Agentive Theory As Therapy: An Outcome Study

Daniel K. Judd

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This dissertation, by Daniel K Judd, is accepted in its present form by the Department of Educational Psychology of Brigham Young University as satisfying the dissertation requirement for the degree of Doctor of Philosophy.

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Chapter One

Introduction

Prior to the 19th century, the study of human behavior was typically the domain of philosophers and theologians. Influenced by the discoveries of Galileo, Newton, and the other scientists who followed, concern about man and his behavior began to shift slowly from theologian/philosopher to scientist (Rychlak, 1981; Goble, 1974).

Following the scientific tradition established by the natural scientists, Sir Francis Bacon (1561-1626), Thomas Hobbes (1588-1679), and John Locke (1632-1704) were among the first to propose that scientific knowledge of human behavior be based totally on observable things and events. Locke popularized the term "tabula rasa" as he asserted that the mind is a passive storage area for environmental and cognitive forces that determine man's mental life.

Continental philosophers, such as Immanuel Kant (1724-1804), objected to Lockean philosophy by proposing that the mind is not a storage area but a creator of meaning. Kant argued that at birth, a child is not tabula rasa but "pro forma" meaning he/she has the capacity to give order and understanding to his/her experience. Commenting on the Kantian tradition, Rychlak (1981) stated:

Human beings are not entirely understood by the constitutive [deterministic] forces that go to make them up. People have a point of view on life, which they bring forward from out of a

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1 The terms Lockean and Kantian were coined by Rychlak (1981) to represent the traditions of John Locke and Immanuel Kant.
phenomenal realm to order and understand the nomuneal realm of experience. (p. 34)

The Kantian-Lockean debate continues today in both psychological theory and clinical practice. The Lockean model may be represented by Freudianism, behaviorism, and cognitivism, while the Kantian perspective may be represented by the phenomenological, existential, hermeneutic, and ethnogenic traditions (Harre, Clarke, De Carlo, 1985; Faulconer & Williams, 1985; Packer, 1985; Rychlak, 1981).

The Phenomenological/Existential Tradition

While Freudianism, behaviorism, and cognitive psychology have dominated the field for decades, there has recently been renewed interest in the phenomenological/existential tradition in both psychological research and practice. A growing number of theoreticians and clinicians are re-searching the works of Kant, Descartes, Husserl, Kierkegaard, Heidegger, and Sartre in formulating theoretical and clinical applications (Packer, 1985; Faulconer & Williams, 1985; Warner, 1984; Solomon, 1983; Rychlack, 1981; Yalom, 1980; Bugental, 1981; May, 1981; May & Yalom, 1984).

Much of this resurgence has been inspired by dissatisfaction with what was described by Edmund Husserl, and later by Jean-Paul Sartre, as "psychologism". Williams (1983) explained psychologism by defining the two fundamental assumptions on which it is based:

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2See Williams (1987) and Ornstein (1978) for a discussion of the Lockean nature of cognitive psychology. They argue the differences between behaviorism and cognitive psychology are semantic and not metaphysical or methodological.
Any system, science, or point of view is "psychologistic" if it assumes that psychological states and experiences enjoy an autonomous existence in reality, and that they in turn serve as the foundation of other experiences and human actions. A second major distinguishing feature of psychologism is a reliance on the methods and assumptions of the natural sciences in its study of human psychical experience. (p. 7)

Following the early methods established in the physical sciences, psychologists have generally concerned themselves with investigating whether the data are consistent with their presuppositions, as opposed to what the data are (Williams, 1983). Freudian psychology's emphasis on early experiences and an unconscious, behaviorism's emphasis on a reinforcement history, and humanism's reification and objectification of emotions, needs, and intuitions are examples of these pre-suppositions—all of which are held by Phenomenologists and existentialists to preclude the existence of human agency by calling for cause and effect relationships (Faulconer & Williams, 1985).

Many theorists/practitioners have asserted that as a whole, the phenomenological/existential tradition appears to be the only theory of human behavior based on assumptions which allow for the existence of non-psychologistic human agency (Kockelmans, 1984; Williams, 1983; Warner, 1982; Harre, 1983; Romanyszyn, 1975; Van

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3While humanists such as Abraham Maslow, and Carl Rogers claim freedom as a basic tenet of their positions, Faulconer & Williams (1985) argue that their version of freedom and agency is also psychologistic (pp. 1181-1183).
Kaam, 1966; Robertson, 1984; and Croxton, 1986). The phenomenological/existential tradition rejects both the model and methods of the natural sciences as well as avoiding reification and objectification of emotion and identifying them as causal entities (Williams, 1987).

Corey (1986) described how existentialism's theoretical orientation differs from traditionally psychologistic psychoanalysis and behaviorism:

The existential approach developed from a reaction to two other major models, psychoanalysis and behaviorism. Existential therapy rejects their deterministic, reductionistic, and mechanistic view of human nature. It is grounded in the assumption that we are free, whereas the psychoanalytic view sees freedom as restricted by unconscious forces, irrational drives, and past events. (p. 73)

While some consider the existential orientation a license for undisciplined "woolly" therapists to "do their thing," Yalom (1980) concluded, "the existential approach is a valuable, effective psychotherapeutic paradigm, as rational, as coherent, and as systematic as any other" (p. 5).

Even though the phenomenological/existential tradition is rich in philosophy, its central limitation, reported by some, is its scarcity of demonstrated validity. Lynn and Garske (1985) have commented:

4Yalom (1980) argues that this "limitation" is not a flaw, but a perspective necessitated by the theoretical underpinnings of the phenomenological method.
At this early stage in its formulation, existential psychotherapy cannot boast much rigorous research done to evaluate its claims to be an effective treatment. There are certainly some vivid and compelling case studies, but that is not systematic research. Such research is needed to determine whether existential techniques actually increase hardiness while decreasing mental and physical symptomatology. By now the position is clearly enough articulated that relevant research can take place. (p. 217; see also Liebert and Spiegler, 1982; and Corey, 1986)

It is apparent that while existentialism/phenomenology has been articulated well in theory, it has not been submitted to research designed to provide validity data relevant to mental health concerns.

**Agentive Theory**

Consistent with a phenomenological/existential perspective, Warner (1982) recently articulated "an alternative to standard therapy" (p. 26). Warner (1982) stated, "My associates and I have developed a special kind of teaching that for many people, at least, is an alternative to [traditional] counseling and therapy" (p. 26). Warner's work has come to be known as "Self-Betrayal" or "Agentive Theory" (Warner, 1982; Johnson, 1982). In addition to his theoretical articulations Warner (1986) has organized the Arbinger Seminar where groups of people are educated in the principles of Agentive Theory.
Even though Warner has much philosophical and anecdotal evidence for the effectiveness of Agentive Theory/Therapy, at present no systematic studies (qualitative nor quantitative) exist that indicate the theory's effectiveness. Johnson (1983) stated:

Herein lies the major problem with Warner’s presentation. While his stories are inspiring and enlivening, they fail to provide scientific proof of efficacy . . . . We are unable to evaluate the present techniques. It is irresponsible and lazy of us to believe in a method which offers only testimonials. Such proof is the mark of the quack, and in medicine we would properly shy away from it. How can we accept it in psychotherapy? Warner has apparently done no follow-up to his seminars. (p. 24)

Brown, Warner, & Williams (1986) have commented on the implications this research could have:

This approach . . . has yet to be explored in the research literature, but we suggest that it provides a crucially important direction for future investigation. Such investigation will have important implications for an understanding of "mental illness." (p. 187)

While invitations for research exist for existential/phenomenological approaches in general and Agentive Theory/Therapy in particular, neither have been specifically researched to the extent that the approach can be considered efficacious or not as a means of helping people with mental/emotional problems.
Statement of Purpose

The purposes of this study were as follows: (1) to determine whether outpatients, in a Department of Behavioral Medicine, in a community hospital (Provo/Orem, Utah), who participated in a four-week structured seminar based on Agentive Theory, would significantly improve on selected measures of mental health; and (2) to understand if/how subjects' perceptions of their problem(s) and possible solution(s) change after having attended the seminar presented in the Spring of 1987.

Review of Related Literature and Research

While there is a rich philosophical foundation for Agentive Theory, there are currently no research studies that have examined the issues of clinical efficacy or specificity relevant to it. There does exist, however, much philosophical and psychological literature, reviews and studies that have been conducted which have touched on differing themes central to the development and application of Agentive Theory. Two of these central themes are agency and responsibility. Yalom (1980) has written that the concepts of agency and responsibility are central threads "woven into the fabric of most psychotherapeutic systems" (p. 176). In addition to the literature relevant to agency and responsibility, this section also contains literature reviews concerning self-deception, efficacy of psychotherapy, and the principles of Agentive Therapy.

Agency vs. Determinism

The philosophical/theoretical discussion of free will vs.
determinism has been a central theme of psychological theory and practice since the inception of the discipline (Watson, 1967). Agentive theory's central assumption is that man/woman is an agent. Our thoughts, emotions, attitudes, and actions are not things that are caused in us, but rather initiatives we take. In thinking, feeling, and behaving, we are asserting our meaning onto the world. It is assumed that most negative emotions, such as anger, low self-esteem, depression, boredom, anxiety, etc., are assertions we make that justify us in thinking, feeling, and behaving in certain ways. Positive emotions such as sadness, joy, love, etc., are not emotions we "do" but they are a part of what we "are" as human beings (Warner, 1982). Brown, Warner, & Williams (1986) stated:

Whereas some emotions like sadness, joy, and so on, can be thought of as tacit accompaniments of human interaction woven into the total gestalt of an experience, we propose (in concert with Solomon, 1983; and Warner, 1982) that other emotions, like anger and most depressions, are often a kind of response, intended to bring about a particular state of affairs. (p. 186)

The argument that our negative emotions are generally an assertion we make is drawing support from an increasing number of theoreticians and practitioners. Tavris (1982) drew from research in sociology, psychology, biology, anthropology, and physiology in showing that our emotions are something we "choose" as opposed to
something we are "caused" to feel. From her analysis of research she argues that the following assumptions lack support:

1. Emotional energy is a fixed quantity that can be dammed up or, conversely, that can flood the system.

2. Anger and aggression are inextricably, biologically linked; anger is the feeling and aggression its overt expression, but both are aspects of the aggressive instinct.

3. Anger is an instinctive response to threat and to the frustration of goals or desires.

4. If the outward expression of anger is blocked, anger "turns inward," where you feel it as depression, guilt, shame, anxiety, or lethargy. (p. 22)

Tavris (1982) stated that striving to find a "cause" for anger outside the social perspective is fruitless:

The harder we try to pin down one explanation, the more certain we are to fail. The reason, I argue, is that anger is not a disease, with a single cause; it is a process, a transaction, a way of communicating. With the possible exception of anger caused by organic abnormalities, most angry episodes are social events: The beliefs we have about anger, and the interpretations we give to the experience, are as important to its understanding as anything intrinsic to the emotion itself. . . . The social perspective on anger, I believe, explains the persistence and variety of this emotion far better than reductionistic analyses of its biology or its inner psychological workings. (pp. 18, 21)
Solomon (1983), as well as Laing (1965), Harre (1985), Kenny (1963), Mandler (1984), and Van Kaam (1966) all support the assertion of emotion as a social initiative.

In addition to these contemporary theorists, the greek philosopher, Aristotle (384 – 322 B. C.), speaking against Plato and the rhetoricians, supported the view that emotions are practical, intelligent, intentional judgements. The roman philosopher, Seneca (4 B. C. – 65 A. D.), also defended the view that emotions are judgements within our own power (Solomon, 1980).

The global view expressed by Aristotle, Seneca, Warner, Tavris, Solomon, etc., that emotions are an assertion and not a response to a cause, is at variance with the traditional theories of emotion. Historical figures such as Charles Darwin (evolutionary tradition), William James (psychophysiological tradition), Walter B. Cannon (neurological tradition), Sigmund Freud (dynamic tradition), B. F. Skinner (behavioral tradition), and Aaron Beck (cognitive tradition) all define emotion as being "caused" by either "inner" or "outer" determinants (see Solomon, 1980; Rorty, 1980).

While it is outside the purpose of this study to offer a complete analysis of the various theories of emotion, it may be instructive to briefly discuss two of the most prevalent and contrast them with Agentive Theory.

One view asserts that our emotions are a part of our animalistic, evolutionary heritage and thus are a part of our human nature. For man to be accepted by society these emotions must be
controlled. This view was/is held by many of the Judeo-Christian traditions, as well as by those following the Freudian, behavioral, or cognitive psychological perspectives.

Another view, with deep historical roots, espouses that emotions are to be celebrated and expressed. Yielding to one's emotions is neither evil nor harmful. Robertson (1984) has commented on this view's difference with the Freudian tradition:

Instead, it holds that since man's feelings and emotions spring from his own nature, to do anything other than to indulge them is a denial of part of his nature and is therefore to live a less than full human existence. (p. 270)

This conceptualization of emotion has been constructed into a theory of etiology and treatment by Carl Rogers (See Rogers, 1961).

Agentive theory proposes that emotions (negative emotions in particular) are not an expression of man's "nature" and need not be "controlled" nor "expressed" as a means of achieving acceptance or actualization. Warner (1986) stated:

Our ignoble desires are not ultimately derived from an ignoble nature, and our anxieties are not the result of being unable to make ourselves whatever we are striving to be. These desires and anxieties stem from our betrayal of what we really are, from our refusal to love, from an exercise of our agency that ties that agency in knots—in short, from sin [self-betrayal]. If we're emotionally troubled, it is not because we were created to be that way but because we have betrayed, perverted, and denied what we were created to be. The
condition of our liberation from our unwanted desires and anxieties is our responsiveness, in love, to what others need from us, and to the supreme loving act that makes our love possible. (p. 63)

Central to the understanding and application of Agentive Theory is the possibility of morality/immorality. This possibility must be present for agency to exist. Croxton (1986) commented:

Fundamental to the idea of morality is the idea of possibility. Where there are no possibilities there is no morality. Morality deals with opposites or alternatives—right or wrong. Where there is a right there is also a wrong, and vice versa. Where there are right and wrong there is possibility. (p. 63)

This possibility of morality/immorality could not exist if man's thoughts, feelings, and actions were passively determined. Faulconer and Williams (1986) asserted that traditional explanations of human behavior either deny or impotently explain the possibility of morality and agency in either a positivistic or historicistic manner. The main assumption of positivism is, "... that societies and groups are organisms—analagous to biological or physical organisms—that exist and behave in accordance with objective and external laws" (p. 1180). In other words, people are not free to act or choose, but are passively thinking, feeling, and behaving in response to events outside of themselves. Those advocating historicistic explanations insist individuals are passive products of their psychic, social, and/or reinforcement
histories (Faulconer & Williams, 1986). Obviously, both explanations are deterministic in nature, eliminating the possibility of agency.

Agentive theorists and practitioners propose that individuals are moral agents and have access to the truth concerning given situations and can actively think, feel, and behave truthfully (morally) or can actively deceive themselves into thinking, feeling, and behaving otherwise (immorally).

**Self-Deception**

In the exercising of agency, individuals sometimes deceive themselves; betraying their own personal sense of right and wrong. This is in part what Jean-Paul Sartre defined as acting in "bad faith". Sartre (1953) explained:

I must know the truth in order to conceal it more carefully—and this not at two different moments, which at a pinch would allow us to re-establish a semblance of duality. . . . Our embarrassment appears extreme since we can neither reject nor comprehend bad faith. To escape from these difficulties, people gladly have recourse to the unconscious. . . . But explanation by means of the unconscious, because it breaks the psychic unity, cannot account for the facts it at first appeared to explain. (pp. 89–90)

While several theories explain self-deception in terms of an unconscious, repression, resistance, perceptual defense, and/or sensory filters (Freud, 1909; Dollard & Miller, 1950; Fingarette,
1969; Dixon, 1971 and Blumm, 1979), Warner (1984) asserted that such theories are unsupportable:

In spite of the extent to which the notion of unconscious motivation and the act of repression it implies have saturated thinking about human conduct in our culture, they are unsupportable. Freud himself was aware of the problems, and twice undertook to overhaul his theoretical position to obviate them. But both of these major revisions incurred at least as many conceptual problems as they solved, and subsequent variations on this Freudian strategem—and there have been many in the philosophical and psychological literature—have met the same fate. (p. 19)

Warner (1984) theorized that most theories of self-deception are differing versions of the Freudian assumption that "We hold our motivating belief or judgment independently of the resistant, self-deceiving act by which, in effect, we deny having it" (p. 17).

Warner (1984) further wrote:

This assumption appears innocuous enough; after all, it is only an application of the idea that motives are anterior to and independent of the acts they motivate. It has also been made by almost all others who have subsequently written about these issues (I think Sartre is an exception). But it implies that in self-deception we simultaneously earnestly believe and earnestly disbelieve one and the same proposition. It says in effect that insofar as we are deceived in our accusing emotion, we are not aware of our motivation for engaging in
it, and at the same time, insofar as we are motivated by it—insofar as we are deceivers—we are aware of it. Insofar as we are deceived, we haven't the belief that motivates us, but insofar as we are deceivers, we have this belief. So to be self-deceivers, it seems—and this is a frequently rehearsed scenario—we must believe and yet fervently not believe one and the same thing at one and the same time. (p. 18)

Brown, Warner & Williams (1986) provided the following account as a description of self-deception from an agentive perspective:

In most varieties of anger the angry person feels that she is aroused or provoked to anger by another and that she is acting self-protectively and justifiably. Yet what seems to her to be self-protection seems to the individual at whom her anger is directed to be aggressive and accusing. In other words, the angry person does accuse the person who angers her, but of abuse, so that in her own mind she is merely coping with the situation thrust upon her by the other. If the other reciprocates the anger, he in turn feels that he is the blameless one and regards her as abusively accusing. Each holds the other responsible—malicious and only pretending to be abused—and himself or herself passive in relationship to his or her feelings. But neither is correct. The anger is something both are doing, but in doing, cannot understand themselves as doing. Because being angry is regarding oneself as being made angry and not as doing something purposefully,
it is impossible to be angry and to believe otherwise. Because the angry person lacks this understanding, she is not malicious as her accuser's interpretation has it. Yet, because her anger is something she is doing, she is not passive as her interpretation has it. (p. 170)

Thus in situations of mutual anger, the individuals in the above example aren't pretending nor maliciously lying—they feel angry and that the other person is the cause of the anger. Neither are they ignorant of the facts of what is happening; the agentive answer is that they are self-deceived in terms of the response each makes to the discomforting evidence. Brown (1985) outlined the difference between lying, self-deception, and ignorance, in Figure 1.1:

<table>
<thead>
<tr>
<th>Surprised</th>
<th>Resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynical lying</td>
<td>X</td>
</tr>
<tr>
<td>Self-Deception</td>
<td>X</td>
</tr>
<tr>
<td>Ignorance</td>
<td>X</td>
</tr>
</tbody>
</table>

Figure 1.1

The fundamental difference between self-deception and a lie is that we deceive ourselves by accepting our emotions as an absolute assessment of reality. These feelings "fill the self-deceiver's horizon," (Warner, 1985, p. 28) thus the self-deceiver doesn't accept the fact that these emotions are something that he/she is creating and that they are what he/she is using to base his/her belief. Warner (1984) asserted, "We who have such emotions believe the accusation we make. We are not cynically telling a lie. This
is precisely because our lie is an emotion—because it is not simply a rationalization" (p. 5). Warner (1986) pointed out the unexamined nature of emotions:

One of the dominant, almost unexamined fictions by which our culture lives is that we are not responsible for our emotions. They are caused in us, we almost universally believe, by events outside our control. Very recently some [Tavris, 1982] have been reexamining the evidence and concluding that this dogma is false. Accusing emotions are performances in which we engage. (p. 45)

Self-deception from an agentive perspective is described as a "... whole person acting in his social environment" (Robertson, 1984, p. 232), as opposed to a split psyche explanation which describes individuals as knowing and yet not knowing as a result of repression or filtering.\(^5\)

**Responsibility**

Yalom (1980) has written on another of the main themes of psychological theory and practice compatible with an agentive perspective, the assumption of personal responsibility:

Western and Eastern philosophers alike have pondered the problems of man's responsibility for the nature of reality. The heart of Kant's revolution in philosophy was his position that it is human consciousness, the nature of the human

being's mental structures, that provides the external form of reality. (p. 220)

Yalom (1980) reported that a computer search of the term "responsibility" turned up no quantitative studies whatsoever. He did, however, find a quantity of research concerning "locus of control" and reports, "external locus of control may be considered as a lack of responsibility acceptance" (p. 262). Having conducted an extensive review of literature, he reports lack of responsibility acceptance (external locus of control) is positively related to greater feelings of inadequacy, mood disturbance, anxiety, hostility, confusion, low achievement, decreased political activity, suggestibility, decreased imagination, frustration, apprehension, schizophrenia, and depression. These findings run counter to many "clinical-humanistic" theories which assert "others are responsible for our problems and changes" (Bergin, 1980, p. 100).

While many psychotherapies include the acceptance of personal responsibility as a major tenet of their theory and practice (i.e., Rational-Emotive Therapy, Cognitive-Behavioral Therapy, Reality Therapy, etc.) most do not accept the Agentive assumption that the individual creates his/her emotions, but propose that "given" the emotion, he/she must "manage" it by being accountable for its consequences (Warner, 1982). Agentive Theory also differs from cognitive theories by proposing that emotion is not determined by beliefs or thoughts. Warner (1985) commented:
It is precisely because our accusing emotions are the assertions upon which they appear to be based, that, in spite of appearances, our beliefs do not determine our feelings. Cognitive therapy to the contrary, the beliefs ingredient in these emotions change only with, and not prior to, the relevant changes of emotion. (p. 36)


Another area of research, related to responsibility is the topic of guilt. May (1967) defined one form of guilt as as "a positive constructive emotion . . . a perception of the difference between what a thing is and what it ought to be" (p. 70). Belgum (1985) defines guilt by stating, "... guilt points to the fact that it was not all right to do what you did" (p. 129, emphasis his). Heidegger (1962), Kierkegaard (1954), Yalom (1980), Buber (1957), Tillich (1952), along with May (1969), have all described the existence of a guilt which can lead to mental health and a "neurotic" guilt which can facilitate mental problems. Yalom (1980) commented on the difference between these two types of guilt, "Neurotic guilt emanates from imagined transgressions (or minor transgressions that are responded to in a disproportionately powerful manner) . . . . Real guilt flows from an actual transgression against another. . . . [or] one may be guilty of transgression against oneself" (p. 276-277, emphasis his).
Psychological/psychiatric problems such as depression, anxiety, and schizophrenia have been associated with neurotic guilt (Belgum, 1985; Yalom, 1980; Bier, 1971; Knight, 1969; and McKenzie, 1962). Johnson (1983) stated that Agentive Theory/therapy may be facilitative of this neurotic type of guilt when applied to "people suffering from mental disorders in the sense of qualifying for a DSM III diagnosis" (p. 21) and predicted that the use of "Warner's techniques . . . could be disastrous" (p. 24).

The Efficacy of Traditional Psychotherapy

It has been estimated there are 400 types/methods of psychotherapy/counseling being employed in clinical practice today (Karasu as cited in Kazdin, 1986). Garfield & Bergin (1986) reported while broader orientations and new methods continue to proliferate, many of them are "untested and uncriticized" (p. 11).

H. J. Eysenck (1952) was among the first to present criticism concerning the efficacy of psychotherapy. Eysenck reported that a majority of people with a neurotic disorder improved over a two year period whether they received psychotherapy or not. He concluded, "there was not evidence to support the efficacy of psychotherapy, particularly psychoanalysis" (p. 322). The responses to his criticisms are numerous as clinicians and theoreticians alike have claimed Eysenck's assertions are spurious (Bergin, 1963, 1966, 1971; Kiesler, 1966; Luborsky, 1954; and Meltzoff and Korneich, 1970). Having made an exhaustive review of the recent literature, with respect to the efficacy issue, Lambert, Shapiro, & Bergin (1986) concluded, "research and reviews . . .
confirm the original [earlier] conclusions that psychotherapies, in general have positive effects" (p. 157, brackets mine). More specifically, Lambert et al. (1986) reported, "... At the end of treatment, the average treated person is better off than 80% of the untreated sample" (p. 159, see also Smith, Glass & Miller, 1980; Andrews & Harvey, 1981; and Shapiro & Shapiro, 1982).

