Consciousness-raising groups for senior citizens

Sally Joan Lewis

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CONSCIOUSNESS-RAISING GROUPS
FOR SENIOR CITIZENS

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Sally Joan Lewis
March 1978
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Approved by:

Chairperson

February 23, 1978
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This study investigated some specific effects of participation by women aged 65 and older in a Consciousness-Raising Group. Experimental and two control groups of six individuals each comprised a total number of eighteen. The treatment group met together in Consciousness-Raising sessions for six weeks. One control group met in a task-oriented group for the same time period; the other met for pre- and posttest sessions, but did not meet as a group during the intervening time. The Personal Orientation Inventory (Shostrom, 1962) was used for objective evaluation. A questionnaire was used by judges for subjective evaluation. The treatment and the task-oriented control groups showed a significant gain on the Acceptance of Others measurement. All three groups evidenced wide variability on all measures. Implications for further research and suggested research designs were discussed.
INTRODUCTION

This study was concerned with the general question of whether women aged sixty-five and older might benefit from participation in a consciousness-raising group (C-R group). C-R groups are small, leaderless, relatively unstructured groups which evolved as part of the Women's Movement and have focused primarily on helping women become aware of the experience of being female in this society. Because C-R group participants have been almost exclusively women in the age range twenty to forty-five, little is known regarding how older women might respond to the C-R experience. The purpose of the present research was twofold: first, to examine the reactions of older women to participation in the unstructured C-R group as compared to a structured group; and secondly, to examine certain predicted outcomes of participation in a C-R group in order to better define C-R groups for both therapeutic professionals and consumers.

Needs of Older People

There is an ever-increasing population over the age of sixty-five, and most of these people are not in segregated "Golden Age" communities or in institutions. These people are living in the communities where they spent their working years. A combination of increasing costs of
home ownership and changes in space needs has caused most older people to move to a smaller residence, where they are taking care of themselves as well as circumstances allow. Neugarten (1971), a noted gerontology researcher, cites numerous articles dealing with older people who report that their greatest desire is to remain independent and self-sufficient. Despite the desire and capability of many older persons to remain self-sufficient, society seems to perceive the "aged" as unable to do so. Aging has become an unqualified sign of decreasing work and training capacity without regard for the extreme heterogeneity of the sixty-five plus age group. Old people are viewed as a group in conflict with, or, at best, irrelevant to the mainstream of society (Oberleder, 1969; Balles & Schae, 1974; Birren, 1964; de Beauvoir, 1973; Cicero, Copley trans., 1967).

Perhaps even more important than this stereotyping of the aged by others is the fact that older people themselves are accepting this labeling and behaving accordingly. In attempting to oppose society's quiet urging to "just fade away," the old person finds no specific role as an individual. An informal support group such as a C-R group could provide encouragement and a safe place for the older person to explore feelings concerning self and society's demands. By meeting together to discuss their problems, perhaps these people could reinforce one another's feelings of self-esteem and self-worth.
Group Therapy for Older Persons

Although substantial research has been conducted regarding how young and middle age persons respond to group therapy, the age group neglected by such research is that of persons sixty-five and older. While there is great interest in group therapy for older people, this interest is not yet reflected in published research (Goldfarb, 1972). Reports that are published often raise more questions than answers. For example, Goldfarb (1972) notes that many of the published reports deal with samples whose characteristics are not clearly described, the problems are not defined, and the treatments are not delineated. The results are usually told anecdotally, and control groups are rarely used. Additionally, most group studies with older people have been done in institutional settings such as hospitals and nursing homes so that generalization to noninstitutional populations is impossible. A rare exception was the study done by Keller and Croake (1975) in a Senior Citizen's housing complex. This study utilized a highly-structured group approach with a rational-emotive therapy model. The treatment group of twenty was much like a college study group with assigned readings and discussions. The reading materials and discussions focused on problem areas common to the aging process, and the group leader encouraged participants to practice the suggestions from the reading materials in their own lives and report what happened. The group met for six months, twice a week. Significant
differences were noted between the treatment and no treatment control groups on measures of life adjustment and locus of control. The treatment group scored significantly higher than the control groups on both measures. This research study demonstrated that older persons benefitted from a highly structured group experience. Could similar results be obtained from the use of an unstructured group? This question is highly pertinent because funding for the mental health needs of older people is almost nonexistent and highly structured therapy interventions can be very expensive. On the other hand, C-R groups, unstructured groups run by the members themselves with a minimum of supervision, would be an inexpensive method of providing therapeutic support for older people to improve the quality of their lives.

