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## The Effects of Adding a Somatic Intervention to the Gestalt Two-Chair Technique on Career Decision-Making

Daniel F. O'Grady  
*Loyola University Chicago*

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THE EFFECTS OF ADDING A SOMATIC INTERVENTION TO THE GESTALT  
TWO-CHAIR TECHNIQUE ON CAREER DECISION-MAKING

by

Daniel F. O'Grady

A Dissertation Submitted to the Faculty of the  
Graduate School of Loyola University of Chicago  
in Partial Fulfillment of the Requirements for the  
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## VITA

The author, Daniel F. O'Grady, is the son of Vincent Joseph and Rita Irene (Glover) O'Grady. He was born on August 30, 1948 in Chicago, Illinois.

He received his elementary education at St. Rita Grammar School and graduated in 1966 from St. Rita High School, Chicago, Illinois.

In August, 1966, he entered the Augustinian Order and began studies for the Roman Catholic priesthood. He attended Tolentine College, the Augustinian major seminary college, in Olympia Fields, Illinois. His undergraduate studies also included course work at DePaul University, Roosevelt University, and Villanova University. He received his Bachelor of Arts degree from Tolentine College in 1971, with a major in philosophy and minors in education and social sciences.

Graduate work in theological studies followed. He attended Catholic Theological Union in Chicago, graduating in 1975 with a Master of Divinity degree with a major in counseling. In 1976 he was ordained a Catholic priest.

From 1975 to 1980 he worked as a counselor, teacher, and administrator at Mendel Catholic High School in Chicago, Illinois. He also began attending Loyola University in 1977 and received the degree of Master of Education in Guidance and Counseling in 1979. Immediately thereafter, he began his doctoral studies in counseling psychology at Loyola University of Chicago.

During his doctoral studies, he was awarded a full graduate assistantship and two Schmidt scholarships. He was also awarded a

Schmidt Research Fellowship for his doctoral dissertation. In 1981 he was chosen as one of the "Outstanding Young Men of America" by the U.S. Jaycees and in 1982 was admitted to the Alpha Sigma Nu, the Jesuit Academic Honor Society.

While completing his doctoral program, he did a combined clinical internship at DePaul University Community Mental Health Center and St. Joseph Hospital in Chicago, Illinois. He also taught at DePaul University as a part-time faculty member in the School of Education's Human Services and Counseling program. Since 1978 he has had extensive training and experience in Gestalt therapy, bioenergetics, and other body approaches to psychotherapy.

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## CHAPTER I

### INTRODUCTION

The realm of feelings tends to be perceived as the inner-most core of self-experience (Orlinsky and Howard, 1978). Since Carl Rogers first formalized the primary importance of exploring personal affect and experiences in his client-centered theory of psychotherapy (Rogers, 1951), therapists have directed much effort to developing techniques to assist clients in the exploration and expression of feelings. The attainment of self-understanding through honest encounters with others and the opportunity for emotional catharsis have proven to be instrumental qualities of successful psychotherapy (Yalom, Tinklenburg and Gilula, 1975). Moreover, researchers have noted a consistent relationship between outcome and patients' perceptions of deeper emotional self-expression (Cabral et al., 1975).

One specific intervention that has been utilized to deepen emotional experience and awareness of feelings is the Gestalt Two-chair experiment (Perls, 1969; Enright, 1970). Gestalt theorists claim that change occurs when an individual becomes aware of and experiences the feelings and sensations associated with both sides of an intrapsychic conflict and brings these into psychological contact with each other (Perls, Hefferline and Goodman, 1951; Polster and Polster, 1973). In trying to effect integrated functioning, therapists work with whatever splits or divisions are presented by the

client by having him or her engage in dialogue with the two components of the split. This technique can be adapted to any significant split or conflict in the personality (Perls and Levitsky, 1970). The feelings of the opposing parts are brought to awareness so that the conflicting parts can be reconciled.

A number of studies have begun to investigate this process and delineate some of the specific effects of the Two-chair experiment. In analogue studies and in therapy this process was shown to lead to greater depth of experiencing and greater change in awareness than empathic reflection when implemented at a conflict (Greenberg and Clarke, 1979; Greenberg and Dompierre, 1981) and to greater depth of experiencing than a focusing intervention (Greenberg and Higgins, 1980). The two-chair experiment has been shown to be effective in relieving anger, hostile attitudes, and behavior aggression in a counseling analogue (Bohart, 1977) and in reducing test anxiety (Kipper and Giladi, 1978). It was also shown to be more effective than a cognitive problem-solving approach in resolving an intrapersonal conflict related to a career decision (Clarke, 1981).

Although applicable to any number of different conflicts and problems, the basic premise of the Two-chair experiment is that when a person is upset about "something", the essential task is to focus attention on all aspects of the affective state and bring them into awareness (Passons, 1975). Awareness in and of itself will then result in conflict resolution (Perls, 1969).

While the importance of the emotional domain is increasingly accepted as critical for effective therapy, there is a growing

awareness among practitioners of the need to view psychological problems in an even more wholistic and integrated framework (Frager, 1980). This is evident in the increased interest among therapists toward psychophysiological therapy interventions (Schwartz, 1978). This psychobiology of psychotherapy and behavior change is but one expression of the present scientific revolution attempting to integrate theories of mind and brain, behavior and body (Schwartz and Shapiro, 1976). Modern comprehensive theories of emotion like those of Tomkins (1962) and Izard (1971, 1977) suggest that it is the interaction of combination of systems, including neurological, postural and facial muscular activity that might be the mechanisms underlying the emergent experience of emotion. Psychotherapy, therefore, must involve a "whole-person process" (Curran, 1968) that brings about an insightful integration of emotions, instincts, and soma.

One rapidly developing area of psychotherapy that attempts an integrative whole-person approach is the various body-psychotherapies. These include such approaches as orthodox Reichian therapy, Lowen's bioenergetics, Gendlin's Focusing, Janov's Primal therapy, as well as others (Brown, 1973). All acknowledge the importance of, and the need to directly listen to "the wisdom of the body" (Rogers, 1957; Perls, 1969). To rely solely on verbal communication may not only hinder progress in therapy, but also alienate the person from his or her own experiential body process (Chase, 1953; Gendlin, 1973; Lowen, 1975, 1980). When the individual is not in touch with his or her experiential body process, they are cut off from the kinesthetic and

sensory input on which we rely to know our various feeling reactions towards ourselves and the world (Lowen, 1980; Lang, 1965). Therapists today are trying to find more effective means of facilitating their clients' awareness of their experiential body process (Alperson, 1974; Wright, 1981).

One prerequisite to being able to listen directly to the wisdom of the body is a mobilized energy flow which embraces all layers of the body's totality (Keleman, 1979). The various body therapies have in common the belief that natural life energy and its fluidity of flow throughout the organism constitutes the biological foundation of higher psychological development and personal evolution (Brown, 1973; Lowen, 1977, 1980). The energy processes in the body are based on the production of energy through respiration and metabolism and the discharge of energy through movement (Reich, 1945; Lowen and Lowen, 1977). Since emotions are bodily sensations (Perls, 1969; Lowen, 1975), they are literally movements and motions within the body that result in bodily expression (Reich, 1945; Baker, 1967; Lowen, 1972). Any suppression of feeling, through lack of respiration and muscular tensions, diminishes the state of excitation in the body and decreases the ability of the mind to focus (Lowen, 1973, 1975). Utilizing various techniques to energize the body helps the individual make contact with his or her deeper self as they experience the messages, memories, sensations and feelings that spontaneously arise from the body (Brown, 1973; Lowen, 1967, 1971, 1977, 1980; Keleman, 1979).

Although some behavioral research has indicated the significance of nonverbal behaviors in communication (Mehrabian, 1972; Eugental,

Love and Geanetto, 1971), and that somatic interventions aid in the experience and expression of anger (Dengrove, 1968), as well as intensifying an inhibited individual's emotional experience (Palmer, 1973), there is little empirical research to demonstrate the effectiveness of somatic interventions in therapy.

It is clear that the exploration and expression of an individual's feelings is essential for effective therapy to take place. It is also being proposed that the wholistic notion of the person begins to include the somatic domain as well. While the utility of various affectively-oriented interventions has been subjected to considerable experimental validation, there has been very little empirical research on the efficacy of somatically-directed therapy interventions such as bioenergetics.

#### Importance of the Study

Research on the effectiveness of body-oriented therapy techniques is sparse (Frager, 1980; Wright, 1981). Only a few empirical studies have compared somatic interventions or investigated the benefits of adding a somatic intervention to an already established psychotherapy technique. Given the growing use of body-oriented techniques in therapy (Brown, 1973; Keleman, 1979; Lowen, 1980), there is a clear need for more research in this area.

Likewise, Goldman (1978) makes a strong case for more practical and applied research in psychotherapy. He asserts that research should answer practical questions concerning specific people and settings so that it will be of value to practitioners in the field. The pertinent research question in psychotherapy is: "What treatment



for whom by whom and to what end?" (Kiesler, 1971). Research needs to move away from broadly based studies of therapeutic effectiveness toward designs that are more representative of the clinical situation. This calls for examination of the specific interactions that exist between treatments, therapists, clients, and their specific concerns. As Greenberg (1975, 1979, 1982) recommends, differential effects of therapy interventions need to be sought at the level of specific interventions within sessions and not at the level of theoretical approaches. It is hoped that the result of this type of research will allow clinicians to fit specific therapeutic procedures to specific client problems.

The present study is an attempt to do this kind of practical research. A specific somatic intervention (the bioenergetic charge-discharge exercise) was combined with a widely used and extensively researched Gestalt therapy technique (the Two-chair experiment) to help people resolve a specific problem (career indecision). This study is also among the few studies to offer empirical data on the effectiveness of a somatic intervention. The results offer practical help to therapists in the use of the bioenergetic charge-discharge exercise.

Finally, the effectiveness of the bioenergetic charge-discharge exercise holds considerable promise for further research and application to other therapy techniques. This study is thus an important step for the type of practical differential research urged by Goldman (1978), but in the area of body-oriented therapy.

### Purpose of the Study

Given the above discussion, the Gestalt Two-chair experiment appears to be an effective and widely utilized affective technique to foster the awareness and expression of feelings and to help people resolve decisional conflicts. The overall purpose of this investigation was to make a first step toward determining whether or not the addition of a somatic intervention (the bioenergetic charge-discharge exercise) to this effective and widely used therapy technique made any difference to people trying to resolve a decisional conflict. For additional control in this early stage of body-oriented research, only a specifically defined conflict was examined: an intrapersonal conflict related to a career decision.

### Limitations of the Study

The following are potential limitations of the study:

1. The sample consisted of persons who volunteered to participate in a study of conflictual career decisions. They may have been different from people who do not volunteer for therapy for such conflicts. The generalizability of the results is limited to persons who seek therapy for the same purpose.
2. The sample was drawn from the population at large. It may or may not have implications for a psychiatric population.
3. The sample was drawn from a large urban area. The results may or may not be applicable to other demographic regions.
4. The Two-chair experiment is one technique drawn from the Gestalt approach to therapy. While it is based on Gestalt concepts, it is removed for experimental purposes from the full context of

Gestalt therapy. The results, therefore, have limited generalizability to Gestalt therapy as a whole.

5. The Somatic Intervention is a technique utilized in various ways by a number of body-oriented psychotherapies, especially bioenergetic therapy. It is based on some of the principles of body psychotherapy, but it is removed for experimental purposes from the full context of any one approach to body psychotherapy. The results, therefore, have limited generalizability to body-psychotherapy as a whole or to any one particular body approach to therapy.

#### Hypotheses

The following hypotheses were tested in this study:

Hypothesis 1: The Two-chair, the Somatic Intervention plus Two-chair, and the Control groups will not differ significantly on a post-treatment measure of undecidedness ("Scale of Vocational Indecision"; Osipow, Carney and Barak, 1975).<sup>1</sup>

Hypothesis 2: The Two-chair, the Somatic Intervention plus Two-chair, and the Control groups will not differ significantly on a post-treatment measure of state anxiety ("State-Trait Anxiety Inventory", Spielberger, Gorsuch and Lushene, 1970).

Hypothesis 3: The Two-chair, the Somatic Intervention plus Two-chair, and the Control groups will not differ significantly on a post-treatment measure of discomfort ("Target Complaint Discomfort Box Scale"; Battle et al, 1966).

Hypothesis 4: The Two-chair, the Somatic Intervention plus

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<sup>1</sup>Hypotheses will be evaluated using a non-directional test of statistical significance at the  $\alpha = .05$  level.

Two-chair, and the Control groups will not differ significantly on a post-treatment measure of integration ("Epstein's Prevailing Mood Scale"; Epstein, 1979).

Hypothesis 5: The Two-chair, the Somatic Intervention plus Two-chair, and the Control groups will not differ significantly on a post-treatment measure of optimism ("Epstein's Prevailing Mood Scale"; Epstein, 1979).

Hypothesis 6: The Two-chair, the Somatic Intervention plus Two-chair, and the Control groups will not differ significantly on a post-treatment measure of personal power ("Epstein's Prevailing Mood Scale"; Epstein, 1979).

Hypothesis 7: The Two-chair, the Somatic Intervention plus Two-chair, and the Control groups will not differ significantly on a post-treatment measure of conflict resolution ("Conflict Resolution Scale"; Greenberg and Dompierre, 1981).

#### Organization of the Study

This study is divided into five chapters. Chapter I includes: introductory material; the importance and need for the study; the purpose of the study; the limitations of the study; the hypotheses tested; and an overview of the order of presentation of the study.

Chapter II includes a review of the related literature that is presented in three sections. The first section is a review of the major models of career decision-making. The second section includes a brief description of Gestalt therapy; a description of the Two-chair experiment; and an overview of the research in Gestalt therapy, especially of the Two-chair experiment. The third section gives a

brief description of bioenergetic therapy; a description of the bioenergetic charge-discharge exercise; and an overview of research work that experimentally investigated the efficacy of bioenergetic therapy or related techniques.

Chapter III includes the methodology, i.e., the research design, definition of terms, subject selection, the instruments, the treatments, procedures, and methods of data analysis. Chapter IV includes an analysis of the data in relation to the hypotheses of the study. Chapter V consists of a summary and discussion of the implication of the data analysis; the conclusions of the research; and recommendations for further research.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

The review of the literature pertinent to this study touches three areas: career decision-making, Gestalt therapy and bioenergetic therapy.

#### Career Decision-Making

Since the first half of this century, career decision-making has been recognized as an important aspect of counseling and therapy. Frank Parsons (1909, p. 5), father of the vocational guidance movement, first described it by recommending that the worker make the following assessments prior to choosing a vocation:

1. a clear understanding of yourself, your aptitudes, abilities, interests, ambitions, resources, limitations, and their causes;
2. a knowledge of the requirements and conditions of success, advantages and disadvantages, compensation, opportunities and prospects in different lines of work;
3. true reasoning on the relations of these two groups of facts.

According to Parsons then, career decision-making was essentially a matter of finding a compatible match between client traits and job traits.

In the last few decades a number of more elaborate models of career decision-making have been developed. They provide the

theoretical underpinnings for many of the therapy interventions now used by professionals in assisting people in making a career decision. This section of the review will describe the major models of decision-making, with a particular focus on their application to career decisions.

The literature on effective decision-making is extensive. However, it reports almost wholly on group, management, or administrative decision-making processes (e.g. Clark, 1958; Etzioni, 1967; Freedman, 1965; Gordon, 1961; Hoffman, 1975; Katz and Kahn, 1966; Maier, 1967; Maltzman, 1960; Miller and Starr, 1967; Osborn, 1963; Paponek, 1969; Simon, 1976; Taylor, 1965; Vroom and Yetton, 1973; Wilensky, 1967; Young, 1966). Noticeably absent are reports of individuals in the process of making personal decisions that involve emotional conflict. Even classical decision theory (Slovic, Fischhoff, and Lichtenstein, 1977), which employs probability and utility theory to predict decisions, is unable to provide much in the way of a tool for therapists working with adults who are involved in the felt uncertainty of a conflict (i.e. career decision).

A recent example of this inattention to personal conflict is Horan's (1979) Counseling for Effective Decision-Making which presents a behavioral approach to decision-making counseling. Although Horan's work is germinal in the area, it presents a summary of predominantly normative theories which describe how decisions "should" be made rather than developing a theory based upon the investigation of the actual process of personal decision-making. Horan does not expose the psychological processes involved in the making of a decision.

Furthermore, many of the established theories that anchor Horan's approach are either speculative in nature (Dewey, 1933; Krumboltz and Baker, 1973; Urban and Ford, 1971) or are extensions to decision-making from broad problem solving theories (D'Zurilla and Goldfried, 1971); both types more often concern themselves with conceptual problem solving rather than emotional problem solving.

Various attempts have been made to categorize decision-making theories. Jepsen and Dilley (1974) point out that decision-making theory has been applied to human situations as either a prescriptive model to be emulated or a description of actual decision-making behavior. Herr and Cramer (1979) suggest that most career decision-making models are based on Keynesian economic theory, in that one chooses a career or an occupational goal that will maximize the gain and minimize the loss. The authors therefore discriminate among career decision-making models on the basis of how each maximizes gain and minimizes loss. Neither of these categorization schemes evaluate all dimensions of career decision-making models, but both do serve as useful organizational structures.

Janis and Mann (1977) present a theoretical model of decision making based on a decade of research focused on the psychological processes of deciding. Their model is an attempt to answer such important questions as "Why do people so often fail to look into the available alternatives with care even when vital consequences are at stake?" and "Under what conditions are people most likely to make a sound choice that they can live with?"

The unique feature of this model is its definition of the



conditions relating to conflict that mediate distinctive coping patterns. Janis and Mann postulate that the way people cope with resolving a difficult choice is determined first by the presence or absence of three psychological conditions: awareness of the risks involved; hope of finding a better solution; and the time available in which to make the decision. These mediating psychological conditions specify the following coping patterns:

1. Unconflicted adherence or inertia. The decision-maker decides in an unruffled fashion to continue on one's present course of action, ignoring information about the risk of losses.
2. Unconflicted change. The decision-maker uncritically adopts whichever new course of action is most salient or most strongly recommended.
3. Defensive avoidance. The decision-maker avoids the conflict by procrastinating, buck passing (leaving the decision to someone else), or bolstering (constructing wishful rationalizations while remaining selectively inattentive to corrective information).
4. Hypervigilance. The decision-maker wildly searches for a way out of the predicament and impulsively grasps a hastily contrived solution that appears to promise immediate deliverance. This is done while overlooking the full range of consequences of one's choice due to emotional excitement, repetitive thinking, and cognitive constriction (poor memory and simplistic ideas). In its most extreme form

this coping pattern is known as "panic".

5. Vigilance. The decision-maker comprehensively searches for relevant information, assimilates it in an impartial manner, and evaluates alternatives carefully before making a choice.

Janis and Mann state that the first two patterns are occasionally adaptive in conserving time, effort, and emotional wear and tear, especially when used for routine or minor decisions. These patterns can lead to defective decision-making, however, if the choice is a vital one. Similarly, defensive avoidance and hypervigilance can be occasionally adaptive, though in general they reduce the decision-maker's chances of avoiding serious losses. Consequently, all four patterns are regarded as defective decision-making strategies. The fifth pattern, vigilance, while having the potential to be maladaptive if danger is imminent and a split second decision is necessary, generally produces decisions of the best quality.

Another significant contribution to decision-making theory was made by Tiedeman and O'Hara (1963). They presented a descriptive model of decision-making with a rational theoretical base. They describe it as a "paradigm of differentiation and integration in attempting rational solutions to the problems of one's vocational situation" (Tiedeman and O'Hara, 1963, p. 37). The problem-solving process is initiated by the experiencing of a vocational problem and by the recognition that a decision must be made (Tiedeman, 1964, 1965; Tiedeman and Field, 1961).

Tiedeman and O'Hara divide the process into two periods, called Anticipation and Implementation-Adjustment, that distinguish between

behavior prior to and following instrumental action on the decision. The anticipation period is subdivided into four stages, representing discrete changes in the condition of the decision. The decision-maker may reverse oneself in the order of stages, but advancement predominates over time. Since decisions inter-connect, a person may be at an advanced stage on one particular decision, yet at an earlier stage with regard to another decision.

The first stage of the model, called Exploration, accounts for trial and error efforts to differentiate among alternate goals. The next stage, Crystallization, describes attempts to clarify the order and pattern of goals and their fields. Assessment of personal values and their basis is a primary activity. Goals are compared on the basis of competing demands, costs and returns, advantages and disadvantages, and take on the qualities of definiteness, clarity, complexity and rationality. Thought about the problem becomes more stable, durable and reliable.

The next stage, Choice, involves commitment to one goal which, in turn, orients the person to act. The final, Clarification stage, is brought on by doubt experienced during the waiting period between choice and action. It involves attempts to perfect the image of self in the later situation (Tiedeman and Miller-Tiedeman, 1975).

This career decision making model by Tiedeman and O'Hara (1963) as well as the model of Janis and Mann (1977) are two of the more important models in regards to the stages and dynamics of decision making. A number of other descriptive career decision making models will be briefly described since they are a part of the historical

development of decision making theory. These brief descriptions are based on a recent review by Clarke (1981).

One such descriptive model, based on complex information-processing mechanisms, was outlined by Hilton (1962). It is influenced by human problem-solving (Newell, Shaw and Simon, 1958; Simon, 1955, 1958) and by "cognitive dissonance" (Festinger, 1957) theory. The key elements in the model are premises, plans (Miller, Galanter and Pibram, 1960), and cognitive dissonance. Premises are beliefs and expectations about self and the world. Plans are not explicitly defined, but denote an image of sequential actions associated with an occupational role. Cognitive dissonance accounts for a method of testing out plans against current premises.

Hilton's decision-making process begins with an input from the environment that alters the decision-maker's plans. The decision-maker "tests" to see if the input has raised dissonance above the satisfactory threshold. If dissonance has been raised above threshold, the decision-maker examines one's premises, and if there is no imbalance, continues acting on the present plan for action. If the premises can be revised, this is done and they are then submitted (with the plans) for a dissonance test and the cycle is complete. If, on the other hand, premises cannot be revised, the person searches stored knowledge or surroundings for another behavioral plan. New plans are tested and if dissonance is below threshold, it becomes the controlling plan for future action.

Another descriptive, cognitive-based model was described by Vroom (1964). This model uses algebraic equations to define principal

concepts: the concept of Valence, the concept of Expectancy, and the concept of Force. Vroom drew upon psychological theories where similar concepts had been employed, e.g., Lewin (1951), Rotter (1955), Peak (1955), Davidson, Suppes and Siegel (1957), Atkinson (1957), and Tolman (1959).

