"NATURAL COUNSELORS:" AN ASSESSMENT OF THEIR FACILITATIVE ABILITIES

by

George Louis Lindenfeld

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ABSTRACT

"Natural Counselors": An Assessment of Their Facilitative Abilities

by

George Louis Lindenfeld

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Statement of the problem

Within each community there exist individuals who, although untrained in the techniques of therapeutic psychology, are able to facilitate positive growth experiences among their acquaintances. Although research concerning the "natural counselor" is sparse, current focus on the potential contributions of lay personnel is a closely related area. The problem, then, with which this study is concerned, is the present lack of knowledge regarding those individuals who may be classified as "natural counselors."

Objective

The objective of this study was to assess one aspect of the alternative sources of aid that are available to those individuals who do not utilize professional assistance.

Methods and procedure

Two groups, each consisting of fifteen persons, were utilized in the study. Members of the first group were professional school counselors...
whereas the second group was selected from a segment of the community of Logan, Utah. The latter group possessed characteristics which led at least five persons in their neighborhood to nominate them as "natural counselors."

The professional counselors tape-recorded a counseling session with a student and the "natural counselors" took part in a role-playing situation with a trained theatre arts student. Both groups held their sessions in an equivalent school setting.

Graduate students trained in the utilization of the Berenson-Carkhuff scales, listened to three segments of each tape-recording and rated it on the scales of empathy, genuineness, and concreteness. Numbers were randomly assigned to each tape in order to prevent rater bias. Having one group involved in a natural setting and the other group in an artificial environment, was viewed as a limitation of the study. Rater accuracy was also limited due to the raters' inability to devote more time to the training program.

Findings of the study

Findings related to each of three hypotheses were presented. None of the F ratios calculated from analysis of variance approached the .05 level of significance, thereby precluding rejection of any of the null hypotheses. Thus statistical analysis confirmed the assumption that no difference existed in the facilitative abilities of a group of professional counselors as compared to a group of untrained persons.

Summary and conclusions

Rater inter-reliability did not approach a level that is usually necessary for adequate interpretation of the results. This was attributed to either inconsistency in the raters, or to homogeneity of the two groups.
By accepting the second proposition, a number of pertinent issues were reviewed. At any rate, to the extent that the scales utilized do measure counseling variables, the conclusions of the study supported the notion that a number of untrained persons in a given community would be as effective in aiding others as are professional counselors.

Non-objective data gained from a survey given to the "natural counselors" indicated that this group evidenced equivalent educational levels as those achieved by their professional counterparts. Additionally, they were local residents for many years and possessed a wealth of diverse experiences, both of which could add to the counselor-client interchange.
STATEMENT OF THE PROBLEM

Within each community there exist individuals who, although untrained in the techniques of therapeutic psychology, are able to facilitate positive growth experiences among their acquaintances. The abilities and contributions of these "natural counselors" have been almost completely ignored by the helping professions. Those articles that do make reference to this area confuse the individuals who possess natural abilities with those persons who have received professional training. A current article (Mandeville, and Maholick, 1969, p. 208) defines natural counselors as "ministers, physicians, caseworkers, public health nurses, etc." Thus clarification of the term "natural counselor" is necessary so as to clearly establish that group of individuals with whom this study is concerned.

For the purpose of this study a "natural counselor" is a person who has received no formal training in the techniques of promoting interpersonal relationships. Although he may have taken some courses in psychology, this is not his predominant focus. He is not considered a professional within the mental health area and he receives no monetary consideration for his interest in the responsiveness to the needs of others. His abilities are usually taken for granted although he is typically engaged in confidential relationships with those who seek his companionship. He is thus a positive force within the community and is able to "treat" many of those individuals who would otherwise need professional assistance.
Although research concerning the natural counselor is sparse, current focus (Lief, 1966; Schlossberg, 1967; Holand and Voss, 1968; Greenblatt, 1968) on the potential contributions of lay personnel is a closely related area. Individuals affiliated with psychiatric institutions have suggested utilization of the clergy (Rowley, 1966; Heath, 1967), college students (Reinherz, 1963; Brown, 1965; Brennan, 1967) and middle-aged housewives and retired people (Cowen, 1968). The lay therapist may be differentiated from the natural counselor in that he is engaged either as a volunteer or salaried worker within an institutional setting. He need not necessarily possess the facilitative abilities of the natural counselors and he has probably received some form of training for his position.

The abilities and potential of the lay person (Carkhuff, 1968a, p. 117) within the counseling relationship have recently been investigated. Results of these studies are highly impressive as evidenced by one finding which "... indicates that with or without training and/or supervision the patients of lay counselors do as well or better than the patients of professional counselors."

If there are lay therapists who, with a minimum of training, can facilitate personal growth in others, is it not reasonable to assume that there are untrained people within the community who are doing the same thing? The problem, then, with which this study is concerned is the present lack of knowledge regarding those individuals who may be classified as natural counselors. McGowan and Schmidt (1962, p. vi) in the preface of their book, noted that "characteristics tend to be more essential than the counselor's specific knowledges or his counseling techniques." If personality characteristics are essential, are there people within the community who possess these traits and is it possible to locate them? Are they as effective as trained professionals in facilitating mental
Data derived from the studies of Eysenck (1965) and Levitt (1957) have demonstrated that mentally disturbed persons who have received no care are as likely to improve their functioning as are those disturbed persons who have received professional attention. Such findings have created a need within the counseling profession to discard many old assumptions and to begin investigating some new ones. One of these assumptions, that only the counselor-therapist has the ability to facilitate psychological growth, was the focus of this research investigation.
REVIEW OF THE LITERATURE

Literature concerning the lay helper movement will be presented with two major areas of focus. The first section will include (a) current attitudes of professionals toward the utilization of lay persons (b) data which illustrate the diversity and potential contributions of lay workers (c) comparative studies which assess the lay worker's abilities as compared to those of the professionals.

A second section will include a survey of data related to (a) the variables of the friendship relationship (b) personality characteristics of facilitators (c) the influence of prestige factors in the therapeutic relationship.

Attitudes of professionals toward the utilization of lay personnel

A recent article (Carkhuff, 1969a) suggests that lay persons are being increasingly called upon to participate in the improvement and expansion of the quality of mental health care. The Veterans Administration Hospital in Tuscaloosa (Roche Report, 1968) for example, had demonstrated that a hospital which was professionally understaffed could treat and return patients to the community at a rate comparable to that of any other mental hospital in the nation. This was accomplished by utilizing nonprofessional personnel who had been trained in attitude therapy and a team approach.

Albee (1968) however, questioned whether a large number of semi-professionals or middle-level mental health workers will soon move into the mental health setting. He suggested two reasons why this movement
would not occur. The first deterrent may be attributed to mental health training facilities which are presently swamped with applications for advanced training. Albee proposed that these institutions will resist any training demands that will, in effect, lower the status of their programs. Secondly, the status hierarchy within the mental health setting itself will produce difficulties in the recruitment of semi-professionals.

A statement of policy adopted by the American Personnel and Guidance Association (Kennedy and Strowig, 1967), which pertains to support personnel, appears to confirm Albee's pessimistic outlook. The statement by the association effectively laid the groundwork for removing the nonprofessional individual from the counseling situation. The report assumed that certain areas within counseling should be the sole domain of the professional worker. If support personnel wish to become qualified for full status within the occupation they must meet academic requirements, whether they are effective in facilitating therapeutic growth or not. The report explicitly states that nothing in the paper "should be construed as meaning that support personnel should take the place, or responsibility of the counselor." (Kennedy and Strowig, 1967, p. 860)

Rioch (1966, p. 291), on the other hand, indicated that there are many professionals within the mental health setting who believe that long years of academic and professional training are not essential for most of the actual, practical work which needs to be done. He asked, "Why do we bring out all the regulations of academia and bureaucracy to make the hiring of people trained in nontraditional programs difficult and the setting up of such programs frustrating?" As possible causes for resistance to change, Rioch mentioned the great investment that professionals have made in their education and that it is natural for the professional to object when he is told "that some young bit of a girl with
no training can do the job as well or better than he can."

Arnhoff and Jenkins (1969, p. 432) attacked the question of whether subdoctoral training should be done as being a spurious one which ignores the conditions of reality and future probability.

The real question is how best to train individuals who hold and will hold these positions and how to provide for their advancement and recognition, while at the same time maintaining professional standards and protecting the public - the recipients and consumers of these services.

A survey of psychologist's opinions and attitudes towards less than doctoral training was sent by Arnhoff and Jenkins to 5,553 members of the American Psychological Association. Total response rate was over 80 per cent. Results of the survey indicated that a large majority of psychologists recognized the need for persons with less than doctoral level training. There was less consensus as to how subdoctoral training was to be implemented.

Knott (1969) suggested the development of specialized, service oriented master's programs to meet the future need for clinical psychologists. In addition, he stated that the manpower shortage had grown critical and that most agencies who advertised for psychologists were willing to take masters level people.

Carkhuff (1968b, p. 257) indicated that current graduate programs may have had deleterious effects upon the student.

... We might also note in passing that the clients of those students who received the highest academic and practicum grades received the lowest levels of empathy and thus had the least opportunity for improvement. We know on the other hand, from our lay counselor and short-term guidance institutes, that preparation may have constructive consequences in terms of facilitating the positive outcomes of schizophrenic patients, out-patient neurotics, marital counseling cases, and student-clients. These supposedly "lower level" programs have been the only ones to consistently demonstrate their efficacy in terms of translation to client benefits.
Graziano (1968, p. 16) suggested that the mental health power structure is primarily committed to its own preservation and is alertly opposed to any events that might change it.

Thus when innovation intrudes, the structure responds with various strategies to deal with the threat; it might incorporate the new event and alter it to fit the pre-existing structure so that, in effect, nothing is really changed. It might deal with it also by active rejection, calling upon all of its resources to "starve out" the innovator by insuring a lack of support.

Speisman (1968) emphasized that psychological services should include the scientific and cannot simply focus on the applications of professional psychology.

Gordon (1965) suggested that many of the groups and individuals who came to be helped were not very well understood by highly trained professionals. Calia (1966) further proposed that some of the treatment methods that were utilized did not appear to be particularly applicable to the culturally deprived client.