**Consciousness-Raising Groups**

Sorensen and Cudlipp (1973) define consciousness-raising as "the exploration of individual oppression through examining personal, cultural, social, sexual, and religious roles with the options of keeping some roles, dropping others, and modifying still other roles in an effort to increase personal functioning and potential."

Consciousness-raising (C-R) by name implies a heightened awareness centered around whatever area has been targeted for exploration by the group. As a conspicuous outgrowth of the Feminist Movement, C-R groups chose to explore "women's role, past and present in our society" (Sorensen &
Gudlipp, 1973). A major goal is that each group member feels free to speak subjectively of her experiences in being a woman.

Ideally, the group climate is warm and supportive. Discussion topics are decided by the group, which is held to ten or less members so that all may have time to speak. Meetings are usually from two-to-four hours once a week. A C-R group can function with or without a leader. A leader generally acts more as a guide than as a director and is someone who has previously been a C-R group member. Sorensen and Cudlipp (1973) found that groups meeting with a leader lasted longer, developed trust earlier, and moved faster than leaderless groups.

C-R groups seem to be a practical method whereby members learn to understand themselves and others better. The shared problem area gives a central focus around which each member can express her own feelings and experiences. This opportunity for honest self-expression and supportive listening to testimony of other group members should lead to an awareness that she is not alone or isolated with her problems (Driefus, 1973; Warren, 1976; Sorensen & Cudlipp, 1973).

Although C-R groups disclaim any relationship to group therapy, differences seem to be primarily in the areas of stated objectives, definition of participants, and the presence of a trained therapist (Warren, 1976). In their comprehensive review of empirical research in group
psychotherapy, Bednar and Lawlis (1971) list numerous studies showing positive changes in self concept and interpersonal relations as a result of group participation. Participants in C-R groups report similar changes (Sorensen & Cudlipp, 1973; Warren, 1976) although controlled research has not been reported. Warren (1976) adds that Yalom (1974), in his review of successful group therapy, lists as possible curative factors many of the same factors that are present in a successful C-R group.

Another way to view participation in a C-R group is from the standpoint of human relations training, which is defined as an intensive small-group experience focusing on personal growth and group processes (Gibb, 1971). In his review of the research on human relations training, Gibb (1971) states that the six most frequently mentioned objectives of this training are directly related to the objectives of professional therapists. These same objectives are characteristics of positive mental health. Of those six variables, two are of particular interest in evaluation of the C-R group process: functional attitudes toward self, and functional attitudes toward others. The functional attitudes toward self that have been found to be positive outcomes of human relations training are defined as acceptance of self, self-esteem, and feelings of confidence. Functional attitudes toward others reportedly produced by such training are greater acceptance of others, decreased authoritarianism, and reduced prejudice (Gibb, 1971).
Warren (1976) reports that many writers point to these same areas of attitudes toward self and others as being outcomes of C-R group participation.

**C-R for Older Women**

In the past, C-R groups have usually been composed of women between the ages of twenty to forty-five. Yet the need of older women for such groups may be even greater than for the younger group. Our society doesn't offer support groups for older women, yet the changes that these women must adjust to may be greater than those at any other adult developmental stage. At other life stages, a choice of roles is provided for women, but at age sixty-five she is offered only the role of wise and quiet dignity. Preferably, she should be neither seen nor heard. In order to explore herself and question society, she needs the supportive atmosphere of a C-R group. C-R groups can be equally beneficial for men, but since the available C-R writings concern women's groups, the participants in this study were women.

