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THE DEVELOPMENT AND EVALUATION OF A MENTAL HEALTH COURSE AND ITS RELATIONSHIP TO CHANGES IN SELF-CONCEPT, AUTONOMY, AND SELF-ACTUALIZATION

Boston University School of Education ED.D. 1979

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1979

BOSTON UNIVERSITY

SCHOOL OF EDUCATION

THE DEVELOPMENT AND EVALUATION OF A MENTAL HEALTH COURSE AND ITS RELATIONSHIP TO CHANGES IN SELF-CONCEPT, AUTONOMY, AND SELF-ACTUALIZATION

by

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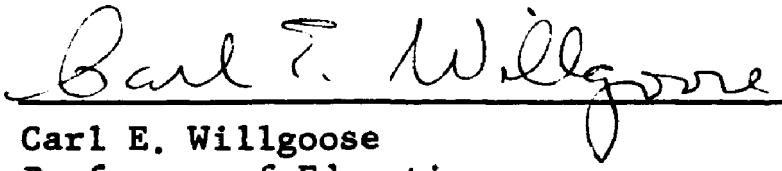
First Reader 

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THE DEVELOPMENT AND EVALUATION OF A MENTAL HEALTH COURSE AND ITS RELATIONSHIP TO CHANGES IN SELF-CONCEPT, AUTONOMY, AND SELF-ACTUALIZATION

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The purposes of this study were to develop a mental health course and to determine the effectiveness of the course on facilitating mental health as measured by changes in autonomy, self-concept, and self-actualization. Autonomy, self-concept, and self-actualization were three of the six most commonly occurring criteria of the mentally healthy individual found by Jahoda (1958) in her extensive review of the mental health literature.

The subjects of the study were junior and senior high school students at a suburban high school in the Boston area. Seven groups were involved in the study. Three groups participated in the experimental treatment (the mental health course) and four groups acted as controls.

Three of the control groups did not receive any treatment. The fourth control group participated in a standard health course with the same instructor and a similar classroom enviornment as the mental health course. The groups were pretested during the first week of school in September and posttested in February, after 105 class periods of 43 minutes each.

The measure of mental health used in this study was the Personal Orientation Inventory, a valid and reliable measure of positive mental health. An analysis of variance was used to test for the significance of the difference between the mean scores on the pretest; an analysis of covariance was used to determine the significance of the difference between the adjusted mean scores on the posttest; and the Scheffe Comparison Test was used to determine the locations of the differences on the posttest.

From the results of this study, the following conclusions were made:

1. There were no significant pretest differences on the measures of autonomy, self-concept, and self-actualization between those high school girls who selected health courses and those students from the same accessible

population who did not select health courses.

2. High school girls who participated in the mental health course showed significant posttest improvements in their levels of autonomy, self-concept, and self-actualization compared with students who did not participate in the mental health course.

3. There were no significant posttest differences on the measures of autonomy, self-concept, and self-actualization between those girls who selected and participated in the mental health course and: (a) those girls who selected a similar mental health course but participated in the same experience, and (b) those girls who selected a standard health course but participated in the mental health course.

4. High school girls who participated in the standard health course (with the same instructor and a similar classroom environment as the mental health course) scored higher on the posttest measures of autonomy, self-concept, and self-actualization than students who did not participate in such a standard health course. However, their posttest scores were not as high on the three variables as those of students who participated in the mental health course. These results

suggest that there may have been something about the particular classroom environment which facilitated improved levels of autonomy, self-concept, and self-actualization.

5. Neither grade-level in school (grade 11 or 12) nor the school program (curriculum) in which the students were enrolled was a factor in facilitating changes in autonomy, self-concept, and self-actualization.

6. The specific variables and classroom environment that made up the mental health course may have contributed to the positive changes in mental health. These include: increased awareness; the willingness and ability to self-disclose; increased ability to communicate effectively, make decisions, and solve problems; and a realistic and accurate view of self. The classroom environment was characterized by congruence, unconditional positive regard, an empathic understanding, and perceived congruence, acceptance and empathy; the facilitator as a learner and model; trust; and the use of the small-group format. Based on these findings, it is suggested that these variables and the particular classroom environment may be used in educational programs to facilitate optimal mental health.

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CHAPTER I

INTRODUCTION

Mental health education is being given greater educational emphasis than ever before. It has been felt not only that education can contribute to the avoidance or alleviation of mental illness, but also that teachers can educate for optimal mental health. Speakers at the National Assembly on Mental Health Education (1958) stated that, if it were known how to increase positive mental health, education could facilitate the goal of positive mental health and thus increase the overall level of health.

Heard persistently during the Assembly was an uncertainty, a questioning, of the assumptions on which programs are built. Existing programs are built on an enormous amount of faith, but very little research. What is needed are innovative ideas and careful experimentation to find ways in which the valuable insights, skills, and methods that have been developed in the various therapies, the

fields of human relations training, community mental health, and in the personal growth movement can be used to prevent illness and facilitate optimal mental health. This study attempts to contribute toward the meeting of this need.

Statement of the Problem

The problems of the study were to develop a mental health course and to determine the effectiveness of the course in facilitating mental health as measured by changes in self-concept, autonomy, and self-actualization.

Purposes of the Study

The main purposes of the study were:

1. To identify methods, skills, behaviors, and classroom environments that appear to facilitate optimal mental health, and to develop a course of study for high school juniors and seniors based on these concepts and objectives.

2. To determine the changes in mental health of those individuals who participated in the mental health course, and to determine whether those changes were greater than changes in individuals who did not participate in the mental health course.

3. To determine the changes in mental health of those individuals who participated in the mental health course and to determine whether those changes were greater than changes in individuals who participated in a standard health course with the same instructor.

4. To determine the changes in mental health of those individuals who participated in the standard health course and to determine whether those changes were greater than changes in individuals who did not participate in either health course.

5. To determine the changes in mental health of those individuals who selected and participated in the mental health course and to determine whether those changes were greater than changes in (1) individuals who selected a similar mental health course, but participated in the mental health course, and (2) individuals who selected the standard health course, but participated in the mental health course.

6. To determine the relationships between grade or school program differences and changes in mental health.

7. To determine initial differences in mental health between those individuals who selected the health courses and a random sample of individuals who neither selected nor participated in the health courses.

Hypotheses

The following hypotheses were tested:

1. Among all groups involved in the study, there are no significant mean score differences on the pretest measures of autonomy, self-concept, and self-actualization.

2. Among all groups involved in the study, there are no significant adjusted posttest differences on the measure of autonomy.

3. Among all groups involved in the study, there are no significant adjusted posttest differences on the measure of self-concept.

4. Among all groups involved in the study, there are no significant adjusted posttest differences on the measure of self-actualization.

5. Among all groups involved in the study, there are no significant grade or school program differences in the adjusted posttest scores on the measures of autonomy, self-concept, and self-actualization.

Definition of Terms

Mental Health. The term "mental health" refers to the six most commonly occurring criteria found by Jahoda (1958)

in her extensive review of the mental health literature. The criteria include positive attitudes toward self (self-concept), self-actualization, autonomy, integration, perception of reality, and environmental mastery. More complete definitions of these criteria are discussed in Chapter II.

Self-Concept. "Self-concept" refers to the ability to like one's self because of one's strengths and in spite of one's weaknesses. Operationally, self-concept was measured by the combined scores of the self-acceptance and the self-regard subscales of the Personal Orientation Inventory (Shostrom, 1966).

Autonomy. "Autonomy" implies that the individual's mode of reaction is characteristically "self-orientated" rather than "other-orientated." Operationally, autonomy was measured by the scores on the inner-direction scale of the Personal Orientation Inventory (Shostrom, 1966).

Self-Actualization. "Self-actualization" implies the notion that the individual is motivated beyond tension reduction to realization of potential capacities and

talents and demonstrates concern for others. Operationally, self-actualization was measured by the self-actualization construct of the Personal Orientation Inventory (Shostrom, 1966).

Personal Orientation Inventory. The "Personal Orientation Inventory" is an instrument that provides a measure of positive mental health. It consists of 150 two-choice comparative value and behavior judgments. The items are scored twice: first, for two basic scales of personal orientation--inner direction support and time competence; and second, for ten subscales, each of which measures a conceptually important element of self-actualization (Shostrom, 1966).

Values Clarification. "Values clarification" is a process to help one determine the content and power of one's own set of values. Its purpose is to help the individual freely decide between alternatives or among varied choices (Simon, 1974).

Transactional Analysis. "Transactional analysis" is a process that helps people become aware of themselves,

the structure of their individual personalities, how they transact with others, the games they play, and the scripts they act out. It is based on the assumption that all individuals can learn to trust themselves, think for themselves, make their own decisions, and express their feelings (James & Jongeward, 1971).

Self-Disclosure. "Self-disclosure" is the ability to let yourself be known to another--fully, spontaneously, and honestly (Jourard, 1971).

Problem Solving. For the purposes of this study, "problem solving" will refer to the process of identifying a problem, brainstorming multiple solutions, selecting the most promising solutions, and exploring the risks and consequences involved in implementation, designing a final plan of action, implementing the action, and evaluating the outcome.

Dialogue. For the purposes of this study, "dialogue" will refer to a process of communication that attempts to arrive at new truths and new knowledge about a problem or a situation. The process involves an individual asking

another person or persons questions that will help them arrive at a better understanding of their situation, their feelings about it, alternative modes of behavior, and the risks and consequences involved in new and old behaviors. The process is complete when the person has a more complete understanding of the situation and, if appropriate, has formulated a plan of action for future behavior.

Personal Statements. For the purposes of this study, "personal statements" will refer to messages that state specifically what the speaker is feeling, doing, or thinking. Personal statements involve the use of the pronouns, I, me, or my (Johnson, 1972).

Feeling Statements. For the purposes of this study, "feeling statements" will refer to messages that state specifically what the speaker is feeling (Johnson, 1972).

Relationship Statements. For the purposes of this study, "relationship statements" will refer to messages that express what the speaker is feeling about the listener or his or her behavior (Johnson, 1972).

Parent Ego State. The "parent ego state" is a transactional analysis term referring to that part of the personality that contains the attitudes and behaviors that are observed and copied from significant parent figures (Jongeward & James, 1973).

Adult Ego State. The "adult ego state" is a transactional analysis term referring to that part of the personality that gathers information, computes, stores, memorizes, and uses facts to make decisions: it is unemotional and is concerned with what fits or what is most expedient and useful (James & Jongeward, 1971).

Child Ego State. The "child ego state" is a transactional analysis term referring to that part of the personality that contains all the impulses people were born with, as well as what they learned when they were very young. In other words, it has the same feelings and ways of behaving that people had when they were little (James & Jongeward, 1971).

Life Script. A "life script" is a transactional analysis term referring to an ongoing program, developed in early childhood under parental influence, that directs the

individual's behavior in the most important aspects of life (James & Jongeward, 1971).

Mental Health Course. The term "mental health course" refers to the cognitive and affective experiences that attempted to facilitate a more positive self-concept and more autonomous and self-actualizing behavior. A complete description of the concepts, skills, knowledge, and classroom environment is presented in Chapter III.

Getting It Together. A one-term mental health course, "Getting It Together" is described in more detail in Chapter III.

Understanding Self and Others. This is the same one-term mental health course as "Getting It Together." The only difference between the two courses was the name. A more detailed description of this course is presented in Chapter III.

Standard Health Course. A year-long cognitive and affective experience dealing with major health issues, including smoking, heart disease, cancer, and nutrition. The major objectives of the course were to facilitate the

participants' knowledge and personal awareness of these problems and how they were or could be affected by them. The course also encouraged the students to change their health behavior when appropriate (e.g., to quit smoking, to cut down on cholesterol intake, to eat a balanced diet, to lose weight, to practice self-breast examination, etc.) The teacher attempted to create a similar environment in both the standard and mental health courses. A detailed description of the classroom environment is presented in Chapter III.

Current Health Problems. This is the name given to the standard health course.

Justification for the Study

Mental illness is America's most pressing and complex health problem (AMA, p. 1). It is estimated that at least one person in ten will at some time in his or her life suffer from some form of mental or emotional illness that could call for professional help. On any given day in 1970, two out of five institutionalized patients were hospitalized with a primary diagnosis of psychiatric illness. Physicians also recognize that emotional problems are an

important factor in many physical illnesses, including heart disease. Over 50 percent of all medical and surgical cases have such a complication. In a large number of cases seen by general practitioners, the major problem is an emotional one (NAMH, p. 1).

There are other indicators of poor mental health that do not show up in these statistics. Some 25,000 persons committed suicide in 1 970, and between a quarter and a half-million others attempted it (Willgoose, 1972, p. 129). The average divorce-marriage ratio is now 455 divorces granted per 1,000 new marriages. About 400 out of every 100,000 children under age 18 require psychiatric care as out-patients each year. And there are an estimated 10 million alcoholics in the United States (Willgoose, 1974, pp. 9-10). Even when these statistics are included, the absence of mental health in this nation is probably much greater than is revealed in presently available data.

The concept of preventing mental illness is appealing, since present methods of treatment are cumbersome, uncertain, and unavailable to many. Teaching about and for mental health has been given emphasis in the schools. At the present time, however, the fund of knowledge concerning

the effectiveness of mental health programs does not contain a sufficient amount of systematically gathered information to warrant defensible conclusions.

At the National Assembly on Mental Health Education in 1958, one speaker commented:

> We must lend ourselves to doing the job of education for positive mental health within a framework of evaluation and research which would put our day-by-day experience to positive use. Two things should come out of this process of research: more knowledge of how effective our techniques are and more knowledge of just how the observed effects are brought about. We need to know not only what results we are getting but how we are getting them. (NAMH, 1960, p. 49)

Various mental health programs have been in operation in schools for only the last three decades. In 1946, Congress enacted the National Mental Health Act, under which the National Institute of Mental Health was created. Most of the services and programs of the act centered on community agencies or treatment centers and clinics. In 1955, however, the Joint Commission on Mental Illness and Health began to point the way for public schools to take a major step in the prevention of mental illness.

The mental health application used in the schools today does not directly emanate from a particular school of psychology. This application is an eclectic orientation

and incorporates a flexible set of techniques rather than a fixed body of behavioral knowledge with prescribed methods. The key concept that unites the backgrounds and procedures of persons using the mental health application has been primary prevention. This approach deals with treating or giving special emphasis to problem children, and, at best, preventing problems in the general school population. Caplan (1964) described primary prevention:

> It involves lowering the rate of new cases of mental disorder in a population over a certain period by counteracting harmful circumstances before they have a chance to produce illness. It does not seek to prevent a specific person from becoming sick. Instead, it seeks to reduce the risk for a whole population, so that, although some may become ill, their number will be reduced. It thus contrasts with individual-patient-oriented psychiatry, which focuses on a single person and deals with general influences only insofar as they are combined in his unique experience. (p. 26)

However, the prevention of mental illness has remained more of a dream than a reality. Programs for the backlog of students already in serious trouble have often taken priority over programs optimistically designed to help those students having either potential problems, minor problems, or developmental crises not considered abnormal (Schmuch, 1974, p. 61).

There is a great need for a formal educational and community approach to prevent and reduce mental illness. Yet such an approach is not enough. We need also to be concerned with the promotion of optimal mental health. We have concerned ourselves with the protection of health for too long. While this has been important, the effort has limited research to these endeavors that are disease-oriented. Traditionally we have concerned ourselves with disease after it has developed, or at best, tried for early diagnosis or prevention. So much energy goes into plugging holes in the dike that little attention is given to building better dikes. What is needed is, first, a careful review of the research on existing concepts, methodologies, programs, and environments. Second, we need to develop and experiment with new insights, skills, and methods that attempt to facilitate optimal mental health and that can be appropriately introduced into educational settings in order to improve the mental health of the nation. Research to investigate the effects of these programs can lend credence to existing concepts, programs, and methods as well as help to establish guidelines for future development.

Scope of the Study

The major purposes of the study were to develop a mental health course and to determine the effectiveness of the course on facilitating mental health as measured by changes in self-concept, autonomy, and self-actualization variables of the Personal Orientation Inventory.

Following a thorough review of the mental health literature, the mental health course was developed. The concepts and skills that the course attempted to facilitate were: awareness of feelings, values, and life direction; self-disclosure; trust in oneself and in others; effective communication; problem solving and decision making; awareness of the psychosocial forces that help mold personalities and self-concept; willingness to assume responsibility for one's life; to take healthy, growth-facilitating risks, and to have meaningful, growing, interpersonal relationships. It was felt that the environment that was created would be essential in meeting these objectives. The classroom environment was one that valued the above concepts, skills, and behaviors, as well as the conditions of congruence, unconditional positive regard, and empathic understanding.

The subjects of the study were junior and senior high school students at a suburban high school in the Boston area. Seven groups were involved in the study. Three groups received the experimental treatment. The major experimental group selected and participated in the mental health course. The second experimental group selected a similar mental health course but received the same mental health experiences. The third experimental group selected the standard health course but also received the same mental health experiences.

There were four control groups involved in the study. The major control group selected the mental health course, but was randomly assigned to the group that would be taking the course during the second semester. They did not receive any treatment during the experimental period. The second control group selected and participated in the standard health course. The other two control groups were made up of a group of young women and a group of young men who were randomly selected by computer from the junior and senior classes at the high school. They did not receive any treatment during the experimental period.

All groups participating in the study were pretested

during the first week of school in September and posttested during the second week of February, except for the main control group, which was posttested in the third week of January (because they were to begin participating in the experimental treatment). The third experimental group was posttested during the third week of March, because they started two weeks later than the other experimental groups and took two weeks longer to complete the course.

CHAPTER II

REVIEW OF THE LITERATURE

There is hardly a term more vague and ambiguous than "mental health." Many definitions have been given for "mental health," including the absence of mental disease, normality, and various states of well-being. These criteria have been found more or less wanting by Jahoda (1958) in her extensive survey of the mental health literature:

> To regard the absence of mental disease as a criterion has proved to be an insufficient indication in view of the difficulty of defining disease. Normality, in one connotation, is but a synonym for mental health; in another sense it was found to be unspecific and bare of psychological content. Various states of well-being proved unsuitable because they reflect not only individual functioning but also external circumstances. (p. 22)

The vagueness and ambiguity of the meaning of "mental health" has been a major weakness of mental health education programs. That the term "mental health" means many things to many people is difficult enough. That many professionals and programs use it without attempting to specify the idiosyncratic meaning the term has for them makes the situation

worse, both for those who wish to promote mental health and for those who wish to introduce concern for mental health into systematic psychological theory and research. Only when a legitimate, scientific meaning has been given to the term "mental health" will members of the profession know what they are trying to accomplish. (For example, how can a program attempt to facilitate mental health unless the program designers have a clear concept of what it is they are trying to facilitate?) Only then can these professionals begin to explore and evaluate conditions, methods, skills, relationships, and environments that will attempt to facilitate the goal of optimal mental health.

Presented below are various theories of mental health and criteria for the mentally healthy individual. These theories and criteria, which have been derived from clinical experience, careful observation, and research reported in the literature, have either directly or indirectly influenced the concepts on which the mental health course was based, as well as the methods, skills, behaviors, relationships, and environments that make up the program.

Theories of Mental Health

Although Freud was the founder of psychoanalysis, he did not make a serious effort to describe mental health because he was primarily interested in illness. He contented himself with stating that health consisted of the ability to love and do productive work. In psychoanalytic terms, mental health is an outcome of harmony among id, ego, and superego (Jourard, 1974, pp. 3-4).

Alfred Adler stressed the need for studying the total personality as a dynamic and indivisible unity in respect to all the manifestations of behavior, and furthermore, in intimate positive interrelation with the social setting. Adler asserted that inferiority feelings and compensatory strivings for superiority play the most crucial roles in neurotic illness and interfere with the capacity to love and to work. Adler introduced and emphasized an explicitly interpersonal dimension to theories of mental health. He saw a feeling of oneness, a brotherly feeling toward one's fellow man as the most important goal of personal growth. He emphasized the manner of adjustment to the three critical problems represented by social life, vocation, and marriage--or more broadly, love. He saw the analytic process

as essentially an education and guidance procedure, the objective of which is the re-education of the patient into a more socially directed pattern of life, through persuasion, encouragement, the development of insight, and above all, the cultivation of an interest on the part of the patient in acquiring cooperative habits of thought and behavior (Karpf, 1953).

Jung viewed people as having a conscious aspect of their psyche and a covert, "shadow" side, which remains unconscious to them and invisible to others. Self-realization for Jung required that people become aware of repressed, "shadow" sides in their personality, and struggle to express these in ways of life. For Jung, healthy personality entails the endless struggle to transcend one's initial socialization in order to discover and express one's own repressed possibilities of functioning. Integration of the capacities to think, feel, intuit, and sense is fostered by commitment to new purposes for existence. He felt that many persons would arrive at an impasse in their growth, and suffer from it. Self-realization is fostered by relinquishing projects that have animated one's youthful years and choosing new aims. Karpf (1953) summarized the

aim of therapy according to Jung:

> The aim of therapy is adjustment, not analysis merely, and to achieve this larger aim, a synthetic approach is necessary beyond the purely analytic approach of Freud. The tearing down process of analysis, Jung maintained, must be followed by a building up process, the goal of which is the constructive reintegration of the patient's personality on a higher plan of development. For this, the analytic method must be supplemented by the synthetic method, which seeks to view the personality not reductively and retrospectively in terms of historical origins, neurotic mechanisms, and pathological symptoms, but constructively and prospectively in terms of strivings, aspirations, and potentialities for further growth. From the standpoint of the larger aim of adjustment, according to his position, analysis, which is concerned with the freeing of repressed libido, is merely the first step, and only the lesser part of the task. The more important part is the constructive guiding of the patient to a proper utilization of his newly released energy, and this means finally, from his standpoint, a better balanced philosophy of life and a higher moral and religious organization of the personality. (p. 35)

Otto Rank was, like Adler and Jung, another of Freud's followers who soon went his own way. Mental health for Rank implied the courage to become a separate, distinct person and to be inventive and creative in various spheres of existence. Rank saw neurotics as persons who lack the courage to reveal their individual perspectives to the world. Instead, their behavior and being are geared to please others. "Healthy personality" for Rank implied the

courage and ability to assert oneself and behave in an autonomous fashion. He, like Adler, also stressed the interdependent relationship between the individual and the social order in which the individual comes to self-realization. The social world, he pointed out, is a part of the individual and the individual is a part of the social world; neither exists in isolation or in complete opposition to the other. The human being is not only an individual but also a social being (Karpf, 1953).

Fritz Perls developed a theory of man in wellness and neurosis called Gestalt therapy. An overview of his theory is summarized by Jourard (1974):

> His view was that the average man comes to fear living and experiencing the "here-and-now." Rather, he tends to live mainly in the past, through obsessive remembering, and in the future, through anxious expectations of catastrophe. He is chronically self-conscious and dreads spontaneous action. The average person experiences himself as dependent and helpless; he turns to others for support, and becomes angry when they do not live up to his expectations. The healthier personality struggles to emancipate himself from morbidly dependent relationships with others, and is capable of direct awareness of his perceptions and feelings rather than engaging chronically in abstract thinking, in recall, or in wishful or anxious imagination. (p. 12)

Perls emphasized the importance of immediate perceptual and

emotional experiences as factors in healthy personality growth in opposition with views that emphasize the past and the future. He also emphasized the importance of taking responsibility for one's life. He felt that people have much to gain by taking responsibility for every emotion, every movement, and every thought, and that each person should shed responsibility for anybody else. Responsibility, to Perls, meant simply the willingness to say "I am I" and "I am what I am."

Perls (1969) saw the difference between Gestalt Therapy and most other types of psychotherapy is

> [that] we do not analyze. We integrate. The old mistake of mixing up understanding and explanatoriness is what we hope to avoid. If we explain, interpret, this might be a very interesting intellectual game, but it is a dummy activity, and a dummy activity is worse than doing nothing. If you do nothing, at least you know you do nothing. If you engage in a dummy activity you just invest time and energy in unproductive work and possibly get more and more conditioned to doing these futile activities--wasting your time, and if anything getting deeper and deeper into the morass of the neurosis. (pp. 70-71)

Perls (1969) defined health as "an appropriate balance of the condition of all of what we are." He felt that:

> Every individual, every plant, every animal has only one inborn goal--to actualize itself as it is. A rose is a rose is a rose. A rose is not intended to

> actualize itself as a kangaroo. An elephant is not intended to actualize itself as a bird. In nature--except for the human being--constitution, and healthiness, potential growth, is all one unified something. (p. 33)

Eric Berne, who developed transactional analysis, felt people suffer in adult life because they will not grow to adulthood, but insist upon struggling to get other people to cater to their needs and wishes the way they wanted their parents to serve them during infancy. Berne believed that healthy personality consists of affirming one's personal worth, making reasonable demands upon others as befits an adult, and demonstrating simple honesty in one's dealings with others (Jourard, 1974, p. 13).