Valence refers to the decision-maker's preferences among outcomes or, more specifically, to the affective orientations toward particular outcomes. It is the anticipated satisfaction from an outcome, rather than the actual satisfaction. Expectancy refers to the degree to which a decision-maker believes outcomes are probable. It is defined as "the momentary belief concerning the likelihood that a particular act will be followed by a particular outcome" (Vroom, 1967, p. 17). Behavior, or the decision commitment, is controlled by the direction and magnitude of forces to perform particular and competing acts. Force is the hypothetical cognitive factor that controls behavior--it is the product of Valence and Expectancy.

Another descriptive career decision-making model is presented by Hsu (1970). In his model, based largely on Vroom's, Hsu assumes that the decision-maker can be represented as a "system" where information in the form of occupational values, occupational information, and evaluative information about the self serves as the environmental "input" and occupational choice is the "output."

Fletcher's model (1966) is based on conceptual learning ideas. He assumes that decision processes are not wholly rational and that commitment is as much a function of timing as it is of the data available to the decision-maker. Motivation is, initially, to satisfy

basic human needs but later may derive from curiosity or conceptual conflict.

Fletcher hypothesized that the formulations for career decisions are concepts about the future. These concepts are based on experiences associated with one or more basic human needs (e.g., Maslow's hierarchy). A career concept system is the composite of several concepts, such as self-concept, interests, attitudes, and values--all derived from experiences that the decision-maker associates with a given career alternative. Each career concept has an affect charge defined as the particular feeling or emotional tone associated with, or actually a part of, the concept. Affect charges or a complex career concept system may be the summed resultant of several affect charges related to several experiences both positive and negative. The career chosen is that one for which the career concept's affect charge is the highest at the time of decision.

Katz (1963) sketched a "general model for career decision-making" and later added detail in his "model of guidance for decision-making" (1966). The prescriptive model emphasizes a structure to be used in the practical art of helping people. Indeed, Katz (1969c) suggested that career development theory contributes the content and outcome for guidance theory. In this sense, it prescribes preferred career decision-making behavior. The major difference from other models is that the entry point into the career decision-making process is the identification and definition of values (rather than the listing of alternatives).

Values are regarded as the satisfying goals or desired states

that are sought but not in terms of motivating drive or specific instrumental action (Katz, 1963, 1969a). The decision-maker develops his own list of dominant values and scales them according to their relative "magnitude of value". For each value a "threshold level" that meets his personal requirements is identified. For each option (or alternative) the decision-maker estimates the "strength of return" it offers in respect to each value's threshold level. This refers to probabilities inherent in the option itself (e.g., the proportion of people earning the desired "threshold level" income in an occupational option). The sum of products of "strength of return" and "magnitude of values" provides a "value return" for each option. Objective probabilities regarding success or entry for each option are multiplied by the value return to obtain an "expected value." The strategy is to select that option for which the expected value is greatest.

Assuming that one important purpose of counseling is to help people make "good" decisions, Gelatt (1962) suggested that a decision be evaluated by the process it follows rather than the outcome alone. He described a "proposed decision-making framework" derived from Bross' (1953) design for statistical decisions and Cronbach and Gleser's (1957) description of decision sequences. The model assumes a decision-maker who requires information as "fuel" and who produces a recommended course of action which may be terminal (i.e., final) or investigatory (i.e., calling for more information) depending upon how it relates to his purposes. Information is organized into three systems: (1) predictive system, information about alternative actions,

possible outcomes, and probabilities linking actions to outcomes; (2) value system, relative preferences among outcomes; and (3) decision criterion, or rules for evaluation.

A "good" decision includes adequate and relevant information in each system (Clarke, Gelatt and Levine, 1965; Gelatt, 1962). Clarke, et al. argued that, since the content of prediction and value systems is more readily observable and far less complex than the decision criterion, improving information services would increase the likelihood of good decisions. Gelatt and Clarke (1967) emphasize the importance of subjective probabilities, the place of objective data in modifying subjective estimates, and the indeterminable, but significant effect of subjective probability estimates on preferences. In effect, the Gelatt model prescribes characteristics of adequate informational inputs and suggests an organization to be imposed on it. No specific rules are offered for proceeding from information to commitment.

A model of career decision-making derived from the tenets of economic decision-making was developed by Kaldor and Zytowski (1969) to specify classes of determinants and to describe their interrelationships in producing a final choice.

The career choice process is assumed to approximate maximizing behavior and, as such, can be described in terms of inputs and outputs. The inputs include personal resources, e.g., intellectual and physical characteristics. When applied to a given occupational alternative (in imagination), certain outputs, or consequences, follow as a function of the inputs and the alternative. Likewise, the inputs



are priced in terms of what the decision-maker foregoes in using them in a particular occupational alternative. The chosen alternative is the one offering the greatest net value--the highest value when input costs are balanced against output gains.

### Gestalt Therapy

This section of the literature review describes the following areas: a brief description of Gestalt therapy, especially its concepts of "splits" and "polarities"; a description of the Gestalt therapy technique, the Two-Chair experiment; and an overview of the research in Gestalt therapy, especially of the Two-Chair experiment.

### Gestalt Therapy

Gestalt therapy was developed by Fritz Perls, a psychoanalyst who was strongly influenced by Gestalt psychology, existentialism, and the ideas of Otto Rank and Wilhelm Reich. Gestalt therapy applies some of the principles of Gestalt psychology to human functioning (Wallen, 1970). The principles of Gestalt psychology evident in Gestalt therapy include: closure; projection according to current needs; behavior viewed in the person's environmental context; the relationship between figure and ground; and the body, emotions and thought functioning in union (Passons, 1975).

Gestalt therapy theory holds that people are primarily motivated towards self-actualization (Perls, 1969; Passons, 1975). Biological and social needs are also present. At any given moment the most emergent need becomes figural and demands attention from the individual. "Upon gratification the need recedes into the background, thus allowing the most pressing need in the 'new' now to emerge from

the background" (Passons, 1975, p. 24). It is this natural process of need discrimination and need fulfillment that leads to healthy functioning (Perls, 1969).

The nature of personal problems may be viewed as the interference with this natural need fulfillment process. Among the most common problems are the lack of awareness of one's behavior and feelings; unfinished situations which constantly clamor for attention, fragmenting or disowning parts of oneself, and identifying with one side of a bipolarity and excluding the other (Polster and Polster, 1973). These interruptions in the need fulfillment process remain until closure is achieved. When persons discover how they are interrupting themselves they are free to choose to close or complete the Gestalt, and the organism's self-regulating process is restored (Perls, 1969; Johnson, 1977).

Gestalt therapy aims at deepening a person's awareness of oneself in the "here and now" (Perls, 1969). Self-awareness permits organismic self-regulation to take place, and therapeutic change occurs spontaneously (Fagan, 1970; Passons, 1975). The overall goal of Gestalt therapy is the integration of the person so that one functions as a systemic whole. Gestalt techniques aim at achieving this integration by claiming parts of the self which have been fragmented, filling gaps in the personality, and "finding new centers in bipolar splits" (Passons, 1975, p. 25). Among the most common of these techniques are those involving first-person, present-tense experiential dialogues and encounters with self-splits and with role-played significant others (Fagan, 1970; Dublin, 1976).

A key concept in Gestalt therapy that plays a significant role in intrapsychic conflict and personal indecisiveness is that of "splits" or "polarities" in human functioning. Webster (1982) gave an extensive explanation of the Gestalt view of splits and polarities. He described how Gestalt therapy views polarities as part of the basic dialectic process of life. They are a necessary part of our functioning as human beings which are deeply rooted in our organismic processes. Polarities interact to provide dialectical process whereby

The opposite become distinguished and opposed; then in their conflict, a resolution is achieved that unites the poles in a figure that is greater than the combination of the opposites; it is a new creation (Latner, 1973, p. 43).

The resolution of the conflict becomes a synthesis of the poles that turns out to be greater than either one of them taken alone.

Although ultimately beneficial the split takes its toll upon the individual until resolution or integration is reached. Perls (1970) believed that the split was indicative of fragmentation in people's functioning. Personalities are composed of unresolved conflicts, splits, and polarities and as long as these are left out of awareness, unattended to and unfinished, energy will be invested to useless struggle and self-cancellation rather than in productive combination and interplay. People exist in a state of immobilization whether to continue or to change (Wallen, 1970).

Polster and Polster (1973) asserted that psychopathology is the result of an incongruence or split between feeling one thing and doing another. This is similar to Rogers' (1951, 1959) view of the conflict between the person's attempt to be true in one's own actualization

thrust and at the same time preserve one's environment by remaining loyal to the conditions of worth introjected from one's parents. Integration occurs which leads to change when the individual is able to embrace the feelings and sensations of both sides of the split and allow contact between them. That is, the individual becomes aware of and takes responsibility for wanting both sides (for different reasons). Thesis and antithesis make contact forming a new synthesis and change.

Zinker (1977) presented his perception of the split as a struggle between two extreme positions within the individual that drains energy and potential and prohibits one from coping fully with life situations. The mending of this split brings special rewards:

When brought into awareness with clarity, conflicts tend to allow the person the sense of his internal differentiation, and at the level of creativity, hold the possibility for integrated behavior which is highly adaptive because it spans the full range of responses between formerly experienced polar extremes (p. 196).

Perls et al (1951) referred to this collusion of impasse described by the above authors as a stalemated battle between the "topdog" and "underdog". He claimed that only when the person can give up the struggle for control of one's parts, or one's investment in one of those parts, can the person begin to listen to and to accept both sides and become free to function fluidly and grow.

The roles of "topdog" and "underdog" appear in the guise of many splits. The topdog makes its presence felt by controlling, bullying, lecturing, threatening, being omnipotent, and moralistic. Quite the opposite, the underdog makes its mark by controlling passively. It is

helpless, passive, vindictive, confused, apologetic, uncommitted, and procrastinating. The two players attempt to satisfy their wants through manipulation. Although logically it may seem that the topdog is more powerful, actually the underdog wins the day by being passive, avoiding and retreating, leaving the topdog in frustration. The result of the struggle is that neither one obtains anything authentic. Communication and integration are nonexistent and all that remains is the struggle for control between them.

As implied above in the discussion of splits, an integration of these partial aspects of the self must be reached to enable the individual to move. Polster and Polster (1973) upheld the goal of integration rather than control over one aspect or the other when they said:

The effort devoted to keeping the squelched characteristic servile or silent is a doomed effort. It will pop up in inconvenient ways to assert whatever validity it can muster, like all resistance forces which have been compelled to go underground (p. 247).

The concept of split is further elaborated by Greenberg (1979) who defined it: "... as a verbal performance pattern in which a client reports a division of the self process into two partial aspects of the self ..." (p. 311).

Greenberg (1975) believed that the identification of the split as well as the bringing into awareness of the opposed aspects from within were the basic therapeutic tasks of the client. The moment when the client becomes aware of one's split is the optimal time for the therapist to intervene. It is at this point that the client is most open to change. The therapist's ability to recognize the presentation

of the split can be the turning point in therapy - the doorway to highly creative work by the client.

According to Greenberg the split is most easily identified by its verbal markers. He states:

The split is characterized by a division of the self process into two partial aspects of the self. These tendencies or partial aspects of the self are related to each other in different ways and the different relationships between the tendencies define different types of splits (1975, p. 18).

Greenberg proceeds to define three types of splits: conflict, subject/object, and attribution. The conflict split is characterized by a statement such as "I want to do X but I just can't..." Here the person presents two obviously opposed sides connected by a conjunction such as "but" or "yet" with an indication of some struggle usually apparent in the voice quality. The subject/object split consists of two "parts" of the self with one "part" (subject) doing something to the other "part" (object). This split is marked by a statement like "I am always judging myself". The attribution split is identified by the client attributing part of an inner struggle to someone or something out in the world, such as "I want to return to school but my wife just won't hear of it". At the moment the client presents the two conflicting aspects of oneself, if contact can be made between the two sides, the potential for resolution exists.

Such splits may also be reflected in a conflict over a career decision (Clarke, 1981). In trying to change jobs or decide a career direction, an individual may experience the type of conflict or attribution split described above. The Gestalt Two-chair technique has been widely used to help resolve this type of conflict (Polster

and Polster, 1973; Greenberg and Clarke, 1981).

### The Gestalt Two-Chair Technique

The Two-chair technique is a powerful tool in facilitating the integration of the opposing sides of an intrapsychic conflict.

Baumgardner (1975) states that:

By identifying the client's polarities and then providing for the dialogue which can bring forth these two hostile roles, we create a place where the client grows more willing to relinquish his/her struggle for control, at least for a moment, now and then, and to put some energy into listening and hearing (p. 67).

Even though much of the Gestalt approach relies on the creative intuition of the therapist there exists some basic principles around the two-chair technique that can be abstracted and used as guides toward the resolution or integration of the opposing aspects of client's splits (Greenberg, 1975). The five basic principles of two-chair work are: a) separation and the restoration of contact, b) the responsibility of the client, c) the attending function, d) the heightening function, and e) the expressive function. Webster (1982) gave a detailed explanation of these principles.

The primary and most basic task for the client is to restore the contact between the partial aspects of the self. When the client is able to dialogue with both sides of the self, only then will one experience the difference and the validity of each pole. Polster and Polster (1973) highlight this process: "Almost invariably, when contact is restored, the individual discovers that these disowned parts have many redeeming features and his life expands when these are recovered" (p. 248).

The next task for the client is the assuming of responsibility for the conflict rather than viewing it as something imposed from the outside. The client may shirk responsibility by avoiding or blocking awareness or by ignoring feelings or experience. This is a marker for therapist intervention. The client is instructed to "own" one's experience by talking in the first person (e.g. "Would you say I?"). The client is encouraged to be aware of and express the characteristics of each role. The person is asked to identify with every piece of the present experience - the tension in the neck, the tightness in the chest, the tears, or the wavering voice.

The task of attending requires that the therapist stimulate an increased awareness on the part of the client of all the latter's experience. The therapist directs the client's attention inside by requesting that he/she stay with a particular feeling or by asking what is happening inside at the moment. The therapist may also direct the client's attention to the outside by inquiring what was going on in the context of a wiggling foot, tapping fingers, or an interesting voice quality.

The heightening principle calls for the therapist to increase the impact of an experience by increasing the client's arousal. This is attained by requesting that the client exaggerate some movement, repeat some statement, or act out the style of one of his/her partial aspects of self. The therapist also heightens and creates higher levels of arousal by making explicit messages that remain implicit in the interaction. This principle is very similar to the increase of energy arousal facilitated by many body therapies.



The principle of expressing highlights facets of experience by doing rather than talking about them. The impact of actually doing something is far greater than just describing it. The therapist stimulates this by requesting that the client reveal the particular content of the inner dialogue instead of remaining with generalities. The client is asked how he/she defeats him/herself in specific rather than vague terms.

A number of studies by Greenberg and his associates (described below) indicated that when these five basic principles were utilized in the Two-chair technique, there was a resulting increase in depth of experiencing, which is an indication of productive psychotherapy (Klein et al, 1969), and in conflict resolution.

#### Gestalt Therapy Experimental Outcome Research

There have been approximately 50 controlled experimental outcome studies in Gestalt therapy plus numerous case studies reported in the literature. Most of these studies dealt with Gestalt group therapy. Some of the studies restricted Gestalt therapy to Gestalt "exercises" (Barrilleaux, 1975; Carstens, 1976; Salmon, 1973) and Gestalt "training" (Korb, 1976; Nichols, 1973). Some studies combined Gestalt therapy with other therapeutic modalities such as experiential therapy (Foulds, 1970; 1971; Foulds and Guinan, 1973; Foulds, Guinan, and Warehime, 1974a; 1974b), or transactional analysis (Wemhoff, 1978). Most studies did not specify very precisely the Gestalt therapy operations used. By contrast, Foulds and his associates did report using the Two-chair experiment along with several other Gestalt methods in their series of 14 studies (Foulds and Hannigan, 1978).

An on-going research effort on the efficacy of Gestalt therapy techniques has been conducted by Greenberg and his associates at the University of British Columbia in Canada. These studies have begun to narrow the focus and to more operationally define the use of the term "Gestalt therapy" in order to specify and isolate the variables involved. This research has especially focused on the use of the Two-chair technique.

In addition to operationally defining this Gestalt technique, Greenberg has shown that the Two-chair technique is very effective in helping clients resolve conflicts. In three single case studies of clients in therapy, the Two-chair technique produced significantly greater depth of experiencing, more focused voice, and more conflict resolution than did empathic reflection (Greenberg, 1976). In another study Bohart (1977) found that Gestalt Two-chair role-playing was more effective in reducing anger, hostile attitudes, and behavioral aggression than were intellectual analysis or emotional discharge techniques.

Clarke (1977) and Greenberg and Clark (1979) compared the effects of the Gestalt Two-chair technique and high levels of empathy on client depth of experiencing, change in awareness and goal attainment. In an analogue study using four counselors and 16 subjects as their own controls, each treatment was applied to each subject to facilitate resolution of personally meaningful conflicts. Results showed that depth of experiencing and awareness were significantly higher for the subjects following the Gestalt intervention. Higgins (1979) and Greenberg and Higgins (1980) replicated this study, comparing the

Two-chair technique to focusing (Gendlin, 1969) and again found the Two-chair technique to be more effective than the alternative treatment.

Dompierre (1981) extended Clarke's study to clients experiencing intrapsychic conflicts in therapy. Using 10 counselors and 126 subjects as their own controls, the Gestalt Two-chair technique and empathic reflection were applied at different times during a series of counseling sessions. Results showed that depth of experiencing, shifts of awareness, conflict resolution and behavior change were significantly greater following the Gestalt intervention.

Webster (1981) and Greenberg and Webster (1982) conducted a Two-chair experiment on intrapsychic conflict related to making a decision. This study utilized 36 subjects and six therapists. The focus was on the therapeutic process of clients to classify them as either resolvers or non-resolvers based on the pattern of in-session process indicators. Resolvers were found to be significantly less undecided and less anxious after treatment. They also reported greater improvement on target complaints and behavior change. Also, resolvers reported greater conflict resolution, less discomfort, greater mood change, and greater goal attainment than non-resolvers.

Clarke (1981) conducted an analogue study to compare the Gestalt Two-chair technique to a cognitive-behavioral approach in resolving an intrapsychic conflict related to a career decision. There were 32 subjects and eight therapists in the study with an additional 16 subjects forming a control group. After two therapy sessions subjects in the Two-chair experiment group experienced significantly less

indecision than either the cognitive problem-solving or control groups. There was no significant difference between groups on a measure of subject's stage of career decision-making.

Greenberg (1983) designed another study to test the validity of a three stage model of conflict resolution that he developed. The three stages include opposition, merging, and integration. He compared 14 Gestalt Two-chair dialogue conflict resolution performances with 14 non-resolution performances on structural analysis of social behavior, depth of experiencing, and voice quality. The results supported the three stage model of conflict resolution. The scores of the resolution group were significantly higher on all of the measures through each of the sequential stages of conflict resolution. This study provides a descriptive and explanatory account of how people resolve conflict in psychotherapy by means of the Gestalt Two-chair dialogue technique.

Empirical research appears to have demonstrated the efficacy of the Gestalt Two-chair technique in helping people resolve an intrapsychic conflict. It has been compared with other affective or cognitive therapy techniques to prove its effectiveness. There have been no studies examining if the efficacy of the Gestalt Two-chair technique can be improved by combining it with another intervention such as the bioenergetic charge-discharge exercise.

#### Bioenergetic Therapy

This section of the literature review touches on the following areas: a brief overview of bioenergetic therapy; a description of the bioenergetic exercise of energy charge-discharge; and a review of the

related empirical research on bioenergetic therapy or related techniques.

### Bioenergetic Therapy

Alexander Lowen is the founder and most prolific proponent of bioenergetic therapy. His writings attempt to develop an integrated approach to body therapy, while keeping within the framework of psychodynamic and social psychology. His writings have delved into the relationship between the body and character structure (1969; 1971), depression (1973), pleasure and sexuality (1975), bioenergetic theory (1963; 1975), body techniques and exercises (1977), fear (1980), and narcissism (1982).

Lowen's organismic approach to the personality was strongly influenced by his mentor and therapist, Wilhelm Reich, who developed the concepts of muscular and character armor. Reich instituted an unorthodox approach to psychotherapy which advocated that the therapist actively work with patients' bodies, including their breathing, feelings, sensations, movement, expressive behavior, and muscular tensions. Reich (1933) believed that the Freudian concept of "libido" was a biological as well as a psychic energy and that working directly with the body's defensive blocks to this energy was a direct way to deal with psychological conflicts.

Lowen credits Reich with being primarily responsible for developing a unitary concept of mind and body and a "unitary therapeutic modality" (Lowen, 1974, p. 260). Similar to Reich, Lowen developed an approach to therapy that involved the body on three levels simultaneously: analytically, expressively, and energetically

(Lowen, 1974). Although the basis of both approaches to therapy is the body and its energetic processes, Lowen describes his bioenergetic therapy as a "more sophisticated development, more fully grounded in analytic thinking, with a greater emphasis on working through personality problems analytically" than Reichian therapy (Lowen, 1974, p. 263). Bioenergetic therapy uses a greater variety of body techniques including exercises developed by Lowen to deepen breathing, facilitate the release of body tensions, and increase the flow of energy (Lowen, 1977).

This overview will examine four key concepts in Lowen's writing on bioenergetic therapy. These are self-identity and body identity, grounding and reality orientation, muscular armoring and the capacity for feeling and sensation, and self-expression and body movement.

According to Lowen (1974, 1975, 1977), bioenergetics is a system based upon the proposition that each person is his/her body and that the body is an energetic system that expresses who we are and our way of being in the world. Lowen (1974) wrote that

Emotions are bodily events; they are literally motions or movement within the body that normally result in some outward action. Anger produces a tension and charge in the upper half of the body where the main organs of attack are located, the teeth and arms, ... the suppression of feeling results in chronic muscular tensions that are discernible and palpable. Unconscious sexual inhibitions are also revealed in chronic tensions that impede the motility of the pelvis (p. 265).

In saying that "emotions are bodily events" and that "each person is his/her body", Lowen stresses a core bioenergetic principle that self-identity must be based on body identity. Lowen wrote the following in this regard: "Based on the reality of bodily feeling, an

identity has substance and structure. Abstracted from this reality, identity is a social artifact, a skeleton without flesh" (p. 6).

Lowen believes that if self-identity is not based on organismic experience, but instead on either role or ego identifications, a person will have the tendency to collapse under the stress of conflict situations. This collapse will occur because neither role nor ego identifications are as firmly rooted in the personality as are body identifications. According to Lowen, the shock of situational stress must be absorbed and integrated within the organismic structure of the personality. The ego ideal and the self-image are psychic forces which can oppose the body's striving for pleasure, thereby undermining the organismic basis of self-identity. Lowen (1969) also believes that the disparity which exists between the ego image, which is based on the perception of self in a social context, and the body image, which is based on physical self-perception, is a measure of self-alienation and schizoid disturbance. He reasoned that the self-image distorts a positive body/self identity when the self-image "forms a picture of the external world to which every organism must conform", and that "in turn the self-image dictates what feelings and impulses are to be allowed expression" (Lowen, 1975a, p. 143). Further, role identification interferes with bodily based self-identity because persons who identify with their roles will tend to think of themselves in terms of those roles, and not in terms of their actual bodily/emotional experience.

