Women's psychotherapy and consciousness-raising groups participants' perceptions of group experience

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WOMEN'S PSYCHOTHERAPY AND CONSCIOUSNESS-RAISING GROUPS;
PARTICIPANTS' PERCEPTIONS OF GROUP EXPERIENCE

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

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

by
Becky White
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Chairperson
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ABSTRACT

Consciousness-raising (CR) groups have flourished in the Women's Movement since their creation in 1968. Along with their growth has been a concurrent growing literature of a testimonial or subjective nature attesting to the positive benefits of women from participating. Current literature indicates that, while CR groups are not to function as psychotherapy groups (CR's major emphasis is political not inter-personal), the CR process seems to be a therapeutic one resulting in beneficial therapeutic outcomes. However, no empirical analysis of what it is that seems to make these groups so beneficial has yet been conducted. This study conducted such empirical research based on Yalom's curative factors which he proposed as operating in all psychotherapy groups with successful outcomes.

This study hypothesized that CR groups were not dissimilar to therapy (using Yalom's factors as a measure) and that only three of Yalom's ten curative factors would not be operating in CR groups.

A group leaders questionnaire and a three-part questionaire were sent out to 10 CR groups and 6 therapy groups resulting in a 25.6% return rate for CR and 30% for therapy groups. Twenty-five CR questionnaires and 15 therapy questionnaires were selected from those returned and analyzed.
The three parts of the questionnaire were as follows: (demo-
graphic data, (b) curative factor ratings and (c) attitudinal
and behavior changes. Results were analyzed by means of a
"t" test. Significant differences were found on only two
factors. Therapy participants rated "imparting of informa-
tion" significantly higher than CR participants and CR parti-
cipants rated "sex-role awareness" significantly higher in
making their group a beneficial experience than therapy
participants.

Findings of the present research seem to indicate that the
CR group appears to be a viable alternative or referral
source through which many women now involved in psychotherapy
could benefit. However, since return rate of data was so low
replication of this study is recommended in order to produce
more reliable results.
TABLE OF CONTENTS

List of Tables........................................ vi
Acknowledgements........................................ vii
Introduction............................................. 1

General Methods
   Participants......................................... 14
   Measurement.......................................... 15
   Procedures.......................................... 16

Results.................................................. 18
Discussion............................................... 28
Appendix................................................ 33
Bibliography............................................ 52
LIST OF TABLES

1. Age, marital status and education of CR and Therapy participants . . . . . . . . . . 18
2. Participants prior therapy experience . . . . . 19
3. CR participants rating of their involvement in the Movement . . . . . . . . . . 20
4. Rank order of importance of curative factors . . 21
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INTRODUCTION

One of the most widely publicized outgrowths of the contemporary Women's Movement has been the consciousness-raising (CR) group. CR groups in America originated in the late 1960's as part of the political activities associated with the Women's Movement.

One of the principal goals of a CR group is to create a safe and supportive climate in which members can freely discuss experiences they have had as a result of being a woman in our culture with no value judgments from group members. As Whiteley (1973) has indicated, the assumption underlying these and all CR groups is that women will feel less alienated and isolated by sharing, examining, and analyzing their experiences as women. A second important objective of all CR groups is to help women become aware that their problems are not the result of individual pathology but rather a common and shared result of being a woman in a sexist society.

To help create a safe and supportive climate for open discussion CR ground rules have been established (Ms, July 72). These rules stress; (1) serious commitment of members to evaluating their lives and willingness to share testimony which will be received in a climate of trust and confidentiality, (2) regular attendance at weekly meetings, (3) communication within group
to be personal, subjective and specific, (4) testimonials shared not to be interrupted or judged by other members, and (5) members to refrain from advice giving or challenging another member's testimony.

Consciousness-Raising Groups in Historical Perspective

In New York City in 1968, Kathy Sarachild, who is a film editor, veteran of the Civil Rights Movement and a feminist activist, helped establish a group which called itself New York Radical Women. These women became aware that Movement women had been working for the cause at such a furious pace that they never had time to really talk to each other. All their feminist activities were political actions such as picketing, protesting, and marching and their discussions among themselves concerned issues such as employment discrimination, divorce laws, child-care centers and equal treatment under the law. While these issues were the initial impetus for the Women's Movement, Sarachild's group sensed that individual personal growth needed to catch up with social action. The time had come for these women to talk from their own personal experience about the things that bothered them most about being female in a male-dominated society.

Sarachild suggested that the women supplement their readings with discussions of their own experiences as women. This idea of using personal experience as source
material was a marked departure from the approach of the previous feminist groups where books had been the source material for study and discussion.

The first CR meeting was held in April, 1968 by the New York Radical Women to discuss what happened to women as children; it was entitled, "Women as Child." This initial discussion was followed by others on subjects such as sexuality, motherhood, marriage, the role of women in the Left, and the role of women in work. Sarachild was convinced she had hit upon something extraordinary with her development of the CR group, which as she recalled in a 1973 interview. "...was like opening up a whole new world. By talking about our own lives, we were learning things no book could teach us. I knew we had hit on something important because I had been into feminism since I was fourteen, had read everything possible on the subject, yet here I was talking with other women and learning things I had never known before." (Driefus, 1973, p. 11).

In November, 1968 the CR group concept was introduced by Sarachild to a national audience attending the first Women's Liberation Conference. While the response was generally positive to the CR idea, not everyone supported Sarachild's enthusiasm. Feminists of New York Radical Women who still kept contact with the Peace and Civil Rights movements denounced CR as navel gazing (Driefus, 1973). "We had a big anti-CR faction in
Radical Women," recalled Sarachild, "who just could not believe women could learn theory from their own experiences. The more Marxist the women were, the more they wanted to talk about the System, not their personal lives - as if the two were not connected. For some, it was easiest to blame the System than the New Left men who oppressed us" (Dreifus, 1973, p. 11).

Even with this initial dissension among feminists concerning the structure and purpose of CR, the CR group concept began spreading to feminists groups around the country following the Chicago Conference. By 1969 consciousness-raising groups were meeting in Boston, San Francisco, Berkeley, Gainesville, Florida, and Washington, D.C. By 1970, it was almost impossible to find a Women's Liberation organization that did not engage in CR.