Many of the existential philosophers wrote about the implications of freedom for the human condition. Their writings have commanded increased attention from psychologists and psychiatrists. Some of their thinking is summarized by Jourard (1974):

> According to existential writers, man alone has the capacity to choose his behavior and hence to shape his "essence," that is, his observable characteristics, at any point in time. The healthy adult personality takes responsibility for his actions, makes decisions, and seeks to transcend the determining, limiting effects on his behavior of handicaps, social pressures to conformity, extreme stress, and biological impulses and feelings. He becomes aware of the pressures these impersonal

> forces impose on his action, but he chooses whether or not he will yield to them or oppose them. Only man can thus choose, and hence make himself.
>
> The healthy personality displays "courage to be." This term implies knowing and disclosing one's feelings and beliefs, and taking the consequences which follow from such assertion. It implies freedom to choose between hiding or faking one's real self and letting others know one as one is.
>
> Healthy personality means regarding oneself as a person, as free and responsible, not as a will-less instrument of impulses or the expectations of other people. In dealing with other people, a healthy personality treats them as persons too, like himself, rather than as objects or tools. As Buber puts it, he lives in dialogue with his fellow men in a relationship of "I and thou" rather than between I and "it," "him," or "her."
>
> The healthy personality becomes aware of his finitude and sees his life and what he makes of it as his own responsibility, not the responsibility of others. A person becomes most keenly aware of his time-bound existence when he squarely faces the fact that he will die someday.
>
> From the existential point of view, average people and the mentally ill both suffer some degree of estrangement from their own being, from nature, and from their fellow men. They find the responsibility of freedom too frightening, and so they let their lives be lived for them by impulses or by social pressures to conformity. In the process, they lose their selves. (pp. 13-14)

Albert Ellis developed an approach to psychotherapy, rational-emotive therapy, that emphasizes both feelings and thinking. He regarded neurotically disturbed people as individuals who refrain from vital living because they dread catastrophic consequences for ordinary self-assertiveness. They do not think clearly, and they do not

check the validity of their thinking (Jourard, 1974, p. 15).

Jurgen Ruesch proposed that competence at communication is an indication of the health of personality. He regards the mentally ill as persons who are deficient in some of the skills essential to full communication with others. His work shows how dread of communicating certain aspects of one's experience to others can seriously impair health, whereas open and free communication makes possible the fulfillment of love and growth. Ruesch (1961) defined communication:

> It is designed to enable the patient to experience fully, to accept what he has experienced, and to share these experiences with others. Once he is capable of doing so, he will find an equilibrium which will provide for more basic satisfactions. (p. 37)

William Blatz saw the quest for independent security as an important component of mental health. This entails learning a new skill in order to gratify a need or to solve a problem by oneself. Independent security is the individuals' growing edge. As they encounter dilemmas throughout life, they augment their independent security if they attack the problem by learning a new skill. The continuous acquisition of skills that lead to independent security also builds the self-confidence that makes a

person willing to face the unknown and to face conflicts in a decisive way (Jourard, 1974, pp. 16-18).

Carl Rogers outlined his perceptions of what human beings appear to be striving for when they are free to choose. Rogers saw a general pattern emerging as he watched people struggle in therapy to find a way of life for themselves. He stated the aim of life in the words of Kierkegaard: "to be the self which one truly is." Rogers (1961) saw his clients:

1. Move away from a self that is not, and in so doing, beginning to define what they are.

2. Move away from the compelling image of what they "ought" to be.

3. Move away from what culture and others expect them to be.

4. Move away from trying to please others.

5. Move towards being autonomous. They began to choose the goals toward which they wanted to move. They became responsible for themselves.

6. Move toward more openly being a process, a fluidity, a changing. They were not disturbed to find that they were not the same from day to day, that they did not always hold

the same feelings toward a given experience or person, that they were not always consistent. They were in flux, and seemed more content to continue in this flowing current. The striving for conclusions and end states seemed to diminish.

7. Move toward being a complexity of process-a desire to be all of oneself in each moment--all the richness and complexity, with nothing hidden from oneself, and nothing feared in oneself.

8. Move toward openness to experience--moving toward living in an open, friendly, close relationship with their own experience.

9. Move toward acceptance of others--as people move toward being able to accept their own experiences, they also move toward the acceptance of others. They value and appreciate both their own experiences and those of others for what they are.

10. Move toward trust of self--an increasing ability to trust and value the processes that are themselves (pp. 167-175). Rogers (1961) summed up his views of the fully functioning individual:

> It seems to mean that the individual moves toward <u>being</u>, knowingly and acceptingly, the process

> which he inwardly and actually is. He moves away from being what he is not, from being a facade. He is not trying to be more than he is, with the attendant feelings of insecurity or bombastic defensiveness. He is not trying to be less than he is, with the attendant feelings of guilt or self-depreciation. He is increasingly listening to the deepest recesses of his psychological and emotional being, and finds himself increasingly willing to be, with greater accuracy and depth, that self which he most truly is. (pp. 175-176)

It appeared to Rogers (1961) that the person who is psychologically free

> moves in the direction of becoming a more fully functioning person. He is more able to live fully in and with each and all of his feelings and reactions. He makes increasing use of all his organic equipment to sense, as accurately as possible, the existential situation within and without. He makes use of all of the information his nervous system can thus supply, using it in awareness, but recognizing that his total organism may be, and often is, wiser than his awareness. He is more able to permit his total organism to function freely in all its complexity in selecting, from the multitude of possibilities, that behavior which in this moment of time will be most generally and genuinely satisfying. He is able to put more trust in his organism in this functioning, not because it is infallible, but because he can be fully open to the consequences of each of his actions and correct them if they prove to be less than satisfying.
>
> He is more able to experience all of his feelings, and is less afraid of any of his feelings; he is his own sifter of evidence, and is more open to evidence from all sources; he is completely engaged in the process of being and becoming himself, and thus discovers that he is soundly and realistically social; he lives more completely in this moment, but learns that this is the soundest living for all time. He is becoming a more fully functioning organism, and because

> of the awareness of himself which flows freely in and through his experience, he is becoming a more fully functioning person. (pp. 191-192)

Sidney Jourard (1974), in his book Health Personality, noted many aspects of the healthy personality.

1. Consciousness. The capacity to experience the world in its richness, and in all available modes of consciousness gives life its personal meaning. When peoples' experiencing is diminished by any factor whatsoever, their lives are thereby diminished. Healthy personality is dependent upon continuously expanding consciousness of self, other people, and the world.

2. Reality Contact. Healthy personality depends upon acting in ways that foster well-being and growth. Effective action is impossible without accurate perception of the world and valid beliefs about it. Reality testing is the procedure for determining whether some perception or belief is warranted by evidence and logical reasoning or whether it is illusory. A person's perceptions and beliefs will be inaccurate or distorted unless he takes steps to verify them.

3. Basic Need Gratification. Healthy personality calls for competence at gratifying basic needs. One is

then free to pursue goals beyond personal security. It is difficult to be concerned with truth, justice, or beauty when starved for love, or when life itself is endangered. People must be able to take care of themselves before they can assume responsibility for the care of others and be free to do the creative work of the world.

4. Emotions. The capacity to experience a broad range of emotion is an indication of healthy personality. Immediate uncontrolled expression of emotion and chronic suppression and repression are incompatible with healthy personality. The ability to suppress and express emotion selectively is the pattern of emotional control most compatible with healthy personality.

5. Self-Structure. People's self-structure is important to their mental health. The self-structure refers to a person's sense of identity, of who he or she is. The self-structure includes the self-concept (people's beliefs about themselves), the self-ideal (the views of how they ought to be), and their public selves (the way in which they wish to be experienced by others). The self-concept is a powerful influence upon actions, because all people act as the person they believe they are and can be. Our

self-ideal is the basis for conscience, the act of making moral judgments about ourselves. We acquire our consciences by taking over the moral views of those who raised us. Our conscience, as given, may be too strict, too authoritarian and incompatible with healthy personality. The public self influences our actions and our disclosure before others. If the public self is radically different from the self-concept and the real self, the person will become increasingly self-alienated.

6. Social Roles. Social roles lie at the heart of our identities. We are trained early to live according to social definitions of behavior that is appropriate to our age, sex, family status, and occupation. Agents of socialization train us to our roles, and agents of social control keep us in them, even when they become stressful and dispiriting. The ability to fulfill the requirements of a variety of roles and the ability to disengage from social roles and to interact with others as persons, in a personal relationship, is an essential complement to living one's life in roles and is essential for healthy personality.

7. Interpersonal Relationships. The ability to have

meaningful interpersonal relationships is a requirement of positive mental health. The ability to stay in growing relationships with a few others without diminishing one another's existence is what healthy personality is about.

8. Love. Loss of the capacity to love or failure to develop it are now universally agreed upon signs that health of a person is impaired. A love relationship exists when a person behaves toward the object of his or her love in ways that show the lover knows, cares for, respects, and feels responsible for the other. Healthy personality is fostered by both giving and receiving love.

9. Sex. Sex is a source of boundless delight, and a means to express the profundity of love between people; yet sex is a problem for many people. Our society, perhaps, has been overzealous in seeking to instill a sense of caution and responsibility regarding sex. As a result, many people grow to adult years regarding sex as dangerous and immoral. Healthy personality is difficult to achieve unless individuals are able to reconcile their sexual needs with such other values as the integrity of others, some measure of conformity with prevailing morality, and a sense of self-esteem.

10. Work and Leisure. Because most people are obliged to work more than one-third of their waking adult lives, it is obvious that one's work has a decisive influence upon one's sense of identity and one's health. If a person is obliged to work at menial or monotonous tasks, the sheer boredom of daily existence can undermine morale and contribute to physical and psychological breakdown. People also need meaningful leisure pursuits as a balance to their work. The contrast to work is not play, but leisure, or avocational activities. One can work playfully, and one can put forth vast effort in his play. Healthy personality calls for hobbies, for interests, and for leisure-time activities that provide enjoyment and that sustain joie de vivre.

The works that seem to incorporate many of the ideas and concepts of the writers just described and that were most influential in the development of the mental health program were those of Abraham Maslow. Maslow devoted his life to studying the conditions under which man develops his human capacities to the fullest degree. From this he developed a new conception of human sickness and of human health: a psychology of health. He believed the

key to such health and development was gratification of basic needs. These needs exist in a hierarchical sequence. People must meet the demands of their lower level needs before those of the higher level can emerge.

This hierarchy begins with physical needs. The needs to maintain physical well-being and to satisfy the tensions caused by hunger, thirst, fatigue, sex-stress, lack of sleep, and physical pain are the most prepotent. When physiological needs are satisfied, the safety needs emerge, illustrated by the quest for an environment relatively free from threats to life and fostering a sense of security. The next level of needs is the love need, which is illustrated by the hunger for affection and accepting relationships with other persons. Once these needs have been met, the esteem need emerges. This level is classified by Maslow into two groups: the desire for strength, for achievement, for adequacy, and for independence; and the desire for recognition, for importance, for attention, and for a reputation or prestige.

Once all of these needs have been satisfied, the need for self-actualization emerges. Maslow postulates a concept of self-actualization as an important criterion for

achieving full humanness. His term implies a dynamic quality of becoming--an unfolding of one's potential in the process of growth. He defines growth as the various processes that bring the person toward ultimate self-actualization (Maslow, 1954, pp. 35-47).

Maslow believed that each of us has an essential inner core that is biologically based with a hereditary determinate, including needs, capacities, talents, and tempermental balances. This is the raw material of individuals, to be reached by themselves, by others, and by their environment.

Each person's inner nature has characteristics that are universal and characteristics that are unique. For example, each person has the need for love, but artistic genius is only given to a few. Much of the inner core is unconscious, including impulses, drives, instincts, needs, capacities for emotions, judgments, attitudes, and perceptions.

The inner nature has a dynamic force of its own, pressing always for open, uninhibited expression. This force is one main aspect of the will to health. It includes the urge to grow, the pressure to self-actualization, the quest

for one's identity. Partly this inner nature is a creation of each of us. Life is described as a series of choices of which the main determinant of choice is ourselves. We are free to express our goals, our courage, our fears, our feeling of responsibility and will power. We are persons as a result of our own main determinant, that is, what we make of ourselves.

If the essential core or inner nature of the person is frustrated, denied, or suppressed badly, psychological illness may occur. General illness of the personality is a falling short of the growth of self-actualization. Growth and self-actualization occur from using capacities, organs, and systems. Disease is debilitating. The unused skill capacity or organs may become a disease center or may cause atrophy and diminish the person (Maslow, 1968, pp. 189-194.

Maslow (1968) developed his ideal through the study of people who met his criteria for being well along in the process of actualizing themselves. In his thinking there are certain clinical manifestations that the self-actualized person demonstrates. He states them as follows: a more efficient perception of reality and more comfortable

relations with it; a high degree of acceptance of themselves, of others, and of the realities of human nature; spontaneity, simplicity, and naturalness; problem centeredness (Maslow's subjects all seemed to be focusing on problems outside themselves); the quality of detachment and a need for privacy; autonomy and independence of culture and environment; a continued freshness of appreciation; frequent mystic experiences--feelings that one's boundaries as a person have suddenly evaporated and one has truly become a part of all mankind and even of all nature; gemeinschaftsgefühl--a sense of identification with mankind as a whole, such that they could become concerned not only with the lot of members of their immediate family, but also with the situation of persons from different cultures; close relationships with a few friends and loved ones; democratic character structure; discrimination between means and ends, between good and evil; philosophical, unhostile sense of humor; creativeness; and resistance to enculturation (pp. 153-180).

Self-actualizing individuals, then, by definition, are already suitably gratified in their basic needs and are now motivated in other, higher ways. Maslow calls these

higher motives and needs "metaneeds" to differentiate the category of motivation from the category of "metamotivation." Maslow (1971) states:

> It is now more clear to me that gratification of the basic needs is not sufficient condition for metamotivation, although it may be a necessary precondition. I have individual subjects in whom apparent basic need gratification is compatible with "existential neurosis," meaninglessness, valuelessness, or the like. Metamotivation now seems not to ensure automatically after basic need gratification. One must speak also of the additional variable of "defenses against metamotivation." This implies that, for the strategy of communication and of theory building, it may turn out to be useful to add to the definition of the self-actualized person not only (a) that he be sufficiently free of illness, (b) that he be sufficiently gratified in his basic needs, and (c) that he be positively using his capacities, but also (d) that he be motivated by some values which he strives for or gropes for and to which he is loyal. (pp. 300-301)

These values he has called the "Being Values" ("B" for short), the ultimate values, which are intrinsic, which cannot be reduced to anything more ultimate. These values are: truth, goodness, beauty, unity, wholeness, dichotomy-transcendence, aliveness, process, uniqueness, perfection, necessity, completion, finality, justice, order, simplicity, richness, totality, comprehensiveness, effortlessness, playfulness, self-sufficiency, and meaningfulness (Maslow, 1971, pp. 318-319).

The existence of these B-Values adds a whole new set of complications to the structure of self-actualization.

These B-Values behave like needs. He terms these "meta-needs." Their deprivation breeds certain kinds of pathologies that have not yet been adequately described but which he calls "metapathologies"--the sickness of the soul that comes, for example, from living among liars all the time and not trusting anyone.

Maslow (1971) summarized:

> If we agree that such disturbances, illnesses, pathologies or diminutions (coming from deprivation of metaneed gratifications) are indeed a diminishing of full humanness or of the human potential and if we agree that the gratification or fulfilling of the B-Values enhances or fulfills the human potential, then clearly these intrinsic and ultimate values may be taken as instinctoid needs in the same realm of discourse with basic needs and on the same hierarchy. (p. 320)

Maslow (1971) further described eight ways in which one self-actualizes:

1. Self-actualization means experiencing fully, vividly, selflessly, with full concentration and total absorption. At this moment of experiencing the person is wholly and fully human.

2. At different points in our life there are progression choices and regression choices. There may be a movement toward defense, toward safety, toward being

afraid; but there are also growth choices. To make the growth choice instead of the fear choice is a move towards self-actualization.

3. Self-actualization implies there is a self to be actualized. Being self-actualized means "listening to the impulse voices" and letting the self emerge.

4. Self-actualizing implies being honest and taking responsibility. Looking within oneself for many of the answers implies taking responsibility. Each time one takes responsibility, this is an actualization of the self.

5. Self-actualization implies experiencing without self-awareness, making the growth choices rather than the fear choices, listening to the impulse voices, and being honest and taking responsibility. Doing these things will guarantee better life choices, better choices about what is constitutionally right for him or her.

6. Self-actualization is not only an end state, but is the process of actualizing one's potentialities at any time, in any moment. It means going through an arduous and demanding period of preparation in order to realize one's possibilities. It means working to do well the thing that

one wants to do.

7. Peak experiences are transient moments of self-actualization. These are moments of ecstasy that cannot be bought, cannot be guaranteed, cannot even be sought.

8. Finding out who one is, what one is, what one likes, what one doesn't like, what is good for one and what is bad, where one is going and what one's mission is--opening oneself up to oneself--means the exposure of psychopathology. It means identifying defenses, and after defenses have been identified, it means finding the courage to give them up (pp. 45-48).

Self-actualization is not a matter of one great moment. Self-actualization is a matter of degree, of little accessions accumulated one by one. People selected as self-actualizing subjects in Maslow's study, people who fit the criteria, go about it in these ways:

> They listen to their own voices; they are honest; and they work hard. They find out who they are and what they are, not only in terms of their mission in life, but also in terms of the way their feet hurt when they wear such and such a pair of shoes and whether they do or do not like eggplant or stay up all night if they drink too much beer. All this is what the real self means. They find their own biological natures, their congenital natures, which are irreversible or difficult to change. (Maslow, 1971, p. 50)

Thus, according to Maslow (1971), the aim of education is to help the student to:

> unfold, to break through the defenses against his own self-knowledge, to recover himself, and to get to know himself. . . . Respectful of the inner nature, the being, the essence of this "younger brother," [the teacher] would recognize that the best way for him to lead a good life is to be more fully himself. The people we call "sick" are the people who are not themselves, the people who have built up all sorts of neurotic defenses against being human. . . . Implicit is a belief that truth heals much. Learning to break through one's repressions, to know one's self, to hear the impulse voices, to uncover the triumphant nature, to reach knowledge, insight, and the truth--these are the requirements. . . . [Thus the] ultimate goal of education is to help the person become a human being . . . to be more perfectly what they already are, to be more fully, more actualizing, more realizing in fact what they are in potentiality. (pp. 52-53)

Maslow's views on the healthy personality are consistent with the criteria for positive mental health derived from clinical experience, careful observation, and research reported in the literature. The criteria presented below were selected by Marie Jahoda's study of the writings of well-known authorities in the field. In her extensive study to determine the psychological meaning of various criteria for positive mental health, Jahoda (1958) arrived at six criteria for the mentally healthy individual. These criteria were the ones most frequently found in the

literature, and are found in many of the works of the authors presented above.

1. Self-concept. Authorities agree that a positive attitude toward one's self is essential to good mental health. Such attitudes include self-acceptance, self-confidence, and self-reliance. Self-acceptance means that people have learned to live with themselves. They have some insights into their motives and desires as well as their weaknesses and strengths. They are able to evaluate their own behavior and own strengths and weaknesses. They can laugh at themselves and at their own mistakes. They accept their own human make-up without feeling real concern; yet they try to improve themselves.

Self-confidence, self-esteem and self-respect imply that people have the ability to succeed. They believe they will do reasonably well in whatever they undertake.

The self-image does not imply being self-conscious of every act or purpose. It does, however, indicate the importance of being one's self and possessing the ability to survey objectively one's own capacities and goals.

The self-concept is one of the most important sources of motivation of all behavior. It is of primary significance

in both personal and social behavior, because we tend to respond to others in the manner in which we regard ourselves.

2. Self-Actualization. As was mentioned earlier, the degree to which people realize their potentialities through action is determined by an ongoing process described as self-actualization. This process includes the development of the positive self-image previously described, motivational drives, and basic mental and physical faculties.

3. Integration. Integration means the interrelationship of all parts, processes, and attributes. It is best described as the "unity of the organism"--the individual as a total being. Jahoda found that integration as a criterion for mental health involved particularly a balance of psychic forces in the individual (a flexible balance of the ego, superego, and id; or of unconscious, subconscious, and conscious behavior), flexibility of action, a unifying philosophy of life that gives meaning and purpose to daily living, and the ability to resist stress. This means that people have resilience of character, or ego strength, to satisfy their needs, but when they are blocked in need satisfaction, they are able to

adopt and find new ways to bring satisfaction. They can face anxiety without disintegration.

4. Autonomy. Autonomy refers to the organization of the personality in such a way that the events of the individual's life are brought under his or her own jurisdiction and control. Autonomy means that the individual can select or reject a number of environmental factors. An autonomous person is one who is capable of conforming to the dictates of society, but who at the same time is secure enough to choose whether to conform or not.

5. Perception of Reality. The ability to see what is actually in the environment and to act accordingly is an important aspect of mental health. The ability to perceive correctly contrasts with the psychotic's inability to perceive reality. What we see is accurate and objective if others who are mentally healthy also see the same conditions. Mentally healthy people will be willing to, and actually do, seek to prove that what they see is also perceived by others. Mentally ill people would assume correctness without testing their beliefs. Perceiving the feelings and attitudes of others is of concern to mentally healthy individuals. They have a regard for the inner life

of others, or empathy for it, which is a type of social sensitivity.

6. Environmental Mastery. In relation to the mastery of the environment, the emphasis appears to be upon achieving success in significant areas of living and upon ability to adopt or adjust to the environment. Environmental mastery includes the following qualities: the ability to love and to experience sexual gratification with a love mate of the opposite sex; adequacy in work and play (the ability to have a meaningful job, and to enjoy opportunities for pleasure); the ability to have meaningful interpersonal relationships; the ability to meet the requirements of a situation, including the establishment of appropriate relations with peers and authority, and the acquiring of knowledge and skills; the ability to identify and solve problems; and the ability to adopt and adjust. (Adaptation implies that a workable arrangement between reality and the individual can be achieved by changing either or both through individual initiative. Adjustment is the product of the individual's experiences during the process of development. People adjust through their unique personality, which includes their own assets and

liabilities. Individuals make adjustments when they attain a satisfactory relationship between themselves and their environment and/or between needs and interests.)

Self-Development Programs

Elliot (1969) studied the effects of a curriculum in encounter groups in which the methodology of General Semantics was utilized. General Semantics is a body of knowledge that helps to resolve dichotomies, changes ways of thinking, and teaches one to listen and to become aware of non-verbal truths. Significant gains for six high school psychology classes were reported by self-report and questionnaire responses. Gains were reported in the following areas: learning to listen, delaying signal responses and actions of anger, less alienation, more empathy with others (parents, teachers, and fellow students), more honesty, increased sense of humor, decreased feelings of prejudice, an increase of trust in themselves in spite of outside influences, fewer feelings of "phonyness," and more feelings of identification with others, resulting in an increase in the sense of personal identity and responsibility.

Jepsan (1969) studied the effects of weekend workshops using an adapted form of Shostrom's Self-Actualization Workshop on eleventh and twelfth graders. There were 12 sessions of approximately 18 hours. The first five sessions dealt primarily with theory of self-actualization, while the remaining six sessions were spent in small groups. The groups used role playing, sensory awareness techniques, films, and value discussions in an attempt to learn the process of moving from manipulating behavior to self-actualizating behavior. The data indicated that the workshops were not significantly effective in leading subjects toward self-actualization. The author felt that similar studies should be conducted over a more extended time period.

Winecoff (1973) studied the effectiveness of an affective education experience offered to community college students. The experience was the Human Potential Seminar, and the instrument was Shostrom's Personal Orientation Inventory. Winecoff found no significant differences between pre- and post-levels of self-actualization for the majority of the students enrolled in the program (as measured by the 12 scales of the P.O.I.). Students in the

experimental groups made progress, but the progress was not statistically significant on the majority of the P.O.I. scales. It was noted, however, that 2 of the 11 sections of the Human Potential Seminal did achieve significant levels of self-actualization on a majority of the P.O.I. scales.

Bieniewski (1972) examined the effects of a one-semester, student centered self-development course on personality variables measured by the P.O.I. The study attempted to determine whether such a class fosters change towards self-actualization of college students. The basic questions of the study centered around differences between students who select a personal development course and students who do not enroll, and differences between students who participate in a personal development course and students who do not enroll. The results indicated significance for the total experimental group in growth toward self-actualization on the P.O.I. The study also presented strong evidence that students who select a course in personal development do not score significantly greater on the self-actualizing construct of the P.O.I.

Moser (1973) studied the effectiveness of an intervention strategy, the Human Potential Seminar, upon the self-esteem of normal college students. The hypothesis was that the intervention strategy would significantly raise the self-acceptance and self-esteem of the treatment over the control group. The treatment was highly structured, focusing on positive aspects, strengths, values, and achievements of each individual. While none of the hypotheses reached statistical significance, the treatment group showed a directional trend consonant with the hypothesis proposed in this investigation on two of the criterion measures. This data would support further exploration of these hypotheses.

Ralph (1973) studied the effect of positive value statements on self-esteem. The purposes of the study were to discover whether self-esteem could be increased by making positive value statements about oneself and to design a class for community college students in which positive value statements would be used to increase self-esteem, and to measure the changes in self-esteem. Low self-esteem was found to be closely related to poor mental health. The level of self-esteem appeared to limit the individual's

perceptions to that which was congruent to the self-image. Individuals appeared to select behaviors and experiences that reinforced the existing level of self-esteem.

