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The Effect of Pre-Therapy Information on Learning in Psychotherapy.

John Joseph Parrino
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THE EFFECT OF PRE-THERAPY INFORMATION ON
LEARNING IN PSYCHOTHERAPY

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Psychology

by

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ABSTRACT

The study was an attempt to investigate the effect on therapeutic change of providing a prior "organizing" structure or "set" to a therapy situation. Pre-therapy structure was defined as information provided to the individual before entering therapy. For the purposes of this study, information was restricted to the following two types: (1) an advance organizer, a cognitive structure (an individual's organization, stability, and clarity of knowledge in a particular subject field) which enables an individual correctly to anticipate and organize his experiences in therapy; and, (2) an expectation or set for the behavior that will take place during the therapy session--explaining the therapist's anticipated behavior and telling the patient how he is expected to behave. Studies in the past have shown that systematic preparation of patients for psychotherapy has a facilitating effect on therapy behavior and outcome. This study focused primarily on determining the differential effects of different kinds of preparation. In addition, there was an attempt to deal with certain important methodological considerations that had not been adequately handled by the previous studies in this area.

The specific therapy situation utilized was an operant technique with individuals who were afraid of a particular object--a snake. The technique, operant therapy, was used because it minimized the immense complexities of "therapy" in the general sense and allowed for the empirical evaluation of process and outcome variables in therapy. The response goal--or the "cure"--was handling of the harmless organism by Ss who failed to approach the animal in a standard fear situation. The situation was designed to bring the Ss closer to the feared object and eventually into physical contact with the animal. The response goal was shaped by rewarding the Ss for successful completions of steps that approximated the final step--handling of the harmless animal.

The patients who were chosen for the study were required, upon voluntarily consenting to participate in the study, to attend nine sessions--three testing sessions, three pre-therapy information sessions and three therapy sessions. The testing sessions included measures of learning, anxiety, client's perception of the therapist and ward behavior.

The study found that pre-therapy information has a facilitating effect on learning in an operant therapy situation. The nature of this effect was found to have

the following characteristics: (1) the therapeutic effects occur very soon after exposure to the information, probably due to the structuring of expectations for the patient; (2) the combination of relevant pre-therapy information and the therapeutic technique facilitates therapy outcome to a greater extent than therapy without this information; (3) pre-therapy information is very specific in its effects, that is, the changes are restricted primarily to the measures collected within the fear-evoking situation, specifically approach responses to the feared object and verbally report anxiety; (4) descriptive and theoretical information are equally effective in producing the behavioral changes, probably due to the expectational quality of both types of information; and (5) pre-therapy information does not facilitate the rate of learning that occurs in the operant therapy situation.

A possible future direction in the psychology of behavior change appears to be in systematically enhancing the therapy process by the modification of patient knowledge prior to treatment.

INTRODUCTION

The treatment of human ailments through the influence which one person has on another is centuries old, existing in all cultures from primitive man to modern society. The nature of this influence over the centuries has been a composite of magic, superstition, religion and pragmatic science. The medicine man in this patient-healer relationship was endowed by his patients with godlike qualities. It was the prestige given to this omnipotent healer that helped mobilize the constructive inner precesses leading to the alleviation of a patient's ailments. The suggestion, then, that one was being cared for by a deified individual was a powerful force in changing the course of an illness.

Mental illness was looked upon by primitive man as the product of evil spirits. Most noted Greek thinkers, with the exception of Hippocrates, regarded the mentally ill as possessed and thought of them as having offended some supernatural power. During the Middle Ages, too, the mentally ill were regarded as allied with the devil in the battleground between God and the evil forces. In each of these periods therapeutic techniques were consistent with the prevailing beliefs of the times. Rituals, dances, costumes, and the building of temples were attempts by people to get the evil spirit to leave the sick person.

With the birth of scientific inquiry in the 17th and 18th centuries, the search for the physical and organic bases of mental illness was initiated. Psychology was separated from metaphysics. The birth of the scientific tradition was paralleled by another major trend in psychology, that is, the search for more humanitarian ways of dealing with the mentally ill. By the 18th century, the humanistic and scientific traditions had led to major changes in the conception of mental illness. Interest had arisen in the more humane treatment of the insane, and serious study was undertaken in trying to understand and treat such conditions.

During the 19th century, a shift occurred from the investigation of somatogenic origins of mental illness to the investigation of psychological phenomena. At the end of this century, Charcot, a leading neurologist of the era, experimentally demonstrated the influence of ideas upon bodily disturbances in hysterics. The investigator that epitomized this shift to psychologically oriented theories was Charcot's student, Sigmund Freud. The development of a new understanding of mental illness, based upon Freud's hypothesis of disturbed unconscious processes and the possibility of changing these processes, opened the whole area of the treatment of the mind or psychotherapy. For the first time man systematically used mental healing and

the influence of interpersonal relationships to treat others. Psychotherapy, after becoming a psychological approach to the treatment of the mentally ill, began to splinter into many different schools of thought. Dozens of theories and techniques were developed, each backed by a body of unique psychological theory and each developing a rationale, a set of therapeutic goals, and a methodology to achieve these goals.

In spite of the marked diversity of theoretical viewpoints put forth and the varied nature of specific techniques recommended, many investigators agree that the process of psychotherapy is the royal road to changing peoples' behavior. As a result of the rapid development in theoretical and technical knowledge in this area the demands for psychotherapeutic services has been outdistancing the available supply of psychotherapists at an ever-increasing rate. Thus society in general, as well as the overburdened therapist have a major stake in efforts aimed at evaluating contemporary psychotherapeutic practice and the development of new approaches and techniques for altering patient behavior.

The first order of business was the demonstration of the existence of the phenomenon of psychotherapy. Outcome studies became the focus of research in this area. Investigators such as Rogers (1954), Eysenck (1952), and Wolpe

(1963) were interested in determining the efficacy of psychotherapeutic intervention in dealing with behavior disorders. Each had taken a somewhat different vantage point in his criticism of the traditional psychotherapeutic techniques proposed by his forerunners: for Rogers the central issue was the nature of the patient-therapist relationship; for Eysenck the attack was focused on the merits of psychotherapy in relation to the spontaneous remission rate of neuroses; and for Wolpe the criticism focused on the non-scientific heritage of psychotherapy. These researchers served as catalysts for studies attempting to delineate the special characteristics of the patient-therapist relationship and the effects of these characteristics on success in psychotherapy. The psychology of behavior change, then, has been effected by the dialectical process of investigation and, consequently, the properties of the therapeutic relationship are constantly undergoing further elucidation.

Research tools in the investigation of psychotherapy have ranged from the case study method to systematic investigations using sizable groups of patients, established research designs and appropriate statistical procedures. The major areas of concentration in psychotherapy research have been on patient variables, therapist variables, and the therapeutic process itself. Despite the large number of variables included within these three major foci of research endeavors, the primary variable of concern in

psychotherapy is the nature of the patient-therapist relationship. Yet there is much definitional diversity and lack of agreement concerning the specific nature and implications of this relationship. The task demanded of psychotherapy researchers is the increased understanding, clarification, and specification of the relationship construct.

If psychotherapy is conceptualized as a special form of social interaction, basically similar to other forms of interaction, a participant's degree of familiarization with the therapeutic enterprise would appear to be an important factor contributing to the success or failure in the dyadic relationship. A patient entering into a psychotherapeutic relationship usually has some preconceived notion about the nature of the psychotherapy process. The extent of this knowledge depends on an individual's exposure to the sources of information about psychotherapy. The theorizing of Freud and the dynamic psychologists who followed him have been the subject of a plethora of books, articles, movies, and plays about dynamic psychiatry. Through these widespread sources of information, the basic assumptions of psychotherapy--particularly psychoanalytic psychotherapy--are widely available. This knowledge varies as a function of various sociological factors, the most important of which is probably an individual's social group.

Virtually all members of some social groups have acquired considerable sophistication regarding the psychotherapy process, whereas other groups acquire this knowledge in a very crude form. Then again, some groups are virtually ignorant in this respect. Regardless of the source and extent of the individual's information, it is apparent that everyone approaches the therapy situation with some ideas regarding the nature of psychotherapy. Individual variation of knowledge in this respect may have serious implications for therapy outcome. It is felt, then, that the dissemination of knowledge about psychotherapy among those who seek help has an impact on the therapy process itself. A survey of the present state of knowledge regarding this variable--pre-therapy information--seems warranted in view of its implications for the psychotherapy enterprise.

The areas of the theoretical and experimental literature that are relevant to the topic of amount and type of prior information and subsequent differential behavior are vast, ranging from Forgas' (1954) study on the effects of environmental familiarization on maze-running behavior in rats to Asch's (1951) study reporting the effects of peer judgments on the estimation of the length of a line. The present survey, however, will be restricted to the literature that appears to be more directly related to

the issue at hand, that of the relationship between pre-therapy information and psychotherapy process and outcome. Consequently, the following survey will present (1) an explication of various areas of experimental investigation that point to the efficacy of providing information to subjects prior to learning tasks, including studies in verbal conditioning and meaningful verbal learning; (2) an explication of various areas of experimental investigation that studied the effects of expectation or "set" on learning, including studies directly related to expectation and psychotherapy; (3) a critical look at traditional and contemporary forms of psychotherapy in terms of the provision of information to help-seeking individuals, including some studies that have systematically investigated the effects of pre-therapy information on therapy process and outcome; (4) some conclusions resulting from the survey of the above-mentioned literature; (5) a statement of the problem for the present study; and, (6) some methodological considerations.

Information and Learning

There is a wealth of empirical literature showing ways in which a prior structure or set can facilitate (or interfere with) learning and performance. The work of Kanfer and his associates on verbal conditioning seems particularly germane. Kanfer and Marston (1961) showed that

in a verbal conditioning situation both speed of acquisition and transfer are enhanced by clear instructions about the situation (e.g., telling Ss that their task was to get as many "points" as possible). Also, Kanfer and Marston (1962) demonstrated that a "task-relevant information" group showed significantly greater learning, a steeper learning curve, greater transfer, and higher awareness ratings than groups receiving either less information or misleading information in a verbal conditioning task.

In a task akin to verbal conditioning but utilizing molar response units to measure interpersonal influence by responsivity to social reinforcement, Kessel and McBrearty (1967) found that only Ss who are able to report what the response-reinforcement contingency is during the verbal conditioning task respond to reinforcement. This finding supported a recent trend in the literature which indicates that if learning without awareness exists, it is slow and uncertain in comparison to learning taking place under conditions of high awareness (Farber, 1963).

Goldstein, Heller and Sechrest (1966) have pointed to the work of Ausubel and his associates on "advance organizers" in meaningful verbal learning to verify their hypothesis regarding the effect of prior structure on learning: ". . . that a cognitive structure which enables an individual correctly to anticipate and organize his

experience will facilitate learning and retention of new or more elaborate behavior sequences" (p. 240).

Ausubel (1963) defines cognitive structure as "an individual's organization, stability, and clarity of knowledge in a particular subject field (p. 26). The existence of this cognitive structure, according to Ausubel, is the major factor influencing learning and retention of meaningful new material. New material can be readily incorporated into the cognitive framework provided by the advance organizer. In a typical experiment by Ausubel and his associates, an organizer is introduced before the material to be learned. The advance organizer is at a higher level of abstraction and inclusiveness than the learning material. Control groups in these experiments also received a passage of relevant material but at a lower level of abstraction (e.g., historically relevant material). The results of these experiments (Ausubel, 1960; Ausubel and Fitzgerald, 1962; Ausubel and Blake, 1958; and Ausubel and Fitzgerald, 1961) showed a superiority in retention and learning in the advance organizer groups.

In summary, the studies cited above point to the efficacy of providing pre-task information in a variety of learning situations. The effect of information on learning was exhibited in the following ways: the facilitation of verbal conditioning, an increase in responsiveness to social

reinforcement, and the enhancement of the retention of meaningful new material.

Expectation and Learning

The history of experimental psychology is replete with early examples of the effect of predisposing attitude on perception and reaction. The discovery of the personal equation by the astronomers in the earlier part of the 19th century and their later success in measuring absolute personal equations led to the reaction experiment of the new scientific psychology. Kulpe, in 1893, was able to show that the predisposition (attitude) alters the ensuing perceptual and reactive process in simple sensorial and muscular reactions. This conclusion was supported later by Watt (1904) and Ach (1905), both working in Kulpe's laboratory. These experimental findings helped psychology move away from the early elementism toward the holism of the opposite camp, which stretches from William James to the Gestalt psychologists.

There is little question today as to whether initial or anticipatory set has an effect on perceptual sensitivity. Woodworth and Schlosberg (1954) have provided evidence for the notion that reaction time is markedly reduced by a preparatory set. In addition, the experimental literature is replete with studies showing the facilitating effects of

prior structure on more complex levels of behavior. Forgas' (1954, 1955) studies have shown that motorically and visually experienced rats were superior to rats reared in a simple environment in mastering a complex maze-running task. Duncan (1959), in his review of problem-solving research, found that anticipatory sets had a facilitating effect on problem-solving when the preliminary structuring procedures were relevant to the problem-solving activities. In general, then, the limited evidence presented above indicates the importance of an initial set on such varied activities as reaction time, maze-running, and problem solving.

Expectation and Psychotherapy. The implications for psychotherapy of the evidence presented above is limited. However, the expectancies or sets of individuals seeking psychotherapy might very well parallel the cognitive experiences of a subject in a psychological experiment. That some psychotherapists and researchers are aware of the importance of patient expectancies and their influence on the therapeutic process is suggested by the growing literature involving expectancies in psychotherapy. The 1956 paper by Rosenthal and Frank dealing with the effect of patient and psychotherapist's prognostic expectancies on patient change is considered an early research stimulant in this area. The paper dealt with placebo effects in psychotherapy.

Rosenthal and Frank were two of the first investigators to point out that patients' beliefs or expectations were important determinants of the results of therapy.

The expansion of research in the area of expectancies and psychotherapy since 1956 is reflected by the range of topics covered in Goldstein's (1962) book dealing with therapist-patient expectancies in psychotherapy. The topics include patient prognostic expectancies, therapist prognostic expectancies, participant role expectancies, expectancy and therapy duration, and placebo effects.

There is increasing evidence of the relatedness of the degree of change which psychotherapy patients anticipate (prognostic expectancies) and the degree of change they later perceive as having taken place (Lipkin, 1954; Goldstein and Shipman, 1961; and Friedman, 1963). Goldstein (1962) has investigated the effect of the therapist's expectations regarding changes in his patients on the outcome of therapy. The findings point to the following conclusion: The therapists who expected the most improvement in their patients before therapy had significantly more patients who reported positive changes as a result of psychotherapy.

Studies focusing upon the ways in which both the therapist and the patient expect they will behave--participant role expectancies--have shown that patients have a rather consistent expectation regarding their therapists'

behavior. Ruesch (1948) and Deskins et al. (1960) have identified patient role--expectancy clusters which are similar to the triad identified by Apfelbaum (1958). Apfelbaum revealed three relatively independent clusters or dimensions of patient role expectations--nurturant, model, and critic--which relate to between-cluster differences in terms of sex, degree of pathology, drop-out rate, and improvement in therapy. That is, patients can be differentiated in terms of the way they perceive their roles in psychotherapy, and these perceived roles are related to variables which appear to be important to the effectiveness of therapy.

Another class of studies focusing upon the consequences of congruent versus noncongruent therapist-patient role expectations have shown that there is a major relationship between the degree of dissimilarity in the therapist's and patient's expectations and the degree of strain and disequilibrium in their relationship (Lennard and Bernstein, 1960; Chance, 1959; Appel, 1960; Hankoff, Freedman and Englehardt, 1960; Gliedman et al. 1957; and Heine and Trosman, 1960).

Investigators interested in expectations of therapy among members of the lower socioeconomic class (Overall and Aronson, 1963; Aronson and Overall, 1966) have found these these patients are less likely to return for treatment

if there is a discrepancy between their expectations before the interview and their perception of the interview after it has taken place.

The brief review of the literature presented above serves to support the general conclusion that pre-therapy expectancies by patients and therapists have a great deal of influence on the process and outcome of psychotherapy.

Information and Psychotherapy

In general, psychotherapists have not provided patients with pre-therapy information in a systematic manner. Suggestions about the "structuring" of psychotherapy have been made by such writers as Fromm-Reichmann (1950), Holland (1965), Rotter (1954) and Wolberg (1954); but such suggestions have come across as being rather unstructured themselves. Some writers feel that too much knowledge about psychotherapy would inhibit the ameliorating effects of therapy. Most writers simply ignore this question altogether and proceed to work in the dark in this respect.

Certain of the behaviorally-oriented therapies have been relatively explicit with their patients. Wolpe's patients treated by desensitization are often given a great deal of structure in terms of a rationale for the occurrence of the disorder and the treatment that they will undergo. To use Ausubel's terminology, the information given to the

patient provides a cognitive structure by means of which he can organize his experiences in therapy. Even though it has not been shown whether the preliminary tactics of the "behavioral" therapists have any bearing on the outcome of treatment, the favorable results reported for desensitization therapies (e.g., Wolpe, 1961; Paul, 1967) may reflect, in part, the advantages that may be obtained by providing more structure in a therapy situation, rather than pure differences obtaining for a specific psychotherapy technique.

There have been only a very few studies that have studied directly the effects of pre-therapy information on therapy process and outcome. Hoehn-Saric, Frank, Imber, Nash and Battle (1964) have explored the use of procedures to structure the therapy situation. They developed a "role induction interview" designed to inform the patient in the following respects: (1) to arouse realistic expectations of improvement, (2) to explain the therapist's behavior, (3) to tell the patient how he is expected to behave, and (4) to show him how to recognize and overcome resistance. Patients who were exposed to the role induction interview proved to be higher on the therapy behavior scale after several interviews, had better attendance, and were rated better in "relationship" by their therapist. They also showed greater improvement in target symptoms and scored

higher on several outcome measures. A follow-up study by Nash, Hoehn-Saric, Battle, Stone, Imber, and Frank (1965) showed the same results for short-term psychotherapy. In addition, Orne and Wender (1968) have written a theoretical article explicating the rationale for "anticipatory socialization" in psychotherapy. In this article, a hypothetical "anticipatory socialization" interview for psychotherapy patients is presented. The hypothetical interview illustrates how the patient's role and the process of treatment are described to the patient.

It is evident, then, that there is a definite lack of studies which have explored the effect of pre-therapy information on therapy process and outcome. The few directly pertinent studies that have been conducted by Hoehn-Saric et al., (1964) and Nash, et al., (1965) support the notion that preparing patients for psychotherapy has a facilitating effect on the results of the psychotherapy enterprise.