This study was designed to evaluate results of participation by older women in a C-R group and to assess whether or not the C-R group process is applicable to this population. The hypotheses were as follows:

1. C-R group participants will show significant increase in POI measure of Self-Acceptance and Self-Regard, whereas a Task group and a No Treatment group will not.
2. C-R group participants will show a significant increase in acceptance of others as measured by judges' ratings, whereas a Task group and a No Treatment group will not.
METHOD

Subjects

The participants in this study were eighteen women, aged sixty-five to seventy-nine, with a mean educational level of 10.8 years. The age and education of the women in each of the three groups is shown in Table 1.

TABLE 1
Descriptive Characteristics of Group Members

<table>
<thead>
<tr>
<th>Sample Group</th>
<th>Age of Subject</th>
<th>Years of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-R Group 1</td>
<td>65-79</td>
<td>6-13</td>
</tr>
<tr>
<td>Range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>71.2</td>
<td>10.5</td>
</tr>
<tr>
<td>S.D.</td>
<td>5.31</td>
<td>2.14</td>
</tr>
<tr>
<td>Task Group 2</td>
<td>65-74</td>
<td>8-16</td>
</tr>
<tr>
<td>Range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>68.0</td>
<td>11.3</td>
</tr>
<tr>
<td>S.D.</td>
<td>3.21</td>
<td>3.17</td>
</tr>
<tr>
<td>Group 3</td>
<td>65-74</td>
<td>8-14</td>
</tr>
<tr>
<td>Range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>68.3</td>
<td>10.7</td>
</tr>
<tr>
<td>S.D.</td>
<td>3.35</td>
<td>2.21</td>
</tr>
</tbody>
</table>

Note. Total sample number = 18.
Group number = 6

The subjects were obtained by the following procedure:
signs were posted in the lobby of the Senior Citizen's Center in Fontana announcing formation of a women's group and inviting those interested to sign on an attached piece of paper. As soon as thirty names were listed, the women were contacted for a preliminary meeting. All of the women who signed the paper were regular visitors to the Center, and most of them had a speaking acquaintanship with one another. Several were close friends.

All of the other women in the groups were either married or widowed. Another shared characteristic was children; all had raised at least one child. Twelve had been forced to work in their early teens; one woman was sent from her home at age ten to earn a living as a maid's helper. Although three of the eighteen had attended college, most had not been able to finish high school because of both financial considerations and the then popular view that women did not need schooling. The only groups that most of the women had previously belonged to were church groups. None had prior experience with unstructured small group meetings.

**Materials**

Two instruments were used to measure treatment effects: The Personal Orientation Inventory (POI) developed by Shostrom (1963), and a judge's rating scale constructed specifically for this research. A copy of the rating scale appears in Appendix A.

The POI consists of 150 items presented as two choice paired opposite statements of values and behavior. For each
item pair, respondents are instructed to select the statement that "most consistently applies" to them. Scores are reported for two major scales and ten secondary scales which assess particular personality characteristics usually associated with self-actualization. A sample question from the Sa (self-acceptance) scale follows: (a) I feel I must always tell the truth, or (b) I do not always tell the truth.

The POI was constructed rationally based on Maslow's (1962) conception of self-actualization as characteristic of healthy, fully-functioning individuals. Such persons were predicted to be the end-product of successful psychotherapy (Maslow, 1962; Rogers, 1951, 1961; Shostrom, 1952, 1960). Shostrom (1960) designed the POI to be used as an outcome measure for therapy. A factor analysis of the POI (Tosi & Hoffman, 1972) provided support that the POI measures the general construct of the healthy personality. A study by Knapp (1965) correlated the POI with the Edwards Personality Inventory and concluded that both instruments appear to tap a common core of mental health. The level of psychosocial maturity as measured by the Inventory of Personal Development, a test based on Erikson's developmental theories (Constantinople, 1969), was shown to correlate highly with the major scales of the POI (Olczak & Goldman, 1975). The POI has been found to be unsusceptible to dissimulation (Foulds & Warehime, 1971; Canter, 1963; Lanyom, 1967).
POI Scales

For the purpose of this study, only the two scales dealing with the area of self-perception were used.