An over-emphasis upon the role of the image blinds us to the reality of the life of the body and its feelings. It is the body that melts with love, freezes with fear, trembles in anger, and

reaches out for warmth and contact. Apart from the body these words are poetic images (Lowen, 1969, p. 5).

Lowen (1975a) wrote that the quality of the physical contact between the mother and the child, especially during the infant and childhood developmental stages, determines the person's ability to base self-identity on body identity.

A mother is an infant's first ground, or to put it differently an infant is grounded through its mother's body. Earth and ground are symbolically identified with the mother, who is a representative of ground and home.... My patients failed to develop a sense of being grounded or rooted because of a lack of sufficient pleasurable contact with their mothers' bodies (p. 98).

Bioenergetic therapy claims to educate clients on the relationship between self-identity and the experiences to feelings, sensation, and movement. Lowen (1969, p. 257) wrote that "a healthy person identifies with his body and feels the closeness of his ties to nature". He defined the purpose of bioenergetics as follows:

Bioenergetics is a therapeutic technique to help a person get get back together with his body and to help him enjoy to the fullest degree possible the life of the body. This emphasis on the body includes sexuality, which is one of its basic functions. But it also includes the even more basic functions of breathing, moving, feeling, and self-expression. A person who doesn't move freely, deeply reduces the life of the body. If he doesn't feel fully, he narrows the life of his body. And if his self-expression is constricted, he limits the life of his body (Lowen, 1975a, p. 43).

According to bioenergetic therapy, self-identity must be firmly rooted in the reality of body experience. It is a principle that is strongly supported by other theoreticians (Cameron, 1963; Rosen and Ross, 1968; Horney, 1966; Becker, 1971; Salkin, 1973). The security one has in one's body directly influences the security with which one faces one's self and the world (Zion, 1966).



Another concept of central importance in bioenergetic therapy is grounding (Lowen, 1975a). It is a multidimensional concept which incorporates elements of sexuality, reality orientation, self-identity, personal stability, ego strength, and the experience of rootedness. Grounding also represents a person's ability to "stand alone" and be autonomous. The "grounding" of the client is a major goal in bioenergetics. Lowen associated grounding with reality orientation, the subjective experience of one's legs, the capacity to experience and sustain feelings, sexuality and freedom of movement.

Grounding or getting a patient in touch with reality, the ground he/she stands on, one's body and one's sexuality, has become one of the cornerstones of bioenergetics.

Getting feelings into the belly so that a person can sense his guts and into his legs so that he can sense them as mobile roots is called grounding the individual. The person thus grounded feels he has a solid support of the earth under him and the courage to stand up or move about on it as he wishes. To be grounded is to be in touch with reality; the two are synonymous in our language. We often say that a person fully in touch with reality "has his feet on the ground" or that he is "well grounded" (Lowen, 1973, p. 53).

Another body therapist, Stanley Keleman, in discussing the significance of grounding wrote:

grounding roots our needs and desires, connects us to the earth, which transmits its own flow to us in turn ... a person having contact with his own body is in contact with feelings, desires, sensations, and pleasures. To be grounded is to be connected to our emotional-electrical currents, to the waves of our needs and the rhythms of actions which comprise our physical-psychic processes; the rhythms of the human and natural ground (Keleman, 1975, p. 58).

Lowen also suggested that grounding is a solution to cyclic mood swings of elation and depression, in which the person loses his sense of inner stability. He wrote that working with people while they were

standing emphasized their capacity for self-support, their independence, and their ability to come to terms with their existential aloneness. The standing posture used in bioenergetic therapy emphasizes a person's autonomy and his personal "ground of being", and also brings to the foreground the correlated psychological issues of parental dependence, symbiosis, and the struggle toward separation from the natal family. Grounding is associated with movement downward, toward the earth. It stands for one's relatedness to impulses, emotions, and the earth. Lowen (1975a, p. 196) stated that "grounding provides a safety valve for the discharge of excess excitation". Sexual identification and the acceptance of the sexual nature of being is another significant dimension of grounding. For Lowen, a person's sense of security is grounded in his ability to be identified with his sexuality.

Finally, it is the quality of a person's body identification, combined with the degree of his/her acceptance of organismic processes, that determines the strength of one's orientation toward reality:

A person experiences the reality of the world only through his body. The external environment impresses him because it impinges upon his body and affects his senses. In turn, he responds to this stimulation by acting upon the environment. If the body is relatively unalive, a person's impression and responses are diminished. The more alive the body is, the more vividly does he perceive reality and the more actively does he respond to it (Lowen, 1969, p. 5).

In sum, an individual not only experiences reality through his/her body but the very aliveness and grounding of the body determines the organization and quality of that reality experience.

A third key concept in bioenergetic therapy is that of muscular "armoring" which greatly affects an individual's capacity to experience feelings and sensations. Lowen's ideas in this regard were heavily influenced by his teacher, Wilhelm Reich.

Reich's (1942) seminal theory of character armor correlated the repression of feeling with the chronic muscular contractions and spasticities of the organism. Reich's (1970) theory of character armor was built upon the premise that "the whole experiential world of the past was alive in the present in the form of character attitudes ... [and that] the make-up of a person is a functional sum total of all his past experiences (p. 141).

Reich believed that defensive adaptations, which resulted in neurotic disturbances, are manifested in body rigidity.

The rigidity of the musculature is the somatic side of the process of repression, and the basis for its continued existence. It is never a matter of individual muscles that become spastic, but of muscle groups forming a functional unit from a vegetative point of view (Reich, 1970, p. 269).

He also wrote about the influence of respiration on the individual's capacity for feeling: "For it had become clear that the inhibition of respiration was the physiological mechanism of the suppression and repression of emotion, and consequently, the basic mechanism of the neurosis in general" (Reich, 1970, p. 275). Reich believed that the neurotic equilibrium, by which he meant the warding off of ego-dystonic impulses by means of defensive mental and somatic operations, was maintained by the muscular armor. He proposed the functional identity between character armor and muscular armor, and he stated unequivocally that muscular rigidity is the somatic

manifestation of repression.

Lowen (1969; 1971; 1973) incorporated these ideas into his conceptualization of bioenergetic therapy. He believed that unresolved emotional conflicts of childhood persist in the form of rigid character attitudes, the somatic component of which are chronic muscular contractions and spasticities. The muscular armor limits the person's capacity for movement, feeling, and sensation: "The emotional significance of muscle tension is not adequately understood. The unresolved emotional conflicts of childhood are structured in the body by chronic muscular tensions that enslave the individual by limiting his motility and capacity for feeling" (Lowen, 1969, p. 127).

In a later statement of the same issue, Lowen wrote: "Suppression of feeling is produced by chronic muscular tensions which restrict and limit the motility of the body, thereby reducing sensation. In the absence of movement, there is nothing to sense or feel" (1975b, p. 70).

In other words, Lowen correlated the ability to feel and sense with the movement capacities of the body. He wrote that in human sexuality, muscular rigidities which limit motion reduce the intensity of sexual feeling. Furthermore, the capacity to feel was related to an identity based on bodily life. "When the ego is identified with the body, it will support the body's emotional responses and direct them into effective actions" (Lowen, 1975b, p. 183). A strong self-identity is based on "the awareness of desire, the recognition of need, and the perception of body sensation" (Lowen, 1969, p. 232). Lowen indicated that the acceptance of irrational feelings and

sensations is essential for psychological health, and that major psychological problems such as guilt and shame result when bodily functions are judged by social values, rather than by biological ones.

Bioenergetic therapy attempts to make clients conscious of bodily tensions and help them release these tensions through movement and the expression of feeling. "... Feeling one's sadness opens the door for feeling all emotions and returns an individual to the human condition in which pleasure and pain are the guiding principles to behavior" (Lowen, 1975b, p. 206).

Lowen wrote that the release of suppressed emotion is a specific cure for depression. He suggested that it is important for clients to return to the pleasure-pain principle with organismic experience as a guiding principle to behavior.

In a similar vein May (1967, p. 92) highlights clinical evidence which suggests that people often become dissociated from sensate experience.

It is a curious fact that most adults have so lost physical awareness that they are unable to tell how their leg feels if you should ask them, or their ankle, or their middle finger, or any other part of their body. When people are asked to describe their feelings, instead they often present their ideas and their thinking. They are not affected by their affects; their emotions give them no motion (May, 1967, p. 92).

As discussed earlier, Perls (1951, p. 86) maintained that "to the extent that there is a discrepancy between the verbal concept of the self and the felt awareness of the self -- this is neurosis". Perls (1969) also believed that individuals avoid unpleasant emotions through muscular contractions. "... "These muscular contractions are only 'means whereby' -- that they are functions on behalf of emotions,

that they are brought into play in order to avoid the feelings of disgust, embarrassment, fear, shame, and guilt" (p. 74).

A final major area of importance in bioenergetic therapy is self-expression and body movement. The various body techniques and exercises utilized in this therapy are based on the bioenergetic concepts of body motility and expression. Freedom of motility and spontaneous self-expression are inhibited by chronic muscular rigidities. Lowen (1969) defined motility as follows:

The term 'motility' refers to the capacity of living organisms to move spontaneously. It embraces a broader range of motion than the term 'motility' which refers to the displacement of the organism in space. The motility of a living organism is an expression of the total living process (p. 160).

Lowen believed that spontaneity is fundamental to self-expression and he described the alive and expressive body as having a motility independent of ego control. "An alive body is manifested by the spontaneity of its gestures and the vivacity of its expressions. It hums, it vibrates, it glows. It is charged with feeling" (Lowen, 1969, p. 209).

Bioenergetic techniques encourage and enhance self-expression in clients. The greater the motility of the body, the more self-expressive it is. Lowen (1975b, p. 261) defined self expression as "the free, natural and spontaneous activities of the body" and, like self-preservation, is an inherent quality of all living organisms. In bioenergetic therapy movement, the voice, and the eyes are the three major areas in which self-expression is emphasized. The client's ability to execute expressive gestures gracefully and with feeling was Lowen's criterion for the assessment of motility.

This principle of motility and expression is very similar to Perls (1969) idea that a major aim of psychotherapy is to dissolve the rigidity of the body so as to allow freer movement and expression.

By immobilizing our motoric system, we immobilize at the same time our sensations; we can re-mobilize both by proper concentration. By re-establishing the differentiated movements of our "body", we dissolve the rigid personality's numbness and the awkwardness, and we reinstate the motoric ego-functions (p. 228).

The resolution of chronic muscular tensions is bioenergetic therapy often liberates painful memories and feelings which have been suppressed; it allows a person to integrate his response to painful events of the past into consciousness. Lowen (1975b, p. 77) commented on the trembling and shaking which occur in therapy:

... they represent the breakdown of muscular tensions and their psychological counterparts, their legal defenses. It is a therapeutic reaction, an attempt on the part of the body to shake itself loose from the rigidities that limit its motility and inhibit its expression of feeling.

Lowen developed his exercises to increase breathing, motility, and grounding as well as to loosen character armoring and help clients more keenly experience their feelings and body sensations.

#### Bioenergetic Charge-Discharge Exercise

One of the basic bioenergetic exercises is the charge-discharge exercise (Lowen and Lowen, 1977). It has a number of variations, one of which is used in this study. It consists in having the client arch his back in a standing position and engage in deep breathing. Arms may be raised straight up to open the chest or the individual may clench his/her hands into fists and place them into the lower part of the back to accentuate the arching position. The client is then

encouraged to breath deeply and to experience the flow of energy and sensations in his/her body. This is the charging part of the exercise.

The second step or discharging part of this exercise serves to increase the grounding of the individual as the energy is discharged down the legs and into the feet. It consists in having the person bend forward from the waist and letting the arms and head hang down toward the floor. By holding this position and continuing to breath deeply, the person begins to feel his/her legs vibrate and tremble. The vibrating may increase throughout the whole body. After this exercise, which lasts about three to five minutes, people often report feeling "more alive", "more aware of my body", "more energized", or "more relaxed".

A variation of this exercise is to have the client arch his back over a rolled-up blanket which rests on a stool ("breathing stool"). This is a very powerful variation to this exercise in that it greatly stretches and opens the individual's chest and lungs which can elicit the release of intense feelings of sadness, rage, or hurt. Other bioenergetic exercises involve kicking while lying on one's back, various stretching exercises, bouncing, stamping, pounding a pillow, etc. All of the exercises are used for increasing the breathing, reducing tension, loosening chronically constricted muscles, and increasing contact with the ground (Lowen and Lowen, 1977). However, just doing these exercises is not enough for therapeutic change. It is only when the physical is integrated with the emotional and cognitive aspects of the person that growth and change will occur



(Lowen, 1975).

There are other important concepts in bioenergetic therapy that are not addressed in this overview. These include Lowen's ideas on such issues as character types, sexuality and pleasure, anxiety, and depression.

#### Bioenergetic Therapy Experimental Outcome Research

Little experimental research has been done in the area of body-mind therapeutic modalities (Wright, 1981). Most of the writing is theoretical or descriptive in nature. Since most body therapists "tend to be doers rather than sayers" (Fagan and Shepherd, 1970, p. vii), the body therapies are shrouded in mystery. Only a few studies have attempted to demonstrate with objective measures that significant change is effected in body oriented therapies. Moreover, there are major shortcomings in the designs of some of these studies which greatly qualify or temper their findings. These methodological flaws include such things as small numbers of subjects, global and vague definitions of treatments, lack of comparison treatments, small numbers of therapists, heavy reliance on self-report questionnaires, poor quality outcome measures, and poor control for expectancy.

Although a number of descriptive studies have been done on bioenergetics and its applications, there were only eight studies that attempted to empirically measure the efficacy of this therapy or its various theoretical concepts. Below is a summary description of these studies.

John (1975) attempted a broad global assessment and comparison of three psychotherapies. His study was a questionnaire survey of

clients who were in individual private psychotherapy for a minimum of six months. These subjects were clients of five experienced clinicians (two bioenergetic therapists, two psychoanalysts, and one behavioral-eclectic therapist). Questionnaires were distributed to 124 patients and yielded 93 responses. No formal hypotheses were utilized in this study. A number of "questions" guided the data collection and interpretation. Subjects' general assessment of therapy was sought as well as their perceptions of the nature of the therapy experience. Subjects were asked to identify how therapy influenced them, particularly in regard to values.

The results indicated that the overwhelming majority reported positive gains from each therapy. Behavioral-eclectic therapy seemed to be especially effective in developing self-assertion and in promoting rational planning. Psychoanalytic therapy was viewed by clients as emphasizing interpersonal relationships and self-insight. Bioenergetic therapy was seen by clients to have more of a "spiritual" quality than the other therapies, and this quality was associated with a sense of "physical well-being".

Armstead (1976) conducted a research project that examined the relationship between body awareness and physical attractiveness to emotional adjustment. The subjects were 44 graduate psychology students who were members of six ongoing psychotherapy groups (two psychoanalytic, one Jungian, one psychodrama, one bioenergetic, and one combination Gestalt-bioenergetic). Body awareness was measured by three different scorings on the Body Prominence Index. Physical attractiveness was measured by group and self ratings on a nine point

scale. Emotional adjustment was measured by sociometric, self, and discrepancy scores between group and self ratings. Data was collected over a three week period.

The results indicated no significant correlation between body awareness or number of hours in body psychotherapy and subjects' emotional adjustment. There was also no significant correlation between body awareness and physical attractiveness. These results seem to challenge the assumptions of Lowen and other body oriented therapists about the efficacy body therapy in terms of therapeutic progress, body awareness, and emotional adjustment. However, these results must be interpreted with caution. There were serious methodological problems such as multiple global treatment groups that lacked a clear definition of body treatments used, significantly limited number of therapists for any one treatment approach, and a questionable instrument to measure "body awareness".

Moran, et al (1978) coordinated a study to determine if body related techniques would be of help in reducing anxiety and depression in the treatment of alcoholics. They utilized a combination of physical exercises and fantasy experiences from Gestalt and bioenergetic therapies. They called their interventions the Systems Releasing Action Therapy (SRAT). Fifty-six patients who were receiving treatment for alcoholism in a V.A. Hospital were randomly assigned to therapy and control groups. Upon three week follow-up, the therapy group showed significant improvement over the control group on measures of blood pressure, physical symptoms, anxiety, disturbing feelings, and self-image. Suggestive differences in favor

of the therapy group also appeared on measures of vital capacity, withdrawal, excessive drinking, and four neurosis oriented MMPI scales. There was no comparison to another treatment modality. Six month follow-up data was relatively unimpressive, indicating that this type of body treatment was effective only for a short time.

The effectiveness of body movement therapy in reducing anxiety among psychiatric patients was investigated by Cameron and Peterson (1978). A total of 12 day care and outpatients of a psychiatric facility formed the treatment and control groups. The 90 minute therapy sessions consisted of warm-up exercises, moving to music, interpretive movements to portray themes, and relaxation exercises. Some of the exercises were from bioenergetic therapy. No significant differences were found between the two groups for verbal and physiological measures of anxiety. However, subjective questionnaire reports by the subjects, therapists' subjective observations of affect, and galvanic skin response measurements revealed substantial differences between the experimental and control groups. It was concluded by the researchers that movement therapy enhanced the patients' ability to control anxiety.

Sheridan (1979) conducted an interview based research project to evaluate the effects of bioenergetic therapy on the life of clients. The question, "What effect does bioenergetic therapy have upon the experiential world of bioenergetic clients?", was the main research question in his study. The project included 12 invited subjects who had experienced a minimum of one year of bioenergetic therapy within the previous five years. Their therapists were all licensed

psychotherapists who were well trained in bioenergetic therapy. The interview approach was based on a phenomenological method of descriptive data collection and presentation which emphasized the importance of subjective meaning and personal reality.

The interview schedule elicited information about six areas of experience: self-identity and body identity; grounding and reality orientation; capacity for feeling and sensation; pleasure and sexuality; self-expression and body movement; and touching and contact. The interviews were tape recorded, transcribed, and then subjected to content analysis and manifest verbal material.

Results from the interviews indicated that subjects chose bioenergetic therapy because of its in-depth experience oriented strategy and as a solution for a wide range of personal problems. The bioenergetic focus on the body component of self-identity had major, and at times dramatic effects upon the subjects. The same positive reactions applied to subjects' reports in regards to grounding, integration of feelings and sensations, increased capacity for pleasure, and greater freedom in self-expression. In brief, all subjects reported that bioenergetic therapy had a significant meaning in their life.

Miller (1979) conducted an exploratory investigation of the changes in responses on measures of psychological growth, psychopathology, and affective mood states of patients undergoing bioenergetic therapy. Thirty-four patients in bioenergetic therapy with 12 therapists were utilized in the study. All the therapists were members of the Institute for Bioenergetic Analysis in New York

City. Each subject completed the Minnesota Multiphasic Personality Inventory, the Personal Orientation Inventory, and the Profile of Mood States at the beginning of therapy, after four months, and again after nine months in therapy. There was no control group in this study. The results indicated significant changes in psychological growth for subjects in the study on both the four month and nine month testings. However, the researcher recommended caution in the interpretation of these results due to design, statistical, and methodological problems in the study.

Pinhey (1980) conducted a study to determine the relationship between the bioenergetically determined schizoid and non-schizoid character types and three psychophysiological responses. The study attempted to find a significant physiological difference between the schizoid character and non-schizoid character types by means of the Growth Process Inventory (Shostrom, 1976). Subjects were then measured physiologically for frontalis muscle tension, palmer skin conductance, and fingertip temperature under four treatment conditions: at rest, anticipatory anxiety, stress response, and recovery. Results indicated no significant difference between the groups in regards to any of the three physiological measures. However, the differences in the grand means were all in the expected direction.

Wright (1981) did a study to measure the effects of a three day neo-Reichian workshop on muscle tension, body image, and openness to intimacy. Thirty subjects who had registered for a weekend neo-Reichian body workshop were assigned to two workshop groups that

were conducted by the same therapist. Some of the subjects had worked with the therapist previous to this study. Measurements were taken over a two month period after the workshops to determine both immediate and long term effects. Immediate effects on the first weekend experimental group were compared with those of the second weekend delayed treatment group. Longer range effects were measured for both groups. Results indicated that for the two groups combined, muscle tension scores were immediately higher than baseline, then significantly lower for one week, one month, and two month follow-up measurement. The body work weekend had a significant positive short term effect (one week) but no long term effect on body image and capacity for intimacy.

Palmer (1973) presented an integrated clinical procedure for utilizing bioenergetic exercises and techniques with behavior therapy to help clients overcome fear of inhibited aggression. He incorporated Lowenian and Reichian techniques with conventional behavioral desensitization and assertiveness training techniques. He believed that the addition of the body techniques gave greater attention to the shaping of non-verbal or paralinguistic components of assertion such as posture, motor and visual behavior, quality of vocalization, breathing, etc, and that the addition of these body techniques improved the conventional behavioral assertiveness training approach. Although this procedure was not empirically tested for its effectiveness, it is mentioned in this review because it represents the same rationale used in this study, i.e., that a bioenergetic technique can be combined with another therapy intervention to improve

its effectiveness.

These studies attempted to measure global effects, reactions, and attitudes about bioenergetics and related body therapy techniques. There have been no studies that have attempted to narrow the focus of bioenergetic therapy by clearly defining one of its techniques and empirically testing its efficacy. Also, no attempt has been made to evaluate the efficacy of combining a clearly defined body technique with another commonly used therapy intervention, such as the Gestalt Two-chair experiment. Further, no research has been done on the effects of using a bioenergetic technique to evaluate differential outcome in a context of general practical concern, such as career decision-making. The present study attempted to address these issues.



## CHAPTER III

### METHODOLOGY

This chapter will provide a definition of essential terms used in the study. It will describe the subjects and therapists who participated in the study. The instruments used to measure the dependent variables will then be presented with a discussion of the composition, validity and reliability tests. Other forms used in the project will be described. The procedure of data collection will also be detailed and the design and statistical analysis will be delineated.

#### Definition of Terms

The following terms will be defined to provide a basis for further description of the study: career decision-making, intrapersonal conflict, conflict resolution, change, feelings, Two-chair experiment, and Somatic Intervention.