The resistance of professionals to innovations within the field does not, however, appear to be an unsolvable problem. One possible outcome was suggested in a report (Harvey, 1964) which described the extensive use of nonprofessional counselors within a marriage counseling setting in Australia. After some resistance from professional workers who feared a dilution of counseling standards, a trend towards the acceptance of para-professionals had become evident. Those professionals who had become involved in training programs found that the experience provided opportunities for the demonstration of professional competence and added to their professional status. In addition, the experience of participating in a training program increased valuable professional contacts and resulted in the improvement of professional skills. The outcome of this program demonstrated that the professional had much to
gain through training involvement related to lay personnel.

Carkhuff (1968b) suggested a similar elevation of the professional's role to one involving not only therapeutic practice but also training, supervision, consultation and research. He pointed out that professionals had not adequately discharged their responsibilities towards the investigation of the treatment and training which is presently conducted. The professional's abilities might therefore be more valuably applied in the investigation of these variables.

Diversity and potential of lay personnel

The studies in the previous section indicated considerable differences among professionals (Kubie, 1957 and Rosenbaum, 1966) regarding the utilization of the lay person in the mental health area. However, these differences have not affected the progressive passage of the lay person into a previously professional domain. In recent years a significant movement concerning volunteers and the utilization of their services in the mental health area has produced a progressive increase in literature focused towards this trend. Pertinent material shall be presented from this literature which illustrate (a) the responsibilities which volunteers are able to assume (b) the populations from which they are drawn (c) some of the results of their endeavors. Additional material will be presented regarding lower socio-economic and racial groups. The lay person appears to possess abilities to relate to these groups in an effective manner.


The pilot project was definitely a success, for it showed that mature housewives - though initially untrained - possessed common sense, imagination, experience and empathy that can be of
significant help to the mentally ill . . .

Housewives constitute a largely untapped manpower source that may indeed help solve the problem of the increasing disparity between the demands for professional social workers and their availability. Case aides - with training and supervision - can learn to perform many specific tasks involving the development of relationships with individuals and the use of community resources. (Cain and Epstein, 1967, p. 284)

A National Institute of Mental Health training program was conducted by Rioch et al. (1963) in which eight women, selected for their maturity and social sensitivity, were given intensive training. All of the women were college graduates and their husbands held professional or executive positions. Training began in 1960 and lasted for two academic years. After training the women were referred to as "mental health counselors."

Results of a follow-up investigation by Magoon and Golann (1966, p. 793) indicated that after two years of employment at nine different mental health settings, the "mental health counselors" had compiled a productive record of performance. They were evaluated as having provided creditable services in the judgment of their supervisors and co-workers.

Perhaps the greatest determinant of future activity in this direction will be the capacity of mental health professionals and educators to overcome traditional implicit assumptions as to who must perform various vocational functions in the broad field of mental health. (Magoon and Golann, 1966, p. 793)

College students have frequently been utilized (Kanton and Greenblatt, 1962 and Berenson et al., 1966) as another manpower source. Brennan (1967) indicated that the college student's inclination toward activity made him specially suited for programs with children because the college student's youth, energy and optimism can be therapeutic in itself.

Beck, Kantor, and Gelineau (1963) sought to determine whether there was significant change in the clinical and social status of hospitalized patients following their work with college student case-aid volunteers. They concluded that 31 per cent of the patients were discharged from the
hospital setting after working with students. Utilizing the Chi Square statistical technique, they compared the above discharge rate with that of a control group and found a highly significant difference. Thus the treatment program was viewed as being very successful.

Holzberg and Knapp (1965) also studied the social interaction of college students and chronically ill mental patients. In addition to the improvement in the functioning of the patients, the investigators found that the college students, as a result of their experiences, tended to acquire more enlightened attitudes concerning mental health. In addition they became more tolerant of others and displayed a tendency toward increased self-awareness and self-examination.

Another investigation (Hartog, 1967) indicated results similar to those of the aforementioned studies. Enlisted men within the army were utilized as mental health consultants and were officially referred to as psychological technicians. Their major duties included: the evaluation of maladjusted soldiers for administrative discharge, consultations with commanding officers concerning individual or general staff problems in their units, and psychological treatment of soldiers and their dependents. According to their abilities, they also supervised group, marital, and individual therapy sessions. The primary results of their contributions were quite clear. Waiting lists were eliminated and patients were seen during, not after crisis, and the professional staff had more time for treatment, teaching, supervision, consultation and research. As indicated earlier, the experience broadened the attitudes and functioning of the enlisted men.
A paper by Coggs and Robinson (1967, p. 281) is directed toward the use of nonprofessional aides within the public school system. Individuals from economically and culturally deprived communities had been selected to assist school social workers assigned to districts in the target poverty areas of Milwaukee. Persons were selected for the program because of their leadership qualities rather than criteria based upon formal education or professional training.

The Lay Worker Project is demonstrating the value of training indigenous community leaders for non-professional employment in educational and social services. The use of lay workers serves several purposes: professional staff is released from unskilled tasks, additional services are provided, and persons in underprivileged communities are given an opportunity to improve their economic status at the same time that their leadership in the community is broadened. It has been our experience that when articulateness, self confidence, and security within the social class identification are added to the personal attributes of lay leaders, pride in association with the profession and success in the achievement of agency goals creates the kind of enthusiasm that is found only in the newly graduated professional who glories in having discovered his professional niche. (Coggs and Robinson, 1967, p. 281)

The previous paper suggested that persons of the same class (Deene and Ansbacker, 1962) may be effective in reaching members of their particular group. A study by Spiegel and Spiegel (1967) found a significant relationship between the intelligence level of hospitalized patients and the therapeutic agent whom they perceived as being most helpful. Patients with low intelligence and little education perceived aides and fellow patients as being most helpful and psychologists and psychiatrists as being least helpful. The higher the education and the intelligence level, the more the patient perceived professional people as being most helpful and lay persons as being least helpful. This research suggested that a primary result of utilizing lay persons is to be found in their ability to communicate with those patients who cannot establish a relationship with a professional worker.
Carkhuff and Pierce (1967) attempted to assess the differential effects of the therapist's race and social class. Both of these factors were found to influence the client's depth of self-exploration in the initial clinical interview. Patients closer to the race (Banks et al., 1967) and social class of the counselor explored their feelings most, while clients who were dissimilar had a tendency to explore themselves least. Conclusions of this study suggested that the depth of patient self-exploration during early interviews was highly correlated with outcome indexes of constructive client change. Thus the effects of intelligence, education, age, race and socio-economic background appeared to be related to the therapist's ability to perform his task effectively.

Reissman (1965, p. 31) proposed that the helper principle may have universal therapeutic applications, but that it may be especially useful in low income treatment plans for two reasons. First, it may circumvent class distinction arising from middle-class oriented therapy being at odds with the expectations and style of the low income client. Secondly, the helper principle is especially attuned to the co-operative trends in lower socio-economic groups and culture.

... helpers, functioning in a therapeutic context, whether as professional therapeutic agents for a non-professional "peer therapist" may benefit from the importance and status associated with this role. They also receive support from the implicit thesis "I must be well if I help others." (Reissman, 1965, p. 31)

**Comparative studies**

Sines, Silver and Lucero (1961) studied the effectiveness of the therapy offered by psychiatric aides with chronic hospitalized psychiatric patients. Their results indicated no statistical difference between the experimental and control group. Minnesota Multipurpose Personality Inventory profiles of the experimental group, however, appeared to be more
improved than those of the control group. The authors questioned the value of therapy by psychiatric aides based on the above results.

Refinement of measurement techniques and research designs (Zunker and Brown, 1966) have begun to produce positive findings concerning the abilities of lay persons. Mendel and Rapport (1963) included as therapists: psychiatrists, clinical psychologists, psychiatric social workers and nonprofessional psychiatric aides. These therapists were utilized as four groups in a treatment program based upon Existentialist postulates. The patients' levels of functioning were judged by social workers not directly connected with the treatment program. Return to the hospital after release from that setting was judged as a therapeutic failure. On this basis, the treatment success of nonprofessionals could be directly compared to the success of professional groups.

Results of the study indicated that 71 per cent of the patient population remained functional outside of the hospital for at least 51 months. A breakdown of percentage of return for the varied treatment groups showed that: 36 per cent of the psychiatric aides patients, 34 per cent of the psychiatrists patients, 23 per cent of the social workers patients, and 20 per cent of the psychologists patients returned to the hospital. Thus, within this study, the nonprofessional's ability to facilitate psychological growth in others is at least as effective as are those abilities of the psychiatrist. The results suggest a difference between the nonprofessional and the social worker and psychologist led groups, however, this difference was not further discussed by the authors.

Carkhuff and Truax (1965) implemented their training and a group of lay hospital personnel, including attendents, a volunteer worker, and an industrial therapist. They found that the trainees were able to function
at levels which were commensurate with effective therapeutic practices of
more experienced therapists. Results suggested that in a short training
period of 100 hours, graduate students and lay personnel could achieve
effective abilities in facilitating psychological growth.

Poser (1966) compared undergraduate students who had no prior train-
ing or experience in psychology, with a group of professional therapists.
Changes in psychological test performance of 295 patients before and after
group therapy served as the criterion for therapeutic behavior change.
Comparison with an untreated control group indicated that the lay thera-
pists achieved slightly better results than psychiatrists and social
workers. The authors proposed that the results may have been due to the
naive enthusiasm of the layman which allowed him to respond more freely
to the patient's moods and feelings. The authors further suggested that
traditional training programs were neither optimal nor necessary for the
facilitation of therapeutic behavior change in the mental patient.

Carkhuff (1968b, p. 118) indicated that extensive evidence exist
which demonstrated that lay persons could be trained to function at facilita-
tive levels in relatively short periods of time.

Both carefully screened college graduates interested in
school guidance activities and unselected volunteers from the
school, hospital and community at large demonstrate change in
the direction of more facilitative functioning on dimensions
related to constructive client change or gain in training
periods ranging from 20 hours to 1 year.

The author further stated that in directly comparable studies, lay
persons were able to demonstrate change in their patients that was at
least the same or better than the change in patients of professional
practitioners.
Friendship variables

Maslow (1954), Schofield (1964), (Fiedler et al., 1959) and others have concluded that the dynamics of the friendship relationship are potentially therapeutic and that they render a strong, stabilizing effect on a person's mental health.