Some Conclusions

Whether an individual must engage in some task, learn something, acquire some skill, or participate in psychotherapy, it appears to be helpful to have available a cognitive structure which will enable him to make sense out of the experience as it occurs. The effectiveness of the

cognitive structure appears to be directly related to its relevance for the anticipated task. An appropriate cognitive structure for verbal conditioning could be instructions about the response-reinforcement contingency; for meaningful verbal learning it may be a relevant introduction to the learning material; for problem solving activity, the appropriate cognitive structure might be an anticipatory set. In summary, then, the preparation of an individual for an activity may vary as a function of the particular nature of the activity.

In view of the complex nature of the activity of psychotherapy, it behooves investigators to examine certain aspects of the above-mentioned literature for its possible relevance to psychotherapy. The examination of certain aspects of this literature has been suggested by Goldstein, Heller and Secrest (1966). Since these investigators look to the field of learning as a source of hypotheses about psychotherapy, their primary focus is on the relationship between the concept of advance organizers and psychotherapy. Kessel and McBrearty (1967), on the other hand, have studied the relationship between subject awareness and the influence of a reinforcer in controlling verbal behavior. On the basis of their study, they come to the following conclusion: "If interpersonal influence is a major factor in successful psychotherapy or counseling, and if therapeutic gain

involves social learning, then the finding that reinforcement is effective only for aware Ss has relevance to the psychotherapeutic process" (p. 256).

The concept of cognitive structure seems particularly relevant to those psychotherapeutic approaches which have a learning orientation. Since such approaches focus on teaching the patient new responses in therapy which will hopefully generalize or transfer to other situations, the therapist needs to determine whether structuring the therapy situation (giving advance organizers) will facilitate the learning process. However, the notion of cognitive structure cannot be restricted to therapy situations that appear to be more conducive to conceptualization in this manner. Even though the various psychotherapy approaches (psychoanalytic, learning, client-centered, etc.) are presumed to differ in the manner by which they produce changes in the patient, the techniques employed by the therapists--whether it is an interpretation, some operant technique or a reflection of feeling--are assuredly intended to have some purpose, for it can be patently assumed that all psychotherapists are in the business of influencing behavior. Whether this purpose is facilitated by a straightforward and structured approach is an empirical matter which needs to be explored further.

Psychotherapy, then, is a complex activity which involves the participation of individuals with varying amounts

of information regarding the enterprise itself. Like the other related activities reviewed above, it may prove that providing individuals with pre-therapy information would be effective in terms of facilitating the therapy process.

Statement of the Problem

The determination of the best type of information to provide to the patient before therapy in order to maximize therapeutic effectiveness is an empirical matter which has not been sufficiently investigated. The two studies reported by Hoehn-Saric et al., (1964), and Nash et al., (1965) in which patients were prepared for psychotherapy, concluded that pre-therapy information had a facilitating effect on psychotherapy process and outcome. However, these investigators failed to take into consideration several important methodological considerations. The first methodological problem was the lumping together of a variety of types of information; that is, these investigators provided their patients with both expectational and theoretical (advance organizer) information in a lump. They failed to differentiate between these two types of information and, consequently, could not evaluate the effectiveness of each type separately. In addition, neither study provided a control group to test the effects of information, as such, on psychotherapy process and outcome. It is conceivable

that the extra time spent with the information groups, or the mere idea of sharing information could have accounted for the reported positive results. The final methodological problem overlooked by these investigators was the implicit assumption that all patients receiving information would assimilate it in the same manner; that is, to use Ausubel's terminology, that the information became part of their "pre-therapy cognitive structure." The investigators overlooked individual differences in assimilating or learning pre-therapy information. The present study was an attempt to investigate the differential effect on therapeutic change of providing a prior "organizing" structure or "set" to a therapy situation with these methodological problems taken into account.

Pre-therapy structure was defined as information provided to the individual before entering therapy. For the purposes of this study, information was restricted to the following two types: (1) an advance organizer, a cognitive structure ("an individual's organization, stability, and clarity of knowledge in a particular subject field") which enables an individual correctly to anticipate and organize his experiences in therapy; and, (2) a participant-role expectancy, a more explicit expectation or set of behaviors that will take place during the therapy session--explaining the therapist's anticipated behavior and telling

the patient how he is expected to behave. The advance organizer was modeled after Ausubel's (1963) use of this concept in his experiments; he defines "advance organizers" as "the provision of learning material at a higher level of abstraction and inclusiveness than the material to be learned" (p. 29). In this study, the advance organizer represented a general exposition of a particular theory including basic concepts and principles. The second treatment--participant-role expectancy--was modeled after Hoehn-Saric's (1964) work using procedures (e.g. role induction interview) designed to inform the patients on such matters as explaining the therapist's behavior and telling the patient how he is expected to behave.

Since it has been shown that systematic preparation of patients for psychotherapy has a facilitating effect on therapy behavior and outcome (Hoehn-Saric, Frank, Imber, Nash, Stone and Battle, 1964) and that certain effects of psychotherapy and placebos depend on the activation of the patient's expectations (Frank, Gleidman, Imber, Stone and Nash, 1959; Frank, Nash, Stone and Imber, 1963; and, Goldstein, 1962), the present study focused primarily on determining the differential effects of different kinds of preparation. The treatment conditions represented theoretical or abstract pre-therapy information (advance organizer)

vs. more direct descriptive pre-therapy information (participant-role expectancy).

The results of this study should serve to help compare different techniques for preparing patients for treatment in terms of their catalytic effect on subsequent therapy. The systematization of this neglected but necessary phase of the therapeutic process may motivate therapists to shed the shackles of esoteric "knowledge" and impart to the patient enough information to make him an active participant in the helping process. The point is that a possible future direction for therapeutic modification may be in systematically enhancing the therapy process by changing an individual's knowledge prior to treatment.

Methodology

Therapy Situation. The specific therapy situation utilized was an operant technique with individuals who were fearful of a particular object. A behavior therapy technique was used for two reasons: (1) The relative specificity of therapeutic techniques used in behavior therapy, the specificity of target symptoms, and the learning theory foundation of these techniques provided an adequate system for testing the concepts of "advance organizer" and "expectational set," and (2) previous studies (Harrell, 1968; and Wagner and Cauthen, 1968) have found that an operant

learning technique is successful in eliminating fears of discrete objects (spiders, snakes, rats etc.). A behavioral technique, then, was chosen to minimize the immense complexities of the term "therapy" in the generic sense, yet such an approach is generally accepted as bonafide therapy.

The avoidance response used in this study was an extreme fear of snakes. The particular animal used in the study was determined by surveying the fears of discrete objects of patients at the Georgia Mental Health Institute and choosing the organism which elicited fear in the largest number of patients. The survey involved the administration of the Fear Survey Schedule II (Geer, 1965; see Appendix III). Forty-two percent of the patients surveyed checked responses reflecting an extreme fear of snakes.

The response goal--or the "cure"--was the handling of a harmless snake by individuals who initially failed to approach the snake in a standard snake-fear situation. The situation was designed to bring the individuals successively closer to the feared object and eventually into physical contact with the animal. The response goal was shaped by rewarding the individuals for successful completions of steps that approximated the final step--handling the harmless snake.

In summary, the study was designed to assess the

effects of the two types--or levels--of pre-therapy information on the rate of acquisition of an operantly learned approach response by individuals who were afraid of a particular object--a snake.

Pre-therapy Information. The study, in order to show clearcut results due to each of the two types of pre-therapy information--advance organizer and expectancy--isolated the components unique to each type of information as it is related to the response of approaching the feared object. The information provided to the patients was oriented around a specific psychotherapeutic technique--operant therapy--and included the following components: (1) Advance organizer, a theory relevant to the therapy situation, in this case, a general exposition of reinforcement theory including basic concepts and principles (see Appendix I). And, (2) participant-role expectancy, a description and explanation of typical phenomena that may occur in operant therapy--the consequences (e.g. rewards) of eliciting certain responses (see Appendix I). In relation to the two types of information presented above, the third type of information presented to patients was intentionally unrelated to operant therapy. The information was (3) a theory irrelevant to the therapy situation--a general exposition of human relations theory including basic concepts and principles (see Appendix

I). The information was considered to be a "non-advance organizer"; that is, it did not provide a cognitive structure to the learning experience that was to take place in the operant therapy situation.

The "advance organizer" and "non-advance organizer" were presented in the form of programmed learning texts on "reinforcement theory" and "relationship improvement" respectively. The information was presented in this manner, programmed learning, in order to allow for an evaluation of the degree of learning taking place for each individual. The degree of assimilation of the programmed learning unit was assessed by the administration of post-information tests. The tests were designed to determine the teaching effectiveness of each instructional unit. Each subject was assigned a score based on his performance on the post-information tests. These test results, subsequently, allowed for the elimination of subjects who could not learn the material above a minimum criterion of comprehension.

Groups. The study utilized three treatment groups--an advance organizer group (AO) who received the programmed learning text on "reinforcement theory"; an expectation group (EG) which was offered advance information as to how the patient and therapist would generally behave; and a group which received both treatments called the advance organizer-expectation group (AOE). The AOE group was

included in order to examine the effect of both theoretical and descriptive preparation or information on learning in an operant therapy situation. In addition, two control groups were employed. One group, the "no information" group (NI), received no pre-therapy information. This group afforded an opportunity to assess changes in learning without prior structure. A second control group, non-advance organizer group (NAO), was provided with a pre-therapy experience similar to the one experienced by the AO group, the programmed learning text on "relationship improvement," but which had no relevance to the operant therapy situation. The NAO group was employed in order to compare the effect of non-relevant vs. relevant pre-therapy information on learning in operant therapy.

Predictions. The study planned to assess the learning of the snake-approach response in the operant therapy situation by the following measures: (1) the number of individuals in each group achieving the response goal--handling the snake; (2) the changes in approach responses to the snake by the various groups; and, (3) differential rates of acquisition of the response goal via computing the number of tokens earned per second (each individual received a designated number of points for completing each step during a designated period of time (see Appendix II).

The following predictions were formulated for the three learning measures:

(1) The three treatment groups (AO, EG, and AOE) would show a greater facilitation of the learning process (significantly more subjects achieving the response goal--handling the snake, greater changes in approach responses to the snake, and a faster rate of acquisition of the response goal) than the two control groups.

(2) The AOE group, exposed to both the advance organizer and the expectation, would show a greater facilitation of the learning process (significantly more subjects achieving the response goal--handling the snake, greater changes in approach responses to the snake, and a faster rate of acquisition of the response goal) than the AO or EG groups taken separately.

(3) The control groups, NI and NOA groups, would not differ significantly from each other on the response measures for learning.

(4) No predictions were formulated for the relative efficacy of the AO group when compared to the other treatment group--the EG group.

Extra-learning Measures. The study was not restricted to the measurement of the effects of pre-therapy information on the learning of a new response--handling

the feared object. There are several elements in an operant therapy situation that are common to therapy situations in general. These include patient variables and therapist variables that vary as a function of the particular stage of the treatment process--time variables. In addition, the transfer of learning in therapy to extra-therapy situations (wards, home, etc.) is another important variable to be considered. The operant therapy situation maximizes the specifiability of these extra-learning variables and allows for an objective assessment of them; the therapist does certain standardized things in relatively few interviews with patients with certain presenting symptoms. The analysis of extra-learning variables in an operant therapy setting--patient's anxiety, patient's perception of the therapist, and patient's ward behavior--allowed for the assessment of variables which are generally important to therapists dealing with more complex symptoms than those assessed here for the sake of experimental investigation. The effect of pre-therapy information on these extra-learning variables in an operant setting hopefully provided a background from which to evaluate these variables in other settings.

The study assessed the modification of anxiety by analyzing four measures: Fear Survey Schedule II--FSS II (Geer, 1965), Fear Thermometer--FT (Walk, 1956), and the

State-Trait Anxiety Inventory--STAI (Spielberger, Gorsuch, and Lushene, 1968). In addition, another--very specific--anxiety measure derived from the FSS was assessed: SN (a change in FSS item no. 39--snakes). The FSS, SN, FT, and STAI are self-report anxiety measures. Such indices have proven to be valid gross measures of anxiety (Lanyon and Manosevitz, 1966).¹ (See Appendix III.)

In view of the great importance of the patient's feelings and attitudes toward the therapist, an inventory was used that is designed to identify the main dimensions of client's perceptions of the therapist. This inventory is based on conceptualizations proposed by Fielder (1950) of what constitutes a good therapeutic relationship and the interpersonal categories developed by Leary and his colleagues (1957). The five isolated dimensions of perceived therapist interpersonal behavior are Understanding, Accepting, Authoritarian, Independence-Encouraging, and Critical-Hostile (Lorr, 1963). The inventory was used to measure a set of perceived interpersonal behaviors associated with response to treatment useful in understanding therapeutic relationships. (See Appendix IV.)

Finally, extra-therapy behavior was evaluated by observing the patient's ward behavior. Pre- and post-measures of specified ward behaviors by ward personnel allowed the assessment of the transfer of learning from

the therapy setting to more general settings. The MACC Behavioral Adjustment Scale (see Appendix V) was used by ward nurses to evaluate the ss in four areas of adjustment on the ward--mood, cooperation, communication and social contact.

The inclusion of assessment measures apart from the direct evaluation of the criterion response of handling the feared object--the anxiety measures, patient's perception of therapist, and ward behavior--provided additional generality to any differences discovered between the effects of pre-therapy information on the general process variables of psychotherapy.

PROCEDURE

Subjects

The Ss used in this study were male and female inpatients and outpatients at the Georgia Mental Health Institute.³ The patients are seen in individual psychotherapy by staff members and trainees of various professional disciplines including Psychiatry, Psychology, and Social Work. Individuals who showed evidence of alcoholism, brain damage, mental deficiency, or previous cardiovascular difficulties were not included in this study. Ss who noted on a questionnaire that they had knowledge of operant therapy were excluded from this study.

Male and female inpatients and outpatients were administered the Fear Survey Schedule-II (FSS-II, see Appendix III). From this original group, Ss who (1) obtained a score of "much," "very much," or "terror" on FSS-II item No. 39 (snakes), and (2) factor scores above a designated cutoff score on Water, Death and Illness, interpersonal Events, and Discrete Objects, were retained for the study. In addition, an Approach Score (AS) was assigned to each S in a standardized snake-fear situation by the following procedure: Ss were asked to approach the snake and touch it if they were able. Ss able to handle the snake were dropped from the study. Ss unable to touch the animal were retained

for the study. A measurement of how close each S was able to approach the snake was obtained by measuring the distance between the individual and the snake (see Appendix II). The distance between the door at the entrance of the room where the snake was located and the caged snake (twenty-four feet) was marked off by lines which were four feet apart. The above measure represented the AS for each S for this study.² By this procedure, forty Ss were selected who both reported high fear of snakes on the fear inventory, and who received low Approach Scores in the pre-test fear situation. An example of an S with a low AS was one who remained at the door when asked to approach the snake (AS = 2). The Approach Scores ranged from an AS of 6 to an AS of 11. The subject population consisted of eleven inpatients and twenty-nine outpatients.

Groups

(a) Advance Organizer Group (AO). The pre-therapy sessions conducted for the learning of the advanced organizer consisted of three sessions which were provided in order to give the Ss time to assimilate the pre-therapy information. The length of the session was flexible due to the nature of the learning situation; that is, there was variation among Ss in the rate of learning of the advance organizer and the sessions were terminated when the last S

had completed the learning for that particular session. The criterion for learning the material during the session was the completion of one segment of the programmed learning text (see Appendix Ia). Successful completion of the text was determined by each S. The instructions (see Instructions) specified to the Ss the requirements for completion of each part of the program.

The first session for the AO group consisted of the presentation of Part I of the advance organizer. The Ss were instructed to complete Part I of a programmed textbook on "reinforcement theory." Part I included two chapters--Chapter I, "Social Learning" and Chapter II, "What are Reinforcers"?

The second session for the AO group consisted of the presentation of Part II of the advanced organizer. The Ss were instructed to complete Part II of a programmed textbook on "reinforcement theory." Part II included two chapters--Chapter III, "How Can We Use Reinforcers?" and Chapter IV, "Social and Non-Social Reinforcers."

The third session for the AO group consisted of the presentation of Part III of the advanced organizer. The Ss were instructed to complete Part III of a programmed textbook on "reinforcement theory." Part III included two chapters--Chapter V, "Avoidance Behavior" and Chapter VI, "Accidental Training."

(b) Expectation Group (EG). Three pre-therapy sessions were conducted in order to provide the Ss with time to assimilate the pre-therapy information. The length of these sessions was flexible due to the nature of the material to be learned. The Ss were instructed (see Instructions) to read and study the passage (see Appendix Ib) for thirty minutes. After the thirty minutes had expired, the Ss were allowed to ask questions regarding the pre-therapy information. The E answered questions that related directly to the passage itself.

(c) Advance Organizer-Expectation Group (AOE). Pre-therapy sessions were conducted in order to provide the Ss with time to assimilate the pre-therapy information. The pre-therapy sessions conducted for the learning of the advanced organizer and the expectation information consisted of three sessions. The sessions were comparable to those provided for the AO group and EG group described above except that each session involved learning both the AO information and the EG information (see Appendix Ia and b).

(d) Non-Advance Organizer Group (NAO). The pre-therapy sessions conducted for the learning of the non-advance organizer (NAO) information consisted of three sessions which were provided in order to give the Ss time to assimilate the pre-therapy information.

The length of the sessions was flexible due to the nature of the learning situation; that is, there was variation among Ss in the rate of learning of the information, and the sessions were terminated when the last S had completed the learning for that particular session. The criterion for learning the material during the session was the completion of one segment of the programmed learning text (see Appendix Ic). Successful completion of the text was determined by each S. The instructions (see Instructions) specified to the Ss the requirements for completion of each part of the program.

The first session for the NAO group consisted of the presentation of Part I of the non-advance organizer. The Ss were instructed to complete Part I of a programmed textbook on "relationship improvement." Part I includes one chapter--Chapter I, "Showing Acceptance of Another Person's Feelings."

The second session for the NAO group consisted of the presentation of Part II of the non-advance organizer. The Ss were instructed to complete Part II of a programmed textbook on "relationship improvement." Part II includes one chapter--Chapter 2, "Becoming Aware of Other People's Feelings."

The third session for the NAO group consisted of the presentation of Part III of the non-advance organizer.

The Ss were instructed to complete Part III of a programmed textbook on "relationship improvement." Part III included two chapters--Chapter 3 "Becoming Aware of Your Own Feelings" and Chapter 4, "Review."

(e) No Information Group (NI). No pre-therapy sessions were provided for this group. However, the Ss in this group experienced the same time lapse between pre- and post-information measures as the other four groups.