Self-regard Scale (Sa). Self-regard is measured by sixteen item pairs dealing with affirmation of self as indexed by feelings of worth or strength. The score range is 0 to 16. A score of 9 or more indicates the ability to like oneself because of one's strength as a person, whereas a score less than 7 indicates low self worth. A positive change in self-concept is a frequently reported outcome in studies evaluating group therapy success (Berzon & Solomon, 1966; Gibb, 1971). Table 2 presents a sample list of items from the POI that are part of the Sr scale.

Self-acceptance (Sa). The Sa scale consists of twenty-six items; the scoring range is from 0 to 26. A score of more than 14 indicates a high degree of self-acceptance, while a score of less than 12 indicates low self-acceptance. Shostrom defines this scale as measuring affirmation or acceptance of self in spite of weaknesses or deficiencies. These personal weaknesses are recognized and accepted as being a part of a larger and, on the whole, good self. This descriptive characteristic of personality seems to be in accord with those describing C-R group outcomes (Driefus, 1973; Sorensen & Cudlipp, 1973). Through group acceptance, the C-R group participants come to accept themselves as a whole person with both strengths and weaknesses. A combination of the Sr and Sa scales may be considered to
reflect the general area of self-perception (Shostrom, 1963). A sample list of questions from the PCI that are part of the Sa scale are presented in Table 3.

Table 2

<table>
<thead>
<tr>
<th>POI, Sample Questions from Sr Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. a. I am afraid to be myself.</td>
</tr>
<tr>
<td>b. I am not afraid to be myself.</td>
</tr>
<tr>
<td>16. a. I sometimes feel embarrassed by compliments.</td>
</tr>
<tr>
<td>b. I am not embarrassed by compliments.</td>
</tr>
<tr>
<td>31. a. It is possible to live life in terms of what I want to do.</td>
</tr>
<tr>
<td>b. It is not possible to live life in terms of what I want to do.</td>
</tr>
<tr>
<td>32. a. I can cope with the ups and downs of life.</td>
</tr>
<tr>
<td>b. I cannot cope with the ups and downs of life.</td>
</tr>
</tbody>
</table>

Table 3

<table>
<thead>
<tr>
<th>POI, Sample Questions from Sa Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. a. I feel I must always tell the truth.</td>
</tr>
<tr>
<td>b. I do not always tell the truth.</td>
</tr>
<tr>
<td>12. a. I feel guilty when I am selfish.</td>
</tr>
<tr>
<td>b. I don't feel guilty when I am selfish.</td>
</tr>
<tr>
<td>22. a. I accept my weaknesses.</td>
</tr>
<tr>
<td>b. I don't accept my weaknesses.</td>
</tr>
<tr>
<td>29. a. I fear failure.</td>
</tr>
<tr>
<td>b. I don't fear failure.</td>
</tr>
</tbody>
</table>

Acceptance of Others

To test the hypothesis that participation in a C-R group
would lead to greater acceptance of others and that such a change would be observable, it was necessary to construct a measure of Acceptance of Others.

In order to develop an instrument that would be usable and would reflect values similar to those of the general age and sex group that works at and utilizes the Center, a sample group of seven women, aged thirty-seven to seventy-nine, were asked to describe "What kinds of behavior would you expect to see in a woman described as being accepting of others?" The three characteristics common to all seven responses were: (1) listening behavior (i.e., paying attention to the other and maintaining eye contact), (2) awareness of the reactions of others, and (3) vocal appreciation of others. Statements were then written to reflect these three characteristics as the measure of Acceptance of Others to be used by judges in rating the behavior of the women participants in this study. A copy of the judge's rating sheet appears in Appendix A.

Judges

The judges used in this study were three female supervisors at the Center who were in daily contact with the participants at the Center. The judges were unaware of the group assignments. Ages of the judges were sixty-five, thirty-eight, and thirty. All three had no special training in behavioral observation but were experienced in the daily social interactions at the Center. The judges were asked to rate each participant, using the rating sheets, after
the first general meeting. Upon completion of the groups, the judges again rated the participants. The judges were asked not to discuss their ratings with anyone else. A list of guidelines used by the judges is found in Appendix B.