#### Career Decision-Making

In the current literature (Herr and Cramer, 1979) the term "career" is used to connote an extremely broad conception of a person's vocational behavior throughout the life span. "Career as lifestyle" has been suggested as a model to reflect the integration of all aspects of a person's activities: work, family life, community life, and time alone (McIlroy, 1979). Career decision-making, then, goes beyond initial vocational exploration and choice. It encompasses

all the changes and modifications of that vocation demanded by the developmental stages of a person's life (Dudley and Tiedeman, 1977). Decisions of this sort were the focus of the present study.

### Intrapersonal Conflict

Often when people must make critical life decisions, they suffer a great deal of inner conflict. This inner conflict may be experienced as a split inside the self (Polster and Polster, 1973). It is common to hear someone say, for example, "Part of me wants to go ahead but part of me is holding back", or "I don't really want to, but I think I should" (Bandler and Grinder, 1976). This expresses the person's inner feeling of a dichotomy and the struggle between the two parts of the self.

This type of inner conflict can be a major impediment to effective decision-making (Tiedeman and Miller, 1975). A person may have all the objective information necessary to make a decision and yet still be stuck or "hung-up" because of an inner conflict. It is this conflict point in a decision-making process which was of interest in this study.

### Conflict Resolution

The concept of conflict resolution in this study refers to a subjective experience of the client related to his/her ability to grapple with an important career decision. The concept does not mean that the issue dealt with in the therapy session had been completely resolved or that the subject now existed in a conflict free world. It does mean that the subject, following the therapy session, experiences an increase in inner peace - a sense of diminished inner struggle -

and some increased clarity around the career decision worked on in the session.

### Change

The phenomena of change was defined operationally in this study as a statistically significant difference on the treatment outcome measures of indecision, discomfort associated with the target complaint (career conflict), prevailing mood, conflict resolution, and state anxiety.

### Feelings

For the purpose of this study feelings were thought to be intuitive appraisals (Arnold, 1960) which persons rely upon to tell them what is important in their lives. Carl Jung believed that sensation establishes what is real for us while thinking gives us its meaning and feelings tell us its value. Our intellect and physical senses bring us only part of the picture - the value, impact, and passion in our lives exists in our feelings.

The word "feeling" receives much use in our daily lives and at the same time may not truly be understood by all who make use of it. The word has been heavily used in, and extensively examined by client-centered therapy and theory and is defined by Rogers (1959) as:

... an emotionally tinged experience, together with its personal meaning. Thus it includes the emotion but also the cognition content of the meaning of that emotion in its experiential context. It thus refers to the unity of emotion and cognitive as are experienced inseparably in the moment. It is perhaps best thought of as a brief theme of experience, carrying with it the emotional coloring and the perceived meaning to the individual (p. 198).

Gendlin (1973) specified and differentiated the phenomenon of

feeling by stating that it is the bodily felt experience of our existence. Feeling is the answer to the question, "How does one have access to one's own existence?" He specifies just what aspect of body it is and in what sense the word "feel" is used. Our sense of and access to existence is the life of our body as we feel it from the inside. This does not mean only the feeling of our muscles or posture. This is a special use of the word "feeling" -- more than the feel of clothes on our body or the sidewalk under our feet. It is the whole complexity of our living. Gendlin refers to that process whereby our feelings are precognitive (Zajonc, 1980), yielding to us a felt impression or sense of what we encounter even before the internal phrases of cognition begin to arise. "This feel is bodily senses in the 'gut' or viscera, or in the chest, throat, or other body locations, and yet it can give rise to very many complex aspects of observation, of thought, and of situational significances" (Gendlin, 1973, p. 323).

The phenomenon Gendlin describes drives home again the belief that psyche and body are one. To feel is more than indigestion or muscle stretching, which is solely body, and more than just thoughts or perceptions of objects. To feel is our experience of being alive now and within that are a great number of potentially separable aspects. Our existence is bodily felt and we have direct access to this visceral felt complexity which, although it may be many-faceted, we can feel as one feeling in this special sense of the word. It was in this manner that feelings were understood in this study.

### The Two-Chair Experiment

The Two-chair experiment is an intervention used by many therapists when a client is experiencing a "split" or conflict (Levitsky and Perls, 1970; Greenberg, 1975). The procedure was originally used by Fritz Perls, the founder of Gestalt therapy (Perls, 1975). Others have discussed it in describing their practice of Gestalt therapy (Passons, 1975; Latner, 1973; Polster and Polster, 1973). It can be applied to a broad variety of conflicts within the personality (aggressive versus passive, "nice guy" versus "scoundrel", masculine versus feminine) or between various body parts (right hand versus left hand, upper body versus lower body) or between the patient and some significant person or issue in one's life (Levitsky and Perls, 1970).

When the person expresses a conflict, the therapist suggests that the two sides of the conflict be located in separate chairs. A dialogue is then begun between the parts of the conflict. The client is asked to sit in each chair, become aware of one's experience and speak to the other chair. The person then moves to the other chair to respond. Through the dialogue the therapist attempts to bring more of the client's functioning into awareness.

Greenberg (1975) formally defined the Two-chair experiment as

... a series of suggestions and observations made by the therapist to clearly separate two aspects of partial tendencies of the self process and to facilitate direct communication between these. The purpose of the experiment is to maintain a process of demarcation and contact between these parts (p. 5).

Underlying principles of the Two-chair experiment were abstracted by

Greenberg (1979) in an attempt to convey the structure of the exercise. These five principles serve as guides to the therapist's behavior. They include the following:

1. Maintenance of a contact boundary: Maintaining clear separation and contact between the partial aspects of the self.
2. Responsibility: Directing the person to use one's abilities to respond in accordance with the true nature of one's experience in each chair.
3. Attending: Directing the person's attention to particular aspects of one's present functioning.
4. Heightening: Highlighting aspects of experience by increasing the level of arousal.
5. Expressing: Making actual and specific that which is intellectual or abstract. Particularizing experience by moving from talking about to doing.

Appendix A (p. 158) provides an example of the Two-chair experiment used to work on a career conflict.

### Somatic Intervention

A basic premise of all body therapies is that a true sense of self-identify must be rooted in a physiological core experience of one's body (Reich, 1945; Brown, 1973; Keleman, 1979; Lowen, 1973, 1975, 1980). An individual who is centered within one's body is able to claim full and instantaneous ownership of all of one's subjective bodily experiences as direct expressions of oneself. Therefore, the majority of the clinical techniques and exercises of body

psychotherapies are intended to bring clients' awareness into closer congruence or immediacy of contact with his or her deeper organismic sensations, inclinations, and natural needs and wants (Brown, 1973). This provides a deeper sense of one's whole self and a greater ability to listen to the wisdom of one's organism (Perls, 1969).

One approach to body psychotherapy that utilizes a number of body exercises is bioenergetics (Lowen, 1975, 1980). It is a way of understanding the personality in terms of the body and its energetic processes, as well as a form of therapy that combines work with both the mind and the body (Lowen and Lowen, 1977). Bioenergetics utilizes a number of exercises designed to help a person get in touch with his or her body's energy, feelings and tensions, and to release them through appropriate movement (Lowen, 1972, 1975). Because the suppression of feeling diminishes the state of excitation in the body and decreases the ability of the mind to focus (Reich, 1945; Lowen, 1970, 1972, 1975), the performance of these exercises not only increases the aliveness of the body and its capacity for pleasure (Lowen and Lowen, 1977), but also helps the person become more alert and responsive (Lowen, 1972). These exercises are not a substitute for therapy but are used to deepen a client's sense of self. People who use these exercises report a positive effect upon their energy, their mood, and their work (Lowen and Lowen, 1977). The basic goal of such body interventions is to increase the energetic vibratory state of the body, "ground" the person's energy in the legs and body, deepen the respiration, sharpen self-awareness, and enlarge self-expression (Reich, 1945; Lowen and Lowen, 1977; Keleman, 1979).

One of the most basic and fundamental exercises is also the easiest and simplest. It is a basic vibratory and grounding exercise, sometimes referred to as the bioenergetic charge-discharge exercise.

It consists of the following steps:

1. The client is directed to stand with feet 6 to 10 inches apart, toes straight, knees bent at a 25 to 40 degree angle, and arms raised straight up. This will begin to increase the energy charge of the body as the person breathes deeply. This is done for approximately 2 to 3 minutes.
2. Next the client is asked to bend forward from the waist and "hang" from the waist in the relaxed manner. The knees are slightly bent. All the body weight is in the feet with slight pressure into the heels. The client is asked to breathe deeply and easily and to feel the sensations taking place in one's body. This part of the intervention will discharge the energy built up in Step 1 and help "ground" the person. This position is held for approximately 1 to 2 minutes.
3. The client is then asked to very slowly come to an erect standing position as if one was slowly rolling up their spine. The knees are slightly bent. This is done in a very slow "inch-by-inch" pace with the client continuing to breathe deeply and easily. Long exhalations are emphasized.
4. Once the client is in the erect standing position, the



therapist tells the client to relax, breathe easily, and feel whatever sensations one is presently experiencing.

The bioenergetic charge-discharge exercise was referred to in this study as the Somatic Intervention (SI). It was combined with the Two-chair experiment and evaluated to see if it made a difference in helping people solve an intrapsychic conflict. The Two-chair experiment was used after this Somatic Intervention. Then the subject was asked to sit in each chair and listen to and "feel" what one's body was saying about the career conflict and how one's body felt about each side of the split.

#### Subjects

The subjects in this study were 60 adults who volunteered for a therapy research project to help them resolve a conflict related to their careers. There were 24 men and 38 women, ranging in age from 21 to 56 years ( $x = 33$  years). The sample was well educated. Of the 60 participants, two had graduated from high school, 12 had some college education, 26 were college graduates, and 20 had advanced degrees or were presently attending graduate school. Various occupations were represented in the sample; six of the 60 subjects were upper level professional (doctors, lawyers, executives, etc.) and 30 others were in professional jobs; three were employed in skilled trade, seven had clerical jobs, eight were unemployed, three were unskilled laborers, and three were full-time students.

#### Therapists

Eight professional therapists, six men and two women, were utilized in this study. All of the therapists had extensive training

and years of professional experience in Gestalt therapy and the utilization of the Two-chair experiment. Four of the therapists, three men and one woman, also had similar training and experience in bioenergetic therapy and the utilization of the charge-discharge exercise. The therapists' working experience using these skills as private practice clinicians ranged from four to twelve years with a median experience of six years eight months. Two of the Gestalt therapists and two of the Gestalt-bioenergetic therapists had a Ph.D. in psychology. The rest of the therapists had master degrees in either counseling or social work.

#### Instruments

The Myers-Briggs Type Indicator (MBTI) (Myers-Briggs, 1962), was used in this study to gather personality characteristics for each subject. Five other instruments were used to assess the effects of the treatments. Because a Solomon research design was utilized in this study to control for main effects of pre-testing or any interaction effect, half of the subjects in each treatment group were both pre and post-tested while the other half of the subjects in each group were only post-tested.

The subjects' feeling of resolution regarding the issue they identified as their conflict was measured by the "Conflict Resolution Scale" (CRS) (Greenberg and Dompierre, 1981). The subjects' feeling of personal discomfort about their career conflict was measured by the "Target Complaint Discomfort Box Scale" (TCDBS) (Battle, et al, 1966). "Epstein's Prevailing Mood Scale" (EPMS) (1979) was used to measure subjects' mood and the state form of the "State-Trait Anxiety

Inventory" (STAI) (Spielberger, Gorsuch, and Lusheme, 1970) was used to measure state anxiety. Lastly, the subjects' degree of undecidedness was measured by an adapted form of Osipow, Carney, and Barak's "Scale of Vocational Indecision" (SVI) (1975).

#### Myers-Briggs Type Indicator - Form G (MBTI)

The Myers-Briggs Type Indicator is an instrument with sufficient reliability and validity to measure relevant subject personality and attitudinal factors that could play an important part in the process of responding to a somatic intervention in psychotherapy (Buros, 8th Mental Measurement Year Book, 1978; Myers-Briggs Type Indicator Manual, 1962; Manual Supplement-Form G, 1977). Split half reliabilities obtained with the use of the Spearman-Brown formula at two colleges, resulted in reliabilities among the four major categories of personality types of .82 to .89 (MBTI Manual, 1962).

According to the manual, "the Indicator is designed primarily for the examination of differences between people with opposite preferences" (1962, p. 12). It is based on Carl Jung's theory of psychological type. Personality "type" is based on the combination of four preferences: Extraversion-Introversion, Sensing-Intuition, Thinking-Feeling, Judgment-Perception. Subject preference is assessed in regard to two ways of perceiving and two ways of judging. An individual's perception can be based on either sensing, the information taken in directly from the senses, or on intuition, which is based on meanings, relationships, and possibilities that are beyond the reach of one's senses. Opposite ways of judging are either to decide through your thinking or through your feelings. Thinking

predicts the logical result of any particular action. It is an impersonal style of judgement based on cause and effect. Feeling style of judging takes into account anything that personally matters or is important without requiring it to be logical. It is a subjective style based on personal values.

A third and fourth preference are also measured by the MBTI. An individual's perceptual preference and judgment preference may be used extravertedly in the outer world of people and things or introvertedly in the inner world of concepts and ideas. The fourth preference identifies whether a person used perception or judgment in dealing with the outer world. Thus, each person's "type" is the result of his/her combination of these four preferences:

Extraversion-Introversion, Sensing-Intuition, Thinking-Feeling, and Judgement-Perception. There are 16 possible combinations or "types" and according to the MBTI Manual, "each combination has qualities all its own, arising from the interaction of the preferred way of looking at life and preferred way of judging what is seen" (1962, p. 53).

The present study utilized Form G of the MBTI (see Manual Supplement, 1977). Form G is a 1975 revision of Form F that eliminated 40 items. Form G is a 126 item self-administered questionnaire. Its standardization is based on 1,114 male and 1,111 female high school students with above-average intellectual ability. Tests of validity that correlate tests items and psychological type range from .92 to .22. The large variability of correlations seems in part to be a result of scores from those higher grades and above-average intelligence being more reliable than other samples tested.

The Thinking vs Feeling scale was revised on Form G, so as to be more responsive to the changes in social attitude that had taken place in the greater preference for expression of feelings since publication of Form F.

Intercorrelation scores demonstrate that, as was initially demonstrated with Form F the Extraversion and Introversion, Thinking and Feeling, and the Judgement and Perception scales are "virtually independent of each other" (Manual Supplement, 1977, p. 4), whereas the Judgement and Perception scale shows a modest correlation with Sensing and Intuition.

In reviewing studies that have utilized the MBTI, not all have found it as useful as the manual would seem to indicate. A 1976 dissertation which tested 36 undergraduate volunteers with the instrument is an example. The author was interested in comparing perceptual-judgemental factors of crisis line volunteers to peer ratings. The author found "... none of the volunteers' Myers-Briggs scale scores effective measures" (Herrick, 1976, p. 357). Another study concerned effect of personality type on willingness to make a "risky shift" in small group discussions. Fifty-two groups were studied. The only statistically significant effect was that Intuitive types were somewhat more likely to make risk-taking decisions and Sensing types had a tendency to risk less (Rifkind, 1976).

However, the majority of the studies that have utilized the MBTI have found it of positive utility. The norm group for the original standardization of Form F was approximately 12,000 people from 14

separate schools and work settings (MBTI Manual, 1962). It has been used extensively by career counselors, therapists, and personnel managers and appears to be a reliable instrument for assessing people's preferred style of perceiving, judging, and relating to the outer world.

The MBTI is used extensively by career counselors because of its "identification of preferences differentially expressible in various work roles, and delineation of job characteristics within which a search for compatible vocational outlets may be conducted. It is used to search for factors in vocational development and adjustment (Myers-Briggs Type Indicator Manual, 1962, p. 78).

The MBTI thus assesses relevant subject attitudes and personality style that could play a significant part in how an individual responds to a somatic intervention in attempting to resolve an intrapsychic conflict (career decision). For example, would a perceptual preference to use intuition cause an individual to react differently to a somatic intervention than a person with a preference for a sensate based perceptual style? Would there be differences in response based on thinking versus feeling preference of judging? The MBTI personality type for each subject was statistically analyzed to determine if it was a possible predictor of the treatment outcomes. Appendix B presents a copy of the Myers-Briggs Type Indicator.

#### Scale of Vocational Indecision

The "Scale of Vocational Indecision" (Osipow, Carney, and Barak, 1975) provides an overall index of undecidedness. The scale consists of 18 items to be rated on a four point scale from (1) "not at all

like me" to (4) "exactly like me". A high score reflects indecision, a low score reflects decidedness. The scale measures 16 distinctive antecedents of educational and/or vocational indecision based on the authors' interview experience with clients. The instrument provides a conceptual fit with this study's ideas of internal conflict over the potential alternatives involved in a decision. Other attempts at dealing with the construct of indecision have approached it either as a totality or in over simplified terms.

Since a number of items on the Vocational Indecision scale are particular to college students, some minor revision of wording was necessary to make it appropriate. Previous studies made these changes (Clarke, 1981). For example, the item, "I know what I'd like to major in, but I don't know what careers it can lead to that would satisfy me", has been changed to, "I know what I'd like to do now but I don't know what it can lead to that would satisfy me"). The essential meaning of each item was maintained. Appendix C presents the revised form of the Scale of Vocational Indecision.

In order to verify that these changes had not adversely affected the validity and reliability of the scale, the adapted form was administered to 145 graduate students (Clarke, 1981). If the students were not currently experiencing a career conflict, which is unusual among graduate students, they were instructed to reveal their last time of indecision and answer as they had felt at that time.

The results of this test administered were analyzed using LERTAP, a computer program based on Hoyt's model of internal consistency (Stanley and Hopkins, 1972). The resulting  $r = .85$  indicates that the

revised items are consistent with the other items in the test and that the adapted test is reliable. Since the instrument is essentially the same, research on the reliability and validity of the original test is relevant to the present study.

Osipow, et al (1975) evaluated the validity and reliability of the Vocational Indecision Scale using seven groups of Ohio State University students (n = 837). These groups represented a wide range of career decidedness and because several of them were involved in various career decision-making programs, post-testing of the scale was permitted. The overall test-retest Pearson correlation for two groups of nontreated subjects was high (.90, .81), as was the item by item test-retest correlation which ranged from .34 to .82. The scale revealed significant differences between students requesting help in vocational decision making and those not requesting such help. It also reflected the pre and post-treatment effects of an intervention designed to reduce vocational indecision.

#### State-Trait Anxiety Inventory (STAI)

The STAI is based upon a theoretical distinction between state anxiety (A-State), which is viewed as a changing condition of perceived tension, and trait anxiety (A-Trait), a more stable condition of anxiety proneness (Spielberger and Gorsuch, 1966; Spielberger, Gorsuch, and Lushene, 1970). The instrument consists of 40 brief items.

Twenty of the items assess "how you feel right now, that is, at this moment", and another 20 items assess "how you generally feel". The items are presented in substantively counterbalanced order



relative to anxiety. The scales are printed on opposite sides of a single test form. Each scale may be given by itself; when the two are given together, the manual recommends that the state anxiety scale be administered first.

STAI is self-administered and the directions are self-explanatory. There is no time limit but to complete both forms generally takes no more than 20 minutes. The manual instructs the examiner not to use the term "anxiety" when referring to the questionnaire. While the face validity of some of the STAI items is obvious, the test forms are titled Self-Evaluation Questionnaire. Appendix D contains a copy of the STAI.

Two scores are obtained with the inventory, one each for A-State and A-Trait. The range of possible scores for Form X of the STAI varies from a minimum of 20 to a maximum of 80 on both scales. The higher the score, the greater the level of anxiety. The scoring keys reverse the direction of the non-anxiety items so that a high score suggests high state or trait anxiety.

Norms of the STAI (Form X) are available for large samples of U.S. college freshmen, high school juniors, psychology students, male neuropsychiatric patients, general medical and surgical patients, and prisoners. The norms are presented separately for male and female students. Test-retest reliabilities are reported for state (Form X-1) and trait (Form X-2) scores separately for males and females. One hour interval: .33 (males) and .16 (females) for state, .84 and .76 for trait; 20 days: .54 and .27 for state, .86 and .76 for trait; 104 days: .33 and .31 for state, .73 and .77 for trait. The high

reliabilities (.84 and .76) for trait scores suggest that Form X-2 (trait) is measuring a considerable amount of state anxiety, even when theoretically predicted fluctuations in trait anxiety are allowed for. Alpha reliability coefficients for the normative samples range from .83 to .92 for state scores and .86 and .92 for trait scores. It is suggested that alpha coefficients are more suitable reliability indicators for state anxiety than test-retest coefficients.

The construct validity for trait scores were estimated by correlating the scores of the STAI with the IPAT Anxiety Scale, Manifest Anxiety Scale, and Affect Adjective Checklist. The coefficients were .75, .80, and .52 respectively, for a group of 126 college women.

It appears that the STAI is an easy to administer, easy to score, reliable, and valid index of individual differences in proneness to anxiety or individual differences in transitory experience of anxiety. The 20 item state form (X-1) was used in the present study to measure subject level of anxiety.

#### Conflict Resolution Scale (CRS)

The CRS was created by Dompierre (1979) for use in her comparison study of empathy versus the Gestalt Two-chair operation at a conflict point or "split" in therapy. The measure consists of a seven point box scale on which clients indicate their feelings of resolution regarding the issue they have identified as their conflict. The first box (starting from the bottom) is labeled "not at all resolved" and the seventh box "totally resolved". The face validity of the instrument was confirmed independently by two experts. The instrument

was shown to successfully discriminate between more and less resolved sessions in the study, comparing the effect of the Gestalt Two-chair and empathic reflection on conflict resolution (Greenberg and Dompierre, 1981).

The CRS was used in this study to measure the subjects' feelings of resolution regarding their career conflict. Appendix E presents a copy of the CRS.

#### Target Complaints Discomfort Box Scale (TCDBS)

The subject's severity rating of target complaint was obtained by asking them to clearly state the career conflict they wanted to resolve (Battle, et al, 1966). After stating their career conflict, the subjects were asked to rate the amount of discomfort associated with it. The initial discomfort rating was made on the TCDBS, a column divided into 13 boxes. The words "not at all" are printed beside the bottom box, "a little" by the fourth box from the bottom, "pretty much" by the seventh box, and "couldn't be worse" by the top or thirteenth box. The instrument was used to rate subjects' discomfort regarding their career conflict. Appendix F presents a copy of the TCDBS.

In a reliability study the authors found the correlation between the pre and post-treatment ranks for the original prior complaint was .68. The severity ratings of the target complaint did not change to a significant degree leading the authors to conclude that the TCDBS produced reliable results. A further study by Battle, et al (1966) revealed highly reliable severity ratings of pre and post-session complaints. The mean severity rating for the main complaint was 9.3

for the pre-session measure and 8.8 for the post-session measure, a difference of half a point on a 12 point scale that was constructed specifically to gauge the reliability of target complaint severity. This difference was not significant. Fourteen out of 20 subjects had identical pre-session and post-session severity ratings and only four differed more than one point on the scale. When the severity of all subjects' target complaints was averaged, the results were similar. The mean change of the pre and post-session severity ratings of the average target complaints differed only .4 of a point.