All of the above treatment sessions were conducted by the same experimenter (E).

Therapy

The therapy procedure consisted of 15 separate steps or stages spread over three sessions; these steps were identical for every S in each group (see Appendix II). Each of the steps was designed to bring the Ss closer to the feared object and eventually into physical contact with the animal.

The first session for these Ss consisted of an explanation of the treatment method and the administration of the beginning of treatment. The explanation went as follows:

Session 1

"There will be three sessions in connection with your treatment. You will be brought closer to the snake in

graduated steps spread throughout the three sessions. You will be rewarded for successful completions of each step by being given poker chips that can be applied toward a \$5 prize. The faster you complete each step the more chips you will earn. If you complete a step within 10 seconds, you will receive 3 chips, within 20 seconds you will receive 2 chips, and successful completion of a step after 20 seconds will earn you 1 chip. If you do not complete the step within 30 seconds the session will terminate and you will start on that step during the next session.

There are 15 separate steps or stages to the treatment. You will be rewarded for each time a step is successfully completed. Today we will attempt only a few of the steps. We will begin each preceding session by repeating the last step accomplished in the prior session. Before each step I will explain to you exactly what is required for successful completion of that step."

Sessions 2 - 3

"Today we will go through a few more of the steps. We will begin this session with the last step you completed at the prior session."

(S was again informed of the reward procedures and the sequence as described in the first session instructions.)

Each stage presentation lasted 30-60 seconds. Presentations were spaced approximately one to two minutes apart.

The first five stages of the treatment were administered during session one. Sessions two and three each began with the presentation of the last stage administered during the prior session. Thus, ten new stages were presented during the second and third sessions.

The operant reward procedure consisted of the coupling of two methods of a secondary reinforcement, poker chips and the verbal reinforcement "very good," with the successful completion of each stage. The rewards were administered by the same therapist for all groups. The therapist (Experimentor [E_2]) was different from the E for the treatment sessions [E_1]). E_2 did not know which treatment group he was working with at any particular time. Consequently, his extraexperimental attitude, statements, manner and demeanor was consistent from one treatment group to another.

Table 1 summarizes the experimental procedure for all groups.

Measures

Pre-Information Tests. The pre-information measures were collected three days prior to the administration of the pre-therapy information (treatment sessions). All S s selected by their high FSS-II scores were placed in a standardized fear situation with a live snake present. An

TABLE I
OUTLINE OF THE EXPERIMENTAL PROCEDURE FOR ALL GROUPS

	Session 1	Sessions 2,3,&4	Session 5	Sessions 6,7,&8	Session 9
NI	Pre-Information Tests	Nothing	Post-Information Tests	Operant Therapy	Post-Therapy Tests
NAO	Pre-Information Tests	Pre-Therapy Information	Post-Information Tests	Operant Therapy	Post-Therapy Tests
AO	Pre-Information Tests	Pre-Therapy Information	Post-Information Tests	Operant Therapy	Post-Therapy Tests
AOE	Pre-Information Tests	Pre-Therapy Information	Post-Information Tests	Operant Therapy	Post-Therapy Tests
EG	Pre-Information Tests	Pre-Therapy Information	Post-Information Tests	Operant Therapy	Post-Therapy Tests

Approach Score (AS) was determined for each S as described above. Immediately before entering the fear situation, the Ss were administered the Trait segment of the State-Trait Anxiety Inventory (STAI). Immediately after leaving the fear situation, the Ss were administered the State segment of the State-Trait Anxiety Inventory (STAI--see Appendix III). Ss also rated themselves on the Fear Thermometer (FT--see Appendix III), after their confrontation with the live snake.

One day prior to the collection of the measures mentioned above, the Ss who were inpatients were rated on the MACC Behavioral Adjustment Scale (see Appendix V), by ward nurses.

Post-Information Tests. The post-information measures were collected three days after the administration of the pre-therapy information. The Ss were, once again, placed in a standardized fear situation with a live snake present. An Approach Score (AS) was determined for each S as described above. In addition, the Ss once again rated themselves on the Fear Thermometer (FT). These measures will be referred to as Post-ASI and Post-FTI respectively.

The learning of the advance organizer for the AO and AOE groups and the non-advance organizer for the NAO group was also evaluated during this session. Each S in the AO

and AOE was administered a post-information test on "reinforcement theory" (see Appendix VI). Each S in the NAO group was administered a post-information test on "relationship improvement" (see Appendix VI). These tests were administered in order to measure the degree of information assimilated by each S.

Post-Therapy Tests. All Ss were placed in the experimental fear situation with a live snake four days after the completion of the final therapy session. At that time the Ss were asked once again to approach and touch the feared object; thus another measure of approach behavior was obtained. As in the other testing sessions, this measurement was converted into an Approach Score (AS). Also at this time Ss again rated themselves on the Fear Thermometer (FT). These measures will be referred to as Post-ASII and Post-FTII respectively. In addition, the Fear Survey Schedule (FSS-II) and the State-Trait Anxiety Inventory were readministered. Once again, ward nurses served as raters of patient behaviors on the ward by using the MACC Behavioral Adjustment Scale.

In order to obtain an indication of the nature of the therapeutic relationship established during the therapy sessions, the Lorr scale, referred to as the Clients Perception of Therapist (CPT), was administered during this session.

Learning Measure. The rate of acquisition of the response--handling the phobic object--was taken as the measure of learning for each S in the various treatment and control groups. This measure was obtained during the operant therapy sessions by determining the number of tokens earned per second by each S.

Table 2 summarizes the sequence of measures collected for all of the groups.

Experimenters

E₁ conducted the pre-test and post-test standardized fear situations. E₁ matched the Ss on the basis of their pre-information AS scores and placed the Ss in one of five blocks. The Ss in each block were then randomly assigned to the treatment conditions by E₁. E₁ also conducted the three information sessions. E₁ was a volunteer worker who was not familiar with the nature of the study.

E₂ conducted the three therapy sessions for all the Ss in the three treatment groups and the two control groups. E₂ was a pre-doctoral student who has had one year of experience with the operant therapy technique.

Statistical Analyses

Analyses of variance (ANOVA) for a Randomized Blocks Design (Edwards, 1964) were calculated for all of the measures mentioned above. To isolate further the specific

TABLE 2
SEQUENCE OF MEASURES COLLECTED FOR ALL GROUPS

	Pre-Information Tests	Post-Information Tests	Post-Therapy Tests
1. Approach Scores (AS)	Administered (Ss matched on this variable)	Administered (Post-AS I)	Administered (Post-AS II)
2. Fear Survey Schedule (FSS-II)	Administered	Not Administered	Administered
3. Fear Thermometer (FT)	Administered	Administered (Post-FT I)	Administered (Post-FT II)
4. State-Trait Anxiety Inventory (STAI)	Administered	Not Administered	Administered
5. MACC Behavioral Adjustment Scale	Administered	Not Administered	Administered
6. Clients Perception of Therapist (CPT)	Not Administered	Not Administered	Administered

group comparisons, planned orthogonal comparisons were made in the following manner for all measures: (1) the two control groups (NI and NAO) were compared to the three treatment groups (AO, EG, and AOE); (2) the two control groups were compared with each other; (3) the AOE treatment group was compared with the AO and EG treatment groups. These comparisons were based on the specific predictions of the study and were planned before the study was executed.

In addition, Chi Square (χ^2) analyses were calculated for Post-AS I and Post-AS II.

RESULTS

The major predictions of the study are reiterated here in more specific terms. They are the following: (1) the treatment groups (AO, EG and AOE) would differ significantly from the control groups (NI and NAO) on the Post-AS II and the learning measure ($\frac{\text{tokens}}{\text{seconds}}$) with the treatment groups showing significantly higher approach responses to the snake and faster learning rates; (2) the two control groups (NI and NAO) would not differ significantly from each other on the Post-AS II and learning measure ($\frac{\text{tokens}}{\text{seconds}}$); (3) the AOE treatment group would differ significantly from the AO and EG treatment groups on the Post-AS II and the learning measure ($\frac{\text{tokens}}{\text{seconds}}$) with the AOE group showing significantly higher approach responses to the snake and faster learning rates.

Analysis of Approach Scores (AS)

The AS was obtained at three points in the experimental procedure (pre-information, post-information and post-therapy). Since subjects were matched by groups on this variable before they were assigned to the treatment conditions, any differences among the groups on Post-AS I and Post-AS II can be legitimately attributed to be the result of the treatment condition--pre-therapy information.

Groups exhibiting the highest Post-AS scores manifested a greater reduction of avoidance responses as the result of the treatments applied to the various groups.

Post-AS I: Table 3 presents the ANOVA summary table for the Post-AS I. It is apparent from this table that the groups differed significantly ($p < .05$) on this measure. Table 4 presents the orthogonal analyses for the Post-AS I. It is apparent from this analysis that the differences accounting for the significant F ratio occurred between the two control groups' means and the three treatment groups' means. Further analysis (eyeballing the least-squares means) showed that the treatment groups' means were higher than the control groups' means, indicating greater approach response due to treatment conditions.

The other orthogonal comparisons (NI vs. NAO; AOE vs. AO, EG) were not statistically significant. These groups were essentially indistinguishable.

In summary, the study found that the groups differed on the post-information Approach Scores. In addition, it was found that the treatment groups had significantly higher Approach Scores, showing a greater reduction in avoidance responses than the control groups. This was not a major prediction of the study and came as an interesting surprise.

TABLE 3
ANOVA SUMMARY TABLE FOR THE POST-AS I

Source	Sum of Squares	df	MS	F
Treatments	66.150	4	16.537	3.691*
Blocks	134.175	7	19.167	
Residual	125.450	28	4.480	
Total	325.775	39		

* $\underline{p} < .05.$

TABLE 4
ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
GROUPS ON THE POST-AS I

	NI	AOE	AO-AOE-EG
NAO	1.772		
NI-NAO			-3.386*
AO-EG		-.204	

* $\underline{p} < .01.$

Post-AS II: Table 5 presents the ANOVA summary table for the Post-AS II. The groups did not differ significantly ($p > .05$) on this measure. Table 6 presents the orthogonal analyses for the Post-AS II. It is apparent from this table that the three treatment groups' means differ significantly from the two control groups' means even though the total F-ratio was not significant. Further analysis (eyeballing the least-squares means) showed that the means of the two treatment groups were significantly higher than those of the control groups, indicating greater approach responses due to treatment conditions. Further orthogonal comparisons proved the means of the various groups to be insignificant.

In summary, the prediction of the study that the groups would differ on AS after therapy was supported. In addition, it was found that the treatment groups had significantly higher Approach Scores, showing a greater reduction in avoidance responses than the control groups.

Analysis of the Rate of Learning (number of tokens earned per second)

Table 7 presents the ANOVA summary table for the number of tokens earned per second by the various groups. The groups did not differ significantly on this measure. Also, orthogonal comparisons were not statistically significant for the various groups' means. Table 8 presents

TABLE 5
ANOVA SUMMARY TABLE FOR THE POST-AS II

Source	Sum of Squares	df	MS	F
Treatments	44.900	4	11.225	2.091
Blocks	72.575	7	10.367	
Residual	150.300	28	5.367	
Total	267.775	39		

* $p > .05$.

TABLE 6
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE POST-AS II

	NI	AOE	AO-AOE-EG
NAO	1.079		
NI-NAO			-2.341*
AO-EG		1.309	

* $\underline{p} < .05.$

TABLE 7
ANOVA SUMMARY TABLE FOR THE LEARNING MEASURE
(TOKENS)
SECONDS

Source	Sum of Squares	df	MS	F
Treatments	0.536	4	0.134	0.967*
Blocks	1.593	7	0.227	
Residual	2.497	18	0.138	
Total	4.626	29		

*p > .05.

TABLE 8
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE LEARNING MEASURE ($\frac{\text{TOKENS}}{\text{SECONDS}}$)

	NI	AOE	AO-AOE-EG
NAO	-.569		
NI-NAO			.986
AO-EG		.469	

*_p > .05.

these comparisons.

In summary, the prediction that the groups would differ regarding the rate of learning in the operant therapy situation was not supported. The subjects in all groups earned essentially the same number of tokens per second.

Analysis of the Criterion Response (Handling the feared object)

Post-AS I, Criterion Responses. Table 9 presents the number of Ss reaching step 14 (touching the snake) for the various groups after the presentation of pre-therapy information (Post-AS I). Table 4, in the previous section, showed that the treatment AS scores were significantly different from the control AS scores. Table 9, however, points to another important and surprising observation. Ten Ss in the various groups (25% of the total number of Ss) reached an AS score of 14 (touching the snake) just as a function of being exposed to the information. Out of these 10 Ss, nine of them were in the three treatment groups--3 in the AO group, 3 in the AOE group and 3 in the EG group. The final S was in the NAO control group. This difference between the treatment and control groups proved significant ($\chi^2 = 6.8$, $p < .01$).

TABLE 9
NUMBER OF Ss REACHING STEP 14 AND STEP 15 AT
POST-AS I AND POST-AS II

		Touched the Snake (Step 14)* ₁	Handled the Snake (Step 15)	Touched the Snake (Step 14)	Handled the Snake (Step 15)* ₂
Groups					
Control	N AO	0	0	2	3
	N I	1	0	1	2
Treatment	AO	3	0	0	5
	AOE	3	0	2	6
	EG	3	0	0	5

*₁ χ^2 significant at .01 level.

*₂ χ^2 significant at .02 level.

In summary, it was found that a large number of subjects were able to touch the snake solely as a function of being exposed to pre-therapy information. The reader is reminded that step fourteen, touching the snake, was used as a cut-off point for dropping subjects from the experiment at the first stages of the study.

Post-AS II, Criterion Responses. Table 9 shows the number of Ss reaching step 15 (handling the snake) for the various groups after the operant therapy sessions (Post-AS II). Table 6, in the previous section, showed that the treatment AS scores were significantly different from the control AS scores. Table 9 indicates the number of Ss in each group who reached the criterion response of handling the feared object. Twenty-one Ss out of a total of 40 reached the final goal of handling the snake. Sixteen Ss out of the total of 21 that reached the criterion were in the treatment groups--5 in the AO group, 6 in the AOE group, and 5 in the EG group. The remaining five Ss who reached the criterion were in the control groups--3 in the NAO group and 2 in the NI group. This difference between the treatment and control groups is significant ($\chi^2 = 6.3$; $p < .02$).

In summary, the study found that the operant technique was effective in eliminating the avoidance responses to the snake. Further, the operant technique proved

particularly effective if it was combined with pre-therapy information.

Analysis of Self-Reported Anxiety Measures Post-Information (Post-FT I) and Post-Therapy (Post-FT II) Fear Thermometer:

The FT was obtained at three points in the experimental procedure--pre-information, and post-information and post-therapy. Difference scores were obtained (pre- and post-FT I and pre- and post-FT II) and subjected to the same analysis as those measures mentioned in the previous sections (ANOVA for a Randomized Blocks Design).

Table 10 presents the ANOVA summary table for Post-FT I. It is apparent from this table that the groups did not differ significantly on this measure. Also, the orthogonal comparisons for all of the groups' means were not significant. Table 11 presents these data.

Table 12 shows the ANOVA summary table for Post-FT II. This table shows that the groups did not differ significantly on the F-test. However, the orthogonal comparison of the treatment groups' means vs. the control groups' means show them to differ significantly. Table 13 presents these data. Further analysis of these data revealed that the treatment groups' means were significantly lower than the control groups' means indicating a significant reduction in reported fear when confronted with the feared object

TABLE 10
ANOVA SUMMARY TABLE FOR POST-FT I

Source	Sum of Squares	df	MS	F
Treatments	54.000	4	13.500	1.618*
Blocks	42.775	7	6.110	
Residual	233.600	28	8.342	
Total	330.375	39		

* $\underline{p} > .05$.

TABLE 11
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE POST-FT I

	NI	AOE	AO-AOE-EG
NAO	.000		
NI-NAO			-1.564
AO-EG		1.849	

* $\underline{p} > .05.$

TABLE 12
ANOVA SUMMARY TABLE FOR THE POST-FT II

Source	Sum of Squares	df	MS	F
Treatments	23.650	4	5.192	1.294*
Blocks	52.800	7	7.542	
Residual	127.950	28	4.569	
Total	204.350	39		

*p > .05.

TABLE 13
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE POST-FT II

	NI	AOE	AO-AOE-EG
NAO	.819		
NI-NAO			-2.084*
AO-EG		.203	

* $\underline{p} < .05$.

as a function of treatment conditions. Table 13 also shows the other orthogonal comparisons which proved not to be statistically significant.

In summary, the treatment groups did not show a significant change before and after pre-therapy information in reduction of reported fear, but did show this change when measured before and after the therapy sessions.

Pre-Information and Post-Therapy State-Trait Anxiety Inventory (STAI)

The STAI was obtained at two points in the experimental procedure--pre-information and post-therapy. Difference scores were obtained (pre and post) for both state and trait anxiety, and these data were subjected to the same analysis as above.

Tables 14 and 15 present the ANOVA summary tables for trait and state anxiety measures respectively. It is apparent from these tables that the groups did not differ significantly on these two anxiety measures. The orthogonal comparisons (Tables 16 & 17) revealed the same results.

In summary, the groups did not differ regarding pre and post changes in state and trait anxiety.

Pre-Information and Post-Therapy Changes in SN-Item 39 (Fear of Snakes)

The SN measure was obtained at two points in the

TABLE 14
ANOVA SUMMARY TABLE FOR THE STAI-TRAIT SCALE

Source	Sum of Squares	df	MS	F
Treatments	271.600	4	67.900	1.717*
Blocks	428.800	7	61.257	
Residual	1107.200	28	39.542	
Total	1807.600	39		

*p > .05.

TABLE 15
ANOVA SUMMARY TABLE FOR THE STAI-STATE SCALE

Source	Sum of Squares	df	MS	F
Treatments	490.850	4	122.712	0.622*
Blocks	515.900	7	73.700	
Residual	5522.350	28	197.226	
Total	6529.100	39		

*p > .05.

TABLE 16
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE STAI-TRAIT SCALE

	NI	AOE	AO-AOE-EG
NAO	-.596		
NI-NAO			-.647
AO-EG		.138	

* $\underline{p} > .05.$

TABLE 17
ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
GROUPS ON THE STAI-STATE SCALE

	NI	AOE	AO-AOE-EG
NAO	-.089		
NI-NAO			-.538
AO-EG		.709	

* $\underline{p} > .05.$

experimental procedure--before the information was administered and after therapy. Comparisons were made for all groups at these two points for SN. Table 18 shows the ANOVA summary table for the pre-information and post-therapy difference scores for SN. It is apparent from Table 18 that the groups did not differ significantly on this measure. In summary, this finding indicates that there were no differences found between the groups in pre and post changes in reported fear of snakes. Further, none of the orthogonal comparisons (Table 19) were significant.