Krumboltz (1968, p. 6) suggested that investigation be directed toward the ways in which friendships are developed and suggested that therapists need to teach their clients how to develop relationships so that they in turn may experience close contacts with other people.

We need to examine much more clearly the way in which solid friendships are developed, and we must take pains to teach clients how to develop solid relationships so that there is a mutual giving and receiving. (Krumboltz, 1968, p. 6)

Pierce and Drasgow (1969) selected seven male psychiatric inpatients and trained them to function in a more interpersonally facilitative manner. They were compared with inpatients in four different control groups who had received drugs, individual therapy, or group therapy. The experimental group was found to be functioning at significantly higher interpersonal levels than the control groups. Results further indicated that psychiatric patients could improve their level of interpersonal functioning in a short time. In addition a major implication was that progress in improving interpersonal relationships may be taught systematically and directly.

Martin, Carkhuff and Berenson (1966) assessed the levels of facilitative conditions offered by friends and professional counselors. The conclusions of the study indicated that counselors performed at significantly higher levels than the levels of friends.

The above study does not appear to be consistent with other findings. A study by Laumann (1969) offers a possible explanation for discrepancies
in findings concerning the facilitative abilities of friends. The author assessed the accuracy with which respondents reported social attributes and characteristics of their friends. The study indicated that where errors in accuracy occurred, they were typically in the direction of the respondent ascribing his own characteristics to his friend. The subjects in Martin, Carkhuff, and Berenson's study might have seen qualities in their friends which in fact did not exist. Lauman further indicated that reciprocity of friendship choice was most probably related to frequency of contact, closeness of the friendship, and special proximity.

Greenglass (1969) was able to demonstrate the effects of prior help on subsequent help giving. His study supported the hypothesis that prior help would result in the increase of social responsibility which prescribes that it is appropriate to extend help to dependent others.

Armstrong (1969) investigated interpersonal relationship variables between a group of college undergraduates and their intimate friends, and sought to determine if the quality of their relationship with the friend was a factor which differentiated those students in counseling from those not in counseling. Results indicated that females formed more intimate friendships than males; however, there was no differences between sexes with regard to the quality of friend relationship or in using friends therapeutically. In addition, it was found that intimate friends tended to be more accessible to students who did not seek counseling services.

Muehlberg, Pierce, and Drasgow (1969) reported the results of an analysis of Carkhuff's scales of facilitative core conditions. The factor analysis of both high functioning and low functioning therapist matrices indicated that a single factor in each accounted for practically all of their respective intercorrelations. This factor was identified as being a "good guy," that is, being friendly, likeable, and helpful. These are
qualities which are typically ascribed to friends.

Bergin and Solomon (1963) examined personality and performance correlates of therapist empathy in psychotherapy. They found a lack of correlation between empathy and grade point averages or Graduate Record Examination scores. The authors concluded that the data suggested the irrelevance of formal training or intelligence beyond a certain level for empathic understanding.

The previous studies suggested that the variables of the friendship interchange (Allen, 1967) might be the same variables which are found in the therapeutic relationship. Thus, the successful therapist should evidence those qualities which are seen as being necessary for the establishment of close friendship ties. A further assumption might be that friendly people within the community would have the same characteristics as the successful therapist. Rogers (1957, p. 101) did not feel that special professional knowledge was required of the therapist. He observed that intellectual training had many valuable results by "becoming a therapist is not one of these results."

Personality characteristics of facilitators

A pattern is beginning to emerge (Brams, 1961; Freeman, 1967; Parsons and Parker, 1968; Nonnan et al., 1969) from research which had investigated the personality characteristics of those individuals who are seen as being successful in the helper-therapist role. A common finding is that the successful facilitator is one who has a tendency toward inner emotional expression. He is an intraceptive individual whose ability to share his feelings freely with others allows them to experience their own inner selves. In this regard, these findings are in accord with the theoretical formulations of Rogers as indicated in Ard (1966), and of Jourard (1964, p. 62).
Effective therapists seem to follow this implicit hypothesis: if they are themselves in the presence of the patient, avoiding compulsions to silence, to reflection, to interaction, to impersonal techniques, and kindred character disorders, but instead striving to know their patients, involving themselves in his situation, and then responding to his utterances with their spontaneous selves, this fosters growth. 

It is my growing opinion, somewhat buttressed by accumulated experience in my own therapeutic work, that valued change-growth in patients is fostered when the therapist is a rather free individual functioning as a person with all his feelings and fantasies as well as his wits. (Jourard, 1964, p. 62)

Miller (1965) found that people perceived as being more helpful scored lower on a factor of emotional stability than those persons seen as being least helpful. The author hypothesized that the findings indicated that the helping person is able to express his feelings and through this behavior, to be knowable and open to others.

Knapp and Holzberg (1964, p. 86) compared college students who had volunteered for a companion service program with mental health patients to a group of college students who did not participate in the program. Comparison of psychological tests, which had been administered during the students' freshman year, did not differentiate the experimental group from their control counterparts in any clinical respect. There was, however, evidence that the companion group was slightly more religiously orientated, more morally concerned, more compassionate, and more introverted than the control group.

... It is suggested that the Companion Program serves as an outlet for certain impulses of human generosity and altruism which is not normally available to students in the college environment. So far as our evidence indicates, the companions were more idealistic in temper, more capable of generosity, less concerned with personal gain, and more responsive to religious values than their associates who have not elected to join this program. (Knapp and Holzberg, 1964, p. 86)

Domino (1967, p. 1694) attempted to determine whether choice of medical speciality was correlated with personality characteristics. The subjects were 327 male physicians who were administered a series of
psychological tests in the first year of medical school. Results of the study point toward a measurable relationship between the personality of a prospective doctor and his choice of a specific medical field.

The medical student choosing psychiatry may be characterized as flexible and adaptable in both his intellectual and interpersonal behavior. He is marked by an inner restlessness, a high need for change, and an inability to tolerate routine. His outlook is idealistic and he possesses an intense interest in and responsiveness to the needs of others. He functions best in settings where autonomy and independence are conducive to achievement. Although perceptive and insightful, he tends also to be self-centered and rebellious. (Domino, 1967, p. 1694)

Frayn (1968, p. 1236) sought to investigate the relationship between rated ability and personality traits in psychotherapists. Findings of the study indicated that supervisors with divergent theoretical orientations were able to agree on the competency of residents as psychotherapists. A high level of rated agreement for those persons regarded as the most competent practitioners suggested that there are core therapist characteristics. Residents rated by their supervisors as possessing the greatest abilities were described as:

... being assertive, flexible, and less concerned about social conformity, whereas those with less ability were compulsively rigid with a need to conform, possibly inhibiting the patient-therapist communication and relationship. (Frayn, 1968, p. 1236)

A study by Foulds (1969) disclosed that the counselor's ability to understand his client seems to be related to his own level of personal functioning. The author noted that particular positive personality characteristics of counselors appeared to be significantly associated with their own level of interpersonal functioning.

Collingwood, Hefele, Muehlberg and Drasgow (1970, p. 120) commented on an earlier study which pertained to the Carkhuff scales. They indicated that good therapists are consistently high on core conditions whereas poor therapists are consistently low.
Within the process of psychotherapy, the effective therapist consistently provides a facilitating high matrix of conditions that touch the areas of being a "good guy" with good diagnosis and good modes of directive action. All areas of his high functioning are but symptoms of an effective therapist who is a more knowing person and actively directs his energy toward client gain. Apparently what the good therapist does, he is consistently helpful, constructive, and effective.

We have taken a strong inside position by looking into our therapist's case histories and inside our matrices. Between these two expressions of beingness, the single factor taps a deeper level and suggests that everything a person does consistently reflects himself. We see that this factor goes beyond the therapeutic hour and carries with it similar consistencies in behavior and performance in other areas of life. The successful therapist is evidently more than just a therapist: he is a person who acts successfully, has the confidence of being successful, and looks successful. All this reflects his consistency of effectiveness in life. (Collingwood, Hefele, Muehlberg and Drasgow, 1970, p. 120)

**Prestige factors**

Krumboltz (1968, p. 6) discussed the extent to which prestige factors might be an important variable in the counseling situation. The author suggested that a counselor might be effective because of some prestige factor which he displays.

The clients of other professions seem impressed with outward displays of prosperity, such as which carpets on the floor, expensive furniture, spacious office and reception rooms with gracious secretaries. Professional degrees, diplomas and certificates displayed on the wall suggest to the client that the counselor is not one who has arrived at his position without gaining the respect of some relevant groups. (Krumboltz, 1968, p. 6)

The above hypothesis appears to be related to Cartwright and Vogel's findings (1960) that patients of experienced therapists tended to show more improvement when compared with patients seen by inexperienced therapists. Bergin and Soloman (1963) found that accurate empathic ability tended to be related to the age of the therapist, therefore suggesting that a maturational process influences the development of their ability.
Price and Iverson (1969) used 120 students in order to rate counselor's personality attributes. Counselors, by design, provided either conforming or nonconforming verbal role behavior and were ascribed status as either trainees or head counselors. Results indicated that counselors who were perceived as being experienced and who conformed with role expectancy made the most positive impressions on would-be clients. A critical aspect appeared to be a demand that counselors express a commitment to helping the client. Thus, a commitment principle was seen as being of primary importance to the process of establishing rapport in the helping relationship.

Strong and Schmidt (1970) attempted to evaluate the effects of perceived counselor expertness and its influence in the counseling situation. Results of the study supported the hypothesis that portrayed expertness exerts some control in influencing other people.

Summary

1. Professionals appear to have divergent attitudes towards the utilization of lay persons in the mental health movement.

2. Where professionals have become involved in training programs with lay persons, the professionals have become supporters of the movement.

3. Lay helpers are solicited predominately from a population of college students and housewives. However, there is an increasing movement toward the utilization of individuals from divergent groups. In this respect, increasing focus is currently being directed toward members of lower socio-economic groups.

4. Responsibilities of the lay therapist have extended to the counseling and therapy interaction.

5. Comparative studies have focused on the assessment of the
facilitative abilities of lay therapists as compared to the facilitative abilities of professionals. Results of these studies appear to suggest relatively little difference between the two groups.