Procedure

The women who had signed the group interest sheet were notified of a preliminary meeting. At this meeting it was explained to them that the Director of the Center was interested in having small groups meet regularly but was not sure whether the facilities were adequate for such scheduling. Additionally, some research was necessary to see if such groups could be a workable part of the on-going activities at the Center. The women were provided a brief overview of the meeting schedule and a description of the POI. At this time, everyone completed the POI. The women gave consent to an evaluation of their POI results, without using their names. Each one would receive a private consultation at the end of the study.

The women were randomly divided into three groups of six participants each. These groups were directed to different areas of the room. Group 1 was designated as the C-R or treatment group. Group 2 was a task-oriented control group, meeting to solve various problems at the Center. Group 3 was also a control group which would not meet again until the posttest session six weeks later. This group was told that only two groups could meet during
this first time period, but their input was needed for the study. Group guidelines are shown in Appendix D.

Setting

The group meeting room was approximately 8' by 10' and contained two desks and a file cabinet. Assorted chairs were arranged in a loose circle. The wall petitions did not quite reach the ceiling, a fact which allowed some of the noise from the lobby area to filter in.
RESULTS

Primary Analysis

When the groups were initially constituted, each group consisted of ten members. By the third meeting, however, Group 1 had lost three members and Group 2 had lost four members. To equalize group size at $N = 6$, one participant was randomly deleted from Group 1 prior to data analysis. The eleven participants who dropped out of the study did so for various reasons, including illness, lack of transportation, and lack of interest. Illness, either personal or of someone in the immediate household, was the primary cause of subject attrition.

Table 4 presents the pre- and posttest group means and standard deviations for the POI scales and the Acceptance of Others measure. In general, pretest means among the groups are similar for each measure, suggesting that the groups did not differ on the dependent variables prior to group participation.

Tables 5, 6, and 7 show results of the Analysis of Variance for each of the three measures. Table 8 shows a further Analysis of Variance for Simple Effects for the Acceptance of Others measure.

The data as shown in Table 5 indicate that none of the groups measured a significant level of change on the POI
Self-Regard from pre- to posttest.

The analysis of variance for the self-acceptance measure also yielded no significant findings. The groups all showed similar small, nonsignificant increases in self-acceptance from pre- to posttest.

The only significant finding was obtained in the analysis of variance for the Acceptance of Others measure. As can be seen in Table 7, time was found to be a significant main effect in that there was an increase in Acceptance of Others scores from pre- to posttest.

The analysis of variance for simple effects of Acceptance of Others, as shown in Table 8, indicates that both the C-R group and Task group measured significant change \( (p < .01) \) on this measure whereas Group 3 showed no significant change.

The hypothesis that C-R group participants would significantly increase from pre- to posttest on POI Self-acceptance and Self-regard whereas control group participants would not was thus not supported. Neither main effect or interaction was significant in either ANOVA, although both the C-R and Task groups did increase Sa and Sr scores from pre- to posttesting so that the change that did occur was in the predicted direction.

The second hypothesis predicting C-R group participant increase on Acceptance of Others was also not supported. While there was a significant main effect of the time variable in that C-R and Task group participants significantly
increased on Acceptance of Others from pre- to posttest, there was no significant interaction so that the predicted differential response to treatment of C-R and Control group subjects on this measure was not supported.