Analysis of the Fear Survey Schedule II (FSS-II)

The FSS-II was obtained at two points in the experimental procedure--pre-information and post-therapy. Difference scores, pre and post, were obtained and analyzed for each of the following factor scores: " Injury, Death and Illness, Interpersonal Events, Discrete Objects, and Water. Tables 20, 21, 22, 23, and 24 present the ANOVA summary tables for these comparisons. It is apparent from these tables that none of the groups differed regarding pre and post changes in any of the factor scores. Orthogonal comparisons (Tables 25 to 29) revealed the same results.

In summary, the groups did not differ regarding changes in factor scores from the pre-information to the post-therapy testing sessions.

TABLE 18
ANOVA SUMMARY TABLE FOR THE ITEM 39 (SN)

Source	Sum of Squares	df	MS	F
Treatments	8.600	4	2.150	1.180*
Blocks	5.375	7	0.767	
Residual	51.000	28	1.821	
Total	64.975	39		

* $p > .05$.

TABLE 19
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE FSS-II: ITEM 39

	NI	AOE	AO-AOE-EG
NAO	.927		
NI-NAO			-.622
AO-EG		-.214	

* $\underline{p} > .05.$

TABLE 20
ANOVA SUMMARY TABLE FOR THE FSS-II: INJURY

Source	Sum of Squares	df	MS	F
Treatments	220.150	4	55.037	2.323*
Blocks	208.300	7	29.757	
Residual	663.450	28	23.694	
Total	1091.900	39		

* $\underline{p} > .05.$

TABLE 21
ANOVA SUMMARY TABLE FOR THE FSS-II:
DEATH AND ILLNESS

Source	Sum of Squares	df	MS	F
Treatments	268.600	4	67.150	0.926*
Blocks	451.975	7	64.567	
Residual	2029.400	28	72.478	
Total	2749.975	39		

* $\underline{p} > .05.$

TABLE 22
ANOVA SUMMARY TABLE FOR THE FSS-II;
INTERPERSONAL EVENTS

Source	Sum of Squares	df	MS	F
Treatments	169.100	4	42.275	0.481*
Blocks	276.575	7	39.510	
Residual	2463.300	28	87.975	
Total	2908.975	39		

* $p \geq .05$.

TABLE 23
ANOVA SUMMARY TABLE FOR THE FSS-II:
DISCRETE OBJECTS

Source	Sum of Squares	df	MS	F
Treatments	292.150	4	73.037	1.462*
Blocks	151.200	7	21.600	
Residual	1399.050	28	49.966	
Total	1842.400	39		

* $\underline{p} > .05.$

TABLE 24
ANOVA SUMMARY TABLE FOR THE FSS-II: WATER

Source	Sum of Squares	df	MS	F
Treatments	22.650	4	5.662	0.823*
Blocks	54.700	7	7.814	
Residual	192.550	28	6.876	
Total	269.900	39		

* $\underline{p} > .05$.

TABLE 25
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE FSS-II: INJURY

	NI	AOE	AO-AOE-EG
NAO	.976		
NI-NAO			-1.976
AO-EG		1.839	

* $\underline{P} > .05.$

TABLE 26
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE FSS-II: DEATH AND ILLNESS

	NI	AOE	AO-AOE-EG
NAO	1.234		
NI-NAO			-1.228
AO-EG		.814	

* $\underline{p} > .05.$

TABLE 27
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL
 GROUPS ON THE FSS-II: INTERPERSONAL EVENTS

	NI	AOE	AO-AOE-EG
NAO	.640		
NI-NAO			-.977
AO-EG		-.031	

* $\underline{p} > .05.$

TABLE 28
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL GROUPS
 ON THE FSS-II: DISCRETE OBJECTS

	NI	AOE	AO-AOE-EG
NAO	1.096		
NI-NAO			-1.288
AO-EG		.674	

*p > .05.

TABLE 29
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL GROUPS
 ON THE FSS-II: WATER

	NI	AOE	AO-AOE-EG
NAO	.858		
NI-NAO			-1.452
AO-EG		.605	

*
 $\underline{p} > .05.$

Analysis of the Client's Perception of the Therapist (CPT)

The CPT was obtained at one point in the experimental procedure--post-therapy. Ss were asked to evaluate their regular ward therapist and E_2 on the CPT. Difference scores were obtained and analyzed for each of the following factor scores: Understanding, Accepting, Authoritarian, independence--Encouraging and Critical--Hostile. The difference scores for each factor indicate the difference between the client's perception of his regular ward therapist and his perception of the operant therapist (E_2). Tables 30, 31, 32, 33, and 34 show the ANOVA summary tables for these comparisons. The tables show that none of the groups differed regarding any of the factors. Orthogonal comparisons were not significant (Tables 35 to 39).

In summary, the groups did not differ significantly regarding the difference in their perceptions of the two therapists.

Analysis of the MACC Behavioral Adjustment Scale

The MACC was obtained at two points in the experimental procedure--pre-information and post-therapy. The unreliable nature of the data collection procedure--by Ward nurses on different units and at different times--invalidates any definitive conclusions that can be made on the basis of this measure. In addition, the data were not conducive to

TABLE 30
ANOVA SUMMARY TABLE FOR THE CPT: UNDERSTANDING

Source	Sum of Squares	df	MS	F
Treatments	146.750	4	36.687	1.239*
Blocks	513.375	7	73.339	
Residual	829.250	28	29.616	
Total	1489.375	39		

* $\underline{p} > .05$.

TABLE 31
ANOVA SUMMARY TABLE FOR THE CPT: ACCEPTING

Source	Sum of Squares	df	MS	F
Treatments	377.900	4	94.475	1.518*
Blocks	745.375	7	106.482	
Residual	1742.500	28	62.232	
Total	2865.775	39		

* $\underline{p} > .05$.

TABLE 32
ANOVA SUMMARY TABLE FOR THE CPT: AUTHORITARIAN

Source	Sum of Squares	df	MF	F
Treatments	152.500	4	38.125	1.503*
Blocks	417.200	7	59.600	
Residual	710.300	28	25.367	
Total	1280.000	39		

* $\underline{p} > .05$.

TABLE 33
ANOVA SUMMARY TABLE FOR THE CPT:
INDEPENDENCE-ENCOURAGING

Source	Sum of Squares	df	MS	F
Treatments	3.150	4	0.787	0.049*
Blocks	98.775	7	14.110	
Residual	446.850	28	15.958	
Total	548.775	39		

* $\underline{p} > .05.$

TABLE 34
ANOVA SUMMARY TABLE FOR THE CPT:
CRITICAL-HOSTILE

Source	Sum of Squares	df	MS	F
Treatments	14.600	4	3.650	0.386*
Blocks	50.000	7	7.142	
Residual	265.000	28	9.464	
Total	329.600	39		

*p > .05.

TABLE 35

ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL GROUPS
ON THE CPT: UNDERSTANDING

	NI	AOE	AO-AOE-EG
NAO	.927		
NI-NAO			-.622
AO-EG		-.214	

* $\underline{p} > .05.$

TABLE 36
 ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL GROUPS
 ON THE CPT: ACCEPTING

	NI	AOE	AO-AOE-EG
NAO	-.046		
NI-NAO			-1.245
AO-EG		.716	

* $\underline{p} > .05.$

TABLE 37

ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL GROUPS
ON THE CPT: AUTHORITARIAN

	NI	AOE	AO-AOE-EG
NAO	1.078		
NI-NAO			.622
AO-EG		-.128	

* $\underline{p} > .05.$

TABLE 38

ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL GROUPS
ON THE CPT: INDEPENDENCE-ENCOURAGING

	NI	AOE	AO-AOE-EG
NAO	-.298		
NI-NAO			-.256
AO-EG		2.379	

* $p > .05$.

TABLE 39

ORTHOGONAL COMPARISONS BETWEEN MEANS FOR ALL GROUPS
ON THE CPT: CRITICAL-HOSTILE

	NI	AOE	AO-AOE-EG
NAO	-.250		
NI-NAO			-.259
AO-EG		-.072	

* $\underline{p} > .05.$

statistical analysis. At most, a very general statement can be made about the difference, pre and post, between the groups regarding ward adjustment. The groups, in fact, did not appear to differ in this respect.

DISCUSSION

The findings of the present study support the hypothesis that pre-therapy information is effective in significantly improving the results of subsequent treatment. Pre-therapy information was found to have a variety of effects on the response goal used in this study, the handling of a harmless snake. The effects can be summarized as follows: (1) the Ss who received pre-therapy information were able to get closer to the snake than those who did not receive this information even before the therapy sessions were initiated; (2) the type of pre-therapy information that was effective in producing early behavioral changes in the Ss was relevant (descriptive and theoretical) information rather than irrelevant information or no information; (3) the combination of pre-therapy information and operant therapy was more effective in producing the desired response, handling the snake, than operant therapy with irrelevant information or no information; (4) verbally reported anxiety in the fear-evoking situation was reduced to a greater extent in those Ss who received relevant pre-therapy information than in Ss who did not receive this information; (5) the measures collected outside of the fear-evoking situation--state and trait anxiety, fear survey, and the client's perception of the therapist--were not differentially

effected by pre-therapy information; and, (6) pre-therapy information did not facilitate the rate of learning during the operant therapy situation.

Post-Information and Post-Therapy Approach Responses to the Snake (Post-AS I and Post-AS II)

Post-AS I. The present study found that pre-therapy information of a descriptive and theoretical nature can produce desired behavioral changes even before therapy is initiated. The approach measure collected after the administration of pre-therapy information demonstrated rather clearly that all three experimental treatments significantly reduced anxiety even before the exposure to the operant therapy situation. Ten Ss (9 in the treatment groups) were able to touch the snake at this point and many were able to approach the snake to a greater extent than at the pre-testing session. This was not a major prediction of the study and came as a very interesting surprise to the investigator.

The finding discussed above becomes less surprising, however, when viewed in the context of the literature on expectation theory. Frank, Nash, Stone, and Imber (1963), in their study on the potentiation and activation of the patient's expectancies, have maintained that many psychiatric patients show marked relief of discomfort even within

an hour after receiving a placebo (a pill presented as a new medication not yet on the market but found to help others with complaints similar to the patient's). These investigators have found that the degree of relief does not increase by receiving the placebo for the subsequent week. This is consistent with their hypothesis that "the diminution of discomfort is a response to the patient's expectation of help, which presumably is often strongly activated early in his contact with the doctor." Also, Efran and Marcia (1967) have been successful in treating certain fears (e.g., spiders and snakes) by expectancy manipulation alone with no bona fide treatment.

A major regularity shown by these studies is that, regardless of the criterion used, considerably more patients report improvement than worsening during their association with a help-giving institution. The present study supports this finding. It seems as if all patients coming to a psychotherapy situation have some expectancies regarding their role, the psychotherapist's role, etc.; that is, in the words of Orne and Wender (1968), they all have had some "anticipatory socialization." The differences between patients regarding the degree of anticipatory socialization may account for a great deal of the variance in their response to treatment. The present study, by providing

specific expectancies for the Ss in the treatment groups, utilized to the fullest extent the therapeutic effect of their association with a potentially helpful institution. The Ss who were not provided with information or those that were provided with irrelevant information were allowed to think to themselves in a non-constructive manner with a myriad of associations and expectancies. Consequently, they did not profit from good "expectancy therapy." Farber's (1963) statement is relevant to this position: ". . . The one thing psychologists can count on is that their subjects or clients will talk, if only to themselves. And, not infrequently whether relevant or irrelevant, the things people say to themselves determine the rest of the things they do." Dulaney (1962) put it adeptly when he stated "that a human subject does what he thinks he is supposed to do if he wants to. . . ." Something goes on "in the head" of the subject that occurs apart from and, in this case, before the therapy process. In addition, this mediational process can manifest itself in behavioral changes. The Ss in this study apparently did "talk to themselves" and the things they said were important in changing their behavior. Those who were provided with relevant things to say profited in terms of therapy outcome.

The preparation that facilitated these early changes in behavior was a particular type of pre-therapy experience.

Information that was irrelevant to the operant therapy situation was not as effective in producing the behavioral changes as relevant information. This was evidenced by the relative ineffectiveness of the Non-Advance Organizer group (NAO) in changing the Ss' approach responses to the feared object. The Non-Advance Organizer group (NAO) had a programmed learning experience with material that was irrelevant to the anticipated therapy sessions. The information consisted primarily of training in human relations. The Advance Organizer (AO), Expectation (EG) and Advance Organizer-Expectation (AOE) groups, on the other hand, were provided with programmed learning situations involving descriptive and theoretical information that was relevant to the anticipated therapy sessions.

The combination of descriptive and theoretical information (AOE Group) did not enhance the effect that each one produced individually. This finding failed to support a major prediction of the study. It was felt that the presentation of descriptive and theoretical pre-therapy information together would have a greater facilitating effect on therapy than each one presented separately. The prediction was based on the assumption that theoretical (advance organizer) and descriptive (expectation) information were providing different and more differentiated kinds

of preparatory experiences, hence, arousing different cognitive structures in the Ss. The failure to support this prediction lends support, then, to the contention that the two types of information, theoretical and descriptive, were not arousing different cognitive structures but were essentially providing the same kind of pre-therapy preparation.

Presumably, the Advance Organizer (AO) group was not presented with descriptive material in the programmed learning situation, and should not have aroused the S's expectations about the future therapy sessions. Further analysis of the programmed learning material on reinforcement theory (Appendix I), however, reveals that there may have been an expectational quality to this learning experience. Ss were presented with short vignettes that simulated real life situations where reinforcement theory was effective in changing behavior. Apparently, the material aroused positive expectations in the Ss of a subtle quality. These expectations were effective enough to facilitate performance in the Fear-evoking situation. In summary, it is suggested here that the effectiveness of the advanced organizer in preparing Ss for therapy was due to the arousal of appropriate expectations for therapy.

In view of the aforementioned expectational quality of the advance organizer, the distinction between descriptive and theoretical information for purposes of preparing

patients for psychotherapy may be a dubious one. It would appear that information, in order to facilitate early changes in the therapy enterprise, should arouse specific expectations in the patient. Additional information (Eg. theoretical, etc.), may then, be superfluous in preparing patients for psychotherapy.

The expectational information provided to Ss in this study was limited to specifying patient-therapist roles in the operant therapy situation (participant role expectancies). The Ss in the expectation groups were informed about the responses necessary to reach the desired goal, handling the snake, and the therapist's role in facilitating these behavioral responses. The manipulation of this expectancy in patients (participant role expectancies) via the provision of pre-therapy information seems to be a desirable first step in the therapy process. The efficacy of structuring other expectancies (patient prognostic expectancies, therapist prognostic expectancies, therapy duration expectancies and placebo effects) must be determined by future research in this area.

Post-AS II. The approach measure collected after the therapy sessions demonstrated that operant therapy in combination with relevant pre-therapy information was significantly more effective in producing approach responses

to the feared object than operant therapy with irrelevant information or no information. The finding supported a major prediction of the study that relevant pre-therapy information would facilitate the response goal in therapy, in this case, to get the Ss closer to the feared object.

The facilitating effect of pre-therapy information on therapeutic outcome has been suggested by other investigators. Hoehn-Saric, et al., (1964) and Nash, et al., (1965) have reported this finding with traditional therapy situations. The rationale for conducting the present study, however, was based on the notion that these studies were methodologically unsound and that their conclusions, at best, required further support from a more touch-minded approach to the problem. The present study has provided a necessary follow-up to these studies. It supports the contention that pre-therapy information has a facilitating effect on process and outcome in therapy.

The factors differentiating the operant therapy situation from traditional therapy are numerous. The therapist and patient in this study were restricted to a small range of responses that were appropriate for the operant therapy situation. Traditional therapeutic approaches, on the other hand, deal with a wider range of responses from both the therapist and the patient. The difficulties in

generalizing, then, from one situation to another, regarding the efficacy of pre-therapy information, are impressive and easily recognized. During therapy of any kind, however, the patient depends on the therapist for the rules of the psychotherapeutic interaction. In most instances, these rules are relayed to the patient in a very ambiguous fashion. The results of the present study generally support the proposition that learning in psychotherapy is attenuated by the unstructured nature of communicating the "rules of the game" to the patient. Specifically, when ambiguity with regard to the purpose of the therapeutic task is decreased, greater learning is obtained.

In summary, the lack of structure in psychotherapy can be regarded as a serious handicap to efficiency. The varied problems encountered by a therapist at the initial stages of the therapist-patient relationship--the patient's failure to understand his own problems, his initial lack of trust in the therapist, his resistance to change, and his resistance to manipulation--all represent retarding conditions to new learning. These conditions may be prolonged by the ambiguity of the dyadic relationship. The activation of specific expectancies in the patient may result in the early breakdown of resistance to change and lead to a fruitful psychotherapeutic enterprise.

Conclusions. The findings discussed above were based on the changes in approach behavior to the feared object. The study failed to differentiate systematic attempts to prepare patients for psychotherapy. Theoretical and descriptive information provided the same pre-therapy experience for the Ss in this study. The arousal of the patient's expectations was suggested as the important factor in producing the early changes in approach behavior.

The present study provided support for the contention that relevant pre-therapy information has a catalytic effect on subsequent therapy. The systematization of this important phase of the therapeutic process--pre-therapy preparation--should motivate therapists to employ the patient as an active participant in the helping process. Future research in this area should focus on the exploration of this variable in more complex therapeutic situations. However, it behooves researchers to consider the methodological controls used in the present study with regard to their applicability to more complex therapeutic environments.

A possible future direction in the psychology of behavior change appears to be in systematically enhancing the therapy process by the modification of patient knowledge prior to treatment.

Measures Collected in the Fear-Evoking Situation

In addition to the approach responses discussed above, several other measures were collected with the Ss confronting the snake. Verbal ratings of anxiety were taken after the administration of pre-therapy information (FT-I) and after the therapy sessions (FT-II). The measure of learning ($\frac{\text{tokens}}{\text{seconds}}$) was collected during the operant therapy sessions.

Fear Thermometer (FT-I and FT-II). The groups did not differ significantly in their post-information (FT-I) fear thermometer ratings. Although differences in behavioral responses towards the feared object were evident at this point (Post AS-I), verbal reports of fear were essentially the same for all groups.

