.21</td>
<td>.08</td>
</tr>
<tr>
<td>Capacity for Intimate Contact</td>
<td>-.03</td>
<td>-.29*</td>
<td>-.12</td>
</tr>
</tbody>
</table>

*p < .05, one-tailed test

**p < .01, one-tailed test
Appendix B
Rottet I-E Scale
*1. a. Children get into trouble because their parents punish them too much.
   b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in people's lives are partly due to bad luck.
   b. People's misfortunes result from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.
   b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world.
   b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

5. a. The idea that teachers are unfair to students is nonsense.
   b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks one cannot be an effective leader.
   b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7. a. No matter how hard you try some people just don't like you.
   b. People who can't get others to like them don't understand how to get along with others.

*8. a. Heredity plays the major role in determining one's personality.
   b. It is one's experiences in life which determine what they're like.

9. a. I have often found that what is going to happen will happen.
b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
   b. Many times exam questions tend to be so unrelated to coursework that studying is really useless.

11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
   b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.
   b. This world is run by the few people in power and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
   b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyway.

*14. a. There are certain people who are just no good.
   b. There is some good in everybody.

15. a. In my case getting what I want has little or nothing to do with luck.
   b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
   b. Getting people to do the right thing depends upon ability; luck has little to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand nor control.
   b. By taking an active part in political and social affairs the people can control world events.
18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
   b. There really is no such thing as "luck."

*19. a. One should always be willing to admit mistakes.
   b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.
   b. How many friends you have depends upon how nice a person you are.

21. a. In the long run the bad things that happen to us are balanced by the good ones.
   b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22. a. With enough effort we can wipe out political corruption.
   b. It is difficult for people to have much control over the things politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.
   b. There is a direct connection between how hard I study and the grades I get.

*24. a. A good leader expects people to decide for themselves what they should do.
   b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.
   b. It is impossible for me to believe that change or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.
   b. There's not much use in trying too hard to please people, if they like you, they like you.
*27.  a. There is too much emphasis on athletics in high school.

       b. Team sports are an excellent way to build character.

28.  a. What happens to me is my own doing.

       b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29.  a. Most of the time I can't understand why politicians behave the way they do.

       b. In the long run the people are responsible for bad government on a national as well as on a local level.

Note: Items with an asterisk preceding them are filler items. Score is the number of underlined alternatives chosen.
Appendix C

Jourard Self-Disclosure Inventory
QUESTIONNAIRE #2

Instructions

1. On page one of this booklet there is a list of 36 topics that pertain to you. Read the topics carefully and circle the number of each topic that you have disclosed fully to somebody in your life. If there is nobody to whom you have fully revealed that aspect of your life, do not circle that item number.

2. After you have completed the above procedure, turn the page in the booklet. The same 36 topics are listed. Circle the number of each topic you would be willing to discuss with an unknown person of your same age, sex and peer group. If you would be reluctant for any reason to discuss a topic fully, do not circle the number of that item.
1. The different kinds of play and recreation I enjoy.
2. My smoking habits.
3. The best friendship I ever had.
4. The religious denomination to which I belong.
5. Bad habits my mother or father have.
6. Times I have felt lonely.
7. The things in my past or present life about which I am most ashamed.
8. What I am most afraid of.
9. What annoys me most in people.
10. Times I have been in the hospital.
11. How satisfied I am with different parts of my body—legs, waist, weight, chest, etc.
12. The description of a person with whom I have been or am in love.
13. How I would feel about marrying a person of a different race.
14. Whether or not I want to travel and see the country.
15. Radio and television programs that interest me.
17. My feelings about people who try to impress me with their knowledge.
18. What I daydream about.
19. Good times I had in school.
20. How much I care about what others think of me.
21. How frequently I have sexual relations.
22. The kind of person with whom I would like to have sexual experiences.
23. Why some people dislike me.
24. Whether I like doing things alone or in a group.