Table 4
Pre- and Posttest Group Means and Standard Deviations for Self-Regard, Self-Acceptance, and Acceptance of Others

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td><strong>POI Self-Regard</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-R Group</td>
<td>9.17</td>
<td>3.18</td>
</tr>
<tr>
<td>Task Group</td>
<td>10.83</td>
<td>3.29</td>
</tr>
<tr>
<td>No Treatment Control</td>
<td>10.67</td>
<td>1.77</td>
</tr>
<tr>
<td><strong>POI Self-Acceptance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-R Group</td>
<td>14.0</td>
<td>2.08</td>
</tr>
<tr>
<td>Task Group</td>
<td>13.67</td>
<td>3.82</td>
</tr>
<tr>
<td>No Treatment Control</td>
<td>13.67</td>
<td>2.65</td>
</tr>
<tr>
<td><strong>Acceptance of Others</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-R Group</td>
<td>9.83</td>
<td>2.29</td>
</tr>
<tr>
<td>Task Group</td>
<td>9.08</td>
<td>2.05</td>
</tr>
<tr>
<td>No Treatment Control</td>
<td>8.0</td>
<td>2.31</td>
</tr>
</tbody>
</table>

Table 5
Analysis of Variance of POI Self-Regard

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups (A)</td>
<td>2</td>
<td>8.44</td>
<td>1.22</td>
</tr>
<tr>
<td>Error (a)</td>
<td>15</td>
<td>127.86</td>
<td></td>
</tr>
<tr>
<td>Time (B)</td>
<td>1</td>
<td>25.21</td>
<td>2.95</td>
</tr>
<tr>
<td>Interaction (AB)</td>
<td>2</td>
<td>1.0</td>
<td>.118</td>
</tr>
<tr>
<td>Error (b)</td>
<td>15</td>
<td>109.06</td>
<td></td>
</tr>
</tbody>
</table>
Table 6
Analysis of Variance of POI Self-Acceptance

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups (A)</td>
<td>2</td>
<td>.105</td>
<td>.0061</td>
</tr>
<tr>
<td>Error (a)</td>
<td>15</td>
<td>17.217</td>
<td></td>
</tr>
<tr>
<td>Time (B)</td>
<td>1</td>
<td>20.25</td>
<td>2.46</td>
</tr>
<tr>
<td>Interaction (AB)</td>
<td>2</td>
<td>.34</td>
<td>.041</td>
</tr>
<tr>
<td>Error (b)</td>
<td>15</td>
<td>8.237</td>
<td></td>
</tr>
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</table>

Table 7
Analysis of Variance, Acceptance of Others

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups (A)</td>
<td>2</td>
<td>22.89</td>
<td>1.91</td>
</tr>
<tr>
<td>Error (a)</td>
<td>15</td>
<td>11.97</td>
<td></td>
</tr>
<tr>
<td>Time (B)</td>
<td>1</td>
<td>17.36</td>
<td>11.92**</td>
</tr>
<tr>
<td>Interaction (AB)</td>
<td>2</td>
<td>2.93</td>
<td>2.61</td>
</tr>
<tr>
<td>Error (b)</td>
<td>15</td>
<td>1.13</td>
<td></td>
</tr>
</tbody>
</table>

**p < .01

Table 8
Analysis of Variance for Simple Effects of Acceptance of Others

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
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**p < .01
Additional Findings

To ascertain whether or not older women would respond favorably to the C-R group structure, participants of the C-R and the Task groups were asked to indicate on the back of their POI posttest if they wished to continue in a group similar to the one in which they had participated. All members of the C-R group indicated a desire to continue, whereas members of the Task group were evenly divided regarding desire for future meetings.

POI Profiles

Using group means for each scale, Figures 1 and 2 depict the POI pre- and posttest profiles. The investigator was unable to find POI profiles reflecting results from older-aged samples. According to Shostrom (1974), profile scores above the midline of fifty but below a standard score of sixty are considered to be most characteristic of self-actualizing adults. The closer a score is to this range, the more similar are the responses to those given by self-actualizing people. As can be seen, posttest profiles for all three groups show a positive increase. Additionally, these posttest profiles are similar to POI profiles of student nurse samples, with the exception of the Aggression Scale, which is lower for the older age sample (Shostrom, 1974).
Figure 1. Mean POI Scale Profiles--Pretest.
Figure 2. Mean POI Scale Profile—Posttest.
DISCUSSION

C-R Group

The major focus of the present research was to determine whether older women might benefit from C-R group participation in the same way that younger adults have been found to benefit from participation in successful therapy groups. It was hypothesized that self-regard and self-acceptance would increase as a result of participation in a C-R group but not as a result of participation in a task-oriented control and no treatment control group.