The study found, however, that the groups differed significantly on their post-therapy (FT-II) fear thermometer ratings. The Ss' verbal reports of fear at this point indicated that the treatment groups (AO, EG, and AOE) had significantly lower ratings than the control groups (NI and NAO). That is, the treatment groups reported significantly less fear than the control groups when confronted with the feared object. The findings suggest, then, that pre-therapy information is not differentially effective in diminishing verbal reports of fear, and that pre-therapy information must be combined with therapy in order for this effect to take place.

The change in verbally reported fear from one point in a study to another has been found by other investigators using the fear thermometer (FT). Lang and Lazovik (1963) distinguish between two dimensions of anxiety--verbal report of anxiety and the overt response generated by anxiety. They report, "initial changes in phobic behavior seem to occur in either one dimension or the other, rather than in both simultaneously. Most frequently subjective report lags behind overt behavior." Cooke (1966) reports, however, that overt behavior lags behind subjective report. Harrell (1968) partially supports Cooke's contention. The present study, on the other hand, supports Lang and Lazovik's contention. Although behavioral changes occurred after exposure to pre-therapy information, verbal reports of anxiety did not coincide with the behavioral changes. The lag in verbal reporting of fear was eliminated, however, at the post-therapy testing session.

Rate of Learning vs. Amount of Learning. Although the Ss differed regarding the amount of learning taking place (Post-AS I and Post-AS II), the present study has found that pre-therapy information had no effect on the rate of learning in therapy. The findings failed to support a major prediction of the study that pre-therapy information would facilitate the rate of learning in an

operant situation. Apparently, relevant information presented before therapy has an effect on the amount of learning that takes place (higher approach responses) but fails to have an effect on the rate of this learning. That is, non-prepared Ss learned less than prepared Ss, but they learned this smaller amount at the same rate as prepared Ss. This finding may be explained, however, on the basis of the peculiar nature of the learning situation. The treatment groups took more steps in the direction of handling the snake (Post AS I and Post AS II) and, consequently, earned more tokens than the control groups. Due to the situation explained above, the treatment Ss remained longer in the therapy sessions and accumulated, in addition to a greater number of tokens, a greater number of seconds. Consequently, the token/second ratio was effected. In light of this fact, the finding that there were no significant differences between the group in the rate of learning the criterion response does not minimize the effect of pre-therapy information on learning.

Conclusions. With the exception of the token/second ratio, the measures collected within the fear-evoking situation were differentially effected by pre-therapy information. The Ss in the relevant information groups (AO, EG, and NOE), in addition to touching and handling the

snake, reported lower anxiety ratings in the fear-evoking situation than Ss in the control groups.

Measures Collected Outside of the Fear-Evoking Situation

Pre-therapy information failed to differentially effect measures collected outside of the fear-evoking situation. The State-Trait Anxiety Inventory, based on the distinction between general anxiety (Trait) and situational anxiety (State), was responded to in the same manner by Ss in all groups regardless of differences in pre-therapy preparation. However, a significant pre and post difference in State anxiety was found ($t = 4.09$; $p < .005$) for all Ss. Ss reported a significant reduction in State anxiety as a result of operant therapy. Pre and post changes in Trait anxiety failed to reach significant ($t = .979$; $p > .05$). These findings support Spielberger's distinction between State and Trait anxiety; that is, one would expect situational anxiety to change as a result of the operant therapy intervention but would predict that general mood should remain stable.

Factor scores on the Fear-Survey Schedule II (FSS-II)--Injury, Death and Illness, Interpersonal Events, Discrete Objects, and Water--were not effected by the differences between Ss in pre-therapy experiences. Even FSS-II Item 39, fear of snakes, was not effected by

pre-therapy information. Analysis of the pre and post changes in Item 39 for all Ss, however, revealed significant changes in Item 39. Ss reported a significant decline in their reported fear of snakes ($t = 3.9$; $p < .01$).

The various dimensions of the Client's Perception of Therapist (CPT) scale--Understanding, Accepting, Authoritarian, Independence-Encouraging, and Critical-Hostile--were not differentially effected by pre-therapy information. The Ss' perception of the difference between the regular ward therapist and E₂ was the same for all groups on the five dimensions of the scale.

The findings discussed above point to the conclusion that pre-therapy information had very little effect on measures collected outside of the fear-evoking situation. The evaluation of extra-situational measures was based on two hypotheses: (1) that specific discriminations learned in the operant therapy situation (Eg--good behavior is rewarded) would generalize or transfer to outside situations, and (2) that analysis of these extra-learning variables in an operant setting would provide a background from which to evaluate these variables in other settings. The findings of the present study fail to provide support for these hypotheses. In view of the specificity of the pre-therapy information and the circumscribed nature of the operant therapy setting, it is not surprising that information

effected only those measures that were directly related to the fear-evoking situation (Post-AS I, Post-AS II and FT-II).

Conclusions. The specific nature of the effect of pre-therapy information has important implications for future research contributions in this area. Researchers dealing with complex pathological behaviors must explore a wide range of preparatory information in order to avoid the problems encountered by the present study. The restricted range of therapist-patient behaviors explored in this study limited the transfer of learning to other situations. In addition, the evaluation of extra-learning variables could not be generalized to other therapy sessions. Methodologically hard-nosed approaches to complex therapy situations are sorely needed in this area.

CONCLUSIONS

The study found that pre-therapy information has a facilitating effect on learning in an operant therapy situation. The nature of this effect was found to have the following characteristics: (1) the therapeutic effects occur very soon after exposure to the information, probably due to the structuring of expectations for the patient; (2) the combination of relevant pre-therapy information and the therapeutic technique facilitates therapy outcome to a greater extent than therapy without this information; (3) pre-therapy information is very specific in its effects, that is, the changes are restricted primarily to the measures collected within the fear-evoking situation, specifically approach responses to the feared object and verbally reported anxiety; (4) descriptive and theoretical information are equally effective in producing the behavioral changes, probably due to the expectational quality of both types of information; and (5) pre-therapy information does not facilitate the rate of learning that occurs in the operant therapy situation.

The findings of this study should be of concern to both practitioners and researchers in psychotherapy. The generalization of these findings to therapy situations of a more global nature must be executed cautiously. The

present study utilized, for methodological advantages, a very restricted therapy technique with a restricted behavioral problem. Future studies must explore the effects of more global preparatory materials on the more complex problems that the clinician is confronted with on a daily basis.

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APPENDICES

APPENDIX I
PRE-THERAPY INFORMATION

GENERAL INSTRUCTIONS FOR ALL TREATMENT GROUPS

This is the first of a series of three sessions designed to prepare you for your future treatment program. The treatment program is set up in order to eliminate your fear of rats. We feel that this preparatory material that you are going to learn during these three sessions will help you benefit more from the treatment program. The three sessions will vary in length because some people learn faster than others. If you finish before the time is up, you should continue going over the material until time is called. Time will be called when the material is completed by all members of the group. However, there will be a maximum time limit of two hours per session.

INSTRUCTIONS FOR THE EXPECTATION GROUP (EG)

The passage that you are about to read is designed to explain to you what is going to take place during the therapy sessions. It will describe your expected behavior and the therapist's expected behavior during the therapy sessions. Each of these three pre-therapy sessions will last approximately one hour. You will be given thirty minutes to read and study the passage. After you have done this, you can ask questions regarding the passage. Only questions that are relevant to the passage will be answered. The session will end when the group stops asking questions.

EXPECTATION GROUP

The treatment that you are to receive to modify your fear of snakes is based upon a firm scientific foundation. The treatment, based upon a principle of behavior called the "law of effect," involves bringing you close to the anxiety provoking object (the snake). It is felt that one of the best ways to get someone to overcome their fears is to reward them in the presence of the feared object. Rewards will take the form of poker chips. A \$5.00 prize will be awarded to the individual who has accumulated the most chips at the termination of the sessions.

There will be three sessions in connection with your treatment. You will be brought closer to the snake in graduated steps spread throughout the three sessions. You will be rewarded for successful completion of each step by being given poker chips that can be applied toward the \$5.00 prize. The faster you complete each step, the more chips you will earn. If you complete a step within ten seconds, you will receive three chips, within twenty seconds you will receive two chips, and successful completion of a step after twenty seconds will earn you one chip.

The individual giving out the chips is your therapist for this particular therapy situation--the elimination of the fear. He will be as friendly as possible and will give

you words of encouragement--"good," "that is excellent," etc.--in addition to the poker chips as additional rewards for the successful completion of each step. This will be the therapist's primary involvement in the therapy situation; that is, he will be a dispenser of rewards and encouragement. He will not ask you questions about your past history in general, or any events that led up to the development of your fear of snakes. The emphasis will be entirely upon the present situation. However, your social interactions during the session are welcomed and your therapist will respond to these cordially.

There are fifteen separate steps or stages to the treatment. Each step will be repeated three times. You will be rewarded for each time a step is successfully repeated. Each day we will attempt only a few of the steps. We will begin each following session by repeating the last step accomplished in the prior session. Before each step the therapist will explain to you exactly what is required for successful completion of that step.

INSTRUCTIONS FOR THE ADVANCE ORGANIZER GROUP (AO)⁴

HOW TO USE THIS BOOK

The book is written in the form of programmed instruction. This is a special kind of writing that makes it easier for the reader to learn. All of the main ideas in the book have been broken down into small units or items. You are asked to respond actively to these items, rather than merely read them. For each of these units you will write an answer. You will be able to check each answer immediately with the one provided in the book.

This is not a test. It is a most efficient way for you to learn the main outlines of a social learning process. The questions are planned to encourage you to supply the right answer, because making correct responses helps you learn and remember.

Read each statement carefully. Write what you think belongs in the blank space in the book. The words at the right on each page are our suggested answers to each of the items. Use a strip of paper to cover the answers until you have written your own response. (Try not to peek at the next answer!) Then compare it with the one provided in the book. If your response is different, think about the difference in meaning. Do not erase, but write the suggested response beneath yours. They may mean the same thing. Then continue with the next item.

The book is divided into three parts: Part I - Chapter 1, Social Learning and Chapter 2, What Are Reinforcers?; Part II - Chapter 3, How Can We Use Reinforcers? and Chapter 4, Social and Non-social Reinforcers; and, Part III - Chapter 5, Avoidance Behavior and Chapter 6, Accidental Training. You will complete one part per session. Completion of each part of the book will mean that you can go through all of the questions without missing more than two question on each part.

CHAPTER I. SOCIAL LEARNING

1. Most of what we see other people doing represents something they have learned. Talking, dressing, playing, and working at tasks are all things that are learned. It is also true that whining, fighting, or temper tantrums are_____.	learned
2. By the time we are adults, we have learned an enormous number of things. We learn how to talk with our friends about the weather, politics, and the price of furniture. Throughout our lives, we are constantly_____ how to respond to other people.	learning
3. People, whether they realize it or not, are teaching each other all the time. They <u>change</u> each other. Psychologists use the term "social learning" to describe the ways people <u>te</u> _____ or <u>ch</u> _____ each other.	teach change
4. Scolding and spanking are things that most parents learn to do at one time or another. It is also true that kissing, praising, and hugging are things that parents _____ to do.	learn
5. Social learning is what we learn by associating with people. A social learning approach would suggest that if a child has been taught to misbehave, he can also be taught to _____.	behave

CHAPTER 2. WHAT ARE REINFORCERS?

1. One of the most important things involved in this kind of learning is something that parents have known for thousands of years, but it has seldom	reward
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Chapter 2. What Are Reinforcers? (Continued)

<p>been used very well. This first, simple idea involves the use of rewards or positive reinforcers. As we use the words here, a reinforcer and a _____ are about the same thing.</p>	
<p>2. Giving a child a quarter as soon as he finishes mowing the lawn would be an example of using a _____.</p>	<p>reward or reinforcer</p>
<p>3. If you gave him a piece of cake as soon as he cleaned his room, the _____ would be a positive reinforcer.</p>	<p>cake</p>
<p>4. When you are talking, your friends reinforce you by being good listeners. In this case, their _____ is a positive reinforcer.</p>	<p>listening</p>
<p>5. If they stopped listening to you, you would probably _____ talking or change the subject. If they did this to you very often, you would probably find new friends.</p>	<p>stop</p>
<p>6. It is the people who provide a great deal of positive reinforcement for us that we generally choose as _____.</p>	<p>friends</p>
<p>7. Each friend teaches you what to talk to him about. He does this by being interested in only some of the things you talk about and not in others. If you talk about something that interests him, he listens closely; otherwise he becomes bored. His listening is a powerful _____ for your talking about that particular topic.</p>	<p>reinforcer</p>
<p>8. Behavior that is followed by a positive reinforcer will occur more frequently in the future. If Karl's mother praised him each time he put his toys away, it is more likely that Karl will put his _____ in the future.</p>	<p>toys away</p>

Chapter 2. What Are Reinforcers? (Continued)

9. Mother's reinforcement just this <u>one time</u> does not make it certain that Karl is going to put his toys away the next time. To "really" teach him to put away the toys, his mother would have to remember to reinforce him for this action _____ times.	many
10. You wish your daughter would hang up her coat as soon as she takes it off. You can begin teaching her by first telling her to hang up her coat and then giving her a positive _____ when she does it.	reinforcer
11. There are many rewards you could use in such a situation that would strengthen the behaviors you want. For example, you could simply smile and say, "Thank you." Or you could give her a hug, or a piece of candy. All of these are positive _____ that you can use to teach your child.	reinforcers
12. To teach a person to respond in a desired way, we give him positive reinforcement for the desired _____.	response or action
13. If mother reinforces both Peggy and Dad by telling them she likes or appreciates their hanging up their coats, then they both will probably _____ their coats more often in the future.	hang up
14. The difficult thing is to be consistent and continue reinforcing the desired behaviors. For example, it is hard to remember to tell your child (or husband) that you appreciate his hanging up his coat. The problem is that most of us tend to take desirable behavior for granted rather than remembering to _____ it.	reinforce

Chapter 2. What Are Reinforcers? (Continued)

15. If a response isn't reinforced once in a while even after it is learned, it is likely to weaken. Positive reinforcers are necessary not only to teach a person new behaviors but also to keep the _____ he has learned.	behaviors or responses
16. When an infant cries and is picked up, he is being taught to cry. The reinforcer for his crying was _____.	picking him up
17. While sitting at the table, one of the children begins to laugh when the baby smears potatoes all over his face. The child then puts more potatoes on his face and also some on the child sitting next to him. Now everybody is accidentally _____ the baby for being messy.	reinforcing
18. These examples of a baby crying and a young child smearing food are not anything that is terribly serious. They are, however, examples of how normal families accidentally teach _____ behaviors to children.	undesirable
19. Sometimes it is very difficult <u>not</u> to reinforce undesirable behaviors. In the morning you are in a hurry to get Johnny to school. He can't find his clothes. He doesn't button his shirt properly. Even though he is old enough to dress himself, you are really in a hurry that morning, so you help him to get ready. In doing so, you are reinforcing _____ behavior--in this case, "Helplessness."	undesirable
20. In this case, the reinforcer was your help and attention. If you did this many times, you would be strengthening Johnny's _____ behavior.	helpless or dependent

Chapter 2. What Are Reinforcers? (Continued)

21. You may have the same kind of problem when getting your family ready to go on a trip. In order to have everybody all set to leave on time, you end up doing everything for everyone. You are making it very probable that on the next trip you will have to work even _____ to get everybody ready.	harder
22. You don't want your family to be so helpless, but you may have actually _____ them for being that way.	reinforced
23. To change a situation like this one, or Johnny's, you might (for example) pick a time when you do not have a schedule to meet and announce, "Today you get dressed all by yourself. As soon as you are dressed, you can go outside (or turn on TV)." In this way, the child is being reinforced for _____ behaviors.	desirable
24. Although crying, smearing, and helplessness are not very serious, they raise the question: "How can you weaken these behaviors once they get started?" Parents frequently try spanking a child when he smears, cries, or dawdles. Spanking may work. However, there is a simpler way. In the example of the child who smeared potatoes, his family should not _____ the undesirable behavior.	reinforce or
laugh at
25. If a response is never reinforced, it will be weakened. If a young child worked very hard on his studies and no one ever commented or noticed his efforts, then it is very likely that this behavior would be _____.	weakened

Chapter 2. What Are Reinforcers? (Continued)

26. If all the family stopped laughing at the baby when he smeared food, the action would eventually _____.	weaken
27. Each morning on your way to work you see an elderly man working in his garden. You say, "Good morning." He never looks up or says anything to you. After several days of this you would probably _____ speaking to him every morning.	stop
28. Every morning Mr. Brown reads the paper while he eats breakfast. He doesn't talk while he is reading the paper. Everyone in the family learns not to talk to him at that time. He taught them this by simply not _____ them if they tried to start a conversation.	reinforcing or answering
29. As most parents know, punishment is another way of weakening behavior. If you spank, slap, or threaten your child, he will stop doing whatever bothers you--at least he will stop it for a little while. Punishing and <u>not</u> _____ ing are both ways to weaken behavior.	reinforcing
30. So far, we have stressed only two ideas: giving a person positive reinforcers _____ behavior, and not reinforcing behavior _____ it.	strengthens weakens
31. There are many things that can serve as positive reinforcers for most children. For example, listening, hugging, praise, a smile, or a kiss are all powerful rewards. Objects such as candy, and toys are also examples of _____ that can be used to strengthen behavior.	positive reinforcers

CHAPTER 3. HOW CAN WE USE REINFORCERS?

1. For the child, or adult, immediate rewards are the most effective. The most common mistake parents make in using reinforcers is waiting too long after the child has acted before they get around to reinforcing him. To use rewards most effectively, the parent should reinforce a child _____ after he shows the desired behavior.	immediately
2. One mother waits five minutes to tell her son that she appreciated his hanging up his coat. A second parent reinforces her son two seconds after he hung up his coat. The boy most likely to hang up his coat in the future is the one who was reinforced after _____.	two seconds
3. The second problem many people have in using reinforcers is that they tend to take desirable behaviors for granted. Desirable behaviors should not be taken for granted, they should be _____.	reinforced
4. There are thousands of steps involved in learning to be a "good child" or a "good student." A reinforcer should be given for each of the _____ steps along the way rather than as a prize at the very end.	small or many
5. Some parents wait until their child brings his report card home and reinforce him with money or approval for getting good grades. This is not a good way to teach a young child to try hard at school. He has to wait too long to receive the _____ and the steps he must take to earn the reinforcer are too _____.	reinforcer large
6. Earlier we said that a reinforcer must be given often, and given _____ after the response.	immediately or quickly

Chapter 3. How Can We Use Reinforcers?