25. My opinions about how capable and smart I am compared to others around me.

26. Places where I have worked.

27. How I budget my money—the proportion that goes for necessities, luxuries, etc.

28. What would bother me, if anything, about making a speech or giving a talk.

29. How important I think sex is in making my marriage a good one.

30. Things I like about my home life.

31. Where my parents and grandparents came from.

32. Feelings about my adequacy in sexual behavior—my ability to perform adequately in sexual relationships.

33. My opinion on marrying for money.

34. Whether or not I think the federal government should support persons who cannot find work.

35. Whom I most admire.

36. The aspects of my personality that I dislike, worry about, or regard as a handicap to me.
Appendix D

Explanation to Participating Clients of Purpose of Study.
To the participant:

The research project in which you are participating is part of a doctoral dissertation by a counseling student at the University of the Pacific in Stockton. It is an investigation of how certain attitudes are related to the counseling process and how they may or may not be affected by that process. Hopefully, information obtained from this study will be useful in improving the counseling process in the future.

You will be involved in the project in two ways: 1) participants will be asked to complete questionnaires asking some questions dealing with attitudes about certain important events in our society; 2) one counseling session may be recorded in an attempt to identify certain interactions between the counselor and client that may accompany these attitudes. Whether or not one of your counseling sessions will be taped is determined strictly on a random basis.

It is important for you to understand that all data collected in this project will be coded in such a way that anonymity is guaranteed. No name will be used. Social Security Numbers are being utilized only as an expedient way of matching questionnaires with tapes. Furthermore, no one connected with the counseling center will see any of the data collected. Randomly chosen five minute segments from some of the tapes will be reviewed by two doctoral students.
at UOP in an effort to identify the specific interactions being looked for. Once this task has been completed, the tapes will be erased.

Your participation in this project is greatly appreciated. The study should be completed in late May and results will be made available to those participants who are interested. The researcher will be glad to meet with interested participants at that time to discuss more fully the general findings of the research and answer any questions. Thank you for your help in completing this study.
Appendix E

Instructions for Completing the Rotter I-E Scale
QUESTIONNAIRE #1

Instructions

This is a questionnaire to find out the way in which certain important events in our society affect different people. Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you're concerned. Be sure to select the one you actually believe to be more true rather than the one you think you should choose or the one you would like to be true. This is a measure of personal belief: obviously there are no right or wrong answers.

Please answer these items carefully but do not spend too much time on any one item. Be sure to find an answer for every choice. Find the number of the item on the answer sheet and black-in the space under the letter a or b which you choose as the statement more true.

In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you're concerned. Also, try to respond to each item independently when making your choice: do not be influenced by your previous choices.

Please print the following information on your answer sheet:

- Social Security Number in space marked "Name".
- Date questionnaire completed in space marked "Date".
- Age
- Sex
- Ethnic Data. Write appropriate code in space marked "School".

1 = Black
2 = Chicano
3 = Asian
4 = American Indian
5 = Other non-white
6 = White

- Name of counselor in space marked "Instructor".

TO ENSURE YOUR ANONYMITY DO NOT WRITE YOUR NAME ON THE ANSWER SHEET. USE YOUR SOCIAL SECURITY NUMBER INSTEAD.
Appendix F

Counselor Data Sheet
COUNSELOR DATA SHEET

1) NAME:

2) SEX:

3) AGE:

4) PROFESSIONAL BACKGROUND (Degrees, Licenses held, etc.)

5) COUNSELING ORIENTATION (If "eclectic," please explain briefly i.e., from what particular theories or bodies of knowledge do you draw):

6) NUMBER OF YEARS COUNSELING EXPERIENCE:
Appendix G
Experimental Behavioral Rating Scale
Therapist Behavior Rating Scale

1. Counselor uses "I" statements, prefacing statements with "For me" or in some other way acknowledges ownership of his or her feelings or opinions when communicating such to the client.

Never

2. Counselor speaks.

Never

3. Counselor asks the client to elaborate on something he or she previously said or felt.

Never

4. Counselor points out alternative ways of responding or behaving to client.

Never

5. Counselor gives client specific advice about how he or she should handle a specific problem.

Never
6. Counselor interprets to the client the meaning of what the client says, feels, or experiences.