No support was found for the research hypotheses. The POI self-acceptance and self-regard scales showed no significant change from pre- to posttesting for any of the groups. Since the C-R and the Task groups did not differ in results, it would appear there was little difference between the two groups. In actuality, the two groups did differ in composition and function. The C-R group was composed of women aged sixty-five to seventy-nine, a span of five years more than the task group. Additionally, the range of education in the C-R group was six to thirteen years, while that of the Task group was eight to sixteen years.

The C-R group functioned differently than the Task group in several ways. During the first two meetings of
the C-R group, the participants seemed reluctant to assume control and responsibility for their group. This was a new situation, and they were unsure of how to proceed. At the end of meeting one, no topics were suggested for meeting two. At the end of the second meeting, one topic was suggested for meeting three: "Telling about Ourselves." From that meeting on, the women began sharing their life stories with each other. After each one talked, the others would share similar experiences from their lives. During the sixth meeting, "Bertie," the silent member of the group, told about a day when she was ten years old. Her Step-Mother packed "Bertie's" clothes in a sack and put the child on a wagon going to the next town, where she was to work as a maid's helper. "Bertie" never returned home.

Many of the other life stories dealt with similar hardships. Even though the group had not designated it as a topic, they were discussing what it was like to be a woman of their generation. For some of the women, particularly "Bertie," this was the first time they had spoken about themselves in such detail to anyone outside their immediate families. Except for the first meeting, the women did not take a break in the middle of each session. They talked through the two-hour sessions. At the end of the study, the members of the C-R group indicated they wished to continue the group.

In contrast, the Task group were given a list of problems dealing with the facility that needed to be solved. The women made suggestions, appointed a secretary, and were
rather businesslike. They decided to have a fifteen minute break during each meeting. The group was pleasant and informal. No one particular member emerged as group leader, but the secretary functioned to keep them on track in their discussions. The participants were evenly divided on the proposal to continue meetings.

The groups did operate differently, but why did the results show little difference? One explanation is that there was insufficient time between the pre- and posttesting to allow for change. By the sixth session, the C-R group was just becoming a group. To quote Gibb:

... initial periods of (human relations) training must be long enough for persons to "learn to learn" from feedback or to reach a critical point at which internal organismic processes occur in the individual, which sustain change (1971, p. 856).

In his research on success in group therapy, Yalom (1967) waited for the sixth group session to look for indicators of cohesiveness. The indicators of cohesiveness Yalom (1967) looked for were feelings of personal involvement, group atmosphere of warmth and unity, and feelings of personal involvement, group atmosphere of warmth and unity, and feelings of personal acceptance. In the investigator's opinion, "Bertie" would not have begun to share had she not felt warmth and acceptance. Trust seemed to be developing between group members, and the C-R group was beginning to discuss personal experiences and feelings. The group just ran out of time.

A second explanation for the similarity of results
from the different groups would be that the measurement tool used, the POI, was not the best choice of instruments to use with this population. The POI was too long and complicated for some of the subjects. Many reported that they had to use a dictionary in order to complete the test. For that reason alone, the POI was inappropriate for this group. Also, the POI has not been sufficiently validated with older age groups. Most of the standardization data on the POI utilized either college population groups or professional groups up to middle age.

This was a field study, and as such was limited by factors out of the control of the investigator. The meeting room was the only available room at the Center, and was not as comfortable as would have been desired. The privacy factor was limited because the walls did not continue to the ceiling. Although the groups were assured that their conversations would not be heard outside the room, this assurance was not totally accepted. Also, sounds from outside the room were often distracting.

The judges were three female supervisors working in the Center. Although this proximity allowed for adequate observation in a social setting, any previously formed opinions the judges may have had regarding the participants might be prejudicial to their ratings (Kelly, 1967). The rating sheet used by the judges was constructed for this research; the time factor did not allow for further validation studies.
Although neither research hypothesis was verified in this study, the fact that both groups showed significant positive movement on the Acceptance of Others measure, may be indicative of the value of socialization for this age group.