In the same study subject's target complaints were compared when reported to two different interviewers. All the judges involved agreed that the subject's main problem was present in its content in the pre-session and post-session target complaint of all subjects. They concurred that three-fifths of the subjects produced identical pre-session and post-session target complaints and that the remainder differed in only some minor way. This led the authors to conclude

... that target complaints, when properly elicited, can be obtained reliably from the client and, in the majority of the clients, they do not change in their main content nor in their severity ratings. Moreover, the treatment goal is stated as perceived by the patient him/herself, whether it constitutes improvement of classic neurotic symptoms or changes in interpersonal relationships. Target complaints are easily and reliably obtainable even from clients with little education... (Battle, et al., 1966, p. 191).

#### Epstein's Prevailing Mood Scale (EPMS)

Epstein's Prevailing Mood Scale (1979) consists of nine, nine-point scales where each end of a scale is defined by opposite groups of items. The subject was asked which side of the scale best

described his/her feelings "right now, this very moment" and to rate this on the scale. For example:

1. Happy, cheerful, joyous;					2. Sad, unhappy, depressed.				
5	4	3	2	1	2	3	4	5	
Extremely		Moderately		Not at all or Neutral		Moderately		Extremely	

When one end of the scale is chosen and rated, the other end or item must receive a rating of "1" ("not at all"). If neither feelings apply in the moment, or if they exactly balance each other, the subjects are instructed to give both a rating of "1".

Each scale is identified by clusters of three adjectives, such as happy, cheerful, joyous. The clusters were determined by factor analysis of adjective checklists used in previous studies by Epstein (1976).

Epstein reported a series of studies of which a major focus was the examination of the temporal reliability and validity of data derived from self observation of feelings (i.e., the prevailing mood scales). The procedure followed was to observe behavior on several occasions and single observations were treated like single items on a test. More precisely, stability coefficients were first determined for a one-day sample by correlating each subject's scores on Day One with each subject's scores on Day Two. Coefficients were then determined for a two day sample by correlating the mean of a subject's scores on Days One and Three and so on, until the mean of a subject's scores on all odd days was correlated with the mean of the subject's scores on all even days. It was then possible to examine split-half

stability coefficients for each variable as a function of the number of observations that were averaged. This type of procedure is analogous to that which compares the reliability coefficients of tests of different lengths.

The reliability coefficients for each bi-polar variable are:

<u>Emotion</u>	<u>1 day sample</u>	<u>7 day sample</u>	<u>14 day sample</u>
Happy-Sad	.43	.66	.80
Kind-Angry	.55	.78	.88
Secure-Threatened	.41	.67	.80
Aroused-Tired	.32	.66	.80
Spontaneous-Inhibited	.41	.79	.88
Calm-Tense	.34	.83	.91
External Attention- Introspective	.22	.55	.71
Worthy-Unworthy	.56	.79	.88
Integral-Disorganized	.52	.84	.91
Powerful-Helpless	.59	.85	.92
Peaceful-Agitated	.53	.82	.90
Attractive-Unattractive	.59	.89	.94
Optimistic-Pessimistic	.41	.85	.92
Alert-Unreactive	.34	.64	.78
Outgoing-Seculsive	.46	.70	.86
X Correlation	.45	.75	.86

The work reported by Epstein (1979) led him to conclude:

... that once high levels of reliability are established, evidence of construct validity is apt to emerge in relationships among the different variables, including ones that do not share common method variance (p. 121).

In other words high levels of stability can be demonstrated for subjective data when the data are averaged over a sufficient number of events. Since reliability determines the upper limit of validity, it can be taken as a necessary but not sufficient condition for validity.

In this study attention was focused on only three of the scales of the EPMS. This was done because of their perceived theoretical link to the phenomenon of intrapsychic conflict. The following

statement by Simkin (1974) constructs the frame of reference:

... There are two sides to every coin. There are two sides to you. Polarities are the two sides to your coin. If you are aware of beating yourself and you identify with the beaten part, that's your side of the coin. Or you may be aware of beating, but not in touch with the part of you that is being beaten. If you are aware of a part of you which feels put down, there is also a part of you that is doing the putting down.... By getting in touch with both sides of the polarity, especially the side that you don't ordinarily identify with, there is the possibility of integration, of putting yourself together. To achieve integration, centeredness, and balance, you need to learn the two sides of your coin (p. 56).

The scales perceived as theoretically relevant were originally (Epstein, 1979) worded as:

- 1) Integral - Disorganized
- 2) Optimistic - Pessimistic
- 3) Powerful - Helpless

More recently (Epstein, 1980) the wording of some scales were changed to:

- 1) Integrated - Disorganized (INT)
- 2) Optimistic - Pessimistic (OPT)
- 3) Powerful - Weak (POW)

The most recent scales were used in this study. It was assumed that prior to any movement toward conflict resolution, people would feel pessimistic about their effort to resolve their career conflict whereas following movement in the direction of resolution they would feel more optimistic. This would be captured by the OPT scale. Similarly, it was assumed that prior to resolution people would feel non-integrated or disorganized and after any movement toward resolution they would feel more integrated, which would be reflected

on the INT scale. Finally, it was assumed that individuals prior to conflict resolution would experience themselves as weak or helpless and following any movement toward resolution would experience themselves as more powerful and self directed. This would be registered on the POW scale of the EPMS. Appendix G contains a copy of the EPMS.

In evaluating the experimental hypotheses, each of these three scales (Integration, Optimism, Powerful) was treated as a dependent variable.

#### Miscellaneous Forms

Explanation of the Study: A written explanation of the study was given to all subjects. It described the study as about "how people make decisions related to their careers". It also informed the subjects of their rights to confidentiality and to withdraw from the study at any time (see Appendix H).

Consent Form: All subjects were asked to sign a Consent Form which stated that they were freely volunteering to participate in the study, had been informed of the nature of their participation, and had been informed of their right to withdraw from the study (see Appendix I).

Information Sheet: A short form was used to collect demographic information such as name, address, age, sex, education, occupation, marital status, religion, and previous counseling experience (see Appendix J).



## Procedure

### Subject Selection and Assignment

Subjects were solicited through newspaper advertisements and flyers placed in community centers and college libraries (Appendix K presents a sample flyer and press release). The announcements described a free, short research project conducted under the auspices of the university for people facing a difficult decision related to their career. The newspaper advertisements were the most effective solicitation. Approximately 140 inquiries were received in response to this publicity.

From the approximately 140 calls received, 78 people were eventually selected to participate in the study. A preliminary screening occurred at the initial telephone contact. If callers were not experiencing a current conflict related to a career decision, they were referred to an alternate professional or community service. If they were currently experiencing such a conflict, they were invited to an "introductory interview".

At the introductory interview subjects were screened for evidence of severe disturbance. Only persons who were relatively well-functioning and experiencing a career related conflict were accepted for the study. Appendix L presents a protocol of the screening interview and a checklist of the acceptance criteria. These are based on Malan's (1976) criteria of who is best suited for short-term therapy.

Some subjects dropped-out over the course of the project. They were replaced as additional volunteer subjects were screened and

randomly assigned to treatment groups. Of 97 volunteers interviewed in the course of the recruitment effort, 19 were screened out because they did not meet acceptance criteria or because of scheduling problems. Of the 78 selected as subjects, 12 people did not show-up for the group briefing that followed the screening interview and six subjects failed to show-up for the treatment session. Drop-outs were evenly spread across treatment groups. A total of 60 subjects ( $n = 60$ ) completed the study.<sup>1</sup>

After the screening interview subjects accepted for the study were provided with a written explanation of the study and asked to sign the informed consent form. They were also given a copy of the Myers-Briggs Type Indicator and told to complete it and bring it to the group briefing for all volunteers that was held approximately one week after the screening interview.

At the screening interview, volunteers who were accepted as subjects for the study were randomly assigned to one of the treatment groups. Half of the subjects ( $n = 10$ ) who comprised the Control group were requested at the screening interview to take time to fill-out the SVI, STAI, EPMS, CRS, and TCDBS.

#### Control Group Briefing

A total of 20 subjects were randomly assigned to the Control group ( $C n = 20$ ). Approximately 7-10 days after their screening interview, they attended a group briefing session which lasted about

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<sup>1</sup>All "no shows" and drop-outs were contacted by the experimenter. Reasons for withdrawal from the study ranged from scheduling difficulties to more ambiguous reasons (e.g., "I changed my mind".) In all cases an alternative referral was offered.

45 minutes. All 20 of the Control group subjects were given the SVI, STAI, EPMS, CRS, and TCDBS at the beginning of the meeting and requested to complete them at that time. The completed instruments were then collected from each subject along with their Myers-Brigg answer sheet. The meeting was used to encourage the notion that conflicts and problematic career situations are a normal part of life. After this discussion the subjects were told that a therapist would contact them within a week to arrange their session. They were then dismissed from the meeting. Half of the Control group were thus tested twice (once at the screening interview and again at the group briefing) and the other half only once.

Therapy sessions for the Control group were conducted by a team of volunteer therapists. All sessions were held within 10 days of the group briefing.

#### Two-Chair and Somatic Intervention plus Two-Chair Groups

A total of 20 subjects were randomly assigned to the Two-chair group (TC n = 20) and to the combined Somatic Intervention plus Two-chair group (SITC n = 20). Five subjects were then randomly assigned to each of the four Gestalt therapists utilizing the Two-chair experiment, and five subjects were randomly assigned to each of the bioenergetic-Gestalt therapist utilizing the Somatic Intervention plus the Two-chair experiment. Forty subjects and eight therapists thus participated in the study, with 20 volunteers in the Control group.

#### Treatment Group Briefings

Approximately 7-10 days after the screening interview, the

treatment group subjects received a group briefing session which lasted about one hour. Each group was briefed separately. The purpose of these sessions was to explain the rationale for the therapy approach to be used and to encourage the notion that conflicts and problematic situations are a normal part of life. The Myers-Briggs Type Indicator answer sheets were collected from each subject at this time.

The TC group briefing was conducted by an advanced doctoral student in Counseling Psychology. The Gestalt Two-chair experiment was described and demonstrated. Time was allowed for questions and clarifications. Subjects were told that in their therapy sessions their therapist would help them to work on their conflict by using the Two-chair experiment.

One-half of the TC group ( $n = 10$ ) was then dismissed and told that their therapist would contact them within a week to schedule their session. The other half of the group remained and were given the SVI, STAI, EPMS, CRS, and TCDBS. They were asked to fill them out at that time. After completing the instruments, they were dismissed and told that their therapist would contact them to arrange their session.

The SITC group briefing was also conducted by an advanced doctoral student in Counseling Psychology. The bioenergetic charge-discharge exercise and the Gestalt Two-chair experiment were both described and demonstrated. Time was allowed for questions and clarifications. Subjects were told that in their therapy session, their therapist would help them to work on their conflict by using the bioenergetic

exercise and the Two-chair experiment.

One-half of the SITC group (n = 10) was then dismissed and told that their therapist would contact them within a week to schedule their session. The other half of the group remained and were given the SVI, STAI, EPMS, CRS, and TCDBS. They were asked to fill them out at that time. After completing the instruments, they were dismissed and told that their therapist would contact them to arrange their session.

### Treatment

Within 7-10 days after the group briefing, all subjects met individually with their therapist. They described their career conflict and the therapist then instituted the assigned counseling intervention(s).

Approximately one week after the counseling session the SVI, STAI, EPMS, CRS, and TCDBS were given to all subjects at a follow-up meeting. The experimenter then de-briefed all subjects and responded to any questions and concerns.

### Check on Treatments

In order to verify that the assigned treatments were in fact conducted, audio-tapes of the therapy sessions were evaluated by four raters. The raters had extensive training and professional clinical experience in the treatments they evaluated and were blind to the experimental hypotheses. Two raters listened to the TC tapes and recorded their evaluations on a checklist. Two different raters listened to the SITC tapes and recorded their evaluations on a checklist for each treatment. Comparisons were made to see if the

raters agreed that the assigned treatments were conducted. In all cases the raters agreed that the assigned treatments were in fact conducted.

This method of confirming treatment procedures was developed by Snodgrass and Healy (1979). Appendix M presents the checklists.

### Design and Analysis

The design in this study is a modified Solomon Design (Campbell and Stanley, 1963). The traditional Solomon four-group design does not allow for the comparison of two or more experimental treatments. This study used a hybrid of two Solomon designs which use common control groups. In addition to having the advantages of the traditional Solomon Design (e.g., examining the pretesting effects), the modified Solomon Design allows direct comparison of the two treatments (Two-chair and the Somatic Intervention plus Two-chair). Table 1 illustrates this design.

Table 1

### The Modified Solomon Design

---

R	0	X	0	
R	0	X	0	
R	0		0	N = 60 (10 per group)
R		X	0	
R		X	0	
R			0	

---

This design controls for all hypotheses which may rival the

experimental hypotheses (Campbell and Stanley, 1963).

The posttest scores of each dependent variable were submitted to a 2 x 3 ANOVA to determine if there was a pretesting effect or any pretesting by treatment interaction. Table 2 illustrates this analysis.

Table 2

2 x 2 ANOVA of the Modified Solomon Design

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		Treatment		
		X	X	Control
Pretest	Yes	0	0	0
	No	0	0	0

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To evaluate the experimental hypotheses, the scores of subjects who were both pre and posttested were submitted to a one-way analysis of covariance (ANCOVA) with alpha set at the .05 level of significance. The pretest scores of subjects were used as the covariates in this analysis.

After evaluating the experimental hypotheses, it was necessary to find out if the therapists in each group were differentially effective in applying the treatments. Had this been the case, it would have raised the question of whether the treatment of the therapist was causing the effect. To investigate this question, a one-way analysis of covariance (ANCOVA) was conducted on the posttest scores of subjects from both the TC and SITC groups. Pretest scores were used

as covariates in this analysis and all scores were grouped into eight cells, one for each therapist.

In addition to this analysis, a multiple regression analysis was used to determine if any individual personality characteristics of the subjects were possible predictors of the treatment outcome. The personality type of each subject, as determined by the Myers-Briggs Type Indicator, were used for this part of the analysis.



## CHAPTER IV

### RESULTS

This chapter will present the results of the statistical analysis of the data. To verify that the assigned treatments were conducted, analysis of the ratings of the audio tapes for each treatment session will be presented. To show that there was no pretesting effect or any pretesting by treatment interaction, the results of the analysis of variance of the posttest scores of each dependent variable will be given. Statistical evaluations of the experimental hypotheses will then be described. To show that the therapists were not differentially effective in applying treatments, the results of the analysis of covariance of the posttest scores will be reported. To show that there was no differential performance based on the Myers-Briggs personality characteristics, the multiple regression analysis of the subjects' Myers-Briggs personality type and posttest scores will be reported. Finally, the analysis of individual demographic characteristics will be presented to show how they correlate with treatment outcome.

#### Check on Treatments

In order to verify that the assigned treatments were conducted, audio tapes of the therapy sessions were evaluated by four raters. Two raters listened to the Two Chair (TC) tapes and recorded their evaluations on a ten point item checklist. Two different raters listened to the Somatic Intervention plus Two Chair (SITC) tapes and

recorded their evaluations on a ten item checklist for each treatment. Appendix M (p. 191) presents the checklists.

To measure the level of agreement of the two raters for each group, the ratings were cross referenced using a simple cross tab analysis. The results of the analysis of the ratings for the SITC group was a 91% average agreement across all items on the checklist. The results of the analysis of the ratings for the TC group was an 83% average agreement across all items on the checklist. In every case the raters agreed that the assigned treatment was conducted correctly.

#### Pretest, Interaction, or Treatment Effect

A common problem in research is to know whether posttest data are due to treatment or due to testing effect or interaction of pretesting plus treatment. The modified Solomon research design used in this study controlled for this problem. The posttest scores of each dependent variable were submitted to a two-way analysis of variance with alpha at the .05 level of significance. Table 3 presents a summary of these analyses.

The results of all seven dependent variables indicate that there was no pretesting effect nor any effect due to pretesting by treatment interaction. Four of the seven pretesting F-ratios were less than one and the  $p$  values ranged from .070 to .803. There were six interaction effect F-ratios that were less than one and the  $p$  values ranged from .402 to .994. There were no pretesting or interaction effect  $p$  values of .05 or less.

The analysis does indicate a clear treatment effect. On all seven dependent variables the F-ratios are significantly higher than

Table 3

Summary of ANOVA to Test Pretesting, Treatment, and Pretesting by  
Treatment Interaction Effects for all Groups

Variable	Effect	SS	DF	MS	F	P
Scale of Vocational Indecision	Pretesting	60.00	1	60.000	1.408	0.241
	Treatment	370.633	2	185.317	4.348	0.018
	Interaction	93.900	2	46.950	1.101	0.340
State-Trait Anxiety Inventory	Pretesting	11.27	1	11.267	0.084	0.744
	Treatment	1212.400	2	606.200	4.500	0.016
	Interaction	1.733	2	0.867	0.006	0.994
Target Complaint Discomfort Box Scale	Pretesting	6.017	1	6.017	1.088	0.301
	Treatment	235.833	2	117.917	21.332	0.0001
	Interaction	0.633	2	0.317	0.057	0.944
Epstein's Prevailing Mood Scale - Integrated	Pretesting	2.400	1	2.400	0.803	0.374
	Treatment	78.233	2	39.117	13.087	0.0001
	Interaction	0.300	2	0.150	0.050	0.951
Epstein's Prevailing Mood Scale - Optimism	Pretesting	0.150	1	0.150	0.065	0.803
	Treatment	32.433	2	16.217	6.989	0.002
	Interaction	4.300	2	2.150	0.927	0.402
Epstein's Prevailing Mood Scale - Power	Pretesting	11.267	1	11.267	3.418	0.070
	Treatment	75.633	2	37.817	11.472	0.0001
	Interaction	1.033	2	0.517	0.157	0.855
Conflict Resolution Scale	Pretesting	2.017	1	2.017	0.872	0.355
	Treatment	69.100	2	34.550	14.938	0.0001
	Interaction	3.633	2	1.817	0.785	0.461

one and all  $p$  values are less than .05 level of significance with a range of .0001 to .016.

### Hypotheses Analyses

To evaluate the experimental hypotheses, the pre- and posttest scores (N=30) for the TC, SITC, and Control groups were submitted to a one-way analysis of covariance (ANCOVA) with alpha set at the .05 level of significance. Pretest scores were used as a covariate. The scores of the 30 subjects who were only posttested were not used. They were used in the previous analysis to determine that there was no pretesting or interaction effect.

In conducting an analysis of covariance a critical assumption is that there is homogeneity of regression slopes. This assumption was tested for each of the seven dependent variables; for four of the dependent variables (vocational indecision, state anxiety, discomfort, integrated mood), the assumption of homogeneity proved valid. For the remaining three variables (optimistic mood, power mood, and conflict resolution), the regression slopes did not prove equal. Therefore, a second analysis of covariance was conducted on these three dependent variables which took into account the differences of the regression slopes (Statistical Package for the Social Sciences - Revised Workbook, pp. 509-511).

#### Hypothesis 1

The null hypothesis 1 stated that the posttest scores on the Scale of Vocational Indecision of the SITC group will be not significantly different than either the TC group or the Control Group. The test of the assumption of homogeneity of regression slopes proved

valid for this dependent variable. The analysis of covariance on the pre- and posttest scores of the Scale of Vocational Indecision indicate a significant main effect for groups,  $F(2, 26) = 10.96$ ,  $p < .0001$ . Table 4 presents the results. A Tukey test analysis of the adjusted means showed a) that the average SITC score (25.47) was significantly lower than the average TC (32.08) and the Control (35.0) scores; b) the TC group average was not significantly different than the Control group score. In other words, the SITC treatment had a significant effect in reducing subject level of vocational undecidedness. Therefore the null hypothesis 1 was rejected.

Table 4

ANCOVA on the Scale of Vocational Indecision Posttest Scores

for all Groups: Pretest Scores Used as Covariates

Source	SS	DF	MS	F	P
Between Groups	470.063	2	235.031	10.964	.0001
Within Groups	557.344	26	544.356		
Total	1027.407				

Hypothesis 2

The null hypothesis 2 stated that the posttest scores on the State-Trait Anxiety Inventory of the SITC group will be not significantly different than either the TC or Control groups. The test of the assumption of homogeneity of regression slopes proved valid for this dependent variable. The analysis of covariance on the

pre- and posttest scores of the State-Trait Anxiety Inventory indicated no significant main effect for groups,  $F(2, 26) = 2.07$ ,  $p < .146$ . Table 5 gives the results of this analysis. The treatment groups were not significantly different after the treatments. Inspection of the group means revealed that the difference, while not significant, was in the direction of lower scores for the SITC group than the TC or control groups. The TC group had the highest posttest anxiety scores. Null hypothesis 2 was accepted.

Table 5

ANCOVA on the State-Trait Anxiety Inventory Posttest Scores  
for all Groups: Pretest Scores Used as Covariates

Source	SS	DF	MS	F	P
Between Groups	531.168	2	265.584	2.07	.146
Within Groups	3335.189	26	128.276		
Total	3866.357				

Hypothesis 3

The null hypothesis 3 stated that the posttest scores on the Target Complaint Discomfort Box Scale of the SITC group will not be significantly different than either the TC or Control groups. The test of the assumption of homogeneity of regression slopes proved valid for this dependent variable. The analysis of covariance on the pre- and posttest scores of the discomfort scale indicate a significant main effect for groups,  $F(2, 26) = 16.41$ ,  $p < .0001$ .

Table 6 presents the results of this analysis. The Tukey test of the adjusted means demonstrated a) that the average SITC score (2.68) was significantly lower than the average TC (6.62) and the Control (7.87) scores; b) the TC group average was not significantly different than the Control group score. Therefore, the SITC treatment had a significant effect in reducing subjects' level of discomfort over their career conflict. Null hypothesis 3 was rejected.

Table 6

ANCOVA on the Target Complaint Discomfort Box Scale Posttest  
Scores for all Groups: Pretest Scores Used as Covariates

Source	SS	DF	MS	F	P
Between Groups	146.986	2	73.493	16.412	.0001
Within Groups	116.424	26	4.477		
Total	263.410				

Hypothesis 4

The null hypothesis 4 stated that the posttest score on the Integration scale of Epstein's Prevailing Mood Scale for the SITC group will not be significantly different than either the TC or Control groups. The test of the assumption of homogeneity of regression slopes proved valid for this dependent variable. The analysis of covariance on the EPMS - Integration indicate a significant main effect for groups,  $F(2, 26) = 7.38, p < .003$ . Table 7 presents the results. Utilizing the Tukey test analysis of the

adjusted means revealed a) that the average SITC score (2.13) was significantly higher than the average TC (-.15) and the Control (-.88) scores; b) the TC group average was not significantly different than the Control group score. The SITC treatment had a significant effect in increasing subject feelings of integration about solving their career conflict. Therefore null hypothesis 4 was rejected.