While criticism continues concerning the general effectiveness of psychotherapy (see Eysenck, 1985; Tennov, 1975; Gross, 1978; Zilbergeld, 1983; Wood, 1986), the questions have now evolved into ones of greater specificity concerning relative psychotherapeutic effectiveness. The emergent question to be answered by psychotherapy research has become, "... what treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances" (Paul, 1966, as cited in Lynn and Garske, 1985, p. 499). Garfield & Bergin (1986) stated:

The question being asked [presently] is not, "Does psychotherapy work?" Rather, it is, "How effective are Cognitive-Behavior Therapy and Interpersonal Therapy [etc.], as defined by specific therapy manuals, and delivered by therapists trained to meet certain criteria with carefully diagnosed cases ... The question is thus more highly specified. (p. 14)

Efficacy of Specific Types of Psychotherapy

With respect to the relative effectiveness of specific types of psychotherapy, Smith et al. (1977) concluded, "Despite volumes devoted to the theoretical differences among different schools of
psychotherapy, the results of research demonstrate negligible differences in the effects produced by different therapy types" (pp. 752-760). Luborsky, Singer, & Luborsky (1975) found many techniques and forms of psychotherapy were effective, but no one therapy was found to be more effective than another. Luborsky, et al. (1975) quoting the dodo bird officiating a race in Alice in Wonderland concluded his findings by stating, "Everyone has won and all must have the prizes" (p. 995).

Several other reviews have analyzed the differences between the psychotherapies (e.g., Bergin & Lambert, 1978; Bergin & Suinn, 1975; Beutler, 1979; Meltzoff & Kornreich, 1970). The conclusion drawn by most of these reviewers has been that the differences are slight or nonexistent (Lambert et al., 1986).

Other researchers (Shapiro & Shapiro, 1982; Nicholson & Berman, 1983; Dush, Hirt, and Schroeder, 1983; Miller & Berman, 1983; and the Quality Assurance Project, 1983) utilizing meta-analysis, have demonstrated a "small but consistent advantage for cognitive and behavioral methods over traditional verbal and relationship oriented therapies" (Lambert et al., 1986, p. 166).

One of the clearest reported advantages of specific types of therapy has been in the treatment of specific disorders. Sexual dysfunctions, childhood behavior disorders, phobias, and compulsive rituals appear to be best treated by behavioral and cognitive therapies (Lambert, et al., 1986).

Another area of debate concerns the duration of therapy. While a person may be in psychoanalytic analysis for 15-20 years,
another person may be seen for only a few days or weeks (Malan, 1963). Brief psychotherapy (one to six sessions) was once considered only for crisis situations until a more long term arrangement could be made. Presently, brief psychotherapy is gaining preference as the "treatment of choice" for most patients (Koss and Butcher, 1986). Relative to the effectiveness of brief psychotherapy when compared with more lengthy therapy, Koss and Butcher (1986) stated, "In summary, comparative studies of brief psychotherapy offer little empirical evidence of differences in overall effectiveness between time limited and unlimited therapy or between alternate approaches to brief therapy" (p. 627).

While most research has centered on the relative effectiveness of individual therapy, group therapy has also been reported to be efficacious. Kaul and Bednar (1986) reported:

Several comprehensive reviews suggest quite unequivocally that group treatments have been associated with client improvement in a variety of settings. The data supporting this conclusion have come from a substantial number of independent investigations, with reasonably rigorous and varied experimental procedures. (p. 672)

Research on other variables related to the outcome of psychotherapy has shown that differences in social class, age, and sex "... do not appear to be predictive of outcome." (Garfield, 1986, p. 246). Research as to the influence of other variables on outcome such as degree of disturbance, social support, and educational level has been inconclusive as differing studies report
conflicting results (Garfield, 1986; Brehm and Smith, 1986).

**Ineffectiveness of Psychotherapy**

Even though the majority of data appear to consistently support the relative efficacy of all forms of psychotherapy, some continue to lament psychotherapy's ineffectiveness. Critelli & Neuman (1984) concluded that "current therapies have yet to meet the challenge of demonstrating incremental effects" (p. 38), in other words, effects greater than placebo therapy. Wood (1986) has stated, "It has been conclusively demonstrated . . . all forms of talk therapy [psychotherapy] are equal. Each psychotherapy works as poorly as all the others" (p. 288).

While an increasing number of studies are being completed in response to the questions of efficacy and specificity, much is yet to be done. Lynn and Garske (1986) reported:

Many other questions are also pending. Is cognitive therapy superior [to other psychotherapies] for treating depression? Is brief psychodynamic therapy as effective as psychoanalysis? Is family therapy as beneficial as psychoactive drugs for treating schizophrenia, and so forth? Scientific data bearing upon these and other specific questions require independent investigations and consensus across studies. (p. 501)

**Agentive Therapy**

As stated earlier, in addition to his philosophical writings, Warner (1986) organized the Arbinger Seminar where participants are systematically taught the principles of agentive psychology. As a part of the seminar, participants are given readings that
illustrate (through the use of numerous case studies) and define the following key principles:

1. **Conscience**: Our conscience expresses to us our own moral values as they apply to the situation we are presently in.

2. **Self-betrayal**: When we do what goes against our own individual sense of what is right or wrong, we betray ourselves.

3. **Self-justification**: Whenever we betray ourselves, we try to justify ourselves by the way we go about doing it. We try to make the wrong we're doing appear right, or at least not wrong.

4. **Blaming**: In justifying ourselves, we regard someone else (or possibly something else) as being to blame, rather than ourselves.

5. **Blaming emotions**: Our accusations of others are always blaming emotions.

6. **Self-victimization**: When we have accusing emotions towards people, we believe we are their victims. We feel unjustly used by them, put upon, wronged, disadvantaged, or threatened.

7. **Childishness and self-righteousness**: As self-betrayers, we accuse others of doing things that make it hard for us to do our best. If we try to do well in spite of what they are doing, and 'rise above it,' we are acting self-righteously. We congratulate ourselves for acting 'virtuously.' If we use what others are doing as an excuse for ourselves, and don't try to do well, we are acting childish.

8. **Collusion**: When others are provoked by our blaming attitude to blame us in return, they betray themselves just as we
are doing. They are sure that what's going on is all our fault—just as sure as we are that it's their fault. They feel we are provoking them to feel accusingly toward us, and we feel the same about them.

9. Liberation: Since our disturbed emotions are our own doing, it is within our power to stop "doing" them, and by this means to end them (Warner, 1986).

In the four-week Arbinger Seminar, Warner teaches, illustrates, and discusses these principles with the participants, utilizing both a didactic and discussion format. Seminar participants are asked to respond in writing to assignments given at the end of each session. These assignments are designed to assist the participants in describing how the principles being taught may relate to their everyday life. While every effort is made to respond to any and all of the questions posed by the participants, these questions are usually answered in an indirect fashion. The group leader usually discusses the principle involved or he/she may offer a case study of someone else in a similar situation. In this manner, the seminar participants are invited to use their agency in seeing themselves honestly in the situation as opposed to being directed to the answer by the group leader. If the question asked involves a principle to be discussed at a later time, the group leader defers until that time.  

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6 This information derived from the author's attendance at the Arbinger Seminar, Winter 1986.
Summary of Literature Review

A review of the literature and research relevant to Agentive Theory/Therapy indicated that while no research exists with regard to its clinical efficacy, there is a body of literature/research which represents themes central to the development of Agentive Theory and clinical application of Agentive Therapy. The concepts of agency, determinism, self-deception, and responsibility were discussed as to their relevance to Agentive Theory/Therapy. A review of the current research relevant to the efficacy of counseling and psychotherapy indicated that while many theories/therapies have been shown to be efficacious, many others have not been tested and critiqued. Inasmuch as Agentive Theory/Therapy has not been submitted to such a test or critique, research has been called for.

Hypotheses

The following hypotheses were tested using the results of pre- and post-testing of subjects participating in the Agentive Seminar. The subjects were divided into the following two groups:

(a) Subjects receiving a four-week structured seminar in agentive therapy (group 1); and (b) Subjects assigned to remain on 4-week waiting-list (group 2).

Hypotheses one through four concern decrease or increase from mean pre-test to mean post-test for the Experimental Group. Hypotheses five through eight compare the relative size of post-test mean scores for the Experimental vs. the Control Group. Hypotheses nine through 12 compare the pre- to post-test Reliable Change Index (RCI) scores for the Experimental and Control Groups.
**Hypothesis One**

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on the Global Severity Index of the SCL-90-R.

**Hypothesis Two**

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on all sub-scales of the SCL-90-R, (ie., Somatization, Obsessive Compulsive Behavior, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism).

**Hypothesis Three**

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on the Anger Expression Inventory (global assessment of anger).

**Hypothesis Four**

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on all sub-scales of the Anger Expression Inventory, (ie., Anger Expressed, Anger In, and Anger Controlled).

**Hypothesis Five**

Group 1 subjects will have significantly lower mean post-test scores on the Global Severity Index of the SCL-90-R than Group 2 subjects.

**Hypothesis Six**

Group 1 subjects will have significantly lower mean post-test scores on all sub-scales of the SCL-90-R (ie., Somatization,
Obsessive Compulsive Behavior, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) than Group 2 subjects.

**Hypothesis Seven**

Group 1 subjects will have significantly lower mean post-test scores on the Anger Expression Inventory than Group 2 subjects.

**Hypothesis Eight**

Group 1 subjects will have significantly lower mean post-test scores on all sub-scales of the Anger Expression Expression Inventory (i.e., Anger-Out, Anger-In, and Anger Controlled), than Group 2 subjects.

**Hypothesis Nine**

Group 1 subjects will show a significantly greater decrease in pre- to post-test difference scores on the Global Severity Index of the SCL-90-R than Group 2 subjects.

**Hypothesis Ten**

Group 1 subjects will show a significantly greater decrease in pre- to post-test difference scores on all sub-scales of the SCL-90-R (i.e., Somatization, Obsessive Compulsive Behavior, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) than Group 2 subjects.

**Hypothesis Eleven**

Group 1 subjects will show a significantly greater decrease in pre- to post-test difference scores on the Anger Expression Inventory than Group 2 subjects.
Hypothesis Twelve

Group 1 subjects will show a significantly greater decrease in pre- to post-test difference scores on the sub-scales of the Anger Expression Expression Inventory (i.e., Anger Expressed, Anger Internilized, and Anger Controlled), than Group 2 subjects.

Research Questions

The following research questions were designed with the intent of providing participant perceptions of selected aspects of the Agentive Seminar. Inasmuch as the focus of this study is on the subjects participating in the four-week Agentive Seminar, the following research questions will be concerned with Group 1 subjects only.

Research Question One

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to the development (origin) of their problem(s) as viewed before the four week seminar in agentive therapy?

Research Question Two

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to the development (origin) of their problem(s) as viewed after the four week seminar in agentive therapy?

Research Question Three

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to the solution to their problem(s) before the four week seminar in agentive psychology?
Research Question Four

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to the solution to their problem(s) after the four week seminar in agentive psychology?

Research Question Five

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to feelings of guilt after the four week seminar in agentive psychology?

Delimitations

1. General Efficacy: The main objective of this study was to ascertain whether Agentive Therapy is efficacious with a broad range of clinical cases rather than compare effectiveness relative to specific problems. The subjects in both the experimental and control groups were heterogenous with regard to symptomology, but homogenous with regard to religious affiliation and activity as well as marital status.

2. Clinical vs. Analogue Research: Inasmuch as this study was conducted in a clinical setting it was subject to the following limitations: (a) The investigator was not able to randomly select or assign a sample from the population; (b) the sample was "self-selected" as they requested treatment from the hospital staff based on their own desires; (c) the sample was "self-assigned" to the individual groups (Experimental or Control) based on the time of year in which they requested treatment. Although there are no reasons to assume the time of year was a factor affecting the outcome of the study.
3. Non-High Risk Sample: Inasmuch as this research study utilized material that had not been previously evaluated, clients who were judged to be at risk for suicide were not included in the study.

4. Group and Therapist Dynamics: The research procedure employed was not designed to control for group leader nor group member dynamics. Agentive theorists/therapists perceive the interaction of group participants/group leader as the social context in which change occurs. Agentive therapy is more of a social transaction than it is method or technique.

5. Follow-up Study: A follow-up evaluation of the experimental group was not included in the present study.

Definition of Terms

1. Agentive Therapy: An educational/therapeutic approach to the understanding and treatment of cognitive, affective, and behavioral problems based upon the acceptance of personal responsibility and accountability.

2. Hermeneutics: The study of interpretation as the meaningful involvement of human beings in a contextual and meaningful world.

3. Kantian: A term coined by Joseph Rychlak to describe the philosophical tradition exemplified by the work of the German philosopher, Immanuel Kant. Kant proposed that the human mind is "pro forma" (creator of meaning).

4. Lockean: A term coined by Joseph Rychlak to describe the empiricistic philosophical tradition exemplified by the work of
British empiricist, John Locke. Locke proposed that the human mind is "tabula rasa" a blank slate or receptacle of meaning.

5. **Mechanism:** A philosophical/psychological term representing man as an organism that responds in a predictable manner to external and psychic stimuli.

6. **Psychologism:** A philosophical approach to explanation defined as the reification and objectification of mental or psychological states which in turn are then made the conditions, explanations, and antecedents of human action and experience.

7. **Reflective Empirical Analysis:** A qualitative method of understanding and analyzing a person's perceptions by obtaining a "structured description of how persons live and participate in particular situations" (de Rivera, 1984, p. 683).

8. **Tacit:** Expressed or carried on without words, speech, or explicit description.
Chapter Two

Methodology

This study was designed to determine the effectiveness of a four-week seminar in Agentive Therapy. While the major portion of this study was concerned with quantitative data, the qualitative aspects of therapeutic change were considered as well.

Population

The population for this study consisted of all adult (18 years and older) outpatients receiving therapy in a behavioral medicine facility (affiliated with Intermountain Health Care, Inc.) located in Provo/Orem, Utah. The population consisted of those subjects who reported psychological/emotional distress but were judged, by an initial interview and scores on the SCL-90-R, not to be at risk for suicide.

The general setting of this study was a western community of approximately one-hundred fifty thousand people. This community may differ from others of comparable size with respect to religion and education; the community is predominantly Mormon (The Church of Jesus Christ of Latter-day Saints) and houses a major university (Brigham Young University).

Sample

The sample consisted of 43 subjects who contacted the hospital personnel concerning assistance with problems considered psychological in nature. Twenty-three subjects were selected to receive the agentive seminar and twenty subjects were asked to remain on a waiting list. The assignments were made based upon the
time of inquiry. If the subjects' initial inquiries were made prior to the time Group 1 (experimental group) had been filled they were assigned to Group 1 (experimental group) to participate in the Agentive Seminar. Group One was filled in the order the subjects contacted the hospital personnel. The "waiting list control" group (Group Two) consisted of all individuals who contacted hospital personnel following the time Group One began the agentive seminar. All 43 subjects were interviewed, tested (SCL-90-R), and judged not to be a threat either to themselves nor others.

**Instruments**

The instruments utilized in the quantitative portion of the study are as follows:

**Symptom Checklist 90-Revised**

The Symptom Checklist 90-Revised (SCL-90-R): This measure was developed by Derogatis (1977). It is a 90-item questionnaire that yields data on nine symptom dimensions (e.g., Somatization, Obsessive-compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism, and a general indice (e.g., Global Severity). Derogatis (1977) has provided the following definitions for each of these scales:

1. **Global Severity Index**: A general assessment of the combined symptoms and intensity of perceived distress...

2. **Somatization**: Distress arising from perceptions of bodily dysfunction...

3. **Obsessive-compulsivity**: Scale focusing on thoughts,
impulses, and actions that are experienced as unremitting and irresistible. 

4. Interpersonal Sensitivity: This scale focuses on feelings of personal inadequacy and inferiority, particularly in comparisons with others.

5. Depression: This scale reflects a broad range of the manifestations of clinical depression. Symptoms of dysphoric mood and affect are represented as signs of withdeawal of life interest, lack of motivation, and loss of vital energy.

6. Anxiety: This dimension reflects a set of symptoms and signs that are associated clinically with high levels of manifest anxiety. General signs such as nervousness, tension and trembling are included in the definition, as are panic attacks and feelings of terror.

7. Hostility: This dimension reflects thoughts, feelings or actions that are characteristics of the negative affect state of anger.

8. Phobic Anxiety: This dimension reflects a persistent fear response to a specific person, place, object, or situation.

9. Paranoid Ideation: This dimension reflects paranoid behavior fundamentally as a disordered mode of thinking. The cardinal characteristics of projective thought, hostility, suspiciousness, grandiosity, centrality, fear or loss of autonomy, and delusions are represented.

10. Psychoticism: This scale provides a graduated
continuum from mild interpersonal alienation to dramatic evidence of psychosis. (pp. 17-27)

Each item of the SCL-90-R is rated on a five-point scale, ranging from "not-at-all" on one pole to "extremely" on the other pole. For example, Question 1 reads, "headaches" the respondent would then write the number "0" for "not at all," "1" for "A little bit," "2" for "moderately," "3" for "Quite a bit," or "4" for "Extremely" (see appendix B).

Derogatis (1977) reports this measure as having "very good" reliability and validity (p. 15). Internal consistency scores range from .77 for Psychoticism to .90 for Depression. Test-retest reliability ranges from .78 for Hostility to .90 for Phobic Anxiety. The SCL-90-R is also reported to have high concurrent validity in relation to the MMPI with correlations ranging from .75 for Depression to .57 for Anxiety between the two measures.7

Lambert, Shapiro, and Bergin (1986) recommended the SCL-90-R for "assessing the effects of treatment" (p. 195) and also stated that it is "most useful as a global index of psychopathology or psychological distress . . ." (p. 195). The author of this study chose the SCL-90-R because of the test's good reviews in the literature, global measures of mental health, broad range of subscales, and ease of administration and scoring.

The Anger Expression Inventory

The Anger Expression Scale: This measure was developed by Spielberger, C. D., Johnson, G. A., Jacobs, S. S., Krasner, S. S.,

7These values are based on psychiatric outpatient norms.
Oesterle, S. E., and Worden, T. J. (1985). It has been designed to measure anger in four ways: 1) Anger Expression (general indice), 2) Anger-Out (expressed), 3) Anger-In (supressed), and 4) Anger-Control. The 24-question format allows the respondent to answer on a four-point scale ranging from "Almost Never" to "Almost Always."

While the Anger Expression Inventory is still in the process of being normed on a national sample, Spielberger et al. (1985) reports that its initial ratings of validity and reliability are good. The author chose this test because of the diversity provided by the AEI in measuring differing dimensions of anger (Anger-Global, Anger-Expressed, Anger-Internilized, and Anger Controlled).

Reflective Empirical Analysis

The "instrument" utilized in the qualitative portion of this study was Reflective Empirical Analysis. This is a strategy of interviewing and subsequent transcript analysis which "attempts to systematically arrive at a structured description of how persons live and participate in particular situations" (de Rivera, 1984, p. 683). Reflective Empirical Analysis requires the interviewer follow a highly structured interview format (see Appendix A) at both intake and exit interviews for each subject being investigated. The interviews are recorded via audio/video-tape and transcribed for analysis. The analysis consists of reviewing the the transcripts and examining them for themes common to the majority of subjects.
Procedure

The following procedure was followed in carrying out the study:

1. Preparation for the seminar began 15 months before the actual investigation began. The principal investigator first attended the "Arbinger Seminar" presented by C. T. Warner in the winter of 1986. The principal investigator then obtained the audio tapes of the seminar and reviewed them four times in preparation for conducting the seminar on his own. This preparation was followed by the principal investigator presenting the seminar to seven different groups. The compositions of these seven groups were as follows: (1) Twelve out-patients being seen in a department of behavioral medicine and their spouses/partners; (2) Eight married couples and two divorced adults who had contacted a department of behavioral medicine for assistance; (3) Six business executives from a local insurance firm who requested assistance with public and personnel relations; (4) Fourteen anorexic/bulimic inpatients being treated in a department of behavioral medicine; (5) Nine university students being treated in a university counseling center; (6) Eight individuals (one couple, six single adults) who were aware of the work of the investigator and asked to be included in a seminar; and (7) Ten individuals from the administration and staff of a local hospital. In addition to assisting the members of these groups with their concerns, these seminars served as training for the investigator. In each case these presentations were attended or witnessed by a mental health
professional (licenced psychologist) who provided the investigator evaluation and observations relative to his presentation.

In addition to the practical/clinical experience, the investigator also enrolled in a three semester-hour readings class where he had the opportunity of reading and discussing at length the philosophical underpinnings of phenomenology, existentialism, hermeneutics, and Agentive Theory.

2. Just as the those who have directed the Agentive Seminar have never advertized its availability in the past, no advertizing was done to obtain participants for this investigation. The intent of this lack of advertizing was that the seminar would be a "clinical trial" as opposed to "analogue research" (Kazdin, 1986, p. 33). Inclusion in the study was based entirely upon the subjects contacting either the hospital or the investigator directly for assistance. Selection of experimental and control groups is specifically defined on pages 34-35 under the heading "sample."

3. Appointments for the first interviews were made between the investigator and the prospective subjects for both the experimental and control groups. At the interview, the prospective subjects (seen individually) were asked to take the SCL-90-R and the Anger Expression Inventory.

For the experimental group (Group 1), the structured interview (see appendix A) and a brief social history was administered. If, after completing the interview and social history, the investigator judged the subject not to be at risk for suicide, the subject was
invited to attend the Agentive Seminar.

Control group (Group 2) participants, after taking the SCL-90-R and the Anger Expression Inventory, were informed they would be asked to take the test battery again in four weeks after which the seminar would begin for them. The control group (Group 2) participants were also evaluated as to their need for crisis intervention and assigned to receive such if deemed necessary.

Explanations of the format, location, and times of the seminar/therapy session were made to all participants. The test administration, interview, and seminar/therapy briefing lasted approximately one and one-half hour. All subjects were informed that a fee of $7 per individual or $10 per couple would be requested to cover the cost of material.

4. After the interviews were completed, the investigator computer-scored the SCL-90-R for each potential participant as a means of screening potential participants who may have problems not observed in the initial interview which may disqualify him/her for participation in the study (none were identified).

5. A total of 48 potential candidates contacted the hospital personnel for services during the months of April and May, 1987. Of these 48 potential subjects, 23 were invited to attend the Agentive Seminar and two, because of suicidal potential, were assigned to receive traditional counseling. An additional 20 subjects who contacted either the therapist or the hospital after the Agentive Seminar began were given the SCL-90-R, the Anger Expression Inventory, and asked to remain on a waiting list for the
next Agentive Seminar. Two other potential clients were interviewed but chose not to follow through with any of the treatment options available (one moved out of state and the other's spouse suggested she not pursue treatment).

6. Four weeks of instruction (two and one-half hours each Wednesday evening, 4-28-87 through 5-20-87) in Agentive Theory utilizing the seminar material developed by Warner (1986) was provided. The subjects were asked to complete both reading and writing assignments between each session (see Appendix G for detailed descriptions of these assignments) as a means of assisting them in understanding the material being presented.

7. Administration of SCL-90-R and Anger Expression Scale to all Group One participants was carried out immediately following the fourth session with all 23 participants. Also, post-seminar interviews were scheduled with each participant immediately following the fourth session.

8. Administration of a second structured interview to the experimental subjects the week following the Agentive Seminar (post-interview) was completed (see Appendix A for the post-interview format). These interviews were tape-recorded and transcribed for later analysis.

Addresses were also obtained for all seminar participants for communication of results and a planned six-month follow-up testing on the SCL-90-R and the Anger Expression Inventory (not part of the current study).
9. Following a four-week waiting period the post-test administrations of the SCL-90-R and the Anger Expression Inventory to the Control Group were made.

10. Input and analyses of data were made by the principal investigator with assistance from research consultants in the Colleges of Education, and Family, Home, and Social Science at Brigham Young University. These analyses were followed by formal summarization and write-up of results.