6. Studies related to friendship and personality variables suggest that the dynamics of these encounters are similar.

7. Prestige factors appear to significantly add to the therapist's ability to effect constructive client change. An extension of this principle suggests that successful individuals in the community might also be able to effect similar changes.

Objective and hypothesis

The National Committee Against Mental Illness (Changing Times, 1967) estimated that 10 per cent of our population is inflicted with some form of mental illness and that only 10 to 20 per cent of these individuals will receive professional care. The objective of this study was to assess one aspect of the alternate sources of aid that are available to those individuals who do not utilize professional assistance.

This goal was accomplished by locating within a community a group of those individuals who met the previously stated definition of the natural counselor. Their ability to facilitate psychological growth in others as measured by the Berenson-Carkhuff scale was compared to the abilities of those persons who are currently certified, professional counselors.

The general research hypothesis of this study was, therefore, that there will be no significant difference between the facilitative abilities of trained and natural counselors. The research tested the specific null hypotheses that:
I. There is no difference in ratings on the Berenson-Carkhuff scale of empathic understanding between those persons who are professionally trained and are currently certified counselors in the state of Utah, and those individuals, who by meeting the established criteria, were classified as natural counselors.

II. There is no difference in ratings on the Berenson-Carkhuff scale of facilitative genuineness between those persons who are professionally trained and are currently certified counselors in the state of Utah, and those individuals, who by meeting the established criteria, were classified as natural counselors.

III. There is no difference in ratings on the Berenson-Carkhuff scale of concreteness between those persons who are professionally trained and are currently certified counselors in the state of Utah, and those individuals, who by meeting the established criteria, were classified as natural counselors.
PROCEDURES

This chapter includes the details and procedures used in this investigation. Specifically, it incorporates a description of (1) subject population and sample (2) instruments of measurement (3) procedure and organization of data (4) statistical analysis (5) a summary.

Subject population and sample

Two groups, each consisting of fifteen subjects, constituted the study sample. The first group consisted of counselors who met the criteria for certification in the state of Utah and were currently employed in the public school system. Cooperation from the Box Elder and Weber school districts was given after the nature and purpose of the study was explained to the pupil personnel directors.

The Utah Pupil Personnel Services Bulletin (1969) listed personnel specialists by districts and schools. Each of the thirty counselors employed by the two districts was asked to submit a tape recorded counseling session with a student. Prior to eliciting their participation, the counselors were informed that identifying data, such as names of persons or places, would be erased from the tapes so as to insure confidentiality. Fifteen tapes were randomly drawn from the seventeen counselors who voluntarily participated in the study.

The second group consisted of fifteen individuals who were selected by means of a survey which was distributed in the college hill subdivision area of Logan, Utah.
This section was selected because in a predominantly Mormon City, it most nearly approached the mixture of faiths found in most American communities (Packard, 1959; Hodges and Lane, 1968). In addition, the area is considered to be upper-middle class and many of its inhabitants are professionals. Volunteers typically are selected from this class (Rioch et al., 1963; Cain and Epstein, 1967), and they tend to establish the norms which others strive to achieve (Reissman, 1959; Roach, Gross and Gursslin, 1969).

Residents within the College Hill section were asked to nominate three individuals within their neighborhood, and three individuals who resided outside of their neighborhood, but within the Logan area, who possessed the following characteristics:

1. They communicate a positive respect and concern for your feelings.

2. When they are engaged in conversation with you, you sense that they are genuine in that their statements reflect their true feelings.

3. You would feel secure in approaching these persons for help or advice.

Respondents were asked not to nominate religious leaders or professional counselors, as they typically possess the above characteristics and are easily located in the community. As indicated in Table 1, the majority of persons who elected to respond to the survey have lived in their current location for two or more years.
Table 1. Duration of residence of respondents in their current location

<table>
<thead>
<tr>
<th>Length of residence</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year or less</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>2 to 3 or more years</td>
<td>66</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100</td>
</tr>
</tbody>
</table>

Persons who have lived in the area for less than two years generally failed to respond to the survey and frequently expressed their unfamiliarity with their neighborhood as the primary cause for not participating.

Females (Table 2) tended to respond more frequently than males. This differentiation was partially due to the time of day in which the survey was made. The majority of men were working during the afternoon hours and consequently did not receive a first-hand description of the objectives of the study.

Table 2. Number and percentage of male and female respondents

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>38</td>
<td>42</td>
</tr>
<tr>
<td>Female</td>
<td>54</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100</td>
</tr>
</tbody>
</table>
A minimum of five nominations constituted the criterion for inclusion in the sample group. On this basis, each person who met the established criteria was approached and asked to participate in the study. They were told that they had been selected by five or more of their neighbors and were therefore to be considered as natural counselors in the study that was to be conducted at that time. They were asked to report to the Logan Senior High School at an arranged time and to respond to a study who was playing the role of a person seeking counseling. It was further explained that although they were to assume the role of the school counselor, they might best respond in a way that was natural for them.

**Measurement technique**

The Carkhuff and Berenson scales were developed from earlier versions of scales that were specifically intended to assess levels of therapeutic functioning. Five scales, each containing five levels of functioning have emerged from the above development. The highest level within each scale (5), is demonstrated within an individual who exhibits a profound depth of understanding of himself and of others, and thus, he is able to facilitate psychological growth through his interpersonal interactions. The lowest level of each scale (1), is evidenced by those individuals who are essentially immune to constructive human encounter. This development is thought to be a result of a succession of retarding human relationships. Level (3), within each scale is viewed as being the minimum level of facilitative functioning.

Individuals are seen as growing constructively when they move toward higher levels of functioning on the scales of empathy, regard, genuineness, concreteness and self-exploration. Carkhuff and Berenson suggest (1967a, 1967b) that there is tentative evidence which indicates
that counselors and therapists range in their average level of functioning between levels (1) and (4), with a mean of approximately (2). Although no formal validity studies have been directed toward the Berenson-Carkhuff scales, some measures of construct validity (Truax and Carkhuff, 1964; Shapiro, 1968) are emerging from research studies.

Three of the five scales; empathic understanding, facilitative genuineness, and personally relevant concreteness were utilized in the investigation. The scales of regard and self-exploration were not utilized because of a number of factors. Primarily, the limited training time available precluded the use of all of the scales. Secondly, the scales of empathy and regard appeared to assess the same variables and were, therefore, repetitive. The scale of self-exploration was excluded because it appeared to apply to ongoing interactions rather than initial interchanges. The selected scales, to the extent that they do measure the variables of empathy, genuineness, and concreteness, serve to operationally limit the areas studied. Thus, the study itself tends to be limited in scope to the factors which the Berenson-Carkhuff scales assess.

Empathy (Figure 1) is related to the therapist's continuing level of understanding.

Ability to communicate at high levels of empathic understanding appears to involve the therapist's ability to allow himself to experience or merge in the experience of the client, reflect upon this experience while suspending his own judgment, tolerating his own anxiety, and communicating this understanding to the client. (Carkhuff and Berenson, 1967a, p. 27)

Personally relevant concreteness (Figure 2) involves the expression of specific feelings and experiences, regardless of their emotional content, by both therapist and client.
Level 1: Responses of the first person either do not attend to or detract significantly from the expressions of the second person in that they communicate significantly less of the second person's feelings then the second person has communicated himself.

Level 2: While the first person does respond to the expressed feelings of the second person, he does so in such a way that he subtracts noticeably from the affective communication of the second person.

Level 3: The verbal or behavioral expressions of the first person in responses to the verbal or behavioral expressions of the second person are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

Level 4: The responses of the first person add noticeably to the expressions of the second person in such a way as to express feelings a level deeper then the second person was able to express himself.

Level 5: The first person's responses add significantly to the feelings and meaning of the second person in such a way as to express accurately feelings levels below what the person himself was able to express or, in the event of ongoing deep self-exploration on the second person's part, to be fully with him in his deepest moments.

Note: The first person refers to the counselor, therapist, teacher or parent. The second person refers to the client, student or child.

Figure 1. Berenson and Carkhuff's five point scale of empathic understanding.
Level 1: The first person leads or allows all discussions with the second person to deal only with vague and anonymous generalities.

Level 2: The first person frequently leads or allows discussions of material personally relevant to the second person to be dealt with on a somewhat vague and abstract level.

Level 3: The first person enables the second person to discuss personally relevant material in specific and concrete terminology.

Level 4: The first person frequently is helpful in enabling the second person to develop fully in concrete and specific terms almost all instances of concern.

Level 5: The first person is always helpful in guiding discussion so that the second person may discuss fluently, directly and completely specific feelings and experiences.

Figure 2. Berenson and Carkhuff’s five point scale of personally relevant concreteness.

The dimension of concreteness serves three functions. First, it insures that the therapist’s responses do not become too distant from the feelings and experiences of the client. Second, it encourages a more accurate understanding of the client and thus allows clarification and corrections of misunderstandings. Third, it directly influences the client to specifically attend to problem areas as well as emotional conflicts.

The third scale, facilitative genuineness, refers to the degree to which the therapist’s statements seem to reflect his true feelings.
Level 1: The first person's expressions are clearly unrelated to what other cues indicate he is feeling at the moment, and/or the first person's only genuine responses are negative in regard to the second person and appear to have a totally distractive effect upon the second person.

Level 2: The first person's responses are slightly unrelated to what the other cues indicate he is feeling at the moment, or when his responses are genuine, they are negative in regard to the second person; the first person does not employ his negative reactions constructively as a basis for further inquiry.

Level 3: The first person provides no discrepancies between what he verbalizes and what other cues indicate he is feeling, while also providing no positive cues to indicate really genuine responses to the second person.

Level 4: The first person presents positive cues indicating genuine responses (whether genuine or negative) in a nondestructive manner to the second person.

Level 5: The first person's expressions indicate that he is freely and deeply himself in his relationship with the second person; he is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful; in the event of hurtful responses, the facilitator's comments are employed constructively to open further areas of inquiry for both the facilitator and the second person.

Figure 3. Berenson and Carkhuff's five point scale of facilitative genuineness.

Genuineness implies a direct personal encounter without defensiveness. Thus, the therapist's sincerity in the encounter offers a model for the client to follow.