Activities that encouraged the experimental subjects to express positive value statements about themselves were proposed and the consequences of using them were discussed. The activities were arranged to develop the self-concept through the development of the decision process within the group structure. Positive statements were reinforced in the group.

The level of self-esteem increased significantly for the experimental subjects. It remained the same for the control subjects. The activities which the subjects reported as most valuable to them in reaching the course objectives appeared to be those activities that contribute to self-objectification. "Listening to others" was rated highest; "self-evaluation," "making positive value statements about oneself," and "expressing oneself in class" had high ratings.

Johnston (1973) studied the effects of three teacher-learning approaches on the mental health of 60 adults enrolled in a mental health course. All students received

the same lecture and reading materials in addition to participating in one of the three teaching approaches. The Traditional Discussion (TD) approach focused on cognitive mastery and application of mental health principles to life situations. The Structured-Intra-Interpersonal Perceptual Activity (SIIPA) approach (based on phenomenological theory) focused on increasing awareness of phenomenological meanings, clarification of perceptions, and recognition of coping methods in interpersonal relationships. The Problem Solving Activity (PSA) approach (based on some assumptions of ego psychology) focused on the use of reasoning skills in solving exercises involving the manipulation of concrete materials. The exercises were taken from de Bono's book, The Five Day Course in Thinking.

The results indicated that the TD approach tended to produce changes in an unfavorable direction, while both the SIIPA approach and the PSA approach tended to produce changes in a favorable direction. While the favorable effects of the SIIPA approach centered more on the reduction of negative feelings than on the increase of positive feelings, the PSA group showed a greater increase of positive

feelings than a reduction of negative feelings. The PSA approach produced a greater number of significant changes than did the other two groups.

Gage (1972) studied the process of change that occurred in student self-identity and self-evaluation in a university human relations laboratory course. The course consisted of eight two-hour sessions, each consisting of human relations exercises, simulation and discussions, which were designed to increase self-awareness and self-knowledge. Examination of the data showed that periodic self-evaluation, the size of the subgroups, and class design, particularly human relations exercises, feedback, and co-trainer intervention, influenced changes in student self-identity and self-evaluation. It is suggested that increased self-insight may have supported re-evaluation of self so that, at the end of the course, members' self-identity, aspired self, and self-evaluation were closely associated.

Tucker (1974) explored the effects of the Human Potential Seminar upon the level of self-actualization in graduate counselor education students. The findings indicate that the Human Potential Seminar participants increased

their level of self-actualization significantly and further, that the gains were significantly greater than those of the control group.

Moff (1960) studied the extent to which an academic, subject-matter-centered course in General Psychology influenced the self-concept and self-adjustment of students. The following hypotheses were tested: (1) that the self-concept of students taking a one-semester course in General Psychology does not change more than the self-concept of students not taking the course; (2) that the self-concept of students completing the course does not become more like their ideal self-concept than does the self-concept of students not taking the course; (3) that the self-adjustment of students completing the course is not better than the adjustment of students not taking the course, as indicated by the degree of consistency between the self and ideal self-concepts; and (4) that there is no significant relationship between the amount of self-concept change and subject matter mastery of the course, as measured by final grades.

Hypotheses one through three were supported; hypothesis four was not. Further, no specific demographic

influence elicited significant mean self-concept change, self-ideal change, or self-consistency change over its opposite.

Values Clarification and Transactional Analysis

Covault (1973) studied the effects of a series of value clarification teaching strategies on self-concept and certain classroom coping and interacting behaviors of elementary students. Four classes of fifth grade elementary students, two experimental and two control classes, were randomly selected. Both the experimental and control groups were measured on a pretest and posttest basis. Covault found increased self-concept at the .05 level, as measured by the Sears Self Concept Scale. The significant positive changes for the experimental group, as compared with the control group changes, clearly support the effectiveness, appropriateness, and utility of the values clarification teaching strategies employed in this study.

Wilgoren (1973) studied the extent to which the self-concepts of pre-service teachers are influenced by two different value clarifying strategies. One strategy, the Simon, invited the learners to articulate and organize their

own value systems at their own pace. The other, the Oliver, demanded that the participants compare their choices to the absolute hierarchy of democratic individualism. Wilgoren hypothesized that for those persons experiencing either the Simon or the Oliver value clarification treatment, there would be self-concept improvement. The results confirmed this hypothesis.

Vance (1974) investigated an assortment of values clarification learning approaches with high school students. The study attempted to determine whether such clarification and confrontation methods contribute to personal recognition and growth toward a more unified valuing process. (Unified valuing was stipulated to mean a "closer integration between the thinking, feeling, and acting elements of personal valuing.") A number of value stimuli were selected and assimilated into a modern world literature class for a six-week period.

From the presentation and analysis of the data, the following assertions seemed warranted: (1) values clarification assisted the students in becoming more aware of their own value priorities; (2) students became more sensitive to the gaps between their words or ideals and their

actions in specific situations; (3) students were better able to see interrelationships among their own diverse personality traits; (4) values clarification facilitated the development of self-awareness and acknowledgements of intrinsic feelings and attitudes among the students; (5) the intensive values emphasis influenced some students to recognize their direct relationship with others and with their society.

Knox (1973) investigated the effects of Transactional Analysis (TA) on the internal-external locus of control (autonomy). Students participating in the study were divided into one of the following: an intensive 12-hour TA workshop; a semester of a class in which the textbook was I'm Ok--You're Ok; a combination of class and workshop; and no exposure to TA. It was found that students who learned TA tested out significantly more internal (autonomous) that those who had no TA. There was no apparent difference between the ability to learn TA in a group setting of 12 hours or in a traditional classroom setting during the course of a semester.

The Personal Orientation Inventory

Knapp (1971) studied the research that has been based on the P.O.I. He found that the P.O.I. has been used in studies that have been reported in over 50 published articles and 60 unpublished reports or dissertations. Knapp concluded from his study that the P.O.I. is a valid instrument for determining the degree to which a subject is self-actualized (Bieniewski, 1972, p. 52).

Fox, Knapp, and Michael (1969) tested the hypothesis that a sample of people requiring psychiatric hospitalization would score significantly lower on the P.O.I. than "normal" adults, relatively nonself-actualized persons, and self-actualized persons. These control group members were characterized "normal," "self-actualized," or "nonself-actualized" by practicing psychiatrists. All P.O.I. scales significantly differentiated the hospitalized psychiatric patients from the normal and self-actualized samples (Bieniewski, 1972, p. 52).

McClain (1970) conducted a study of MDEA Guidance Institute counselors who had been rated by counseling staff members for self-actualization according to criteria developed from Maslow's writings. The judgments of the

counseling staff members correlated with the scores of the P.O.I. (Bieniewski, 1972, pp. 54-55).

Klavetter and Mogar (1967) studied the reliability of the P.O.I. The test was administered on two occasions to 48 college students. A one-week interval elapsed between the two administrations. Klavetter and Mogar found that the stability coefficients of subject test scores were relatively high--ranging from .71 to .85 on 9 of the 12 P.O.I. scales. From this study, they concluded that the P.O.I. was a reliable measuring instrument (Bieniewski, 1972, p. 57).

A number of studies have demonstrated that the P.O.I. can discriminate between subjects who fake and subjects who describe themselves honestly. Shostrom administered the P.O.I. to two groups of college students and asked one group to respond as though they were applying for a job and wanted to make a good impression. The study indicated that the mean scores for the coached group were significantly lower on 8 of the 12 P.O.I. scales than for the group from the same college that responded under normal conditions (Bieniewski, 1972, pp. 57-58.

Grater (1968) asked a group of students to respond to the P.O.I. as if they were the "ideal emotionally healthy person." The mean scores of this group were compared with the scores of students who described themselves. The "fakers" scored lower on 9 of the 12 P.O.I. scales (Bieniewski, 1972, p. 58).

CHAPTER III

METHODS AND PROCEDURES

After reviewing the mental health literature and the various methodologies and strategies employed in the human potential movement, a mental health course, its goals, and its means of implementation were formulated. The major goal of the course was to increase levels of self-concept, autonomy, and self-actualization in those individuals who participated in the program. Self-concept, autonomy and self-actualization were focused on because they have been found by Jahoda (1958) to be the three criteria most frequently referred to in the mental health literature. Additionally, self-concept and autonomy seem to be the easiest criteria to facilitate and measure within a school setting, and self-actualization encompasses many of the criteria found in the literature and, in the view of many, is synonymous with optimal mental health.

PART ONE: EXPERIMENTAL DESIGN

Measuring Instrument

The measure of mental health used in this study was the Personal Orientation Inventory. This valid and reliable inventory was developed by Shostrom in 1965 to meet the need for a measure of positive mental health. (Most other tests measure pathology.) The instrument is a measure of self-actualization with subscales and constructs that measure self-concept and autonomy. The Personal Orientation Inventory items reflect significant value judgment problems seen by therapists in private practice. The items were based on observed value judgments of clinically troubled patients seen by several therapists over a five-year period. These items also were considered by the Personal Orientation Inventory to be related to the research and theoretical formulations of many writers in Humanistic, Existential, and Gestalt Therapy.

The Population and Sample

The subjects of the study were juniors and seniors at a middle-class suburban high school in the Boston area.

Except for the boys in the Male Control Group, all participants in this study were female. Seven groups were involved in the study. Three groups received the mental health course and were designated the experimental groups; the four remaining groups acted as controls. Descriptions of the groups are listed below.

Experimental Groups

1. Getting It Together Experimental Group (GT Ex). The individuals who were part of this group selected and participated in the mental health course entitled Getting It Together (see Appendix L for a description of the course, as printed in the high school course catalogue). These individuals had been randomly assigned by computer to join a group that was offered the course the first half of the year; this group acted as the main experimental group.

2. Understanding Self and Others Experimental Group (USO Ex). The individuals who were part of this group selected a similar mental health course, entitled Understanding Self and Others. This course had a description very similar to that of Getting It Together (see Appendix L for the course description). This group received the same

treatment as the Getting It Together Experimental Group over the same period of time.

3. Current Health Problems Experimental Group (CHP (Ex)). The individuals who were part of this group selected the standard health course, entitled Current Health Problems (see Appendix L for the course description). During the second week of this course, several students who had heard what the mental health classes were studying wanted to know whether the group could participate in the mental health experiences instead of the physical health issues the class was beginning to explore. After outlining the differences between the mental health and the standard health courses, the instructor asked the students to identify the experience in which they would rather participate, and to discuss their reasons. From the discussion, it appeared that most of the students wanted to participate in the mental health experience. The instructor asked the students to vote between the standard health and the mental health courses. Everyone who voted (which was most of the students) selected the mental health experience. The instructor then requested to see any student who either did not want to participate in the

mental health course or who preferred the standard health course, so that different arrangements could be worked out. No one came to see the teacher regarding this issue. This group thus became the third experimental group. They received the same mental health treatment as the Getting It Together and the Understanding Self and Others experimental groups. The only differences were that the Current Health Problems Experimental Group started the mental health materials two weeks later and took an additional two weeks longer to complete.

Control Groups

1. Getting It Together Control Group (GT C). The individuals who were part of this group selected the mental health course entitled Getting It Together. These individuals had been randomly assigned by computer to join a group that was offered the course the second half of the school year. During the first half of the year (while the other group was participating in the course), they received no treatment; they acted as the main control group.

2. Current Health Problems Control Group CHP C). The individuals who made up this group selected and participated in the standard health course entitled Current Health Problems. The instructor attempted to facilitate the same type of environment in both the mental health and the standard health courses. The major difference between the two courses was the content.

3. Female Control Group (F C). The individuals who made up this group were selected at random by computer from the junior and senior classes at the high school. They received no treatment.

4. Male Control Group (M C). The individuals who were part of this group were selected at random by computer from the junior and senior classes at the high school. They received no treatment.

Procedures

All groups participating in the study were pretested with the Personal Orientation Inventory during the first week of school in September. Testing time did not exceed one hour per testing period. Students who were participating in the courses were told that the test scores would

not be a factor in their grades. All people participating in the study were told the inventory results would be used for research purposes only. They were asked to use their student identification number to protect anonymity. They were informed that their inventory scores would be known only by the researcher, and that the scores would not be made available to anyone other than themselves, if they so requested. They were also told that their names would not be used on any research document. They were asked to sign a consent form and to have a parent sign a consent form. The students and the parents were informed that no inventory scores could be used without their consent. Any student who did not sign a consent form, or whose parent failed or refused to sign a consent form, was dropped from the study.

Five of the seven groups were posttested during the second week of February. The total treatment time was 105 periods of 43 minutes. The Getting It Together Control Group was posttested during the third week of January because they were to begin participation in the mental health course. The Current Health Problems Experimental Group was posttested during the third week of March. The total

treatment time for this group was 115 periods of 43 minutes. The longer treatment period was due to the larger size of this group; it took longer to complete discussion on several of the issues.

Except for the scores of the boys in the Male Control Group, all boys' scores were excluded from this study because of the small number of men who selected the health courses. Individuals who failed to take either the pretest or the posttest, who had 15 or more items either unanswered or marked twice, or who failed to sign or have a parent sign the consent form were eliminated from the study. Three persons in the Current Health Problems Experimental Group were dropped from the study because they were absent over 30 percent of the time. One individual from the Understanding Self and Others Group was eliminated from the study because she was undergoing therapy at the time of the study.

The experimental design of the study is illustrated in Table 1.

Table 1

Experimental Design of the Study

	R*	Group	Number in Group	Pretest	Mental Health Course	Standard Health Course	Posttest
Experimental Groups	R_1	GT Ex	8	Y_1	X	--	Y_2
		USO Ex	4	Y_1	X	--	Y_2
	R_2	CHP Ex	9	Y_1	X	--	Y_2
Control Groups	R_1	GT C	8	Y_1	--	--	Y_2
	R_2	CHP C	19	Y_1	--	X	Y_2
	R_3	F C	20	Y_1	--	--	Y_2
	R_3	M C	17	Y_1	--	--	Y_2

*R = Randomization

Treatment of the Data

An analysis of variance was used to test for the significance of the difference between the mean scores on the pretest. An analysis of covariance was used to determine the significance of the difference between the mean scores on the posttest. Analysis of covariance is a statistical control to increase precision and to remove potential sources of bias from the experiment by controlling for the possibility of nonequivalence between the experimental and control groups on the pretest. In this study, analysis of covariance was particularly appropriate because of the self-selection of the experimental groups. The .05 significance level was used for the analysis of variance and the analysis of covariance.

The main sources of internal validity (namely history, maturation, testing, instrumentation, regression, reactive effect, and selection maturation interaction) were controlled among the population who self-selected the health courses. However, selection and selection maturation interaction could not be rigorously controlled between those who would be assigned randomly to such courses from the accessible population. The comparison between the experimental

groups and between the control groups for those who self-selected the health courses and those who did not self-select the health programs attempted to determine whether those who self-selected the courses possessed certain characteristics that, in interaction with the treatment, resulted in performance superior to the performance of those who did not self-select such courses.

In order to determine the locations of the differences on the posttest, the Scheffe Comparison Test was used. The Scheffe Comparison Test is more rigorous than other multiple comparison methods with regards to Type I error. Because it is more rigorous, Scheffe (1959) recommended the .10 significance level be employed. The .10 significance level was used for the Scheffe Comparison.

PART TWO: PROGRAM DEVELOPMENT

Program Concepts and Skills

The major emphasis of the course was on the development of specific awarenesses, skills, behaviors, and learnings. Those variables that the course attempted to facilitate were very much interrelated and were not dealt

with as separate units or concepts in the teaching of the course. They were of major concern in the day-to-day teaching over the 105-day period of instruction.

1. Increased awareness and the development of the ability to become aware. A major requirement for the growth of the individual self is that the person remain in touch with his or her own perceptions. No matter how different one's experiences are from those of others, one must trust in the validity of one's own senses in order to evolve into a unique human being. One assumption on which the program was based is that it is useful to become deeply aware of one's inner being. Awareness of feelings, fantasies, behaviors, and values are indicators of who and how we are. Awareness of self is really the only way to discover who we are. Once individuals are aware of who and how they are, they can use that information to direct their behavior and destiny. For example, people who are aware of their anger may explore further its cause, and then direct their behavior in a way that will resolve the anger. Being aware of who we are, what we value, and who we wish to become is a prerequisite to more autonomous and self-actualizing behavior. Awareness and its expression form

the foundation for both sensitivity to others and the development of meaningful relationships.

The course contained specific experiences that invited the participants to explore, expand, and deepen their awareness. (For examples, see Appendix H for references for specific exercises and Appendix J for references for specific student readings that pertain to these concepts and skills.)

2. The ability and willingness to self-disclose. Important to the attainment of optimal health and personal development is the concept of self-disclosure. An ability and willingness to self-disclose is essential for developing self-knowledge and meaningful relationships. Jourard (1971) hypothesized that human beings can attain health and fullest personal development only insofar as they gain courage to be themselves with others and discover goals that have meaning for them. Jourard (1971) stated:

> When a man does not acknowledge to himself who, what, and how he is, he is out of touch with reality, and he will sicken. No one can help him without access to the facts. And it seems to be another fact that no man can come to know himself except as an outcome of disclosing himself to another person. This is the lesson we have learned in the field of psychotherapy. When a person has

> been able to disclose himself utterly to another person, he learns how to increase his contact with his real self and may then be better able to direct his destiny on the basis of this knowledge. (p. 6)

Self-disclosure is basic in the formation of relationships. A realtionship between two individuals develops as the two become more open about themselves, more self-disclosing. If individuals cannot reveal themselves, they cannot become close to others, nor can they be valued by others for who they are.

The course contained specific exercises that allowed the participants to explore their own ability to self-disclose, how they felt about it, and how it affected their lives and relationships. Experiences were used to facilitate the ability to self-disclose (see Appendices H and J).

3. <u>The ability to trust oneself and others</u>. Engaging in self-disclosure involves being aware of self and being self-accepting. In addition, it involves the risk of rejection and ridicule. Thus, to self-disclose, people must accept themselves and trust the other person or persons will not respond in a way that will hurt their feelings or make them feel rejected. Thus, another element in

self-disclosure and the development of meaningful relationships is the individual's willingness to risk being rejected in order to build a close relationship. Trust becomes a central issue. Little happens in a relationship or a group experience until the individuals learn to trust one another.

Specific experiences were used to facilitate the development of trust within the group. The trust level in the groups was examined, as were the behaviors that either facilitated or hindered this development. Behaviors that would facilitate further trust development were explored (see Appendices H and J).

4. The ability to communicate effectively. Communication is essential in knowing self, in building relationships, in working through problems and impasses in relationships, and in creating new truths and new knowledge. Through communication, people reach some understanding of each other, learn to like each other, influence one another, build trust, form and terminate relationships, and learn more about themselves and how other people perceive them. Exercises were used to facilitate the participants' ability to communicate clearly messages that reflect their

intentions, and to listen in a way that increases their ability to interpret the sender's message as the sender intended. Specific exercises were used to facilitate the development of skills in active listening, the dialogue process, group problem solving, the giving and receiving of feedback, and the use of personal, relationship, and feeling statements (see Appendices H and J).

5. The ability to solve problems, make decisions, and set and carry out short- and long-term goals. Awareness skills provide the individual with tools to explore life, simplify and clarify problems, confusions, values, and life direction, but may not provide solutions to problems or life dilemmas. Skills in problem solving and decision making can help. Individuals who are most successful at resolving personal problems and making decisions typically go through certain general stages of thinking. At each stage they find a new, more useful way of looking at the problem in order to obtain a better understanding of it and to help them uncover new approaches for solving it. The problem-solving process used in the program was one that had the individuals: identify the problem (and their feelings about it); brainstorm multiple solutions;

select the three most promising solutions; explore the risks and consequences involved in implementing these solutions; design a final plan of action, make a contract stating a target date for completion of the solution; and evaluate the success of the solution following the target date (see Appendix I for the problem-solving process, the self-contract, and the evaluation of the plan of action used in the course). When individuals did not meet their goals, they were asked to explore the reasons for not doing so. They were also asked to explore alternative solutions to the problem. In selecting problems to work on, participants were asked to choose personal problems that they were experiencing at that time in their lives. Participants were invited to share their problems in class. The teacher and other class members used the dialogue process to help them clarify the problem and explore solutions.

6. <u>An awareness of the various psychosocial forces that help mold personalities and self-concepts, and which may hinder the development of a positive self-concept and autonomy, and keep one from becoming more self-actualizing</u>. As Nash (1966) points out:

> Education can make knowledge of these forms of authority a liberating experience by enabling us to understand them, come to terms with them, and partly control them, instead of being their unwitting pawns. Knowledge of our lack of freedom liberates us to operate within the area of freedom that we do possess. The fact that, as human beings, we can be called and choose to respond or not to respond to that call is a clue to our human freedom. Especially, when we deliberately, rationally, and reflectively form and pursue long-term purposes, we are extending the range of our personal freedom when we assume moral responsibility for our actions and choices.
>
> The educational synthesis of this polarity can, thus, be seen as an education for self-determination; encouraging the development of people who shape themselves (within the circle of possibility) according to the authority of the highest possible purposes, people who have the courage to make autonomous choices and who will bear responsibility for the consequences of those choices. (p. 331)

The cognitive areas of the course concerned several of these determining forces, including the influence of heredity and early upbringing, the social environment (including the development of norms, values, and roles, especially our roles as men and women) and conscious and unconscious needs and drives. These areas were studied in relation to personality development in general; the students were encouraged to study specifically these areas in relation to their own personality development. Transactional analysis and gestalt exercises were used to

facilitate the participants' awareness of their own personality and its development, how they felt about it, and what, if anything, they wanted to do to change aspects of it (see Appendices H and J).

7. Increased insight into and the facilitation of a more positive self-concept. The self-concept refers to the image people have of themselves and the esteem in which they hold themselves. This image has tremendous influence on a person's interaction with events and people. It enters into all their attitudes, judgments, decisions, choices of goals, and into the strength of their efforts. Individuals act as the people they believe they are, and can be. Because our self-concepts exert such powerful influence upon our experience and action, it follows that any person or any experience that influences what we believe to be true or possible for ourselves will have a powerful influence upon our lives. The mental health course attempted to promote the participants' insight into their own self-concept--how it developed, and whether it was consistent with the way they really were--by providing an environment, a process, and an experience that facilitated the development of a more positive self-concept. The course attempted

this in the ways discussed below.

Unless people go through an independent self-study, their beliefs about themselves are derived from the way they are mirrored by others, primarily significant others. Specific exercises were used to encourage the participants to examine their feelings and beliefs about themselves. They were asked to discover how they came to believe and feel this way. They were then asked to determine whether their feelings and beliefs were consistent with the way they really were at that time. If their self-concepts were not consistent with the way they really were, they were asked to discover why they had these feelings and beliefs, and whether they wished to hold onto or let go of these false concepts.

This process was aided by exercises that asked the participants to examine their strengths and their weaknesses. Exercises to facilitate the awareness of the negative put-downs and labels that we and others attach to ourselves were explored. It was hoped that, by examining these labels and put-downs, the participants would realize that many of these labels are just that, labels that have been applied to certain behaviors that have occurred in

particular situations in the past, but which need not apply to present and future behavior.

Exercises were also used to facilitate the participants' awareness of their successes, strengths, and accomplishments. Since we often dwell too much on our weak points, and are not aware of, do not affirm, or are not affirmed enough for our strengths and accomplishments, developing an awareness of our strengths and accomplishments, learning self-affirmation, and receiving affirmation from others would contribute to a more positive self-concept.

As part of the process of examining their self-concepts, the participants were asked to explore their self-ideal. As Jourard (1974) pointed out:

> One's self ideal can be demonic, capable of destroying the quality of life and even life itself. Consequently, it is urgent that a person examine the ideals and taboos that guide his conduct. Episodes of guilt should be occasions for examining the ideal that is being faulted rather than the occasion for unthinkingly changing action. It is only good to conform to a humanistic conscience; unreflective obedience to an authoritarian conscience infantilizes a person and blocks his ability to change in ways that enhance life. (p. 169)

The process and the classroom environment were considered important in facilitating a more positive

self-concept. It was felt that the group process of self-exploration, self-disclosure, and active listening used in this program would facilitate an awareness of how we are similar, as well as how we are unique, and promote acceptance for our being. It was also felt that the small-group experience is beneficial to persons, by providing them with opportunities for receiving new responses to their self-concept, in a situation where it is safe to consider and possibly accept sensory data in a nondistorted symbolization.

Because our self-concept is based on how we are mirrored by others, feedback from others is a primary means by which we increase our self-awareness. Feedback, given in a caring manner, can be a means by which the positive aspects of an individual's personality can be reinforced. Weaknesses and areas requiring growth that are invisible to the individual can also be pointed out, giving that individual a chance to change and grow. Specific feedback exercises were used to share the group's perceptions of one another's strengths, as well as areas in which each might grow.