Research Design

A Nonequivalent Control Group Design as described by Campbell and Stanley (1963) was utilized. The essential features of this design are as follows: (1) Identification and assignment of subjects to experimental and control groups, (2) Administration of a pretest to both groups, (3) Administration of the treatment to the experimental group but not to the control group, and (4) Administration of a posttest to both groups. Kazdin (1986) recommends this design be utilized as a means of evaluating specific counseling/psychotherapy treatments:

This strategy evaluates the effects of a particular treatment as that treatment ordinarily is used. . . . The technique may be multifaceted and include several components, each of which may exert influence in its own right. Yet the question of initial concern is whether treatment introduced as a package produces therapeutic change. To rule out the influence of change as a function of historical events, maturation, spontaneous remission of the dysfunction, repeated testing,
and other threats to internal validity, a no-treatment or waiting-list control condition is usually included in the design. (p. 25)

This particular strategy is designed to answer a basic question, concerning the therapy, "Does it work?" Kazdin (1986) suggests that after this question has been examined and the "technique has been shown to be effective . . . a variety of other research questions can be raised to understand how the technique works, how it can be improved, and its relative effectiveness when compared to various alternatives" (p. 25).

While the experimental group received the Agentive Seminar, the control group remained on a waiting list. It is assumed the groups are comparable as they were derived from the same population. The groups were nonequivalent with respect to self selection and time of inclusion, but were equivalent with respect to age, sex, education level, religious preference (as determined by an initial questionnaire, see Appendix F), and severity of problems (as measured by the SCL-90-R, Global Severity Scale). See Table 2.1:
Table 2.1:
Demographic Information For Group One (Experimental Group) and Group Two (Control)

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<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age in Years:</td>
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</tr>
<tr>
<td>Age Range in Years:</td>
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<td>20-67</td>
</tr>
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<td>10 of 20</td>
</tr>
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<td>Nature of Presenting Problem:</td>
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<td></td>
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<td>Depression:</td>
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<td>5</td>
</tr>
<tr>
<td>Marital Conflict:</td>
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<td>7</td>
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</tr>
<tr>
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</tr>
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</tr>
<tr>
<td>Married &amp; Not Attending With Spouse</td>
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</tr>
</tbody>
</table>
Data Analysis

A split plot 2 (group) X 2 (pre-post) factorial design as defined by Kirk (1982) was utilized for this study. Group (experimental vs. control) was a between subject factor and the pre-post variable was a within subjects factor. ANOVA procedures of this design were used in testing the hypotheses. Individual differences between means were assessed by Fisher's LSD test carried out on the individual cell means within the interaction term of the ANOVA.

The Reliable Change Index (RCI), developed by Jacobson, Follette, and Revenstorf (1984) as a means of making research more clinically relevant was also used in analysis of the data for group and individual comparisons. The distinguishing characteristic of the RCI is that it is based on a statistic defined as the Standard Error of measurement ($S_E$). The Standard Error accounts for the reliability of the instrument. Inasmuch as the RCI analysis required a Standard Error score ($S_E$) the following Table 2.2 provides the reliability scores and standard deviations necessary to do so. The data were derived from the pre-test data on all subjects for all scales.
### Table 2.2

Reliability Indexes, Standard Deviations, and Standard Error Scores

For The SCL-90-R and The Anger Expression Inventory

<table>
<thead>
<tr>
<th>Scale</th>
<th>Reliability</th>
<th>Standard Deviation</th>
<th>$S_E$</th>
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</thead>
<tbody>
<tr>
<td>Global Severity</td>
<td>.97</td>
<td>9.34</td>
<td>2.27</td>
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<tr>
<td>Somatization</td>
<td>.91</td>
<td>11.85</td>
<td>4.91</td>
</tr>
<tr>
<td>Obsessive Comp.</td>
<td>.79</td>
<td>8.04</td>
<td>4.93</td>
</tr>
<tr>
<td>Interpersonal Sen.</td>
<td>.78</td>
<td>8.48</td>
<td>5.31</td>
</tr>
<tr>
<td>Depression</td>
<td>.91</td>
<td>9.11</td>
<td>3.78</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.87</td>
<td>12.15</td>
<td>5.99</td>
</tr>
<tr>
<td>Hostility</td>
<td>.77</td>
<td>9.17</td>
<td>5.85</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>.77</td>
<td>9.74</td>
<td>6.21</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>.72</td>
<td>11.21</td>
<td>7.78</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>.70</td>
<td>11.42</td>
<td>8.16</td>
</tr>
<tr>
<td>Anger Expression Inv.</td>
<td>.30</td>
<td>9.60</td>
<td>9.16</td>
</tr>
<tr>
<td>Anger-Out</td>
<td>.58</td>
<td>6.22</td>
<td>2.63</td>
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<tr>
<td>Anger-In</td>
<td>.67</td>
<td>3.63</td>
<td>2.69</td>
</tr>
<tr>
<td>Anger-Control</td>
<td>.88</td>
<td>5.00</td>
<td>2.37</td>
</tr>
</tbody>
</table>
In addition to experimental and control group mean comparisons, individual scores were also computed and compared to a Z value of +/- 1.96 (p = .05) to determine significance. This individual subject comparison allowed the investigator to compute frequencies and percentages of positive, negative, and no change for both experimental and control groups which were then compared using the Test of 2 Independent Proportions.

**Qualitative Analysis**

Analyses of the structured interview transcripts were also made by the investigator. Descriptions of problem development, potential solutions, and possible perceptual change were analyzed to assist the investigator in understanding the relevance of Agentive Therapy as a means of assisting clients in problem recognition, perceptual change, and resolution.

This method employed two structured interviews (pre and post therapy) which inquired of the subjects' (Group One only) perceptions relative to the following areas (see Appendix A for the specific format of the pre- and post- interviews):

1. evaluations of the subjects' understandings of the development (origin) of their problem(s);

2. evaluations of the subjects' understandings of possible solutions to their problem(s) (see appendix A for the interview outline);

3. evaluation of the subjects' understandings of possible perceptual change associated with the seminar experience; and
4. evaluation relative to the subjects' feelings of guilt after attending the seminar.

After the taped interviews were completed the researcher transcribed the tapes and carefully analyzed the individual transcripts looking for common themes. This analysis followed procedures for the analysis of qualitative data defined by de Rivera (1984) as Reflective Empirical Analysis.
CHAPTER THREE

Results

The purposes of this study were to investigate the efficacy of a 4-week seminar in Agentive therapy from both the quantitative and qualitative perspectives. This chapter includes the results of both these analyses.

Hypotheses one through four concern decrease or increase from mean pre-test to mean post-test scores for both the Experimental and Control Groups. These hypotheses were investigated by comparing the pre- and post-test mean scores for each group by Fisher's LSD test following the 2 X 2 split plot ANOVAs. Hypotheses five through eight compared the relative size of post-test mean scores for the experimental vs. the control group. These hypotheses were investigated by comparing the post-test mean scores for each group by Fisher's LSD test following the 2 x 2 split plot ANOVAS. Hypotheses nine through 12 compare the pre- to post-test Reliable Change Index (RCI) scores for the Experimental and Control Groups. These hypotheses were investigated by a series of one-way ANOVAS carried out with the RCI scores as the dependent measures.

Hypothesis One

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on the Global Severity Index of the SCI-90-R.

Global Severity Index

The mean change score on the Global Severity Index for Group 1 was -8.39, which was significant at p < .01 (.0001) (see Table 3.1).
Based on these data, hypothesis one is accepted indicating that Group 1 Subjects (Experimental Group) showed a significant decrease (improvement) on the Global Severity Index.

**Hypothesis Two**

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on all sub-scales of the SCL-90-R, i.e., Somatization, Obsessive Compulsive Behavior, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism.

**Somatization**

The mean change score on the Somatization sub-scale of the SCL-90-R for Group 1 was -8.00, which was significant at p < .01 (.0001) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Somatization sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to physical complaints.

**Obsessive Compulsivity**

The mean change score on the Obsessive Compulsivity sub-scale of the SCL-90-R for Group 1 was -6.87, which was significant at p < .01 (.0007) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Obsessive Compulsivity sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to obsessive-compulsive thinking and behavior.
Interpersonal Sensitivity

The mean change score on the Interpersonal Sensitivity sub-scale of the SCL-90-R for Group 1 was -6.30, which was significant at p < .01 (.0014) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Interpersonal Sensitivity sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to interpersonal sensitivity.

Depression

The mean change score on the Depression sub-scale of the SCL-90-R for Group 1 was -7.17, which was significant at p < .01 (.0001) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Depression sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to depression.

Anxiety

The mean change score on the Anxiety sub-scale of the SCL-90-R for Group 1 was -9.96, which was significant at p < .01 (.0001) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Anxiety sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to anxiety.

Hostility

The mean change score on the Hostility sub-scale of the SCL-90-R for Group 1 was -5.57, which was significant at p < .01 (.0029) (see Table 3.1). Based on these data, the portion of
hypothesis two represented by the Hostility sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to hostile thoughts and behavior.

**Phobic Anxiety**

The mean change score on the Phobic Anxiety sub-scale of the SCL-90-R for Group 1 was -4.22, which was significant at p < .05 (.0154) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Phobic Anxiety sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to phobic thoughts and behavior.

**Paranoid Ideation**

The mean change score on the Paranoid Ideation sub-scale of the SCL-90-R for Group 1 was -4.35, which was significant at p < .05 (.0309) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Paranoid Ideation sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to Paranoid Ideation.

**Psychoticism**

The mean change score on the Psychoticism sub-scale of the SCL-90-R for Group 1 was -6.40, which was significant at p < .01 (.0020) (see Table 3.1). Based on these data, the portion of hypothesis two represented by the Psychoticism sub-scale is accepted indicating that Group 1 subjects (Experimental Group)
showed a significant decrease (improvement) with respect to psychotic thoughts and feelings.

Hypothesis Two was totally accepted as Group 1 subjects did show a significant decrease on all sub-scales of the SCL-90-R.

Hypothesis Three

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on the Anger Expression Inventory.

Anger Expression Inventory

The mean change score on the Anger Expression Inventory for Group 1 was -3.05, which was significant at p < .05 (.0160) (see Table 3.1). Based on these data, hypothesis three is accepted indicating that Group 1 subjects (Experimental Group) showed a significant decrease (improvement) with respect to angry thoughts, feelings, and behaviors.

Hypothesis Four

Group 1 subjects will show a significant decrease from mean pre-test scores to mean post-test scores on all sub-scales of the Anger Expression Inventory, (i.e., Anger-Out, Anger-In, and Anger-Controlled).

Anger-Out

The mean change score on the Anger-Out sub-scale of the Anger Expression Inventory for Group 1 was -1.10, which was significant at p < .05 (.0182) (see Table 3.1). Based on these data, the portion of hypothesis 4 represented by the Anger-Out sub-scale is accepted indicating that Group 1 subjects (Experimental Group) showed a
significant decrease (improvement) with respect to the outward expression of anger.

**Anger-In**

The mean change score on the Anger-Internilized sub-scale of the Anger Expression Inventory for Group 1 was -0.54, which was not significant at either \( p < .01 \) or \( p < .05 \) (.3340) (see Table 3.1). Based on these data, the portion of hypothesis 4 represented by the Anger-Internilized sub-scale is not accepted indicating that Group 1 subjects (Experimental Group) did not show a significant decrease (improvement) with respect to the inward expression of anger.

**Anger Controlled**

The mean change score on the Anger Controlled sub-scale of the Anger Expression Inventory for Group 1 was +1.40, which was not significant at \( p < .05 \) (.0649) (see Table 3.1). Based on these data, the portion of hypothesis 4 represented by the Anger Controlled sub-scale is not accepted indicating that Group 1 subjects (Experimental Group) did not show a significant increase (improvement) with respect to the control of anger.

Hypothesis Four was not totally accepted as Group 1 subjects showed a significant decrease on one of three sub-scales of the Anger Expression Inventory (see Table 3.1).
Table 3.1
Pre-test and Post-test Mean Scores, Pre-test/Post-test Difference Scores, and Alpha Levels For Group One (Experimental) and Group Two (Control):

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th></th>
<th>Diff.</th>
<th>p</th>
<th>Group 2</th>
<th></th>
<th>Diff.</th>
<th>p</th>
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<td>Post-</td>
<td></td>
<td></td>
<td>Pre-</td>
<td>Post-</td>
<td></td>
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<td>64.00</td>
<td>60.75</td>
<td>-3.25*</td>
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<td>.0028</td>
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<td>63.75</td>
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<td>52.05</td>
<td>0.00</td>
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<td>62.90</td>
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<td>-0.78</td>
<td>.3972</td>
</tr>
</tbody>
</table>
Hypothesis Five

Group 1 subjects will show significantly lower mean post-test scores on the Global Severity Index of the SCL-90-R than Group 2 subjects.

Global Severity Index

The Global Severity Index mean scores for Group 1 and Group 2 at pre-test were 65.04 and 64.00 respectively. These scores were not significantly different at p < .05. The Global Severity Index mean scores for Group 1 and Group 2 at post-test were 56.65 and 60.75 respectively, which were significantly different at p < .05. Based on these data, hypothesis five is accepted indicating that Group 1 subjects (Experimental Group) showed significantly lower post-test mean scores (better mental health) on the Global Severity Index than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

Hypothesis Six

Group 1 subjects will show significantly lower mean post-test scores on all sub-scales of the SCL-90-R (i.e., Somatization, Obsessive Compulsive Behavior, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) than Group 2 subjects.

Somatization

The Somatization mean scores for Group 1 and Group 2 at pre-test were 60.57 and 58.75 respectively. These scores were not significantly different at p < .05. The Somatization mean scores for Group 1 and Group 2 at post-test were 52.57 and 57.00
respectively, which were significantly different at p < .05. Based on these data, hypothesis six (relative to Somatization) is accepted indicating that Group 1 subjects (Experimental Group) had significantly lower post-test mean scores (better mental health) on the Somatization sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Obsessive Compulsivity**

The Obsessive Compulsivity mean scores for Group 1 and Group 2 at pre-test were 62.52 and 63.10 respectively. These scores were not significantly different at p < .05. The Obsessive Compulsivity mean scores for Group 1 and Group 2 at post-test were 55.65 and 59.50 respectively, which were significantly different at p < .05. Based on these data, hypothesis six (relative to Obsessive Compulsivity) is accepted, indicating that Group 1 subjects (Experimental Group) did have significantly lower post-test mean scores (better mental health) on the Obsessive Compulsivity sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Interpersonal Sensitivity**

The Interpersonal Sensitivity mean scores for Group 1 and Group 2 at pre-test were 63.52 and 66.55 respectively. These scores were not significantly different at p < .05. The Interpersonal Sensitivity mean scores for Group 1 and Group 2 at post-test were 57.22 and 63.75 respectively, which were significantly different at p < .05. Based on these data, hypothesis
six is accepted with respect to Interpersonal Sensitivity. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower mean post-test scores (better mental health) on the Interpersonal Sensitivity sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Depression**

The Depression sub-scale mean scores for Group 1 and Group 2 at pre-test were 66.91 and 63.65 respectively. These scores were not significantly different at p < .05. The Depression sub-scale mean scores for Group 1 and Group 2 at post-test were 59.74 and 61.00 respectively, which were not significantly different at p < .05. Based on these data, hypothesis six is not accepted with respect to Depression. These findings indicate that Group 1 subjects (Experimental Group) did not have significantly lower mean post-test scores on the Depression sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Anxiety**

The Anxiety Scale mean scores for Group 1 and Group 2 at pre-test were 64.04 and 57.20 respectively. These scores were significantly different at p < .05. The Anxiety Scale mean scores for Group 1 and Group 2 at post-test were 54.09 and 56.50 respectively, which were significantly different at p < .05. Based on these data, hypothesis six is not accepted with respect to Anxiety. These findings indicate that Group 1 subjects
(Experimental Group) did not have significantly lower mean scores at post-test on the Anxiety sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Hostility**

The Hostility sub-scale mean scores for Group 1 and Group 2 at pre-test were 60.13 and 58.75 respectively. These scores were not significantly different at $p < .05$. The Hostility sub-scale mean scores for Group 1 and Group 2 at post-test were 54.57 and 58.95 respectively, which were significantly different at $p < .05$. Based on these data, hypothesis six is accepted with respect to Hostility. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower mean post-test scores (better mental health) on the Hostility sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Phobic Anxiety**

The Phobic Anxiety sub-scale mean scores for Group 1 and Group 2 at pre-test were 53.22 and 52.05 respectively. These scores were not significantly different at $p < .05$. The Phobic Anxiety sub-scale mean scores for Group 1 and Group 2 at post-test were 49.00 and 52.05 respectively, which were significantly different at $p < .05$. Based on these data, hypothesis six is accepted with respect to Phobic Anxiety. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower mean post-test scores (better mental health) on the Phobic Anxiety sub-scale than Group 2 subjects.
subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Paranoid Ideation**

The Paranoid Ideation sub-scale mean scores for Group 1 and Group 2 at pre-test were 56.48 and 62.90 respectively. These scores were significantly different at $p < .05$. The Paranoid Ideation sub-scale mean scores for Group 1 and Group 2 at post-test were 52.13 and 58.50 respectively, which were significantly different at $p < .05$. Based on these data, hypothesis six is accepted with respect to Paranoid Ideation. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower mean post-test scores (better mental health) on the Paranoid Ideation sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Psychoticism**

The Psychoticism sub-scale mean scores for Group 1 and Group 2 at pre-test were 61.57 and 59.4 respectively. These scores were not significantly different at $p < .05$. The Psychoticism sub-scale mean scores for Group 1 and Group 2 at post-test were 55.17 and 59.40 respectively, which were significantly different at $p < .05$. Based on these data, hypothesis six is accepted with respect to Psychoticism. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower mean post-test scores (better mental health) on the Psychoticism sub-scale than Group 2
subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

Hypothesis Seven

Group 1 subjects will show significantly lower mean post-test scores on the Anger Expression Inventory than Group 2 subjects.

Anger Expression Inventory

The Anger Expression Inventory mean scores for Group 1 and Group 2 at pre-test were 19.96 and 22.10 respectively. These scores were not significantly different at $p < .05$. The Anger Expression Inventory mean scores for Group 1 and Group 2 at post-test were 16.91 and 22.60 respectively, which were significantly different at $p < .05$. Based on these data, hypothesis seven is accepted. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower mean post-test scores (better mental health) on the Anger Expression Inventory than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

Hypothesis Eight

Group 1 subjects will show significantly lower mean post-test scores on all sub-scales of the Anger Expression Inventory (i.e., Anger-Out, Anger-In, and Anger Controlled), than Group 2 subjects.

Anger-Out

The Anger-Out Expressed sub-scale mean scores for Group 1 and Group 2 at pre-test were 14.57 and 14.00 respectively. These scores were not significantly different at $p < .05$. The Anger-Out
sub-scale mean scores for Group 1 and Group 2 at post-test were 13.47 and 14.25 respectively, which were not significantly different at p < .05. Based on these data, hypothesis eight is not accepted with respect to Anger-Out. These findings indicate that Group 1 subjects (Experimental Group) did not have significantly lower post-test mean scores (improvement) on the Anger-Out sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.

**Anger-In**

The Anger-In sub-scale mean scores for Group 1 and Group 2 at pre-test were 13.67 and 15.30 respectively. These scores were significantly different at p < .05. The Anger-In sub-scale mean scores for Group 1 and Group 2 at post-test were 13.13 and 15.20 respectively, which were significantly different at p < .05. Based on these data, hypothesis eight is accepted with respect to Anger-Internalized. These findings indicate that Group 1 subjects (Experimental Group) did have significantly lower mean post-test scores (better mental health) on the Anger Internalized sub-scale than Group 2 subjects (Control Group). However, a significant difference in pre-test scores presents a confounding variable. These data, along with other relevant data, are presented in Table 3.2.

**Anger-Controlled**

The Anger-Controlled sub-scale mean scores for Group 1 and Group 2 at pre-test were 24.30 and 23.55 respectively. These scores were not significantly different at p < .05. The Anger
Control sub-scale mean scores for Group 1 and Group 2 at post-test were 25.70 and 22.85 respectively, which were significantly different at p < .05. Based on these data, hypothesis eight is accepted with respect to Anger Controlled. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower mean post-test scores on the Anger Controlled sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.2.
Table 3.2:
Pre-test Comparisons, Post-test Comparisons, and Difference Scores
Between Group 1 (Experimental) and Group 2 (Control)

<table>
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<tr>
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<td>Pre-</td>
<td>Pre-</td>
<td></td>
<td>Post</td>
<td>Post</td>
<td></td>
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<tr>
<td>Global Severity</td>
<td>65.04</td>
<td>64.00</td>
<td>1.04</td>
<td>56.65</td>
<td>60.75</td>
<td>-4.10*</td>
</tr>
<tr>
<td>Somatization</td>
<td>60.57</td>
<td>58.75</td>
<td>1.82</td>
<td>52.57</td>
<td>57.00</td>
<td>-4.43*</td>
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<td>55.65</td>
<td>59.50</td>
<td>-3.85*</td>
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<td>53.22</td>
<td>52.05</td>
<td>1.17</td>
<td>49.00</td>
<td>52.05</td>
<td>-3.05*</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>56.48</td>
<td>62.90</td>
<td>-6.42*</td>
<td>52.13</td>
<td>58.50</td>
<td>-6.90*</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>61.57</td>
<td>60.55</td>
<td>1.02</td>
<td>55.17</td>
<td>59.40</td>
<td>-4.23*</td>
</tr>
<tr>
<td>Anger Expression</td>
<td>19.96</td>
<td>22.10</td>
<td>-2.14</td>
<td>16.91</td>
<td>22.60</td>
<td>-5.69*</td>
</tr>
<tr>
<td>Anger-Out</td>
<td>14.57</td>
<td>14.00</td>
<td>0.57</td>
<td>13.47</td>
<td>14.25</td>
<td>-0.78</td>
</tr>
<tr>
<td>Anger-In</td>
<td>13.67</td>
<td>15.30</td>
<td>-1.63*</td>
<td>13.13</td>
<td>15.20</td>
<td>-2.07*</td>
</tr>
<tr>
<td>Anger-Controlled</td>
<td>24.30</td>
<td>23.55</td>
<td>0.75</td>
<td>25.70</td>
<td>22.85</td>
<td>+2.85*</td>
</tr>
</tbody>
</table>
Hypothesis Nine

Group 1 subjects will show a significantly greater decrease in pre- to post-test difference scores on the Global Severity Index of the SCL-90-R than Group 2 subjects.

Global Severity Index

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Global Severity Index were -3.70 and -1.43 respectively. Analysis of Variance of these data indicated these scores were significantly different at $p < .05$. Based on these data, hypothesis nine is accepted. These findings indicate that Group 1 subjects (Experimental Group) did show a significantly greater decrease (improvement) on the Global Severity Index than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

Hypothesis Ten

Group 1 subjects will show a significantly greater decrease in pre to post-test difference scores on all sub-scales of the SCL-90-R (i.e., Somatization, Obsessive Compulsive Behavior, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) than group 2 subjects.