Table 7

ANCOVA on Epstein's Prevailing Mood Scale - Integrated

Posttest Scores for all Groups: Pretest Scores Used as Covariates

Source	SS	DF	MS	F	P
Between Groups	48.531	2	24.265	7.38	.003
Within Groups	85.451	26	3.286		
Total	133.982				

Hypothesis 5

The null hypothesis 5 stated that the posttest score on the Optimism scale of Epstein's Prevailing Mood Scale for the SITC group will not be significantly different than either the TC or Control groups. The test for the homogeneity of regression slopes proved false for this dependent variable. Therefore a second analysis of covariance was conducted which took into consideration the differences in the regression slopes. This analysis indicated a significant main effect for groups,  $F(2, 24) = 15.59, p < .0001$ . Table 8 gives the results of this analysis. The Tukey test analysis of the adjusted



means revealed a) that the average SITC score (3.0) was significantly higher than the average TC (1.30) and the Control (0.70) scores; b) the TC group average was not significantly different than the Control group scores. Null hypothesis 5 can be rejected because the findings indicate the SITC treatment had a significant effect in increasing subjects' feeling of optimism about resolving their career conflict.

Table 8

ANCOVA on Epstein's Prevailing Mood Scale - Optimism

Posttest Scores for all Groups: Pretest Scores Used as Covariates

and Adjustment Made for Unequal Slopes

Source	SS	DF	MS	F	P
Between Groups	45.924	2	22.962	15.586	.0001
Within Groups and Residual	35.357	24	1.473		
Total	81.281				

Hypothesis 6

The null hypothesis 6 stated that the posttest scores on the Power scale of Epstein's Prevailing Mood Scale for the SITC group will not be significantly different than either the TC or Control groups. The test for the homogeneity of regression slopes proved false for this dependent variable. The second analysis of covariance was conducted that took into consideration the differences in slopes. Table 9 presents the results of this analysis. The findings indicate a significant main effect for groups,  $F(2, 24) = 15.91, p < .0001$ .

However, the Tukey test of the adjusted means showed a) that the average SITC score (2.50) was not significantly higher than the average TC (1.20) group score; b) both the SITC and TC scores were significantly different than the Control group score. In other words, both the SITC and the TC treatments had a positive effect in increasing subjects' feeling of personal power about resolving their career conflict. Because there was not a significant difference between the two treatment groups, the null hypothesis 6 was accepted.

Table 9

ANCOVA on Epstein's Prevailing Mood Scale - Power

Posttest Scores for all Groups: Pretest Scores Used as Covariates and Adjustment Made for Unequal Slopes

Source	SS	DF	MS	F	P
Between Groups	53.425	2	26.712	15.918	.0001
Within Groups and Residual	40.273	24	1.678		
Total	93.698				

Hypothesis 7

The null hypothesis 7 stated that the posttest scores on the Conflict Resolution Scale of the SITC group will not be significantly different than either the TC or Control groups. The test of the assumption of homogeneity of regression slopes again proved false for this dependent variable. Therefore a second analysis of covariance was conducted which took into account the differences in regression

slopes. Table 10 gives the results of this analysis and indicates a significant main effect for groups,  $F(2, 24) = 4.07$ ,  $p < .03$ . The Tukey test analysis of the adjusted means revealed a) that the average SITC score (2.50) was significantly lower than the average TC (4.20) and the Control (5.20) scores; b) the TC group average was not significantly different than the Control group score. Null hypothesis 7 was rejected. The SITC treatment had a significant effect in lowering subject level of conflict about their career decision.

Table 10

ANCOVA on the Conflict Resolution Scale

Posttest Scores for all Groups: Pretest Scores Used as Covariates  
and Adjustment Made for Unequal Slopes

Source	SS	DF	MS	F	P
Between Groups	11.599	2	5.799	4.07	.030
Within Groups and Residual	34.158	24	1.423		
Total	45.757				

Therapist Effect

To determine whether or not the therapists in each treatment group were differentially effective in applying the treatments, the posttest scores on the Scale of Vocational Indecision, State-Trait Anxiety Inventory, Target Complaint Discomfort Box Scale, Epstein's Prevailing Mood Scale, and the Conflict Resolution Scale were submitted to a one-way analysis of covariance considering the

therapists as a four level fixed factor with alpha set at the .05 level of significance. Pretest scores were used as covariates. This analysis grouped scores into eight cells, one for each therapist. Table 11 presents the summary of the analysis of the scores for the SITC group. Table 12 presents the summary of the analysis of the scores for the TC group. The results indicate there was no therapist effect on subjects in the SITC group. As Table 11 shows, the analysis of each of the seven dependent variables indicated no F-ratio of .05 or less. Four out of the seven F-ratios were less than one and all the  $p$  values ranged from .19 to .92.

The analysis to test therapist effect in the TC group indicates a significant difference for one dependent variable, the state anxiety scores ( $p = .003$ ). However, the hypotheses testing showed no significant differences between the treatment groups on the State-Trait Anxiety Inventory. The anxiety scores were not affected by the experimental treatments. The analysis of the remaining six dependent variables for the TC group showed no therapist effect. As Table 12 indicates, none of these variables had an F-ratio of .05 or less. One of the F-ratios was less than one and the  $p$  values ranged from .19 to .88 (excluding the anxiety scores).

These results indicate that in the SITC group there was no therapist effect on the dependent variables. There was a therapist effect in the TC group on the state anxiety scores.

#### Influence of Personality Characteristics

To determine if the personality characteristics of the subjects as measured by the Myers-Briggs were possible predictors of the

Table 11

Summary of ANCOVA to Test Therapist Effect in theSITC Treatment Group

Variable	SS	DF	MS	F	P
Scale of Vocational Indecision	54.439	2,6	27.219	2.252	.186
State-Trait Anxiety Inventory	340.430	2,6	170.215	1.159	.375
Target Complaint Discomfort Box Scale	1.153	2,6	0.576	0.199	.824
Epstein's Prevailing Mood Scale - Integrated	0.627	2,6	0.313	0.126	.884
Epstein's Prevailing Mood Scale - Optimism	3.44	2,6	1.723	1.590	.279
Epstein's Prevailing Mood Scale - Power	0.882	2,6	0.441	0.229	.802
Conflict Resolution Scale	0.323	2,6	0.161	0.085	.919

Table 12

Summary of ANCOVA to Test Therapist Effect in the TCTreatment Group

Variable	SS	DF	MS	F	<u>P</u>
Scale of Vocational Indecision	7.127	2,6	3.563	.127	.883
State-Trait Anxiety Inventory	1015.350	2,6	507.675	18.211	.003
Target Complaint Discomfort Box Scale	26.651	2,6	13.325	2.245	.187
Epstein's Prevailing Mood Scale - Integrated	23.242	2,6	11.621	4.025	.078
Epstein's Prevailing Mood Scale - Optimism	1.427	2,6	0.713	1.160	.375
Epstein's Prevailing Mood Scale - Power	4.101	2,6	2.050	1.006	.420
Conflict Resolution Scale	4.215	2,6	2.107	1.734	.254

treatment outcome, the M-B personality type of each subject was analyzed. A multiple regression analysis was used to determine if there was any significant amount of variability due to M-B personality type. Table 13 shows the results of this analysis.

The findings indicate that there were no significant differences in the scores due to personality type. In each of the seven dependent variables only a small proportion of the variance could be accounted for by personality differences. The F-ratios range from .17 to .41 with no  $p$  values of .05 or less. Thus, there was no significant differential performance on the posttest scores due to subjects Myers-Briggs personality type.

#### Correlation of Demographic Characteristics and Treatment Outcome

Demographic information collected for each subject included their age, sex, education, occupation, marital status, religion, and previous therapy experiences (see Appendix J, p. 183). These individual demographic characteristics were analyzed to determine if they had any correlation with treatment outcome scores.

Three of these characteristics are equal interval scales. These include subjects' age, sex, and previous therapy ("yes" or "no"). Since these are equal interval categories, a simple Pearson correlation coefficient was used to analyze their relationship to outcome scores.

Because the other characteristics are not equal interval scales, their relationship to the outcome measures were analyzed with a simple ANOVA. If this proved significant, then the Epsilon coefficient was computed. This yields a score that estimates the strength of the

Table 13

Summary of the Multiple Regression Analysis Relating Dependent  
Variables to Myers-Brigg Personality Types

Variable	R	Adjusted R	F	P
Scale of Vocational Indecision	.309	.094	1.442	.173
State-Trait Anxiety Inventory	.212	.000	.866	.597
Target Complaint Discomfort Box Scale	.264	.035	1.154	.341
Epstein's Prevailing Mood Scale - Integrated	.173	.000	.672	.788
Epstein's Prevailing Mood Scale - Optimism	.304	.087	1.405	.190
Epstein's Prevailing Mood Scale - Power	.249	.051	1.067	.410
Conflict Resolution Scale	.284	.061	1.277	.258



significant relationship between the demographic characteristic and treatment outcome scores. The Epsilon coefficient can be interpreted in the same manner as a Pearson correlation coefficient. The non-equal interval characteristics included marital status, education, occupation, and religion. Tables 14, 15, and 16 gives the results of these analyses.

The Pearson correlation of subjects' age and sex showed no significant correlation with outcome scores. However, subjects with previous therapy experience did have a significantly high correlation with the following dependent variables: Discomfort Scale ( $r = -.34$ ,  $p = .032$ ); Indecision Scale ( $r = .39$ ,  $p = .016$ ); the Mood Scales of Integration ( $r = .43$ ,  $p = .009$ ); Optimism ( $r = .37$ ,  $p = .021$ ); and Powerful ( $r = .37$ ,  $p = .022$ ). In other words, previous therapy experience was significantly related to outcome scores of less discomfort, less vocational indecision, and stronger feelings of integration, optimism, and power. Table 14 shows these results.

The results of the ANOVA of subjects' occupation and religion to outcome scores showed no level of significance. There was significant difference in outcome scores based on subjects' marital status and level of education. The posttest scores of the following variables varied significantly due to subjects' marital status; the Epsilon coefficient (E) indicates the strength of the significant relationship: Discomfort Scale ( $F = 12.22$ ,  $P = .002$ ;  $E = .66$ ); Conflict Resolution Scale ( $F = 6.54$ ,  $P = .005$ ;  $E = .53$ ); Mood Scales of Integration ( $F = 3.76$ ,  $P = .04$ ;  $E = .40$ ); and Optimism ( $F = 6.0$ ,  $P = .007$ ;  $E = .50$ ). Table 15 shows these results.

Table 14

Pearson Correlation Coefficient for Previous Therapy Experience\*

Variable	r	P
Conflict Resolution Scale	-.16	N.S.
Target Complaint Discomfort Scale	.34	.032
Scale of Vocational Indecision	.39	.016
State-Trait Anxiety Inventory	-.08	N.S.
EPMS - Integrated	.43	.008
EPMS - Optimism	.37	.021
EPMS - Powerful	.37	.002

\*Age and Sex were not significant (N.S.).

Table 15

ANOVA and Epsilon Coefficient for Marital Status\*

Variable	Means			F	p	Epsilon
	Single	Married	Divorced			
Conflict Resolution Scale	3.33	6.00	4.33	6.54	.005	.53
Target Complaint Discomfort Scale	4.38	9.66	7.00	12.22	.002	.66
Scale of Vocational Indecision				N.S.		
State-Trait Anxiety Inventory				N.S.		
EPMS - Integrated	.90	-1.66	.66	3.76	.04	.40
EPMS - Optimism	2.33	.50	-.66	6.00	.007	.50
EPMS - Powerful				N.S.		

\*Religion and Occupation were not significant (N.S.).

The posttest scores of the following dependent variables varied significantly due to subjects' level of education: State Anxiety ( $F = 3.31$ ,  $P = .04$ ;  $E = .44$ ); Mood Scales of Integration ( $F = 3.0$ ,  $P = .05$ ;  $E = .41$ ); and Powerful ( $F = 4.0$ ,  $P = .02$ ;  $E = .49$ ). Table 16 shows these results.

These results indicate that marital status (married, divorced, or single) was significantly related to the four outcome scores of discomfort, conflict resolution, and feelings of integration and optimism. The direction of the means of the marital status categories shows a clear pattern of single people scoring better than divorced or married subjects on all four dependent variables. Married subjects scored lowest on three of the variables.

Education levels of advanced degree, college graduate, some college, and high school graduate were significantly related to the three outcome scores of anxiety and feelings of integration and power. The direction of the means of the education categories indicates a trend of subjects with some college scoring lowest on all three dependent variables. College graduates were second lowest on two of the three variables. In other words, subjects with some college education but no degree had higher anxiety and lower feelings of integration and power than subjects with other educational levels.

#### Summary

The analyses indicated that there was no pretesting effect or pretesting by treatment interaction on the posttest scores of subjects. Having established this fact, the experimental hypotheses were analyzed based on the posttest comparisons of the SITC, TC, and

Table 16

ANOVA and Epsilon Coefficient for Education Level

Variable	Educational Level Means				F	p	Epsilon
	H.S.	Some Coll.	Coll. Grad	Adv. Degree			
Conflict Resolution Scale					N.S.		
Target Complaint Discomfort Scale					N.S.		
Scale of Vocational Indecision					N.S.		
State-Trait Anxiety Inventory	36.5	61.0	42.0	43.3	3.31	.04	.44
EPMS - Integrated	1.0	-2.25	.4	1.33	3.00	.05	.41
EPMS - Optimism					N.S.		
EPMS - Powerful	2.50	-1.75	1.29	1.67	4.00	.02	.49

Control groups on: The Scale of Vocational Indecision, the State-Trait Anxiety Inventory, the Target Complaint Discomfort Box Scale, three moods on Epstein's Prevailing Mood Inventory (Integration; Optimism; and Power), and the Conflict Resolution Scale.

Five of the seven null hypotheses were rejected in that there were significant differences between the SITC group and the TC and Control groups. The rejected null hypotheses include the following:

1. The Two-chair, Somatic Intervention plus Two-chair, and Control groups will not differ significantly on a post-treatment measure of undecidedness (Scale of Vocational Indecision).

3. The Two-chair, Somatic Intervention plus Two-chair, and Control groups will not differ significantly on a post-treatment measure of discomfort (Target Complaint Discomfort Box Scale).

4. The Two-chair, Somatic Intervention plus Two-chair, and Control groups will not differ significantly on a post-treatment measure integration (Epstein's Prevailing Mood Scale - Integration).

5. The Two-chair, Somatic Intervention plus Two-chair, and Control groups will not differ significantly on a post-treatment measure of optimism (Epstein's Prevailing Mood Scale - Optimism).

7. The Two-chair, Somatic Intervention plus Two-chair, and Control groups will not differ significantly on a post-treatment measure of conflict resolution (Conflict Resolution Scale).

The two null hypotheses which were not rejected were the following:

2. The Two-chair, Somatic Intervention plus Two-chair, and Control groups will not differ significantly on a post-treatment

measure of state anxiety (State-Trait Anxiety Inventory).

6. The Two-chair, Somatic Intervention plus Two-chair, and Control groups will not differ significantly on a post-treatment measurement of personal power (Epstein's Prevailing Mood Scale - Power).

The results of the analyses indicate that the combined treatment of the somatic intervention and Gestalt Two-chair technique had a significant positive effect in reducing subjects vocational indecision and level of subjective discomfort, as well as increasing their feelings of personal integration and optimism. It also had a positive effect in the resolution of the actual career conflict. The results did not indicate that the treatments had a positive effect in reducing subjects level of state anxiety over their career conflict. Both the SITC and TC treatments had a positive though not significant effect in increasing subjects feelings of personal power about resolving their conflict.

The results of the analyses also indicate that there was no therapist effect on treatment outcome on any of the five dependent variables that showed significant treatment effect. The only therapist effect indicated was for the state anxiety scores in the TC group. However, the state anxiety variable did not show significant results in treatment outcome.

Finally, the analysis showed that there was no differential performance on posttest scores due to subjects personality characteristics as measured by the Myers-Brigg Type Indicator. Analysis of subject demographic characteristics indicated that

differences in previous therapy experience, marital status, and level of education highly correlated with many of the outcome scores.



## CHAPTER V

### SUMMARY, DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

#### Background of the Study

The importance of the emotional domain is accepted as critical for effective psychotherapy. Various affective interventions, such as the Gestalt Two-Chair technique, have been empirically evaluated and shown to be effective therapeutic interventions. The Gestalt Two-Chair technique has proven especially helpful in resolving emotional conflicts.

Another rapidly growing area of psychotherapy that also emphasizes the affective domain is body-oriented psychotherapy. This approach includes many different theories and techniques to work with a person's body and mind to help resolve emotional problems. One in particular, bioenergetics, strongly emphasizes the importance of the organism's natural life energy and its fluidity of flow throughout the body. Bioenergetics is an approach to therapy that works with the body on three levels simultaneously: analytically, expressively, and energetically. It is a system based upon the proposition that each person is his or her body and that the body is an energetic system that expresses both who we are as well as our way of being in the world (Lowen, 1974). Bioenergetic theory views emotions as "bodily events" or movements of energy within the body. This energy flow constitutes the biological foundation of higher psychological development (Lowen, 1975).

Bioenergetic techniques, like most somatic interventions, attempt to energize the body in order to help the client make contact with his or her deeper sensations and feelings. By mobilizing this energy, clients feel more "grounded" and therefore more secure in trusting their feelings and knowing what they really want. They learn to base their self-identity on the reality of their body experience and to listen to their body to understand their feelings and needs.

Unlike the Gestalt Two-Chair technique, which has been subjected to substantial empirical evaluation, most somatic interventions have not been evaluated for their therapeutic effectiveness in a clinical situation for a specific type of problem. Research in the effectiveness of body-oriented psychotherapy itself is sparse (Wright, 1981). Only a few studies have assessed somatic interventions. Most of these studies attempted to evaluate the global effectiveness of a body therapy, as opposed to the effectiveness of a specific body therapy technique. Given the growing use of body oriented techniques in therapy, there is a need for much more empirical research in this area.

#### Purpose of the Study

The purpose of this study was to determine whether or not the addition of a somatic intervention (the bioenergetic charge-discharge exercise) to the Gestalt Two-Chair technique made any difference to people trying to resolve a decisional conflict. For purposes of control, only an emotional conflict related to a career decision was examined.

### Procedure

Sixty persons who were experiencing a conflict related to a career decision were randomly assigned to three groups. One group of 20 subjects formed the control group. Another group of 20 subjects each received one therapy session from one of four therapists who utilized the Gestalt Two-Chair technique. A third group of 20 subjects each received one therapy session from one of four different therapists who utilized a combined intervention of the bioenergetic charge-discharge exercise plus the Gestalt Two-Chair technique. Half of the subjects in each group were pre- and posttested and the other half were only posttested. The five instruments used in the study were the Conflict Resolution Scale, the State-Trait Anxiety Inventory, Epstein's Prevailing Mood Scale, the Target Complaint Discomfort Box Scale, and the Scale of Vocational Indecision.

A modified Solomon research design was utilized in this study to help determine if there was any pretesting effect or any pretesting by treatment interaction. In order to make this determination, the posttest scores of each dependent variable for all subjects were submitted to an analysis of variance.

To evaluate the experimental hypotheses, the scores of subjects who were both pre- and posttested were submitted to a one-way analysis of covariance. The pretest scores of subjects were used as covariates in this analysis. Alpha was set at  $< .05$ .

All sessions were recorded on audio tape and then rated on a checklist to be sure the assigned interventions occurred. A one way analysis of covariance was conducted on the posttest scores of

subjects from both experimental groups. Pretest scores were used as covariates in this analysis and all scores were grouped into eight cells, one for each therapist.

Finally, to determine if any personality or demographic characteristics were possible predictors of treatment outcome, these subject characteristics were analyzed. A multiple regression analysis was conducted on each subject's Myers-Briggs Personality Type. Either a Pearson correlation coefficient or an analysis of variance combined with an Epsilon coefficient were used to analyze the various demographic characteristics.

### Results

There was no pretesting effect nor any pretesting by treatment interaction. At posttesting the Somatic Intervention plus the Two-Chair technique group (SITC) showed a significant drop in discomfort and vocational indecision and a significant increase in conflict resolution and feelings of integration and optimism, as compared to the Two-Chair (TC) or Control groups ( $p < .05$ ).

There was no significant difference between groups at posttesting on the state anxiety measure or the feeling of personal power. Inspection of the means indicated that the SITC group had lower scores on the measure of state anxiety and higher scores of power than the TC or Control groups. The TC group had the highest anxiety scores.

There was no therapist effect for the SITC group. There was a significant therapist effect on the anxiety scores of some subjects in the TC group.

### Discussion

This discussion will first consider the significant differences found between the treatments on the measures of conflict resolution, discomfort, indecision, and mood. The absence of significant differences on the measure of state anxiety, along with the therapist effect for this variable, will then be discussed. The lack of significant differences on feelings of power will also be addressed. Lastly, a brief discussion of the demographic characteristics of subjects as they relate to the pattern of posttest scores will be presented.

The results of this study indicate that combining the somatic intervention with the Gestalt Two-Chair technique was more effective in reducing subjects' levels of discomfort and indecision, and increasing their feelings of integration and optimism, and level of conflict resolution than the Two-Chair technique used alone or the absence of treatment. When used alone, the Gestalt Two-Chair technique was superior to no treatment but less effective than when combined with the somatic intervention.

Previous research had indicated that bioenergetic techniques aid in the experience and expression of anger (Dengrove, 1968), as well as in intensifying an inhibited person's emotional experience (Palmer, 1973). Other body-oriented research attempted to measure the overall effectiveness of body therapy (John, 1975; Armstead, 1976; Sheridan, 1979; Wright, 1981). Body techniques were shown to have short term effectiveness in helping to treat alcoholics (Moran, 1978) and in controlling anxiety (Cameron and Peterson, 1978). These studies

attempted to measure global effects, reactions, and attitudes about bioenergetic therapy or related body techniques. The present study is significant in that it narrowed the focus of body-oriented therapy by clearly defining one of its basic techniques and then empirically testing its efficacy.

The results of the present study are also significant in that the study combined a body technique with another commonly used therapy intervention in an applied clinical situation. It rendered the Gestalt Two-Chair technique even more effective. The results are even more impressive in that the design of the study was able to rule out any influence due to testing effect or treatment by testing interaction.

The premise of the bioenergetic charge-discharge exercise is that an increased energy flow and awareness of one's bodily sensations will help a person be more in touch with their deeper feelings. Since emotions are bodily sensations (Perls, 1969; Lowen, 1975), increasing the movement of energy through the body will assist people in discovering and expressing what they deeply feel and want.