In summary, three of five scales utilized by Carkhuff and Berenson were selected and were utilized in this study. Raters were trained in a program which followed the suggestions of Carkhuff and Berenson (1967a) and in the process they acquired interpersonal skills related to constructive client outcome.
Procedure and organization of data

Rater training program. The objective of training was to produce individuals who were able to accurately rate the tape-recorded counseling sessions of the certified and natural counselors with their respective clients. Cooperation of the Counseling Department at Utah State University was requested and permission was given, on a voluntary basis, to train graduate practicum students in the use of the Berenson-Carkhuff scales. Three graduate students volunteered to participate in the training program and attended training sessions once a week. At the outset, trainees were given copies of the three scales and were given practice in discriminating the different levels of therapeutic conditions.

The students were exposed to tape recorded samples of experienced therapists. Attention was focused on the immediate interaction rather than toward a global impression of client dynamics. Response interaction was rated by each student and then findings were discussed critically in a give and take group session. In addition, students were asked to reply to the client's verbalizations before they heard the therapist's reply. In this way, the students were able to apply high level responses to client statements. Thus, students learned to focus on the meaning of the patient's communications and to develop ability in verbalizing these meanings.

Frequent assessment was made of the ratings of the trainees. Surprisingly, scores were typically quite close and where deviation did occur it did not extend beyond one scale value.

Each student rated a total of thirty taped sessions. A minimum of 10 minutes was devoted by each rater to a given tape and three sections of the tape were randomly attended to during the rating. A maximum of two tapes were rated in a given session. All tape recorded sessions
were referred to by randomly drawn numbers which were alternately assigned to individual tapes from the sample groups.

Training of students in role-playing techniques. Each member of the natural counselor sample was involved in a situation in which he was asked to respond to the needs and feelings of another person. This interaction was recorded and submitted to the raters. To make both groups of tapes as identical as possible selected students from the Logan Senior High School were utilized in the interaction with the natural counselors.

These students were enrolled in a class in theatre arts and volunteered to participate in the study. A short demonstration of role-playing in a counseling session was presented to the students and they were then asked to work up a role in which they would feel most comfortable. A number of the students interacted with the researcher in further group demonstrations. Upon completion of this introduction to role-playing, each student submitted a card on which was written his name and class schedule. The students were informed that their names would be randomly drawn immediately before each scheduled counseling session. They would be summoned to the counseling center in accordance with normal school procedure.

The students were instructed to relate to the natural counselor as though he were the school counselor. To make the situation as true to life as possible, the room, used by counselors in the high school, was the setting for the student--"lay counselor" interchange. After being called, the students reported to the counselor's office and commenced their discussion with the counselor. In this manner, it was assumed that both groups of certified counselors and natural counselors would appear identical to the raters.
Statistical analysis

A two way analysis of variance was performed on the raters scores for each of the Berenson-Carkhuff scales utilized in the study. This well-known technique permitted an assessment of significance between group scores as well as accounting for rater reliability. The critical level of F was established at the .05 level.

Delimitations

The role-playing situation which the natural counselors participated in, permitted a study of the types of behaviors and interactions that are likely to occur in the actual counseling encounter. The circumstances, on the other hand, were artificial and therefore may not have given an accurate indication of how the individual would have behaved in a natural environment. Borg (1967, p. 253) suggested that "it appears that most subjects become deeply involved in the situation, and many seem to forget, at least for the moment, that the situation is an artificial one." Thus, the research procedure was designed in an attempt to provide a setting that was nearly identical to the actual counseling interaction.

It was unfortunate that the certified counselors were not also involved in a role-playing situation. Their professional involvement seriously limited their ability to participate in the study. This was indicated in the submission of tape-recorded counseling sessions by only seventeen out of thirty counselors. Had they been required to participate in a role-playing situation, most likely, even fewer of them would have been able to cooperate. Because of divergent treatment of the two groups, a number of variables were consequently uncontrolled. The natural counselors were subjected to an initial interview setting, whereas, the certified counselors typically submitted recordings of counseling sessions
that were well beyond the initial interchange. The situation in which the natural counselors were placed may, therefore, not be representative of counseling as such. In addition, the psychological set of the certified counselors, in relating to real clients, may have differed from the set of the natural counselors, who responded to role-playing students. Thus, having one group involved in a natural setting and the other group in an artificial environment is a serious limitation in the study.

The rater training program constituted a second source of limitation. Because of the extended demands made upon graduate students, not enough time was available for training purposes. A rater involvement of eight to ten hours per week would have been desirable but due to limitations imposed on the raters by their own degree requirements, an hour per week for twenty weeks was the maximum time that they could contribute. Thus, a basic requirement of the study, rater accuracy, was not adequately insured.

A third source of limitation was the procedure used in selecting the certified counselors. Those certified person who took part in the study were, in effect, volunteers. This selection method was not similar to the survey approach utilized in selecting natural counselors.
FINDINGS OF THE STUDY

The present study was undertaken to assess the effectiveness of natural counselors in comparison to professional counselors. The objective of the study was to determine if alternative sources of aid are available to those individuals who do not utilize professional assistance.

It was previously suggested that untrained persons who are able to facilitate personal growth experiences among their acquaintances may be easily located within each community. Three hypotheses were formulated which were designed to answer specific questions regarding the facilitative abilities of the natural counselors.

In presenting the data, the hypotheses and the results bearing on each hypothesis have been included. The statistical technique utilized in reporting the data was the two-way analysis of variance. Specifically, Winer's (1962, p. 302) two-factor experiment with repeated measures on one factor constituted the particular statistical formula used in the study.

Analysis of specific hypotheses

Hypothesis I. There is no difference in ratings on the Berenson-Carkhuff scale of empathic understanding between those persons who are professionally trained and are currently certified counselors in the state of Utah, and those individuals, who by meeting the established criteria, were classified as natural counselors.

Table 3 contains a comparison of the natural counselor and certified counselor groups on the Berenson-Carkhuff scale of empathy.
Table 3. Analysis of variance of the natural and certified counselors' scores on the Berenson-Carkhuff scale of empathy

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Mean squares</th>
<th>F test value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects</td>
<td>31.24</td>
<td>29</td>
<td>1.08</td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>.06</td>
<td>1</td>
<td>.06</td>
<td>.05</td>
</tr>
<tr>
<td>Error I</td>
<td>31.10</td>
<td>28</td>
<td>1.11</td>
<td></td>
</tr>
<tr>
<td>Within subjects</td>
<td>24.17</td>
<td>60</td>
<td>.40</td>
<td></td>
</tr>
<tr>
<td>Between judges</td>
<td>.76</td>
<td>2</td>
<td>.38</td>
<td>.91</td>
</tr>
<tr>
<td>Interaction of judges and groups</td>
<td>.11</td>
<td>2</td>
<td>.06</td>
<td>.14</td>
</tr>
<tr>
<td>Error II</td>
<td>23.30</td>
<td>56</td>
<td>.42</td>
<td></td>
</tr>
</tbody>
</table>

From Table 3 it may be seen that none of the F values approach significance and therefore the null hypothesis is not rejected.

**Hypothesis II.** There is no difference in ratings on the Berenson-Carkhuff scale of facilitative genuineness between those persons who are professionally trained and are currently certified counselors in the state of Utah, and those individuals, who by meeting the established criteria, were classified as natural counselors.

Table 4 contains a comparison of the natural counselor and certified counselor groups on the Berenson-Carkhuff scale of facilitative genuineness.

From Table 4 it may be seen that none of the F values approach significance and therefore the null hypothesis is not rejected.
Table 4. Analysis of variance of the natural and certified counselors' scores on the Berenson-Carkhuff scale of facilitative genuineness

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Mean squares</th>
<th>F test value</th>
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</thead>
<tbody>
<tr>
<td>Between subjects</td>
<td>34.95</td>
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<tr>
<td>Between groups</td>
<td>.14</td>
<td>1</td>
<td>.14</td>
<td>.11</td>
</tr>
<tr>
<td>Error I</td>
<td>34.81</td>
<td>28</td>
<td>1.24</td>
<td></td>
</tr>
<tr>
<td>Within subjects</td>
<td>18.00</td>
<td>60</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>Between judges</td>
<td>.16</td>
<td>2</td>
<td>.08</td>
<td>.25</td>
</tr>
<tr>
<td>Interaction of judges and groups</td>
<td>.08</td>
<td>2</td>
<td>.04</td>
<td>.13</td>
</tr>
<tr>
<td>Error II</td>
<td>17.76</td>
<td>56</td>
<td>.32</td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis III. There is no difference in ratings on the Berenson-Carkhuff scale of concreteness between those persons who are professionally trained and are currently certified counselors in the state of Utah, and those individuals, who by meeting the established criteria, were classified as natural counselors.

Table 5 contains a comparison of the natural counselor and certified counselor groups on the Berenson-Carkhuff scale of concreteness.

From Table 5 it may be seen that none of the F values approach significance and therefore the null hypothesis is not rejected.
Table 5. Analysis of variance of the natural and certified counselors' scores on the Berenson-Carkhuff scale of concreteness

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Mean squares</th>
<th>F test value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects</td>
<td>33.66</td>
<td>29</td>
<td>1.16</td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>.05</td>
<td>1</td>
<td>.05</td>
<td>.42</td>
</tr>
<tr>
<td>Error I</td>
<td>33.61</td>
<td>28</td>
<td>1.20</td>
<td></td>
</tr>
<tr>
<td>Within subjects</td>
<td>28.00</td>
<td>60</td>
<td>.47</td>
<td></td>
</tr>
<tr>
<td>Between judges</td>
<td>.41</td>
<td>2</td>
<td>.21</td>
<td>.43</td>
</tr>
<tr>
<td>Interaction of judges and groups</td>
<td>.37</td>
<td>2</td>
<td>.19</td>
<td>.39</td>
</tr>
<tr>
<td>Error II</td>
<td>27.22</td>
<td>56</td>
<td>.49</td>
<td></td>
</tr>
</tbody>
</table>

In summary, findings related to each of three hypothesis were presented. None of the F ratios approached the .05 level of significance, thereby precluding rejection of any of the null hypotheses.
DISCUSSION

Included in this chapter is a discussion of the overall results of the study as well as a discussion of non-objective data concerning the natural counselor group.