Somatization

Pre- to post-test difference scores, as measured by the Reliable Change Index, for Group 1 and Group 2 on the Global Severity Index were -1.63 and -0.36 respectively. Analysis of Variance of these data indicated these scores were significantly
different at p < .05. Based on these data, hypothesis ten is accepted with regard to Somatization. These findings indicate that Group 1 subjects (Experimental Group) had significantly lower post-test scores (better mental health) on the Somatization sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Obsessive Compulsivity**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Obsessive-Compulsivity sub-scale were -1.39 and -0.73 respectively. Analysis of Variance of these data indicated these scores were not significantly different at p < .05. Based on these data, hypothesis ten is not accepted. These findings indicate that Group 1 subjects (Experimental Group) did not show a significantly greater decrease (improvement) on the Obsessive Compulsivity sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Interpersonal Sensitivity**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Interpersonal Sensitivity sub-scale were -1.19 and -0.53 respectively. Analysis of Variance of these data indicated these scores were not significantly different at p < .05. Based on these data, hypothesis ten is not accepted. These findings indicate that Group 1 subjects (Experimental Group) did not show a significantly greater decrease (improvement) on the Interpersonal Sensitivity sub-scale than Group
2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Depression**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Depression sub-scale were -1.89 and -0.70 respectively. Analysis of Variance of these data indicated these scores were significantly different at $p < .05$. Based on these data, hypothesis ten is accepted with regard to the Depression sub-scale. These findings indicate that Group 1 subjects (Experimental Group) did show a significantly greater decrease (improvement) on the Depression sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Anxiety**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Anxiety subscale were -1.66 and -0.12 respectively. Analysis of Variance of these data indicated these scores were significantly different at $p < .05$. Based on these data, hypothesis ten is accepted. These findings indicate that Group 1 subjects (Experimental Group) did show a significantly greater decrease (improvement) on the Anxiety subs-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Hostility**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Hostility
sub-scale were -0.95 and +0.03 respectively. Analysis of Variance of these data indicated these scores were significantly different at \( p < .05 \). Based on these data, hypothesis ten is accepted with regard to Hostility. These findings indicate that Group 1 subjects (Experimental Group) did show a significantly greater decrease (improvement) on the Hostility sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Phobic Anxiety**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Phobic Anxiety sub-scale were -.68 and 0.00 respectively. Analysis of Variance of these data indicated these scores were significantly different at \( p < .05 \). Based on these data, hypothesis ten is accepted with regard to Phobic Anxiety. These findings indicate that Group 1 subjects (Experimental Group) did show a significantly greater decrease (improvement) on the Phobic Anxiety sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Paranoid Ideation**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Paranoid Ideation were -0.56 and -0.57 respectively. Analysis of Variance of these data indicated these scores were not significantly different at \( p < .05 \). Based on these data, hypothesis ten is not accepted. These findings indicate that Group 1 subjects
(Experimental Group) did not show a significantly greater decrease (improvement) on the Paranoid Ideation sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Psychoticism**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Psychoticism sub-scale were -0.78 and -0.14 respectively. Analysis of Variance of these data indicated these scores were significantly different at p < .05. Based on these data, hypothesis ten is accepted with regard to Psychoticism. These findings indicate that Group 1 subjects (Experimental Group) did show a significantly greater decrease (improvement) on the Psychoticism sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Hypothesis Eleven**

Group 1 subjects will show a significantly greater decrease in pre- to post-test difference scores on the Anger Expression Inventory than Group 2 subjects.

**Anger Expression Inventory**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Anger Expression Inventory were -0.33 and +0.50 respectively. Analysis of Variance of these data indicated these scores were not significantly different at p < .05. Based on these data, Hypothesis eleven is not accepted. These findings indicate that Group 1
subjects (Experimental Group) did not show a significantly greater decrease (improvement) on the Anger Expression Inventory than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Hypothesis Twelve**

Group 1 subjects will show a significantly greater decrease in pre- to post-test difference scores on the sub-scales of the Anger Expression Expression Inventory ie., Anger-Expressed, Anger-Internilized, and Anger-Controlled, than group 2 subjects.

**Anger-Out**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Anger-out sub-scale were -0.41 and +0.25 respectively. Analysis of these data indicated these scores were significantly different at p <.05. Based on these data, hypothesis twelve is accepted with regard to the Anger-out sub-scale. These findings indicate that Group 1 subjects (Experimental Group) did show a significantly greater decrease (improvement) on the Anger-out sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Anger-In**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Anger-in sub-scale were -0.21 and -0.10 respectively. Analysis of these data indicated these scores were not significantly different at p <.05. Based on these data, hypothesis twelve is not accepted with regard
to Anger-in (Internilized). These findings indicate that Group 1 subjects (Experimental Group) did not show a significantly greater decrease (improvement) on the Anger-in sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

**Anger-Controlled**

Pre- to post-test difference scores (as measured by the Reliable Change Index) for Group 1 and Group 2 on the Anger-Controlled sub-scale were +.59 and -0.29 respectively. Analysis of these data indicated these scores were not significantly different at p < .05. Based on these data, hypothesis twelve is not accepted with regard to Anger-Controlled. These findings indicate that Group 1 subjects (Experimental Group) did not show a significantly greater increase (improvement) on the Anger-Controlled sub-scale than Group 2 subjects (Control Group). These data, along with other relevant data, are presented in Table 3.3.

The following table (Table 3.3) summarizes hypotheses twelve through sixteen.
Table 3.3:
Pre- to Post-test Reliable Change Index Change Scores, Difference Scores, Alpha Levels, Standard Deviations, and Standard Error ($S_E$) Scores For Group 1 vs. Group 2 Comparison

<table>
<thead>
<tr>
<th></th>
<th>RCI Change Scores</th>
<th>Diff.</th>
<th>p</th>
<th>S.D.</th>
<th>$S_E$</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>G-1</td>
<td>G-2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Severity</td>
<td>-3.70</td>
<td>-1.43</td>
<td>2.27*</td>
<td>.0250</td>
<td>9.34</td>
</tr>
<tr>
<td>Somatization</td>
<td>-1.63</td>
<td>-0.36</td>
<td>1.27*</td>
<td>.0100</td>
<td>11.85</td>
</tr>
<tr>
<td>Obsessive Comp.</td>
<td>-1.39</td>
<td>-0.73</td>
<td>0.65</td>
<td>.1300</td>
<td>8.04</td>
</tr>
<tr>
<td>Interpersonal Sens.</td>
<td>-1.19</td>
<td>-0.53</td>
<td>0.66</td>
<td>.0820</td>
<td>8.48</td>
</tr>
<tr>
<td>Depression</td>
<td>-1.89</td>
<td>-0.70</td>
<td>1.19*</td>
<td>.0430</td>
<td>9.11</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-1.66</td>
<td>-0.12</td>
<td>1.78*</td>
<td>.0020</td>
<td>12.15</td>
</tr>
<tr>
<td>Hostility</td>
<td>-0.95</td>
<td>+0.03</td>
<td>0.98*</td>
<td>.0340</td>
<td>9.17</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>-0.68</td>
<td>0.00</td>
<td>0.68*</td>
<td>.0510</td>
<td>9.74</td>
</tr>
<tr>
<td>Paranoid Ideation</td>
<td>-0.56</td>
<td>-0.57</td>
<td>0.01</td>
<td>.9811</td>
<td>11.21</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>-0.78</td>
<td>-0.14</td>
<td>0.64*</td>
<td>.0080</td>
<td>11.42</td>
</tr>
<tr>
<td>Anger Expression Inv.</td>
<td>-0.33</td>
<td>+0.50</td>
<td>0.83</td>
<td>.1040</td>
<td>9.60</td>
</tr>
<tr>
<td>Anger-Out</td>
<td>-0.41</td>
<td>-0.25</td>
<td>0.40*</td>
<td>.0474</td>
<td>3.23</td>
</tr>
<tr>
<td>Anger-In</td>
<td>-0.21</td>
<td>-0.10</td>
<td>0.11</td>
<td>.5540</td>
<td>3.63</td>
</tr>
<tr>
<td>Anger-Controll</td>
<td>+0.59</td>
<td>-0.29</td>
<td>0.88</td>
<td>.0588</td>
<td>5.00</td>
</tr>
</tbody>
</table>
In addition to group comparison statistics, the Reliable Change Index (RCI) also provides the opportunity for evaluating each subject relative to significant improvement (+), deterioration (-) or no change (0). A Test of 2 Independent Proportions revealed that there was a significant difference between the proportion of subjects who improved in Group 1 and the proportion of subjects who improved in Group 2. Group 1 showed a significantly higher proportion of subjects improving on five of the fourteen measures (Somatization, Interpersonal Sensitivity, Depression, Anxiety, and Hostility). The following table (Table 3.4) provides a comparison of Group 1 and Group 2 relative to the percentage of change for each general indice and all sub-scales of the SCL-90-R and the Anger Expression Inventory. The scales showing a significantly higher proportion of subjects improving (when comparing Group 1 with Group 2) are designated with an asterisk (*).
Table 3.4.

Percentages of Group 1 and Group 2 Subjects Making Positive, Negative and No Change Relative to Reliable Change Index (RCI)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Group 1 %</th>
<th>Group 2 %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+</td>
<td>0</td>
</tr>
<tr>
<td>Global Sev.</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Somatization</td>
<td>39*</td>
<td>61</td>
</tr>
<tr>
<td>Obsessive Comp.</td>
<td>26</td>
<td>74</td>
</tr>
<tr>
<td>Interpersonal Sensitivity</td>
<td>39*</td>
<td>61</td>
</tr>
<tr>
<td>Depression</td>
<td>39*</td>
<td>61</td>
</tr>
<tr>
<td>Anxiety</td>
<td>39*</td>
<td>61</td>
</tr>
<tr>
<td>Hostility</td>
<td>30*</td>
<td>70</td>
</tr>
<tr>
<td>Phobic Anxiety</td>
<td>26</td>
<td>70</td>
</tr>
<tr>
<td>Paranoid Idea.</td>
<td>17</td>
<td>83</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>09</td>
<td>91</td>
</tr>
<tr>
<td>Anger Express.</td>
<td>00</td>
<td>100</td>
</tr>
<tr>
<td>Anger-Out</td>
<td>04</td>
<td>96</td>
</tr>
<tr>
<td>Anger-In</td>
<td>04</td>
<td>96</td>
</tr>
<tr>
<td>Anger-Control</td>
<td>17</td>
<td>83</td>
</tr>
</tbody>
</table>
Z scores for the Test of 2 Independent Proportions were .46 for Global Severity, 1.75 for Somatization, 1.33 for Obsessive Compusivity, 2.16 for Interpersonal Sensitivity, 2.16 for Depression, 1.75 for Anxiety, 2.08 for Hostility, 1.33 for Phobic Anxiety, .66 for Paranoid Ideation, 1.35 for Psychoticism, 0.00 for Anger Expressed, .93 for Anger-out, .93 for Anger-in, and .66 for Anger Controlled. The Critical value for the one-tailed test was 1.65.

Research Questions

Research Question One

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to the development (origin) of their problem(s) as viewed before the four week seminar in Agentive Therapy?

An analysis of the Intake Interview Transcripts revealed a general theme with respect to the subjects' perceptions of the development (origin) of their problems. The majority of subjects (19 of 23) described their problems as being related to another person. The subjects reported their problems as either being entirely their own "fault" or entirely the "fault" of someone else. While the majority of subjects (17 of 23) offered such phrases as "it takes two to tangle [tango]" or "I know that both of us are to blame", these phrases were followed by recitations of what either they were doing to be totally at fault, or what the "other" person(s) was/were doing to cause the problems they were experiencing.
The following excerpt is taken from the Intake Transcript of a 35-year-old father of four who perceived his wife as being the cause of their problems:

My wife feels there is really a problem in our marriage. I don't feel that the problems are as serious as she seems to think they are, but I'm here 'cause I want her to feel that I'm interested. Don't think that I don't realize we have some problems, but I think it's mostly my wife making a big thing out of nothing. I want to help her though.

The next transcript excerpt comes from a middle-aged, mother of eight, who perceived that she was the sole cause of her problems, "I feel worthless most of the time. I know that I have to snap out of it, but I just can't seem to do it."

An actual breakdown of the "causes" principally being blamed by the person being interviewed is as follows: Seven husbands perceived their wives, five wives perceived their husbands, two women perceived their boyfriends, two mothers perceived their children, one subject perceived himself, one subject perceived an abusive teacher, and one subject another family member as the "cause" of their problems.

Based on an analysis of the interview transcripts with regard to Research Question One, the majority of subjects (19 of 23) while giving superficial acceptance of personal responsibility, saw their problems as being "caused" by someone else.

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8 The specific details have been changed for confidentiality purposes.
Research Question Two

What are the subjects' perceptions as measured by Reflective Empirical Analysis relative to the development (origin) of their problem(s) as viewed after the four-week seminar in Agentive Therapy?

Analyzing the transcripts of the post-therapy interviews revealed that the majority of subjects (17 of 20) came to understand their problems in a way more consistent with Agentive Theory. Those who were totally blaming themselves and those who were totally blaming others realized that they were partners in a collusion. This is illustrated in the following transcript of an interview with a 45-year-old mother of eight:

I used to just think that things were other people's fault and that they were doing these things to me and I would try and forgive them. I learned that I was creating the things that were making me mad. Up to that point I didn't feel sorry for what I was doing because I felt justified. Another thing that I have learned is that both parties contribute to the collusion. I have either totally blamed them or I have totally blamed myself."

Another participant reported:

Even though last time [Intake Interview] I was blaming . . . [my husband], I've realized that a lot of my problems were a result of what I was doing. I was actually provoking him to behave the way he was.

Based on an analysis of the interview transcripts, with regard
to Research Question Two, the majority of subjects (17 of 20) had the realization that most problems are a co-creation. Those who were identified at the entrance interview to be totally blaming of others were better able to accept the idea that they too were participating in the problem, and in fact, were co-creating the problem(s) they had previously blamed on others.

Research Question Three

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to the resolution of their problem(s) before the four week seminar in Agentive Therapy?

An analysis of the Intake Transcripts revealed that the majority of participants (20 of 23) reported that the resolution of their problems would come when the person they were involved with changed. These 20 subjects perceived that for them to stop feeling, thinking, and behaving in the manner which they were, this other person had to change first. Most reported that the best they could do, without the other person changing, was learn to "cope" with the situation. The following is an excerpt from the Intake Transcript of a 31 year-old wife and mother of three which serves to illustrate this observation:

I just don't know why he [husband] isn't nicer to me. I know I nag him a lot, but what can he expect when he does the things he does? He's totally inconsiderate of me and my feelings. I hope that we can learn to communicate better.

While most subjects perceived their circumstances must change for their problems to be resolved, one individual (the victim of
child sexual abuse) felt she could never "get over" the fact that she had been abused as a child and now had to learn to cope with it. She reported that most of the problems she presently faced were a result of the earlier abuse.

Based on an analysis of the interview transcripts with respect to Research Question Three, the majority of subjects perceived that for their lives to get better, the person or the circumstances they were involved with must first change.

**Research Question Four**

What are the subjects' perceptions, as measured by Reflective Empirical Analysis, relative to the resolution of their problem(s) after the four week seminar in Agentive Therapy?

An analysis of the Intake Transcripts revealed that the majority of participants (21 of 23) reported additional insight as to the resolution of their problems. One participant reported:

> Before I didn't really know what to do in bad situations. Now, I think I have the tools to figure out what is happening in a situation and what I have to do to make it right. Up to now I've really seen myself as the victim and my wife as the victimizer. . . . I've learned that I have been making up a lot of excuses for not doing what I've always known to be right.

While the majority of participants eventually realized and reported the insight of personal responsibility and accountability with respect to the resolution of their problems, some understood it more readily than others. One wife reported:
After the second session . . . [my husband] told me he couldn't see where we were colluding. I about fell off my chair. He could give examples of other couples we knew, but he couldn't see how it applied to us, but I sure could. Later though, he began to see it. We both have had a lot of changing to do . . . I've learned that there are a lot of things I was insisting I get done that really weren't all that important.

Based on the analysis of Interview Transcripts relative to Research Question Four, the majority of seminar participants (21 of 23) were able to understand the applicability of personal responsibility and accountability relative to problem resolution. Realization of the part they were playing in the problems, was followed by "following their conscience" as to the "right" things for them to do in resolving the problems they were experiencing.

Research Question Five

What are the subjects' perceptions as measured by Reflective Empirical Analysis relative to feelings of guilt after the four week seminar in Agentive Therapy?

An analysis of the Exit Transcripts revealed that the majority of subjects interviewed (19 of 20) reported a decrease in feelings of guilt. One subject reported her feelings of guilt to be the same as they were at the Intake Interview.

The following excerpts from the Exit Interview Transcript illustrate these reports of decreased guilt:
I know that I have done things that are wrong, but this seminar has helped me to feel less guilty. I feel bad about what I have done that's wrong, but I now know that I can improve.

Another participant stated:

I have been a very guilty person in the past, but interestingly enough instead of feeling guilty, I have felt sorrow for the contribution I have made to the situation. This has really been an experience that has allowed me to let go of the guilt I have felt for many years.

Another seminar participant defined guilt as being a positive part of his life:

Is it such a wrong thing to feel guilt? A lot of times people are happy with the way things are going and avoid doing what needs to be done. The stories you told helped me to re-evaluate and change many things in my life for the better.

Based on the analysis of Interview Transcripts relative to Research Question Five, the majority of seminar participants (19 of 20) felt less guilty after participating in the Agentive Seminar.

Summary of Quantitative Analysis and Results

Three independent analyses of the data were made. First, the pre-test and post-test scores for Group 1 (Experimental Group) and Group 2 (Control Group) were analyzed for each scale without respect to between group comparisons. Second, the pre-test and post-test scores for Group 1 and Group 2 were analyzed for each scale with respect to between group comparison at post-test; and
Third, the pre- to post-test change scores for Group 1 and Group 2 were analysed with respect to between group comparison of mean change scores.

**Analysis One (Group 1)**

For the first analysis (pre- to post-test change), the data indicate that persons seeking help with personal/emotional problems (Group 1 subjects) attending the 4-week seminar in Agentive Therapy showed (at a significance level < .05):

1. A general improvement in mental health (Global Severity Index);
2. A decrease in physical complaints (Somatization);
3. A decrease in obsessive-compulsive thoughts, feelings, and actions;
4. A decrease in interpersonal sensitivity;
5. A decrease in depression;
6. A decrease in anxiety;
7. A decrease in hostile thoughts, feelings, and actions;
8. A decrease in phobic thoughts, feelings, and actions;
9. A decrease in paranoid thoughts, feelings, and actions;
10. A decrease in psychotic thoughts, feelings, and actions;
11. A decrease in angry thoughts, feelings, and actions;
12. A decrease in angry actions;
13. No decrease or increase with respect to the suppression of angry feelings;
14. No decrease or increase with respect to the control of angry thoughts, feelings, or actions.
Analysis One (Group 2)

For the first analysis (pre- to post-test scores), the data indicate that persons seeking help with personal/emotional problems (Group 2 subjects) assigned to a waiting-list group showed (at a significance level < .05):

1. A general improvement in mental health (Global Severity Index);
2. No change in somatization (physical complaints);
3. A decrease in obsessive-compulsive thoughts, feelings, and actions;
4. A decrease in interpersonal sensitivity;
5. No change in depression;
6. No change in anxiety;
7. No change in hostile thoughts, feelings, and actions;
8. No change in phobic thoughts, feelings, and actions;
9. A decrease in paranoid thoughts, feelings, and actions;
10. No change in psychotic thoughts, feelings, and actions;
11. No change in angry thoughts, feelings, and actions;
12. No change in angry actions;
13. No change with respect to the suppression of angry feelings.
14. No change with respect to the control of angry thoughts, feelings, or actions.

Analysis Two (Group 1 vs. Group 2)

For the second analysis (mean post-test difference scores), the data indicate that persons seeking help with personal/emotional
problems (Group 1 subjects) attending the 4-week seminar in Agentive Therapy showed the following (at a significance level <.05):

1. Improved general mental health (Global Severity Index) than Group 2 subjects;
2. Fewer physical complaints (somatization) than Group 2 subjects;
3. Fewer obsessive-compulsive thoughts, feelings, and actions than Group 2 subjects;
4. Less interpersonal sensitivity than Group 2 subjects;
5. Equal feelings of depression as Group 2 subjects; (however, Group 1 subjects reported more feelings of depression at pre-test than Group 2 subjects).
6. Equal feelings of anxiety as Group 2 subjects; however, Group 1 subjects reported higher anxiety at pre-test than Group 2 subjects.
7. Fewer hostile thoughts, feelings, and actions than Group 2 subjects;
8. Fewer phobic thoughts, feelings, and actions than Group 2 subjects;
9. Fewer paranoid thoughts, feelings, and actions; (however, Group 1 subjects reported fewer paranoid thoughts, feelings, and actions than Group 2 subjects at pre-test).
10. Fewer psychotic thoughts, feelings, and actions than Group 2 subjects;
11. Fewer angry thoughts, feelings, and actions than Group 2 subjects;

12. An equal reporting of angry actions as Group 2 subjects;

13. Less suppression of angry feelings than Group 2 subjects; (however, Group 1 subjects reported fewer suppressed feelings at pre-test).

14. An equal reporting of the control of angry thoughts, feelings, and actions as Group 2 subjects.

Analysis Three (Group 1 vs. Group 2)

For the third analysis (pre- to post-test change scores), the data indicate that persons seeking help with personal/emotional problems (Group 1 subjects) attending the 4-week seminar in Agentive Therapy showed greater improvement than other persons seeking help for personal/emotional problems (Group 2 subjects, who were assigned to remain as a waiting-list control group) in the following areas (at a significance level <.05):

1. A greater general improvement in mental health (Global Severity Index) than Group 2 subjects;

2. A greater decrease in physical complaints (somatization) than Group 2 subjects;

3. An equal decrease in obsessive-compulsive thoughts, feelings, and actions as Group 2 subjects;

4. An equal decrease in interpersonal sensitivity as Group 2 subjects;

5. A greater decrease in depression than Group 2 subjects;

6. A greater decrease in anxiety than Group 2 subjects;
7. A greater decrease in hostile thoughts, feelings, and actions than Group 2 subjects;
8. An equal decrease in phobic thoughts, feelings, and actions as Group 2 subjects;
9. An equal decrease in paranoid thoughts, feelings, and actions as Group 2 subjects;
10. A greater decrease in psychotic thoughts, feelings, and actions than Group 2 subjects;
11. An equal decrease in the angry thoughts, feelings, and actions as Group 2 subjects;
12. A greater decrease in angry actions than Group 2 subjects;
13. An equal decrease in the supression of angry feelings with Group 2 subjects;
14. An equal decrease in the control of angry thoughts, feelings, and actions as Group 2 subjects.

Other Results

As noted in Table 2.1, Group 1 and Group 2 were comparable with respect to Educational Level (some high school, high school graduate, some college, college graduate, some graduate work, or graduate degree), nature of presenting problem, Religious preference and activity, gender (male or female), and age.

Summary of Qualitative Information (Research Questions)

1. Before attending the Agentive Seminar, the majority of subjects while giving some acceptance to the idea of personal
responsibility, saw their problems as being "caused" by someone else.

2. After attending the Agentive Seminar, the majority of subjects articulated that most interpersonal problems, instead of being the fault of one person or another, are typically co-creations. Those who were identified at the entrance interview to be totally blaming of others were better able to accept the idea that they too were participating in the problem, and in fact, were co-creating the problem(s) they had previously blamed on others.

3. Before attending the Agentive Seminar, the majority of subjects perceived that for their lives to get better, the person or the circumstances they were involved with must first change.

4. After attending the Agentive Seminar, the majority of seminar participants articulated an understanding of the applicability of personal responsibility and accountability relative to problem resolution. The majority of seminar participants, instead of perceiving that a change of circumstances would bring problem resolution, voiced the realization that circumstances need not determine their feelings.

5. The majority of participants felt less guilty after participating in the Agentive Seminar.
CHAPTER FOUR

Discussion, Conclusions, and Recommendations

Included in this chapter is a discussion concerning the meaning and implications of the results obtained from the quantitative and qualitative analyses reported in this study of Agentive Theory as therapy. A listing of the conclusions drawn from this study and recommendations for future research are also made.

Discussion

The purposes of this study were two-fold: (1) To determine whether people who participated in a four-week seminar based on Agentive Theory would improve with regard to personal/emotional problems; and (2) To understand if/how peoples' perceptions of their personal/emotional problems and possible solutions change after having attended the Agentive Seminar.