7. Now we are also saying that to teach a child you must reinforce him for _____ step along the way to whatever goal you are working toward.	each small
8. One reason that "bribes" do not ordinarily work in teaching children is that parents make the steps required to earn the bribes too_____.	large
9. Joey is told that if he "behaves" all week long, he will get a reward of one dollar. This probably will not work because he must first learn to behave for a whole hour, then a whole _____, then a whole week.	day
10. Let's suppose a father says to his son who is failing in school, "If you get a C in composition next month, I'll give you a dollar." It is unlikely that the reinforcer will be very effective because it is too _____ a step from failure to a C for almost any child.	large
11. It might be better to cash in the dollar bill for 100 pennies. The pennies could be used as reinforcers, and one penny could be given for each _____ the child makes in the desired direction.	step
12. Different people progress at different speeds. Small steps for one person might be either too large or too _____ for another person.	small
13. For example, suppose you decide to improve Debbie's spelling. At first you might give her a penny for spelling a three-letter word correctly. Then she must learn a five-letter word to earn a penny. Debbie is now doing more work for the same amount of_____.	reinforcement

Chapter 3. How Can We Use Reinforcers? (Continued)

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14. This is a kind of "apprentice" system. When he begins, the apprentice receives wages for very simple tasks. As he learns, he receives reinforcement (wages or praise) only for doing more _____ tasks. difficult
15. Now, let's summarize the points made in this section. Behaviors that are reinforced are _____. strengthened
16. If, when the child responds, the reinforcements do not occur, then the behavior is _____. weakened
17. When a new behavior is being taught, reinforcements should be given _____ after the behavior occurs. immediately
18. The reinforcements should be given at first for small steps and later for _____ steps. larger
19. Positive reinforcers are used differently early in the training program than they are when the child already has learned the desired behavior. For example, if you were beginning to teach a child to "mind," you would try to reinforce him _____ time he minds you. every
20. However, once he begins to mind you fairly well, it would then be necessary to reinforce him only every third time. Later still, he might mind you several times without your reinforcing him for it. If you forget and never reinforce him for minding, that behavior will be _____. weakened
21. Studies show that once behaviors are learned, they are more likely to last if the behavior is not reinforced every time. Reinforcing every time is good during the _____ stages of learning a behavior, but later on it is better if you reinforce the behavior only _____. early occasionally
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Chapter 3. How Can We Use Reinforcers? (Continued)

22. The child who hangs up his coat regularly, even though his mother reinforces him for it only occasionally, is more likely to have a long-lasting habit than the child whose mother reinforces him _____ time he hangs up his coat.	every
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CHAPTER 4. SOCIAL AND NON-SOCIAL REINFORCERS

1. Awarding food, money, love, or attention for behavior is positive reinforcement. A mother listening to her child is giving him a _____ reinforcer.	positive
2. Food, money, candy, and toys are non-social reinforcers. Praise, smiles, approval, attention, and kisses are examples of social reinforcers. A pat on the back would be a _____.	social rein- forcer
3. Staring out the window as your husband talks to you would not be a reinforcer for his _____. Smiling or laughing at the clever things he says could be a powerful social reinforcer.	talking
4. Both adults and children receive thousands of these social reinforcers each day, but most people do not notice what it is that other people reinforce us for. Also, the changes in behavior are so slow we don't notice they are happening. Most behaviors are learned as a result of _____.	social rein- forcers

CHAPTER 5. AVOIDANCE BEHAVIOR

1. There is more to life than just positive reinforcers. There are things that happen in the life of adults and children that are painful. For example, electric shock, being pinched or bumped hard, being burned, being near a very loud noise, being yelled at or spanked. For most people being criticized would be a _____ event.	painful
2. A child runs through the house yelling and shouting. Mother is very tired and has a headache. She is lying down and trying to get some rest. Very likely, the child's yelling and screaming is _____ to her.	painful
3. Anything that will "turn off" a painful event is strengthened. Behaviors that turn off painful events are _____.	strengthened or reinforced
4. Most of us learn to avoid or get away from _____.	painful events
5. Some things parents do to their children were learned because they helped turn off painful events. For example, Mr. Harvey comes home tired. The children are being loud and noisy. He sits down and turns on the TV set, and then he can't hear the yelling any more. The behavior "turn on the TV" was _____.	reinforced or strengthened
6. A response that is reinforced is more likely to occur again in the future. If a response is successful in turning off a painful event, that response will occur _____ frequently in the future.	more
7. That means that next time Mr. Harvey comes home tired out and the children are being very noisy, the thing he is likely to do is to _____.	turn on the TV

Chapter 5. Avoidance Behavior (Continued)

8. Another thing the tired father might have done was to shout, "Shut up," and threaten to slap the next noise maker. Often this works, and for a short time the children stop making noise. In this case, the children are _____ their father for shouting and threatening.	reinforcing
9. Next time the children make noise, the thing that this father is most likely to do is to yell _____.	"Shut up"
10. If this happened a number of times, the children would actually train the _____; but probably neither the father or the children would be aware of this fact. Mr. Harvey may be thinking, "That'll teach those kids not to be so noisy!" But who is teaching whom?	father
11. Mrs. Moore is loud and bossy; she is nagging morning and evening. She seldom has a pleasant thing to say to anyone. Her husband manages to disappear every night--bowling, working, or going to meetings. For him, getting out of the home at night is strengthened because it turns off his wife's nagging. Mrs. Moore is _____ her husband to stay away from home.	training
12. The painful event being avoided in this kind of training would be the _____.	nagging
13. The behavior that is reinforced because it turns off the painful event would be _____.	leaving, bowling, etc.
14. Mrs. Moore is accidentally providing _____ that result in her husband's learning to leave the house.	reinforcers

Chapter 5. Avoidance Behavior (Continued)

15. A behavior that helps you avoid something unpleasant is strengthened. For example, not going to the dentist's for a checkup is reinforced because it makes it possible for you to _____ an unpleasant situation.	avoid
16. Aunt Minnie complains all the time. Each time you see her she has new aches or at least a new medicine. She has few interests other than what is wrong with her own body. As much as you love Aunt Minnie, you find yourself going to visit her less and less often. Your behavior of not going to visit her is _____ by avoiding her discussion of her wayward bowels!	reinforced
17. Leaving early would be another behavior that would be reinforced when you visit Aunt Minnie. The behavior is strengthened because it turns off an _____ event.	unpleasant or painful
18. Turning off something _____ and giving a positive reinforcer are both important parts of the process of teaching social behaviors to children.	painful or unpleasant
19. They both _____ behaviors.	strengthen
20. Most parents will teach a child a social behavior and then reinforce him every once in a while when he does it right. However, there are other parents who somehow "forget" to use positive reinforcers. In such a home, when a child behaves himself, his mother stops nagging or scolding. In this way he too is reinforced for learning desirable social behaviors. But his mother is trained so that she _____ all of the time.	nags or scolds

Chapter 5. Avoidance Behavior (Continued)

<p>21. Both positive reinforcers and punishment work in controlling behavior. But the use of pain and discomfort to teach a child social behaviors means that the parent must be always on her toes, ready to punish, scold, spank, and threaten for all of the small ways in which a child can get off base. Such a household would be a rather _____ place in which to live.</p>	unpleasant
<p>22. One of the interesting things about such a household is that the family has _____ the mother to behave this way.</p>	trained
<p>23. When she yells loud enough or long enough, they do what she wants them to do. In summary, it is not just children who are taught by positive reinforcers and by avoiding discomfort. It is clear that, to some extent, children teach _____ how to behave and how to run a family.</p>	parents
<p>24. Another part of the process probably affects many mothers. A new mother works very hard taking care of the house and the babies. But nowadays there is very little social _____ for "being a good mother."</p>	reinforcement
<p>25. In earlier times, a grandmother or maiden aunt living in the home probably provided a good deal of _____ reinforcement for a young mother's efforts and successes. The relative usually helped with the work, too.</p>	social

Chapter 5. Avoidance Behavior (Continued)

<p>26. Everyone, children and adults alike, must receive a minimal amount of social reinforcement. If they do not, people are likely to feel somewhat depressed. The adult or child who receives little or no social reinforcement from anyone would eventually become a rather depressed individual. Many housewives are in this situation because they are provided with very little_____.</p> <p>The reason for this is that children do not often reinforce mothers; and husbands are often too busy with their jobs.</p>	social reinforcement
<p>27. If the husband is preoccupied with his work and not particularly interested in babies, his wife is deprived of social reinforcers and begins to feel_____.</p>	depressed
<p>28. When a mother is not getting much reinforcement, she is not likely to be able to give many social reinforcers to either her husband or her children. Then she will train them to change behaviors by making them want to_____ the pain and discomfort of her anger.</p>	avoid
<p>29. By screaming and shouting, she does influence the behavior of her husband and children. Gradually, however, she must use it so often that the other people in the family may begin to avoid her. She then gets even fewer_____.</p>	social reinforcers
<p>30. As a result, she feels even more depressed and angry. In this unhappy situation we have a family that has trained its_____negatively, and a mother who has trained her_____negatively.</p>	mother family

CHAPTER 6. ACCIDENTAL TRAINING

1. This kind of training of parents by children and children by parents is largely unplanned. Most children do not intend to reinforce their mothers for scolding and nagging, and so on. On the other hand, most parents do not intend to _____ their children for whining or for having temper tantrums. People are usually not very much aware of what they teach each other.	reinforce
2. From observations made in homes and classrooms, it seems that quite often parents accidentally _____ their children for undesirable behavior.	reinforce
3. Behavior that is followed by positive reinforcers will be _____.	strengthened
4. For example, Sally is playing with her brother. She wants the toy he is playing with. She whines and says, "Give me that toy." Her brother doesn't give her the toy, so she whines louder. Mother gets upset about the noise and tells the brother to give Sally the toy. In this situation, Sally was being reinforced for _____.	whining
5. The reinforcer that Sally received was the _____.	toy
6. The reinforcer obtained by her mother was the "turning off" of the unpleasant event of Sally's _____.	whining
7. Our prediction would be that in the future when things are not going the way Sally wants them to, she would _____.	whine

Chapter 6. Accidental Training (Continued)

8. If we asked the mother why she was _____ her child to whine, she would undoubtedly say that she really didn't mean to do that.	training or teaching
9. Once you realize who does the reinforcing and when it occurs, it should be possible to weaken undesirable behaviors and to strengthen socially _____ behaviors. To make these changes you must first become aware of what the reinforcers are, and of when and how often you use them to strengthen behaviors.	desirable

INSTRUCTIONS FOR THE NON-ADVANCE ORGANIZED GROUP (NOA)⁵

HOW TO USE THIS BOOK

The book is written in the form of programmed instruction. This is a special kind of writing that makes it easier for the reader to learn. All of the main ideas in the book have been broken down into small units or items. You are asked to respond actively to these items, rather than merely read them. For each of these units you will write an answer. You will be able to check each answer immediately with the one provided in the book.

This is not a test. It is a most efficient way for you to learn the main outlines of a social relations process. The questions are planned to encourage you to supply the right answer, because making correct responses helps you learn and remember.

Read each statement carefully. Write what you think belongs in the blank space in the book. The words at the right on each page are our suggested answers to each of the items. Use a strip of paper to cover the answers until you have written your own response. (Try not to peek at the next answer!) Then compare it with the one provided in the book. If your response is different, think about the difference in meaning. Do not erase, but write the suggested response beneath yours. They may mean the same thing. Then continue with the next item.

The book is divided into three parts: Part I - Chapter 1, Showing Acceptance of Another Person's Feelings; Part II - Chapter 2, Becoming Aware of Other People's Feelings; and Part III - Chapter 3, Becoming Aware of your Own Feelings and Chapter 4, Review. You will complete one part per session. Completion of each part of the book will mean that you can go through all of the questions without missing more than two questions on each part.

CHAPTER I. SHOWING ACCEPTANCE OF ANOTHER PERSON'S FEELINGS

-
1. This is a program in interpersonal relations. We will say that two people are "relating" when each is responding to the other as a person. It is possible for two people to respond to each other as objects. In this case we would not say that they are _____. relating

 2. An example of people responding to each other as objects would be asking someone for the time of day. Which of the following would provide the best example of people responding to each other as persons rather than as objects?
 - a. sharing
 - b. friend's feelings

 3. Of course, you already have some ability to relate to people. But just as the ability to paint can be improved through experience with brushes and oils, your ability to relate to people can be improved through _____ with another person. experience

 4. Relating means responding to someone as a person, and your ability to relate can be improved only through experience with _____. another person
(A long blank indicates that the answer is more than one word.)

 5. A feeling is something that a person experiences such as fear, restlessness, joy, anger, contentment, uneasiness, affection, etc. This is different from an opinion or belief. Which of the following expresses a feeling and which is an opinion?
 - a. feeling
 - b. opinion

 - a. I am delighted with my new shoes.
 - b. I think that my new shoes will be comfortable for walking.

Chapter 1. Showing Acceptance of Another Person's Feelings
(Continued)

<p>6. Which of the following expresses a feeling and which is an opinion?</p> <p>a. This is such a strange situation that I am uneasy.</p> <p>b. It takes several days to get used to a new situation.</p>	<p>a. feeling</p> <p>b. opinion</p>
<p>7. Which of the following expresses a feeling and which an opinion?</p> <p>a. I feel that it will probably rain today.</p> <p>b. I feel grouchy on days like this.</p>	<p>a. opinion</p> <p>b. feeling</p>
<p>8. Relating is the art of responding to other people as people rather than as objects. Your ability to relate to people can be improved only through _____ with _____.</p>	<p>experience another person</p>
<p>9. A very important part of the art of relating is the ability to let another person know that you are aware of his feelings, and to do this in a way that does not make him wish that he had kept them hidden. There is no word that describes this kind of response precisely, but for purposes of this program we will arbitrarily call it <u>showing acceptance</u> of a feeling.</p> <p>If you communicate to another person that you are aware of his feelings, and do this without making him wish that he had kept them hidden, then according to the definition above, you are _____ acceptance of his feelings.</p>	<p>showing</p>

Chapter 1. Showing Acceptance of Another Person's Feelings
(Continued)

<p>10. As it has been defined for this program, showing acceptance of feelings involves two things: first you <u>do</u> let the other person know that you are _____ of his feelings; and second, you <u>do not</u> make him wish that he had kept them _____.</p>	<p>aware</p>
<p>11. A good friend of yours is looking very sad, even close to tears. You perceive his sadness, but don't know the cause of it. Suppose you say something like: "I don't know what it is, but something seems to be making you terribly sad right now."</p> <p>Of course the effect of the above response would depend on the circumstances and on how it was said, but it would certainly show awareness of his feeling and probably would not make him wish that he had kept it hidden. Therefore, this would be an example of _____ of a feeling.</p>	<p>showing acceptance</p>
<p>12. Your neighbor has been married for a year and she tries very hard to cook meals that will please her husband. She tells you one day that her husband never seems to notice when she cooks something special. You sense that she is hurt and angry. Suppose you say "It's silly of you to feel hurt and get sore about that--my husband never notices either and it doesn't bother me." Would this response show acceptance of her feelings" Why or why not?</p>	<p>No. It does show awareness of her feelings, but might make her wish that she had kept them to herself.</p>

Chapter 1. Showing Acceptance of Another Person's Feelings
(Continued)

13. In the same situation, suppose you said, "I found a wonderful new way to disguise meat loaf. I'll give you the recipe." Would you be showing acceptance of her feelings? Why or why not?	No. This response does not even show awareness of her feelings of hurt and anger
14. In the same situation, which of the following is the best example of showing acceptance of her feelings? a. I know just how you feel. My husband is an insensitive clod too. b. I can see that you are hurt.	b.
15. You become aware of another person's feelings when you are interested in him. Thus, when you let the other person know that you are aware of his feelings, you are also letting him know that you are _____ in him.	interested
16. Remember that showing acceptance involves two things: (1) letting the other person know that you are _____. (2) doing this without making him wish that he had _____.	<p>(1) aware of his feelings
(2) kept them hidden/kept his feelings to himself</p>
17. You have bought a new hi-fi set and, although it is a stormy night, you call a friend and ask if he would like to come to see it. He tells you that he is afraid of lightning and would rather not go out. If you did not agree about the danger, it would not help to pretend that you did. If he were a good friend, you might say, "Boy, in some ways you really are a nut, but if that's the way you feel, I can see why you wouldn't want to come over." In spite	

Chapter 1. Showing Acceptance of Another Person's Feelings
(Continued)

of the insult, if you said this in a way that did not make him feel ashamed or silly, it would still show acceptance of his feelings. How would you feel if someone said this to you?	
18. In this same situation you could also show acceptance of his feelings by saying, "I'm disappointed because I was excited about showing you the set, but if the storm makes you uneasy, of course you can come another time." This shows that there is no need to deny or ignore _____ feelings in order to show acceptance of someone else's feelings.	your own
19. People often find the concept of "showing acceptance" confusing because of the difficulty of separating it clearly from other familiar ideas such as being courteous, diplomatic, helpful, etc. It is important to recognize that these other things need not be involved, although of course they may be. You may find this a little confusing at this point; we will return to it in later sessions.	
20. When you show acceptance of another person's feelings, you let him know that you are aware of his feelings without making him feel foolish or inferior. You do not have to pretend that you agree with his opinion. It is possible to disagree and still show _____.	acceptance

CHAPTER 2. BECOMING AWARE OF OTHER PEOPLE'S FEELINGS

1. In the first session you learned that an important part of the art of relating is the ability to let another person know that you are aware of his feelings without making him wish that he had kept them_____.	hidden/to himself
2. One of the main objectives of this program is to help you gain a fuller awareness and understanding of your own and other people's feelings. If you are able to achieve this greater awareness and understanding, it can help you in all of your relationships with people--in the community, at home, in school, or at work.	
3. It has been found that this fuller awareness and understanding of your own and others' feelings can <u>not</u> be achieved in an atmosphere in which people are discouraged from having or expressing feelings. It <u>can</u> be achieved in an atmosphere in which open expression of feelings is_____.	encouraged
4. People often tend to discourage or "cut off" other people's feelings without even realizing it. Because it is so easy to do this, we will spend some time making clear the distinction between showing acceptance of feelings on the one hand, and being agreeable, helpful, diplomatic, etc., on the other. Many responses which sound agreeable or helpful actually have the effect of discouraging or "_____" the expression of feelings.	cutting off
5. Showing acceptance of feelings is different from agreeing with opinions or beliefs. For example, suppose a friend tells you that he thinks his boss is being very unfair in dealing with his	opinion/belief

Chapter 2. Becoming Aware of Other People's Feelings
(Continued)

employees. You sense that he is angry. Showing acceptance of his feelings does not mean that you must agree with his _____ that the boss is being unfair.

6. In this situation you might show acceptance of his anger by saying "I can see that you're angry," if you said it in a way that did not indicate that you thought it was bad for him to be angry.

angry

Notice that in order to show acceptance of a feeling, you do not have to have the same feeling yourself. In this case, for example, showing acceptance of your friend's anger at the boss does not mean that you must feel _____ at the boss yourself.