The National Organization for Women has also been one of the proponents of CR. Ivy Bottini, who was president of the New York Chapter of NOW from 1968-1970 had been looking for a way to attract members into her chapter. Encouraged by her experiences in her own CR group with the Radical Feminists, Bottini decided to try CR in NOW. From a small amount of advertising they drew so many people that they could see that smaller groups would need to be formed and decided to provide leaders. Thus, leaders began to be trained, a roster of topics developed and a new form of CR was born - Leader CR.
In 1971, Bottini moved to Los Angeles where she introduced Leader CR to the LA NOW chapter. By offering CR groups to the public the LA chapter also attracted many participants. Because CR leaders had been so successful they offered statewide training in 1974 and also developed a Consciousness Raising Handbook.

These "leader" CR's differed greatly from Sarachild's original groups which had only two rules: speak honestly and always test generalizations against women's personal experiences. These original groups were later given the label "hard CR."

There have been other types of CR that have evolved from Sarachild's original "hard CR." While definite data are lacking, the "soft" CR model seems to be the form most often used today in terms of current CR literature. The major proponents of "soft or leaderless" CR have been MS magazine and the New York Radical Feminists, a women's liberation organization that used the rap group as its primary organizational building block. Unless otherwise specified, it is this type of CR (soft) that is being studied and referred to for the duration of this chapter.

In summary, CR groups have flourished since their creation in 1968 by Kathie Sarachild. Although Sarachild's original CR group concept has been operationalized in somewhat different ways by different feminist groups, the core CR ideas have remained intact: (1) Women will feel less alienated and isolated by sharing, examining,
and analyzing their experiences as women in a CR group and (2) the importance of helping women become aware that their problems are not the result of individual pathology but rather a common and shared result of being a woman in a sexist society.

CR Groups and Psychotherapy Groups

One area in which there has been consensus from the beginning of CR groups is that CR groups are not to function as psychotherapy groups. In fact, the CR ground-rules discussed previously were also created to distinguish CR group from group psychotherapy, a critical distinction as far as feminists have been concerned. The distinction between therapy and CR groups made by Tennov (1973) is typical: (1) CR groups assume that women's problems are attributable to society rather than to the individual woman, (2) CR's goal is not so much personal change as it is awareness of women's position in society, and (3) CR groups focus on facts about female oppression rather than interpersonal relationships in the group.

Research to date on CR groups is quite limited and appears to be based on interview data (Newton and Walton, 1971; White, H.R., 1971; Cherniss, 1972 and Krug, 1972). Review of existing literature indicates that there has been a rapid increase in the number of CR groups since the late 1960's and a concurrent growing literature of
a testimonial or subjective nature attesting to the positive benefits for women from participation in CR groups (Brodsky, 1973; Driefus, 1973; Tennov, 1973). But even with these positive testimonials, there is still much confusion as to what exactly it is about the CR group process that makes it so successful. Tennov (1973) has reported that "sisters who write about CR praise its results highly, but are vague even contradictory about how it is accomplished" (Tennov, 1973, p.1). What is more confusing is that while the Women's Movement stresses that CR is not group psychotherapy, feminists claim that the CR experience is a therapeutic one for participants. Driefus states that the effect of CR may prove therapeutic in one's life although the primary goal is political. The NOW CR Handbook states "To the extent that women understand that their condition is political, women experience the personal growth and individuation that also happens to be objectives of psychotherapy" (Bonetti, Hai, Perl and Wagner, 1974, p. 10). Other writers have noted that CR groups seem to effect therapeutic outcomes. Halas (1973) found that "reports of women who have participated in these groups consistently noted their value as avenues toward personal growth and awareness." She also found it curious that no research was available to suggest that CR groups had a place in the treatment of women. Kirsh (1974) in comparing CR groups with traditional group psychotherapy
emphasized they both function as a "personal change mechanism." Brodsky stated that "the therapeutic process that occurs in these groups are akin to assertive-training . . or simply self-development groups" (Brodsky, 1973, p. 26).

Thus, there seems to be consensus that the CR group process is therapeutic although its major emphasis has been political. However, no empirical analysis of the therapeutic factors operating in CR groups has yet been made. One way to begin such an analysis is to compare directly psychotherapy and CR groups to determine what specific similarities and differences can be delineated between the two. While a review of the group psychotherapy literature indicates confusion and inconsistencies regarding what accounts for successful group therapy outcomes, Yalom's (1970) review of research on group psychotherapy provides a useful framework to compare CR and therapy groups. Yalom identified 12 "curative" factors which he proposed as operating in all psychotherapy groups with successful outcomes. It appears to the present writer that all but the three factors of corrective recapitulation of the primary family group, development of socializing techniques, and interpersonal learning are operating in CR groups. The present author equates these three factors with an interpersonal emphasis rather than political and CR's goal is not so much personal change as it is awareness of women's position in society. However, the following seven factors do
seem applicable to CR groups: (1) imparting of information, (2) instillation of hope, (3) universality, (4) altruism, (5) imitative behavior, (6) catharsis, and (7) cohesiveness.

Information appears to be imparted in CR groups in the form of individual testimony and discussion of material relevant to female oppression (Driefus, 1973; Hanish, 1971; Payne, 1973; Sorensen & Cudlipp, 1973; Women's Collective, 1971). Hope appears to be instilled in members from hearing testimonials, particularly from women with a more "liberated" awareness who report the happiness associated with their new-found awareness (Brodsky, 1973; Driefus, 1973; Payne, 1973; Sorensen & Cudlipp, 1973; Zweig, 1971). Universality, or the discovery that one is not unique or alone in feelings of alienation, despondency, and similar feelings seems to be capitalized on by CR groups in their use of the testimonial technique which strongly reinforces the feeling of universality among group members. This is seen by writers of CR to be the backbone for starting CR and the reason it has remained so successful (Brodsky, 1973; Driefus, 1973; Hanish, 1971; Newton & Walton, 1971; Payne, 1973; Sorenson & Cudlipp, 1973). Altruism, which refers to the development of tolerant, accepting, and supportive attitudes toward fellow group members is reinforced by CR ground-rules which stress an accepting, non-judgmental attitude toward members' testimonials.
(Brodsky, 1973; Driefus, 1973; Ms., 1972; Payne, 1973; Sorensen & Cudlipp, 1973; Tennov, 1973; Women's Collective, 1971; Zweig, 1971). Imitative behavior appears to be occurring in CR groups with women serving as models for other women (Brodsky, 1973; Driefus, 1973; Sorensen & Cudlipp, 1973). Review of the literature suggests that this factor may occur at a higher rate than in therapy groups. Catharsis appears to occur in CR groups because such groups deal with emotionally-charged material and encourage personal and subjective communication (Brodsky, 1973; Driefus, 1973; Halas, 1973; Sorensen & Cudlipp, 1973). The final factor of cohesiveness is discussed by Yalom as a "necessary pre-condition for effective therapy" and broadly defined in terms of the attractiveness of the group for its members. Groups with high mutual understanding and acceptance are cohesive groups and cohesiveness has been stressed by a number of writers as an important reason for CR success (Brodsky, 1973; Driefus, 1973; Newton & Walton, 1971).