The present study confirms the premise of the bioenergetic exercise. Previous research has firmly proven the effectiveness of the Gestalt Two-Chair technique in helping people to resolve an intrapsychic conflict (Greenberg and Dompierre, 1981; Greenberg and Clarke, 1982; Greenberg and Webster, 1982). The results of the present study clearly indicate that the bioenergetic charge-discharge exercise increased the effectiveness of the Gestalt Two-Chair technique in resolving decisional conflict. Subjects in the combined

treatment group seemed to have a more intense "feel" or awareness of what they were feeling as they worked with each side of their career conflict. After doing the bioenergetic exercise, subjects would say such things as "I feel more alive" or "I feel more energized". They seemed to pay more attention to their body sensations when they did the Gestalt Two-Chair technique. When asked to sit quietly in each chair (career choice) and allow their body to "feel" what that choice would be like for them, these subjects often became very clear about which side of the career conflict felt best for them.

It should be noted, however, that this study shows changes on self-reported measures of conflict resolution, discomfort, mood, and indecision. It does not show objective evidence of complete resolution of the career conflict, nor of decision implementation or concrete behavioral change emanating from a decision. Clearly more than one therapy session is required to resolve and implement a career decision. Other therapy techniques and strategies would also be needed, especially in regard to the practical implementation of a decision. The importance of the present study is in demonstrating the significant value of utilizing a bioenergetic exercise in combination with the Gestalt Two-Chair technique.

The lack of significant differences between groups on the posttest state anxiety scores seems to indicate that the treatments did not significantly affect this dependent variable. There may be a number of reasons for this. First, the assumption that anxiety is theoretically related to indecision and that movement towards a decision would result in a reduction of anxiety (Greenberg and

Webster, 1982), may be false. The connection between anxiety and indecision may be weaker than originally assumed.

Secondly, the same kind of anxiety may not be measured on a pre- and posttesting. There is a major difference between anxiety due to career conflict and preparatory anxiety due to facing the practical reality of implementing a major career decision. In other words, the posttest anxiety may be associated with change rather than with conflict. For example, one subject was in conflict over what to do with his career as a lawyer. He was a bright, talented black lawyer who had spent years working for the poor in various civil rights and legal assistance cases. He recently was offered the opportunity to go to Cambridge to study international law, meet many new people, and eventually begin earning a more significant salary. He was torn between values. Should he continue working for the poor with its limited financial gain, or should he go to school to study an area of law he was less interested in, but which would offer him more financially and personally? In his therapy session, he decided to go to Cambridge. He was relieved and pleased to have finally made the decision. Yet, a week later this subject's anxiety score was higher than his pretesting score. He was already dealing with issues like financing his two years' room and board at Cambridge, the reactions of his co-workers to his decision, saying goodbye to his mother and friends, etc. It is highly likely that his posttest anxiety was not the same type of anxiety as his pretesting anxiety. In a sense, his posttest score was a "positive anxiety" that comes from having made an important decision and dealing with the reality of change, rather than



the "negative anxiety" that comes from being stuck in conflict and indecision. Also, the state form of the State-Trait Anxiety Scale focuses on anxiety felt "right now" and "at this present moment". Perhaps this here and now focus further increases the likelihood that a posttesting score might reflect anxiety due to change rather than conflict.

A third possible explanation for the lack of significant difference in subjects' anxiety scores is due to the limitations of having only a single therapy session. Although some subjects were able to resolve their career conflict in the single session, the majority did not fully resolve it. This was expected. The changes reported by them in terms of less conflict, indecision, discomfort, and better mood indicate movement in the direction of full resolution. The value of the single session Solomon research design is that it strongly indicates that such movement or change is due to the experimental treatment. However, because the conflict was not fully resolved for many subjects, the single session may have stirred-up anxiety rather than lowered it. This is also evident by the fact that many subjects requested more sessions after the study was completed. They found the experience positive and helpful and they desired to continue working on their career conflict.

It is also of importance that the sole significant therapist effect was for the anxiety scores of subjects in the TC group. It is unclear if this played a part in the lack of significant difference between groups for this dependent variable.

Examination of scores for individual therapists in the TC group

indicated that one therapist in particular had subjects with much higher posttest anxiety. The pattern of scores for other therapists in the TC and the SITC groups appear similar, with the SITC group having slightly lower anxiety scores. The especially high anxiety scores for this one TC therapist appears to be the cause for the TC group as a whole to have higher posttest anxiety than the other groups.

It is important to remember that despite the differences in anxiety scores and the therapist effect for the TC group for this dependent variable, there was no significant difference found in the analysis of the experimental hypothesis. Perhaps if the one TC therapist's scores were lower, the TC group as a whole would have had lower anxiety than the Control group. It is doubtful that a lowering of this one therapist's scores would make the TC group significantly better than the SITC on the anxiety measure.

It is also important to mention that in testing for therapist effect there is the possibility of a Type II error because of the small number of therapists in the analysis. It is difficult to find differences with small numbers unless the differences are quite strong.

The lack of significant differences between treatment groups on the feeling of personal power may be due to the positive impact of both interventions and to the limitations of the mood scale used in the study. Both treatment groups were more effective than no treatment in helping subjects feel more "powerful" about solving their career conflict. Subjects in the SITC group had higher power scores

(2.50) than the average TC group score (1.20). Although not significant, the difference was in the direction of the research hypothesis.

The lack of significant difference between the SITC and the TC groups on the personal power scale may be due to the lack of precision in the instrument, especially in measuring the influence of similar interventions. It may have lacked the fine tuning needed to pick-up subtle differences between the two treatments. An increased feeling of personal power is likely to come with any helpful intervention. Since both treatments provided such help, it is understandable that this variable might not show significant difference.

The mean mood feeling of "optimism", which did show a significant difference, was only .50 points higher than the "power" score for the SITC group. This small difference was enough to make the optimism scores significantly higher for the SITC group. It is uncertain, therefore, if the lack of significant difference for the power variable is due to real differences in the treatments or to limitations of the mood scale. Nonetheless, the fact that the power scores for the SITC group were higher than the TC group is consistent with the overall pattern of the results.

There was no significant difference in scores due to personality characteristics, as measured by the Myers-Briggs Type Indicator. The treatments seemed to have equal effect on all personality types as measured by this instrument.

The demographic characteristics showed no significant correlation between subjects' age, sex, occupation, or religion and the outcome

scores. There was a significant correlation between previous therapy experience, marital status, level of education and the posttest scores.

Subjects who had previous therapy experienced significantly less discomfort and indecision as well as significantly stronger feelings of integration, optimism, and power. This is not a surprising result. Because of their previous experience in therapy, these subjects were likely to have a more positive and hopeful expectation about their session. Because they were more familiar with what a therapy session would be like, they might have been better able to utilize the treatment interventions. Subjects with no previous therapy experience would naturally need more time to become familiar with a therapy setting, talking with a therapist they never met before, and "settling in" to the session. This would allow less session time to work on their career conflict. Previous experience of any kind is usually an asset in dealing with a situation.

The marital status of subjects was significantly related to outcome scores of discomfort, conflict resolution, and to the mood scales of integration and optimism. Single subjects scored the best on all four of these dependent variables. Married subjects scored poorest on three variables. As Table 15 shows, on the Conflict Resolution Scale of 1 to 7 (with 7 being highly conflicted) married subjects scored a 6; on the Target Complaint Discomfort Box Scale of 1 to 13 (with 13 being high discomfort) married subjects scored a 9; on Epstein's integration scale of 1 to 5 (with +5 being high integration) married subjects scored -1.66.

In many studies being married has proven to be a highly positive factor. Studies have shown married people to be generally more satisfied with life, more healthy physically and emotionally, and better able to cope with stress than unmarried people. It may be that when struggling with a career conflict, the same sources of positive influence in marriage and family life become added sources of worry. To have a spouse, children, and related responsibilities creates more pressure and allows less flexibility. The stakes are higher in making a major career decision when a person is married. Perhaps the poorer scores for married subjects and better scores for single subjects reflect this reality.

Educational level was also significantly related to outcome scores. Subjects with some college had the highest anxiety (61) and lowest mood feelings of integration (-2.25) and power (-1.75). College graduates had the second lowest score of integration (.40) and power (1.29). As Table 16 shows, subjects with either advanced degrees or a high school diploma had better anxiety, integration, and power posttest scores.

The influence of education level may be due to the two factors of expectation and opportunity. Individuals who go to college may tend to have higher expectations for success and career advancement. To have a college degree, however, is no guarantee of actual opportunity to achieve those career expectations. This is probably even more true for individuals with some college but no degree. Possibly this is the reason subjects with some college scored poorest on these variables, followed next by those with the college degree. Opportunities open to

them may not approach their expectations.

Subjects with advanced degrees, however, have reason to believe that opportunity will more closely match their career expectations. Conversely, subjects with only a high school diploma are more likely to have lower career expectations and therefore not feel as frustrated, anxious, or unintegrated about the lack of opportunity. Although these subjects might be highly dissatisfied with their present job situation, it is reasonable to assume that their expectations would be lower. Their better anxiety, integration, and power scores may be an indicator of congruity between expectation and career opportunity.

It is also interesting to consider the therapist's clinical observations. Many of the therapists for the SITC group commented on how the subjects were surprised at how strongly and clearly they felt their body reacting to each side of the career conflict. It was as if these subjects were discovering stronger feelings and reactions about their conflict than they previously realized existed.

Therapists for both treatment groups commented on how subjects tended to be very "intellectualized" in their initial stages of the Two-Chair dialogue between each side of the conflict. Therapists for the SITC group, however, often mentioned that "things would really start to shift and happen when the person focused on their body sensations and reactions". Therapists for the TC group more often said that "subjects tended to stay in their head" throughout the Gestalt dialogue.

Therapists from both treatment groups also commented that the

original decision a person wished to make often unfolded into deeper related issues and decisions. For example, a housewife deciding to return to work began to explore her marital problems which related to deep fears of divorce and independence. The therapist had to work to keep the focus on the career issue and decision. The therapists for the SITC group especially found subjects more prone to be experiencing strong feelings around these related issues. The somatic intervention seemed to put some subjects more in touch with underlying feelings and issues. It is a powerful intervention that stirs things up. The original career decision, on which the pretest scores were taken, may have changed somewhat for subjects in both experimental groups by the time the posttest measures were taken. The instruments may not have been subtle enough to pick-up these shifts.

### Conclusions

The following statements may be made from the results of this study:

1. The somatic intervention, a bioenergetic charge-discharge exercise, when combined with the Gestalt Two-Chair technique, leads to a significantly greater reduction in indecision and discomfort and a significantly greater increase in conflict resolution and feelings of integration and optimism.
2. Both the combined intervention and the Gestalt Two-Chair technique lead to a significantly greater increase in feelings of personal power than no treatment.
3. There was no significant difference on post-treatment levels of state anxiety for either experimental treatment group or the

control group.

A number of conclusions can be drawn from these results. First, the somatic intervention, when combined with the Gestalt Two-Chair technique, was effective in helping subjects resolve their career conflict. The bioenergetic charge-discharge exercise proved to be a helpful and powerful addition to the Gestalt technique. It made an effective technique even better.

Second, the idea of listening to the "wisdom of the organism" that body psychotherapy emphasizes, was strongly reinforced by this study. Subjects were able to make significant gains in resolving a conflict by focusing on their body's sensations and energy flow rather than focusing on just the cognitive aspects of the conflict. The somatic intervention opened-up another source of self-knowledge to the subjects, i.e., the reactions of their body to the career conflict.

Third, a key premise of body approaches to therapy appears to be validated by the results of this study. All the various body therapies are based on the idea that feelings are not just a mental event. They are a bodily event that are directly connected to body sensations and energy flow. This study showed that to increase energy flow and awareness of body sensations helped subjects be more in touch with their feelings. This proved significantly helpful in resolving their conflict.

#### Recommendations

The findings reported in this study seem to call for the following recommendations:

1. Since the bioenergetic exercise appears to improve the



effectiveness of the Gestalt Two-Chair technique in reducing indecision for people with conflicts related to their careers, it may prove valuable to use this combined intervention with people experiencing other types of conflict. It is recommended that future research investigate the efficacy of this combined intervention with other conflicts.

2. Another study might examine the effects of the bioenergetic exercise plus the Gestalt Two-Chair technique on other dependent variables related to decision-making. These might include, for example, self-esteem, fear, dependency, or time orientation.

3. Future research should attempt to offer subjects multiple treatment sessions to evaluate the efficacy of the bioenergetic exercise plus the Gestalt Two-Chair technique over a longer period of time. These studies should focus on the individual differences that help or hinder the complete resolution of a conflict. Such differences might include functional measures of affective, cognitive, or decision-making styles; measures based on actual performance rather than inferred personality types.

4. Future research should also attempt to follow clients for some period of time after treatment to determine the long term differential effects of various therapy approaches to decision-making. The instruments should include more objective measures of behavioral change.

5. An interesting extension of the present study would be to conduct an experiment comparing the bioenergetic charge-discharge exercise, the Gestalt Two-Chair technique, and a combination of these

two interventions. Such a study might offer a number of treatment sessions and should include instruments designed to measure specific differences at particular stages of treatment.

6. To further examine its efficacy, future research should evaluate the effects of combining the bioenergetic exercise with other therapy techniques and interventions. For example, psychodrama, behavioral role playing, self-assertion training, and Gendlin's focusing therapy are all possible approaches that could be combined with the bioenergetic charge-discharge exercise.

7. Body-oriented therapy in general, and specific body techniques in particular, should be empirically evaluated. Many somatic interventions can be researched in comparison to or in combination with other therapy approaches. It is recommended that future research investigate further application of body-oriented approaches to psychotherapy.

#### Implications

The results of this study have implications in three areas: clinical practice; therapist education and training; and theoretical conceptualization.

For the clinician, the results strongly suggest that utilizing body techniques in psychotherapy, especially in combination with other affective approaches, may improve the therapy's overall effectiveness. Eclectic integrated approaches to therapy, as opposed to the application of a single theoretical approach, is becoming much more common. Body psychotherapy as a whole, and individual techniques in particular, seem to offer powerful tools to clinicians to improve

their effectiveness.

This study also provides clinicians with important information about the relative efficacy of two therapy techniques for helping clients with a major type of problem. Therapists who have only utilized Gestalt therapy or other traditional approaches may now wish to include body oriented techniques in their repertoire.

Graduate training programs for psychologists need to more seriously consider wholistic training models that include body approaches to therapy. Traditional graduate training programs may tend to view body approaches with suspicion. Some clinicians and faculty see body therapy as "touchy-feely" or unscientific and therefore not worthy of serious attention. These biases negatively influence students and hinder further empirical research in this area. Since these experimental results validate the effectiveness of at least one technique drawn from body-oriented psychotherapy, graduate school faculty may wish to expose their students to more of these approaches.

Finally, the study has raised a critical issue about the models underlying our present approaches to psychotherapy. This may be the most important implication of this study. The human organism is intricately involved in the psychological functioning of a person. The reality and experience of our feelings, a critical element in the healing process of psychotherapy, is much more than an abstract concept. Emotions are a body experience. Psychological theory must take greater account of the place of the human body in psychological functioning and the experience of emotions.

A quotation from D.H. Lawrence accurately expresses this reality.

The body's life is the life of sensations and emotions. The body feels real hunger, real thirst, real joy in the sun or the snow, real pleasure in the smell of roses or the look of a lilac bush; real anger, real sorrow, real tenderness, real warmth, real passion, real hate, real grief. All the emotions belong to the body and are only recognised by the mind.

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## APPENDIX A



## Two-Chair Experiment for a Career Decision

- Cl: So the problem boils down to my now being able to make up my mind whether or not I want the job.
- C0: You've been putting off the decision?
- Cl: Yes. I get it all figured out in my mind that I will and then zap! I turn right around and convince myself that I don't want it. It's the same old jazz.
- C0: The song being "first you say you will and then you won't."
- Cl: Yeah.
- C0: Let's try a dialogue. There are two parts to you on this. One says "Take the job"; the other says "Don't take the job." Perhaps if we let the two sides argue openly we may get a fresh perspective on the argument. Want to try it?
- Cl: O.K.
- C0: Which side do you want to be first, pro or con?
- Cl: Pro.
- C0: Then feel yourself as the side who is for taking the job. State your position to the other side, the one which doesn't want to take the job.
- Cl: The job will be great for me. You are wrong about it. It will give me the chance to earn some money. The hours are O.K. I think I'll like the work. Some nice people are working there.
- C0: Now switch over to the other side. What does the con person have to say? Try to relate your point of view.
- Cl: That job is not right for me. It will tie me down. So what if I'm earning money. I don't be doing the traveling I want. Anyhow, they didn't say how long it will last. You know I wouldn't be happy.
- C0: Now continue the dialogue between the two parts.

\*From W.R. Passons, Gestalt Approaches to Counseling, (Holt, Rinehart and Winston, 1975), p. 147.

## APPENDIX B

# MYERS-BRIGGS TYPE INDICATOR

FORM G

by Katharine C. Briggs and Isabel Briggs Myers

## DIRECTIONS:

There are no "right" or "wrong" answers to these questions. Your answers will help show how you like to look at things and how you like to go about deciding things. Knowing your own preferences and learning about other people's can help you understand where your special strengths are, what kinds of work you might enjoy and be successful doing, and how people with different preferences can relate to each other and be valuable to society.

Read each question carefully and mark your answer on the separate answer sheet. *Make no marks on the question booklet.* Do not think too long about any question. If you cannot decide on a question, skip it but be careful that the *next* space you mark on the answer sheet has the same number as the question you are then answering.

Read the directions on your answer sheet, fill in your name and any other facts asked for and, unless you are told to stop at some point, work through until you have answered all the questions you can.



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**PART I. Which Answer Comes Closer to Telling How  
You Usually Feel or Act?**

1. When you go somewhere for the day, would you rather
  - (A) plan what you will do and when, or
  - (B) just go?
2. If you were a teacher, would you rather teach
  - (A) fact courses, or
  - (B) courses involving theory?
3. Are you usually
  - (A) a "good mixer," or
  - (B) rather quiet and reserved?
4. Do you prefer to
  - (A) arrange dates, parties, etc., well in advance, or
  - (B) be free to do whatever looks like fun when the time comes?
5. Do you usually get along better with
  - (A) imaginative people, or
  - (B) realistic people?
6. Do you more often let
  - (A) your heart rule your head, or
  - (B) your head rule your heart?
7. When you are with a group of people, would you usually rather
  - (A) join in the talk of the group, or
  - (B) talk with one person at a time?
8. Are you more successful
  - (A) at dealing with the unexpected and seeing quickly what should be done, or
  - (B) at following a carefully worked out plan?
9. Would you rather be considered
  - (A) a practical person, or
  - (B) an ingenious person?
10. In a large group, do you more often
  - (A) introduce others, or
  - (B) get introduced?
11. Do you admire more the people who are
  - (A) conventional enough never to make themselves conspicuous, or
  - (B) too original and individual to care whether they are conspicuous or not?
12. Does following a schedule
  - (A) appeal to you, or
  - (B) cramp you?
13. Do you tend to have
  - (A) deep friendships with a very few people, or
  - (B) broad friendships with many different people?
14. Does the idea of making a list of what you should get done over a weekend
  - (A) appeal to you, or
  - (B) leave you cold, or
  - (C) positively depress you?
15. Is it a higher compliment to be called
  - (A) a person of real feeling, or
  - (B) a consistently reasonable person?
16. Among your friends, are you
  - (A) one of the last to hear what is going on, or
  - (B) full of news about everybody?

[On this next question *only*, if two answers are true, mark both.]
17. In your daily work, do you
  - (A) rather enjoy an emergency that makes you work against time, or
  - (B) hate to work under pressure, or
  - (C) usually plan your work so you won't *need* to work under pressure?
18. Would you rather have as a friend
  - (A) someone who is always coming up with new ideas, or
  - (B) someone who has both feet on the ground?

19. Do you  
(A) talk easily to almost anyone for as long as you have to, or  
(B) find a lot to say only to certain people or under certain conditions?
20. When you have a special job to do, do you like to  
(A) organize it carefully before you start, or  
(B) find out what is necessary as you go along?
21. Do you usually  
(A) value sentiment more than logic, or  
(B) value logic more than sentiment?
22. In reading for pleasure, do you  
(A) enjoy odd or original ways of saying things, or  
(B) like writers to say exactly what they mean?
23. Can the new people you meet tell what you are interested in  
(A) right away, or  
(B) only after they really get to know you?
24. When it is settled well in advance that you will do a certain thing at a certain time, do you find it  
(A) nice to be able to plan accordingly, or  
(B) a little unpleasant to be tied down?
25. In doing something that many other people do, does it appeal to you more to  
(A) do it in the accepted way, or  
(B) invent a way of your own?
26. Do you usually  
(A) show your feelings freely, or  
(B) keep your feelings to yourself?

*Go on to Part II.*

**PART II. Which Word in Each Pair Appeals to You More?**  
 Think what the words mean, not how they look or how they sound.