As reported in Chapter 3, the results of this study showed that those participating in the four-week seminar in Agentive Therapy generally improved. Analysis of the data concerning the Experimental Group only (without comparison to the Control Group) showed an overwhelming decrease in symptoms on 12 of 14 measures of mental health. When compared with the Control Group, the Experimental Group showed significantly greater improvement on eight of 14 mental health measures while the Control Group did not show significantly greater improvement than the Experimental Group on any measure. These data support the assertion made by Lambert, et al. (1986), that counseling/psychotherapy is beneficial for
most people who seek help. Looking specifically at the subjects in
the Experimental Group, 74 percent (as measured with the Reliable
Change Index) showed significant improvement on measures of general
mental health, which is comparable to the 66 percent reported as an
average improvement rate for a comparable population (Lambert, et
al. 1986). However, the results of this study differ from
traditional outcome research in one respect. Instead of 33 percent
to 40 percent of people not receiving therapy experiencing a
"spontaneous remission" (Lambert, et al., 1986, p. 162), 50% of
those not receiving therapy in this study (Control Group) showed
significant improvement with respect to general mental health.
These data are somewhat similar to the original assertions of
Eysenck (1952) who reported that two-thirds of people with
"neuroses" improve whether they receive therapy or not. In looking
for an explanation as to why such a high spontaneous remission was
found in this study, one could reason that when people generally
seek professional help they are at or near the "high point" of
their problem (Garfield, 1986). It could then be possible that
whether the client receives therapy or not, the severity of his
problems would decrease (especially if he knew he would be
receiving help soon, as with the Control Group in this study).
This explanation could not only help explain the improvement of the
Control Group who received no treatment, but possibly account for
some of the dramatic improvement in the persons completing the
Agentive Seminar. These data represent the ability of mankind to
work through his problems. Another possible influence on the
spontaneous remission rate could be the influence of the unique cultural setting wherein this study took place, as religious affiliation and religious participation have both been reported to be facilitative of mental health (Judd, in press). Another cultural influence which may be somewhat unique to the setting of this study, could be the large and intimate "social network" provided by immediate and extended families (Brehm and Smith, 1986).

Even though the focus on this study wasn't on outcome with regard to specific problems, the results indicate the Experimental Group showed significantly greater decrease than the Control Group on the Depression, Anxiety, Somatization, Phobic Anxiety, Hostility, Psychoticism, and Anger-Out scales (listed in order of greatest to least significant change). The Control Group did not show a significant decrease (spontaneous remission) on any of these scales but did show a significant decrease on the Obsessive-Compulsivity, Interpersonal Sensitivity, and Paranoid Ideation scales. These data appear to support the assertion that while some problems are solved without professional help, other problems may not be resolved without it (Lambert, et al., 1986).

While this study did not include an in-patient sample, the data indicate significant improvement for Group One subjects on measures of Psychoticism and Phobic Anxiety, which may be more descriptive of an in-patient population. Even though research with a more disturbed population is indicated, the data shows that the Agentive Seminar assisted people in decreasing their psychotic and
phobic kinds of thoughts, feelings, and behavior. This finding supports the assertion by Brown, Warner, and Williams (1986) that Agentive Theory "... will have important implications for an understanding [and treatment] of 'mental illness'" (p. 187).

One area where this study didn't indicate the kinds of results expected was the Anger dimension. Group One subjects did show a more significant decrease than Group Two subjects on the Anger-Out scale, but there were no significant differences between Group One and Group Two subjects on the Anger-In (anger held in) and Anger-Control scales (anger diffused). These results were unexpected because the Agentive Seminar focused specifically on negative emotions such as anger; therefore, one would expect a significant decrease in anger to be found on the scales representing it. Reasons for these findings may be that the Anger Expression Inventory is a new instrument and not constructually valid. This explanation is based on the fact that the Hostility scale of the SCL-90-R did show Group One to be significantly less hostile than Group Two as measured with the Reliable Change Index.

Another dimension of this study which may have relevance for both psychological practice and research is the experience of guilt. Inasmuch as the individuals attending the Agentive Seminar were taught that they are the creators and co-creators of their own negative emotions, it could be expected that feelings of guilt would attend such a presentation. However, the qualitative data indicate the opposite as being the case. Those participating in the Agentive Seminar reported feeling less guilty after, than
before the seminar began. The quantitative data support this observation as Group One subjects improved significantly more than Group Two subjects on measures of depression and anxiety which are typically associated with guilt (Belgium, 1985). It is suggested that the reason participants felt less guilty following the seminar than before, may be that they were taught (during the seminar) that the creating of negative emotions was an assertion they were making based on the way they had customarily perceived the world. According to Agentive Theory, the culture of which we are a part contributes much to our inability to see how negative emotions are assertions rather than products of circumstance. With this understanding, group participants were then able to change their perceptions without blaming themselves and feeling guilty.

Inasmuch as Agentive Therapy was shown to be an effective means of treatment for those participating in the Agentive Seminar, perhaps a discussion of the possible reasons for the success is appropriate. While the focus of most therapies is on the clinical results they obtain, it is important to understand that the efficacy of any therapy is founded on its philosophical foundation (Harre, et al. 1985). One of the basic assumptions of Agentive Theory is that people are responsible not only for their thoughts and actions but also their feelings (positive and negative). Not merely for managing such feelings, but for the very creation of them. The Agentive Seminar participants were invited to see themselves, others, and the world in general from a radically different perspective. Instead of perceiving their negative
thoughts and feelings as responses to their internal and external environments, the participants were assisted in understanding that their negative thoughts and feelings are generally assertions or judgments they were making in both tacit and explicit ways. The participants were then taught that if these negative thoughts and feelings are something they are doing, as opposed to something they are caused to do, the possibility exists that they can stop doing them. This concept is a hopeful perspective; as the individuals have the opportunity to be free and responsible to act for themselves and need not be determined by their circumstances.

While Agentive Theory is similar to other theories stressing responsibility (i.e., Rational-Emotive, Reality, and Existential Theory, etc.), it appears to be different in a fundamental way. Instead of the participants in the Agentive Seminar being helped to manage their emotions (control or express) and be responsible for the consequences of expression or control, they were taught that they (in concert with others) actually create their negative emotions. The seminar participants were not "blamed" for creating these negative emotions and made to feel guilty (as reported earlier, they actually reported feeling less guilt) but helped to see that their negative emotions were a part of the way they see the world and themselves. The following case study of one of the Agentive Seminar participants illustrates this point:

Elizabeth, a 30 year-old mother of five, was feeling depressed and hopeless about the future. She had been to see a psychiatrist and he had diagnosed her as "Major Depressive" and recommended
medication and hospitalization. Elizabeth and her husband (Tom),
couldn't afford the cost of hospitalization and were afraid the
medication would interfere with their recent pregnancy. At the
suggestion of a friend, Elizabeth and Tom participated in the
Agentive Seminar. Following the four-week seminar, Elizabeth had
these comments:

It's strange, even though Tom has lost his job [last week of
the seminar] I feel at peace. . . . I have learned that I
don't need to get so upset when things don't happen as I want
them to. . . . I've learned that there are a lot of things
that I was insisting on that really aren't all that important.
A lot of things that I allowed to bother me and upset me have
been replaced by things that are more important. I was so
discouraged and hopeless, but now life is fun again. . . .
This seminar gave us the tools, and we [Elizabeth & Tom] have
begun to use them. I got a bill from the psychiatrist for
$420 for four visits, but he didn't give me any tools. I kept
thinking he needed more time to get to know me. It was good
to talk, but I don't think he was much help to me. We have
begun, step by step, to work our problems out ourselves.

While helping people be responsible has long been known to be
an essential part of therapeutic success (Yalom, 1980), Agentive
Theory appears to be a unique conceptualization and articulation
of personal responsibility (See Warner, 1982, for a complete
discussion).
Another contributing factor to the apparent success of the Agentive Seminar is represented by the fact that 16 of the 23 participants in the Agentive Seminar attended with their spouses. These marital relationships not only provided an opportunity to participate in the seminar together, but outside forum as well for discussing, reviewing, and teaching the material to each other. An observation related to this discussion of joint participation, is the fact that four of the participants (husbands) in the Experimental Group mentioned during the exit interview with the investigator that his wife had asked him to go with her to see a "marriage counselor" but he had declined at the time. However, they all consented to attend the Agentive Seminar because it seemed less invasive of their privacy.

It appears evident from both the quantitative and qualitative analyses, the Agentive Seminar provides a means of assisting people to improve with respect to personal/emotional problems in an efficient and effective way.

Conclusions

The following conclusions are based upon findings of this study relative to improved mental health:

1. Those participating in an Agentive Seminar can be expected to show improved general mental health.

2. Those participating in an Agentive Seminar can be expected to show less depression, anxiety, physical complaints (somatization), phobic anxiety, hostility, psychoticism, and anger.
3. Persons who are asked to remain on a waiting-list can be expected to show improvement with respect to general mental health and show a decrease in obsessive compulsivity, interpersonal sensitivity, and paranoid ideation.

4. People who seek help will generally perceive their negative emotions as being "caused" by someone other than themselves.

5. After participating in an Agentive Seminar, people perceive their negative emotions as social creations. Individuals who blame others will be better able to accept the idea that they too are participating in the problem, and in fact, are co-creating the problem they had previously blamed on others.

6. Before participating in an Agentive Seminar, people perceive that for their lives to improve, the person or the circumstances they are involved with/in must first change.

7. After participating in an Agentive Seminar, people who seek help will perceive they have the responsibility and opportunity to make their life better as opposed to perceiving that their circumstances have to change before their life can become better.

8. People feel less guilty after participating in an Agentive Seminar.

Recommendations For Future Research

As with most research projects, this investigation has answered some questions but raised many more. The following list provides recommendations for future research:
1. Inasmuch as this study has addressed the question, "Does it work?" the next question becomes, "What is the relative effectiveness of Agentive Therapy as an invitation to change when compared with other theories/therapies?"

2. Instrumentation needs to be developed which would access experiences of guilt, blame, anger, victimization, styles of self-betrayal (self-righteousness, childishness, perfectionism, martyrism), collusion, liberation, and the sense of social responsibility—all of which are central to the understanding of mental health as well as mental illness.

3. Inasmuch as this study dealt with an out-patient population, further research could be done in an in-patient setting. This approach would provide an opportunity to assess the efficacy of Agentive Theory with respect to a more severely disturbed clinical population.

4. While this study was designed to assess efficacy with respect to personal/emotional problems of a general nature, one of the most dramatic outcomes was the assistance the seminar appeared to provide for married couples. Employing measures of marital satisfaction, cohesiveness, etc., may provide important insight into marital problems and relations in subsequent research. Further research as to the positive/negative influence of spousal involvement may also be called for (Warner and Olson, 1981).

5. Twelve of the 23 seminar participants reported (without solicitation) during the exit interview that they would like to have had the seminar last longer. When questioned about their
observations, most responded that they were just beginning to understand and experience some real changes in their lives and would like to have an opportunity to share their discoveries with the other seminar participants and learn from the experiences of the others. Research may be called for to look at the influence of time and group participation relative to the efficacy of the Agentive Seminar.

**Implications For Practice**

1. As the principles taught in the Agentive Seminar appear to be in harmony with the teachings of Jesus Christ, this particular articulation may provide a means by which counselors and/or clients may be involved in the counseling process without compromising their religious values.

2. Inasmuch as the Agentive Seminar is educational in principle and practice, it may be less threatening than individual or marital therapy for those who are concerned about invasiveness.

3. The Agentive Seminar is short-term (four-weeks, twelve hours), thus limiting the financial/time restraints of the client and the time constraints of the counselor/therapist.

4. The Agentive Seminar is not designed to address the specific problems of specific participants. The participants are invited to make personal application of the general concepts being presented. This manner of presentation provides the participant an opportunity to take responsibility for his/her own problems and solutions.
5. If the participant(s) and the therapist/presenter sense a need to continue working together in individual or marital therapy, the participant(s) has/have a good understanding of the principles, terminology, etc., of Agentive Theory/Therapy that would serve as a foundation from which they could continue to work.
CHAPTER FIVE

Journal Article

Agentive Theory as Therapy: An Outcome Study

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The present study evaluated the efficacy of a four-week seminar which emphasized the principles of Agentive Theory. This theory, which is compatible with theories of a phenomenological/existential perspective, was first developed by C. T. Warner, an American philosopher. Agentive Theorists/Therapists emphasize that our negative emotions, i.e., depression, anger, etc., are assertions or judgements we make and and not merely feelings we are responsible for controlling or expressing. Forty-eight outpatients who sought help with personal/emotional problems from a department of behavioral medicine were assigned to either a Treatment or Waiting-list Control Group. Following a four-week treatment phase, the Treatment Group was shown to have made significantly greater improvement than the Waiting-list Control Group with respect to general mental health, somatization, depression, anxiety, hostility, phobic anxiety, psychoticism, and anger.
While Freudianism, behaviorism, and cognitive psychology have dominated the field of counseling and psychotherapy for decades, there has recently been renewed interest in the phenomenological/existential tradition in both psychological research and practice. A growing number of theoreticians and clinicians are re-searching the works of Kant, Descartes, Husserl, Kierkegaard, Heidegger, and Sartre in formulating theoretical and clinical applications (Packer, 1985; Faulconer & Williams, 1985; Warner, 1984; Solomon, 1983; Rychlack, 1981; Yalom, 1980; Bugental, 1981; May, 1981; May & Yalom, 1984).

Much of this resurgence has been inspired by dissatisfaction with what was described by Edmund Husserl, and later by Jean-Paul Sartre, as "psychologism". Williams (1983) explained psychologism by defining the two fundamental assumptions on which it is based:

Any system, science, or point of view is "psychologistic" if it assumes that psychological states and experiences enjoy an autonomous existence in reality, and that they in turn serve as the foundation of other experiences and human actions. A second major distinguishing feature of psychologism is a reliance on the methods and assumptions of the natural sciences in its study of human psychical experience. (p. 7)

Following the early methods established in the physical sciences, psychologists have generally concerned themselves with investigating whether the data are consistent with their presuppositions, as opposed to what the data are (Williams, 1983). Freudian psychology's emphasis on early experiences and an
unconscious, behaviorism's emphasis on a reinforcement history, and humanism's\textsuperscript{9} reification and objectification of emotions, needs, and intuitions are examples of these pre-suppositions—all of which are held by Phenomenologists and existentialists to preclude the existence of human agency by calling for cause and effect relationships (Faulconer & Williams, 1985).

Many theorists/practitioners have asserted that as a whole, the phenomenological/existential tradition appears to be the only theory of human behavior based on assumptions which allow for the existence of non-psychologistic human agency (Kockelmans, 1984; Williams, 1983; Warner, 1982; Harre, 1983; Romanyshyn, 1975; Van Kaam, 1966; Robertson, 1984; and Croxton, 1986). The phenomenological/existential tradition rejects both the model and methods of the natural sciences as well as avoiding reification and objectification of emotion and identifying them as causal entities (Williams, 1987).

Corey (1986) described how existentialism's theoretical orientation differs from traditionally psychologistic psychoanalysis and behaviorism:

The existential approach developed from a reaction to two other major models, psychoanalysis and behaviorism.

Existential therapy rejects their deterministic, reductionistic, and mechanistic view of human nature. It is

\textsuperscript{9}While humanists such as Abraham Maslow, and Carl Rogers claim freedom as a basic tenet of their positions, Faulconer & Williams (1985) argue that their version of freedom and agency is also psychologistic (pp. 1181-1183).
grounded in the assumption that we are free, whereas the psychoanalytic view sees freedom as restricted by unconscious forces, irrational drives, and past events. (p. 73)

While some consider the existential orientation a license for undisciplined "woolly" therapists to "do their thing," Yalom (1980) concluded, "the existential approach is a valuable, effective psychotherapeutic paradigm, as rational, as coherent, and as systematic as any other" (p. 5).

Even though the phenomenological/existential tradition is rich in philosophy, its central limitation, reported by some, is its scarcity of demonstrated validity. Lynn and Garske (1986) have commented:

At this early stage in its formulation, existential psychotherapy cannot boast much rigorous research done to evaluate its claims to be an effective treatment. There are certainly some vivid and compelling case studies, but that is not systematic research. Such research is needed to determine whether existential techniques actually increase hardiness while decreasing mental and physical symptomatology. By now the position is clearly enough articulated that relevant research can take place. (p. 217; see also Liebert and Spiegler, 1982; and Corey, 1986)

It is apparent that while existentialism/phenomenology has been articulated well in theory, it has not been submitted to

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Yalom (1980) argues that this "limitation" is not a flaw, but a perspective necessitated by the theoretical underpinnings of the phenomenological method.
research designed to provide validity data relevant to mental health concerns.

**Agentive Theory**

Consistent with a phenomenological/existential perspective, Warner (1982) recently articulated "an alternative to standard therapy" (p. 26). Warner (1982) stated, "My associates and I have developed a special kind of teaching that for many people, at least, is an alternative to [traditional] counseling and therapy" (p. 26). Warner's work has come to be known as "Self-Betrayal" or "Agentive Theory" (Warner, 1982; Johnson, 1982). In addition to his theoretical articulations Warner (1986) has organized the Arbinger Seminar where groups of people are educated in the principles of Agentive Theory.

Even though Warner has much philosophical and anecdotal evidence for the effectiveness of Agentive Theory/Therapy, at present no systematic studies exist that indicate the theory's effectiveness. Johnson (1983) stated:

> Herein lies the major problem with Warner's presentation. While his stories are inspiring and enlivening, they fail to provide scientific proof of efficacy. . . . We are unable to evaluate the present techniques. It is irresponsible and lazy of us to believe in a method which offers only testimonials. Such proof is the mark of the quack, and in medicine we would properly shy away from it. How can we accept it in psychotherapy? Warner has apparently done no follow-up to his seminars. (p. 24)
Brown, Warner, & Williams (1986) have commented on the implications this research could have:

This approach . . . has yet to be explored in the research literature, but we suggest that it provides a crucially important direction for future investigation. Such investigation will have important implications for an understanding of "mental illness." (p. 187)

While invitations for research exist for existential/phenomenological approaches in general and Agentive Theory/Therapy in particular, neither have been specifically researched to the extent that the approach can be considered efficacious or not as a means of helping people with psychological/emotional problems.

Purpose of Study

The purpose of this study was to determine whether outpatients, in a Department of Behavioral Medicine, in a small western community hospital, who participated in a four-week structured seminar based on Agentive Theory, would significantly improve on selected measures of mental health.

Population and Sample

The population for this study consisted of all adult (18 years and older) outpatients receiving therapy in a behavioral medicine facility located in Utah County, Utah. The population consisted of those subjects who reported psychological/emotional distress but were judged, by an initial interview and scores on the SCL-90-R, not to be in need of crisis intervention.

The general setting of this study was a small western
community of approximately one-hundred fifty thousand people. This community may differ from others of comparable size with respect to religion and education; the community is predominantly LDS (Mormon) and houses a major university.

The sample consisted of 43 subjects who contacted the hospital personnel concerning assistance with problems considered psychological in nature. Twenty-three subjects were selected to receive the Agentive Seminar and 20 subjects were asked to remain on a waiting list. The assignments were made based upon the time of inquiry. If the subjects' initial inquiries were made prior to the time Group One (Experimental Group) had been filled they were assigned to Group One (Experimental Group) to participate in the Agentive Seminar. Group One was filled in the order the subjects contacted hospital personnel. The Waiting-list Control Group (Group Two) consisted of all individuals who contacted hospital personnel following the time Group One began the Agentive Seminar. All 43 subjects were interviewed, tested (SCL-90-R), and judged not to be a threat either to themselves, others nor to be in need of crisis intervention.

Instruments

The instruments utilized in this study were the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1977) and the Anger Expression Inventory (AEI; Spielberger, 1985). The SCL-90-R consists of a general indice of mental health (Global Severity Scale) and and nine sub-scales, (ie., Somatization, Obsessive-Compulsivity, Interpersonal Sensitivity, Depression, Anxiety,
Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism). The Anger Expression Inventory consists of a general indice of anger (Anger Expressed) and three sub-scales (i.e., Anger-Out, Anger-In, and Anger Controlled).

Procedure

A total of 48 potential candidates contacted hospital personnel for services during the months of April and May, 1987. Of these 48 potential subjects, 23 were invited to attend the Agentive Seminar and two, because of crisis situations, were assigned to receive traditional counseling. An additional 20 subjects who contacted hospital personnel after the Agentive Seminar began were given the SCL-90-R, the Anger Expression Inventory, and asked to remain on a waiting list for the next Agentive Seminar. Two other potential clients were interviewed but chose not to follow through with any of the treatment options available (one moved out of state and the other’s spouse suggested she not pursue treatment).

Experimental Group participants were given four weeks of instruction (two and one-half hours each Wednesday evening) in Agentive Theory emphasizing the following concepts:

1. Conscience: Our conscience expresses to us our own moral values as they apply to the situation we are presently in.

2. Self-betrayal: When we do what goes against our own individual sense of what is right or wrong, we betray ourselves.

3. Self-justification: Whenever we betray ourselves, we try to justify ourselves by the way we go about doing it. We try to
make the wrong we're doing appear right, or at least not wrong.

4. Blaming: In justifying ourselves, we regard someone else (or possibly something else) as being to blame, rather than ourselves.

5. Blaming emotions: Our accusations of others are always blaming emotions.

6. Self-victimization: When we have accusing emotions towards people, we believe we are their victims. We feel unjustly used by them, put upon, wronged, disadvantaged, or threatened.

7. Childishness and self-righteousness: As self-betrayers, we accuse others of doing things that make it hard for us to do our best. If we try to do well in spite of what they are doing, and 'rise above it,' we are acting self-righteously. We congratulate ourselves for acting 'virtuously.' If we use what others are doing as an excuse for ourselves, and don't try to do well, we are acting childish.

8. Collusion: When others are provoked by our blaming attitude to blame us in return, they betray themselves just as we are doing. They are sure that what's going on is all our fault—just as sure as we are that it's their fault. They feel we are provoking them to feel accusingly toward us, and we feel the same about them.

9. Liberation: Since our disturbed emotions are our own doing, it is within our power to stop "doing" them, and by this means to end them (Warner, 1986).

In addition to discussing these principles the seminar
participants were asked to respond in writing to assignments given at the end of each session. These assignments were designed to assist the participants in describing how the principles being taught may relate to their everyday life. While every effort was made to respond to any and all of the questions posed by the participants, these questions were usually answered in an indirect fashion. The group leader usually discussed the principle involved and offered a case study of someone else in a similar situation. In this manner, the seminar participants were invited to use their agency in seeing themselves honestly in the situation as opposed to being directed to the answer by the group leader. If the question asked involved a principle to be discussed at a later time, the group leader deferred the discussion until that time.

After the four-week treatment period, the SCL-90-R and Anger Expression Scale were administered to all Group One (Experimental Group) participants. The post-administrations of the SCL-90-R and the Anger Expression Inventory were also made for Group Two (Control Group) participants following a four-week waiting period.

It is assumed the groups were comparable as they were derived from the same population. The groups were nonequivalent with respect to self selection and time of inclusion, but were equivalent with respect to age, sex, education level, religious preference (as determined by an initial questionnaire), and nature of presenting problems (as determined by initial interview).

Results

It was hypothesized that the Experimental Group would show a
significant decrease (improvement) on specific measures of mental health. This hypothesis was investigated by comparing the pre- and post-test mean scores for each group by Fisher's LSD test following the 2 X 2 split plot ANOVAS for each scale. The results of this analysis are represented in Table 1:

Insert Table 1 about here

It was also hypothesized that the Experimental Group would have significantly lower mean post-test scores on selected measures of mental health at post-test than the Control Group. This hypothesis was investigated by comparing the post-test mean scores for each group by Fisher's LSD test following the 2 x 2 split plot ANOVAS. The results of this analysis are represented in Table 2:

Insert Table 2 about here

The main hypothesis was that the Experimental Group would show a significantly greater decrease (improvement) than the Control Group on measures of mental health. This hypothesis was investigated by a series of one-way ANOVAS carried out with the RCI\(^\text{11}\) scores as the dependent measures. The results of this analysis are represented in Table 3:

\(^\text{11}\)The Reliable Change Index (RCI), developed by Jacobson, Follette, and Revenstorf (1984), is a statistic which allows for individual as well as group comparisons. It also accounts for the reliability of the instrument/scale being utilized.
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In addition to group comparison statistics, the Reliable Change Index (RCI) also provides the opportunity for evaluating each subject relative to significant improvement (+), deterioration (-) or no change (0). A Test of Two Independent Proportions revealed that there was a significant difference between the proportion of subjects who improved in Group One and the proportion of subjects who improved in Group Two. Group One showed a significantly higher proportion of subjects improving on eight of the fourteen measures (Somatization, Obsessive Compulsivity, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, and Psychoticism). The following table (Table 3.4) provides a comparison of Group One and Group Two relative to the percentage of change for each general indice and all sub-scales of the SCL-90-R and the Anger Expression Inventory. The scales showing a significantly higher proportion of subjects improving (when comparing Group One with Group Two) are designated with an asterisk (*).