Implications for Further Research

1. Each of the meeting groups did show positive gain from pre- to posttest periods. This trend supports the need for longer term research with this age group to better evaluate the effects of specific kinds of groups in older populations.

2. Measurement instruments need to be developed that will allow for the educational and experiential level of older people, while taking into account their possible physical limitations.
APPENDIX A

SAMPLE JUDGE'S RATING SHEET

Instructions:

From your knowledge of this person, place a check (✓) along the line at a point most descriptive of her.

1. __________________________ allows others to adequately
   Name of Person
   voice their opinions and feelings without interrupting.

   all the time often sometimes rarely never

2. __________________________ is aware of how her words and
   actions are affecting other people.

   all the time often sometimes rarely never

3. __________________________ pays attention to the person she
   is talking to by maintaining eye contact.

   all the time often sometimes rarely never

4. __________________________ voices appreciation of another's
   efforts, work, etc.

   all the time often sometimes rarely never

5. How do I feel about this person?

   strongly like
   strongly dislike
APPENDIX B

JUDGES GUIDELINES

You have kindly volunteered to participate in controlled psychological research designed to evaluate a group experience.

You will receive a question sheet for each participant. Read each question carefully. If you do not know the person, use this week to meet and talk with her several times. I will collect your question sheets next Monday.

For a successful outcome of this research, it is essential that you observe the following guidelines:

1) Do not discuss the research experiment with anyone (including judges) except Mrs. Lewis.

2) Do not discuss the question sheet with anyone except Mrs. Lewis.

3) Maintain a scientific objective attitude in your observations.

I will be at the Center each Monday, and can also be reached at home, 862-5599, if you have questions. At the end of the research period, you will be completely informed of the results.

Thank you very much for your help.

Mrs. Sally Lewis
APPENDIX C

GUIDELINES FOR ALL PARTICIPANTS

(Presented at First Meeting)

You have volunteered to participate in controlled research designed to evaluate a group experience.

For a successful outcome, it is essential that you respect the following guidelines:

1. Attend the evaluation sessions, and any meetings to which you receive notification.

2. Do not discuss anything pertaining to this research with anyone outside your group.

3. All information and group discussions are confidential.

At the end of the research period, I will meet with each of you to report the results, answer questions, and interpret your Personality Inventory (POI). This consultation will be individual and confidential.

Thank you very much for your help.

Mrs. Sally Lewis, Counseling Psychology
APPENDIX D

SPECIFIC GUIDELINES FOR SAMPLE GROUPS

Group 2, Task-Oriented Group

Guidelines

1. Attendance is very important. I agree to attend all our meetings.

2. Whatever is discussed here will not be discussed outside this group.

Group 1, C-R Group

Guidelines

1. Attendance is very important. I agree to attend all our meetings.

2. Whatever is discussed here will not be discussed outside this group.

3. Everyone has time to speak. No one should be interrupted.

4. When one woman is speaking, other group members should give her undivided attention. Listen for her feelings, and reflect on any similar feelings you may have had.

5. Speak about your own experiences, not those of acquaintances.

6. The group will select any topics that are of importance to the members.

7. The group leader is a woman who has been in C-R groups before. She will not lead the group, but is present to share her experiences as any other member.

(CR guidelines from a paper titled "Consciousness-raising.")
APPENDIX E

INVESTIGATOR GUIDELINES

1. I am not a therapist.
2. I am a group member who has participated in a similar group previously.
3. If necessary, I will suggest topics, but the group will be encouraged to go its own way.
4. All POI pretests and Rating sheets will be put in a sealed file, and will not be scored until the end of the experimental period.
5. Each session will be taped.
6. The same environment will be used for each group.
7. Each participant will sign a release form.
8. After completion of the experiment, each participant will receive a detailed explanation of her own POI profiles. This information is confidential to each individual. Results of the general experiment will be shared with the participants.
REFERENCES