It appeared to this writer that the concept of "sisterhood," which is one of the backbones of the women's movement, is a combination of the curative factors of universality, altruism and cohesiveness. Brodsky speaks of the concept of sisterhood and its effects on the CR group as resulting in a sense of trust and closeness with other women based on common problems that arise from external sources as well as internal deficiencies.
(universality and altruism). She states that the sisterhood that develops serves to bind the groups into continuing relatively stable units (cohesiveness). "The attrition rate for the groups I and others have observed as well as those studied by Newton and Walton (1971) appears to be lower than those of typical voluntary therapy groups or sensitivity groups. Furthermore, they appear to move to an intimacy stage rapidly and maintain a strong loyalty" (Brodsky, 1973, p. 26) (cohesiveness). If this is indeed true, it would suggest that the curative factors of universality, altruism, and cohesiveness are operating at a significantly higher rate in CR groups than in psychotherapy groups.

To summarize, the previous literature review has indicated that CR groups have proliferated and become a cornerstone of the Women's Movement with testimonial reports from women attesting to the benefits that CR group participation provides. However, there is no consensus as to what it is about CR groups that makes CR group participation a therapeutic experience for women. Feminists have stated strongly that CR groups are not psychotherapy groups; and yet when therapy and CR groups are directly compared using factors known empirically to account for successful outcomes in group psychotherapy, CR groups do not appear dissimilar to psychotherapy groups. In fact, there is reason to suspect that the following 7 "curative" factors are operating in CR groups as well
as psychotherapy groups—imparting of information, instillation of hope, universality, altruism, imitative behavior, catharsis and cohesiveness. It also appears that the curative factors of universality, altruism, cohesiveness and imitative behavior are operating at a higher rate in CR groups than in psychotherapy groups. It also appears that the curative factors of interpersonal learning, development of socializing techniques and corrective recapitulation of the primary family group are not operating in CR groups.

Given the lack of empirical research on CR groups and current questions regarding the therapeutic status of CR groups, it would seem that research is now needed to clarify the therapeutic status of CR groups. The present research was specifically designed and conducted with this objective in mind. On the basis of the conceptual comparison of CR and therapy groups using Yalom's curative factors discussed above, the following three hypotheses were derived:

1. There will be no difference between the average ratings of CR group participants and group psychotherapy participants on the following factors: imparting of information, instillation of hope and catharsis.

2. CR group participants will rate the factors of universality, altruism, cohesiveness and imitative behavior higher than psychotherapy group participants.
3. CR group participants will rate the factors of interpersonal learning, development of socializing techniques, and corrective recapitulation of the primary family group lower than the psychotherapy group participants.

Because a primary goal of CR groups is increasing sex-role awareness in participants, CR groups and psychotherapy groups will also be compared on this factor. Thus, the fourth and final hypothesis under study is:

4. CR group participants will rate the sex-role awareness factor higher than psychotherapy group participants.
METHOD

Participants

The sample consisted of 40 women, 25 of whom were currently participating in CR groups or had recently completed a CR group in California and 15 of whom were currently participating in an all-women's psychotherapy group. A summary of participant demographic characteristics appears in Table 1, and Table 2 presents a summary of participant's prior therapy experience (see pp. 18 and 19).

Therapy Participants. Therapy participants were obtained from 2 different sources: (a) San Bernardino County Hospital-Mental Health Division (2 therapy groups) and (b) Portland, Oregon, YWCA women's therapy groups (2). For purposes of this research, a psychotherapy group was defined as: an all-women's group calling itself a therapy group with a professional therapist leader(s), established for the purpose of facilitating positive change in the individual participants.

CR Participants. CR participants were obtained from 6 different groups in California. The present author made contact with and received permission to use these groups at a CR convention in 1974. CR groups were defined as: an all-women's group calling itself CR, formed for the purpose of aiding women in understanding their position in a sexist society.
Measures

A questionnaire (see appendix) was developed consisting of four sections to measure the following:

Demographic Information. A total of 16 items (e.g., age, marital status, education) were assessed to help clarify similarities and differences between participants of both groups.

Yalom's Curative Factors. Each of Yalom's 10 curative factors (imparting of information, instillation of hope, universality, altruism, imitative behavior, catharsis, cohesiveness, corrective recapitulation of the primary family group, development of socializing techniques, interpersonal learning) was represented by 5 items developed by Yalom as a measure of the curative factors. Participants rated these 65 items on a scale of 1-7 (1 being low and 7 high) to indicate the extent to which each item contributed to making the group experience a beneficial one.

Evaluation of Group Experience/Attitudinal and Behavioral Changes. A total of 5 free response questions were asked to help clarify what participants liked best and least about their groups as well as how the groups could be improved. Two of the five questions were included to assess specific behavior changes women had made in their lives as well as changes in attitudes and values because of the group experience.

Sex-role Awareness. Because a primary goal of CR
groups is to increase sex-role awareness in participants, the present author developed 5 items to measure this factor. Examples: Becoming aware of how I have been oppressed because I am a woman; Examining different roles I am playing in my life, etc. (See appendix).

A group leader questionnaire (see appendix) was also developed to obtain specific information about the group as a whole including such information as how long the group had been operating and how many members participated on a regular basis.

Procedure

A total of 125 questionnaires were mailed to 10 CR groups. Six groups returned a total of only 40 questionnaires. Of the 40 questionnaires returned, only 32 were completed enough to use which represents a 25.6 percent return rate of usable questionnaires. The present writer then randomly chose 25 of these questionnaires to use for the research.