Overall results

Results of the study must be interpreted in relation to the consistency with which the raters scored counselor-client interaction. Table 6 presents the rater inter-reliability data for the three scales utilized in the study.

Table 6. Rater inter-reliability on the Berenson-Carkhuff scales of empathy, genuineness, and concreteness

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean squares within people</th>
<th>Mean squares between people</th>
<th>Reliability&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>.40</td>
<td>1.08</td>
<td>.63</td>
</tr>
<tr>
<td>Genuineness</td>
<td>.30</td>
<td>1.21</td>
<td>.75</td>
</tr>
<tr>
<td>Concreteness</td>
<td>.47</td>
<td>1.16</td>
<td>.60</td>
</tr>
</tbody>
</table>

<sup>a</sup>The formula utilized to assess reliability was: (Winer, 1962, p. 128)

\[
1 - \frac{\text{Mean squares within people}}{\text{Mean squares between people}}
\]

As indicated in Table 6, rater inter-reliability on the Berenson-Carkhuff scales did not approach a level that is usually necessary for adequate interpretation of the results. This low reliability may be
attributed to a number of factors. First, the raters may not have rated consistently. This would indicate that a twenty-hour training program is not adequate.

A second factor which may account for part of the low inter-rater reliability may have been the homogeneity of the professional and natural counselor groups. It is feasible to propose that because the two groups appeared to be so much alike, the raters were unable to differentiate between them. Investigation of the raters' raw scores on the three scales (see Appendix D) appears to confirm this conclusions. Thus, because most of the scores fell near the center of the scale and few approached the extremes, slight deviation between the raters' scores on a given individual may have resulted in a lowering of inter-rater reliability. If most of the scores are clustered together, which they appear to be, one might then conclude that there is extremely little difference between the two groups. Analysis of variance additionally indicates that variance within the groups is greater than variance between the groups. This discussion shall therefore proceed with the assumption that the two groups were homogenous in regard to the variables which the Berenson-Carkhuff scales assessed.

Carkhuff (1968b) raised a number of pertinent issues that were generated in relation to a discussion concerning the differential functioning of lay and professional helpers. Many of the points raised in this treatise directly pertain to the direction of the present study and so further discussion will be related to the cogent points raised by Carkhuff.

The above author first indicated that lay persons can be trained in facilitative techniques in a short period of time. He further specified that the professional trainee does not appear to have gained
in facilitative abilities from his training experience and may, in fact, have lost some of the abilities that he began with.

The present study may account for the above conclusions in a parsimonious way. If there is no difference in the facilitative abilities of the trained and untrained person, as assessed by the Berenson-Carkhuff scales, it would appear reasonable to propose that a minimum of effective training would significantly add to the abilities of the untrained group, thereby making them more effective vehicles for facilitating growth in a client than the professional person. Thus, if the untrained person is as effective as the professionally trained individual, what benefits to client growth does the professional training program offer?

Although the present study sought to locate individuals who appeared to possess natural facilitative abilities, one wonders if a randomly drawn sample of persons from the community would not exhibit the same skills. At any rate, the conclusions of the present study would tend to support the notion that a number of untrained persons in a given community would be as effective in aiding others as are professional counselors.

A number of questions may be raised in relation to this discussion. For example, did persons who are presently counselors develop the skills that are necessary for counseling, or does counseling attract individuals who already possess these abilities? It must be pointed out that trained counselors did no worse than a highly select group, therefore suggesting that training may make up for selection of skilled persons. This area suggests the need for further research and clarification of the effects of training.

A further extension in the discussion of the present study is directed toward the domain of responsibility in the counseling or
therapeutic relationship. If the ability to facilitate psychological growth in others is not limited solely to the professional, would it not seem appropriate to utilize the critically needed skills of non-professionals? Should it not be contingent upon the social service institutions to develop means of locating persons with natural counseling abilities and to further sharpen and refine their skills? If their primary purpose is to aid others, must the prevailing traditions in the helping professions continue to encourage a defensive stance against the intrusion of non-professionals into the mental health area?

Carkhuff proposed that the lack of significant differences between treated and untreated groups as evidenced in the Eysenck (1965) and Levitt (1957, p. 125) studies "may be accounted for by the possibility that some of the patients in the 'untreated' control groups sought out the help of untrained lay persons." Findings of the present study would tend to confirm this conclusion. Thus, the individual who sought help from the natural counselor would most likely receive the equivalent facilitative conditions that he would find by placing himself in the care of the professional.

Non-objective data

The fifteen natural counselors were asked to respond to a short survey which requested data concerning their education, occupation, number of years of residence in the community and in their present location, and participation in community organizations.

Table 7 indicates the educational levels attained by the natural counselors.
Table 7. Educational levels attained by the natural counselor group

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Number of persons that attained a given level</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school education</td>
<td>0</td>
</tr>
<tr>
<td>1 year of college</td>
<td>1</td>
</tr>
<tr>
<td>2 years of college</td>
<td>0</td>
</tr>
<tr>
<td>3 years of college</td>
<td>2</td>
</tr>
<tr>
<td>Bachelor degree</td>
<td>5</td>
</tr>
<tr>
<td>Master degree</td>
<td>3</td>
</tr>
<tr>
<td>Doctorate degree</td>
<td>4</td>
</tr>
</tbody>
</table>

It is apparent that seven of the persons classified as natural counselors have earned a degree that is equivalent to that possessed by the certified counselor. Another five of the natural counselors have earned a degree which is not far removed from their professional counselor counterparts. Thus, as far as educational attainment is concerned, there appears to be little difference between the two groups. As previously stated, the natural counselors were selected from an upper-middle class segment of the community and therefore these results were expected.

Table 8 indicates the occupation or profession of the natural counselors.

It is apparent that the experiences of the natural counselor are quite diverse and they thus may add to the counselor-client interchange.
Table 8. Occupation or profession of the natural counselor

<table>
<thead>
<tr>
<th>Occupation or profession</th>
<th>Number of persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>College professor</td>
<td>4</td>
</tr>
<tr>
<td>Public school teacher</td>
<td>1</td>
</tr>
<tr>
<td>Mechanical engineer</td>
<td>1</td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
</tr>
<tr>
<td>Housewife</td>
<td>4</td>
</tr>
<tr>
<td>Businessman</td>
<td>3</td>
</tr>
<tr>
<td>District coordinator for religious institutes</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 9 indicates natural counselor participation in community organizations.

Table 9. Natural counselor participation in community organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of persons participating</th>
<th>Presidencies and vice presidencies and chairmanships held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy Scouts of America</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chamber of Commerce</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Church leadership activities</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Junior Chamber of Commerce</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Kiwanis</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Parent-Teacher Association</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Rotary Club</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>United Fund</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>University organizations</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

aWomens' membership in auxiliary organizations have been included in the parent group.
The previous table indicates that the natural counselor tends to be involved in community affairs and, on the average, has held positions of importance in local organizations. He is, therefore, most likely seen by persons who come in contact with him as being an influential leader within the community and his prestige, as previously cited studies indicate, may add to his natural facilitative ability to effect constructive change in others.

Ten of the natural counselors are male and, on the average, the group has resided within the community for twelve and one-half years, having lived in their present location for five years. These average figures are somewhat misleading. The range of number of years in the community extends from one year to forty-six years, and the range for number of years in the present location extends from one to ten years. Thus the median number of years in the community and the present location are more appropriate. The median for the number of years of residence in the community was eighteen years, and the median for years in the present location was six and one-half years. Thus the natural counselor has been in the community for many years and tends to be familiar with effective methods for functioning within the social system.

In summary, the natural counselors were selected from an upper-middle class segment of the community and, as expected, evidenced equivalent educational levels as their professional counterparts. Additionally, they possessed a wealth of diverse experiences that could add to the counselor-client interchange. They are typically influential members of the community. Having been in the local area for many years, they tend to be familiar with effective methods for functioning within the social system.
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Need for the study. Within each community there exist individuals who, although untrained in the techniques of therapeutic psychology, are able to facilitate positive growth experiences among their acquaintances. Although research concerning the natural counselor is sparse, current focus on the potential contributions of lay personnel is a closely related area. If there are lay therapists who, with a minimum of training, can facilitate personal growth in others, is it not reasonable to assume that there are untrained people within the community who are doing the same thing? The problem then, with which this study is concerned is the present lack of knowledge regarding those individuals who may be classified as natural counselors.

Purpose of the study. The purpose of the study was to assess one aspect of the alternative sources of aid that are available to those individuals who do not utilize professional assistance.

Methods and procedures. Two groups, each consisting of fifteen persons, were utilized in the study. Members of the first group were professional school counselors whereas the second group was selected from a segment of the community of Logan, Utah. The latter group possessed characteristics which led at least five persons in their neighborhood to nominate them as natural counselors.

The professional counselors tape-recorded a counseling session with a student in the school setting. The natural counselors took part in a role-playing situation with a trained high school student. This
interaction was held in a counselor's office in the Logan Senior High School so as to closely approximate the natural environment of the professional counselor group.

Graduate students trained in the utilization of the Berenson and Carkhuff scales, listened to three segments of each tape recording and rated them on the scales of empathy, genuineness, and concreteness. Numbers were randomly assigned to teach tape in order to control bias by the raters. Having one group involved in a natural setting and the other group in an artificial environment nevertheless was viewed as a limitation of the study.

Because the raters were not able to devote more time to the training program, this constituted a second source of limitation. Thus, a basic requirement of the study, rater accuracy, was not insured.

Conclusions

Findings related to each of three hypothesis were presented. None of the F ratios calculated from analysis of variance approached the .05 level of significance, thereby precluding rejection of any of the null hypotheses. Thus statistical analysis confirmed the assumption that no difference existed in the facilitative abilities of a group of professional counselors as compared to a group of untrained persons.

Rater inter-reliability, however, did not approach a level that is usually necessary for adequate interpretation of the results. This was attributed to either inconsistency in the raters, or homogeneity of the two groups. By accepting the second proposition for discussion purposes, a number of pertinent issues were reviewed. At any rate, the conclusions of the study supported the notion that a number of untrained persons in a given community would be as effective in aiding others as are professional
counselors.