Because we are very much social animals, it was felt

that the group process would enable the participants to develop more meaningful relationships and, in so doing, enhance their self-concept. It was also felt that success in such areas as problem solving and the meeting of needs and goals that were established throughout the course would enhance self-concept and the sense of independent security. To Blatz, independent security meant:

> the state of consciousness which accompanies a willingness to accept the consequences of one's own decisions and actions. . . . (It) can be attained in only one way--by the acquisition of skills through learning. Whenever an individual is presented with a situation for which he is inadequately prepared . . . he must make one of two choices--he must either retreat or attack. . . . The individual must, if he is to attack, emerge from the state of dependent security and accept the state of insecurity. This attack will, of course, result in learning. . . . The individual learns that satisfaction results from overcoming the apprehension and anxiety experienced when insecure, and that he may thus reach a state of independent security through learning. (Jourard, 1974, pp. 17-18)

The continuous acquisition of skills that leads to independent security also builds self-confidence, which makes a person willing to face the unknown and to deal with conflicts in a decisive way.

The premise on which this unit and this program were based is that the self-concept is a self-fulfilling prophecy;

a commitment rather than a self-description. Thus, if individuals do not like the way they either feel about themselves or find themselves just now, it is possible to envision another way to be, and then struggle to be that way. (See Appendix H for references for specific experiences, and Appendix J for references for specific student readings that pertain to the development of a more positive self-concept.)

8. Increased insight into and the facilitation of more autonomous and self-actualizing behavior. Autonomous and self-actualizing individuals are people who have brought the events of their lives under their own control. They are not governed by tradition or other people's wishes. They know themselves, and their behavior is motivated by their own internal value structure. They tend to focus on problems outside themselves, and have a feeling for mankind, a genuine desire to help the human race; they are capable of deeper and more meaningful interpersonal relationships; and they are actively committed to utilizing their talents and abilities. Self-actualization is fostered as a by-product of this quest.

Many of the concepts mentioned above will facilitate

these goals. Throughout the course the participants were asked to define their own value structure. "Who am I?" and "How do I become?" were the two major questions the participants were asked to explore throughout the course. The experience also dealt with many of the attitudes, values, beliefs, norms, and roles that society dictates and which may have been internalized by the participants. Awareness of our internal value structure and the outer dictates of society will allow us to distinguish between what is truly ourselves and that which we have been conditioned to be. By being aware of these two aspects of being, each of us will be in a position to choose what parts to keep, to work on, or to reject. By being aware of who we are and how we wish to be, and then acting on it, each of us will become more autonomous and self-actualizing. General and specific exercises were used to help the participants clarify their values with regard to their identity, life style, career, leisure-time activities, and relationships. The problem-solving process was used to help the participants determine what they need to do now and in the future to actualize these values and needs in all areas of their life.

9. The ability to have meaningful, growing, relationships. The ability to have meaningful, growing relationships without diminishing one another's existence is an important aspect of the self-actualizing person's life. Personal relationships call for mutual knowing through authentic self-disclosure. Self-disclosure is inhibited by social norms and by dependency upon others, which make people fear they will be rejected. Relationships become frozen into impasses when one partner makes demands that are not being met by the other. Impasses are vital for fostering both personal growth and the growth of the relationship, but they must be brought out in the open and resolved in ways that enhance the maturity and self-reliance of the individuals. It was felt that, through an increased ability to self-disclose, trust, and effectively communicate with others, participants would be better able to develop and maintain the types of relationships that would enrich their lives. It was also felt that a more positive self-concept, and more autonomous, less dependent behavior would allow them an increased freedom to love and be loved as the persons they truly are (see Appendices H and J).

10. Individual responsibility. Another characteristic of the self-actualizing individual, and a concept that was stressed throughout the program, was that human beings are responsible for their lives. Human beings are not wholly free. We act constantly within the matrix of many influencing and partly determining forces. Healthy people, however, take responsibility for their actions, make decisions, and seek to transcend the determining, limiting effects on their behavior of handicaps, social pressures to conformity, external and biological impulses and feelings. They become aware of the pressures these impersonal forces impose on their actions, but they choose whether they will yield to them or oppose them. Only humans can thus choose, and hence make themselves.

11. Risk taking. Self-actualizing people seek novelty, stimulation, and challenge, rather than safety. Throughout the course, it was stressed that growth implies risk taking. These risks assume many forms. They can be physical, like learning to ski; psychological, like trying new behaviors or learning about yourself; social, like initiating new relationships or trying to work through an impass; or financial, like purchasing a house or starting a new business.

However, in order to actualize one's potential, one needs to take calculated, growth-facilitating risks (see Appendices H and J).

12. Specific awarenesses. The course attempted to facilitate within the participants an awareness of the following: Their feelings and the causes of these feelings. Their parent, adult, and child ego states. The "should" messages they have received from others. When they are complying, procrastinating, withdrawing, manipulating, and being manipulated. Their needs, and when their needs are not being met. The roles they play, and when they are not being themselves in the roles they play. How they feel about themselves and how they came to feel this way. The negative labels they and others apply to their being. How they limit and hold themselves back. When they are being outer-directed and how they feel about it. Their strengths and accomplishments. Their values, and the type of work or career they wish to pursue. The type of life style they wish to create for themselves, the types of relationships they wish to be involved in, and the ways in which they spend their free time.

13. Specific behaviors. As a result of the course, it was hoped that the participants would be more able to do the following: Self-disclose. Trust themselves and others. Take healthy, growth-facilitating risks. Make decisions based on their needs and values--be more inner-directed in their behavior. Be themselves in all situations. Express their feelings in their actions. Determine which of their feelings are caused by specific events in reality and which are caused by fantasies. Use the problem-solving process to solve problems, make decisions, and set short- and long-term goals. Actively listen. Use personal, feeling, and relationship statements. Use the problem-solving process in a group situation. Use the dialogue process. Work effectively through impasses and conflicts in relationships. Let their wants and needs be known to others. Express feelings of affection for others. Stop complying and say no. Stop withdrawing from situations and become involved. Stop procrastinating and either say no or become involved. Stop allowing others to manipulate them. Allow their natural child ego state to emerge when appropriate. Meet their needs. Be themselves in the roles they play. Act in a non-stereotyped sex role.

Stop putting other people down. Respond to people in a more caring way. Accept compliments without discounting them. Accept themselves for who they are. Accept themselves in spite of their weaknesses and deficiencies. Like themselves because of their strengths. Take better care of themselves--be more responsible for meeting their own needs. Have the types of healthy relationships they desire. Use their time better in ways they desire. Accept their feelings. Give and receive feedback in a non-defensive manner.

14. Specific theoretical concepts. Although the mental health course was primarily an affective experience, there were theoretical concepts that the author felt were important to the facilitation of the goals. Most of these concepts were related to the skills and awarenesses that the course was attempting to facilitate. The theoretical concepts covered in the readings and the class discussions were the following: The theoretical assumptions and the importance of self-disclosure, trust, risk taking, autonomy, and being responsible for one's feelings and behaviors. The problem-solving process and guidelines for setting goals. The importance of choosing and

setting priorities in one's life. The importance of being aware. The different zones of awareness. A process for becoming aware of feelings. The risks and benefits of effective communication. The definitions and importance of active listening; clear sending; nonverbal communication; the dialogue process; and personal, relationship and feeling statements. The importance of communicating feelings and the effects of suppressing one's feelings. Maslow's hierarchy of needs and their implication for health and growth. The influence of heredity and environment on personality development. The transactional analysis ego states (the parent, adult, and child) and their different parts. The effects of societal norms, values, and roles on personality development and behaviors. The effects of complying, procrastinating, and withdrawing behaviors. The transactional analysis concepts of winners and losers. The nature of the self-concept, how it develops, and its implications for psychological health and growth. The transactional analysis concept of life scripts. The nature and importance of self-actualizing work as described by Maslow. A concept of healthy relationships. A concept of love (see Appendix J).

The goals of the mental health course required that the participants understand their internal needs, values, perceptions, and resources. It also required that they become aware of the opportunities and expectations of the social environment in which they functioned. The course was also concerned with increasing the awareness and sensitivity to emotional reactions and expressions in self and others and with increasing their ability to perceive and to learn from the consequences of actions through attention to feelings, both one's own and others', and with the clarification and development of personal values and life goals. The course was based on the assumption that such understandings and the development of the concepts and skills listed above would facilitate movement toward autonomy, self-actualization, and a more positive self-concept.

The participants in the course had already learned values, concepts, and behaviors, and developed life directions, some of which were functional and some dysfunctional, with the stated objectives of the program. The course provided a series of experiences of relearning, of reorganizing previous learnings, of confrontations with old patterns

to learn new possibilities, of recognition and understanding of one's own and others' motivations and feelings, and of exploration of the potential gains and losses in revising goals and modifying behavioral strategies. This involved examination of the relationship between old and new experiences, between old and new learnings, and the process of achieving some viable choice between the old and the new.

Outline of the Mental Health Program

Presented below is a sequential outline of the major purposes, goals, behaviors, exercises, and concepts dealt with throughout the teaching of the mental health course. References for the specific exercises and student readings, as well as selected exercises and readings which make up the program, are located in Appendices H, I, J, and K.

1. Self-Disclosure and Trust (10 periods). The major purposes were to: Help overcome the uneasiness and apprehension that usually exist in the beginning of a class. Help everyone get to know one another by self-disclosure. Define and discuss the concept of self-disclosure. Encourage the students to think more about

their patterns of self-disclosure. Facilitate the development of trust within the group. Discuss the level of trust in the group and to determine what has either facilitated or hindered its development. Explore what can be done to increase the trust level within the group. (See Appendix H for references for specific exercises, and Appendix J for specific readings that were used to facilitate these objectives.)

2. Risk Taking, Autonomy, and Setting Priorities (4 periods). The major purposes were to: Facilitate the students' knowledge of their willingness to take risks. Help the students get in touch with their risk-taking patterns of behavior. Discuss and define the concept of risk taking. Facilitate the willingness and ability to take healthy, growth-facilitating risks. Define and discuss the meaning of autonomous behavior. Help the students explore their levels of autonomy. Help the students learn to choose and set priorities (see Appendices H and J).

3. Decision Making and Problem Solving (4 periods). The major purposes were to: Define and discuss the problem-solving process. Encourage the students to choose a personal problem and to share the problem in class. Use

the problem-solving process to design a plan of action to solve the problem. Make a contract for completion of the plan of action. At a later date, evaluate the effectiveness of the plan of action. This process was repeated four times throughout the course (see Appendices H, I, and J).

4. Awareness (10 periods). The major purposes were to: Define and discuss the zones of awareness and the importance of being aware. Facilitate the development of the skill of becoming aware. Discuss the importance of being aware of feelings. Learn the process of becoming aware of feelings. Facilitate the students' awareness of how they respond when they feel a certain way, and to explore more effective ways of dealing with their feelings. Encourage a periodic examination of their typical feelings. Encourage the examination of fantasies, dreams, and projections (see Appendices H, I, J, and K).

5. Communication (15 periods). The major purposes were to: Define and discuss the different levels of the communication process and the risks and benefits of effective communication. Discuss the obstacles to effective communication. Define, discuss, and to facilitate the development of skills in active listening; the use of

personal, feeling, and relationship statements; and the dialogue process. Facilitate the ability to work through impasses and conflicts in relationships. Facilitate the development of group problem-solving skills (see Appendices H and J).

6. Personality and the Psychosocial Forces that Help Mold It (22 periods). The major purposes were to: Define and discuss Maslow's hierarchy of needs; the effects of heredity and environment on personality development; the transactional analysis concepts of winners, losers, the child and parent ego states; and the effects of norms, values, and roles on personality development. To facilitate the awareness of the extent to which the students' needs are being met; the understanding of the "should messages" they have internalized; the awareness of their various ego states; the awareness of the roles they play and to determine the ones they feel best about. To examine their critical, nurturing, complying, procrastinating, withdrawing, and manipulating behaviors; their beliefs concerning different sex roles for men and women and their reasons for their thinking and beliefs. To identify the values they have acquired while growing up.

7. Self-Concept (17 periods). The major concepts were to: Demonstrate how one's self-concept can be destroyed by the responses one receives from significant others. Explore statements that have a negative effect on the students' self-concepts and to examine the reason for their use. Define and discuss the nature of the self-concept and its implications for health and growth. Explore the students' feelings about the way they respond and are responded to by others. Explore the ways they care and are cared for by others. Examine the ways they put themselves down and to examine what they can do about changing this behavior. Explore different methods of changing the ways they are feeling. Explore how the students feel about themselves and how they came to feel this way, and to begin to explore who they might become and how. Explore and to help the students realize that what they consider "bad" characteristics might be nothing more than labels that have been applied to certain behaviors that occurred in particular situations in the past, but which need not apply to their present or future behaviors. Help them clarify and articulate the various and conflicting models that determine their behavior and which may control

them. Visualize and to consciously choose and begin to actualize a model of who they wish to be and become and how. Consider whether their "I can't" statements are really statements of something that is impossible, or whether they simply choose not to do it. Explore the concept that they can change aspects about themselves that they don't like, and can work to strengthen those aspects that they do like. Facilitate the awareness of their successes, strengths, accomplishments, and things they are proud of. Facilitate the giving of positive feedback and feedback that can help them grow (see Appendices H and J).

8. Defining Self (15 periods). The major purposes were to: Define and discuss the transactional analysis concepts of life scripts and the adult ego state. Facilitate the students' awareness of their adult ego state. Re-examine their levels of autonomy. Examine the ways they spend their free time and to explore alternatives for better use of their time. Explore the things they love to do and to determine if they are really getting what they want out of life. Help facilitate the awareness of the quality of their relationships. Facilitate the awareness of the values that are important to them and to explore ways of

actualizing them. Explore their ideal concepts of work, relationships, and use of free time, and to explore what they need to do to begin to actualize these goals. Explore their lives from the prospect of their own inevitable death. Facilitate the awareness that they only have so much time to actualize their being and that it might be time to get on with it (see Appendices H and J).

The Classroom Environment and the Helping Relationship

Growth takes place in a healthy environment, and usually comes about through an experience or experiences in relationships. Thus, the facilitator and the environment that he or she is responsible for creating are most essential in this process. It is felt that, if a certain type of relationship can be provided, the other people will discover within themselves the capacity to use that relationship for growth, change, and personal development--if they are motivated to do so. Rogers (1961) noted four essential conditions of the helping relationship:

1. Congruence. Rogers found that the more genuine people are in relationships, the more helpful they will be. This means that facilitators need to be aware of their own

feelings and be willing to express them in words and behavior. It is only by providing the genuine reality, which is the facilitator, that the other individuals can successfully seek the reality in themselves.

2. Unconditional positive regard. Unconditional positive regard implies having a warm, caring feeling for the person--a caring that is not possessive, that demands no personal gratification. It involves an acceptance of, and a caring for, the people as separate individuals, with a right to their own feelings and experiences, and to the meaning they find in them.

3. An empathic understanding. The third condition is that the facilitator experiences an accurate empathic understanding of the person's world as seen from inside. When the person's world is this clear to the facilitator and he or she moves about it freely, then the facilitator communicates both an understanding of what is clearly known to the person and an ability to apply meanings to the person's experience. Acceptance does not mean much until it involves understanding. Rogers (1971) stated:

> It is only as I understand the feelings and thoughts which seems so horrible to you, or so weak, or so sentimental, or so bizarre--it is only as I see them

> as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of your inner and buried experience. (p. 34)

4. Perceived congruence, positive regard, and empathy. The fourth condition is that the other person should experience or perceive something of the facilitator's congruence, acceptance, and empathy. It is not enough that these conditions exist in the facilitator. They must, to some degree, have been successfully communicated to the person.

Rogers also raised the suspicion that the optimal helping relationship is the kind of relationship created by a person who is psychologically mature. He feels that the degree to which the facilitator can create relationships that facilitate the growth of others as separate persons is a measure of the growth the facilitator has achieved for himself or herself.

As Rogers (1961) pointed out (and research has substantiated) people in client-centered therapy (which emphasizes the above conditions) experience the following learnings and changes: they come to see themselves differently; they accept themselves and their feelings more fully; they become more self-confident and self-directing; they become more the person they would like to be; they

become more flexible and less rigid in their perceptions; they adopt more realistic goals for themselves; they behave in a more mature fashion; they change their maladjustive behaviors, even such long-established ones as chronic alcoholism; they become more accepting of others; they become more open to evidence, both of what is going on outside of themselves, and of what is going on inside themselves, and they change their basic personality characteristics in constructive ways (p. 281).

The relationship the facilitator tried to establish with the students who participated in the study was characterized by a willingness to self-disclose to them his feelings and the essence of his being. He felt that it was important that he also model the behaviors that he wished the participants to learn. He thus made an effort to share his feelings, concerns, and struggles, in the hope that this would facilitate a high level of trust and self-disclosure among the participants. He also stressed the fact that he was a participant in the experience, as well as the facilitator, and that he expected to grow and learn as a result of the experience.

He felt a positive regard for the participants and

felt he experienced an empathic understanding of their inner worlds. He felt that he was not always able to achieve this kind of relationship, but for the most part was successful. He felt that the participants, or a large majority of them, also experienced this congruence, acceptance, and empathy. Evidence of this is presented in Chapter IV.

Since others play an important part in the development and maintenance of self-concept, it was felt that a small-group format, where the students sat in a circle, would be beneficial to persons by providing opportunities to receive from others new responses to their self-concept. It was felt that this small-group approach would provide the opportunity to revise distorted symbolism in the self-concept, where it existed, and thus allow the individuals greater access to their phenomenal fields. The conditions that must be met if persons are to be able to consider more sensory input from their phenomenal field are conceived by Rogers (1965) primarily in terms of safety and lack of threat (p. 517). Small groups provide unique opportunities for relationships within the protection of group contracts. Levels of intimacy are available in small groups at greater intensity and with more people than are typically available

to persons in more usual school and living situations. If the proper conditions are met, then the person's self-concept is free to become more congruent with his other phenomenal field.

Methodology

In developing the course, considerable attention was given to methodology. The methods of values clarification, transactional analysis, and other structured group experiences were used to facilitate the objectives of the program. (See Appendix H for references for selected exercises, and Appendix I for specific exercises used in the course.) Simon (1971) defined values clarification as:

> a process which helps people arrive at an answer. It is not concerned with an ultimate set of values (that is for you to decide), but it does stress a method to help you determine the content and power of your own set of values. It is a self-audit and an inventory of soul and spirit. A tool to help you freely decide between alternatives or among varied choices. It is a methodology to help you make a decision to act, to determine what has meaning for you. (p. xiii)

Values are general guides to behavior that give direction to life and show what people tend to do with their limited time and energy. They are guiding forces that determine choices people make in living their lives. The

task of the values-clarification process is to assist the students in clarifying their own values. Once people have identified their priorities and life direction, they are able to act on that knowledge, presumably toward a higher level of being.

Transactional analysis is a process that helps people become aware of themselves, the structures of their individual personality, how they transact with others, the games they play, and the scripts they act out. The goal of transactional analysis is the achievement of autonomy. Everyone has the capacity to obtain a measure of autonomy, but few actually achieve it. As Bern pointed out:

> Man is born free, but one of the first things he learns is to do as he is told, and he spends the rest of his life doing that. Thus his first enslavement is to his parents. He follows their instructions forever, retaining only in some cases the right to choose his own methods and consoling himself with an illusion of autonomy. (James & Jongeward, 1973, p. 263)

Bern further states:

> Achieving autonomy is the ultimate goal in transactional analysis. Being autonomous means being self-governing, determining one's own destiny, taking responsibility for one's own actions and feelings, and throwing off patterns that are irrelevant and inappropriate to living in the here and now. (James & Jongeward, 1973, p. 263).

Evaluation and Grading Procedures

Since the mental health course was part of the regular curriculum offered at the high school, grades were required for the participants. It was felt that an external evaluation by the teacher of the participants' growth would be at best unfair and inaccurate, and that this process might hinder the facilitation of the type of environment mentioned earlier. Most of the criteria used in the evaluation process called for participant self-evaluation of their own work in several areas. It was felt that the evaluation of one's own learning and growth is one of the major means by which self-initiated learning becomes responsible learning. When individuals take responsibility for deciding the criteria that are important for them and then determining the extent to which they have achieved those goals, they truly learn to take responsibility for themselves and their own direction in learning and life. The setting in which evaluation took place in the mental health courses was outlined by Rogers (1969):

> 1. Evaluation reflects as accurately as possible the instructor's honest opinion. It does not indicate the absolute worth of the students' work.
> 2. An evaluation is made of the work, not the student as a person. A negative evaluation of work

> does not indicate that the student is bad, lazy, incompetent, stupid. It does not indicate the instructor's like or dislike of the student.
> 3. The student is not free from evaluation to the extent that the instructor withholds evaluation. He is free from it to the extent that he can accept himself as a person. He can listen to the evaluation. He can reject or accept its worth and rise above it.
> 4. The student does not need evaluation to be motivated. That is, he does not work for grades. He works toward the best realization of himself. (p. 43)

A copy of these conditions was given to and discussed with each class.

Seven criteria, all having equal value, were used in the evaluation process for the mental health courses. Student self-evaluation was used for the following:

1. Journal entries. The students were asked to keep a psychological journal of their thoughts, feelings, fantasies, and problems. The evaluation for this criteria was based on the frequency and quality of their entries.

2. Readings. After each reading assignment, the students were asked to evaluate the completeness of their reading and their understanding of the content involved. (See Appendix M for an example of a reading evaluation used in the course.)

3. Behaviors. At the end of each unit, the students

were asked to evaluate themselves on the degree to which they had mastered and utilized such specific behaviors as self-disclosure, feeling statements, etc. (See Appendix M for an example of a behavior evaluation used in the course.)

4. Specific goals. After the completion date on the self-contracts (which resulted from using the problem-solving process), students were asked to evaluate the degree to which they met or failed to meet the terms of their contracts.

Teacher evaluation was used for the following criteria:

5. Attendance. Because much of the learning in such a course occurs through interaction with other people, attendance was considered an important criterion. Evaluations were based on the number of classes attended, and were assigned a commensurate percentage.

6. Exercises (the values clarification, transactional analysis, and structured experiences that required written responses). Evaluation was based on the completeness and quality of the work.

7. Knowledge. At the end of each unit, a test was given covering the theoretical concepts studied. The students were given a list of questions beforehand, from

which the test questions were selected.

For the first half of the course, a grade averaged from these seven criteria was used. After report cards came out, the teacher had a discussion with each group concerning their feelings about the grades. Many of the students felt that their grade did not indicate what they had learned or how they had grown. They did feel that the grade was an indication of the work they had done based on the criteria used, but not an indication of the personal meaning the course had for them. Most of the students accepted their grades. Many of the students who felt that their grade was lower than what they had gotten out of the course stated that the grade was of no significance because they knew what the experience had meant to them.

For the second half of the course, the facilitator had the students continue to use the same evaluation procedures, but they were told that this information was for them to use as an indication of the work and effort they had put into those areas. For their final grade they were asked to write a subjective evaluation, being as specific as possible, of what the experience had meant to them and

how they had grown as a result. They were asked to give themselves a grade based on these criteria. In all cases, their evaluation was the one submitted as the final grade.

CHAPTER IV

PRESENTATION OF DATA

The general purposes of the study were to develop a mental health course and to determine the effectiveness of the course on facilitating mental health as measured by changes in self-concept, autonomy, and self-actualization. Specifically, the purposes of the study were:

1. To identify methods, skills, behaviors, and classroom environments that appeared to facilitate optimal mental health and to develop a course of study for high school juniors and seniors based on these concepts and objectives.

2. To determine the changes in mental health of those individuals who participated in the mental health course, and to determine whether those changes were greater than changes in individuals who did not participate in the mental health course.

3. To determine the changes in mental health of those individuals who participated in the mental health course

and to determine whether those changes were greater than changes in individuals who participated in a standard health course with the same instructor.

4. To determine the changes in mental health of those individuals who participated in the standard health course and to determine whether those changes were greater than changes in individuals who did not participate in either health course.

5. To determine the changes in mental health of those individuals who self-selected and participated in the mental health course, and to determine whether those changes were greater than changes in (1) individuals who selected a similar mental health course but participated in the mental health course and (2) individuals who selected the standard health course but participated in the mental health course.

6. To determine the relationships between grade or school program differences and changes in mental health.

7. To determine initial differences in mental health between those individuals who selected the health courses and a random sample of individuals who neither selected nor participated in the health courses.

An analysis of variance was used to test for the significance of the difference between the mean scores on the pretest. An analysis of covariance was used to determine the significance of the difference between the mean scores on the posttest. In order to determine the location of the differences on the posttest, the Scheffe Multiple Range Test was used. The .05 significance level was used for the analysis of variance and the analysis of covariance. The .10 significance level was used for the Scheffe Multiple Range Test.

Hypothesis 1. Among all groups involved in the study, there are no significant mean score differences on the pretest measures of autonomy, self-concept, and self-actualization.

Group Differences on the Pretest Measure of Autonomy

The pretest mean scores for each group on the measure of autonomy were as follows:

F C	74.35
M C	74.41
GT C	81.00
CHP C	82.16
GT Ex	76.63
USO Ex	82.25
CHP Ex	79.44

The F ratio derived from the analysis of variance between the means was found to be nonsignificant, F (6, 78) = 1.731, $p > .05$. Appendix A provides a table of the analysis of variance for the pretest autonomy scores.