Sixty questionnaires were mailed out to 6 therapy groups and 4 groups then returned questionnaires that were complete enough to use (23). Of these 23 returned questionnaires, only 18 were complete enough to use, representing a 30 percent return rate. The author then randomly chose 15 of the 18 to use for the research. The procedure for both questionnaire administration and return was provided to the leaders in a written set of instructions (see appendix).
Group leaders were requested to read the cover letter which explained the purpose of the research and the following set of instructions to their groups: "The questionnaire is divided into 3 sections. The first section is concerned with basic identifying information such as age and marital status. Section two consists of 55 items concerned with different ways people can benefit from a group experience. The third section consists of 5 short questions which deal with your reaction to your group experience. Completing the questionnaire will take about 30 minutes. Your participation is completely voluntary and you are not asked to identify yourself. How many are willing to take the questionnaire?"

The questionnaire distributors were then asked to: (1) hand out the questionnaires to all who wished to participate, (2) instruct participants to complete questionnaires individually without discussing the questions with other members, (3) collect the questionnaires, place them in the envelope provided and deposit in return mail. Participants were allowed to discuss the questionnaire only after completing them.
RESULTS

Data regarding CR and therapy group participants are presented in Tables 1 and 2. As Table 1 indicates,

**TABLE 1**

Age, Marital Status, and Education of Therapy and CR Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Therapy (N=15)</th>
<th>CR (N=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>20-25</td>
<td>6</td>
<td>40</td>
</tr>
<tr>
<td>26-30</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>31-35</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>36-40</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>41-45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>46-50</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>7</td>
<td>47</td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>High school diploma</td>
<td>6</td>
<td>40</td>
</tr>
<tr>
<td>Some college</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>AA degrees</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BA, BS degrees</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Graduate school</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

CR participants tended to be 4-5 years older than therapy participants, a higher percentage of CR participants had been married or were presently married than therapy participants and over 50% of participants from both CR and therapy groups had received schooling beyond a high school diploma.
Table 2 indicates that over 50% of therapy and CR participants had been involved in some type of therapy prior to the present group. The majority of CR participants were referred by friends to their CR group while the majority of therapy participants had been therapist referred to their group.

**TABLE 2**

Prior Therapy Experience of Therapy and CR Participants

<table>
<thead>
<tr>
<th>Question</th>
<th>Therapy (N=15)</th>
<th>CR (N=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Have you ever been involved in any type of therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>74</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>How did you become involved in present group?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self referred</td>
<td>8</td>
<td>53</td>
</tr>
<tr>
<td>Friend referred</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nation. Organ. Women</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Therapist referred</td>
<td>7</td>
<td>47</td>
</tr>
<tr>
<td>How long were you involved in therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>Didn't state</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>0-6 months</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>7-12 months</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>13-18 months</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>19 months-3 years</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

Research hypotheses were tested by the student t test (Dixon & Masey, 1957). Table 3 presents the means, standard deviations, and results of the t test comparison.
for each curative factor under study. Table 4 shows the rank order of the curative factors within each group.

### TABLE 3
Curative Factor Means and Standard Deviations for CR and Therapy Groups

<table>
<thead>
<tr>
<th>Curative Factor</th>
<th>CR Group</th>
<th></th>
<th>Therapy Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Imparting Information</td>
<td>1.1</td>
<td>1.15</td>
<td>3.8</td>
<td>1.47</td>
</tr>
<tr>
<td>Instillation of Hope</td>
<td>4.1</td>
<td>1.69</td>
<td>3.8</td>
<td>1.47</td>
</tr>
<tr>
<td>Universality</td>
<td>4.4</td>
<td>1.26</td>
<td>4.5</td>
<td>1.75</td>
</tr>
<tr>
<td>Altruism</td>
<td>3.2</td>
<td>1.52</td>
<td>3.6</td>
<td>1.44</td>
</tr>
<tr>
<td>Imitative Behavior</td>
<td>2.8</td>
<td>1.48</td>
<td>2.8</td>
<td>1.38</td>
</tr>
<tr>
<td>Catharsis</td>
<td>4.2</td>
<td>.94</td>
<td>4.2</td>
<td>1.87</td>
</tr>
<tr>
<td>Cohesiveness</td>
<td>5.2</td>
<td>1.56</td>
<td>4.6</td>
<td>1.46</td>
</tr>
<tr>
<td>Corrective Recapitulation of the</td>
<td>3.7</td>
<td>1.59</td>
<td>3.5</td>
<td>1.71</td>
</tr>
<tr>
<td>Primary Family Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of Socializing Techniques</td>
<td>4.1</td>
<td>1.53</td>
<td>4.2</td>
<td>1.99</td>
</tr>
<tr>
<td>Interpersonal Learning</td>
<td>3.6</td>
<td>1.35</td>
<td>3.9</td>
<td>1.79</td>
</tr>
<tr>
<td>Sex-Role Awareness</td>
<td>5.4</td>
<td>1.54</td>
<td>4.2</td>
<td>1.59</td>
</tr>
</tbody>
</table>

1 = low and 7 is high concerning contribution each factor played in making group experience a beneficial one.
TABLE 4

Rank Order of Importance of Curative Factors for CR and Therapy Group Participants

<table>
<thead>
<tr>
<th>Curative Factor</th>
<th>CR Group Rank Order*</th>
<th>Therapy Group Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imparting Information</td>
<td>1</td>
<td>7.5</td>
</tr>
<tr>
<td>Instillation of Hope</td>
<td>5.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Universality</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Altruism</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Imitative Behavior</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Catharsis</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Cohesiveness</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Corrective Recapitulation of the Primary Family Group</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Development of Socializing Techniques</td>
<td>5.5</td>
<td>4</td>
</tr>
<tr>
<td>Interpersonal Learning</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Sex-role Awareness</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

*1 = ranked highest, most important to participants

As can be seen, little support was found for the four hypotheses under study. The first hypothesis, which predicted no significant differences in the average ratings of CR and therapy groups on the factors of imparting of information, instillation of hope and catharsis, was supported for the instillation of hope and catharsis factors but not for imparting of information. Contrary to prediction, the therapy group participants rated
imparting of information as significantly more important in the group experience than did CR group participants.