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Never

7. Counselor acknowledges client statements with um hmm, right, okay, etc.

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Never

8. Counselor asks client for feedback about how he or she is feeling at the present moment.

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Never

9. Counselor makes positive encouraging statements or remarks to the client.

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10. Counselor rephrases client's statements or feeling content of statements and reflects them back to the client.

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11. Counselor interrupts client or stops client to interject a thought or comment.

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Never
12. Counselor states when he or she is confused, frustrated, or doesn't understand what the client is saying, etc.

Never

13. Counselor redirects client's attempts to fix blame on other person, events, back on the client as the client's responsibility.

Never

14. Counselor doesn't allow client to change the subject, avoid or evade a topic. Counselor brings client back to the topic when client tries to digress or change the subject.

Never

15. Counselor acknowledges the client's feelings of pain, fear, etc. with statements like, "That's really painful for you."

Never

16. Counselor directs client to talk about a particular topic.

Never
17. Counselor asks client to explain why client feels a particular way, believes a particular thing to be true, or acts in a specific way.

Never

18. Counselor refuses to tell client what to do when specifically asked by the client for an answer to a specific problem or conflict situation.

Never


Never

*20. Counselor makes direct statements of disapproval or criticizes client's feelings, thoughts, or actions, or ridicules the client for believing or behaving the way he does.

Very frequently

Never
Appendix H

20-item Correlation Matrix
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(COEFFICIENT / (CASES) / SIGNIFICANCE) (A VALUE OF 0.0000 IS PRINTED IF A COEFFICIENT CANNOT BE COMPUTED)
Appendix I

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(COEFFICIENT / (CASES) / SIGNIFICANCE) IF VALUE OF 99,000 IS PRINTED IF A COEFFICIENT CANNOT BE COMPUTED)
Appendix J

Client Release of Information Form
ATTITUDE STUDY RELEASE FORM

I authorize the use of any pertinent data obtained from me in conjunction with the attitude study being conducted through the CSUS Counseling Center by Jeffrey C. Widmann. I understand that any information obtained will remain strictly confidential and that my anonymity will be protected by the researcher.

__________________________________________
(Student's Name)

__________________________________________
(Date)
Appendix K

Instructions to Counselors
INSTRUCTIONS TO COUNSELORS

Counselor completes Counselor Data Sheet.

Counselor completes Questionnaire #1, marking answers on answer sheet. Indicates date questionnaire completed.

Counselor completes Questionnaire #2, marking answers on questionnaire booklet.

Counselor places completed answer sheets, questionnaires and Data Sheet in attached envelope and places in box marked "Attitude Study".

At the beginning of the first counseling session or immediately before, the counselor gives the client a copy of the mimeographed explanation "To the Participant" and asks client to complete Questionnaire #1. A supply of questionnaire booklets and answer sheets are available on the filing cabinet to the right of the door. Completion of the questionnaire takes from 5 to 10 minutes.

Forms should be completed by all persons 13 years of age or older. Counselor should write in on the top of the answer sheet the word "Family" for individuals that are being seen for family counseling. "Individual" for persons being seen individually. This should be done after client has completed the questionnaire and prior to return to me.

Counselor asks client to complete Questionnaire #1 after counseling interview #8 or after the last interview if client terminates prior to eight sessions.

Counselor tapes counseling interview #4 with 12 clients. First 12 clients reaching session #4 will be taped. Counselor writes client's social security number on tape label so questionnaires and tapes can be matched later.

It is important that the client completes the final questionnaire as well as the first one. This should be done prior to leaving the counseling center if at all possible. Once he or she has left, the chance of obtaining a completed questionnaire from that person diminishes greatly. It takes approximately 5 to 10 minutes to complete—filling it out prior to departure from the office should impose no great hardship. WITHOUT COMPLETION OF FINAL QUESTIONNAIRE BY THE CLIENT, THE REST OF THE DATA BECOMES USELESS; ITS COMPLETION IS ESSENTIAL TO THE SUCCESS OF THE PROJECT. The counselor should write in the number of interviews the client has completed on the client's answer sheet in the space marked "Name of Test".