When the scores for all those who originally selected the standard health course (Current Health Problems) were combined, and when the scores for all those who selected the mental health courses (Getting It Together and Understanding Self and Others) were combined, the pretest mean scores for each group on the measure of autonomy were as follows:

Female Control Group	74.35
Male Control Group	74.41
All who selected Current Health Problems	81.29

All who selected Getting It Together and Understanding Self and Others . . 79.50

When the scores from the three experimental groups were combined (Combined Ex), the pretest mean scores for each group on the measure of autonomy were as follows:

F C	74.35
M C	74.41
GT C	81.00
CHP C	82.16
Combined Ex	78.90

The F ratio derived from the analysis of variance between the means was found to be nonsignificant: F (4, 80) = 2.395, $p > .05$. Appendix A provides a table of the analysis of variance for the pretest autonomy scores when the experimental groups are combined.

Group Differences on the Pretest Measure of Self-Concept

The pretest mean scores for each group on the measure of self-concept were as follows:

F C	23.45
M C	24.12
GT C	26.38
CHP C	26.11

GT Ex	25.88
USO Ex	26.25
CHP Ex	25.11

The F ratio derived from the analysis of variance between the means was found to be nonsignificant, F (6, 78) = 0.5926, $p > .05$. Appendix A provides a table of the analysis of variance for the pretest self-concept scores.

When the scores for all those who originally selected the standard health course (Current Health Problems) were combined, and when the scores for all those who selected the mental health courses (Getting It Together and Understanding Self and Others) were combined, the pretest mean scores for each group on the measure of self-concept were as follows:

Female Control Group	23.45
Male Control Group	24.12
All who selected Current Health Problems	25.79
All who selected Getting It Together and Understanding Self and Others .	26.15

When the scores from the three experimental groups were combined (Combined Ex), the pretest mean scores for each group on the measure of self-concept were as follows:

F C	23.45
M C	24.12
GT C	26.38
CHP C	26.11
Combined Ex	25.62

The F ratio derived from the analysis of variance between the means was found to be nonsignificant, F (4, 80) = 1.141, $p > .05$. Appendix A provides a table of the analysis of variance for the pretest self-concept scores when the experimental groups are combined.

Group Differences on the Pretest Measure of Self-Actualization

The pretest mean scores for each group on the measure of self-actualization were as follows:

F C	88.30
M C	87.53
GT C	93.88
CHP C	95.84
GT Ex	92.00
USO Ex	97.75
CHP Ex	94.78

The F ratio derived from the analysis of variance between the means was found to be nonsignificant,

F (6, 78) = 1.490, $p > .05$. Appendix A provides a table of the analysis of variance for the pretest self-actualization scores.

When the scores for all those who originally selected the standard health course (Current Health Problems) were combined, and when the scores for all those who selected the mental health courses (Getting It Together and Understanding Self and Others) were combined, the pretest mean scores for each group on the measure of self-actualization were as follows:

Female Control Group	88.30
Male Control Group	87.53
All who selected Current Health Problems	95.50
All who selected Getting It Together and Understanding Self and Others .	93.90

When the scores from the three experimental groups were combined (Combined Ex), the pretest mean scores for each group on the measure of self-actualization were as follows:

F C	88.30
M C	87.53
GT C	93.88

CHP C 95.84

Combined Ex 94.29

The F ratio derived from the analysis of variance between the means was found to be nonsignificant, F (4, 80) = 2.085, $p > .05$. Appendix A provides a table of the analysis of variance for the pretest self-actualization scores when the experimental groups are combined.

Hypothesis 2. Among all groups involved in the study, there are no significant adjusted posttest differences on the measure of autonomy.

Group Differences on the Adjusted Posttest Measure of Autonomy

The adjusted posttest mean scores on the measure of autonomy were as follows:

	Pretest	Posttest	Adjusted Posttest
F C	74.35	80.75	83.10
M C	74.41	77.59	79.90
GT C	81.00	82.75	80.64
CHP C	82.16	85.37	82.48
GT Ex	76.63	91.25	92.07
USO Ex	82.25	90.50	87.55
CHP Ex	79.44	89.33	88.27

The F ratio derived from the analysis of covariance between the means was found to be significant, F (6, 77) = 4.178, $p < .01$. The Scheffe Multiple Range Test indicated that a significant difference ($p < .05$) was found between the Getting It Together Experimental Group and the Male Control Group, and a significant difference ($p < .10$) was found (1) between the Getting It Together Experimental Group and the Getting It Together Control Group and (2) between the Getting It Together Experimental Group and the Current Health Problems Control Group. The differences were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
GT Ex	76.63	91.25	92.07	
M C	74.41	77.59	79.90	12.17**
GT C	81.00	82.75	80.64	11.43***
CHP C	82.16	85.37	82.48	9.59***
F C	74.35	80.75	83.10	8.97

** $p < .05$

*** $p < .10$

Appendix B provides a table of the analysis of covariance, a summarization of group differences, and a table of Scheffe statistics.

When the scores from the three experimental groups were combined (Combined Ex), the adjusted posttest mean scores on the measure of autonomy were as follows:

	Pretest	Posttest	Adjusted Posttest
F C	74.35	80.75	83.06
M C	74.41	77.59	79.86
GT C	81.00	82.75	80.67
CHP C	82.16	85.37	82.53
Combined Ex	78.90	90.29	89.59

The F ratio derived from the analysis of covariance was found to be significant, F (4, 79) = 5.849, $p < .01$. The Scheffe Multiple Range Test indicated that a significant difference ($p < .01$) was found between the Combined Experimental Groups and the Male Control Group. Significant differences ($p < .05$) were found (1) between the Combined Experimental Groups and the Current Health Problems Control Group and (2) between the Combined Experimental Groups and the Getting It Together Control Group.

A significant difference ($p < .10$) was found between the Combined Experimental Groups and the Female Control Group. The differences were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
Combined Ex	78.90	90.29	89.59	
M C	74.41	77.59	79.86	9.73*
GT C	81.00	82.75	80.67	8.92**
CHP C	82.16	85.37	82.53	7.06**
F C	74.35	80.75	83.06	6.53***

*$p < .01$

**$p < .05$

***$p < .10$

Appendix C provides a table of the analysis of covariance, a summarization of the group differences, and a table of Scheffe statistics.

Although there were no significant differences among the other groups, several of these differences need mentioning because they pertain to purposes three, four, and five.

The Current Health Problems Control Group's adjusted posttest mean score on the measure of autonomy was higher than the Getting It Together Control Group but lower than the Female Control Group. The scores were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
CHP C	82.16	85.37	82.48	
F C	74.35	80.75	83.10	-.62
GT C	81.00	82.75	80.64	1.84

For the Current Health Problems Experimental Group and the Understanding Self and Others Experimental Group, the adjusted posttest mean scores on the measure of autonomy were higher than for all the control groups. The scores were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
USO Ex	82.25	90.50	87.55	
M C	74.41	77.59	79.90	7.65
GT C	81.00	82.75	80.64	6.91
CHP C	82.16	85.37	82.48	5.07
F C	74.35	80.75	83.10	4.45

	Pretest	Posttest	Adjusted Posttest	Differences
CHP Ex	79.44	89.33	88.27	
M C	74.41	77.59	79.90	8.37
GT C	81.00	82.75	80.64	7.63
CHP C	82.16	85.37	82.48	5.79
F C	74.35	80.75	83.10	5.17

For the Current Health Problems Experimental Group and the Understanding Self and Others Group, the adjusted posttest mean scores on the measure of autonomy were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
GT Ex	76.63	91.25	92.07	
USO Ex	82.25	90.50	87.55	4.52
CHP Ex	79.44	89.33	88.27	3.80

The adjusted posttest mean scores between the control groups on the measure of autonomy were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
F C	74.35	80.75	83.10	
M C	74.41	77.59	79.90	3.20
GT C	81.00	82.75	80.64	2.46
CHP C	82.16	85.37	82.48	.62

Hypothesis 3. Among all groups involved in the study, there are no significant adjusted posttest differences on the measure of self-concept.

Group Differences on the Adjusted Posttest Measure of Self-Concept

The adjusted posttest mean scores on the measure of self-concept were as follows:

	Pretest	Posttest	Adjusted Posttest
F C	23.45	25.40	26.30
M C	24.12	24.06	24.57
GT C	26.38	25.38	24.57
CHP C	26.11	28.21	27.56
GT Ex	25.88	32.00	31.48
USO Ex	26.25	30.25	29.51
CHP Ex	25.11	29.11	29.04

The F ratio derived from the analysis of covariance between the means was found to be significant, F (6, 77) = 3.276, $p < .01$. The Scheffe Multiple Range Test indicated that a significant difference ($p < .05$) was found between the Getting It Together Experimental Group and the Male Control Group. The differences were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
GT Ex	25.88	32.00	31.48	
M C	24.12	24.06	24.57	6.91**
GT C	26.38	25.38	24.57	6.91
F C	23.45	25.40	26.30	5.18
CHP C	26.11	28.21	27.56	3.92

**$p < .05$

Appendix D provides a table of the analysis of covariance, a summarization of group differences, and a table of Scheffe statistics.

When the scores from the three experimental groups were combined (Combined Ex), the adjusted posttest mean scores on the measure of self-concept were as follows:

	Pretest	Posttest	Adjusted Posttest
F C	23.45	25.40	26.30
M C	24.12	24.06	24.57
GT C	26.38	25.38	24.57
CHP C	26.11	28.21	27.56
Combined Ex	25.62	30.43	30.06

The F ratio derived from the analysis of covariance was found to be significant, F (4, 79) = 4.608, $p < .01$. The Scheffe Multiple Range Test indicated a significant difference ($p < .05$) was found between the Combined Experimental Groups and the Men Control Group. A significant difference ($p < .10$) was found between the Combined Experimental Groups and the Getting It Together Control Group. The differences were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
Combined Ex	25.62	30.43	30.06	
M C	24.12	24.06	24.57	5.49*
GT C	26.38	25.38	24.57	5.49***
F C	23.45	25.40	26.30	3.76
CHP C	26.11	28.21	27.56	2.50

*$p < .01$; ***$p < .10$

Appendix E provides a table of the analysis of covariance, a summarization of the group differences, and a table of Scheffe statistics.

Although there were no significant differences between the other groups, several of these differences need to be mentioned, because they pertain to purposes three, four, and five.

For the Current Health Problems Control Group, the adjusted posttest mean score on the measure of self-concept was higher than for the other three control groups. The scores were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
CHP C	26.11	28.21	27.56	
GT C	26.38	25.38	24.57	2.99
M C	24.12	24.06	24.57	2.99
F C	23.45	25.40	26.30	1.26

For the Current Health Problems Experimental Group and the Understanding Self and Others Experimental Group, the adjusted posttest mean scores on the measure of self-concent were higher than for all the control groups. The

scores were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
USO Ex	26.25	30.25	29.51	
GT C	26.38	25.38	24.57	4.94
M C	24.12	24.06	24.57	4.94
F C	23.45	25.40	26.30	3.21
CHP C	26.11	28.21	27.56	1.95

	Pretest	Posttest	Adjusted Posttest	Differences
CHP Ex	25.11	29.11	29.04	
GT C	26.38	25.38	24.57	4.47
M C	24.12	24.06	24.57	4.47
F C	23.45	25.40	26.30	2.74
CHP C	26.11	28.21	27.56	1.48

For the Current Health Problems Experimental Group and the Understanding Self and Others Experimental Group, the adjusted posttest mean scores on the measure of self-concept were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
GT Ex	25.88	32.00	31.48	
CHP Ex	25.11	29.11	29.04	2.44
USO Ex	26.25	30.25	29.51	1.97

The adjusted posttest mean scores between the control groups on the measure of self-concept were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
CHP C	26.11	28.21	27.56	
F C	23.45	25.40	26.30	1.26
M C	24.12	24.06	24.57	2.99
GT C	26.38	25.38	24.57	2.99

Hypothesis 4. Among all groups involved in the study, there are no significant adjusted posttest differences on the measure of self-actualization.

Group Differences on the Adjusted Posttest Measure of Self-Actualization.

The adjusted posttest mean scores on the measure of autonomy were as follows:

	Pretest	Posttest	Adjusted Posttest
F C	88.30	95.05	97.57
M C	87.53	91.94	95.01
GT C	93.88	96.88	95.43
CHP C	95.84	101.68	98.84
GT Ex	92.00	108.25	108.14
USO Ex	97.75	106.75	102.54
CHP Ex	94.78	106.11	104.02

The F ratio derived from the analysis of covariance between the means was found to be significant, F (6, 77) = 3.538, $p < .01$. The Scheffe Multiple Range Test indicated a significant difference ($p < .05$) was found between

the Getting It Together Experimental Group and the Male Control Group. The differences were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
GT Ex	92.00	108.25	108.14	
M C	87.53	91.94	95.01	13.13**
GT C	93.88	96.88	95.43	12.71
F C	88.30	95.05	97.57	10.57
CHP C	95.84	101.68	98.84	9.30

** $p < .05$

Appendix F provides a table of the analysis of covariance, a summarization of group differences, and a table of Scheffe statistics.

When the scores from the three experimental groups were combined (Combined Ex), the adjusted posttest mean scores on the measure of self-actualization were as follows:

	Pretest	Posttest	Adjusted Posttest
F C	88.30	95.05	97.53
M C	87.53	91.94	94.97
GT C	93.88	96.88	95.45
CHP C	95.84	101.68	98.87
Combined Ex	94.29	107.05	105.33

The F ratio derived from the analysis of covariance was found to be significant, F (4, 79) = 4.890, $p < .01$. The Scheffe Multiple Range Test indicated that a significant difference ($p < .01$) was found between the Combined Experimental Groups and the Male Control Group. A significant difference ($p < .05$) was found between the Combined Experimental Groups and the Female Control Group. A significant difference ($p < .10$) was found between the Combined Experimental Groups and the Getting It Together Control Group. The differences were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
Combined Ex	94.29	107.05	105.33	
M C	87.53	91.94	94.97	10.36*
GT C	93.88	96.88	95.45	9.88***
F C	88.30	95.05	97.53	7.80**
CHP C	95.84	101.68	98.87	6.46

*$p < .01$

**$p < .05$

***$p < .10$

Appendix G provides a table of the analysis of covariance, a summarization of the group differences, and a table of Scheffe statistics.

Although there were no significant differences between the other groups, several of these differences need to be mentioned, because they pertain to purposes three, four, and five.

For the Current Health Problems Control Groups, the adjusted posttest mean score on the measure of self-actualization was higher than for the other control groups. The scores were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
CHP C	95.84	101.68	98.84	
M C	87.53	91.94	95.01	3.83
GT C	93.88	96.88	95.43	3.41
F C	88.30	95.05	97.57	1.27

For the Current Health Problems Experimental Group and the Understanding Self and Others Experimental Group, the adjusted posttest mean scores on the measure of self-actualization were higher than for all the control groups.

The scores were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
USO Ex	97.75	106.75	102.54	
M C	87.53	91.94	95.01	7.53
GT C	93.88	96.88	95.43	7.11
F C	88.30	95.05	97.57	4.97
CHP C	95.84	101.68	98.84	3.70

	Pretest	Posttest	Adjusted Posttest	Differences
CHP Ex	94.78	106.11	104.02	
M C	87.53	91.94	95.01	9.01
GT C	93.88	96.88	95.43	8.58
F C	88.30	95.05	97.57	6.45
CHP C	95.84	101.68	98.84	5.18

For the Current Health Problems Experimental Group and the Understanding Self and Others Experimental Group, the adjusted posttest mean scores on the measure of self-actualization were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
GT Ex	92.00	108.25	108.14	
USO Ex	97.75	106.75	102.54	5.60
CHP Ex	94.78	106.11	104.02	4.12

The adjusted posttest mean scores between the control groups on the measure of self-actualization were as follows:

	Pretest	Posttest	Adjusted Posttest	Differences
CHP C	95.84	101.68	98.87	
F C	88.30	95.05	97.53	1.34
GT C	93.88	96.88	95.45	3.42
M C	87.53	91.94	94.97	3.90

Hypothesis 5. Among all groups involved in the study, there are no significant grade or school program differences in the adjusted post-test scores on the measures of autonomy, self-concept, and self-actualization.

Grade and Group Differences on the Adjusted Posttest Measure of Autonomy

The F ratio derived from the analysis of covariance between the groups was found to be significant, ($p < .01$). The F ratio derived from the analysis of covariance between grades was found to be nonsignificant, ($p > .05$). The F ratio derived from the analysis of covariance between grades and groups was found to be nonsignificant, ($p > .05$). The analyses of covariance of the adjusted posttest scores between groups, between grades, and the interaction between grades and groups produced the results illustrated in Table 2.

Table 2

Summary Table of the Interaction Between Grades and Groups on the Adjusted Posttest Measure of Autonomy

Sources of Variance	df	MS	F	Significance of F
Main Effects				
Treatment	4	220.130	4.567	0.002*
Grade	1	51.575	1.070	0.304
Interaction (2-way)				
Treatment x Grade	4	7.882	0.164	0.956

*$p < .01$

Grade and Group Differences on the Adjusted Posttest Measure of Self-Concept

The F ratio derived from the analysis of covariance between the groups was found to be significant, ($p < .01$). The F ratio derived from the analysis of covariance between grades was found to be nonsignificant, ($p > .05$). The F ratio derived from the analysis of covariance between grades and groups was found to be nonsignificant, ($p > .05$).

The analyses of covariance of the adjusted posttest scores between groups, between grades, and the interaction between grades and groups produced the results illustrated in Table 3.

Table 3

Summary Table of the Interaction Between Grades and Groups on the Adjusted Posttest Measure of Self-Concept

Sources of Variance	df	MS	F	Significance of F
Main Effects				
Treatment	4	75.375	3.732	0.008*
Grade	1	5.802	0.287	0.594
Interaction (2-way)				
Treatment x Grade	4	7.046	0.349	0.844

*$p < .01$

Grade and Group Differences on the Adjusted Posttest Measure of Self-Actualization

The F ratio derived from the analysis of covariance

between the groups was found to be significant, ($p < .01$). The F ratio derived from the analysis of covariance between grades was found to be nonsignificant, ($p > .05$). The F ratio derived from the analysis of covariance between grades and groups was found to be nonsignificant, ($p > .05$). The analyses of covariance of the adjusted posttest scores between groups, between grades, and the interaction between grades and groups produced the results illustrated in Table 4.

Table 4

Summary Table of the Interaction Between Grades and Groups on the Adjusted Posttest Measure of Self-Actualization

Sources of Variance	df	MS	F	Significance of F
Main Effects				
Treatment	4	225.147	3.476	0.012*
Grade	1	128.559	1.985	0.163
Interaction (2-way)				
Treatment x Grade	4	3.878	0.060	0.993

*$p < .01$

School Program and Group Differences on the Adjusted Posttest Measure of Autonomy

The F ratio derived from the analysis of covariance between the groups was found to be significant, ($p < .01$). The F ratio derived from the analysis of covariance between school programs was found to be nonsignificant, ($p > .05$). The F ratio derived from the analysis of covariance between school programs and groups was found to be nonsignificant, ($p > .05$). The analyses of covariance of the adjusted posttest scores between groups, between school programs, and the interaction between school programs and groups produced the results illustrated in Table 5.

Table 5

Summary Table of the Interaction Between School Programs and Groups on the Adjusted Posttest Measure of Autonomy

Sources of Variance	df	MS	F	Significance of F
Main Effects				
Treatment	4	234.772	4.933	0.002*
School Program	2	52.183	1.096	0.340
Interation (2-way)				
Treatment x School Program	6	60.130	1.263	0.287

*$p < .01$

School Program and Group Differences on the Adjusted Posttest Measure of Self-Concept

The F ratio derived from the analysis of covariance between the groups was found to be significant, ($p < .01$). The F ratio derived from the analysis of covariance between school programs was found to be nonsignificant, ($p > .05$). The F ratio derived from the analysis of covariance between school programs and groups was found to be nonsignificant, ($p > .05$). The analyses of covaraiance of the adjusted posttest scores between groups, between school programs, and the interaction between school programs and groups produced the results illustrated in Table 6.

Table 6

Summary Table of the Interaction Between School Programs and Groups on the Adjusted Posttest Measure of Self-Concept

Sources of Variance	df	MS	F	Significance of F
Main Effects				
Treatment	4	91.991	4.454	0.003*
School Program	2	5.143	0.249	0.780
Interaction (2-way)				
Treatment x School Program	6	21.939	1.062	0.395

*$p < .01$

School Program and Group Differences on the Adjusted Posttest Measure of Self-Actualization

The F ratio derived from the analysis of covariance between the groups was found to be significant, ($p < .01$). The F ratio derived from the analysis of covariance between school programs was found to be nonsignificant, ($p > .05$). The F ratio derived from the analysis of covariance between school programs and groups was found to be nonsignificant, ($p > .05$). The analyses of covariance of the adjusted posttest scores between groups, between school programs, and the interaction between school programs and groups produced the results illustrated in Table 7.

Table 7

Summary Table of the Interaction Between School Programs and Groups on the Adjusted Posttest Measure of Self-Actualization

Sources of Variance	df	MS	F	Significance of F
Main Effects				
Treatment	4	271.241	4.028	0.006*
School Program	2	68.814	1.022	0.366
Interaction (2-way)				
Treatment x School Program	6	71.313	1.059	0.397

*$p < .01$

Summary of the Results

Hypothesis 1. Nonsignificant F ratios were found on the pretest for all three variables. The F ratio derived from the analysis of variance between the means was found to be nonsignificant, ($p > .05$) on the measure of autonomy, ($p > .05$) on the measure of self-concept, and ($p > .05$) on the measure of self-actualization.

Hypothesis 2. A significant F ratio ($p < .01$) was derived for the adjusted posttest autonomy scores. It was found that the Getting It Together Experimental Group showed a significant improvement in the level of autonomy ($p < .05$) over the Male Control Group, ($p < .10$) over the Getting It Together Control Group, and ($p < .10$) over the Current Health Problems Control Group. When the experimental groups were combined, a significant F ratio was derived ($p < .01$). It was found that the Combined Experimental Groups showed a significant improvement in the level of autonomy ($p < .01$) over the Male Control Group, ($p < .05$) over the Getting It Together Control Group, ($p < .05$) over the Current Health Problems Control Group, and ($p < .10$) over the Female Control Group.

Hypothesis 3. A significant F ratio ($p < .01$) was derived for the adjusted posttest self-concept socres. It was found that the Getting It Together Experimental Group showed a significant improvement in the level of self-concept ($p < .05$) over the Male Control Group. When the scores for the experimental groups were combined, a significant F ratio ($p < .01$) was derived. It was found that the Combined Experimental Groups showed significant improvements in the level of self-concept ($p < .05$) over the Male Control Group and ($p < .10$) over the Getting It Together Control Group.

Hypothesis 4. A significant F ratio ($p < .01$) was derived for the adjusted posttest self-actualization scores. It was found that the Getting It Together Experimental Group showed a significant improvement in the level of self-actualization ($p < .05$) over the Male Control Group. When the scores for the experimental groups were combined, a significant F ratio ($p < .01$) was derived. It was found that the Combined Experimental Groups showed significant improvements in the levels of self-actualization ($p < .01$) over the Male Control Group, ($p < .05$) over the Female Control Group, and ($p < .10$) over the Getting It

Together Experimental Group.

Hypothesis 5. A significant F ratio ($p < .01$) was derived for the adjusted posttest autonomy, self-concept, and self-actualization scores. A nonsignificant F ratio ($p > .05$) was derived between grades, and a nonsignificant F ratio ($p > .05$) was derived between grades and groups for all three variables.

A significant F ratio ($p < .01$) was derived for the adjusted posttest autonomy, self-concept, and self-actualization scores. A nonsignificant F ratio ($p > .05$) was derived between school programs, and a nonsignificant F ratio ($p > .05$) was derived between school programs and groups for all three variables.

Student Feedback

Included are additional data related to the impact of the mental health course on the lives of the students. This information supports the objective data and substantiates the theory on which the course was built. The major goals of the course were to improve levels of self-concept, autonomy, and self-actualization in those who participated in the program. The concepts and skills that the course attempted to

facilitate in the attainment of the goals were: the ability to self-disclose, the ability to trust oneself and others, the ability to communicate effectively, the ability to solve problems and make decisions, an awareness of the various psychosocial forces that help mold personalities and self-concept, the ability to assume responsibility for one's life, the ability to take healthy risks, and the ability to have meaningful, growing relationships.

It was felt that the facilitator and the environment that he created were also essential to meeting the goals of the course. The environment in the course was one that valued trust, risk taking, problem solving, effective communication, awareness, and self-disclosure of feelings and problems, as well as congruence, unconditional positive regard, an empathic understanding, and perceived congruence, acceptance, and empathy.

The data below were taken from taped interviews with some of the students who participated in the mental health courses. The students were asked to respond to the question, "What meaning has the course had for you and how have you been affected by it?" The author feels that many of the responses lend credence to the hypothesis that the

stated concepts and skills, as well as the psychosocial environment, were responsible for the increased levels of self-concept, autonomy, and self-actualization. It is suggested that several of the dialogues presented here demonstrate the students' awareness, openness, trust, and understanding of self and of psychological principles.