No support at all was found for the second hypothesis which predicted that CR groups would rate the factors of universality, altruism, imitative behavior and cohesiveness significantly higher than therapy groups. In fact, neither therapy or CR group participants rated these factors significantly differently. Both groups seemed to consider the factors of cohesiveness and universality as important in terms of factor mean scores, whereas imitative behavior and altruism were rated relatively lower by members of both groups. The third hypothesis was also not supported since CR and therapy group participants showed no significant difference in their ratings of recapitulation of the primary family group, development of socializing techniques and interpersonal learning. Finally, support was found for the fourth hypothesis in that the mean score of CR groups on the factor of "sex-role awareness" was significantly higher than therapy groups as had been predicted.

Curative factor rank orders were generally similar within the two groups as Table 4 shows. Only on imparting of information and sex-role awareness, the two factors rated significantly differently by the two groups were there markedly different rank orders.

Additional Results

Results from responses to the Group Leader's
Questionnaire (see Appendix) are summarized below.

All groups had leaders except for 2 of the CR groups which adhered to the guidelines for leaderless CR (Ms, July, 1972). All groups met weekly. Therapy groups met for 8-10 weeks with each group having a definite ending period, whereas CR groups met from 10 weeks to over a year with 2 of the 6 CR groups on-going groups. Both group's average size was 10 or less with the CR average being somewhat larger (10) than the therapy average (8). All groups were heterogeneous in membership in terms of occupation.

The drop-out rate for CR groups (30%) was higher than the drop-out rate for therapy groups (12%). At first observation the present author thought that this finding was not in keeping with prior research (Brodsky, 1973; Newton-Walton, 1971) which found the attrition rate for CR groups lower than those of typical voluntary therapy or sensitivity groups. However, these voluntary groups were probably not all women's groups but mixed (male and female) groups. It is possible that the drop-out rate of all women's therapy or sensitivity groups would be lower than that of the mixed therapy or sensitivity groups. Leaders from both groups gave so few reasons for participant attrition that no conclusions regarding attrition can be made. The reasons provided by leaders of both groups were: the group was not what the participant wanted, participants moved, problems
encountered with meeting time, participants lost interest and participants were fearful. The participant responses to these questions are summarized below.

What did you like best about your group?

The freedom to express oneself and talk about personal problems was mentioned the most by therapy participants. Frequently mentioned also was the self-acceptance members were starting to feel toward themselves followed by feelings of trust, rapport, support, and concern of the group. Less frequently mentioned was the opportunity to talk with other women about common problems shared in the culture.

CR participants mentioned: the feminist friendships made, support, closeness, acceptance, the bond of sisterhood that developed, sharing with other women, love, skills of the group leader in leading and giving information about the oppression of women, group acceptance, and the fact that no confrontations occurred.

Although therapy and CR participants tended to mention similar things, therapy subjects valued the freedom to express themselves and talk about personal problems and the development of self-acceptance as most important whereas the aspect of support and meeting other women with similar points of view (feminist friendships) seemed to be seen as most important by CR group members. This finding seems congruent with the different goals of each group.
What did you like least about your group?

Therapy group members made very diversified statements concerning what they liked least about their group. Responses ranged from nothing liked least about the group to feeling pressured to change specific behaviors faster, members not being open enough or members feeling alienated because of sexual preference, age, never having been married or being depressed. CR group members were generally less critical. What CR participants stated as least liked were: (1) the structure or process of discussion the group took or (2) feeling disappointed that topics were covered superficially or lightly.

In what ways do you feel your group could have been improved?

Responses from therapy participants seemed to focus on the need for more sessions of greater intensity with more individuals participating and more group interactions. CR participants had very little criticism of their groups, but a few participants mentioned not staying within the guidelines well enough, too much gossiping, too many assumptions by the group and failure of the group to deal with feelings.

Could you cite any specific changes you have made in your life because of your group experience?

The specific changes that therapy participants had made in their lives because of the group experience mainly concerned changes in how they related personally and/or
interpersonally (e.g. fewer depressions, becoming more assertive with ex-husband, more willingness to take risks in asking for friendships). Many of the specific changes CR participants had made in their lives because of their group experience were also changes in their personal and interpersonal relationships (becoming more assertive and confident, expressing anger, divorcing husbands) such as those mentioned by therapy participants. Responses from the two groups differed primarily in that many CR participants also made life changes resulting in them becoming more politically active in the Movement. CR participants also reported more behavioral changes in life styles such as going back to school, going back to work, divorcing husbands, and becoming lesbians (two women).

Could you cite any specific changes you have made in your attitudes and values because of this group experience?

Both groups mentioned being more accepting of self and developing more respect for others. As could be expected, CR group participants mentioned frequently the political aspects of CR with better understanding of feminist issues and understanding and feeling the concept of sisterhood most frequently mentioned. Also, as could be expected, therapy participants did not mention these political changes in attitudes or values. Instead they mentioned exclusively changes in how they saw themselves and others from a personal or interpersonal point of view (e.g. more confidence, able to express feelings better,
more optimistic).

Section C questions were also analyzed further to see if responses from leader and leaderless CR participants were similar. The only difference noted was on the question of specific changes in lives of participants because of the group experience. Participants in leader-led CR groups reported more actual behavioral changes, and they appeared to be more action oriented than leaderless CR participants.
DISCUSSION

Of the eleven comparisons made between CR and therapy group participants on mean scores, only two resulted in a significant difference between ratings of the two groups: imparting of information was rated, contrary to expectations, significantly higher by therapy group participants and sex role awareness, as predicted, was rated significantly higher by CR participants. The significant difference on sex role awareness would seem to require little comment since CR groups are primarily defined in terms of raising participant awareness of the existence of sex role conditioning in this society.

The significant difference between the groups on imparting of information is not so readily explained. According to Yalom, imparting of information in therapy groups refers to the didactic instruction about mental health, mental illness and psychodynamics given by the therapist as well as advice, suggestions or direct guidance about life problems offered either by the therapist or other patients. This factor was operationally defined by Yalom by the following five items: (1) The leader suggesting or advising something for me to do, (2) Group members suggesting or advising something for me to do, (3) Group members telling me what to do, (4) Someone in the group giving definite suggestions about a life problem, and (5) Group members advising me to
behave differently with an important person in my life. It appears that these items focus more on advice and direct guidance than instruction about mental health, mental illness or psychodynamics and advice-giving and direct guidance are in direct conflict with ground rules for both leaderless and leader CR which do not encourage participants to give advice to other members (Tennov, 1973; Bonetti, Hai, Perl and Wagner, 1974). Thus, since both leader and leaderless CR ground rules oppose giving of advice or suggestions, this may account for the significant difference in mean score ratings between CR groups and all women's therapy groups on this factor.