7. You are giving directions to a friend on how to get to a nearby town and you suggest the expressway. He tells you that he would rather not go that way because expressways are so dangerous. You do not agree with his opinion about the danger. Which of the following responses would still show acceptance of his fear?

b.

- a. I guess expressways are dangerous, but I don't let myself worry about that; there are so many dangers in modern life.
- b. There is another road. I feel pretty safe on the expressway myself, but if it makes you uneasy, of course there is no need to go that way.

8. When someone shows that he feels upset, people often react as if they thought it were their duty to get him to stop

Chapter 2. Becoming Aware of Other People's Feelings
(Continued)

<p>feeling that way. There may be times when it is appropriate for you to do this, particularly if you are not actually interested in the person's feelings, but this should not be confused with showing acceptance of his feelings. When you try to make someone stop <u>having</u> certain feelings, the usual result is that the other person will wish that he had kept his feelings hidden; thus clearly, you are not showing acceptance.</p>	
<p>9. Obviously you cannot show acceptance of someone's feelings unless you are aware of them. We will now examine some of the ways in which you can become aware of what other people are feeling even though they do not express their feelings openly.</p>	
<p>10. Frequently when someone asks a question, you recognize an unexpressed feeling lingering beneath the surface. For example, suppose you were out for an evening with someone and after an hour or so he asked, "What time is it?" What might be the feeling behind this question?</p>	<p>boredom/feeling tired</p>
<p>11. If you recognized that he was bored, which of the following responses would best show acceptance? Why?</p> <p>a. It's still early. This isn't much fun for you is it?</p> <p>b. It's still early. Lots of people are having a good time here, but we can try something else if you want to.</p>	<p>a. (shows awareness of the feeling)</p>
<p>12. A passenger on his first airplane trip asks the stewardess: "Have you flown with this pilot often?" What is the feeling that might lie behind this question?</p>	<p>fear/worry/anxiety</p>

Chapter 2. Becoming Aware of Other People's Feelings
(Continued)

13. If she actually had never flown with that pilot before, which of the following responses would show acceptance of his worry? a. All of the pilots on this line are the best. Don't worry about a thing. b. I haven't flown with him before. There was a time when I felt worried the first time I flew with a pilot, but I have come to feel very confident with all of them now. c. No. They keep shifting us around; we never fly with the same pilot consistently.	b.
14. You may have had some doubts about the answer in the last frame because in the response given as the correct answer, the stewardess does not actually refer to the passenger's feeling directly. However, if you examine the response carefully, you will see that (1) it does let the passenger know (in a subtle way) that she is aware of his feelings, and (2) it does this without making him wish that he had kept it hidden. Thus, it is a valid example of showing acceptance of a feeling. If this is not clear to you, go over the response to see how it meets the definition of showing acceptance.	
15. Just as you can often discover the feeling that lies behind a question, you can also often discover the feeling behind a statement of fact or opinion. Although the statement, "I think my new shoes will be comfortable for walking," expresses an <u> </u> it may also reveal a feeling of delight with the new shoes.	opinion

Chapter 2. Becoming Aware of Other People's Feelings
(Continued)

16. A person who is in a new situation expresses the opinion that it takes some time to get used to strange situations. What is the feeling that might lie behind this statement?	I am uneasy in this strange situation
17. In this situation which of the following responses would show acceptance of the feeling? a. It depends on how strange the situation is. b. When you said that, I felt that you were probably uneasy in this situation. I suspect it helps to realize that you'll probably get used to it in time. c. You don't need to be uneasy here. Nothing us going to hurt you..	b.
18. You have learned something about how to become aware of another person's feelings and how to show acceptance of them. It is important to acquire these abilities, but not necessarily to use them at all times. Abilities are something you use when they are appropriate and when you feel like it.	
19. You don't always need to be aware of others' feelings, and when you are aware of them, you don't always need to _____ it.	show/express

CHAPTER 3. BECOMING AWARE OF YOUR OWN FEELINGS

1. In the first two sessions we have introduced the concept of showing acceptance of feelings, and you have learned about ways in which you can become aware of other people's feelings. For example, when a person asks a question or offers an opinion, there is often a feeling which lies behind the statement.	
2. We have seen that it is necessary to be on the alert to become aware of people's feelings since, in many situations, they tend to avoid _____ their feelings openly.	expressing/ showing
3. Instead of saying, "I'm furious with my boss," you might ask, "What do you think of a boss who doesn't maintain high morale in his department?" This is another example of the tendency to _____ open expression of feeling.	avoid
4. People often respond to feelings in ways that tend to encourage others' reluctance to show their feelings. If you reveal your feelings to someone, and he does not even show awareness of them, it can make you feel that he is not interested in you as a _____. Even more punishing are responses that make you feel ashamed or inferior.	person
5. So far in this program we have been concerned almost entirely with the other person in a relationship--with your awareness of his feelings and your responses to them. An equally important aspect of interpersonal relations is being aware of your own feelings and understanding how <u>you</u> are when you are relating to another person.	

Chapter 3. Becoming Aware of Your Own Feelings (Continued)

<p>6. When you are alone you may be acutely aware of your own feelings, your desires and frustrations, etc. However, this self-awareness often gets pushed aside and ignored when you are in a relationship with another person. Thus you may never become aware of some of the things that you feel when you are_____.</p>	<p>in a relationship/with other people</p>
<p>7. There is a very important difference between self-awareness and self-consciousness. Self-consciousness, rather than being a direct awareness of your own feelings, is a painful concern with the way_____may see you.</p>	<p>others/other people</p>
<p>8. We have examined a number of things in relationships which tend to discourage you from expressing your feelings. These same factors tend to_____a full awareness and understanding of your feelings.</p>	<p>discourage/block</p>
<p>9. It is difficult, if not impossible, to gain a full awareness and understanding of your own feelings in a relationship in which you feel it is necessary to keep them hidden. It is a very important general principle that things which prevent you from expressing your feelings also tend to_____you from gaining self-awareness and self-understanding.</p>	<p>prevent</p>
<p>10. Accepting another person's feelings is, in a sense, telling him that you know what he is feeling and that it is all right with you for him to have that feeling. In this way you allow him to continue expressing his feelings and to gain further self-_____.</p>	<p>misunderstanding/awareness</p>

Chapter 3. Becoming Aware of Your Own Feelings (Continued)

11. One way to judge whether a response actually does show acceptance of a feeling is to ask yourself whether you would be likely to continue to _____ your feelings had someone responded to you in the same way.	express/show
12. Looking at it from this point of view may help you to see the difference between showing acceptance and certain other ways of responding. For example, people often assume that to be accepting they must give some advice. Actually, giving hasty or glib _____ will often have the effect of cutting off the expression of feelings.	advice
13. You are about to go to a somewhat formal party and you tell a friend you are anxious because you don't know what to do. Suppose he says, "The thing to do is just relax and keep telling yourself that they are no better than you are." Could this make you feel that he wants to dispose of the matter and that he is not interested in hearing any more about your anxiety?	
14. Giving advice often indicates an interest in the facts of the matter or in some problem, rather than an interest in feelings. It is important to be able to recognize when you are responding to facts or problems and when to feelings. In the above illustration there is a <u>problem</u> concerning the proper behavior at a formal party and there is the <u>feeling</u> of _____.	anxiety

Chapter 3. Becoming Aware of Your Own Feelings (Continued)

15. In the same situation, try to imagine as vividly as possible how you would feel if your friend said each of the following: a. It can be pretty frightening going into a situation thinking that you might do something wrong. b. Take a little time to study the evening paper before you go. I guarantee you that this way you can look well-informed in almost any conversation. In which case would you be more likely to gain fuller awareness of your own feelings. Note that one is a response and the other a response to the problem.	a.
16. Remember that part of showing acceptance of a feeling is showing <u>awareness</u> of the feeling. It is not a question of whether or not the response is helpful. The first response above (about its being frightening thinking you might do something wrong) shows acceptance of the feeling, but the second response (about studying the evening paper) does not even show _____ of the feeling.	awareness
17. A friend of yours says, "My daughter isn't making good grades this year, and I think it's her teacher's fault." Again, a distinction can be made between <u>problems</u> posed by the statement and <u>feelings</u> which may lie behind it. There is the problem of helping the daughter or doing something about the teacher; but there may also be feelings of disappointment with the daughter or _____ with the teacher.	<p>irritation/
anger/etc.</p>

Chapter 3. Becoming Aware of Your Own Feelings (Continued)

18. Of course there may be times when you want to be able to help someone with a problem, but this should not be confused with showing acceptance of feelings. In the case of the daughter who was not getting good grades, think of one response which is a response to the <u>problem</u> and a different response which is a response to the <u>feeling</u>.	
19. A good response to a feeling often refers to some feeling "by name" using words like disappointment, annoyance, anger, upset, etc. Look again at the response which you decided on in the last frame as a response to a feeling. Did you name any feeling? If not, can you think of a response now which does name the feeling?	
20. Frequently, when people become aware of anxiety or fear in someone else, they think that they must give some reassurance in order to be accepting. Actually, hasty or glib reassurance may not show acceptance at all; it can show a lack of interest in your feelings and can make you feel foolish or stupid for _____ your fear or anxiety.	<p>showing/
having/
expressing</p>
21. In the example where you were about to go to a formal party, suppose your friend said, "Oh, I'm sure you will know what to do. Don't worry about a thing." This might make you feel that he thought your fear was foolish. If you were still anxious, you would probably feel that you should now keep it to _____.	yourself
22. There are times when you feel angry or anxious when you do not really want someone to do anything about it, but you would like very much to know that	about

Chapter 3. Becoming Aware of Your Own Feelings (Continued)

<p>he is interested and that you can share your feelings with him. Showing acceptance does not mean that you have to do something _____ the feeling.</p>	
<p>23. A good friend of yours says, "I don't think you should take that Labor Day weekend trip you planned. Traffic is really terrible then." What is a feeling that might lie behind this statement?</p>	<p>fear that something might happen to you.</p>
<p>24. If you sensed that he was worried about your safety, you might say, "There's nothing to worry about--I'm sure I'll get back all right." This would be an attempt to reassure him. Would it show acceptance of his feeling?</p>	<p>No</p>
<p>25. We have discussed two kinds of responses which are often made with the kindest intentions, but which nonetheless can sometimes have the effect of cutting off or discouraging the expression of feelings. They are hasty advice and hasty or glib _____.</p>	<p>reassurance</p>
<p>26. Just as reassurance and advice can be used in non-accepting ways, the same thing is true for agreement, particularly vigorous agreement. You are about to tell someone about your annoyance at speeding cars near your home and your fear for the children. You get the first comment out and the other person jumps in with, "You are so right! I saw one the other day that must have been doing 60. You are absolutely one hundred percent correct." This may leave you with the feeling that there is nothing more to say, and thus it has the effect of _____ your expression of feeling.</p>	<p>discouraging/ cutting off</p>

Chapter 3. Becoming Aware of Your Own Feelings (Continued)

27. A special kind of relationship is necessary to allow you the freedom to appreciate and understand yourself as you are in relations with other people. This kind of relationship is called a "growth-producing" relationship because it tends to facilitate personal_____.

growth

CHAPTER 4. REVIEW

1. In previous sessions we pointed out that you can often become aware of another person's feelings if you pay attention to the feelings that lie behind a question or statement. When you are aware of someone's feelings, it is important to be able to let him know that you are aware of his feelings without making him wish that he had kept the feelings hidden. We call this special kind of response _____ of the _____.

showing acceptance feeling

2. In the last session we pointed out that perhaps an even more important aspect of relating is the ability to understand and appreciate your own feelings as they occur in an interpersonal relationship. Gaining full awareness of your own feelings is not as easy as it may seem, and it is almost impossible in a relationship in which you feel it is necessary to keep most of them _____.

hidden/to yourself

Chapter 4. Review (Continued)

3. Showing acceptance of feelings is easily confused with certain other concepts. It does not necessarily mean being agreeable nor is it the same thing as giving advice or reassurance. Actually it is possible to do any of these other things in a way that will tend to _____ or "cut off" expression of feelings.	<p>discourage/
stop</p>
4. Do not forget that showing acceptance is by definition a response to someone's <u>feelings</u>. When you give advice, reassurance or vigorous approval, you frequently lose sight of the feelings altogether and instead address yourself to some problem or to the facts of the matter.	
5. For example, in the situation where a parent was talking about his son's being turned down for a scholarship, there was the <u>problem</u> of whether there were other scholarships, and there was the <u>feeling</u> of _____.	<p>anger/
disappoint-
ment</p>
6. In this situation if you said, "I'm sure he can get some other scholarship--I've got a magazine at home with a lot of information about scholarships," this would show concern about the _____ but would fail to show an interest in the _____.	<p>problem

feeling</p> |
| <p>7. When you focus your attention on the problem, this tends to indicate that you are not interested in the feeling and thus has the effect of _____ expression of feeling.</p> | <p>discouraging</p> |

Chapter 4. Review (Continued)

8. An accepting response will tend to encourage expression of feeling. Thus one way to judge whether or not a response shows acceptance is to ask yourself whether the other person would be likely to go on talking about his _____.

9. Suppose someone is afraid to fly in an airplane and you give him a long lecture on the safety of modern-day flying, complete with documented statistics. Discuss whether this kind of response would show acceptance of his feelings. Would this be a response to his feelings or a response to the facts of the matter? Do you think he would be likely to continue to talk about his fear?

10. A teenaged neighbor has come over to see you and tells you that he has a problem. He would like to be an engineer but his parents are set on his becoming a doctor. He tells you, "I want my parents to be proud of me, but I just don't want to be a doctor."

In each of the following frames is a response that you might make. Think of each response with regard to whether it shows acceptance of his feelings of confusion and conflict. Comments are given in the answer spaces.

11. I understand your dilemma, Pete. I wish I could help you and your parents work this out without taking sides. I know you're pretty confused about the whole thing.

feeling

This is an accepting response. You do not try to give advice but show understanding and interest in his feelings.

Chapter 4. Review (Continued)

12. You think you don't want to be a doctor now, but if you go into it with the right spirit I'm sure you'll get involved and like it.	This response tries to give a clever solution to the problem but does not show acceptance of his feelings. It might reflect your feelings of wanting to avoid conflict with the parents but if so it is not an open expression of your feelings and would not help the relationship.
13. This sounds like a real problem. I personally think no one should go into medicine unless he's sold on it, but I see that you're deeply concerned about disappointing your parents.	In this response you do give advice but also show a genuine interest in his feelings and an appreciation of his conflict. Therefore, this is an accepting response.
14. People <u>grow</u> psychologically in a special kind of relationship in which both people know that it is all right for them to have their feelings, and in which each has the freedom to become aware of his own feelings and to appreciate them. Because this kind of relationship tends to produce personal growth, we will refer to it as a _____ producing relationship.	growth

Chapter 4. Review (Continued)

15. A relationship that tends to produce personal growth by allowing each person to have his own feelings is called a _____ relationship.	growth-producing
16. Very often, neither person in a relationship feels free to express his true feelings unless the other person does it first. Thus, when you express <u>your</u> feelings openly, it not only improves understanding, but also makes it easier for your partner to _____.	express <u>his</u> feelings openly
17. When we talk about open expression of feeling, people sometimes mistakenly assume that this refers to telling your most secret thoughts. The distinction between feelings and thoughts should be kept in mind. Thoughts and feelings are often expressed together, but you can also express a feeling all by itself. For example, you could simply say, "I'm happy." Think of several other examples of pure expression of feeling.	
18. You do not need to tell things that you do not want to tell in order to express _____.	feelings
19. Also we do not mean to suggest that one should express feelings openly anywhere and everywhere. Open expression of feeling is part of a special kind of relationship and you cannot expect to have this kind of relationship at all times.	

Chapter 4. Review (Continued)

20. Whether to express feelings openly or not is not something you simply decide from moment to moment. It also depends on your habits in relating to others and on the kind of relationship you have with the person you are talking to. You can express feelings openly more easily when you feel that the other person will _____ of your feelings.	show acceptance
21. People often assume that open expression of negative feelings, such as the expression of hurt feelings and resentment, would tend to drive friends away. Actually it often works the other way around. In relationships where feelings can be expressed openly, friends can feel that they really understand each other, and they can deal with feelings in a genuine and meaningful way.	
22. People gain a feeling of understanding each other when each one knows that the other is aware of his feelings. Thus open expression, even if it sometimes includes expression of feelings such as hurt and resentment, tends to produce _____.	understanding
23. One of the things that is necessary before you can express feelings is that you must be aware of them. Just as you can become more aware of your partner's feelings by focusing on them, you can become more aware of your own feelings by _____ on them.	focusing

Chapter 4. Review (Continued)

24. To illustrate how you can become aware of something by focusing on it, think about the pressure exerted on you by the chair on which you are sitting.	
25. You were probably not aware of this pressure until you focused your attention on it. You can also become more aware of your feelings by _____ on them.	focusing
26. In a given situation you can focus on a number of different things. You can, for example, focus on the facts involved in a conversation, or on some problem, or on something outside of the situation altogether. Or, as we have previously pointed out, you can learn much about someone else's feelings if you focus on them. We are now pointing out that you can also learn much about _____ feelings by focusing on them.	your own
27. With greater experience you can learn to be versatile in focusing. The focus of attention in a conversation can flow from one thing to another in a way that increases awareness and understanding. Often in a conversation people do not use this ability; each person focuses on his own thoughts, and we gain little _____ of ourselves or the other person.	understanding

Chapter 4. Review (Continued)

28. We have indicated some of the advantages of open expression of feeling, but we do not mean to say that you should feel compelled to express feelings openly anywhere and everywhere. A growth-producing relationship is one in which people tend to show acceptance of each other's feelings, and under these conditions open expression will come _____ to you.	naturally
29. Two of the major concepts considered in this program so far are showing acceptance of another person's feelings and respecting your own feelings. As you begin to learn about these concepts, they may sometimes seem to be in conflict with each other; but as you proceed in the program, you will find that it is not only possible but necessary to combine the two for a growth-producing relationship.	
30. In a growth-producing relationship you not only become accepting of the other person's feelings but also are true to _____.	your own feelings
31. If you attempt to show acceptance of another person's feelings while sacrificing or denying your own, it will not be effective in enhancing the relationship. It is necessary to respect your own feelings in order to show acceptance of _____.	the other person's feelings

Chapter 4. Review (Continued)

-
32. You may sometimes have difficulty showing acceptance of another person's feelings because you feel that you have to do something about the feelings; but often the most helpful thing you can do is simply to let the other person know that you are of his feelings, and that you are with him and interested.

aware

APPENDIX II
STAGES OF TREATMENT

SCORING SHEET

Test: Pre Post I Therapy Post II

S's Name: _____

E's Name: _____

Date: _____

STEPS	WAS STEP COMPLETED?	S REPORT OF ANXIETY	OBJECT ACTIVITY			NUMBER OF	
			Quiet	Moving	Upright	Seconds	Tokens
1. Would you stand outside of the room in which the object is located.							
2. Would you open the door of the room and look at the object in a closed cage.							
3. Would you stand 20 feet from the caged object.							
4. Would you stand 16 feet from the caged object.							
5. Would you stand 12 feet from the caged object.							
6. Would you stand 8 feet from the caged object.							
7. Would you stand 4 feet from the caged object.							
8. Would you stand next to the closed cage with the object in it.							
9. Would you stand next to the open cage with the object in it.							