In general, students answered the above question by saying that they felt they had become more aware of their feelings and why they were feeling a particular way, and were better able to express their feelings to others. One student commented:

> The most important thing that I got out of it was awareness--being aware of how I feel. . . . When I'm angry or upset now, I deal with it right away. As before, if I used to get mad at one of my friends or something, I'd really, really be mad, and then I'd say I'll talk to her about it later, and then I'd never get around to talking to her about it and then I began to resent her. And she had no idea why. . . . And I just deal with those problems now when they occur instead of putting them off like I used to.

Another student commented:

> It helped me become a lot more open. . . . Now I feel comfortable being open. It doesn't make me wonder what the other person is thinking. . . . I think that it makes them feel good, too, for them to think you can trust them enough to open up to them.

Several students mentioned that they began using many

of the communication skills:

> I started practicing those at home and I've seen it wear off from me to other people. . . . I've used it on my mother. . . . I've gotten along better with her. . . . I'd tell other people about it and I started to notice they were using it. Other people, like my friends, use it sometimes. . . . They notice it from me and pick it up--like it's a chain reaction.
>
> Q: Has that had any affect on your relationships with those people?
>
> Ya. Ya. I feel closer to a lot of people, a real lot of people. . . . Now I'm just more open and I'll talk to everybody about a lot of things. And I feel really close to them and they kinda give it back to me now, too. . . . It's really like breaking the ice.

Many other students felt that the course had a positive effect on their relationships outside of class:

> I feel more comfortable in my relationships.
>
> Q: Why?
>
> I don't know. Probably because of this course. I can't really pinpoint what thing, but I know it's because of this. I can't say what it is now but as soon as it comes up then I can say that it's because of such and such. It's easier to have relationships.

Another student commented on his ability to be more open with people in his life:

> [I can be more open] especially with my father. . . . Me and him could never talk about anything. Now I tell him exactly how I feel about whatever and he accepts it. He tells me what he is feeling.

Another student commented:

> I'm really not an open person. I keep things reasonably to myself and don't let anyone know about it. It comes out one way or another in class. . . . I usually don't make friends with people right away. It's easier for me to dislike people than to like them. . . . I've been looking at the positive side of people . . . and have made a hell of a lot more friends.
>
> Q: Is that a result of anything that happened here or is that a coincidence?
>
> Well, basically because of what happened here--you taught me to be more open.

Another benefit of the sharing of feelings and problems in class was that people discovered that others had similar feelings and problems. This realization helped them to be more open and to feel less alone. As one student suggested, "It makes you feel like you're not the Lone Ranger."

Students were asked what they thought was responsible for this increased awareness and the willingness and ability to share feelings with others. The consensus was that the class experience of emphasizing feelings and of having the teacher continually ask what they were feeling and why had had the greatest impact. They stated that the emphasis that was put on discussing feelings in class was more important than any of the specific exercises that dealt with

feelings. With regards to their willingness to share feelings, students noted:

> When everybody else shared how they felt, I felt more comfortable.
>
> The class. We began to be so open in class. We began to know everyone in the class. It was so neat. . . . We got to know them as individuals.
>
> I became more open because everyone else was being open, too. . . . A lot of people told what they felt. . . . There's confidence and trust. You open up to these people [because] they're not going to laught at you.

One student even felt the class was affected by talking about the importance of self-disclosure. She felt that the students might not have been aware of how important it is or whether they were even doing it. She felt that knowing what self-disclosure is and how important it is might help some people learn to self-disclose.

Several students mentioned the teacher's openness as a factor in their openness:

> You [the teacher] said what you felt.
>
> You shared your personal life, too.

Another frequently occurring response to the question, "What meaning did the course have for you and how were you affected by it?" was that students were better able to make decisions, solve problems, and listen to their own inner

voices:

> This [the course] has helped me to not only deal with . . . [my boyfriend] which has really helped me a lot, but with parents . . . and with people that I know. . . . It helped me out with all my problems from the first day, you know, with jealousy and with relationships--it really helped me with that.

Another student commented:

> I learned to relate to people better, how to handle problems . . . to do the problem solving process. . . . It helps you get more organized with your thoughts. . . . I feel my head is all straightened out now--I'm more able to make decisions.

Another student said:

> It's easier to look at your problems. . . . You don't have to hide your problems--you know how to handle them with a problem comes along. . . . I can deal with those problems easier. I'll spend less time worrying about it and do something instead.

Two people stated that the course helped them make career and life decisions. One commended:

> It helpe me clarify a lot of thoughts I had about what I was going to do. . . . I had absolutely no idea--I had an idea but everyone said I couldn't do it.
>
> Q: Do you believe that you can?
>
> Yes, and that I'm going to.
>
> Q: How did that attitude change?

I'm not listening to them anymore. . . . I'm listening to myself more.

The other student commented:

> When I started this year I didn't know what I wanted to do and didn't care--as long as I have money in my pocket. When we were talking about caring I decided I could do it [be a probation officer]. I realized I wanted to do it and do it well. I realized I didn't want to just sit around and do nothing--don't want an assembly line job--wanted to work with people. I know a lot of people who can use probation people they can relate to--they could relate to me and me to their situation.

As the group tried to determine what brought about this increased ability to solve problems and make decisions, the problem-solving process was mentioned several times. The impact of the group was also referred to:

> I don't know--from trust. . . . from talking it out in here--people giving you ways to help--everybody gave me things to go on, and I tried everything and they seemed to work. . . . I talked to him [boyfriend] about it. I confronted him and let him know that I was jealous, which helped, and tried to explain to him why.

After showing one group their pretest and posttest autonomy scores, the teacher asked them what helped them to become more autonomous. Three students responded:

> You can't help it--it's just everything we did.
>
> It helped you to know yourself better--to know your inner self--know your own feelings better.
>
> To trust your own feelings better.

> Q: But then there's that additional step of actually doing it--carrying it out?
>
> Right--that comes from the support from everybody else in the class.

The next most frequently occurring response to the question, "What meaning has the course had for you and how have you been affected by it?" had to do with the way students viewed themselves--their self-concept:

> It helped me over a lot of hang-ups that I had and made me realize why I felt that way. . . . It helped me over my inferiority complex. I was not aware of why I was feeling that and who caused [it] . . . . I never stopped to think who was the one to give me the vibes or whatever. . . . And when I look back I realized they weren't worth worrying about cause they were below me to begin with and they felt bad about themselves so they took it out on me and in turn I felt bad about myself. And it took me a long time to realize that. . . . It made me feel more comfortable with myself and not worry about what other people say.

Another student commented on her feelings of inferiority:

> I used to feel afraid to talk--I always felt inferior. It doesn't bother me anymore but I always, always felt real bad and I use to hate it but now when my head starts telling me bad things I can stop and say no I'm not, no I'm not, and build myself up in my head so I don't feel so uncomfortable [in social situations]. . . . Now I can talk to anybody and I feel free to say whatever I want.
>
> Q: When you start putting yourself down--how do you--do you just not accept it and dismiss it?
>
> I'll say no I'm not, no I'm not--inside I'm really screaming cause I know I'm really not. . . . I really

scream at this thing in my head [she laughs]. Then it goes away, then it comes back, but not right away. But if it happens again I'll keep doing it.

Q: Do you know where that comes from--that I'm not okay or not good?

I don't know, I've had it all my life . . . I use to be really bad. . . . I use to spit in the mirror . . . not just because--because of everything about me, the way I act, everything, I just hate myself. . . . I use to be really bad . . . it's embarrassing, I was bad. Now its funny. Now I can laugh at it. Now I think it's a riot. Then I use to really get upset, it use to really bother me, I use to cry all the time. I use to hate feeling that way. . . . I really felt like that. I don't know why--maybe it's my mother, I don't know.

Q: Do you think that is it--the way she responded to you?

Ya. Sometimes.

Q: Does realizing that--because of her or the way she responded to you--does that help you dismiss it, too?

Ya. Ya. I think it's mostly because of my mother. She was always favoring [the older sister].

A feedback exercise that the mental health classes participated in seemed to have a big impact on how the students viewed themselves:

I learned a lot from that. It was very good because it wasn't in the form of criticism. . . . It was good because you don't realize how other people see you really.

Another student commented when she was asked if she felt better about herself:

> I do feel better about myself. I have a big hang-up about physical appearances. But to me now--I felt this way before, but much more so now--that the person I am is much more important and I'm beginning to like that person better, and the physical appearances are really not that important to me.
>
> Q: What happened to bring that about?
>
> During the feedback thing I got a lot of feedback about the kind of person I am and a lot of it was neat.
>
> Q: And you started believing that?
>
> Ya.
>
> Q: Did it make any difference who it was coming from?
>
> Ya. Because they knew me. I have been open in the class. I have been myself--they knew who I was.
>
> Q: Was there anything else that contributed to this?
>
> I think it was the class in general with that . . . just the way everyone was so caring.

Another student responded to the positive feedback she received:

> Deep down inside you think there are positive things but you don't want to admit it because you don't know if everybody else thinks they are positive things. When someone else comes out and admits it, that's great, because then you can start to admit it to yourself.

Several people also mentioned that they found the negative feedback (feedback to help you grow) was helpful. This comment was typical of those who felt this way: "I felt good about the negative feedback, too, because it helped me to grow."

Three students reported a decrease in drug use throughout the year. They attributed the decrease to the class experience:

> I just don't have the urge to get high--I don't have the urge to escape or get away from school as much. I know that if I didn't have this [the course] I'd still be stoned three times a day during school.

Another student added:

> I totally agree with everything you said.
>
> Q: That happened for you too?
>
> Ya.
>
> Q: Was it something that happened here?
>
> Oh ya.

The first student then responded:

> I started feeling so good about myself [at this point the second student remarked: "Oh ya"] and realized that I wanted to do so much more.
>
> Q: Can you attribute it to anything that happened here?

The second student responded:

> Ya, I can. I don't need it. I don't need it. If I have a problem I'd rather face it than try to cover it up with pot. It just works out better like that.

The first student then added (referring to the feedback exercise):

> That's when I stopped getting high in the morning before school. That was the brightest point of the whole year. I just felt so good about myself and being in the group and everything. I didn't think it would be worth it to be bombed, so I came to school straight.

At this point, the teacher shared with these students his reaction that their statements probably had implications for the teaching of drug education. He pointed out that they had only discussed drugs briefly on one occasion and that in other health classes they had discussed the effects of the drugs at length and people's experiences with drugs. At this point the second student remarked:

> It's not talking about the experiences, it's talking about how you feel about yourself. If you don't feel good about yourself, you are going to use it to get away. If you feel good about yourself you don't need it. I don't want it. I haven't had the urge to get high at all.

The students oftentimes were not aware of, or were not able to articulate, why certain changes had come about.

One student commented:

> I can't put my finger on one thing. You can't have one without the other. They all help each other add on--it's like a ladder or blocks, like building a house or something, and you keep on building and building until you get at the top and then at the end you feel real good.

Several students referred to the nonauthoritarian role of the teacher as an important aspect of the environment:

> Because you weren't here saying you gotta read this --you let us be free--so that made us do it on our own--if we wanted to do it we did it. . . . We did most of the stuff. . . . You didn't punish us for it. . . . It's just if you didn't do it you lose out on yourself because it helped you to learn.

Another student commented on the freedom to share feelings and problems and the willingness of the teacher and the students to listen and to help:

> You were like a problem solver. If something was wrong you would give up a class for one person. You gave your advice and everyone else helped give their advice to try to help solve the problem. . . . We could come in anytime and just say this is wrong. . . . You helped us out. . . . I never had to come to you but I would if I had to.

Another group, when asked what was responsible for changes that took place, responded:

> It's you [the teacher].
>
> The facilitator.

> Your knowledge about this stuff. It seems like every situation that comes up, what's going on in your head, you sort of know kinda what you can refer to.
>
> If someone went about it in a different way--like all on paper--like you hardly ever used those books --you asked us to go home and read it but it wasn't a forceful thing. . . . You talked about things, it made me want to listen . . . cause of the way you did it--you didn't stick it in our face and say here--and you were part of it too--that made me really happy. All the exercises you participated in. I thought that was really great. . . . It helped because you talked about how you experienced it.

Another group, when asked if there was anything about the teacher or the group itself which facilitated any changes, responded:

> You as a teacher, definitely.
>
> You're so different from any other teacher.
>
> You confront us with how you're feeling right then and there, and we feel we can do the same.
>
> Teachers are so phony and you're so real.
>
> Q: So me being myself and being open . . .?
>
> Ya.
>
> Ya.
>
> Ya.
>
> Just the atmosphere. You could tell the first day we were here . . . that the type of person--just your atmosphere--the way--the setting.

Q: What about the other people here--what was it about the group that allowed . . .?

Everyone's willingness--everybody that stayed . . . willingness to listen, to self-disclose, try to help . . . and you know that everybody else is here for the same reason as you, everybody has a problem they want to work on--you're not the only one.

Q: What motivated you to take the course and what motivated you to grow?

It's because we know what we need to grow on, I think. You have to confront your own problems.

You're ready to take one of our risks . . . maybe we are all doing that."

When I read the booklet [course of study booklet] and it said helping yourself to grow and helping face different problems. At that time I felt I had a lot of problems so I figured, what the hell, I might as well try it. It's sort of like confronting--realizing yourself and you got a problem and wanting to help work on it--that's what you gotta do--you gotta want to help yourself.

The meaning the mental health course had for students was also reflected in the increased enrollment for Getting It Together. The year this study was conducted was the first year the course was offered at the high school. Twenty-two students participated in the course that year. By the third year of the course, the enrollment had increased to 76 participants. This is during a period of time when most programs are decreasing in enrollment and teachers are being laid off.

CHAPTER V

SUMMARY AND CONCLUSIONS

The major purposes of this study were to develop a mental health course and to determine the effectiveness of the course on facilitating mental health as measured by changes in autonomy, self-concept, and self-actualization.

Discussion of Results

There were no significant differences on the pretest mean scores among all groups involved in the study on the measures of autonomy, self-concept, and self-actualization. However, the combined scores for all those who selected the standard health course (Current Health Problems) and the combined scores for all those who selected the mental health courses (Getting It Together, and Understanding Self and Others) were markedly higher on the three variables than the scores for the control groups selected randomly from the junior and senior classes. There were no marked differences between those who selected the standard health

course and those who selected the mental health courses.

The main experimental group (GT Ex) showed significant improvements in the levels of autonomy over the main control group (GT C), the Current Health Problems Control Group, and the Male Control Group. The differences between the main experimental group and the Female Control Group approached significance. When the experimental groups were combined, there were significant differences between the Combined Experimental Groups and all of the control groups on the measure of autonomy.

The main experimental group (GT Ex) showed a significant improvement in the level of self-concept over the Male Control Group. Although there was no significant difference between the main experimental group and the main control group (GT C) on the measure of self-concept, the difference between them (6.91) was the same as between the main experimental group and the Male Control Group, which was significant. No significance was indicated between the main experimental group and the main control group because of the smaller number of students in the main control group. The difference between the main experimental group and the Female Control Group approached

significance. When the experimental groups were combined, the Combined Experimental Groups showed significant differences over the main control group and the Male Control Group. The difference between the Combined Experimental Groups and the Female Control Group approached significance.

The main experimental group (GT Ex) showed a significant improvement in the level of self-actualization over the Male Control Group. The differences between the main experimental group and each of the following groups approached significance: the main control group (GT C), the Female Control Group, and the Current Health Problems Control Group. When the experimental groups were combined, the Combined Experimental Groups showed significant improvements over the main control group, the Male Control Group, and the Female Control Group. The differences between the Combined Experimental Groups and the Current Health Problems Control Group approached significance.

Although the Understanding Self and Others Experimental Group and the Current Health Problems Experimental Group showed no significant differences in the levels of autonomy, self-concept, and self-actualization over the control groups, there were marked increases in the scores

of the experimental groups. A possible reason that no significance was indicated is that there was a smaller number of participants in these experimental groups. As was noted earlier, however, when all experimental groups were combined, there were several significant differences between the Combined Experimental Groups and the control groups on all three variables.

The main experimental group (GT Ex) showed no significant differences in the levels of autonomy, self-concept, and self-actualization over the Understanding Self and Others Experimental Group and the Current Health Problems Experimental Group. There were no significant differences between the Understanding Self and Others Experimental Group and the Current Health Problems Experimental Group on all three variables.

The main experimental group (GT Ex) showed a significant improvement in the level of autonomy over the Current Health Problems Control Group, which had the same instructor for a different health course (the standard health course) but in a similar classroom environment. When the experimental groups were combined, there was a significant difference between the Combined Experimental Groups and

the Current Health Problems Control Group. Although the main experimental group and the Combined Experimental groups showed no significant differences over the Current Health Problems Control group on the measure of self-concept and self actualization, marked differences did appear in the experimental groups. Although there were no significant differences between the Current Health Problems Control Group and the other control groups who did not have the instructor for either course, the posttest scores on all three variables were markedly higher for the Current Health Problems Control Group than for the other control groups. That is, the students who had the instructor for the standard health course (Current Health Problems) in a similar environment as the mental health course, scored higher on the posttest scores for all three variables than did the other control groups who took neither course. However, they did not score as high on the three variables as the students who participated in the mental health course.

Discussion of Student Feedback

The feedback from the students suggests that the mental health course was successful in its attempts to facilitate

an increased ability to self-disclose, communicate effectively, give and receive feedback in a nondefensive manner, have more meaningful relationships, make decisions, and to accept and solve one's problems. The feedback also suggests that the students were more aware of their inner selves, their feelings and the causes of their feelings, and that they had a more accurate perception of how others saw them.

The students suggested that their increased awareness and willingness and ability to share feelings with others came about because of the emphasis the facilitator put on asking them to share what they were feeling and why they were feeling that way. The initial openness demonstrated by several students implied trust in themselves and trust that the other group members would not respond in a way that would hurt their feelings or make them feel rejected. This initial trust and openness allowed other students to feel more comfortable in sharing their feelings, which then further increased the amount of self-disclosure. The students commented that they were also self-disclosing more in their relationships outside of the class and that this increased openness, along with the use of the communication

skills, was having a positive effect on their relationships. Several students mentioned the teacher's openness, his being himself and not hiding behind his role as a teacher, and the sharing of his feelings and personal life as factors contributing to their openness, as well as the classroom atmosphere, which allowed changes in themselves to take place.

The willingness to admit and the ability to solve problems came about because of the group members' willingness to get in touch with and share their problems in the group. This willingness was facilitated by the group members' actively listening to and accepting one another and their problems, and by their willingness to give feedback and help the individuals find solutions. One student said she saw the teacher and the class as problem solvers. She noted that if someone had a problem, they would devote that period to helping the student explore and find a solution to the problem. Knowing and using the problem-solving process was mentioned and demonstrated as being helpful in working through solutions.

The positive improvements in self-concept may have occurred for several reasons. Two students mentioned that,

once they had discovered how they felt about themselves, why they had negative feelings about themselves, and where these feelings came from, they were able to reject or dismiss the negative feelings that were not consistent with the way they viewed themselves. Several students attributed changes in the way they saw themselves to the feedback they received from the other group members--people who knew and cared for them. As one student suggested, the feedback confirmed positive feelings she had about herself and which, unbeknownst to her, others had about her. Two students reported that their decrease in drug use came about when they started feeling better about themselves. As one student mentioned: "if you don't feel good about yourself, you are going to use it . . . if you feel good about yourself, you don't need it."

Several students, when showed their pretest and posttest autonomy scores, mentioned that the positive changes had come about from knowing and trusting their inner selves and from having the courage to be themselves. They felt the courage to be themselves came from the support of the group. Awareness of internal values seems essential for autonomous behavior. By being aware of who we are and how

we wish to be, and by acting on these awarenesses, individuals can become more autonomous and self-actualizing.

The reasons given by the students for their increased awareness, openness, development of trust, ability to admit to and solve problems, and for the positive changes in self-concept and autonomy, suggest the importance of the small-group atmosphere in facilitating these behaviors and attitudes. When one group of students was asked what it was about the group that allowed changes to take place, one person responded:

> Everyone's willingness to listen, to self-disclose, try to help . . . and you knew that everybody else is here for the same reasons as you, everybody has a problem they want to work on--you're not the only one.

Because the self-concept develops in response to the way an individual is morrored by others, the small-group experience seems to be beneficial in changing one's perceptions of oneself. It provides new opportunities to gain new responses to one's self-concept from other people in a situation where it is safe to consider and possibly accept new sensory data, as well as the opportunity to test out new ways of being. The group process of self-exploration, self-disclosure, and active listening facilitates the

awareness of how we are similar as well as how we are unique, and promotes acceptance of our being.

Several students mentioned that the nonauthoritarian role of the teacher was important:

> Because you weren't here saying, "You gotta read this" you let us be free--so that made us do it on our own. . . . If we wanted to do it, we did it--we did most of the stuff. . . . You didn't punish us for it. . . . It's just if you didn't do it you lose out on yourself because it helped you learn.

Comments mentioned by the students suggest not only that the facilitator's congruence, acceptance, and empathy was perceived by the group members, but also that these qualities existed and were perceived in many of the other group members. These factors seem to be a major reason for the changes that took place.

Several areas of the course were not mentioned by the students as having meaning for them. Considerable time (approximately 18 class periods) was given to an exploration of the psychosocial forces that help mold personalities and self-concepts, and to exercises that attempted to facilitate the participants' awareness of their own personality development, how they felt about it, and what, if anything, they wanted to do about it.

Because of the cognitive nature of these factors, conceptualization and internalization of these factors may have been difficult. The teacher also noted that most of the students either had no desire to recall or had difficulty recalling past events and ways their parents responded that may have affected the development of their personalities.

Questions were raised relative to another area of the curriculum that demanded conceptualization and internalization of concepts. Exercises were used to facilitate the awareness of negative put-downs and labels that we and others attach to ourselves. It was hypothesized that an examination of these labels and put-downs would facilitate the awareness and feeling that these labels are just that, labels that have been applied to certain behaviors that have taken place in the past, and which need not apply to the present nor the future. Exercises were also used to facilitate an awareness of and feeling for the participants' successes, strengths, accomplishments, and areas of their life that they felt good about. It was felt that an awareness and an affirmation by self and others of personal strengths would contribute to a more positive

self-concept. Because these components were not mentioned in the students' feedback, the author has no insight into their possible effectiveness on positive changes in self-concept. Although the students were able to discuss their put-downs, negative labels, strengths, and accomplishments, it was the teacher's feeling that they were having difficulty personalizing these concepts.

It is possible that the conceptualization of the concepts mentioned above did take place without the students being able to verbalize the meaning they had for them. The author suggests further research be done into the effects of these specific concepts as factors in improved levels of autonomy, self-concept, and self-actualization.

Conclusions

This study appears to confirm the following points:

1. High school girls who select health courses have a tendency to be somewhat more autonomous and self-actualizing, and have a more positive self-concept than high school girls from the same accessible population who do not select such health courses. There are no indications to suggest any differences in levels of autonomy,

self-concept, and self-actualization among those who select the standard health course and those who select the mental health course.

2. High school girls who participate in such a mental health course become significantly more autonomous as a group than: (a) those girls who select but do not participate in a mental health course, (b) those girls who select and participate in a standard health course with a similar environment, and (c) a group of students selected at random from the same accessible population who neither select nor participate in the health courses.

3. High school girls who participate in such a mental health course show a significant improvement in their level of self-concept as a group than students who select but do not participate in such a mental health course. The results also suggest that high school girls who participate in such a mental health course show a marked improvement in their level of self-concept as a group compared with students selected at random from the same accessible population who neither select nor participate in the mental health course.

4. High school girls who participate in such a mental health course become significantly more self-actualizing as

a group than (a) girls who select but do not participate in the mental health course, and (b) a group of students selected at random from the same accessible population who neither select nor participate in such a mental health course.

5. There are no differences in the levels of autonomy, self-concept, and self-actualization among those high school girls who select and participate in such a mental health course and: (a) those girls who select a similar mental health course but participate in the same experience, and (b) those girls who select a standard health course but then choose to participate in the mental health course. The results suggest that, for those high school girls who would select a health course, selection of the type of health course (standard or mental) is not a factor in improved levels of autonomy, self-concept, and self-actualization, when they receive the mental health course.

6. High school girls who participate in such a standard health course with the same instructor and in a similar environment (as the mental health course) score higher on the measures of autonomy, self-concept, and self-actualization than girls who select but do not participate

in such a mental health course and a group of students selected at random from the same accessible population who neither select nor participate in the health courses. However, these girls do not score as high on the three variables as girls who participate in the mental health course. These results suggest that there is something about the environment that facilitates improved levels of autonomy, self-concept, and self-actualization.

7. Neither grade in school (grade 11 or 12) nor the school program in which the students are enrolled is a factor in changes in autonomy, self-concept, and self-actualization.

8. The specific variables that make up the mental health course may contribute to positive changes in mental health. These variables include: increased awareness; willingness and ability to self-disclose; increased ability to communicate effectively, make decisions, and solve problems; a realistic and accurate view of self; and an environment that is characterized by congruence, unconditional positive regard, an empathic understanding, perceived congruence, acceptance and empathy, the facilitator as a learner and model, trust, and the use of the small-group

format.