The present author proposed that a combination of the factors of altruism, cohesiveness, and universality comprised "sisterhood" and that CR subjects would rate these items higher than therapy participants since the understanding and practice of sisterhood among women is one of the primary goals of the CR experience. No support was found, however, for this prediction.

It is possible that the items Yalom used to operationally define altruism represent characteristics that men, rather than women, in our culture need to develop to be altruistic: (1) Helping others has given me more self-respect, (2) Putting others' needs before mine, (3) Forgetting myself and think of helping others, (4) Giving part of myself to others, and (5) Helping others and being important in their lives. From a feminist
perspective, Yalom's definition of altruism focuses on negating the self which is in opposition to one of the main goals of CR, to have women respect and think of themselves first. Feminists believe that women have negated themselves all their lives by thinking altruistically (as Yalom defines it) of husbands, children, boy-friends, and others before themselves. While feminists support Yalom's general concept of altruism as the development of tolerant, accepting, and supportive attitudes towards group members, CR participants are likely to see Yalom's altruism as no more salient than therapy participants.

Because a main goal of CR is to focus on facts about female oppression rather than on interpersonal relationships in the groups and CR's goal is not so much personal change as it is awareness of women's position in society, the present author hypothesized that the factors of corrective recapitulation of the primary family group, interpersonal learning and development of socializing techniques would not be occurring in CR groups. This hypothesis was unsupported. Thus, even though ground-rules and leaders aim to keep the focus of CR groups political and not personal, interpersonal learning does go on as well as a better understanding of the younger years in the family (corrective recapitulation of the primary family group) and learning new ways of being with people development of socializing techniques).

One minor but interesting finding that emerged from
this research was that both therapy and CR women that had been involved in prior therapy rated female therapists as having been more helpful than male therapists by at least 1 point on a scale of 1-7. This finding is consistent with reasons offered for the founding of all women's therapy groups and individual feminist therapy. When women talk with other women they will talk differently and more candidly about themselves than they do in the presence of a man. The cultural conditioning which most women have assimilated rises to the fore even if only one man is present. Thus, it appears that although it can be beneficial for women to receive treatment from a male therapist, women report more positive benefits from the therapy with a female as opposed to a male therapist.

It occurred to the present author that a review of all women's therapy groups (instead of mixed) and CR groups had not been conducted and that perhaps even more similarities would emerge. This writer conducted such a literature review and the following additional similarities which make CR and all women's therapy groups appear even more similar than CR and mixed therapy groups as well as unique from the mixed therapy group appeared. Both groups (1) Encouraged women to look at themselves quite apart from their primary relationships outside the group (2) Strive to take the power of the standard maker out of the outgroup's (male) position. Thus, women attempt to define themselves and determine what behaviors
they may exhibit and (3) See themselves as advocating working upon the individual and society as a means of solving women's problems.

Thus, the present author hypothesizes that while CR and all women's therapy groups appear very similar from the outcome variables of the present research that more significant differences would have been found between CR and mixed therapy groups.

In conclusion, the present findings suggest that, even though the major emphasis of CR is political and not interpersonal, CR and therapy groups are very similar. CR participants report to be receiving the same therapeutic benefits and even more. CR participants report they also learn to view personal experiences with women, men, schools, and the like not only from their exclusive personal experience but learn to include a political and sex-role awareness. The CR group appears to be functioning as a new type of political or radical therapy which offers its participants even more than a traditional psychotherapy group can. The recognition of the therapeutic status of consciousness raising groups is currently much needed for the CR group appears to be a viable form of therapy from which many women now involved in psychotherapy could benefit. However, since return rate of data was so low, replication of this study is recommended in order to obtain more reliable findings.
APPENDIX
June 6, 1976

Dear Vicki,

At the Consciousness-Raising workshop in Fresno this past March, I asked if you would be willing to ask your CR group to fill out a questionnaire. It would be developed as part of my Master Thesis research at California State College at San Bernardino. The questionnaire was to be accompanied by a cover sheet explaining what the questionnaires were all about and why I was asking members of your group to complete them. Participation would be entirely voluntary.

At that time I thought it would be only a month before I would be sending out the questionnaires. However, preparation for this study has taken longer than expected. I am now finishing up the questionnaires and will be ready to send them out sometime during the latter part of June.

Since it has been 3 months since I have spoken with you, I realize it is possible that some circumstances may have changed with you and/or your CR group. I now need to find out if you are still able to help me. If your CR group is not in existence any more, I would greatly appreciate it if you could give the CR questionnaires to another group you know of that is currently meeting. In this case, you would need contact only one member of that group and give her the cover sheet and questionnaires. She then could proceed as you would have in your own group.

My thesis is concerned with gaining a better understanding of what goes on in CR groups and what women participants see as the strength's and weaknesses of their CR group experience. Thus I would appreciate it if you could fill out the enclosed postcard and mail it back to me as soon as possible.

Thank you for your time. I hope things are going well with you and your Long Beach group.

Sincerely,

P.S. I will be happy to provide you with the results of my research at the time it is completed. Also, you stated that you had 2 or 3 more groups that you could give the questionnaires to. This is great. If this is still the case (and I hope it is) make a note of this on the postcard.
Dear Sisters,

I am a graduate student at the California State College of San Bernardino, in the process of writing my Master's Thesis on Consciousness-Raising Groups. I am very dedicated to the Women's Movement and have been actively involved in it for almost two years now. I have set up CR groups at my college and participated in them for the last school year.

I believe it is valuable (and it is the goal of my thesis) to understand how women view what is happening in their CR groups, what kinds of women seem to be in CR, as well as what each woman sees to be specific strengths or weaknesses of her CR group experience.

The collection of this type of data will help in many ways. To just mention two: (1) Help women in the movement understand what has been going on in current CR groups (2) Aid future CR groups in constructing the best possible type of CR possible, by being more clearly aware of past pitfalls and strongholds other groups have had.

Questionnaires are being mailed out to 15 other CR groups throughout California. You are not asked to identify yourself or group. All questionnaires will be grouped together and studied as a whole. Upon completion of this study, results will be mailed back to your group upon request.

Thank you for your time.

Sincerely,

Becky White
Post-card sent out with cover letter

Please send me the questionnaires. I am willing to read the cover letter to my group and see if they are willing to participate.  