STEPS	WAS STEP COMPLETED?	S REPORT OF ANXIETY	OBJECT ACTIVITY			NUMBER OF	
			Quiet	Moving	Upright	Seconds	Tokens
10. Would you hold the cage with the object inside.							
11. Would you place your gloved hand into the cage.							
12. Would you place your bare hand into the cage.							
13. Would you touch the object with your gloved hand.							
14. Would you touch the object with your bare hand.							
15. Would you pick up the object and take it from the cage.							

APPENDIX III
ANXIETY MEASURES

FEAR SURVEY SCHEDULE - II

Put a check (✓) for each item under the word that most nearly describes the amount of fear you feel toward the object or situation noted in each item.

ITEM	1 None	2 Very Little	3 A Little	4 Some	5 Much	6 Very Much	7 Terror
1. Sharp objects							
2. Being a passenger in a car							
3. Dead bodies							
4. Suffocating							
5. Failing a test							
6. Looking foolish							
7. Being a passenger in an airplane							
8. Worms							
9. Arguing with parents							

ITEM	1 None	2 Very Little	3 A Little	4 Some	5 Much	6 Very Much	7 Terror
10. Rats and mice							
11. Life after death							
12. Hypo-dermic needles							
13. Being criticized							
14. Meeting someone for the first time							
15. Roller coasters							
16. Being alone							
17. Making mistakes							
18. Being misunderstood							
19. Death							
20. Being in a fight							
21. Crowded places							
22. Blood							

ITEM	1 None	2 Very Little	3 A Little	4 Some	5 Much	6 Very Much	7 Terror
23. Heights							
24. Being a leader							
25. Swim- ming alone							
26. Ill- ness							
27. Being with drunks							
28. Ill- ness or in- jury to loved ones							
29. Being self- cons- cious							
30. Driv- ing a car							
31. Meet- ing auth- ority							
32. Mental illness							
33. Closed places							

ITEM	1 None	2 Very Little	3 A Little	4 Some	5 Much	6 Very Much	7 Terror
34. Boating							
35. Spiders							
36. Thunder- storms							
37. Not be- ing a success							
38. God							
39. Snakes							
40. Ceme- teries							
41. Speaking before a group							
42. Seeing a fight							
43. death of a loved one							
44. Dark places							
45. Strange dogs							
46. Deep water							
47. Being with a member of the oppo- site sex							

ITEM	1 None	2 Very Little	3 A Little	4 Some	5 Much	6 Very Much	7 Terror
48. Sting- ing insects							
49. Untimely or early death							
50. Losing a job							
51. Auto ac- cidents							

The Fear Survey Schedule - II has been factor analyzed separately by sex (Rubin, Katkin, Weiss, and Efran, 1968). The data indicate clearly that the responses of Ss to the FSS-II can be divided into four major areas--1) Water; 2) Death and Illness; 3) Interpersonal Events (for females, the interpersonal events factor was split into two separate factors--social competence and social interaction); 4) Discrete Objects.

Rubin et al., (1968) make the following statement regarding the factor analysis: "It seems reasonable to conclude that the fifty-one items which comprised the GFSS were drawn largely from four areas and do not represent entirely independent fears. An important implication of this, therefore, is that total score, or number of items checked as being extremely fearful, in itself may be a very misleading criterion on which to select subjects. . . . In order for a fear survey schedule to differentiate successfully between high and low fear groups, it would seem that the schedule must take into account the areas of fear from which the individual items are drawn. . . . It appears that the selection of Ss for comparative investigation can be based on factor scores rather than on the extremes of 'general fearfulness' or discrete, single-item phobias."

Self-Analysis Questionnaire
FORM X-1

Name _____ Date _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel right now, that is, at this moment.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.		Not at all	Somewhat	Moderately so	Very much so
1.	I feel calm	1	2	3	4
2.	I feel secure	1	2	3	4
3.	I am tense	1	2	3	4
4.	I am regretful	1	2	3	4
5.	I feel at ease	1	2	3	4
6.	I feel upset	1	2	3	4
7.	I am presently worrying over possible misfortunes	1	2	3	4
8.	I feel rested	1	2	3	4
9.	I feel anxious	1	2	3	4
10.	I feel comfortable	1	2	3	4
11.	I feel self-confident	1	2	3	4
12.	I feel nervous	1	2	3	4
13.	I am jittery	1	2	3	4
14.	I feel "high strung"	1	2	3	4
15.	I am relaxed	1	2	3	4
16.	I feel content	1	2	3	4
17.	I am worried	1	2	3	4
18.	I feel over-excited and "rattled"	1	2	3	4
19.	I feel joyful	1	2	3	4
20.	I feel pleasant	1	2	3	4

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FORM X-2

Name _____ Date _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you generally feel.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	Almost never	Sometimes	Often	Almost always
21. I feel pleasant	1	2	3	4
22. I tire quickly	1	2	3	4
23. I feel like crying	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I am losing out on things because I can't make up my mind soon enough	1	2	3	4
26. I feel rested	1	2	3	4
27. I am "calm, cool, and collected".....	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter	1	2	3	4
30. I am happy	1	2	3	4
31. I am inclined to take things hard	1	2	3	4
32. I lack self-confidence	1	2	3	4
33. I feel secure	1	2	3	4
34. I try to avoid facing a crisis or dif- ficulty	1	2	3	4
35. I feel blue	1	2	3	4
36. I am content	1	2	3	4
37. Some unimportant thought runs through my mind and bothers me	1	2	3	4
38. I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39. I am a steady person	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

ANXIETY SCALE

- 10 - Extremely Afraid, Tense and Anxious
- 9
- 8
- 7 - Moderately Afraid, Tense and Anxious
- 6
- 5
- 4 - Mildly Afraid, Tense and Anxious
- 3
- 2
- 1
- 0 - Unafraid, Not Tense or Anxious

APPENDIX IV

CLIENT PERCEPTIONS OF THERAPISTS (LORR, 1965)

Indicate how often your therapist exhibits the following behaviors.

Statement	1 Almost Never	2 Some- times	3 Usually	4 Nearly Always
1. Seems to know exactly what I mean. (U)				
2. Shows a real interest in me and my problems (A)				
3. Is full of advice about everything I do. (AU)				
4. Expects an individual to shoulder his own responsibilities. (IE)				
5. Becomes impatient when I make mistakes. (CH)				
6. Seems to understand how I feel. (U)				
7. Is easy to talk to. (A)				
8. Tells me what to do when I have difficult decisions to make. (AU)				
9. Thinks people should be able to help themselves. (IE)				

Statement	1 Almost Never	2 Some- times	3 Usually	4 Nearly Always
10. Acts smug and superior as though he knew all the answers. (CH)				
11. Realizes and understands how my experiences feel to me. (U)				
12. Acts as though we were co-workers on a common problem. (A)				
13. Offers me advice on my everyday problems. (AU)				
14. Encourages me to work on my own problems in my own way. (IE)				
15. Acts as though he were trying to outsmart me. (CH)				
16. Understands me even when I don't express myself well. (U)				
17. Makes me feel that he is one person I can really trust. (A)				
18. Seems to try to get me to accept his standards. (AU)				

Statement	1 Almost Never	2 Some- times	3 Usually	4 Nearly Always
19. Tries to get me to make my own decisions. (IE)				
20. Gives me the impression that he doesn't like me. (CH)				
21. Is protective of and really concerned about my welfare. (U)				
22. Is quick to praise and commend me when I am doing well. (A)				
23. Expects me to accept his ideas and opinions. (AU)				
24. Talks down to me as if I were a child. (CH)				
25. Makes comments that are right in line with what I am saying. (U)				
26. Gives generously of his time and energy to others. (A)				
27. Tries to get me to think as he does. (AU)				

Statement	1 Almost Never	2 Some- times	3 Usually	4 Nearly Always
28. Ignores some of my feelings. (CH)				
29. Understands my problems and worries. (A)				
30. Tells me what I should talk about. (AU)				
31. Is critical and not easily impressed. (CH)				
32. Shows a real liking and affection for me. (A)				
33. Acts as though I were dull and uninteresting. (CH)				
34. Makes me feel free to say whatever I think. (A)				
35. Is a difficult person to warm up to. (CH)				
36. Seems to have a very real respect for me. (A)				

Statement	1 Almost Never	2 Some- times	3 Usually	4 Nearly Always
37. Seems glad to see the interview finished. (CH)				
38. Makes me feel better after talking about my worries with him. (A)				
39. Relates to me as though I were a com- panion. (A)				

APPENDIX V

MACC

PLEASE NOTE:

Pages 186-189 "The MACC Behavioral Adjustment Scale, Form II" © 1962 by Western Psychological Services, not microfilmed at request of author. Available for consultation at Louisiana State University Library.

UNIVERSITY MICROFILMS

APPENDIX VI

TESTS ON "REINFORCEMENT THEORY" AND
"RELATIONSHIP IMPROVEMENT"

TEST ON "REINFORCEMENT THEORY"

1. List five behaviors which are learned--things that we learn from other people or behaviors which we teach other people.

a) _____ d) _____
 b) _____ e) _____
 c) _____

2. List five behaviors which were taught to you by your parents.

a) _____ d) _____
 b) _____ e) _____
 c) _____

3. Define the term reward or reinforcer and give an example of one.

4. Given the following three situations where a person is being rewarded for good behavior, write in the space provided the reward in each case.

- a) Giving a child a dime for going to the store for you.
 b) A husband gives his wife a mink coat because she finished her last course leading to a high school diploma.
 c) A mother kisses, praises, and hugs her boy for graduating from college.

5. Given the following situations where a person is being rewarded for bad behavior, write in the space provided the bad behavior being rewarded in each case.

- a) A small child is screaming and crying because he did not get his way and his mother picks him up and kisses and hugs him.
 b) An adult in a large family gathering is acting like a child (throwing food, screaming, jumping around) and everyone in the family is laughing at him and giving him a great deal of attention.

- c) A person in a hospital talks about being sick all of the time with stomach trouble, nervousness, and headaches and the people who are listening to him pay very close attention to him and feel sorry for him.
-

6. Given the same three situations mentioned in question five, write in the space provided the behavior which would be weakened if the bad behavior would have been ignored instead of rewarded.

- a) _____
 b) _____
 c) _____

7. Given the following three situations where a person is being rewarded for good behavior at different times after he does the good behavior (Example: 5 seconds after, 1 hour after, 1 day after), circle the best time to reward him in order that the good behavior will be learned the best.

- a) Rewarding a child with a nickle after he eats all of his vegetables.
 1. 5 seconds 2. 1 hour 3. 1 day
 b) Hugging and kissing your daughter when she brings home good grades from school.
 1. 1 second 2. 5 minutes 3. 1 hour
 c) Paying your son for mowing the lawn.
 1. 10 minutes 2. 30 minutes 3. 1 day

8. If you wanted your son to make a good grade (A or B) in a 15-week math course and you had 15 dollars to reward him with, how could you set up the reward system (15 dollars) so that he would have the best chance of making a good grade. (Underline the best answer.)

- a) Give him \$15 at the end of the course if he makes a good grade.
 b) Give him \$5 at the end of each five weeks period if his grades at the end of each five weeks are good.
 c) Give him \$1 at the end of each week if his grades at the end of each week are good.

9. List two social rewards that other people give us for good behavior and two non-social rewards that other people give us for good behavior.
-
-

10. List two physically painful and two socially painful events that most of us usually try to avoid.

_____	} Physical

_____	} Social

11. Given the following two situations where a person avoids a socially painful event, write in the space provided the socially painful event being avoided in each case.

- a) A father leaves his house full of crying and screaming children to go to a football game with the "boys." _____
- b) A husband starts daydreaming and practically falling asleep when his mother-in-law, who talks a lot, starts criticizing him for the way he treats her daughter. _____

12. In the two situations mentioned in number eleven, which behavior was strengthened or reinforced because it allowed the person (the father in a and the husband in b) to avoid a socially painful event.

- a) _____
- b) _____

13. Given the following two situations where one person is accidentally rewarding another person for bad behavior, write in the space provided the behavior which is accidentally being rewarded.

- a) A mother and child are in a supermarket and the child is screaming for some candy. The mother refuses to give the child candy so the child screams louder. The mother finally gives in and gets the child the candy. _____
- b) A female is nagging her boyfriend to buy her an engagement ring, but he refuses to buy it for her. She continues her nagging more and more. He can't stand it any longer so he buys her the ring. _____

TEST ON "RELATIONSHIP IMPROVEMENT"

1. Given the following two situations, one where a person is relating to another as a person and one where a person is relating to another as an object, write in the space provided for each situation the one that is an example of a "person-person" relation and the one that is an example of a "person-object" relation.
 - a. Talking to a salesman about buying insurance.
 - b. Talking to a friend about his feelings regarding his father's death.
2. Given the following two situations, one where a person is expressing an opinion and one where a person is expressing a feeling, write in the space provided for each situation the one that is an example of a person "expressing an opinion" and the one where a person is "expressing a feeling."
 - a. I am nervous about taking this exam today.
 - b. Women are very talkative people.
3. Given the following two situations, one where an individual is showing acceptance of someone's feelings and one where an individual makes another feel he should have kept his feelings hidden, write in the space provided for each situation the one that is an example of "showing acceptance of feelings" and the one that is an example of "discouraging the expression of feelings."
 - a. A person is crying over the death of a loved one and a friend tells the person the following: "Don't cry! Crying is for kids."
 - b. A child is crying because his father will not buy him a dog and his mother makes the following reply: "I know you are sad because you wanted a dog. Maybe you can have one when you are older."

4. Given the following three situations where one person is agreeable or helpful to another but accidentally cuts off the expression of feelings, write in the space provided the behavior that cut off or discouraged the expression of feelings in each case.
- a. A person is expressing his concern about taking a test and you respond in the following manner: "Don't be afraid of taking the test. I took it a long time ago and it was easy." _____
 - b. A wife makes the following statement to her husband: "I am afraid to take a vacation on Labor Day because the traffic is so bad." Her husband responds: "Don't be afraid, honey; you know what a good driver I am." _____
 - c. A mother makes the following statement to the family doctor: "Doctor, little Johnny is so sick all of the time that it worries me. The doctor replies: "Oh, don't worry about him. It is just part of growing up." _____
5. Identify the feeling behind each of the following statements:
- a. For some reason, when I get on an airplane, I start shaking all over. _____
 - b. I wonder if Johnny will get home safely. He has never driven in the rain before. _____
 - c. I have been studying for this big test all week but I'm not sure that I can pass it. _____
6. Imagine that you are about to speak in front of a large group and are very nervous about it. The following statements are given to you by a friend who is trying to help you:
- a. "When you get in front of the group, just take a deep breath and it will help you to relax." _____
 - b. "I'll bet you are extremely nervous about speaking in front of such a large group." _____
 - c. "You are bound to do well in front of the group because you have done this before." _____

In the spaces provided above, put whether each statement is an example of "reassurance," "awareness of your feeling," or "advice-giving."

7. List two of your own problems and the feelings behind both of these problems.

NOTES

1. Strictly speaking the AS is not a measure of anxiety evoked by the feared object but a measure of approach-avoidance behavior. The theory underlying this measure is that the S's anxiety is either alleviated or heightened as a result of treatment, and that this anxiety change for the S results in approach or avoidance behavior respectively. The present study will, however, speak of the AS measure as an anxiety measure.
2. AS is a gross index of anxiety similar to the Look-Touch-Hold measure used by Lang and Lazovik (1963). A score of 1 is assigned to Ss if they hold the animal. This behavior on the part of the S corresponds to step 13 in the stages of treatment. A score of 2 is assigned to Ss able to perform the behavior outlined in step 12 (picking up the snake without taking it from the cage) of the stages of treatment. In a similar manner scores are assigned from 3 - 11 to Ss able to enter the room and approach the snake respectively. Thus, the maximum score that could be obtained by highly fearful Ss would be 13 (refusing to enter the room) and the minimum score that could be obtained by Ss who were not anxious would be 1.
3. "The patients admitted to G.M.H.I. are, on the whole, rather well educated. Fully one-third had (1966-1968) at least a year of college and about 15% are college graduates. Of course, these figures are slightly distorted because between 10% and 15% of the patients are students who have not yet completed their education. Most of the patients, indeed almost half of them, fall in the 'some high school' and 'high school graduate' category and this stratum of the Institute's population has increased from 35% to 47%. The proportion of those who have completed eight grades of schooling or less, on the other hand, has decreased from 24% in 1966 to 19% in 1967 and 16% in 1968." Taken from Levine, A., Tucker, C., Albrecht, G., Smith, E., and Herriman, P. An Analysis of Selected Characteristics of all First Admissions to the Georgia Mental Health Institute: November 1965-March 1968.

4. From Patterson, G. R. and Gullion, E. M. Living with Children: New Methods for Parents and Teachers. Illinois: Research Press, 1968.
5. From HDI: General Relationship Improvement Program. Atlanta: Human Development Institute, Inc., 1967.

VITA

John Joseph Parrino was born in Tampa, Florida, on September 9, 1942. He was graduated from Thomas Jefferson High School in Tampa in 1960. He then attended the University of South Florida and was graduated in 1964 with a Bachelor of Arts degree. In September of 1964 he enrolled in the graduate school at Louisiana State University. He received his Masters of Arts degree in Psychology in August, 1966, and continued his studies towards the Ph.D. degree in Clinical Psychology. He is presently a candidate for the Doctor of Philosophy degree in Psychology. After receiving this degree, he will be employed as a Clinical Psychologist at the Georgia Regional Hospital in Atlanta, Georgia.

EXAMINATION AND THESIS REPORT

Candidate: John Joseph Parrino

Major Field: Psychology

Title of Thesis: The Effect of Pre-therapy Information on Learning
in Operant Therapy

Approved:

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

Date of Examination:

14 April 1969