Comments on the Findings

The results of this study are similar to those produced by previous research reported in the literature. Bieniewski (1972) found that students who select a student-centered self-development course are not significantly more self-actualizing than students who do not self-select such a course. She also discovered a significant increase in levels of self-actualization among the students following participation in the course. Knox (1973) investigated the effects of transactional analysis on the internal-external locus of control (autonomy). She found that students who learned transactional analysis tested out significantly more internal (autonomous) than those who had had no transactional analysis. Moser (1973) and Ralph (1973) discovered increases in self-concept following student participation in their programs. Moser's study focused on the positive aspects, strengths, values, and achievements of each individual. The activities that Ralph's subjects reported as most valuable to them in reaching the course objectives were listening to

others, self-evaluation, making positive value statements about themselves, and expressing themselves in class. Covalut (1973) and Wilgoren (1973) studied the effects of different values clarification strategies on changes in self-concept. Both studies confirmed the appropriateness of the values clarification process as a methodology to enhance self-concept. Tucker (1974) discovered that students who participated in a program that focused on the positive aspects, strengths, values, and achievements of each individual increased their levels of self-actualization significantly and, further, that the gains were significantly greater than those of the control group.

Implications of the Study

Mental illness and the lack of mental health are America's most pressing and complex health problems. The concept of prevention of mental illness is appealing, since present methods of treatment are cumbersome, uncertain, and unavailable to many. The facilitation and promotion of optimal mental health among those not yet ill are seen as desirable goals. It has been felt that education can contribute to these goals. The methods used presently within

the schools are geared more to prevention by placing special emphasis on problem children or by counteracting harmful circumstances within the environment before they have a chance to produce illness. Programs to facilitate optimal mental health have remained more a dream than a reality. Most existing programs are built on an enormous amount of faith, but very little research. Many programs talk about illness and health (in vague terms), but few provide insight into how to facilitate and promote mental health. The field of mental health education (if it exists) has not developed a fixed body of behavioral knowledge with prescribed methods.

This study developed a mental health education program based on concepts, skills, and environments that have been developed in various therapies, the field of human relations training, community mental health, and the personal growth movement. This study concluded that the specific awarenesses, learnings, behaviors, skills, methods, and environments that made up the mental health course contributed to the positive changes in mental health (as measured by changes in autonomy, self-concept, and self-actualization). Based on these findings, it is suggested

that future educational programs and research that attempt to facilitate optimal mental health should use the following concepts, behaviors, and environments as the foundation of the program:

Increased Awareness. A major requirement in the attainment of optimal mental health is that individuals acknowledge in their own minds who, what, and how they are. This awareness places an emphasis on what they are feeling. To the extent that they will respect the authenticity of their own experience, they will be open to new pathways of growth and relatedness to others.

Increased Willingness and Ability to Self-Disclose. Willingness and ability to self-disclose are essential factors in self-knowledge and in the development and maintenance of meaningful relationships. Human beings can attain to health and fullest personal development only insofar as they gain courage to be themselves with others and when they find goals that have meaning for them. Self-disclosure is essential to this process.

Increased Ability to Communicate Effectively. The ability to state accurately what one is feeling and thinking,

to listen actively, to participate in the dialogue process, and to give and receive feedback in a nondefensive manner--is essential in knowing self, building relationships, working through problems and impasses in relationships, and creating new truths and new knowledge.

Increased Ability to Make Decisions and Solve Problems. The ability to make decisions and solve problems is essential in working through impasses in one's life and in relationships, to attain fullest human development.

Realistic and Accurate View of Self. One's self-concept has a tremendous influence on one's relationships--with both events and people. Self-concept enters into one's attitudes, judgments, decisions, and choice of goals, and into the strength of one's efforts. Individuals act as the people they believe they are and can be. Positive mental health implies a positive self-concept, which is consistent with the way the person is.

The Environment. The environment in the mental health course can be described as one that valued awareness, openness, self-disclosure of feelings and problems, trust, risk taking, problem solving, and effective communication.

Growth takes place in such a healthy environment and usually comes about through an experience or experiences in relationships. The facilitator and the environment that he creates are essential in this process. It is important that the facilitator of such an experience, and probably the participants, have or develop the following traits:

Congruence--the willingness of the participants and the facilitator to express, in words and behavior, their feelings and attitudes.

Unconditional Positive Regard--an acceptance of and a caring for others as separate persons with a right to their own feelings and experiences, and to their own interpretation of them.

An Empathic Understanding--the ability to sense another person's private world as if it were your own.

Perceived Congruence, Acceptance, and Empathy--the successful communication of these traits to the other people in the group.

Facilitator as Model--it is important that teachers model the behaviors and skills that they wish the participants to learn.

Facilitator as Learner--it is important that the facilitator be a member of the group, interested in his or her own growth and learning while serving as group leader.

Trust--the ability to accept oneself and to trust that others will not respond in a hurtful or rejecting manner. Another element is one's willingness to risk being rejected in order to grow and build closer relationships.

Small-Group Format--the small group provides unique opportunities for relationships within the protection of group contracts. Levels of intimacy are available in small groups at greater intensity and with more people than are typically available to persons in more usual school and living situations. The small group also makes it easier for trust to develop, and for individuals to self-disclose, to develop more meaningful relationships

within the group, and to test out new behaviors and new ways of being. It acts as a support for more autonomous behavior within and outside the group, as well as a vehicle for helping in the problem-solving process. It provides opportunities to gain new responses to one's self-concept from other people in a situation where it is safe to consider and possibly accept new sensory data. Finally, the group process of self-exploration, self-disclosure, and active listening facilitates awareness of how we are similar and how we are unique, and also promotes self-acceptance.

Limitations of the Study

1. Since only high school girls participated in the experimental groups, results of this study cannot be applied to high school boys.

2. The Current Health Problems Experimental Group was posttested four weeks after the other groups. The argument could be made that the positive increases on the three variables came about because of the longer exposure to the

environment, or that contemporary events could have accounted for the results between this group.

3. The Getting It Together Control Group was posttested three weeks sooner than the other groups. The argument could be made that the positive changes on the three variables among the other groups may have resulted because of events that took place during that three week period.

4. The same teacher conducted the mental and standard health courses. It could be argued that the positive changes are due to personality factors in the teacher that are not included in the list of qualities mentioned in Chapter III. Since the teacher was also the author of this study, it could be argued that teacher bias was a factor in the increased positive changes on the three variables.

5. The number of participants in the experimental groups was small. More definitive results might have occurred if these numbers had been larger.

6. Selection could not be rigorously controlled between those who would select health courses and those who would be assigned randomly to such courses from the accessible population. It could be argued that those students who would select health courses possess certain characteristics that,

in interaction with the treatment, results in performance superior to that of students who do not select health courses.

7. The health classes were pretested on the second day of classes. A brief introduction to the courses was given on the first day. The argument could be made that the higher pretest scores of the health classes may have resulted from a sensitization to the material and the classroom environment.

Recommendations for Further Study

1. It is possible that personality factors in the facilitator (other than those mentioned in Chapter III) were partially responsible for the positive changes in mental health. Therefore, future studies might use different teachers to facilitate the same program to verify further the effects of this program.

2. All the students who participated in the mental health courses had selected a health course. Since they scored higher on the pretest on all three measures of mental health, there might be something about students who

would select a health course that, in interaction with the treatment, would cause the increased positive changes in mental health. Future studies might include groups of students as participants in the mental health course who are selected at random from the accessible population and who do not select a health course.

3. High school boys were not included in the experimental results because so few signed up for the health courses. The author notes that this has been a consistent pattern at the high school where he teaches. It has been suggested that the reason for this pattern is that men have traditionally been less interested in their health and emotional growth. Jourard (1971) has pointed out that men do not self-disclose as often as women and that they are less able and willing to get in touch with and share their feelings as women. The author has found this to be true among his high school students. Since the mental health course demands that the participants become aware of and share their feelings, the author wonders about the effects of such a course on the mental health of boys. It is recommended that future studies try to include boys in the experimental groups.

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4. The mental health course was a structured group experience, using specific experiences and exercises. Future research might look at the effects of an unstructured group experience that would value the same goals and behaviors and would create the same environment, without using the specific exercises and experiences used in this program.

5. It would appear that valuable information could be obtained by conducting longitudinal studies over several years.

6. This study dealt only with high school juniors and seniors. It would be beneficial to study the effects of similar programs on elementary and junior high students, as well as on adults. It is felt that some of these concepts, skills, and environments could be introduced as early as elementary school.

7. Since the author was unsure of the effects of the section on the awareness of psychosocial forces that help mold personalities and self-concepts, and the effects of the section that asked students to become aware of their negative put-downs, labels, strengths, and accomplishments, further research might look more closely to see whether

such concepts facilitate a more positive self-concept and more autonomous and self-actualizing behavior.

8. Several students in the mental health course mentioned a decrease in drug use, which they attributed to their participation in the course. Two students implied that the decrease occurred when they began to feel better about themselves and their lives. Future drug and alcohol education programs might incorporate the concepts, behaviors, and environments used in the mental health course into their programs. It would seem that the mentally healthy individual would not feel a great need or desire to abuse alcohol and/or drugs.

A P P E N D I C E S

APPENDIX A

SUMMARY TABLE OF THE ANALYSIS OF VARIANCE AMONG GROUPS ON THE PRETEST MEASURE OF AUTONOMY

SUMMARY TABLE OF THE ANALYSIS OF VARIANCE AMONG GROUPS ON THE PRETEST MEASURE OF AUTONOMY WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF THE ANALYSIS OF VARIANCE AMONG GROUPS ON THE PRETEST MEASURE OF SELF-CONCEPT

SUMMARY TABLE OF THE ANALYSIS OF VARIANCE AMONG GROUPS ON THE PRETEST MEASURE OF SELF-CONCEPT WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF THE ANALYSIS OF VARIANCE AMONG GROUPS ON THE PRETEST MEASURE OF SELF-ACTUALIZATION

SUMMARY TABLE OF THE ANALYSIS OF VARIANCE AMONG GROUPS ON THE PRETEST MEASURE OF SELF-ACTUALIZATION WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

Table A-1

Summary Table of the Analysis of Variance Among Groups on the Pretest Measure of Autonomy

Source	df	MS	F Ratio	F Probability
Between Groups	6	165.0516	1.731	0.1249
Within Groups	78	95.3594		

Table A-2

Summary Table of the Analysis of Variance Among Groups on the Pretest Measure of Autonomy When the Experimental Groups are Combined

Source	df	MS	F Ratio	F Probability
Between Groups	4	225.3342	2.395	0.0572
Within Groups	80	94.0874		

Table A-3

Summary Table of the Analysis of Variance Among Groups on the Pretest Measure of Self-Concept

Source	df	MS	F Ratio	F Probability
Between Groups	6	18.6864	0.774	0.5926
Within Groups	78	24.1396		

Table A-4

Summary Table of the Analysis of Variance Among Groups on the Pretest Measure of Self-Concept When the Experimental Groups are Combined

Source	df	MS	F Ratio	F Probability
Between Groups	4	26.9188	1.141	0.3433
Within Groups	80	23.5916		

Table A-5

Summary Table of the Analysis of Variance Among Groups on the Pretest Measure of Self-Actualization

Source	df	MS	F Ratio	F Probability
Between Groups	6	186.9344	1.490	0.1926
Within Groups	78	125.4633		

Table A-6

Summary Table of the Analysis of Variance Among Groups on the Pretest Measure of Self-Actualization When the Experimental Groups are Combined

Source	df	MS	F Ratio	F Probability
Between Groups	4	257.4036	2.085	0.0905
Within Groups	80	123.4764		

APPENDIX B

SUMMARY TABLE OF THE ANALYSIS OF COVARIANCE AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES FOR THE MEASURE OF AUTONOMY

SUMMARY TABLE OF THE ADJUSTED POSTTEST MEAN DIFFERENCES AMONG GROUPS ON THE MEASURE OF AUTONOMY

SUMMARY TABLE OF SCHEFFE STATISTICS AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES ON THE MEASURE OF AUTONOMY

Table B-1

Summary Table of the Analysis of Covariance Among Groups on the Adjusted Posttest Scores for the Measure of Autonomy

Source	df	MS	F	Significance of F
Among Groups				
Treatment	6	193.652	4.178	0.001*
Residual	77	46.355		

*Significant beyond the .01 level

Table B-2

Summary Table of the Adjusted Posttest Mean Differences Among Groups on The Measure of Autonomy

Groups		M C	GT C	CH C	F C	USO Ex	CH Ex	GT Ex
	Means	79.90	80.64	82.48	83.10	87.55	88.27	92.87
M C	79.90		0.74	2.58	3.20	7.65	8.37	12.17**
GT C	80.64			1.84	2.46	6.91	7.63	11.43***
CH C	82.48				0.62	5.07	5.79	9.59***
F C	83.10					4.45	5.17	8.97
USO Ex	87.55						0.72	4.52
CH Ex	88.27							3.80

**Significant beyond the .05 level

***Significant beyond the .10 level

Table B-3

Summary Table of Scheffe Statistics Among Groups on the Adjusted Posttest Scores on the Measure of Autonomy

Groups		M C	GT C	CH C	F C	USO Ex	CH Ex	GT Ex
	Means	79.90	80.64	82.48	83.10	87.55	88.27	92.07
M C	79.90		0.06	1.29	2.03	4.09	8.89	17.38**
GT C	80.64			0.41	0.75	2.75	5.32	11.27***
CH C	82.48				0.08	1.83	4.42	11.17***
F C	83.10					1.42	3.58	9.92
USO Ex	87.55						0.03	1.18
CH Ex	88.27							1.32

**Significant beyond the .05 level

***Significant beyond the .10 level

APPENDIX C

SUMMARY TABLE OF THE ANALYSIS OF COVARIANCE AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES FOR THE MEASURE OF AUTONOMY WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF THE ADJUSTED POSTTEST MEAN DIFFERENCES AMONG GROUPS ON THE MEASURE OF AUTONOMY WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF SCHEFFE STATISTICS AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES ON THE MEASURE OF AUTONOMY WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

Table C-1

Summary Table of the Analysis of Covariance Among Groups on the Adjusted Posttest Scores for the Measure of Autonomy When the Experimental Groups are Combined

Source	df	MS	F	Significance of F
Among Groups				
Treatment	4	270.244	5.849	0.000*
Residual	79	46.206		

*Significant beyond .01 level

Table C-2

Summary Table of the Adjusted Posttest Mean Differences Among Groups on the Measure of Autonomy When the Experimental Groups are Combined

Groups		M C	GT C	CH C	F C	Combined Ex
	Means	79.86	80.67	82.53	83.06	89.59
M C	79.86		0.81	2.67	3.20	9.73*
GT C	80.67			1.86	2.39	8.92**
GH C	82.53				0.53	7.06**
F C	83.06					6.53***

*Significant beyond the .01 level

**Significant beyond the .05 level

***Significant beyond the .10 level

Table C-3

Summary Table of Scheffe Statistics Among Groups on the Adjusted Posttest Scores on the Measure of Autonomy When the Experimental Groups are Combined

Groups		M C	GT C	CH C	F C	Combined Ex
	Means	79.86	80.67	82.53	83.07	89.59
M C	79.86		0.08	1.38	2.04	19.25*
GT C	80.67			0.42	0.71	9.98**
CH C	82.53				0.06	10.76**
F C	83.06					9.45***

*Significant beyond the .01 level

**Significant beyond the .05 level

***Significant beyond the .10 level

APPENDIX D

SUMMARY TABLE OF THE ANALYSIS OF COVARIANCE AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES FOR THE MEASURE OF SELF-CONCEPT

SUMMARY TABLE OF THE ADJUSTED POSTTEST MEAN DIFFERENCES AMONG GROUPS ON THE MEASURE OF SELF-CONCEPT

SUMMARY TABLE OF SCHEFFE STATISTICS AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES ON THE MEASURE OF SELF-CONCEPT

Table D-1

Summary Table of the Analysis of Covariance Among Groups on the Adjusted Posttest Scores for the Measure of Self-Concept

Source	df	MS	F	Significance of F
Among Groups				
Treatment	6	63.890	3.276	0.006*
Residual	77	19.502		

*Significant beyond .01 level

Table D-2

Summary Table of the Adjusted Posttest Mean Differences Among Groups on the Measure of Self-Concept

Groups		GT C	M C	F C	CH C	CH Ex	USO Ex	GT Ex
	Means	24.57	24.57	26.30	27.56	29.04	29.51	31.48
GT C	24.57		0.00	1.73	2.99	4.47	4.94	6.91
M C	24.57			1.73	2.99	4.47	4.94	6.91**
F C	26.30				1.26	2.74	3.21	5.18
CH C	27.56					1.48	1.95	3.92
USO Ex	29.04						0.47	2.44
GT Ex	29.51							1.97

**Significant beyond the .05 level

Table D-3

Summary Table of Scheffe Statistics Among Groups on the Adjusted Posttest Scores on the Measure of Self-Concept

Groups		GT C	M C	F C	CH C	CH Ex	USO Ex	GT Ex
	Means	24.57	24.57	26.30	27.56	29.04	29.51	31.48
GT C	24.57		0.00	0.88	2.58	4.34	3.34	9.79
M C	24.57			1.41	4.11	6.03	4.05	13.32**
F C	26.30				0.79	2.39	1.76	7.86
CH C	27.56					0.69	0.64	4.44
USO Ex	29.04						0.03	1.29
GT Ex	29.51							0.53

**Significant beyond the .05 level

APPENDIX E

SUMMARY TABLE OF THE ANALYSIS OF COVARIANCE AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES FOR THE MEASURE OF SELF-CONCEPT WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF THE ADJUSTED POSTTEST MEAN DIFFERENCES AMONG GROUPS ON THE MEASURE OF SELF-CONCEPT WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF SCHEFFE STATISTICS AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES ON THE MEASURE OF SELF-CONCEPT WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

Table E-1

Summary Table of the Analysis of Covariance Among Groups on the Adjusted Posttest Scores for the Measure of Self-Concept When the Experimental Groups are Combined

Source	df	MS	F	Significance of F
Among Groups				
Treatment	4	89.151	4.608	0.002*
Residual	79	19.347		

*Significant beyond .01 level

Table E-2

Summary Table of the Adjusted Posttest Mean Differences Among Groups on the Measure of Self-Concept When the Experimental Groups are Combined

Groups		GT C	M C	F C	CH C	Combined Ex
	Means	24.57	24.57	26.30	27.56	30.06
GT C	24.57		0.0	1.73	2.99	5.49***
M C	24.57			1.73	2.99	5.49*
F C	26.30				1.26	3.76
CH C	27.56					2.50

*Significant beyond the .01 level

**Significant beyond the .10 level

Table E-3

Summary Table of Scheffe Statistics Among Groups on the Adjusted Posttest Scores on the Measure of Self-Concept When the Experimental Groups are Combined

Groups		GT C	M C	F C	CH C	Combined Ex
	Means	24.56	24.57	26.30	27.56	30.06
GT C	24.56		0.00	0.89	2.62	9.06***
M C	24.57			1.42	4.15	14.64*
F C	26.30				0.80	7.49
CH C	27.56					3.22

*Significant beyond the .01 level

***Significant beyond the .10 level

APPENDIX F

SUMMARY TABLE OF THE ANALYSIS OF COVARIANCE AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES FOR THE MEASURE OF SELF-ACTUALIZATION

SUMMARY TABLE OF THE ADJUSTED POSTTEST MEAN DIFFERENCES AMONG GROUPS ON THE MEASURE OF SELF-ACTUALIZATION

SUMMARY TABLE OF SCHEFFE STATISTICS AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES ON THE MEASURE OF SELF-ACTUALIZATION

Table F-1

Summary Table of the Analysis of Covariance Among Groups on the Adjusted Posttest Scores for the Measure of Self-Actualization

Source	df	MS	F	Significance of F
Among Groups				
Treatment	6	221.844	3.538	0.004*
Residual	77	62.710		

*Significant beyond .01 level

Table F-2

Summary Table of the Adjusted Posttest Mean Differences Among Groups on the Measure of Self-Actualization

Groups		M C	GT C	F C	CH C	USO Ex	CH Ex	GT Ex
	Means	95.01	95.43	97.57	98.84	102.54	104.02	108.14
M C	95.01		0.42	2.56	3.83	7.53	9.01	13.13**
GT C	95.43			2.14	3.41	7.11	8.59	12.71
F C	97.57				1.27	4.97	6.45	10.57
CH C	98.84					3.70	5.18	9.30
USO Ex	102.54						1.48	5.60
CH Ex	104.02							4.12

**Significant beyond the .05 level

Table F-3

Summary Table of Scheffe Statistics Among Groups on the Adjusted Posttest Scores on the Measure of Self-Actualization

Groups		M C	GT C	F C	CH C	USO Ex	CH Ex	GT Ex
	Means	95.01	95.43	97.57	98.84	102.54	104.02	108.14
M C	95.01		0.02	0.96	2.10	2.93	7.62	14.96**
GT C	95.43			0.42	1.04	2.15	4.98	10.30
F C	97.57				0.25	1.31	4.12	10.18
CH C	98.84					0.72	2.61	7.76
USO Ex	102.54						0.10	1.33
CH Ex	104.02							1.15

**Significant beyond the .05 level

APPENDIX G

SUMMARY TABLE OF THE ANALYSIS OF COVARIANCE AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES FOR THE MEASURE OF SELF-ACTUALIZATION WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF THE ADJUSTED POSTTEST MEAN DIFFERENCES AMONG GROUPS ON THE MEASURE OF SELF-ACTUALIZATION WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

SUMMARY TABLE OF SCHEFFE STATISTICS AMONG GROUPS ON THE ADJUSTED POSTTEST SCORES ON THE MEASURE OF SELF-ACTUALIZATION WHEN THE EXPERIMENTAL GROUPS ARE COMBINED

Table G-1

Summary Table of the Analysis of Covariance Among Groups on the Adjusted Posttest Scores for the Measure of Self-Actualization When the Experimental Groups are Combined

Source	df	MS	F	Significance of F
Among Groups				
Treatment	4	305.628	4.890	0.001*
Residual	79	62.496		

*Significant beyond .01 level

Table G-2

Summary Table of the Adjusted Posttest Mean Differences Among Groups on the Measure of Self-Actualization When the Experimental Groups are Combined

Groups		M C	GT C	F C	CH C	Combined Ex
	Means	94.97	95.45	97.53	98.87	105.33
M C	94.97		0.48	2.56	3.90	10.36*
GT C	95.45			2.08	3.42	9.88***
F C	97.53				1.34	7.80**
CH C	98.87					6.46

*Significant beyond the .01 level

**Significant beyond the .05 level

***Significant beyond the .10 level

Table G-3

Summary Table of Scheffe Statistics Among Groups on the Adjusted Posttest Scores on the Measure of Self-Actualization When the Experimental Groups are Combined

Groups		M C	GT C	F C	CH C	Combined Ex
	Means	94.97	95.45	97.53	98.87	105.33
M C	94.97		0.02	0.96	2.18	16.13*
GT C	95.45			0.40	1.05	9.05***
F C	97.53				0.28	9.97**
CH C	98.87					6.66

*Significant beyond the .01 level

**Significant beyond the .05 level

***Significant beyond the .10 leve

APPENDIX H

REFERENCES FOR SELECTED EXERCISES USED IN THE MENTAL HEALTH COURSE

REFERENCES FOR SELECTED EXERCISES USED IN THE MENTAL HEALTH COURSE

The following exercises, or adaptations of these exercises, were used in the mental health course. The exercises listed below comprised 80 percent of the experiences in the mental health program.

I. Introduction

"The Name Game" (Morrison and Price, 1974, pp. 15-16).

II. Self-Disclosure

"Circles of Privacy" (Simon, 1974, pp. 84-86).

"Values Voting" (Simon, Howe, and Kirschenbaum, 1972, pp. 38-53).

"Identity-Connectedness and Power" (Canfield and Wells, 1976, pp. 211-213).

III. Trust

"Trust Circle," "Trust Fall," and "Trust Walk" (Johnson, 1972, pp. 56-57).

IV. Risk Taking

"Am I A Risk Taker?"(Howe and Howe, 1975, pp. 354-356).

V. Autonomy

"Origin/Pawn" (Howe and Howe, 1975, pp. 297-304).

VI. Decision Making and Problem Solving

"Personal Problem Solving" (Howe and Howe, 1975, pp. 356-359).

"Self-Contract" (Howe and Howe, 1975, p. 346).

"Evaluation of Plan of Action" (Howe and Howe, 1975, p. 346).

For the specific problem-solving process used in the mental health course, see Appendix I.

VII. Setting Priorities

"Priority Lists" (Howe and Howe, 1957, pp. 231-233).

VIII. Awareness

"Awareness Exercise" (Stevens, 1971, pp. 7-11).

"Rosebush Identification" (Stevens, 1971, pp. 38-39).

"Feeling Statements" (see Appendix I).

IX. Communication

"Non-Listening" (Howe and Howe, 1975, pp. 50-51).

"Two-Ships Passing in the Night" (Howe and Howe, 1975, pp. 51-52).

"The Happy Hooker" (Howe and Howe, 1975, pp. 52-53)

IX. Communication--Continued

"Trying It with the Man in the Flying Machine" (Hebeisen, 1973, pp. 69-70).

"Describing Your Feelings" (Johnson, 1972, pp. 93-98).

"I Messages" (Howe and Howe, 1975, pp. 65-70).

"I Message Practice Sheet" (Hebeisen, 1973, pp. 86-87).