Discussion

The results of this study showed that those participating in the four-week seminar in Agentive Therapy generally improved with
respect to their personal/emotional problems. Analysis of the data concerning the Experimental Group only (without comparison to the Control Group) showed an overwhelming decrease in symptoms on 12 of 14 measures of mental health. When compared with the Control Group, the Experimental Group showed significantly greater improvement on nine of 14 mental health measures while the Control Group did not show significantly greater improvement than the Experimental Group on any measure. Looking specifically at the subjects in the Experimental Group, 57 percent (as measured with the Reliable Change Index) showed significant improvement on measures of general mental health, which is comparable to the 66 percent reported as an average improvement rate for a comparable population (Lambert, et al. 1986). However, the results of this study differ from traditional outcome research in one respect. Instead of 33 percent to 40 percent of people not receiving therapy experiencing a "spontaneous remission" (Lambert, et al., 1986, p. 162), 50 percent of those not receiving therapy in this study (Control Group) showed significant improvement with respect to general mental health. These data are similar to the original assertions of Eysenck (1952) who reported that two-thirds of people with "neuroses" improve whether they receive therapy or not. In looking for an explanation as to why such a high spontaneous remission was found in this study, one could reason that when people generally seek professional help they are at or near the "high point" of their problem (Garfield, 1986). It could then be possible that whether the client receives therapy or not, the
severity of his problems would decrease (especially if he knew he would be receiving help soon, as with the Control Group in this study). This explanation could not only help explain the improvement of the Control Group who received no treatment, but possibly account for some of the dramatic improvement in the persons completing the Agentive Seminar. These data represent well the ability of mankind to work through his problems. Another possible influence on the spontaneous remission rate could be the influence of the unique cultural setting wherein this study took place, as religious affiliation and religious participation have both been reported to be facilitative of mental health (Judd, in press). Another cultural influence which may be somewhat unique to the setting of this study, could be the large and intimate "social network" provided by immediate and extended families (Brehm and Smith, 1986).

Even though the focus on this study wasn't on outcome with regard to specific problems, the results indicate the Experimental Group showed significantly greater decrease than the Control Group on the Depression, Anxiety, Somatization, Phobic Anxiety, Hostility, Psychoticism, Anger Expression (global anger), and Anger-Out scales (listed in order of greatest to least significant change). The Control Group did not show a significant decrease (spontaneous remission) on any of these scales but did show a significant decrease on the Obsessive-Compulsivity, Interpersonal Sensitivity, and Paranoid Ideation scales. These data appear to support the assertion that while some problems are solved without
professional help, other problems may not be resolved without it (Lambert, et al., 1986).

While this study did not include an in-patient sample, the data indicate significant improvement for Group One subjects on measures of Psychoticism and Phobic Anxiety, which may be more descriptive of an in-patient population. Looking at Group One subjects individually, 48 percent of the subjects showed significant improvement on the Psychoticism sub-scale, and 44 percent showed significant improvement on the Phobic Anxiety sub-scale. These data for Group One compare with fifteen percent of Group Two subjects showing significant improvement on the Psychoticism sub-scale and five percent of Group Two subjects showing improvement on the Phobic Anxiety sub-scale. Even though research with a more disturbed population is indicated, the data shows that the Agentive Seminar assisted people in decreasing their psychotic and phobic kinds of thoughts, feelings, and behavior. This finding supports the assertion by Brown, Warner, and Williams (1986) that Agentive Theory "... will have important implications for an understanding [and treatment] of 'mental illness'" (p. 187).

One area where this study didn’t indicate the kinds of results expected was the Anger dimension. Group One subjects did show a more significant decrease than Group Two subjects on the general measure of anger (Anger Expression Inventory) and the Anger-Out scale, but there were no significant differences between Group One and Group Two subjects on the Anger-In (anger held in) and Anger-Control scales (anger diffused). These results were unexpected
because the Agentive Seminar focused specifically on negative emotions such as anger; therefore, one would expect a significant decrease in anger to be found on the scales representing it. Reasons for these findings may be that the Anger Expression Inventory is a new instrument and not constructually valid. This explanation is based on the fact that the Hostility scale of the SCL-90-R did show Group One to be significantly less hostile than Group Two as measured with the Reliable Change Index.

Inasmuch as Agentive Therapy was shown to be an effective means of treatment for those participating in the Agentive Seminar, perhaps a discussion of the possible reasons for the success is appropriate. While the focus of most therapies is on the clinical results they obtain, it is important to understand that the efficacy of any therapy is founded on its philosophical foundation (Harre, et al., 1985). One of the basic assumptions of Agentive Theory is that people are responsible not only for their thoughts and actions but also their feelings (positive and negative). Not merely for managing such feelings (as in Rational-Emotive and Reality Therapies), but for the very creation of them. The Agentive Seminar participants were invited to see themselves, others, and the world in general from a radically different perspective. Instead of perceiving their negative thoughts and feelings as responses to their internal and external environments, the participants were assisted in understanding that their negative thoughts and feelings are generally assertions or judgments they were making in both tacit and explicit ways. The participants were
then taught that if these negative thoughts and feelings are something they are doing, as opposed to something they are caused to do, the possibility exists that they can stop doing them. This concept is a hopeful perspective; as the individuals have the opportunity to be free and responsible to act for themselves and need not be determined by their circumstances. While Agentive Theory stresses individual responsibility for the creation of negative feelings, it is important to point out that these negative feelings are part of our cultural experience; we grow up believing we have no other alternative than to "respond" to given situations with negative emotion. The idea that our emotions are assertions rather than cause and effect responses is growing in support (Tavris, 1982; and Solomon, 1983).

Another contributing factor to the apparent success of the Agentive Seminar is represented by the fact that 16 of the 23 participants in the Agentive Seminar attended with their spouses. These marital relationships not only provided an opportunity to participate in the seminar together, but an outside opportunity as well for discussing, reviewing, and teaching the material to each other. An observation related to this discussion of joint participation, is the fact that four of the participants (husbands) in the Experimental Group mentioned during the exit interview with the investigator that his wife had asked him to go with her to see a "marriage counselor" but he had declined at the time. However, they all consented to attend the Agentive Seminar because it seemed less invasive of their privacy.
It appears evident the Agentive Seminar provides a means to reach a large number of people and assist them in an efficient and effective way to improve with respect to personal/emotional problems.

Conclusions

The following conclusions are based upon findings of this study relative to improved mental health:

1. Those participating in an Agentive Seminar can be expected to show significantly greater improvement with respect to general mental health than people not receiving any treatment.

2. Those participating in an Agentive Seminar can be expected to show significantly less depression, anxiety, physical complaints (somatization), phobic anxiety, hostility, psychoticism, and anger than people not receiving any treatment.

3. Persons who are asked to remain on a waiting-list can be expected to show improvement with respect to general mental health and show a decrease in obsessive compulsivity, interpersonal sensitivity, and paranoid ideation.

Recommendations For Future Research

As with most research projects, this investigation has answered some questions but raised many more. The following list provides recommendations for future research:

1. Inasmuch as this study has addressed the question, "Does it work?" the next question becomes, "What is the relative effectiveness of Agentive Therapy as an invitation to change when compared with other theories/therapies?"
2. Instrumentation needs to be developed which would access experiences of guilt, blame, anger, victimization, styles of self-betrayal (self-righteousness, childishness, perfectionism, martyrism), collusion, liberation, and the sense of social responsibility—all of which are central to the understanding of mental health as well as mental illness.

3. Inasmuch as this study dealt with an out-patient population, further research could be done in an in-patient setting. This approach would provide an opportunity to assess the efficacy of Agentive Theory with respect to a more severely disturbed clinical population.

4. While this study was designed to assess efficacy with respect to a diverse population, one of the most dramatic outcomes was the assistance the seminar appeared to provide for married couples. Employing measures of marital satisfaction, cohesiveness, etc., may provide important insight into marital problems and relations in subsequent research.

Implications For Practice

1. As the principles taught in the Agentive Seminar appear to be in harmony with the teachings of Jesus Christ (New Testament), this particular articulation may provide a means by which counselors and/or clients may be involved in the counseling process without compromising their religious values.

2. Inasmuch as the Agentive Seminar is educational in principle and practice, it may be less threatening than individual or marital therapy for those who are concerned about invasiveness.
3. The Agentive Seminar is short-term (four-weeks, twelve hours), thus limiting the financial/time restraints of the client and the time constraints of the counselor/therapist.

4. The Agentive Seminar is not designed to address the specific problems of specific participants. The participants are invited to make personal application of the general concepts being presented. This manner of presentation provides the participant an opportunity to take responsibility for his/her own problems and solutions.
References For Journal Article


Table 2:
Pre-test Comparisons, Post-test Comparisons, and Difference Scores
Between Group 1 (Experimental) and Group 2 (Control)

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<thead>
<tr>
<th></th>
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<th></th>
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<tbody>
<tr>
<td></td>
<td>Pre-</td>
<td>Pre-</td>
<td></td>
<td>Post</td>
<td>Post</td>
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<td>Global Severity</td>
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<td>Somatization</td>
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<td>66.52</td>
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<td>22.60</td>
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<td>Anger-Controlled</td>
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<td>23.55</td>
<td>0.75</td>
<td>25.70</td>
<td>22.85</td>
<td>+2.85*</td>
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Table 3:
Pre- to Post-test Reliable Change Index Change Scores, Difference Scores, Alpha Levels, Standard Deviations, and Standard Error (SE) Scores For Group 1 vs. Group 2 Comparison

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<th>RCI Change Scores</th>
<th>Diff.</th>
<th>p</th>
<th>S.D.</th>
<th>SE</th>
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<td>G-2</td>
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<td>Anger-Controll</td>
<td>+0.59</td>
<td>-0.29</td>
<td>0.88</td>
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Table 4:

Percentages of Group 1 and Group 2 Subjects Making Positive, Negative and No Change Relative to Reliable Change Index (RCI)

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<th>Group 2 %</th>
<th>(n = 20)</th>
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<tr>
<td>+</td>
<td>0</td>
<td>-</td>
<td>+</td>
<td>0</td>
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<td>Global Sev.</td>
<td>57</td>
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<td>00</td>
<td>50</td>
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<td>Obsessive Comp.</td>
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<td>Interpersonal Sensitivity</td>
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<td>10</td>
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References


effects of psychotherapy: An evaluation. British Journal
studies in psychotherapy. Archives of General Psychiatry, 32,
995-1008.
psychotherapies: Models and methods. Columbus, Ohio: Charles
E. Merrill
Tavistock.
Van Nostrand Reinhold.
House.
Corsini (Ed.), Current psychotherapies (3rd ed.). Itasca,
Ill.: Peacock.
New York: Abingdon Press.
Meltzoff, J., & Kornreich, M. (1970). Research in


Appendix A

Initial Interview Format

Instructions

This interview is designed to help me to get to know you better. I am going to ask some general questions and then follow them up with more specific ones. There are no right or wrong answers. I trust that you will know the answers to the questions much better than I do. If there are questions which you feel don't apply to you, let me know and we will go on to the next one.

Interview Questions

1. What prompted you to seek help? When you think of the problem you may have, is it more to do with yourself or with others? What parts of your life would you like to be different? In what ways would you like things to be different? Can you point to something in your past that has influenced you to have the problems you do? What do you feel is the problem that you want help with? On a scale of 1-10 how much is this problem interfering with your life?

2. I would like you to think back to the last time you felt badly. Describe how you felt. Did you feel bad in different kinds of ways? Did you feel any different physically than you normally do? Do you recall what you were thinking? Did you do anything that you wouldn't usually do?

3. Was there a time when you stopped feeling badly? If so, when? Why did it happen? Describe the events leading up to the time you no longer felt bad.

4. When you do feel bad, what kinds of things help you feel better? In your opinion, what needs to happen for your problems to be solved?

5. How would you react if you were feeling real bad about something and someone was to tell you, "you don't have to feel that way if you don't really want to"?

6. Sometimes when we have problems, we tend to feel guilty about them - do you feel guilty? Do you feel that any of your problems come from something you are doing? If you were to rate your feelings of "guilt" from 1-10 where would they be?

7. On a scale of 1-100 percent, how much control do you think you have over your life? How much control do you have over your own happiness? Who/what controls the part you don't have any control over?
Appendix A (Cont.)

Initial Interview Format

8. If you had the power to change any one thing in your life, what would it be?

9. The following question concerns three separate groups of people: a) people in general, b) your _________ (person or persons you may have problems with), and c) your family, friends, etc. How do you feel about these people? Do you feel open and basically good toward them? Do you feel you can trust them? Are they bad, and selfish, or basically good? Do you feel that you are "walking a tightrope" when you are around them, or are you free to speak and act freely?

10. I would like you to think back to the last time you felt really good and happy, like things were going okay. How long ago was that? Do you feel like that very often, or not so often? Now back to the most recent time--what was going on in your life that you think made you feel good and happy? What is it that you think makes a difference in your life that makes the good times good?

11. On a scale of 1-10 how would you rate yourself as far as being positive (optimistic) about life?
Appendix A (cont.)

Final Interview Format

Instructions

This interview is much like the first one we had several weeks ago. I am going to ask some general questions and then follow them up with more specific ones. There are no right or wrong answers. I trust that you will know the answers to the questions much better than I do. If I ask you a question that you feel doesn’t apply to you, let me know and we will go on to the next one.

Interview Questions

1. Has the seminar been helpful? If so, how? What would you choose as being the most important thing you learned? Are there parts of the seminar that weren’t helpful? If so, what were they?

2. When you think of the different kinds of problems you have identified are they more to do with yourself or with others? What parts of your life would you like to be different? In what ways would you like things to be different? Can you point to something in your past that has influenced you to have the problems you do? What do you feel is the main problem that you want help with? On a scale of 1-10 how much is this problem interfering with your life?

3. I would like you to think back to the last time you felt badly. Describe how you felt. Did you feel bad in different kinds of ways? Did you feel any different physically? Do you recall what you were thinking? Did you do anything that you wouldn’t usually do?

4. Did you stop feeling badly? If so, when. Why did it happen? Describe the events leading up to the time you no longer felt bad.

5. When you do feel bad, what kinds of things help you feel better? In your opinion, what needs to happen for your problems to be solved?

6. How would you react if you were feeling real bad about something and someone was to tell you, “you don’t have to feel that way if you don’t really want to”?

7. Sometimes when we have problems, we tend to feel guilty about them - do you feel guilty? Do you feel that any of your problems come from something you are doing? If you were to rate your feelings of “guilt” from 1-10 where would they be?
Appendix A (Cont.)

Final Interview Format

8. Do you feel you can change your problems? On a scale of 1-100 percent, how much control do you think you have over your life? How much control do you have over your own happiness? Who/what controls the part you have no control over?

9. If you had the power to change any one thing in your life, what would it be?

10. The following question concerns three separate groups of people: a) people in general, b) your ________ (person or persons you may have problems with), and c) your family, friends, etc. How do you feel about these people? Do you feel open and basically good toward them? Do you feel you can trust them? Are they bad, and selfish, or basically good? Do you feel you are "walking a tightrope" when you are around these people, or do you feel that you can speak and act freely?

11. Now let's look at the other side—I would like you to think back to the last time you felt really good and happy, like things were going okay. How long ago was that? Do you feel like that very often, or not so often? Now back to the most recent time—what was going on in your life that you think made you feel good and happy? What is it that you think makes a difference in your life that makes the good times good?

12. On a scale of 1-10 how would you rate yourself as far as being positive (optimistic) about life?
Appendix B

Instructions and Example of Questions From The SCL-90-R

Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select one of the numbered descriptions that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST INCLUDING TODAY. Place that number in the open block to the right of the problem. Do not skip any items, and print your number clearly. If you change your mind, erase your first number completely. Read the example below before beginning, and if you have any questions please ask the technicians.

Example

HOW MUCH WERE YOU DISTRESSED BY?:

<table>
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<th>Descriptors</th>
<th>Ex. Body aches: 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 not at all</td>
<td>1 A little bit</td>
</tr>
<tr>
<td>2 Moderately</td>
<td>3 Quite a bit</td>
</tr>
<tr>
<td>4 Extremely</td>
<td></td>
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</table>

1. Headaches
2. Nervousness or shaking inside
3. Repeated unpleasant thoughts that won't leave your mind
4. Faintness or dizziness
5. Loss of sexual interest or pleasure
6. Feeling critical of others
7. The idea that someone else can control your thoughts
8. Feeling others are to blame for most of your troubles
9. Trouble remembering things
10. Worried about sloppiness or carelessness
11. Feeling easily annoyed or irritated
12. Pains in heart or chest
13. Feeling afraid in open spaces or on the streets
14. Feeling low in energy or slowed down
15. Thoughts of ending your life
16. Hearing voices that other people do not hear
17. Trembling
18. Feeling that most people cannot be trusted
19. Poor appetite
20. Crying easily

Copyright laws preclude the reproduction of the SCL-90-R. Thus, only the first 20 (of 90) questions appear here.
Appendix C

Questions Comprising the Sub-Scales of the SCL-90-R

<table>
<thead>
<tr>
<th>Item Number</th>
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<tr>
<td><strong>Symptoms Comprising the Somatization Dimension</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Headaches</td>
</tr>
<tr>
<td>4</td>
<td>Faintness or dizziness</td>
</tr>
<tr>
<td>12</td>
<td>Pains in heart or chest</td>
</tr>
<tr>
<td>27</td>
<td>Pains in lower back</td>
</tr>
<tr>
<td>40</td>
<td>Nausea or upset stomach</td>
</tr>
<tr>
<td>42</td>
<td>Soreness of your muscles</td>
</tr>
<tr>
<td>48</td>
<td>Trouble getting your breath</td>
</tr>
<tr>
<td>49</td>
<td>Hot or cold spells</td>
</tr>
<tr>
<td>52</td>
<td>Numbness or tingling in parts of your body</td>
</tr>
<tr>
<td>53</td>
<td>A lump in your throat</td>
</tr>
<tr>
<td>56</td>
<td>Weakness in parts of your body</td>
</tr>
<tr>
<td>58</td>
<td>Heavy feelings in your arms or legs</td>
</tr>
<tr>
<td><strong>Symptoms Comprising the Obsessive-Compulsive Dimension</strong></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Repeated unpleasant thoughts that won't leave your mind</td>
</tr>
<tr>
<td>9</td>
<td>Trouble remembering things</td>
</tr>
<tr>
<td>10</td>
<td>Worried about sloppiness or carelessness</td>
</tr>
<tr>
<td>28</td>
<td>Feeling blocked in getting things done</td>
</tr>
<tr>
<td>38</td>
<td>Having to do things very slowly to insure correctness</td>
</tr>
<tr>
<td>45</td>
<td>Having to check and double check what you do</td>
</tr>
<tr>
<td>46</td>
<td>Difficulty making decisions</td>
</tr>
<tr>
<td>51</td>
<td>Your mind going blank</td>
</tr>
<tr>
<td>55</td>
<td>Trouble concentrating</td>
</tr>
<tr>
<td>65</td>
<td>Having to repeat the same actions, e.g. touching, counting, washing</td>
</tr>
</tbody>
</table>
### Interpersonal Sensitivity Dimension

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Feeling critical of others</td>
</tr>
<tr>
<td>21</td>
<td>Feeling shy or uneasy with the opposite sex</td>
</tr>
<tr>
<td>34</td>
<td>Your feelings being easily hurt</td>
</tr>
<tr>
<td>36</td>
<td>Feeling that others do not understand you or are unsympathetic</td>
</tr>
<tr>
<td>37</td>
<td>Feeling that people are unfriendly</td>
</tr>
<tr>
<td>41</td>
<td>Feeling inferior to others</td>
</tr>
<tr>
<td>61</td>
<td>Feeling uneasy when people are watching or talking about you</td>
</tr>
<tr>
<td>69</td>
<td>Feeling very self-conscious with others</td>
</tr>
<tr>
<td>73</td>
<td>Feeling uncomfortable about eating or drinking in public</td>
</tr>
</tbody>
</table>

### Depression Dimension

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Loss of sexual interest or pleasure</td>
</tr>
<tr>
<td>14</td>
<td>Feeling low in energy or slowed down</td>
</tr>
<tr>
<td>15</td>
<td>Thoughts of ending your life</td>
</tr>
<tr>
<td>20</td>
<td>Crying easily</td>
</tr>
<tr>
<td>22</td>
<td>Feelings of being trapped or caught</td>
</tr>
<tr>
<td>26</td>
<td>Blaming yourself for things</td>
</tr>
<tr>
<td>29</td>
<td>Feeling lonely</td>
</tr>
<tr>
<td>30</td>
<td>Feeling blue</td>
</tr>
<tr>
<td>31</td>
<td>Worrying too much about things</td>
</tr>
<tr>
<td>32</td>
<td>Feeling no interest in things</td>
</tr>
<tr>
<td>54</td>
<td>Feeling hopeless about the future</td>
</tr>
<tr>
<td>71</td>
<td>Feeling everything is an effort</td>
</tr>
<tr>
<td>79</td>
<td>Feelings of worthlessness</td>
</tr>
</tbody>
</table>
### Anxiety Dimension

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Nervousness or shakiness inside</td>
</tr>
<tr>
<td>17</td>
<td>Trembling</td>
</tr>
<tr>
<td>23</td>
<td>Suddenly scared for no reason</td>
</tr>
<tr>
<td>33</td>
<td>Feeling fearful</td>
</tr>
<tr>
<td>39</td>
<td>Heart pounding or racing</td>
</tr>
<tr>
<td>57</td>
<td>Feeling tense and keyed up</td>
</tr>
<tr>
<td>72</td>
<td>Spells of terror and panic</td>
</tr>
<tr>
<td>78</td>
<td>Feeling so restless you couldn't sit still</td>
</tr>
<tr>
<td>80</td>
<td>The feeling that something bad is going to happen to you</td>
</tr>
<tr>
<td>86</td>
<td>Thoughts and images of a frightening nature</td>
</tr>
</tbody>
</table>

### Hostility Dimension

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Feeling easily annoyed or irritated</td>
</tr>
<tr>
<td>24</td>
<td>Temper outbursts you cannot control</td>
</tr>
<tr>
<td>63</td>
<td>Having urges to beat, injure, or harm someone</td>
</tr>
<tr>
<td>67</td>
<td>Having urges to break or smash things</td>
</tr>
<tr>
<td>74</td>
<td>Getting into frequent arguments</td>
</tr>
<tr>
<td>81</td>
<td>Shouting or throwing things</td>
</tr>
</tbody>
</table>

### Phobic Anxiety Dimension

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Feeling afraid in open spaces or on the street</td>
</tr>
<tr>
<td>25</td>
<td>Feeling afraid to go out of your house alone</td>
</tr>
<tr>
<td>47</td>
<td>Feeling afraid to travel on buses, subways, or trains</td>
</tr>
<tr>
<td>50</td>
<td>Having to avoid certain things, places or activities because they frighten you</td>
</tr>
<tr>
<td>70</td>
<td>Feeling uneasy in crowds, such as shopping or at a movie</td>
</tr>
<tr>
<td>75</td>
<td>Feeling nervous when you are left alone</td>
</tr>
<tr>
<td>82</td>
<td>Feeling afraid you will faint in public</td>
</tr>
</tbody>
</table>
### Paranoid Ideation Dimension

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Feeling others are to blame for most of your troubles</td>
</tr>
<tr>
<td>18</td>
<td>Feeling that most people cannot be trusted</td>
</tr>
<tr>
<td>43</td>
<td>Feeling that you are watched or talked about by others</td>
</tr>
<tr>
<td>68</td>
<td>Having ideas and beliefs that others do not share</td>
</tr>
<tr>
<td>76</td>
<td>Others not giving you proper credit for your achievements</td>
</tr>
<tr>
<td>83</td>
<td>Feeling that people will take advantage of you if you let them</td>
</tr>
</tbody>
</table>

### Psychoticism Dimension

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>The idea that someone else can control your thoughts</td>
</tr>
<tr>
<td>16</td>
<td>Hearing voices that other people do not hear</td>
</tr>
<tr>
<td>35</td>
<td>Other people being aware of your private thoughts</td>
</tr>
<tr>
<td>62</td>
<td>Having thoughts that are not your own</td>
</tr>
<tr>
<td>77</td>
<td>Feeling lonely even when you are with people</td>
</tr>
<tr>
<td>84</td>
<td>Having thoughts about sex that bother you a lot</td>
</tr>
<tr>
<td>85</td>
<td>The idea that you should be punished for your sins</td>
</tr>
<tr>
<td>88</td>
<td>Never feeling close to another person</td>
</tr>
<tr>
<td>90</td>
<td>The idea that something is wrong with your mind</td>
</tr>
</tbody>
</table>
## Additional Items in the SCL-90-R

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Poor appetite</td>
</tr>
<tr>
<td>60</td>
<td>Overeating</td>
</tr>
<tr>
<td>44</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>64</td>
<td>Awakening early in the morning</td>
</tr>
<tr>
<td>66</td>
<td>Sleep that is restless or disturbed</td>
</tr>
<tr>
<td>59</td>
<td>Thoughts of death or dying</td>
</tr>
<tr>
<td>89</td>
<td>Feelings of guilt</td>
</tr>
</tbody>
</table>
Appendix D: The Anger Expression Inventory

Directions: Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people have used to describe their reactions when they feel angry or furious. Read each statement and then circle the number to the right of the statement that indicates how often you generally react or behave in the manner described. There are no right or wrong answers. Do not spend too much time on any one statement.