- |         |             |                |     |         |            |             |     |
|---------|-------------|----------------|-----|---------|------------|-------------|-----|
| 27. (A) | scheduled   | unplanned      | (B) | 50. (A) | sensible   | fascinating | (B) |
| 28. (A) | gentle      | firm           | (B) | 51. (A) | forgive    | tolerate    | (B) |
| 29. (A) | facts       | ideas          | (B) | 52. (A) | production | design      | (B) |
| 30. (A) | thinking    | feeling        | (B) | 53. (A) | impulse    | decision    | (B) |
| 31. (A) | hearty      | quiet          | (B) | 54. (A) | who        | what        | (B) |
| 32. (A) | convincing  | touching       | (B) | 55. (A) | speak      | write       | (B) |
| 33. (A) | statement   | concept        | (B) | 56. (A) | uncritical | critical    | (B) |
| 34. (A) | analyze     | sympathize     | (B) | 57. (A) | punctual   | leisurely   | (B) |
| 35. (A) | systematic  | spontaneous    | (B) | 58. (A) | concrete   | abstract    | (B) |
| 36. (A) | justice     | mercy          | (B) | 59. (A) | changing   | permanent   | (B) |
| 37. (A) | reserved    | talkative      | (B) | 60. (A) | wary       | trustful    | (B) |
| 38. (A) | compassion  | foresight      | (B) | 61. (A) | build      | invent      | (B) |
| 39. (A) | systematic  | casual         | (B) | 62. (A) | orderly    | easygoing   | (B) |
| 40. (A) | calm        | lively         | (B) | 63. (A) | foundation | spire       | (B) |
| 41. (A) | benefits    | blessings      | (B) | 64. (A) | quick      | careful     | (B) |
| 42. (A) | theory      | certainty      | (B) | 65. (A) | theory     | experience  | (B) |
| 43. (A) | determined  | devoted        | (B) | 66. (A) | sociable   | detached    | (B) |
| 44. (A) | literal     | figurative     | (B) | 67. (A) | sign       | symbol      | (B) |
| 45. (A) | firm-minded | warm-hearted   | (B) | 68. (A) | party      | theater     | (B) |
| 46. (A) | imaginative | matter-of-fact | (B) | 69. (A) | accept     | change      | (B) |
| 47. (A) | peacemaker  | judge          | (B) | 70. (A) | agree      | discuss     | (B) |
| 48. (A) | make        | create         | (B) | 71. (A) | known      | unknown     | (B) |
| 49. (A) | soft        | hard           | (B) |         |            |             |     |

*Go on to Part III.*

**PART III. Which Answer Comes Closer to Telling How  
You Usually Feel or Act?**

72. Would you say you  
(A) get more enthusiastic about things than the average person, or  
(B) get less excited about things than the average person?
73. Do you feel it is a worse fault to be  
(A) unsympathetic, or  
(B) unreasonable?
74. Do you  
(A) rather prefer to do things at the last minute, or  
(B) find doing things at the last minute hard on the nerves?
75. At parties, do you  
(A) sometimes get bored, or  
(B) always have fun?
76. Do you think that having a daily routine is  
(A) a comfortable way to get things done, or  
(B) painful even when necessary?
77. When something new starts to be the fashion, are you usually  
(A) one of the first to try it, or  
(B) not much interested?
78. When you think of some little thing you should do or buy, do you  
(A) often forget it till much later, or  
(B) usually get it down on paper to remind yourself, or  
(C) always carry through on it without reminders?
79. Are you  
(A) easy to get to know, or  
(B) hard to get to know?
80. In your way of living, do you prefer to be  
(A) original, or  
(B) conventional?
81. When you are in an embarrassing spot, do you usually  
(A) change the subject, or  
(B) turn it into a joke, or  
(C) days later, think of what you should have said?
82. Is it harder for you to adapt to  
(A) routine, or  
(B) constant change?
83. Is it higher praise to say someone has  
(A) vision, or  
(B) common sense?
84. When you start a big project that is due in a week, do you  
(A) take time to list the separate things to be done and the order of doing them, or  
(B) plunge in?
85. Do you think it more important to be able  
(A) to see the possibilities in a situation, or  
(B) to adjust to the facts as they are?
86. Do you think the people close to you know how you feel  
(A) about most things, or  
(B) only when you have had some special reason to tell them?
87. Would you rather work under someone who is  
(A) always kind, or  
(B) always fair?
88. In getting a job done, do you depend on  
(A) starting early, so as to finish with time to spare, or  
(B) the extra speed you develop at the last minute?
89. Do you feel it is a worse fault  
(A) to show too much warmth, or  
(B) not to have warmth enough?
90. When you are at a party, do you like to  
(A) help get things going, or  
(B) let the others have fun in their own way?
91. Would you rather  
(A) support the established methods of doing good, or  
(B) analyze what is still wrong and attack unsolved problems?

92. Are you more careful about  
(A) people's feelings, or  
(B) their rights?
93. If you were asked on a Saturday morning what you were going to do that day, would you  
(A) be able to tell pretty well, or  
(B) list twice too many things, or  
(C) have to wait and see?
94. In deciding something important, do you  
(A) find you can trust your feeling about what is best to do, or  
(B) think you should do the *logical* thing, no matter how you feel about it?
95. Do you find the more routine parts of your day  
(A) restful, or  
(B) boring?
96. Does the importance of doing well on a test make it generally  
(A) easier for you to concentrate and do your best, or  
(B) harder for you to concentrate and do yourself justice?
97. Are you  
(A) inclined to enjoy deciding things, or  
(B) just as glad to have circumstances decide a matter for you?
98. In listening to a new idea, are you more anxious to  
(A) find out all about it, or  
(B) judge whether it is right or wrong?
99. In any of the ordinary emergencies of everyday life, would you rather  
(A) take orders and be helpful, or  
(B) give orders and be responsible?
100. After being with superstitious people, have you  
(A) found yourself slightly affected by their superstitions, or  
(B) remained entirely unaffected?
101. Are you more likely to speak up in  
(A) praise, or  
(B) blame?
102. When you have a decision to make, do you usually  
(A) make it right away, or  
(B) wait as long as you reasonably can before deciding?
103. At the time in your life when things piled up on you the worst, did you find  
(A) that you had gotten into an impossible situation, or  
(B) that by doing only the necessary things you could work your way out?
104. Out of all the good resolutions you may have made, are there  
(A) some you have kept to this day, or  
(B) none that have really lasted?
105. In solving a personal problem, do you  
(A) feel more confident about it if you have asked other people's advice, or  
(B) feel that nobody else is in as good a position to judge as you are?
106. When a new situation comes up which conflicts with your plans, do you try first to  
(A) change your plans to fit the situation, or  
(B) change the situation to fit your plans?
107. Are such emotional "ups and downs" as you may feel  
(A) very marked, or  
(B) rather moderate?
108. In your personal beliefs, do you  
(A) cherish faith in things that cannot be proved, or  
(B) believe only those things that can be proved?
109. In your home life, when you come to the end of some undertaking, are you  
(A) clear as to what comes next and ready to tackle it, or  
(B) glad to relax until the next inspiration hits you?
110. When you have a chance to do something interesting, do you  
(A) decide about it fairly quickly, or  
(B) sometimes miss out through taking too long to make up your mind?



111. If a breakdown or mix-up halted a job on which you and a lot of others were working, would your impulse be to  
 (A) enjoy the breathing spell, or  
 (B) look for some part of the work where you could still make progress, or  
 (C) join the "trouble-shooters" in wrestling with the difficulty?
112. When you don't agree with what has just been said, do you usually  
 (A) let it go, or  
 (B) put up an argument?
113. On most matters, do you  
 (A) have a pretty definite opinion, or  
 (B) like to keep an open mind?
114. Would you rather have  
 (A) an opportunity that may lead to bigger things, or  
 (B) an experience that you are sure to enjoy?
115. In managing your life, do you tend to  
 (A) undertake too much and get into a tight spot, or  
 (B) hold yourself down to what you can comfortably handle?
116. When playing cards, do you enjoy most  
 (A) the sociability, or  
 (B) the excitement of winning, or  
 (C) the problem of getting the most out of each hand,  
 (D) or don't you enjoy playing cards?
117. When the truth would not be polite, are you more likely to tell  
 (A) a polite lie, or  
 (B) the impolite truth?
118. Would you be more willing to take on a heavy load of extra work for the sake of  
 (A) extra comforts and luxuries, or  
 (B) a chance to achieve something important?
119. When you don't approve of the way a friend is acting, do you  
 (A) wait and see what happens, or  
 (B) do or say something about it?
120. Has it been your experience that you  
 (A) often fall in love with a notion or project that turns out to be a disappointment—so that you "go up like a rocket and come down like the stick", or do you  
 (B) use enough judgment on your enthusiasms so that they do not let you down?
121. When you have a serious choice to make, do you  
 (A) almost always come to a clear-cut decision, or  
 (B) sometimes find it so hard to decide that you do not wholeheartedly follow up either choice?
122. Do you usually  
 (A) enjoy the present moment and make the most of it, or  
 (B) feel that something just ahead is more important?
123. When you are helping in a group undertaking, are you more often struck by  
 (A) the cooperation, or  
 (B) the inefficiency,  
 (C) or don't you get involved in group undertakings?
124. When you run into an unexpected difficulty in something you are doing, do you feel it to be  
 (A) a piece of bad luck, or  
 (B) a nuisance, or  
 (C) all in the day's work?
125. Which mistake would be more natural for you:  
 (A) to drift from one thing to another all your life, or  
 (B) to stay in a rut that didn't suit you?
126. Would you have liked to argue the meaning of  
 (A) a lot of these questions, or  
 (B) only a few?

APPENDIX C

## Scale of Vocational Indecision

(Adapted Form)

Please indicate on the answer sheet if these statements describe you.

1. I have decided on a long-term goal and feel comfortable with it. I also know how to go about implementing my choice.
2. I have decided on a short-term goal and feel comfortable with it. I also know how to go about implementing my choice.
3. If I had the skills or the opportunity I would \_\_\_\_\_, but this choice is really not possible for me. I haven't given much thought to other alternatives, however.
4. Several options have equal appeal to me. I'm having a difficult time deciding among them.
5. I know I will have to decide eventually, but none of the options I know about appeal to me.
6. I'd like to \_\_\_\_\_, but I'd be going against the wishes of someone who is important to me if I did so. Because of this, it's difficult for me to make a decision right now. I hope I can find a way to please them and myself.
7. Until now I haven't given much thought to making a choice. I feel lost when I think about it because I haven't had many experiences in making decisions on my own and I don't have enough information to make a decision right now.
8. I feel discouraged because everything about making a choice seems too "ifly" and uncertain; I feel discouraged, so much so that I'd like to put off making a decision for the time being.
9. I thought I knew what I wanted, but recently I found out that it wouldn't be possible for me to pursue it. Now I've got to start looking for other alternatives.
10. I want to be absolutely certain in that my choice is the "right" one, but none of the options I know about seem right to me.
11. Having to make a decision bothers me. I'd like to make a decision quickly and get it over with. I wish I could take a test that would tell me what choice I should make.
12. I know what I'd like to do now, but I don't know what it would lead to in the future.

and Clarke H. Carney, 1975 (Revised).

13. I can't make a choice right now because I don't know what my abilities are.
14. I don't know what my interests are. A few things "turn me on," but I'm not certain that they are related in any way to possible alternatives.
15. So many things interest me and I know I have the ability to do well regardless of what I choose. It's hard for me to find just one thing that I want.
16. I have made a decision but I'm not sure how to go about implementing my choice.
17. I need more information about what different alternatives are like before I can make a decision.
18. I think I know what I want now but feel I need some additional support for it as a choice for myself.
19. None of the above items describe me. The following would describe me better: (write your response on the answer sheet).

APPENDIX D

## SELF-EVALUATION QUESTIONNAIRE

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene

STAI FORM X-1

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**DIRECTIONS:** A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you *feel* right now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm .....	①	②	③	④
2. I feel secure .....	①	②	③	④
3. I am tense .....	①	②	③	④
4. I am regretful .....	①	②	③	④
5. I feel at ease .....	①	②	③	④
6. I feel upset .....	①	②	③	④
7. I am presently worrying over possible misfortunes .....	①	②	③	④
8. I feel rested .....	①	②	③	④
9. I feel anxious .....	①	②	③	④
10. I feel comfortable .....	①	②	③	④
11. I feel self-confident .....	①	②	③	④
12. I feel nervous .....	①	②	③	④
13. I am jittery .....	①	②	③	④
14. I feel "high strung" .....	①	②	③	④
15. I am relaxed .....	①	②	③	④
16. I feel content .....	①	②	③	④
17. I am worried .....	①	②	③	④
18. I feel over-excited and "rattled" .....	①	②	③	④
19. I feel joyful .....	①	②	③	④
20. I feel pleasant .....	①	②	③	④

APPENDIX E

NAME \_\_\_\_\_

DATE \_\_\_\_\_

We are interested in how RESOLVED you feel right now about your career decision conflict. Please indicate with an (X) your present position.


TOTALLY RESOLVED

SOMEWHAT RESOLVED

NOT AT ALL RESOLVED



## APPENDIX F

NAME \_\_\_\_\_

DATE \_\_\_\_\_

We are interested in how much DISCOMFORT your career-decision conflict is causing you right now. Please indicate with an (X) your present position.


COULDN'T BE WORSE

VERY MUCH DISCOMFORT

PRETTY MUCH DISCOMFORT

A LITTLE DISCOMFORT

NONE AT ALL

APPENDIX G

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PREVAILING MOOD SCALE

Rate how you feel right now, this very moment using the following scales. Note that the ends of each scale are defined by opposite groups of items. Decide which side of the scale best describes your feeling right now and rate that item. The other item must then receive a rating of "1" ("not at all"). If you have neither of the feelings at this moment or if they exactly balance each other, give both a rating of "1".

1. Happy, cheerful, or joyous  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
2. Sad, unhappy, or depressed  
2 3 4 5  
 Moderately Extremely
3. Warm-hearted, affectionate  
 or kindly  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
4. Angry, annoyed, or irritated  
2 3 4 5  
 Moderately Extremely
5. Proud, worthy, or pleased w-self  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
6. Ashamed, guilty, or displeased w-sel  
2 3 4 5  
 Moderately Extremely
7. Calm, relaxed, or serene  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
8. Tense, jittery, or shaky  
2 3 4 5  
 Moderately Extremely
9. Scared, or worried about  
 something specific  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
10. Vaguely anxious or troubled  
 about something indefinite  
2 3 4 5  
 Moderately Extremely
11. Integrated, or all-together  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
12. Confused, or disorganized  
2 3 4 5  
 Moderately Extremely
13. Optimistic, or hopeful  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
14. Pessimistic, or hopeless  
2 3 4 5  
 Moderately Extremely
15. Powerful, or in-control  
 of events  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
16. Weak, or helpless  
2 3 4 5  
 Moderately Extremely
17. Alert, wide-awake, or  
 energetic  
5 4 3 2 1  
 Extremely Moderately Not at all,  
 or neutral
18. Tired, weary, or unreactive  
2 3 4 5  
 Moderately Extremely

APPENDIX H

Loyola University of Chicago  
Career-Counseling Research Project  
Coordinator: Daniel O'Grady, Ph.D. (cand.)

Explanation of the Study

(To be given in writing to all volunteers and read aloud)

We are studying people making decisions about their careers. We want to find out how different counseling methods help them. If you would like to participate, we can offer you two counseling sessions. Hopefully, these sessions can be scheduled at your convenience. Your therapist will contact you to work-out a mutually agreeable time for your two counseling sessions.

In the counseling sessions you will work on the decisions you wish to make. The counseling sessions will last approximately one hour. There is no charge for these two counseling sessions, but we will ask you to fill-out some questionnaires before and after the sessions. These questionnaires will help us to evaluate the counseling you have received.

Your counseling sessions will be tape recorded. The tape recordings and the questionnaires will be kept strictly confidential. Only your counselor and the chief investigator will know your name. Your name will be removed from all materials before they are scored by research assistants. Every effort will be made to protect your privacy.

This study is being conducted under the auspices of Loyola University. If you wish to withdraw from the study at any time, you are quite free to do so. If you wish additional counseling after these two sessions, we will be glad to refer you for further counseling. If you decide now or at any time during the study that you do not want to go ahead with it, we can refer you to other resources that may be of help.

If you have any questions, please ask them now. If any questions come up during the course of the study, feel free to contact me: Daniel O'Grady, 327-1946.

APPENDIX I

LOYOLA UNIVERSITY OF CHICAGOCAREER COUNSELING RESEARCH PROJECT

Coordinator: Daniel O'Grady

Consent Form

I hereby give consent to the use of tape recordings of my counseling sessions and my written responses to questionnaires for the purposes of this research. I understand that the study is aimed at discovering which counseling methods are most helpful in aiding people making decisions. I understand that the tape recording and my written responses will be coded to protect my privacy before they are given to research assistants for scoring.

I also understand that I may withdraw from this study at any time or request that a tape be erased. I am willing to complete a number of questionnaires used to evaluate the effects of my counselor's interventions.

I am participating in this study of my own free will without coercion of any sort.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_



APPENDIX J

Demographic Information

1. NAME \_\_\_\_\_ 2. AGE \_\_\_\_\_ SEX F \_\_\_\_\_  
M \_\_\_\_\_

4. MARITAL STATUS: (check one)

\_\_\_\_ Married, living together      \_\_\_\_ Widowed  
 \_\_\_\_ Married, not living together      \_\_\_\_ Single, never married  
 \_\_\_\_ Divorced

5. YEARS OF MARRIAGE: (if applicable) \_\_\_\_\_

6. NUMBER OF CHILDREN: \_\_\_\_\_

7. RACE: (check one) \_\_\_\_ Caucasian      \_\_\_\_ Hispanic      \_\_\_\_ Black  
 \_\_\_\_ Asian American/Pacific Islander  
 \_\_\_\_ Other \_\_\_\_\_

8. RELIGIOUS PREFERENCE: (check one in each column)

<u>Current</u>	<u>Raised as a Child</u>
____ Protestant	____ Protestant
____ Catholic	____ Catholic
____ Jewish	____ Jewish
____ None	____ None
____ Other _____	____ Other _____

9. EDUCATION: (check highest applicable level)

____ 8th Grade or less	____ Some College
____ Some High School	____ College Graduate
____ High School Graduate	____ Advanced degree (specify) _____

10. OCCUPATION: (please be specific)

\_\_\_\_\_

11. PREVIOUS COUNSELING EXPERIENCE: (check applicable experience)

\_\_\_\_\_ I have not had any previous counseling experience of any type.

\_\_\_\_\_ I have had some counseling. Number of Sessions: \_\_\_\_\_

\_\_\_\_\_ I have had some individual personal counseling. Number of Sessions: \_\_\_\_\_

\_\_\_\_\_ I have had some marriage and/or family counseling. Number of Sessions: \_\_\_\_\_

If you have had previous counseling, please briefly describe the type of counseling you experienced:

APPENDIX K

DECISIONS!      DECISIONS!      DECISIONS!

IS IT TIME TO SIT DOWN WITH YOURSELF?

Are you having trouble resolving a career conflict?

Volunteers are being sought for a research project concerned with helping people make a career decision. Specifically, this project will research ways to assist people who are considering two possible career choices and want to make a decision about them.

Volunteers for this research project will receive one free counseling session and have the option of a second free session. Experienced trained therapists will be used in this project.

Volunteers who are accepted for this project will be asked to fill-out some questionnaires as part of the research evaluation and also attend a short introductory meeting approximately a week before the counseling session and a closing meeting a few days afterwards.

If you are interested in this project, please call Daniel O'Grady at 327-1946.

APPENDIX L

## SCREENING INTERVIEW

We would like to ask you some questions to see if what we are offering would be suitable for you. If it doesn't seem appropriate, we will suggest some other sources of help.

1. Is there a particular issue you wish to work on in counseling?  
How urgent or critical is this issue?
2. Have you ever sought counseling before? From whom? For what reason? With what results?
3. What do you expect from the counseling sessions?
4. What are you doing now (e.g., working, at school, raising family)? How do you spend your leisure time?
5. What is your present living arrangement?
6. Do you have any type of heart problem or heart condition? Have you ever had any type of heart problem or condition?
7. Do you have any kind of respiratory problems? Have you ever had any kind of breathing problem or respiratory condition?
8. Do you have any kind of back problems or back pain? Have you ever had a back injury or back problem?
9. Are there any other general issues of concern to you at this time?
  - a. It looks like our sessions will be appropriate for you.  
  
    . or
  - b. Perhaps another resource would be more helpful to you.

Subjects Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Time: \_\_\_\_\_

ACCEPTANCE CRITERIA  
and  
EVALUATION OF SCREENING INTERVIEW

- |  |                    |
|--|--------------------|
| 1. Evidence of severe disturbance?   | Yes _____ No _____ |
| 2. Is there a conflict related to a career decision?                                       | Yes _____ No _____ |
| 3. Are the client's expectations reasonable?   | Yes _____ No _____ |
| 4. Client has some significant relationships?  | Yes _____ No _____ |
| 5. Client has heart condition and/or history of heart problems?                            | Yes _____ No _____ |
| 6. Client has a breathing or respiratory problem and/or a history of respiratory problems? | Yes _____ No _____ |
| 7. Client has a back problem or back pain and/or a history of back problems or pain?       | Yes _____ No _____ |
| 8. Recommend client for this study?  | Yes _____ No _____ |

If not recommended for study, suggest appropriate referral:

Student Services \_\_\_\_\_

Mental Health Center \_\_\_\_\_

Job-Employment Counseling \_\_\_\_\_

Continuing Education \_\_\_\_\_

Others (please specify) \_\_\_\_\_



APPENDIX M

Checklist for Gestalt Two-Chair Treatment

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Counselor clarifies the two parts of the conflict?   | Yes | No |
| 2.  | Counselor clarifies the affective struggle between the two parts?                                | Yes | No |
| 3.  | Client accepts formulation of the conflict and begins to work in two chairs?                     | Yes | No |
| 4.  | Counselor maintains clear separation and contact between the two parts of the conflict?          | Yes | No |
| 5.  | Counselor directs client's attention to ongoing experience and increases level of arousal?       | Yes | No |
| 6.  | Counselor directs client to heighten level of arousal (e.g., "say that again," "do that again")? | Yes | No |
| 7.  | Counselor helps client to specify and express vague experience or awareness?                     | Yes | No |
| 8.  | Session remains on task at least 90% of the time?  | Yes | No |
| 9.  | Two-chair experiment was implemented?  | Yes | No |
| 10. | Procedures other than two-chair were used a great deal in the session?                           | Yes | No |

### Checklist for the Bioenergetic Treatment

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Counselor introduces exercise with clear directions: Stand with feet 6-10 inches apart, toes straight, knees bent at 25 to 45 degree angle, arms raised straight up, breathe deeply concentrating on the exhilarations. | Yes | No |
| 2.  | Client follows directions and breathes deeply for at least 2-3 minutes.   | Yes | No |
| 3.  | Counselor directs client to discharge by bending forward from waist and "hanging" from the waist in a relaxed manner while continuing to breathe deeply.  | Yes | No |
| 4.  | Client does the discharge part of exercise for at least 1-2 minutes.  | Yes | No |
| 5.  | Counselor directs client to slowly come to an erect standing position in a very slow steady manner ("inch by inch") while continuing to breathe deeply.   | Yes | No |
| 6.  | Client returns to a direct standing position, keeps knees bent and continues to breathe deeply.   | Yes | No |
| 7.  | Throughout the exercise the counselor directs the client to breath deeply, concentrating on the exhilarations and "sending the energy to the feet".   | Yes | No |
| 8.  | Client states that they feel more sensations and energy in their feet after doing the exercise.   | Yes | No |
| 9.  | Client states that they feel more relaxed and energized after doing the exercise.   | Yes | No |
| 10. | After doing the Empty Chair exercise, the counselor directs the client to sit in each chair and feel what his or her body is saying about each side of the conflict.  | Yes | No |

APPROVAL SHEET

The dissertation submitted by Daniel F. O'Grady has been read and approved by the following committee:

Dr. Gloria J. Lewis, Director  
Associate Professor and Chairperson, Counseling Psychology and  
Higher Education, Loyola

Dr. Manuel S. Silverman  
Professor, Counseling Psychology and Higher Education, Loyola

Dr. John A. Wellington  
Professor, Counseling Psychology and Higher Education, Loyola

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

April 16, 1986  
Date

Gloria J. Lewis  
Director's Signature