YES      NO

OR

My CR group is no longer meeting but I am willing to give the questionnaires to another group I know of.  

YES      NO

Please send me _______ questionnaires.

ANY COMMENTS  ____________________________________________________________

________________________________________________________________________

YOUR NAME  ____________________________________________________________

ADDRESS  ________________________________________________________________
Dear Women,

I am a graduate student from the California State College of San Bernardino, working towards my MA in counseling psychology. I am a feminist and committed to helping develop the area of the psychology of women.

My thesis is concerned with looking at the similarities and differences of all-women's therapy and consciousness-raising groups.

I would appreciate your participation in my thesis by completing the enclosed questionnaires. Upon completion of this study I will be very happy to supply and/or discuss the results with your group.

Thank you for your time.

Sincerely yours,

Rebecca White
Please wait until all members expected to attend have arrived and then proceed to read the following:

"The questionnaire is divided into 3 sections. The first section is concerned with basic identifying information such as age and marital status. Section two consists of 55 items concerned with different ways people can benefit from a group experience. Section three consists of 5 short questions which deal with your own reactions to your group experience. Completing the questionnaire will take about 30 minutes. Your participation is completely voluntary and you are not asked to identify yourself. How many are willing to take the questionnaire?"

Please continue to proceed as follows:

A. Hand out the questionnaires to all who wish to participate.

B. Instruct participants to complete questionnaires individually without discussing the questions with other members.

C. When participants finish, collect the questionnaires and place them in the enclosed envelope. Please mail it that evening on your way home or the following day.

D. Participants may discuss the questionnaires after they have all been gathered and put in the envelope.
GROUP LEADER: Please fill out the following form.

1. How long has this group been meeting? ____________
2. How many members does it consist of? ____________
3. How often does this group meet? ____________
4. What is the length of each meeting? ____________
5. How much longer will this group meet? ____________
6. Have any members dropped out since it first began? ____________
7. If so, how many? ____________
8. Please state the reasons they gave (if any) for dropping out. ____________
8. Please state what type of group this is. ____________
QUESTIONNAIRE DISTRIBUTOR: Please fill out the following form.

1. How long has this CR group been meeting? ______________
2. How many members does it consist of? ______________
3. How often does this group meet? ______________
4. What is the length of each meeting? ______________
5. Have any members dropped out since it first began? _____
6. If so, how many? ______________
7. Please state the reasons they gave (if any) for dropping out. ____________________________________________
   ____________________________________________
8. How much longer will this group be running? ____________
   ____________________________________________
9. Please circle to indicate the type of CR yours is
   a. leaderless    b. leader    c. other
   (If you circled c. other, please explain) ______________
   ____________________________________________
10. If your CR group consists of a specific population of women (ex.: all lesbian, all teachers, all 3rd world, etc.) please indicate here. ____________________________________________
SAMPLE THERAPY

Section A  QUESTIONNAIRE

If any of the questions are not applicable to you, please put NA in the space instead of leaving it blank.
Ex.: Age married  NA

1. Age. _____ 2. Sex _____ 3. Occupation ____________________________
4. If unemployed, are you a student? _____
5. Marital status _________ 6. Age married _____
7. Number of children ____________________________
8. Last year of school completed ____________________________
9. Degree(s) ____________________________
10. Currently working towards what degree ____________________________
11. How did you become involved in this group ____________________________
12. Had you been involved in any type of psychotherapy before this group? _________
13. What types of therapy were you involved in and for how long? ____________________________
14. How helpful did it seem to you? (please circle one number)
   1  2  3  4  5  6  7
   not at all helpful  very helpful
15. What was the sex of the therapist? ___________
Therapy

Section A  QUESTIONNAIRE

If any of the questions are not applicable to you please put NA in the space instead of leaving it blank.
Ex.: Age married  NA

1. Age     2. Sex     3. Occupation
4. If unemployed, are you a student? 
5. Marital status  6. Age married
7. Number of children
8. Last year of school completed
9. Degree(s)
10. Currently working towards what degree?
11. How did you become involved in this group?

12. Had you been involved in any type of psycholotherapy before this group?
13. What types of therapy were you involved in and for how long?
14. How helpful did it seem to you? (Please circle one number)  1 2 3 4 5 6 7
   not at all helpful  very helpful
15. What was the sex of the therapist?
Section A

QUESTIONNAIRE

If any of the questions are not applicable to you, please put NA in the space instead of leaving it blank.
Ex.: Age married NA

1. Age ______  2. Occupation ________________________________

3. If unemployed, are you a student? _________

4. Marital status ________________  5. Age married ______

6. No. of children _________

7. Last year of school completed __________________________

8. Degree(s) ____________________________________________

9. Currently working toward what degree ______________________

10. Please rate your involvement in the Women's Movement.
    (Circle one)
        a. uninvolved (still looking on)
        b. moderately involved
        c. involved
        d. strongly involved
        e. radical feminist

11. Briefly explain why you rated yourself the way you did.
    ________________________________

12. How did you become involved in this CR group? ________
    ________________________________

13. Have you ever been involved in any type of therapy? ___

14. What types of therapy were you involved in and for how long? __________________________

15. How helpful did it seem to you. (Please circle one number)  1 2 3 4 5 6 7
    not at all helpful very helpful

16. What was the sex of the therapist? _________________________
CR AND THERAPY QUESTIONNAIRE

Section B

Below are listed 55 items, all of which are concerned with ways in which people can benefit from a group experience. Please rate each item with respect to the following instructions. (1) If the item did not occur in your group, circle DNO and proceed to the next question. (2) If the item did occur in your group, rate it from 1 to 7 to indicate the amount of importance it played in making your group experience a beneficial one.

DNO = Did not occur in the group
a rating of 1 = this item did not at all aid in making my group experience beneficial.

a rating of 7 = this item played a very strong part in making my group experience beneficial.

Rate each item how it actually occurred to you in your group, not how you think or wished it would have. Be as honest as you can. There are no right or wrong answers.