<table>
<thead>
<tr>
<th>WHEN ANGRY OR FURIOUS</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I control my temper</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I express my anger</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I keep things in.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I am patient with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I pout or sulk.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I withdraw from people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I make sarcastic remarks to others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I keep my cool.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I do things like slam doors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I boil inside, but I don't show it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I control my behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I argue with others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I tend to harbor grudges that I don't tell anyone about</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I strike out at whatever infuriates me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I can stop myself from losing my temper</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

13Copyright laws preclude the reproduction of the Anger Expression Inventory in its entirety
## Appendix E

Scale items for Anger-Out, Anger-In, & Anger Controlled

Sub-scales of the Anger Expression Inventory

### Anger-Out

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>I express my anger</td>
</tr>
<tr>
<td>7</td>
<td>I make sarcastic remarks to others</td>
</tr>
<tr>
<td>9</td>
<td>I do things like slam doors</td>
</tr>
<tr>
<td>12</td>
<td>I argue with others</td>
</tr>
<tr>
<td>14</td>
<td>I strike out at whatever infuriates me</td>
</tr>
<tr>
<td>19</td>
<td>I say nasty things</td>
</tr>
<tr>
<td>22</td>
<td>I lose my temper</td>
</tr>
<tr>
<td>23</td>
<td>If someone annoys me, I'm apt to tell him or her how I feel</td>
</tr>
</tbody>
</table>

### Anger-In

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>I keep things in</td>
</tr>
<tr>
<td>5</td>
<td>I pout or sulk</td>
</tr>
<tr>
<td>6</td>
<td>I withdraw from people</td>
</tr>
<tr>
<td>10</td>
<td>I boil inside, but don't show it</td>
</tr>
<tr>
<td>13</td>
<td>I tend to harbor grudges that I don't tell anyone about</td>
</tr>
<tr>
<td>16</td>
<td>I am secretly quite critical of others</td>
</tr>
<tr>
<td>17</td>
<td>I am angrier than I am willing to admit</td>
</tr>
<tr>
<td>21</td>
<td>I'm irritated a great deal more than people are aware of</td>
</tr>
</tbody>
</table>
## Anger-Controlled

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I control my temper</td>
</tr>
<tr>
<td>4</td>
<td>I am patient with others</td>
</tr>
<tr>
<td>8</td>
<td>I keep my cool</td>
</tr>
<tr>
<td>11</td>
<td>I control my behavior</td>
</tr>
<tr>
<td>15</td>
<td>I can stop myself from losing my temper</td>
</tr>
<tr>
<td>18</td>
<td>I calm down faster than most people</td>
</tr>
<tr>
<td>20</td>
<td>I try to be tolerant and understanding</td>
</tr>
<tr>
<td>24</td>
<td>I control my angry feelings</td>
</tr>
</tbody>
</table>
Appendix F

Intake Questionnaire

Name: ______________________  SSN: ______________________

Date: ______________  Age: __________  Sex: ______

Counselor: ______________  Religious Preference: __________

Please describe the process of how you came in contact with the counselor listed above:

Religious Activity:

1. Not Active
2. Somewhat Active
3. Active
4. Very Active

Educational Level: (circle highest level you have obtained).

1. Some High School
2. High School Graduate
3. Some College
4. College Graduate
5. Some Graduate Work
6. Have Graduate Degree(s).
Appendix F

The Arbinger Seminar Readings and Assignments
READINGS IN AGENTIVE PSYCHOLOGY\textsuperscript{1}

\textsuperscript{1}These readings have been reproduced with permission of C. T. Warner, Ph.D.
Marty was lying in bed, wrapped in the comfort of a deep sleep. He was and still is a young, ambitious businessman concerned about his career ladder and preoccupied most of the time with corporate assignments. As he slept, the four-month-old baby began to cry in the nursery just off the master bedroom. Marty roused, lifted his head, and looked at the clock. 2:30. His wife, Carolyn, lying next to him in her curlers and sleep-mask, wasn’t stirring.

Marty told his story in a seminar that I’ll talk about later:

At that moment, I had a fleeting feeling, a feeling that if I got up quickly I might be able to see what was wrong before my wife would have to wake up. I don’t think it was even a thought because it went too fast for me to say it out in my mind. It was a feeling that this was something I really ought to do. But I didn’t do it.

The kind of feelings Marty had are often called ‘promptings of conscience.’ A prompting of conscience is a feeling or sense a person has that a particular thing is right or wrong to do. Most everybody has such feelings, no matter what country or culture they live in.

Some people take their conscience seriously and try to follow it, and other people try to brush it off, pretend it isn’t there, or positively resist its promptings. That was Marty’s response. He went against his conscience. He didn’t get up to see what was wrong with the baby.

There’s a crucial fact about conscience that many people in our culture don’t want to face up to. It is that an individual’s conscience is inseparable from the person he or she really is. Our conscience is tied to our values—to what matters most to us—and what matters most to us is inseparable from what we are. My identity and yours, my uniqueness and yours—these are bound together with what we think is right and wrong.

By paying close attention to these feelings we can get below the layers of bluff and confusion and learn about what really matters most to us. Unless
we are mired in self-deception, the feelings of right and wrong we have in our various life-situations tell us what our own deepest values are.

---

**Conscience**

Conscience (when we are not deceiving ourselves about it) expresses to us our own moral values as they apply to the situation we are presently in.

---

**Self-betrayal**

Because one's conscience is bound up with what one is, going against conscience is actually going against oneself. To capture this idea, I call it **self-betrayal** when a person goes against his or her sense of right and wrong. It is not necessarily a betrayal of others. They may have different values. But it is **always** a betrayal of oneself.

We betray ourselves only when we feel that something is right or wrong for us to do, and go against that feeling. Just about everyone has promptings of conscience from time to time, and will recognize that they do if they pay attention to their feelings, but everyone is not guided in the same way by their promptings. So, an act that's a self-betrayal for one person might not be a self-betrayal for another. Some men in Marty's situation wouldn't have had the same moral feelings as Marty had. Therefore, if they had failed to get up and take care of their babies, **they** wouldn't have betrayed themselves. And Marty himself might not have had these feelings on different occasions, and at those times his staying in bed while the baby cries would not have been self-betrayal.

---

**Self-betrayal**

When we do what goes against our own individual sense of what is right or wrong, we betray ourselves.

---

**Prevalence of self-betrayal**

Unless we stop and think, we don't realize how commonplace self-betrayals are. Imagine you have an argument with a neighbor or
co-worker, and you are smoldering because of something she said. Without warning you have a sudden sense that you ought to apologize; for just a fraction of a second it seems clearly the right thing to do. But you don't apologize, and the moment passes.

Or you're a teacher and you have made an appointment for a Friday afternoon to see a father about his struggling child, but Friday is a balmy day, and some friends call to invite you for tennis. For just an instant you feel you should keep your commitment with the father--the child needs parental support as soon as possible--but instead you call the father and cancel.

Such examples of self-betrayal can be multiplied almost endlessly.

The problems self-betrayal brings

Now whether or not a person betrays himself or herself is no small matter. Ignoring or disobeying or resisting one's conscience doesn't make it go away. Instead it sets in motion all kinds of trouble. Marty's self-betrayal is a good illustration of this:

I didn't get up to see what was wrong with the baby. But I couldn't go back to sleep either. It bugged me that Carolyn wasn't waking up. I kept thinking it was her job to take care of the baby. She has her work and I have mine, and mine's hard. It starts very early in the morning. Besides, I was exhausted; she can sleep in the mornings. On top of all that, I never really know how to handle the baby anyway.

I wondered if Carolyn was lying there waiting for me to get up. Why did I have to feel so guilty that I was losing my sleep, when the only thing I wanted was to be able to get to work fresh enough to do a good job? What's so selfish about that? Besides, she was the one who wanted to have the kid in the first place.

The instant Mary refused to do what he felt he should do, he began to try to justify himself.

"It's her job."
"I have to get up early; she can sleep in."
"I can't handle the baby."
"I'm only trying to do my job--what's wrong with that?"
"She was the one who wanted to have the kid."

That's how it always is with self-betrayers. Because they are going against their own values, they make it seem that they aren't. They try to make the wrong they're doing appear not to be wrong, or at least not their fault. In other words, they try to justify themselves.
Self-justification

The word "justification" means to make something straight or to bring it into line. When Marty tried to justify himself he was trying to make his 'crooked' decision, which went against his conscience, seem 'straight.' He was trying to make his decision to stay in bed appear as if it were in line with what he felt he ought to do.

Think of the apology situation I mentioned earlier. You feel you should apologize but you don't. What thoughts might go through your mind?

Here are some examples:

"She's more to blame than I am."
"If she weren't so sure of herself, I wouldn't mind apologizing."
"She'll take an apology as a sign of weakness."
"She'll think I was admitting I was wrong, and I wasn't."

If you were the teacher who cancelled the appointment with the anxious parent in order to play tennis, you might think:

"I owe it to myself; I have needs, too."
"If I don't get exercise I can't teach effectively."
"I can make it up to the child next week."

The only way we can be concerned about doing the right thing in a situation and at the same time do the wrong thing, is to try to make the wrong we are doing seem right. In other words, the only way we can betray ourselves is by living a lie, a lie that says that what we're doing is not wrong, or at least not our fault.

So, self-justification is a tell-tale sign of self-betrayal. People who don't betray themselves don't have to worry about justifying themselves. In fact, it never occurs to them to try. They don't need to prove anything to anybody. They just go about their business. Here's an example: Suppose Marty had instead gotten up to see what was wrong with the baby. Imagine him tiptoeing to the crib, covering the baby with a blanket, and softly singing it back to sleep. If this had been what he had done—if he had not betrayed himself—would he have needed to produce a rationalization for what he was doing? Would he have been concerned about justifying himself? Not at all. Only people who are doing something that goes against their own sense of right and wrong have to spend time and energy justifying themselves.

People who act with integrity have nothing to cover up. Since what they are doing is right as far as they are concerned, they don't have to spend any
effort trying to make it seem right. They can pour their energies into what needs to be done, without worrying about appearances or excuses.

Marty's experience illustrates a fundamental point about all self-betrayal:

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**Self-justification**

Whenever we betray ourselves, we try to justify ourselves by the way we go about doing it.

We try to make the wrong we're doing appear right, or at least not wrong.
Blaming

Self-justification means trying to show that we ourselves are not to blame. And how do we go about trying to do this? We do it by trying to place blame somewhere else besides ourselves. We do it by blaming someone (or perhaps something) else.

This is easy to see in the examples of Marty, the person who refuses to apologize, and the teacher who breaks an appointment. Each of them escapes blame by blaming others. Self-betrayers have accusing hearts. Here is another example, reported by a young counselling intern named Lorna:

I spent my summer vacation with my family. My youngest brother is a seven-year-old. We call him Mickey. When I phoned my family before leaving for home he wanted to talk. We made a plan right then to play catch everyday during the summer so he could improve his baseball skills. The second day home he came to me, mitt and ball in hand, and said he was ready to play. I felt in my heart I should play, partly because I had promised, I guess, but also because I know he was looking forward to it. When I am willing to pay attention to it, I can always recognize that feeling. It's like an inner voice reminding me of something I kind of know already, only it doesn't speak in words.

But I told Mickey I was busy and maybe we could play later. He insisted we must play right then. I responded by saying that if he was going to be so demanding about the whole thing, I wouldn't play at all. It made me feel put-upon to have him demand that we play when he wanted to play rather than when we both wanted to. I gave him a lecture on being flexible and considering how other people felt. Finally he exploded, "But you promised. I wish you hadn't come home this summer and I hope you never come home again." That was the clincher. Why should I spend my valuable time with someone who treats me rudely? How could he expect me to play with him when he said insulting things like that? And that is exactly what I told him.

It's clear how Lorna pushed blame for her wrongdoing onto Mickey. She didn't feel like playing because he was being demanding. No one could expect her to keep her promises to someone who insulted her. She wasn't obligated to play because of him; what he did was her excuse for not doing what she felt was right.
Blaming

In justifying ourselves, we regard someone else (or possibly something else) as being to blame, rather than ourselves.

Feelings that blame

In discussing the self-justifications of Marty and the others in the last section, I only pointed out their rationalizations. Rationalizations are invented reasons we go over in our minds or out loud in order to explain what we have done. Both Marty and Lorna were rationalizers.

But there is more to self-justification (and the blaming that goes with it) than rationalizing. The blaming always involves more than words. It is never limited to merely talking or thinking to oneself.

Think again about Marty, but not about the words that went through his mind. Think about what he was feeling. In putting myself in his situation, I can imagine he was feeling:

Angry at the baby for awakening him.
Upset with Carolyn for not getting up to do her job—and for insisting on having the baby in the first place.
Self-pity, because of being caught between a lazy wife, a screaming child, and a demanding job.
Resentful at having to do more than his part.
Exhausted.

The blaming feelings or emotions have to be present or else the self-justification won't work. Rationalization alone isn't enough. For if Marty hadn't had these feelings I've described, his accusing, self-justifying words would have seemed flimsy to him. An actor performing Hamlet with the passion of a newscaster would hardly be believable. Marty's frustration and self-pity had to be present, or his self-justifying words wouldn't have been believable to him.

Lorna's mental and verbal accusations of Mickey were likewise accompanied by heavy emotions. She felt it humiliating to play with Mickey on demand and to be insulted and hurt by his rudeness. That feeling convinced her that Mickey was to blame for her refusal to play with him. Without it, her case against him would have been just so many hollow words.

So, we can lie with our emotions, as well as with our words.
Blaming emotions
Our accusations of others are always blaming emotions.

Emotions like these carry messages. They say things like,

"It's your fault, not mine."
"You are insensitive to all I have to do."
"You're humiliating me."
"You're not being fair."
"I'm being trapped."
"You're pushing me too far."

For an example of this, look at Marty's situation. Just by feeling irritated at his wife, he was making a claim (which he himself believed) that what his wife had done (for example, insisting on having the baby) and what his work demanded of him were the causes of his trouble. He was making the claim that this was what was keeping him from doing the right thing.

Besides making claims about another's guilt and one's own innocence, lying feelings serve another purpose for the self-betrayer. To Lorna, for example, they seem to be a kind of proof that she is right and Mickey, the person she is blaming, is wrong. Lorna can say to herself, "Look at me. I'm trembling. It hurts to have your little brother, whom you've been anxious to see again, tell you he wishes you never came home. Would I be upset like this if Mickey had treated me properly?" In the self-betrayer's mind, her blaming feelings clinch the case. The person who's making her miserable is the one at fault, and she's his victim! How can anyone blame her?

Wordless lies

Now I have said that there has to be more to self-justification than the lying words we call rationalization. There has also got to be lying feelings or emotions. But the truth is that the words don't have to be present at all; it's possible to live a lie with just feelings, without any words. The lying feelings will work all by themselves. An example:

Once I worked on an organization's leadership team that I thought was divided on how things should be run. There was my side, which not surprisingly I felt were all right-headed people and the other side, who without exception seemed to be floundering in bad judgment, stupidity, and cowardice.
We held weekly meetings at which some of us were assigned to make presentations. When one of 'them' spoke, I invariably would start to doze. The meetings were always held right after lunch and usually on a Friday. I told myself I couldn't stay awake because I had worked so hard during the week, because I hadn't had enough sleep, because I had just eaten, because I might be coming down with a cold. My eyes would gradually drift upward and disappear behind my eyelids, my chin would go slack, and finally my head would bob. Shameful as it is to admit it, I can even remember thinking once that everyone there would see for themselves the evidence of how hard I had been working.

But the truth was—and I finally realized it—I never dozed when one of the 'good guys' was speaking! My fatigue was my way of commenting on the quality of what my opponents were saying. I didn't actually have to say anything accusing toward them in my heart. I only had to get sleepy. My drowsiness made the accusation for me. It conveyed the message: you, you imbecile, you can't even find anything interesting or valuable enough to keep me awake!

This was my own experience, not someone else's. Consistent with my own self-betraying 'style', I suspect that if I had been in Marty's situation— and I've been in many a lot like his—I might not have thought anything accusing toward my wife. I might simply have suddenly felt such an acute attack of fatigue that I would have hardly been able to raise my head. If there were any mental words involved they might have been, 'I'd like to get up, but I'm just too tired.'

I mention this not only to point out that the blaming emotion is the heart of the self-betrayer's way of justifying and excusing himself, but also to suggest how subtle our blaming emotions can be. Think about my experience of being bored. I am in effect claiming that the circumstances are letting me down by not keeping me interested. I can't be expected to keep my mind on my work or my studies or my duty, because someone else has failed to make it interesting.

Think too about the individual who suffers from 'low self-esteem'. He is excusing himself from performing to the best of his ability because 'he isn't as good as everyone else,' and even more deeply because 'people won't accept and appreciate him' the way they accept and appreciate others. Low self-esteem is really a way of excusing oneself from responsibility by blaming others for not caring enough.

As you will see, blaming and blaming emotions are a solid part of the foundation of this whole thing called self-betrayal.
Chapter 3
Self-Made Victims

Think about the kinds of attitudes, emotions, feelings, and moods that self-betrayers indulge in. (For simplicity, I'll call them all "feelings" from now on.) The examples we've encountered already include anger, frustration, self-pity, boredom, and low self-esteem. There is a message of accusation in each of these, and also in the other kinds of negative attitudes self-betrayers have.

There is something else besides accusation in these feelings. There is a sense of being a victim. In fact, the blaming and the sense of victimhood go together--always.

<table>
<thead>
<tr>
<th>Accusation</th>
<th>Sense of Victimhood</th>
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<tbody>
<tr>
<td>&quot;It's your fault.&quot;</td>
<td>&quot;I'm having to suffer because of you.&quot;</td>
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<tr>
<td>&quot;You're not being fair.&quot;</td>
<td>&quot;I'm getting cheated.&quot;</td>
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<tr>
<td>&quot;The mill didn't send the shipment on time.&quot;</td>
<td>&quot;We couldn't meet our production quotas.&quot;</td>
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<tr>
<td>&quot;The instructions weren't clear.&quot;</td>
<td>&quot;So I couldn't help fouling up the job.&quot;</td>
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<tr>
<td>&quot;You insisted on having this kid.&quot;</td>
<td>&quot;And now my whole career's going to pot.&quot;</td>
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If in my mind, someone is keeping me from doing or feeling as I think I should, then I am, as far as I'm concerned, that person's victim.

When we express our excuses aloud we may only mention the blaming part, or we may only mention the victim part. But in the feeling itself, both parts are always present.

So a person who is betraying himself not only sees other people differently from the way he otherwise would. (He sees them accusingly; he believes they are mistreating him in some way.) He also sees himself differently: he sees himself as a victim of whoever, or whatever, he is accusing.
Self-Victimization

When we have accusing emotions toward people, we believe we are their victims. We feel unjustly used by them, put upon, wronged, disadvantaged, or threatened.

In the following example, Tiffany blames her mother with her feelings for creating problems for her, and she also talks about her mother creating these problems. But notice how different her mother Ardeth is. She talks about Tiffany creating problems for herself, when it is obvious that in her feelings the real issue for Ardeth is the trouble Tiffany is causing her.

Ardeth: We pay $15 a lesson for you to take from Mrs. Simpson, and you refuse to practice.
Tiffany: I'm practicing.
Ardeth: You're more worried about what you're wearing than about doing the serious work Mrs. Simpson says you've got to do. What good is it for us to make the sacrifice so you can have this good training when you won't make the time count?
Tiffany: You always say that. If you'd quit bugging me all the time I could practice just fine.
Ardeth: It doesn't do any good to practice a piece incorrectly. In fact, it makes matters worse. You learn the piece the wrong way, and then have to waste a lot more time undoing the bad habits.
Tiffany: I know what I'm doing. You're not the one Mrs. Simpson shows how to do it.
Ardeth: You might as well take the group lesson from Miss Baker for $3.50 if you're going to practice it wrong.
Tiffany: If you're so worried about the money, why don't I just stop taking lessons?
Ardeth: Don't fly off the handle. When you get all upset you can't concentrate on practicing.
Tiffany: I came in this morning and started practicing, and all you can think of is everything I'm doing wrong. I don't even want to play the piano. I could have gotten the blouse pressed I want to wear in the time you've wasted hassling me for nothing.
Ardeth: You see, you're trying to get out of practicing just like all the other times. You see?
Tiffany: OK. So I don't want to practice. I'm trying to get out of it by all my little tricks. I'm only interested in what I'm going to wear to school so I can impress all the boys. I don't think that playing the piano is the most divine thing people can do. So now are you satisfied? I'm just exactly as rotten as you say I am.
Ardeth: OK, that's all I'm going to take of this. I do everything I can to help you develop your talents so you won't turn out to be a nothing, and this is what I get. Get practicing, young lady, or you won't be going out with your friends for a month!

It stands to reason that self-betrayers would make themselves out to be victims. You can't blame a person in a way that gives you an excuse unless you think that person is hindering you from doing what's expected of you. A person who accuses another in order to justify himself is a person who experiences himself as a victim.

We've seen this in the people we've encountered so far in this book. The point of Lorna's accusation of Mickey is that he kept her from keeping her promise, and from even wanting to play with him ever again. As far as she was concerned, she was his victim.

The point of my drowsiness when my 'enemies' were speaking was that they were keeping me from being able to stay awake and contribute to the meeting. Again, the accuser was the victim.

The point of Ardeth's dissatisfaction with Tiffany was that it took all she had to take care of a child as lazy and evasive about what's good for her as Tiffany. And the point of Tiffany's chafing resentment was that her difficulty in practicing was because of her mother's loathsome supervision.

If Ardeth had wanted more than anything else to help Tiffany grow as a responsible person who is anxious to take initiative for her own life, she might have said some of the same things, but the scolding whine would have been absent from her voice. Her tone would have been different. It would not have been the resentful, self-pitying tone of the victim. And similar things can be said about Tiffany, if she had really been trying her best to practice the piano.

 Losing

I know a businessman who coaches tennis in the summers for his recreation. He says that after watching tournaments for many years, he came to an intriguing conclusion. Except in a very few matches, usually with world-class performers, there is a point in every match (and in some cases it's right at the beginning) when the loser decides he's going to lose. And after that, everything he does will be aimed at providing an explanation of why he will have lost.
He may throw himself at every ball (so he will be able to say he's done his best against a superior opponent). He may dispute calls (so he will be able to say he was robbed). He may swear at himself and throw his racket (so he can say it was apparent all along that he wasn't in top form). His energies do not go into winning, but into producing an explanation, an excuse, a justification for losing.

When we betray ourselves we are like losing tennis players. To go against our conscience is to start looking for reasons why we can't help what we're doing. And that means seeing ourselves as victims.

Often self-betrayers go to absurd lengths in trying to make it clear that they are victims. For some, this means putting themselves at a severe disadvantage, losing in the economic or social competitions of life, or making shocking sacrifices, just like a genuine victim might be forced to do. There are people who will make fools of themselves in public, lose a job, or even take their lives, just to prove they are victims—just to prove that someone else, possibly the whole human race or even God, has treated them unfairly.