"Recognizing Cues for Affection or Hostility" (Johnson, 1972, p. 107).

"R D A's. Resent-Demand-Appreciate" (Simon et al., 1972, pp. 358-362).

"Taking Shelter" (Simon, 1974, pp. 66-70).

"NASA Exercise" (Pfeiffer and Jones, Vol. I, 1971, pp. 54-57).

X. Personality and the Psychosocial Forces Which Help Mold It

"Needs Assessment" (see Appendix I).

"Beginning to Know Your Ego States" (James and Jongeward, 1971, pp. 40-42).

"The Tyranny of Should" (Canfield and Wells, 1976, pp. 198-199).

"Examination of Roles We Play" (see Appendix I).

"How Do You Really Feel About Sex Roles?" (Morrison and Price, 1974, pp. 76-92).

"Growing Up with Values" (Howe and Howe, 1975, pp. 310-314.

X. Personality and the Psychosocial Forces Which Helped Mold It--Continued

Exercises were used to help the students explore their ego states (see Appendix I for the specific questions).

XI. Self-Concept

"I.A.L.A.C. Story" (Howe and Howe, 1975, p. 83; and Canfield and Wells, 1976, pp. 91-93).

"Killer Statements and Gestures" (Canfield and Wells, 1976, pp. 67-68).

"Positive Mantram" (Canfield and Wells, 1976, p. 69).

"You and Touch" and "You and Recognition" (James and Jongeward, 1971, pp. 64-66).

"Love and the Cabbie" (Canfield and Wells, 1976, pp. 18-19).

"Three Possible Reasons" (Canfield and Wells, 1976, p. 98).

"One-Way Feeling Glasses" (Canfield and Wells, 1976, p. 225).

"Winners/Losers Continuum" (James and Jongeward, 1971, p. 14).

"Trait Checklist" (James and Jongeward, 1971, pp. 13-14).

"I Am Not My Description" (Canfield and Wells, 1976, p. 197).

"Scientific Language" (Canfield and Wells, 1976, p. 200).

XI. Self-Concept--Continued

"The Ideal Model" (Canfield and Wells, 1976, pp. 183-185).

"I Can't . . . I Choose Not To" (Canfield and Wells, 1976, pp. 202-203).

"Adjective Wardrobe" (Canfield and Wells, 1976, pp. 123-124).

"Words That Describe Me" (Canfield and Wells, 1976, pp. 195-196).

"Success a Day" (Canfield and Wells, 1976, p. 49).

"Strength Game" (Howe and Howe, 1975, pp. 92-96).

"Feedback Exercise--Strength Bombardment" (Canfield and Wells, 1976, pp. 96-97).

XII. Defining Self

"Your Ego State Portrait" (James and Jongeward, 1971, p. 256).

Repeat "Origin/Pawn" (Howe and Howe, 1975, pp. 297-304).

"The Pie of Life" (Simon et al., 1972, pp. 297-304).

"Twenty Things You Love to Do" (Simon et al., 1972, pp. 30-34).

"Ways to Spend Free Time" (Howe and Howe, 1975, pp. 289-293).

"Who Are All Those Others? And What Are They Doing In My Life?" (Simon, 1975, pp. 87-88).

XII. Defining Self--Continued

"The Miracle Workers" (Simon et al., 1972, pp. 338-342).

"Values Lists" (Howe and Howe, 1975, pp. 119-121).

"Life Planning" (Pfeiffer and Jones, Vol. II, pp. 113-126).

"Ways To Live" (Simon et al., 1972, pp. 343-352).

APPENDIX I

SELECTED EXERCISES USED IN THE MENTAL HEALTH COURSE

SELECTED EXERCISES USED IN THE MENTAL HEALTH COURSE

PROBLEM SOLVING

I. Identify the problem. Include your feelings about the problem. Be specific.

II. Brainstorm multiple solutions.

III. List the three most promising solutions. Under each alternative list the possible consequences and risks involved in each solution, as well as the barriers that you need to overcome to implement the action.

a) Solution #1.

Possible consequences of the solution:

Possible risks involved in this solution:

Barriers to implementing this solution:

b) Solution #2

Possible consequences of the solution:

Possible risks involved in this solution:

Barriers to implementing this solution:

c) Solution #3

Possible consequences of the solution:

Possible risks involved in this solution:

Barriers to implementing this solution:

IV. List the solution which you are going to use and how you are going to get started.

V. Implement the action.*

VI. After you have implemented the action, it is a good idea to evaluate the action to see if it was the best possible one to solve the problem.

---

*Accept responsibility for your life. If you are not getting what you want, it is probably your fault, and only through your action (i.e., by experimenting with different behaviors) are you likely to bring about different results. Don't expect perfection or the complete solution of a problem right away. Whatever the solution, do it, live it, and don't try to monitor it on too short-term a basis. Nobody is emotionally sure or socially confident from the start, so extending ourselves personally will not be any more natural at first than stretching muscles that have been unused for years. We have to plunge in and observe, as well as we can, what we are doing.

SELF-CONTRACT

I, _____, have decided to try to achieve the goal of _____

_____.

The first step I will take to reach this goal will be to

_____

_____

by _____. My target date for reaching the goal is _____.

Date_____ Signed_____

EVALUATION OF MY PLAN OF ACTION

1. My plan of action:

   _____ worked very well, since I reached my goal.

   _____ worked somewhat, since I nearly or partially reached my goal.

   _____ did not work, since I failed to achieve my goal.

2. How do I feel about succeeding/failing?

3. I think the following thing(s) contributed to my success/failure.

4. If I were to do it again, I would do the following things differently.

Grade_____

FEELINGS STATEMENTS

Teacher's Instructions

Purpose:

To facilitate the process of becoming aware of feelings and how we respond when we feel a certain way, and to explore more effective ways of dealing with feelings. To see how we are similar and unique with regards to feelings and our expression of them.

Procedure:

Have the students finish the "Feelings Statements" and then discuss them. Explore similarities and differences around what makes us feel certain ways and in our expression of these feelings.

Other questions to consider:

1. In what other situations do you feel this way?

2. How do you usually act in these situations?

3. Does this action help you get what you want? Is there a more effective way to act in these situations?

4. Are these feelings grounded in reality; that is, is there just cause for them or are you over-reacting or being over-sensitive?

FEELINGS STATEMENTS

1. I am happiest when . . .

2. I feel saddest when . . .

3. When I'm sad I usually . . .

4. A more effective way to deal with my sadness might be to . . .

5. I feel accepted when . . .

6. I get scared (afraid) when . . .

7. When I'm scared I usually . . .

8. A more effective way to deal with my fear might be to . . .

9. I get angry when . . .

10. When I get angry I usually . . .

FEELINGS STATEMENTS

1. I am happiest when . . .

2. I feel saddest when . . .

3. When I'm sad I usually . . .

4. A more effective way to deal with my sadness might be to . . .

5. I feel accepted when . . .

6. I get scared (afraid) when . . .

7. When I'm scared I usually . . .

8. A more effective way to deal with my fear might be to . . .

9. I get angry when . . .

10. When I get angry I usually . . .

11. A more effective way to deal with my anger might be to . . .

12. I get anxious when . . .

13. When I get anxious I usually . . .

14. A more effective way to deal with my anxiety might be to . . .

15. I feel disappointed when . . .

16. When I feel disappointed I usually . . .

17. A more effective way to deal with my disappointment might be to . . .

18. I feel loving when . . .

19. When I feel loving I . . .

20. Right now I am feeling . . .

NEEDS ASSESSMENT

Procedure:

Complete the needs assessment sheet on this and the following pages. When finished, discuss your findings.

A. Physiological:

1. Sleep--how many hours of sleep do you average per night? Do you usually feel tired or well rested? Does it feel like you are getting enough sleep?

2. Food--how are your eating habits? Are you getting 5 servings of the milk group, 3 of the meat, 3 of the fruit and vegetable, and 3 of the bread and cereal group per day? Or are you filling up on junk food? How do you think your eating habits affect you?

3. Physical Health--how is it?

4. Exercise--are you getting enough?

5. Leisure and Recreation--do you have enough time to yourself to do the things you enjoy doing?

B. Safety:

1. Do you have a sense of security in your life?

C. Love:

1. Do you love and are you loved?

2. Are your loves based on:

a) Knowledge (of each other)?

b) Care (is it shown)?

c) Respect (for the way they are)?

d) Responsibility (helping to meet needs)?

e) Is it growth facilitating, or is it holding you back?

D. Esteem Needs:

1. Do you have self-respect?

2. Do you have respect from others?

E. Self-Actualization Needs.

Self-actualization is not an end state, it is the process of actualizing your potential at any given moment in time and striving to do so. Are you:

1. Becoming aware of yourself?

2. Becoming aware of your internal values and life direction?

3. Beginning to actualize your potential?

4. Developing the ability to have more meaningful relationships?

5. Showing a concern for mankind?

6. Developing the ability to solve problems?

EXAMINATION OF THE ROLES WE PLAY

Make a list of all the roles you play. Next, rank order them according to the way you feel about them, from the role you feel the most pleasure in, the one that energizes you the most and gives you the most pleasure, to the one which is most draining and detracting to you. Next indicate all the roles which are energizing. Next, indicate all those which are neutral, and all those that you consider draining. Finally, answer the following questions:

1. What is it about the energizing and special roles that make them that way? What qualities or values underlie these roles?

2. What is it about the draining roles that make them that way?

3. What can you do to make the neutral and draining roles more energizing?

EGO STATE QUESTIONS*

A. Exploration of the Parent Ego State

1. In what situations in the recent past have you responded from your critical parent?

2. What situations seem to provoke your critical parent?

3. What part of your behavior seems to be controlled from your critical parent? Does your life seem to be a response to your critical parent, thus limiting your autonomy? (We might not respond often from your critical parent, but our behavior or lack of it might be controlled by it.)

4. How do you feel when you respond from your critical parent?

5. Is there anything you want to change? If so, what?

6. When in the recent past have you responded from your nurturing parent?

7. What situations seem to bring out your nurturing parent?

8. How do you feel when you respond from your nurturing parent?

9. Which part of your parent do you prefer and feel best in?

10. Is there anything you would like to change? If so, what?

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*Taken from Born to Win by M. James and D. Jongeward.

B. Exploration of the Child Ego State

1. In what situations do you usually comply? Is there a pattern?

2. How do you feel when you comply?

3. What would you like to do in these situations? What could happen (both positively and negatively) if you did?

4. Pick one situation where you usually comply. Now envision yourself refusing in that situation. How does it feel? What happened? Do you feel more powerful?

5. In what situations do you usually withdraw? Is there a pattern?

6. How do you feel when you withdraw?

7. What would you really like to do in these situations? What could happen (both positively and negatively) if you did?

8. Pick a situation where you usually withdraw. Now envision yourself becoming involved instead of withdrawing. How does it feel? What happened? Do you feel more powerful?

9. Get in touch with the people in your life. Are there people you manipulate? Are there people who manipulate you? Are there any patterns? Who are the people?

10. How does it feel to manipulate others? How does it feel to be manipulated?

11. Are there specific situations or patterns where you manipulate or are manipulated? What are they?

12. What would happen if you stopped manipulating, and/or stopped letting others manipulate you? How would it feel? Would the relationships improve? What would happen to them?

13. In what situations are you affectionate, impulsive sensuous, uncensored, curious, playful, inquisitive, and joyful?

14. Are you this way enough (for you)? If not, what is holding you back?

15. What do you need to do in order to activate your natural child more often?

16. Imagine doing what you need to do to activate your natural child. How does it feel? Do you feel more powerful.

APPENDIX J

REFERENCES FOR THE STUDENT READINGS USED IN THE MENTAL HEALTH COURSE

REFERENCES FOR THE STUDENT READINGS USED IN THE MENTAL HEALTH COURSE

A book of readings, comprised of the following articles, was used in the mental health course:

"Self-Disclosure and the Mysterious Other" (Jourard, 1971, pp. 3-7).

"Self-Disclosure" (Johnson, 1972, pp. 9-11).

"Identification of Areas of the Self" (Johnson, 1972, p. 14).

"The Development and Maintenance of Trust" (Johnson, 1971, pp. 43-48).

"Guidelines for Goal-Setting" (Canfield and Wells, 1976, pp. 188-189).

"Awareness" (Stevens, 1971, pp. 5-7).

"On Feelings" (see Appendix K).

"Accepted" (Woods, 1974, pp. 21-22).

"Afraid" (Woods, 1974, p. 28).

"Angry" (Woods, 1974, pp. 34-35).

"Anxious" (Woods, 1974, p. 40).

"Disappointed" (Woods, 1974, pp. 81-82).

"Lonely" (Woods, 1974, pp. 134-135).

"Loving" (Woods, 1974, p. 141).

"Stranger" (Stevens, 1971, p. 86).

"Communication with Others" (Stevens, 1971, pp. 87-90).

"The Risks in Effective Communication" (Thomas Gordon)

"Theory on Listening and Responding" (Johnson, 1972, pp. 74-75).

"Theory on Selective Perception in Listening and Responding" (Johnson, 1972, pp. 78-79).

"Personal Statements" (Johnson, 1972, p. 80).

"Relationship Statements" (Johnson, 1972, p. 81).

"Communication of Feelings" (Johnson, 1972, pp. 87-89).

"Consequences of Suppressing Feelings" (Johnson, 1972, pp. 89-90).

"Nonverbal Communication" (Johnson, 1972, pp. 103-105).

"Checking Your Perception of Another's Feelings" (Johnson, 1972, p. 100).

"Dialogue" (see Appendix K).

"Interpersonal Encounter and the Five Levels of Communication" (Powell, 1969, pp. 50-85).

"Maslow's Hierarchy of Needs" (Brenneche and Amick, 1974, pp. 42-54).

"The Inadequacy of Heredity and Environment Alone" (condensed from Vander Zanden, 1965, pp. 176-184).

"Outline of the Parent Ego State (summarized from Chapter 5, James and Jongeward, 1971).

"Theory on Norms, Values, and Roles" (condensed from Vander Zanden, 1965, pp. 39-50; pp. 63-69; and pp. 195-210).

"Some Lethal Aspects of the Male Role" (Jourard, 1971, pp. 34-41).

"Your Picture of You" (Brennecke and Amick, 1974, pp. 18-24).

"A Fuzzy Tale"

"Love Is Happening" (Brennecke and Amick, 1973, pp. 313-335).

"Personal Relationships and Health Personality" (Jourard, 1974, pp. 220-242).

"Outline of the Child Ego State" (summarized from Chapter 6, James and Jongeward, 1971).

"Winners and Losers" (James and Jongeward, 1971, pp. 1-6).

"Outline of the Adult Ego State" (summarized from Chapter 9, James and Jongeward, 1971).

"Autonomy and Adult Ethics" (James and Jongeward, 1971, pp. 263-274).

"The Good Life of the Self-Actualizing Person" (a summary of the article by A. H. Maslow, found in Kurtz, 1969, pp. 67-76).

"My Declaration of Self-Esteem" (Satir, People Making, 1972, pp. 65-77).

APPENDIX K

SELECTED READINGS USED IN THE MENTAL HEALTH COURSE

SELECTED READINGS USED IN THE MENTAL HEALTH COURSE

ON FEELINGS*

Probably the best way to understand ourself is to know what we are feeling in a given situation. In the course of trying to make decisions in our lives, we have all been in situations where we have a FELT SENSE that something is going well, or poorly. We may not know what it is that is making us feel good, we may not know what it is that bothers us about a situation; we only feel scared, or tense, or crummy, or hung-up; or good about it.

Let's say that you don't feel good about something, that you are hung-up on something, but you don't know specifically what it is. Let us assume the first thing that comes to you is the word crummy. That doesn't seem very informative. What is . . . crummy? (Another short silence, to let it answer.) "It's really a sickening feeling." What is the sickening feeling?

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*Condensed from an article by Eugene T. Gendlin, "On Decision Making," in Experiences in Being, Edited by Bernice Marshall, 1971, pp. 65-77.

As you focus on the central feeling that upsets you, you can sense a certain peace in your body. As long as you zero in on that, the body feels better. As soon as you get distracted and lose hold of it, your overall, restless, jumpy, anxious unresolved body sense will return immediately. Your body feels eased only as you keep the trouble-feeling in focus.

Some people know, and some don't, that words can come from a feeling. There is a difference between talking at yourself and listening to words coming from yourself. But if you listen, all manner of words will come. To listen in a focused way, pay attention to a specific feel (the feel of what the trouble is . . . of what hangs you up) and from just this feel, relevant words will come.

There is a method of focusing into the felt sense of what one is hung up on. It involves roughly the following steps:

1. The problem naturally involves thousands of facets which cannot all be thought of at once. But one can feel the whole shebang at once. Let yourself feel "all that is" for a moment.

2. Without deciding what is most important, ask yourself what the main trouble is. Ask yourself this and then wait. Don't run to answer yourself in words with what you already know. Just wait, in an internal silence, for thirty seconds or so. Expect a specific feeling and perhaps a scrap of words to come up as you sense what the main trouble is.

3. Accept whatever comes, even if the feeling is one you don't respect; accept it even if you feel you are "above that" and even if the words that come are stupid or senseless.

4. Pursue this main trouble feeling with your attention, expecting it to become clearer and sharper, and expecting it to open up into whatever it is about.

5. One should not let one's mind wander, or, if it has already wandered, one can bring one's mind back (back to that specific sense of what the main trouble is).

6. There is a "zig-zag" movement from feeling to words and back again. If you have a phrase, feel what it does to you. Then let that feeling generate a new phrase. Then feel what the new phrase does to you. Another way to put this "zig-zag" is simply: get the exact words for how

it momentarily feels. Ask about each word, "Is this the right word?"

7. At times make a fresh start--though still atttending to the same felt trouble. We need an occasional fresh start because the pursuing of words and specific feelings gets too channeled at times. Just stop, sense again the whole "all that" and wait for a fresh new phrase of specific feeling to come.

8. When a really marked easing or new truth has been found, it may be time to quit for a moment, but make sure of having a phrase which best characterizes the newly felt truth. The phrase should have a marked clarifying effect you can feel. If it isn't enough to permit a resolved and "all clear" decision, discover exactly where and why you are still unresolved, and what will move you beyond that point. Ask yourself: "Why can't I get over this?" or "What is it now about this which still stops me?" One doesn't only always ask: "What is it?" Equally well one can ask: "Why is this?" or "Why does this still bug me?" or "What would fix it?" The trick is not to rush in and answer oneself, but to wait, attending to the feel that comes up in answer, and to let words come from that feel. Later you can ask: "Is it all ok?" "Is anything else off?"

(in silence, sense what comes). You may find some "this" and "oh yes that," things you can handle. Anything else? You may sense some real peace and gladness as you scan for anything else and find that things are at peace in this regard.

When dealing with feelings, there are a few basic considerations:

1. It does no good to argue against a feeling, especially after one has tried unsuccessfully to argue against it for hours or months. One must go with it, to see what's in it.

2. It does no good to set up an ideal man who wouldn't have that feeling. If such a man exists, that's fine for him, but I've still got the feeling.

3. It is an error to fall for the cover label of the feeling (say it's cowardly or petty or immature or sick or selfish or dependent). There it is and whatever its first label, if it keeps being there, one must go with it, into it, to feel what's in it.

DIALOGUE

Dialogue is a building process that helps us arrive at new truths and knowledge. The dialogue process can take place with someone else, with a group of people, or with yourself. Generally it follows five steps:

1. UNDERSTANDING: You ask questions to gain enough information so that you feel you have a good understanding of the focus person's problem.

2. CLARIFYING: You ask thought-provoking questions to test out some of their own hypotheses and to help the focus person think more deeply about the situation.

3. EXPLORING ALTERNATIVES: You inquire about what alternatives the focus person sees open to him or her. With permission, you suggest other alternatives the focus person might want to consider.

4. EXPLORING CONSEQUENCES: You ask questions which cause the focus person to explore the consequences of the alternatives open to him or her.

5. EXPLORING FEELINGS AND CHOOSING: You ask questions which encourage the focus person to explore his or her feelings about the alternatives and their consequences, and to think about what choice he or she is leaning toward at that point.

This format is not inflexible. Groups will naturally jump back and forth among the five stages of decision making, but in general, this structure seems to work. If the focus person first feels understood, he or she will be more open to clarifying questions. And before choosing, all the alternatives and their consequences have to be explored.

APPENDIX L

DESCRIPTION OF THE HEALTH COURSES AS FOUND IN THE COURSE OF STUDY BOOKLET

DESCRIPTION OF THE HIGH SCHOOL CURRICULA AS FOUND IN THE COURSE OF STUDY BOOKLET

DESCRIPTION OF THE HEALTH COURSES AS FOUND IN THE COURSE OF STUDY BOOKLET

3985 CURRENT HEALTH PROBLEMS
Grades 10, 11, 12 — 5 Periods 5 Credits

This is a course about you . . . and how the quality of your life is affected by smoking, drugs, alcohol, heart disease, cancer, nutrition, death, work and leisure, and VD. It will also deal with prenatal and child care. This is not a course to tell you what is good and bad. It is a course that will help you deepen your awareness of the above issues, and give you an opportunity to explore how they affect you. (The American Red Cross Multi Media First Aid Program will be one unit within this course and Standard First Aid certification will be offered.)

6984 UNDERSTANDING SELF AND OTHERS
Grades 11, 12 — 5 Periods 2-1/2 Credits
(1/2 year, both terms)

Who am I? Who are these people in my life? And what am I going to do with my life? Participants will explore these questions in relation to the following areas: Interpersonal relationships, work, leisure, personality development, life styles, and our values and life direction. The course will invite you the participant to explore, expand, and deepen your awareness of yourself, working alone or with other people in pairs and groups.

6983 GETTING IT TOGETHER
Grades 11, 12 — 3 Periods 3 Credits

This course will deal with several of the major physical, social, and psychological issues that affect all of our lives. Participants will explore the following areas in relation to themselves: marriage and family, interpersonal relationships, understanding and accepting death, discovering and planning for a fulfilling career, the use of leisure time, and selected physical and mental health issues chosen by the participants.

DESCRIPTION OF THE HIGH SCHOOL CURRICULA AS FOUND IN THE COURSE OF STUDY BOOKLET

The 1000 Series (Honors) and 2000 Series are our most challenging college preparatory levels, while the 3000 Series offers a slower college preparatory pace.

The 4000 Series provides a range of subjects for those students who are considering an immediate career choice after graduation rather than post-secondary higher education.

The Business Curriculum offers training in specific skills for students who wish to prepare for office work in business and industry.

APPENDIX M

EXAMPLES OF THE READING AND BEHAVIOR EVALUATIONS USED IN THE MENTAL HEALTH COURSES

READING EVALUATION FOR UNIT ONE

	Date Finished	Evaluation	Re-evaluation
1. "Self-Disclosure and the Mysterious Other"			
2. "Self-Disclosure"			
3. "The Development and Maintenance of Trust"			
4. "Guidelines for Goal Setting"			

Grade Scale

Upon completion of a reading, place the appropriate grade you feel you deserve in the "evaluation" column. If you re-read the article you may re-evaluate your understanding of the content involved. At the end of the unit, determine your average reading grade and place it below:

a) I have completed the reading and have a superior knowledge of the facts involved.

b) I have completed the reading and have a good understanding of the facts involved.

c) I have completed the reading and have a fair understanding of the facts involved.

d) I did not complete the reading and my understanding of the facts involved is incomplete.

f) I failed to do the reading.

Reading Grade: _____

Comments: _____

_____

_____

_____

BEHAVIOR EVALUATION

For each of the behaviors below, underline the number that indicated where you were at the beginning of the course. Next draw a circle around the number that identifies where you are now. Next, give yourself the grade you feel you deserve for the mastery of that particular skill.

(1) Awareness of my feelings.

Very unaware 1 2 3 4 5 6 7 8 9 Very aware Grade _____

(2) Willingness to discuss feelings with people in this class.

Completely unwilling 1 2 3 4 5 6 7 8 9 Completely willing Grade _____

(3) Willingness to discuss feelings with others in my life.

Completely unwilling 1 2 3 4 5 6 7 8 9 Completely willing Grade _____

(4) Willingness to trust people in this class.

Completely unwilling 1 2 3 4 5 6 7 8 9 Completely willing Grade _____

(5) Willingness to trust other people in my life.

Completely unwilling 1 2 3 4 5 6 7 8 9 Completely willing Grade _____

(6) Ability to appropriately self-disclose with people in this class.

Terrible 1 2 3 4 5 6 7 8 9 Excellent Grade _____

(7) Ability to appropriately self-disclose with others in my life.

Terrible 1 2 3 4 5 6 7 8 9 Excellent Grade _____

(8) In order to build trust with people in this class, I can respond to another person's risk with acceptance and support.

Terribly 1 2 3 4 5 6 7 8 9 Excellently Grade _____

(9) In order to build trust with other people in my life, I can respond to another person's risk with acceptance and support.

Terribly 1 2 3 4 5 6 7 8 9 Excellently Grade _____

(10) In general, I am able to take risks that will help me grow.

Never 1 2 3 4 5 6 7 8 9 Always Grade _____

(11) My level of autonomy.

Very low 1 2 3 4 5 6 7 8 9 Very high Grade _____

B I B L I O G R A P H Y

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V I T A

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