Non-objective data gained from a survey given to the natural counselors indicated that this group was selected from an upper-middle class segment of the community and, as expected, evidenced equivalent educational levels as those achieved by their professional counterparts. Additionally, they possessed a wealth of diverse experiences that could add to the counselor-client interchange. They were found to be influential members of the community and having been in the local area for many years, they tend to be familiar with effective methods for functioning within the social system.

Recommendations

The overall findings of this study suggest that there are no differences in the facilitative abilities of professional counselors and untrained persons in the community. Further studies in this area might appropriately investigate a random rather than a selected sample of persons from a given neighborhood. Further, it would be valuable to apply this type of research in a lower-class segment of the community to investigate leadership and facilitative potential. Finally, steps should be taken to ensure a high inter-rater reliability in future research of this type.
LITERATURE CITED


Krumboltz, J. D. 1968. Future directions for counseling research. ERIC Counseling and Personnel Services 1(2).


Roche Report. 1968. Non-professionals: Key words in attitude therapy, 5(10).


Appendix A

Rater Training Data

Materials included in the rater training program, Appendix A, were extracted from the following sources:


Carkhuff and Berenson's five point scale of facilitative dimensions related to improved functioning in all interpersonal processes.

1. **Empathic Understanding:**

**Level 1:** Responses of the first person either do not attend to or detract significantly from the expressions of the second person in that they communicate significantly less of the second person's feelings than the second person has communicated himself.

**Level 2:** While the first person does respond to the expressed feelings of the second person, he does so in such a way that he subtracts noticeably from the affective communication of the second person.

**Level 3:** The verbal or behavioral expressions of the first person in response to the verbal or behavioral expressions of the second person are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

**Level 4:** The responses of the first person add noticeably to the expressions of the second person in such a way as to express feelings a level deeper than the second person was able to express himself.

**Level 5:** The first person's responses add significantly to the feelings and meaning of the second person in such a way as to express accurately feeling levels below what the person himself was able to express or, in the event of ongoing deep self-exploration on the second person's part, to be fully with him in his deepest moments.

**NOTE:** The first person refers to the counselor, therapist, teacher or parent. The second person refers to the client, student or child.
The therapist's effectiveness is related to his continuing depth of understanding rather than to his ability to "technique it" during early phases of therapy. A study by Cartwright and Lerner (1963) indicates that it is the therapist's final, not his initial level of empathic understanding, that is related to patient improvement in therapy.

Empathy is not the client centered mode of reflection with which it is most often confused. The measure of empathy most highly predictive of change integrate the client-centered notion of reflection of feeling and the analytic emphasis upon diagnostic accuracy. The emphasis then, is upon movement to levels of feeling and experience deeper than those communicated by the client yet within a range of expression which the client can constructively employ for his own purposes. It is the manner of the therapist, not his theory or technique, which communicates understanding and fosters growth. The therapist can best convey his understanding of the patient's situation by being fully human himself and not reacting mechanically by reflecting the patient's words or just intellectually understanding problems.

Ability to communicate at high levels of empathic understanding appears to involve the therapist's ability to allow himself to experience or merge in the experience of the client, reflect upon this experience while suspending his own judgement, tolerating his own anxiety, and communicating this understanding to the client.
Example: Level 1

C: Sir, are you ready? (Earnestly)
T: (Mumbled) What about?
C: I want one thing to know—us—is it or is it not normal for a woman to feel like that, like I felt—degraded—one thing right after the other from Sunday on—or is it a lesson? (Sadly, dramatically) Is it immature to feel like this? Is really maturity—what it says in the books, that one has to understand the other person—is a woman supposedly to give constantly and—be actually humiliated?

T: (Casually) If she asks for it.
C: (Registering surprise) If she asks for it. Did I ask for it? (Testily)
T: Well I don't know. I doubt—I don't think you did. (Mechanically)

C: I wonder if it's my educational background or me.
T: Mhm.
C: You know what I mean.
T: Yeah
C: (Pause) I guess if I could just solve that I'd know just about where to hit huh?
T: Mhm, Mhm. Now that you know, a way, if you knew for sure, that your lack, if that's what it is—I can't be sure of that yet.
C: No
T: (Continuing) . . . is really so, that it, it might even feel as though it's something that you just couldn't receive, that it, if, that would be it?
C: Well—I—I didn't, uh, I don't quite follow you clearly.
T: Well (pause), I guess I was, I was thinking that—that you perhaps thought that, if you could be sure yet, the, uh, that there tools that, that you didn't have, that, perhaps that could mean that these—uh-tools that you had lacked—way back there in, um, high school.
C: Yah
T: (Continuing) . . . and perhaps just couldn't perceive now and, ah . .
C: Eh, yes, or I might put it this way, um (pause). If I knew that it was my educational background, there would be a possibility of going back.
T: Oh, so, I missed that now, I mean now, and, un... 
C: ... and really getting myself equipped.
T: I see, I was-uh-I thought you were saying in some ways that, um, um, you thought that, if, if that were so, you were just kind of doomed.
C: No, I mean...
T: I see.
C: Uh, not doomed. Well let's take it this way, um, as I said, if, uh.

Example: Level 5

C: ... uh-I've always been-so afraid-uh-show just how I-how I felt-(t;Mhm) and I-and I-I think...
T: (Interrupting) Showing feelings is-weak or-something. (Gently fading to near inaudibility)
C: Yeah-that's how it seems to me. (Lengthly pause) I know I-I've been in the TV room-and I-all of a sudden-had the feeling that-I was going to start crying. (Almost tearfully)
T: Mhm.
C: ... and-uh-I knew then I'd have to leave and go somewhere... 
T: Mhm.
C: ... where nobody was, so in case I did start crying that nobody'd see me (Bashfully)
T: Mhm-it'd just be-terrible to stand if you-if you ever did show this much feeling. (Sorrowfully) (Long pause)
C: The thing is-that-I'm-I'm afraid of-well I'd be so embarrassed afterwards. (Ashamedly)
T: Mhm-this would be-just-terrible-uh-a man wouldn't cry. a grown-up wouldn't cry. (Almost tearfully)
C: Yeah
T: ... or at least... (Leaves thought suspended)
C: (Filling in for T) At least without an apparent reason.
T: Mhm.
C: (Long pause) An'-uh-'an-I-I don't have-an apparent reason. (Emphatically)
T: ... it wouldn't only be weak, but-be crazy or something (very gently)
C: (Chiming in) Yeah! (Very positively)
Facilitative Genuineness

Level 1: The first person's expressions are clearly unrelated to what other cues indicate he is feeling at the moment, and/or the first person's only genuine responses are negative in regard to the second person and appear to have a totally distractive effect upon the second person.

Level 2: The first person's responses are slightly unrelated to what other cues indicate he is feeling at the moment, or when his responses are genuine, they are negative in regard to the second person, the first person does not employ his negative reactions constructively as a basis for further inquiry.

Level 3: The first person provides no discrepancies between what he verbalizes and what other cues indicate he is feeling at the moment, while also providing no positive cues to indicate really genuine responses to the second person.

Level 4: The first person presents positive cues indicating genuine responses (whether positive or negative) in a nondestructive manner to the second person.

Level 5: The first person's expressions indicate that he is freely and deeply himself in his relationship with the second person; he is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful; in the event of hurtful responses, the facilitator's comments are employed constructively to open further areas of inquiry for both the facilitator and the second person.
Genuineness

This scale is an attempt to define five degrees of therapist genuineness, beginning at a very low level where the therapist presents a facade or defends and denies feelings and continuing to a high level of self-congruence where the therapist is freely and deeply himself.

Stage 1: The therapist is clearly defensive in the interaction, and there is explicit evidence of a very considerable discrepancy between what he says and what he experiences. There may be striking contradictions in the therapist's statements, the content of his verbalizations may contradict the voice qualities or nonverbal cues.

Stage 2: The therapist responds appropriately but in a professional rather than a personal manner, giving the impression that his responses are said because they sound good from a distance but do not express what he really feels or means. There is a somewhat contrived or rehearsed quality or air of professionalism present.

Stage 3: The therapist is implicitly either defensive or professional although there is no explicit evidence.

Stage 4: There is neither implicit nor explicit evidence of defensiveness or the presence of a facade. The therapist shows no self-incongruence.

Stage 5: The therapist is freely and deeply himself in the relationship. He is open to experiences and feelings of all types—both pleasant and hurtful—without traces of defensiveness or retreat into professionalism. Although there may be contradictory feelings, they are accepted or recognized. The therapist is clearly being himself in all of his responses, whether they are personally meaningful or trite. At stage 5 the therapist need not express personal feelings, but whether he is giving advice, reflecting, interpreting, or sharing feelings, it is clear that he is very much himself, so that his verbalizations match his inner experiences.
Facilitative Genuineness

The distinction between how a therapist says what he says and how much of his own personality he reveals through his own statements underscores the degree to which the therapist's statements appear to reflect his true feelings. The base for the entire therapeutic process is the establishment of a genuine relationship between therapist and client. The degree to which the therapist can be honest with himself and, thus, with the client, establishes this base. The degree to which an individual is aware of his own experience will be related to the degree to which he can enable another person to become aware of his experience. However, many destructive persons are in full contact with their experience; that is, they are destructive when they are genuine. The emphasis upon the therapist's being freely and deeply himself in a nonexplicitive relationship incorporates one critical qualification: when his only genuine responses are negative in regard to the second person, the therapist makes an effort to employ his responses constructively as a basis for further inquiry for the therapist, the client, and their relationship.

In addition, there is evidence to suggest that whereas low levels of genuineness are clearly impediments to client progress in therapy, above a certain minimum level, very high levels of genuineness are not related to additional increases in client functioning. Therefore, while it appears of critical importance to avoid the conscious or unconscious facade of "playing the therapist role," the necessity for the therapist's expressing himself fully at all times is not supported.
C: He seems pleased that I was going back. And when I got to the bus station, when he took me by the bus station in C--- he had the bus driver arrange it there where I had lost my ticket, and they fixed me up a ticket all the way to M---, all the way through, with excuse that I had lost my ticket. So that's how I got back home from C---. I was kind of lucky.

T: Yeah, that is, that's quite a story. (Long pause)

C: Can I wask you a question? (pause)

T: Yeah. I guess so.