1. Being in the group somehow helped me to understand old hang-ups that I had in the past with my parents, brothers, sisters, or other important people.
   DNO 1 2 3 4 5 6 7

2. Putting others' needs ahead of mine.
   DNO 1 2 3 4 5 6 7

3. Learning that others had parents and backgrounds as unhappy or mixed up as mine.
   DNO 1 2 3 4 5 6 7

4. Being in the group somehow helped me to understand how I grew up in my family.
   DNO 1 2 3 4 5 6 7

5. Giving part of myself to others.
   DNO 1 2 3 4 5 6 7

6. Through the group experience I understand better my past relationships with my parents and relatives.
   DNO 1 2 3 4 5 6 7
7. Admiring and behaving like my group leader.
   DNO 1 2 3 4 5 6 7

   DNO 1 2 3 4 5 6 7

9. Learning how to express my feelings.
   DNO 1 2 3 4 5 6 7

10. Forgetting myself and thinking of helping others.
    DNO 1 2 3 4 5 6 7

11. Becoming aware of how I have been oppressed because I am a woman.
    DNO 1 2 3 4 5 6 7

12. Being able to say what was bothering me instead of holding it in.
    DNO 1 2 3 4 5 6 7

13. Belonging to and being accepted by a group.
    DNO 1 2 3 4 5 6 7

14. Getting things off my chest.
    DNO 1 2 3 4 5 6 7

15. The group's teaching me about the type of impression I make on others.
    DNO 1 2 3 4 5 6 7

16. Continued close contact with other people.
    DNO 1 2 3 4 5 6 7

17. Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me to do the same.
    DNO 1 2 3 4 5 6 7

18. Examining myself and my experience as a woman in this society.
    DNO 1 2 3 4 5 6 7

19. Expressing negative and/or positive feelings toward the group leader.
    DNO 1 2 3 4 5 6 7

20. Revealing embarrassing things about myself and still being accepted by the group.
    DNO 1 2 3 4 5 6 7

21. Learning that I'm not very different from other people gave me a "welcome to the human race" feeling.
    DNO 1 2 3 4 5 6 7
22. Seeing that others had solved problems similar to mine.
   DNO 1 2 3 4 5 6 7

23. The leader's suggesting or advising something for me to do.
   DNO 1 2 3 4 5 6 7

24. Learning that how I feel and behave today is related to my childhood and development (there are reasons in my early life why I am as I am).
   DNO 1 2 3 4 5 6 7

25. Finding someone in the group I could pattern myself after.
   DNO 1 2 3 4 5 6 7

26. Knowing that the group had helped others with problems like mine encouraged me.
   DNO 1 2 3 4 5 6 7

27. Learning that I sometimes confuse people by not saying what I really think.
   DNO 1 2 3 4 5 6 7

28. Someone in the group giving definite suggestions about a life problem.
   DNO 1 2 3 4 5 6 7

29. Seeing others getting better was inspiring to me.
   DNO 1 2 3 4 5 6 7

30. Learning how cultural expectations about how I should behave have caused problems for me.
   DNO 1 2 3 4 5 6 7

31. Trying to be like someone in the group who was better adjusted than I.
   DNO 1 2 3 4 5 6 7

32. Being in the group was, in a sense, like being in a family, only this time a more accepting and understanding family.
   DNO 1 2 3 4 5 6 7

33. Learning that others have some of the same "bad" thoughts and feelings I do.
   DNO 1 2 3 4 5 6 7

34. Group members suggesting or advising something for me to do.
   DNO 1 2 3 4 5 6 7
35. Learning that I react to some people or situations unrealistically (with feelings that somehow belong to earlier periods in my life).
   DNO 1 2 3 4 5 6 7

36. Group members telling me what to do.
   DNO 1 2 3 4 5 6 7

37. Examining different roles I am playing in my life.
   DNO 1 2 3 4 5 6 7

38. Discovering and accepting previously unknown or unacceptable parts of myself.
   DNO 1 2 3 4 5 6 7

39. Seeing that I was just as well off as others.
   DNO 1 2 3 4 5 6 7

40. Being in the group was, in a sense, like reliving and understanding my life in the family in which I grew up.
   DNO 1 2 3 4 5 6 7

41. Adopting mannerisms or the style of another group member.
   DNO 1 2 3 4 5 6 7

42. The group's giving me an opportunity to learn to approach others.
   DNO 1 2 3 4 5 6 7

43. Becoming aware of how I have conformed to a culturally determined sex-role in my life.
   DNO 1 2 3 4 5 6 7

44. Learning that I have likes or dislikes for a person for reasons which may have little to do with the person and more to do with my hang-ups or experiences with other people in my past.
   DNO 1 2 3 4 5 6 7

45. Knowing others had solved problems similar to mine.
   DNO 1 2 3 4 5 6 7

46. Group members advising me to behave differently with an important person in my life.
   DNO 1 2 3 4 5 6 7

47. Learning about the way I related to the other group members.
   DNO 1 2 3 4 5 6 7

48. Learning I'm not the only one with my type of problem; "We're all in the same boat."
   DNO 1 2 3 4 5 6 7
49. Seeing that other group members improved encouraged me.
   DNO 1 2 3 4 5 6 7

50. Helping others has given me more self-respect.
   DNO 1 2 3 4 5 6 7

51. Expressing negative and/or positive feelings toward another member.
   DNO 1 2 3 4 5 6 7

52. Learning why I think and feel the way I do (i.e., learning some of the causes and sources of my problems).
   DNO 1 2 3 4 5 6 7

53. Group members pointing out some of my habits or mannerisms that annoy other people.
   DNO 1 2 3 4 5 6 7

54. Belonging to a group of people who understood and accepted me.
   DNO 1 2 3 4 5 6 7

55. Helping others and being important in their lives.
   DNO 1 2 3 4 5 6 7
Sample

Therapy

Section C

1. What did you like best about your group? ________________

2. What did you like least about your group? ________________

3. In what ways do you feel your group could have been improved? ________________

4. Could you sight any specific changes you have made in your own life because of your group experience? ______

5. Could you sight any specific changes you have made in your attitudes and values because of this group experience?
Section C

1. What did you like best about your CR group? 

2. What did you like least about your CR group? 

3. In what ways do you feel your CR group could be improved? 

4. Could you sight specific changes you have made in your own life because of your CR experience? 

5. Could you sight any specific changes in your attitudes and values you have made because of this CR group experience?
ITEMS OF THE AUTHOR

Sex-role Awareness

1. Becoming aware of how I have been oppressed because I am a woman.

2. Examining myself and my experiences as a woman in this society.

3. Learning how cultural expectations about how I should behave have caused problems for me.

4. Examining different roles I am playing in my life.

5. Becoming aware of how I have conformed to a culturally determined sex-role in my life.
References