C: Do you think I'm crazy?

T: Oh no--not in the sense that some of the patients you see out on the ward, perhaps.

C: I don't mean mentally, not--where I don't know anything, but I mean, am I out of my head? Do I do things that are foolish for people to do?

T: Well I'd say you do things that you might say are foolish, in a sense. You do things that aren't . . . (Pause)

C: (Filling in for therapist) Normal.

T: Yeah, well, they aren't usual by any means, of course.

T: Is this a common concern to everyone in here:

C¹: I believe so, doctor, the--you come in here and you expect help right away. Now take for example my case. I've been here three weeks and I've yet to talk to a doctor. They make their morning rounds all the ladies are in the room, and they stop and ask, "How are you?" and everything. And I asked the doctor, I told him I only had a leave of absence from work, would I be able to see him. He said according to my tests I need my work--my personal attention. So I'm leaving Saturday. I was a volunteer patient and I asked. So I'm being discharged Saturday. But--uh--the ones that helped me, its like this lady here--and a few of us would have our own small group therapy and talk out our problems.

T: Mhm, mhm--.

C¹: And I think I'm happier now than I've ever been in my life.

T: (To second patient) Do you feel the same way about--this situation?

C²: Well, I only--need help with the business of checking my medicine.

T: When, then?

C²: About a couple of months.
T: A couple of months. I see.

C: I guess you realize that, too, don't you? Or do you? (Laughs)

T: Do I realize that? You bet I do! Sure, yeah—I always wanted somebody to take care of me, you know, but I also wanted them to let me do what I wanted to do! Well, if you have somebody taking care of you, then you've got to do what they want you to do.

C: That's right. (Pause)

T: So I never could kind of get it so that I'd have both, you know, both things at once: either I'm doing what I want to do and taking care of myself or, you know, I used to have somebody taking care of me and then I'd do what they wanted to do. And I'd think, "Ah, hell!" It just—never works out you know.

C: Always somebody there, isn't there? (Laughs)

T: Yeah, just somebody goofing up the works all the time. (Pause) Yeah, if you're dependent on somebody else, you're under their control, sort of.

C: To a certain extent...
**Personally relevant concreteness**

**Level 1:** The first person leads or allows all discussions with the second person to deal only with vague and anonymous generalities.

**Level 2:** The first person frequently leads or allows discussion of material personally relevant to the second person to be dealt with on a somewhat vague and abstract level.

**Level 3:** The first person enables the second person to discuss personally relevant material in specific and concrete terminology.

**Level 4:** The first person frequently is helpful in enabling the second person to develop fully in concrete and specific terms almost all instances of concern.

**Level 5:** The first person is always helpful in guiding discussion so that the second person may discuss fluently, directly, and completely specific feelings and experiences.
Personally Relevant Concreteness

Concreteness involves the fluent, direct, and complete expression of specific feelings and experiences, regardless of their emotional content, by both therapist and client. This dimension appears to serve three functions. First, the therapist's concreteness ensures that his responses do not become too far removed emotionally from the client's feelings and experiences. Second, concreteness encourages the therapist to be more accurate in his understanding of the client, and thus misunderstandings can be clarified and corrections made when the feelings and experiences are stated in specific terms. Third, the client is directly influenced to attend specifically to problem areas and emotional conflicts.

Perhaps the most significant qualifications upon this variable is that the material must be personally meaningful relevance to the client. Of all the dimensions, it would appear that therapist's could be most easily trained to function at high levels of concreteness, because it is less tied to the personality makeup or life style of the therapist.
Summary and Conclusions of the effectiveness of current Therapeutic Techniques.

Client Centered Therapy:
Beyond the initial phases of therapeutic encounters, the technique of client-centered therapy appears to make no significant contribution to constructive change over and above that change accounted for by the central core of facilitative conditions.
The client-centered approach is a highly verbal transaction, emphasizing words about feelings, rather than the more direct expression of the feelings themselves; (that is, "I am angry," rather than angry expressions) between a self-denying, middle-class, parental surrogate and his initiate.

Behavior Modification:
There is extensive evidence that behavior modification techniques are effective with level 1 patient populations. In addition, there is evidence, both clinical and research, to indicate that behavior modification techniques are effective with level 2 or higher level clients exhibiting relatively isolated anxiety reactions.

Psychoanalytic Theory:
1. Psychoanalytic theory has become a widespread game rarely effectively applied to therapy.
2. The perfect product is at best a person functioning at level 3.
3. In its essence, life, from a psychoanalytic point of view may not even be worth ending; on the other hand, the fully analyzed person is too impotent to undertake a perfectly reasonable suicide.
4. The psychoanalytic therapist can really only hope to treat patients successfully if he breaks free of his role.
5. Some of the therapy outcomes judged to be poor by the psychoanalytic therapist may, in fact, be among his success cases in that the patient escaped.
Definition of stage levels as they pertain to client functioning.

Level 1:

Level 1 describes the severely disturbed client who is essentially immune to constructive human encounters. He is the negative consequence of a succession of retarding relationships. The significant people involved with him have been almost totally unconcerned and have lacked any real comprehensive understanding of him. His own personal development has been retarded by others and he will retard the development of those with whom he comes in contact. The facilitative model would dictate the need for a very long-term relationship with a facilitative person who is functioning at minimally high levels in order to compensate for the long-term effects of deleterious encounters.

Level 2:

Level 2 describes the moderately distressed client who, unlike the level 1 person, lives in a world of distortion but does live in the world and is not oblivious to the world. He would tend to require a moderately long-term relationship with a minimally facilitative person in order to correct the distorted perceptions which lead him into difficulties and ultimately, to the deterioration of all his significant relationships.

Level 3:

Level 3 describes the situationally distressed client who, for all purposes, is functioning at a minimally effective level. He often requires only the very briefest periods of time to work through his situational difficulties.

Level 4:

Level 4 characterizes the more potent individual who relates effectively and "makes things happen" whatever his area of endeavor, but
including in particular the facilitation of other persons.

Level 5:

The level 5 person is involved in a lifelong search for actualization for others as well as himself, and is readily amenable to the sharing of his search with others.
Dialogue practices (attempt to insert high levels responses)

T: ... I s'pose, one of the things you were saying there was, I may seem pretty hard on the outside to other people but I do have feelings.

C: Yeah, I've got feelings. But most of 'em I don't let 'em off.

A.T:

C: (faintly) Yeah. (long pause) I guess the only reason that I try to hide 'em, is, seein' that I'm small, I guess that I got to be a tough guy or somethin'.

T: Mhm.

C: That's the way I, think I people might think about me.

B.T:

C: I think they'd try, anyway.

C.T:

C: I guess I don't want 'em to know that I got 'em.

T: Mhm

C: 'Cause then they couldn't if they wanted to

D.T:

A.T: Mhm. Kinda hide them.

B.T: Mm. Little afraid to show my feelings. They might think I was weak, 'n take advantage of me or something. They might hurt me if they-- knew I could be hurt.

C.T: If they really knew I had feelings, they, they really might try and hurt me.

D.T: So I'd be safe if I, if I seem like a, as though I was real hard on the outside. If they thought I was real hard, I'd be safe.
Rating Sheet

Tape Number: ______________________  Rater __________

Empathy:

Genuineness:

Concreteness:
Appendix B

Questionnaires

This survey is part of a doctoral study which is being undertaken at Utah State University. The objective of the survey is to locate within this community those individuals who possess the following characteristics:

1. They communicate a positive respect and concern for your feelings.
2. When they are engaged in conversation with you, you sense that they are genuine in that their statements reflect their true feelings.
3. You would feel secure in approaching these persons for help or advice.

Please nominate three individuals within your neighborhood and three individuals who reside outside of your neighborhood but are within the Logan area who best typify the above ideal. Religious leaders (Bishops and Ministers) or professional counselors usually possess these qualities and are easily located therefore, please do not include these individuals.

Your length of residence in present location:

- □ 1 year or less
- □ 1 to 2 years
- □ 2 to 3 or more years

Sex

- □ Male
- □ Female

Nominations:

Individuals within your neighborhood

1.
2.
3.

Individuals outside your neighborhood but within Logan

1.
2.
3.

Thank you for your cooperation.
Name:

1. Education: ________________ Degree (if applicable) _______

2. Occupation/profession ______________________________________

3. Number of years you have resided in the community? ____________
   In your present location? ________________

4. Participation in community organizations (please list organizations and offices held).

   a, 
   b, 
   c, 
   d, 
   e, 
   f, 
   g,
Appendix C
Memorandum

MEMO # 69
March 23, 1970

TO: COUNSELORS

FROM: JIM SHUPE
Pupil Personnel Director
Weber School District

Mr. George Lindenfeld, a Doctoral Candidate at U.S.U. in the field of Counseling and Guidance, has requested permission to ask counselors to submit a tape of one counseling session.

His study involves a comparison of counseling done by professionally trained counselors against that of volunteer counselors without any training. He will furnish tapes to those participating. Counselors will remain anonymous, no identification is wanted. Any names mentioned during the session will be clipped out.

Mr. Lindenfeld is asking only for volunteer participation. He will be making telephone or in person contacts sometime after March 30th.

Central Office approval has been given him.

Jim Shupe
### Appendix D

**Rater Raw Scores**

Raw data: Scale 1, empathy

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VITA

George Louis Lindenfeld

Candidate for the Degree of

Doctor of Philosophy

Dissertation: Natural Counselors: An Assessment of Their Facilitative Abilities to Encourage Psychological Growth in Others

Major Field: Child and Developmental Psychology

Biographical Information:

Personal Data: Born at New York City, New York, November 15, 1939, son of Maurice and Ruth Lindenfeld; married Margaret Ann Scherz, August 11, 1962; three children--Laura Ann, Daniel James, and Katherine Marie.

Education: Attended elementary schools in Bronx and Levittown, New York; graduated from Levittown Memorial High School in 1957; received the Bachelor of Science degree from State University of New York, College at Oswego, with a major in Industrial Arts and a Minor in Psychology, in 1963; completed requirements for the Masters of Science degree, specializing in school psychology, at The City College of New York in 1968; completed Clerkship in Clinical Psychology at The Roosevelt Hospital, New York, 1968.