A student of mine at the university wrote:

A couple of years ago I worked for a small electronics company. I was a factory worker, and occasionally there was very little work to do. On one particularly slow day a co-worker and I set out on a spider hunt. We had seen a lot of black widow spiders around the place, and I hate black widows. This was not an officially sanctioned spider hunt, and our methods were not the kind we could have gotten approval for.

We found a fat black widow in one corner of the building and proceeded with our business. My co-worker applied a liberal supply of paint thinner to our victim. My job, he said, was to light the spider on fire with a match. But I began to have second thoughts. We had used a lot of paint thinner. However, I finally did light a match and threw it on the spider.

When we got the fire put out after a lot of frenzied work, I know we were going to be in trouble. I was incensed at my co-worker for coming up with such a stupid idea for getting rid of spiders.

I was forced to clean up the mess and repair the wall that had been damaged. As I did it, I thought a lot about the company I was working for. Why didn't it take more of an interest in the health of its employees? Black widows are dangerous. Management should have thanked us for ridding the company of such a menace. Instead they punished me. I had to clean up the mess by myself. I got so mad I finally quit.
Chapter 4
Self-betrayers’ Styles of Behavior

There are many styles of self-betraying behavior. Though different from one another in many respects, they share a common emotional pattern. This is the pattern: the self-betrayer has feelings by which he accuses others and excuses himself; in his mind, others are to blame and he is their victim. In this chapter I want to describe several different styles.

Phillip the martyr

When I rode home on the train one particular night, I read a magazine about being a loving parent. It inspired me. I made a resolution. After an orderly dinner, with no squabbling and no stern looks from me, I would gather our three little children around the fireplace and read them a story. I had gone too many years preoccupied, without tucking them in and kissing them and telling them I loved them.

On our front step I gathered up the paper and went through the door determined to be cheerful and kind. But dinner wasn’t on the table. Marsha wasn’t even getting it ready. She had her housecoat on (there was egg and mucous and whatever on it), the lunch dishes were still on the table, the breakfast dishes were still in the sink, and the kids had strewn things all over.

For a moment I felt I ought to help her out. She must have needed me. But then I just got bitter, thinking how many times she had done this to me. And here, on the night when I wanted things to be right, she did it again.

I felt like letting out a bellow. How could I ever be the kind of father I’m supposed to be when there was disorder everywhere? It wasn’t fair, and, most important, it wasn’t right, either.

But I didn’t let out a bellow. I never do. I did what I always do. I hung up my clothes, so there would be at least one thing put away in the house, and went to work cleaning up the mess. First, I put the children in the tub and got them cleaned properly. Then I did the dishes and put away clothes and vacuumed everywhere.

Marsha said, “Please, stop, will you?” I’m sure she felt humiliated to have someone else get the mess cleaned up. People who don’t take their responsibilities in hand are going to feel humiliated. That’s a problem they create for themselves.

But I didn’t say anything back. I know a lot of husbands who would’ve given her what for, and certainly wouldn’t have helped her. But I wasn’t going to stoop to her level. The house had to get cleaned up, and so I just kept cleaning it. And I didn’t have an angry expression or anything, at least I tried not to, even though it was hard. I’m above that childish sort of thing.

It took till after midnight. When we went to bed, she was still upset. After all these years I know her well enough to say that if I had worked all night long, she still wouldn’t have appreciated it. I didn’t know she was going to be like that when I married her.
In an important way, the man who told this story, Phillip, is different from the other self-betrayers we've studied so far. He's different in that he appeared to be doing exactly what he felt he ought to do. He appeared to be no self-betraying at all. He rolled up his sleeves and cleaned the house thoroughly. He didn’t bellow, though he felt he had plenty of reason to do so, and he didn’t storm out of the house in a huff. He was a man who felt he should help his wife, and he pitched in ...

Or did he? Did he actually help her? Something is wrong here. Was Phillip's conduct that of a person who is doing the right thing as he sees it? If so, why did he go to such lengths to prove how righteous he was? And why did Marsha feel demeaned and humiliated? We get the feeling that in some way he meant to demean and humiliate her. Was he trying to show her up? Was he trying to get back at her? Was he making it clear how big a victim he was by his self-sacrifice?

Up to now the only self-betrayers we've studied are people who do something they would probably admit is not the best thing to do, and who blame someone else or the circumstances for their own failure to do it. But in Phillip we've encountered a style different from this. He justified himself in his refusal to do the right thing by actually making it seem that he was doing it. He felt he ought to help his wife by cleaning the house. But though he did clean the house, he didn't actually help her. Helping her wasn't what he was most concerned about. Proving how righteous he was—that was his concern, and he did it by cleaning the house. He didn't clean it with her needs in mind; he cleaned it for his own purposes—to justify himself.

This is the only way a person can 'do' something he's not actually doing—by making it seem to himself and all the world like he's doing it. This is the only way Phillip could be 'doing the right thing' when he wasn't doing it—by deception and self-deception; by living a lie; by hypocrisy.

Let me say this in another way. It wasn't in Phillip's heart to help Marsha. In his eyes, she was inconsiderately throwing in his path a most unreasonable expectation and didn't deserve his help. By 'sacrificing' himself and cleaning the house, he made it seem that he was helping her—helping her
in spite of what she was doing to him. This is how it always is when a person does his duty with an accusing heart.

**Childishness and self-righteousness**

Phillip had the same accusing, self-excusing feelings he would have had if he had gone ahead and yelled at Marsha for ruining his evening. He blamed her for being inconsiderate and not keeping up the house just as he would have done if he had blown up at her. In his mind, what she did made it extremely difficult not to become openly angry at her. From this we can conclude that Phillip would have had the same self-accusing feelings whether he had yelled childishly (which he didn't) at Marsha or exercised his magnificent self-righteous self-control (which he did). The yelling and the self-righteous self-control are different only outwardly. Their difference is only a matter of style. The feelings in both cases are the same.

If Phillip had yelled, he would probably have been willing to admit it wasn't a very good thing to do, and he also would have been quick to add that it wasn't really his fault; a man can take just so much, and he had already gone way past his limit. What Marsha did would have provided him with an excuse. But by biting his lip instead, and holding himself back from yelling, he was able to feel, self-righteously, that though he had every excuse for yelling (as inferior husbands would have done), he was rising above that. He wasn't stooping to Marsha's level. She was treating him badly and in spite of that he was cleaning the house--as cheerfully as any person could under the circumstances!

The very mistreatment that would have given him an excuse if he had yelled, made it possible for him to do his duty and congratulate himself for it. This mistreatment was the obstacle he was heroically overcoming.

Lorna and the spider hunter, Carl, are good examples of the childish style. I call it childish because people who have this style go about blaming others in a blatant way. They may lose their tempers, pout or sulk, or throw tantrums.

The self-righteous style is much more sophisticated. Because of the way they feel they are controlling themselves in spite of how they are being treated, people like Phillip have a sense of rising above moral adversity, of exhibiting great strength of will and sterling character. In spite of being victimized by Marsha, he shouldered his duty anyway. And though there was
plenty he could have said against her—and surely a lesser man than he would have said it, he wasn’t going to be the sort of person who would let an evil word escape his lips. So he bit again into the ridge of scar tissue lining the inside of his lower lip and, mustering all his strength of character, forced himself to be pleasant. He at least was going to follow in the path of righteousness!

Childishness and self-righteousness

As self-betrayers we accuse others of doing things that make it hard for us to do our best.

If we use what they are doing as an excuse, and don’t try to do well, we are acting childishly.

If we try to do well in spite of what they are doing, and ‘rise above’ it, we are acting self-righteously.

We congratulate ourselves for acting ‘virtuously.’

Ardeth’s style was an interesting mixture of childishness and self-righteousness. She congratulated herself for what she took to be her self-sacrificing efforts to keep Tiffany practicing. Why, if it weren’t for her, Tiffany would have given up long ago. So Ardeth could not have been entirely childish. And yet at the same time, she was clearly full of self-pity, indulging herself in an outburst of childish feelings; so it seems she doesn’t altogether fit the self-righteousness mold either.

Childishness and self-righteousness are only ‘types’ or ‘names’, invented for the purpose of helping us talk more easily about these matters. In real-life situations there can and usually are elements of several qualities.

Ardeth apparently managed to convince herself (or perhaps almost convince herself) of her virtue, never admitting that anything she was doing was in anyway wrong—in this she was clearly self-righteous. At the same time she indulged herself in an outburst of self-pity and temper—and this is a childish way to act.

Phillip’s kind of self-righteousness, in which he kept a stiff upper lip and said all the right ‘gracious’ and ‘cultured’ words, excluded this childish component. If he had been pouty and explosive, he would not have been able
to think of himself as virtuous. Though in his mind, Marsha would have caused his feelings and outbursts, and it would have been her fault rather than his; he would have congratulated himself for his handling of the situation. But the 'rules of righteousness' which Ardeth apparently lived allowed for adult-level tantrums and tears of self-pity. She could consider herself as good as anybody, even when she was glowering at Tiffany in a huff.
Chapter 5
Other Self-betrayers' Styles

**Breast-beaters**

There's another variation on the childishness and self-righteousness themes. This one is possibly less common than childishness and self-righteousness, but just as effective and certainly well enough known to everybody. It's the style of an individual who blames himself rather than others.

*Ralph,* one of our salesmen who used to work on straight commission, is constantly down on himself. He's one of those guys who talks himself out of making about half the calls he should be making. He backs away from opportunities to close a sale.

It seems to me like he's on the verge of tears most of the time, because of the hopelessness of his situation, I guess. I've heard him say, "Nothing breaks my way" and "I can't seem to do anything right." He hates himself for all his failures and yet he keeps failing anyway.

I've heard him say several times that he'd like to quit because he's dragging all the rest of us down. One time when I was reviewing his monthly performance, he asked how I could stand to have a person like him around.

By seeing himself as no good, this salesman has a perfect excuse for not performing. He can't do any better than he does, because there's something wrong with him--there's something lacking in him. He can't help it. That's just the way he is.

This is the ploy Tiffany used on Ardeth. If she couldn't succeed in blaming her mother for the problems she had in practicing, then she could suddenly change her tune, and blame herself instead:

**OK. So I don't want to practice. I'm trying to get out of it by all my little tricks. I'm only interested in what I'm going to wear to school so I can impress all the boys. I don't think that playing the piano is the most divine thing people can do. So now are you satisfied? I'm just exactly as rotten as you say I am.**

And all this adds up to a magnificent excuse for not doing what she was supposed to do--just as good as the excuse she had been using previously. A person that rotten can't be expected to perform well in life. (Implicit message from Tiffany: So get off my case!)

The salesman, Ralph, was one of those people who make an art form out of being down on themselves, and if she kept going Tiffany could develop her budding skill as a breast-beater in the same sort of life-consuming way. The
point of it is that breast-beaters escape responsibility for doing well, without ever having to admit that this is what they are doing.

There's a sense in which Tiffany and Ralph were childish. They sent out the message that they were not able to live up to their expectations of themselves. But there's another sense in which they were self-righteous as well. They also sent out the message that they were doing the best people can do under circumstances (including personal deficiencies) as difficult as theirs.

There are some interesting differences between this sort of person and most self-righteous people. Phillip and Ardeth measured their virtue by all the things they did, in spite of the feelings they harbored against others. Like most people, they didn't believe they were responsible for their feelings. But Tiffany and Ralph didn't concentrate on what they did. They concentrated on their feelings and motives—on what was inside of them. They concentrated on what they were. Phillip and Ardeth ignored the terrible feelings they had and paraded their noble deeds; Tiffany and Ralph focussed on their feelings and condemned themselves for having them.

**Self-celebration**

Now there's another sort of self-betrayer, very fashionable these days, who also is preoccupied with what he's feeling. He's the individual who indulges in the kind of negative feelings we've been discussing in this book, and yet is proud of it.

I'm convinced this kind of self-betrayer, the self-celebrator, is made, not born.

It happens like this. You start out self-righteous or childish or a mixture of both, more or less like the rest of us. Then you attend a seminar or read a self-help book or one of the syndicated advice columns in the newspaper, and you learn from this that the feelings of anger, frustration, indignation, resentment, jealousy, and so on that you've been secretly wrestling with most of your life are natural feelings. Everyone has them. If you didn't have them you wouldn't be human. The only problem they present is the guilt you feel in having them.

You examine yourself. It's true, you do feel guilty! Why else, you ask yourself, would you always be explaining and defending yourself, even to
yourself? No doubt because you’ve been taught by someone, at home or at church, that such feelings are wicked. "The meek shall inherit the earth."

You’re told you need to learn to accept yourself as you are. Don’t apologize for your feelings. In fact, be up front about them. That’s the only honest approach. If someone irritates you, be up front about it. Assert yourself. Don’t sacrifice yourself just to meet other people’s expectations. "It’s not the earth the meek inherit, it’s the dirt." Let your behavior match your feelings. That’s congruence—when the way you act fits the way you feel.

So from now on you don’t defend or explain yourself. You accept yourself, the ‘bad’ part with the ‘good’. You ‘take charge of your life’. You let people know when they are taking advantage of you. You like yourself, or at least you keep insisting you do, and you know what you want and go get it.

Self-celebration, such as I’ve been describing here, is a form of self-consciousness. It’s a heroic effort to overcome anxiety and self-doubt. The celebrant tells himself he at last has feelings of honesty, but the truth is they are only feelings of self-justification. Someone who is honest—who doesn’t have any need to prove what he’s doing is OK—doesn’t have to call attention to himself all the time the way self-celebrators do. Self-celebration is only a very clever (and self-deceiving) way to keep on apologizing for oneself.

The conscientious loser, or how to succeed at failing

There’s a variant of this style that intrigues me. It’s possible to fail without ever having to admit failure. This is done by conscientiously doing all kinds of things except the things that need to be done in order to succeed.

I knew a plant manager in a manufacturing company who exhausted himself staying absolutely on top of every insignificant detail—on top of things that clerks ought to have been doing—while his plant declined in performance because the important decisions weren’t being made. The more plant productivity went to the dogs, the harder he worked on the minutiae. He could point to the hours he put in as evidence that he was doing his part. He had found a way to fail to do what he should have been doing without having to blame himself for it.

The breast-beating self-blamer we studied a few moments ago incessantly confessed to all who would listen how much he was to blame. This plant
manager was different. He felt no blame; he had proof of how hard he was trying. Yet he differs from Phillip also, because Phillip was succeeding at completing the tasks he set out to do, whereas this fellow failed at the tasks he expected of himself.

One of my associates, Duane Boyce, is a family therapist and human resources expert who has observed this style both in his own life and in the lives of his clients. He, like Ralph, was once a salesman, but in his own peculiar way. Instead of berating himself for all he was not doing, as Ralph did, the ingenious way he failed enabled him to be positively proud of himself.

Once I tried to be a salesman. I was shy, however, and selling didn’t come naturally to me. I think I was secretly positive that people wouldn’t buy my product. They wouldn’t like it or they wouldn’t like me. So I couldn’t get myself out the door in the morning, even though I knew that was what I was supposed to do. And it became harder to get out the door as the day wore on.

So I bought a whole slew of tapes on motivation. I needed some help getting motivated and overcoming my fear so I could get out that blasted door.

I listened to the tapes, two times through. I got some more tapes. Twice through again. Was I ever motivated! I loved envisioning myself as a millionaire with a plane, a boat, a summer home, a winter home. I went to hear one of speakers in person. It was wonderful basking in the feelings I had when I fantasized about how rich I was going to be!

But I never got out the front door. Was it because I didn’t have the ability? No. Was it because of the product? I don’t believe that either. It was because I wouldn’t do the one and only thing that I knew needed to be done, and that was to put one leg in front of the other and get out that door.

Anyway, you want to know what those tapes did for me? They made it look like I was trying! They were my evidence that I was doing my best when I wasn’t even taking the first step. I was a man who was doing it right. I convinced myself, preparing myself to the hilt!

But it was all a lie. The tapes made it easier for me not to do what I knew I should be doing. They were my substitute for selling. They gave me the appearance of doing my best when I wasn’t doing anything at all.

This way I couldn’t be blamed for my failure at selling, or so I thought. I was trying. Some guys would have gone off to the beach. I told myself, to cop out of the hard job of selling. But no one could say I was copping out. I was concentrating hard on the challenge in front of me, reading, listening, pumping myself up.

If people really did what they expected of themselves, they wouldn’t have to find substitutes for doing it. They wouldn’t have to try to convince themselves that they were at work on the problem. They’d just do it.

What Duane was talking about is undoubtedly why diet programs do so well. We keep going back, many of us, in spite of not having done all that
we were supposed to do the first time round. It convinces us we're doing all we can. It salves our conscience. You don't really have to end up going through the pain of doing all it takes to lose weight, because you've got so much evidence that you're doing all you can right now.

I think this may be why so many businessmen will pay $500 or $1500 to go hear an expert at a seminar to learn a third or a fifth of what they could read in the expert's book that costs $15. It is much more effective in convincing yourself that you're doing all you can when you paid out that much money. Reading the $15 book is a convincing substitute for doing what's needed, and paying $1500 for a seminar is an even more convincing substitute.

This can even be true of counselling and therapy as well. A lot of people go to therapists and counselors not because they are really committed to do whatever's necessary to change, but because they want to get confirmation of their conviction that they can't change—that their problem is too tough to change. This is an ingenious way to succeed at failing. It's a strategy for getting away with not really doing anything at all.

Like other therapists, Duane has observed this sort of thing often.

Another therapist referred a patient, and told me the young man, in his twenties, had been in therapy for eight years. He had attempted suicide twice, had been kicked out of college, and had been in trouble with the law. His life was aimless and lonely.

The first time we met, Steve was anxious to tell me his story. I told him I didn't want to hear it. This bewildered him.

"But you're supposed to hear my history," he objected.

"How many times do you think you've told it to people?" I asked.

"A dozen, I don't know."

"Has it ever done any good to tell it?" I mean you've told it a dozen times and you're here today with the same complaints."

"Well, I guess it hasn't done any good."

"It's not going to do any good if you tell me, either."

Why did I refuse to hear his history? Histories can be valuable to a therapist. I stopped him because I knew he would tell it not for the purpose of trying to change, but in order to get me involved in his little game of evasion. I'd become another in the long list of professionals whom he proved couldn't help him. He would have proven his problem was so bad even this therapist couldn't cure it.

The story has a happy ending, and part of the reason it does is that I wouldn't cooperate in Steve's efforts to go ahead and fail in a way that would make it seem like no one was trying harder than he. I wouldn't be taken in because I knew all about that little game. After all, I was the guy who devoured the motivation tapes.
The perfectionist

Though there are many other styles of behavior that all fit the pattern of accusing, self-excusing emotions, there is one other I would like to mention here. This is a neurotic kind of perfectionism. It's very close to the style of the conscientious loser Duane Boyce described.

The perfectionist is a person who drives himself to do more good in the world than is humanly possible to do, and then feels guilty because he can't do it all. He's bedraggled most of the time.

It's often thought that the perfectionist’s problem is that he tries to do everything he feels he ought to do. But this is not so. The perfectionist looks for more to do than he can possibly accomplish in order to prove how conscientious he is. His bedraggled look is his proof that he can't possibly be faulted for anything--except not being Superman.

The truth is that if he weren't betraying himself in some way--if he weren't in fact disappointing himself--he wouldn't have to prove anything. He'd have no need to justify himself. He could go serenely about his business, and that's exactly what non-self-betrayers do.
So far the stories I've given of self-betrayal are the kind that might not seem to be important occurrences. A businessman refuses to help with his baby at night, a girl won't play catch with her little brother, a mother berates a daughter for not being motivated to practice the piano, an employee spreads paint thinner around in order to incinerate some spiders.

But in spite of their innocuous appearance, everyday episodes like these are often symptomatic of much deeper problems—problems as deep and difficult as problems ever get.

For example, what if the assault on the spider was typical of the things Carl did? Would he have been the sort of employee you would want to hire? And what if Marty was loathe to help around the house not just this once but most of the time? Could he and Carolyn have had a fulfilling marriage?

In many cases, self-betrayers are not people who merely fall short of their expectations of themselves now and then, but do so virtually all of the time. They have 'personality problems'. Their relationships with others are troubled.

In studying about self-betrayal, we are examining the root causes of most human unhappiness. The most profound devastation that ever befalls an individual life is brought on by self-betrayal and the emotional disturbances that accompany it. 'Betrayal' is a good word for it. It is a kind of treason that we work against ourselves.

**Alcibiades**

History is filled with instances of this treason. One of the best known is a Greek military man named Alcibiades (pronounced al-si-by-a-deez). He is famous because he betrayed his country, but his story reveals that the root of the great trouble he caused was his betrayal of himself.

Alcibiades was general of the Athenian armies four centuries before Christ. His countrymen all agreed that there was never a Greek with greater natural gifts. He was well-born, wealthy, physically beautiful (beautiful, the record tells us, almost beyond belief), athletically unsurpassed (he is the only person ever to take all three places in an Olympic competition), courageous, and, as a military strategist, brilliant. But having been courted and favored on
every side from his boyhood up, he was also crudely ambitious, haughty, hot-tempered, self-indulgent, and pretentious.

While commanding the army, Alcibiades made fun of a sacred ritual in front of his troops. For this childish act he was recalled to Athens to stand trial. But instead of honorably going home, he fled to Sparta, which was Athens' most bitter enemy, and promised to help the Spartans defeat his own countrymen if they would give him their protection. Though he fulfilled his part of the bargain the association did not last long because it was discovered that he had impregnated the wife of Sparta's most important leader.

After this episode Alcibiades engaged in one daring conspiracy after another throughout the whole area of the Aegean Sea, manipulating nations against each other in order to get what he wanted. His power of influence was astounding. He even masterminded a takeover of the government of Athens itself and put in power an unscrupulous band who ruled Athens as the infamous Thirty Tyrants.

In such a situation most people would have been too afraid or ashamed to return to their homeland. But not Alcibiades. The Athenians actually turned to him for help in overthrowing the Thirty Tyrants. The playwright Aristophanes wrote that they "love, hate, and cannot do without him."

Many believe it was because of Alcibiades that the famous philosopher Socrates was put to death. Though there were other charges against Socrates, the most damaging one was that he had corrupted the youth, and the most politically conspicuous among the youth who had ever been Socrates' students was Alcibiades.

Why would a person so endowed by fortune as Alcibiades ruin his own life as he did and pull his country down with him? Some would explain it in terms a character defect. Others might talk about inner compulsions Alcibiades himself didn't understand. But I think the evidence points to self-betrayal. Alcibiades became one of history's most infamous traitors to his country because he was first a traitor to himself.

As a young man he had been taught by Socrates about the virtues of a life spent in pursuit of goodness, truth, and beauty. The great philosopher Plato, who was also Socrates' student, wrote that Alcibiades was inspired by these traits and in awe of Socrates himself. In his dramatic story, The
Symposium, which is probably a mixture of historical fact in a partly fictionalized setting of a dinner party, Alcibiades says of Socrates,

"He compels me to realize that I am still a mass of imperfections and persistently neglect my own interests by engaging in public life. So against my real inclinations I stop my ears and take refuge in flight... He is the only person in whose presence I experience a sensation of which I might be thought incapable, a sensation of shame; he, and he alone, makes me positively ashamed of myself.

So Alcibiades was not without a conscience, as some thought, but a man who had betrayed his conscience, his 'real inclinations'. He was a man who by his own admission felt he should do one thing and yet did another. His hostile manners and ruthless self-seeking were not only self-betrayals; he carried them out in such a way that he could seem to himself and to others perfectly entitled to act this way—perfectly justified. He conducted himself as if to send out the message: "My desirability and wealth and colossal contribution to my country put me above the laws and customs that apply to everyone else."

In a very deep way, Alcibiades' life was dedicated to the mission of proving he was not subject to the high self-expectations that Socrates had awakened in him.

Betrayal and self-betrayal

The word "betrayal" is closely related to the word "traitor"; it comes from an Old French word meaning to deliver or hand over. As we use this word today, it has three meanings, all expressing a particular way of delivering or handing over:

Betrayal is breaking a commitment, being untrue to a trust.
Betrayal is revealing something that should be kept secret.
Betrayal is being a traitor—delivering someone who is trusting into the hands of an enemy.

Alcibiades betrayed his countrymen in all three senses of the word. He broke the commitment he made to protect his people; he showed their enemies how they could be vanquished; and he delivered them over to those enemies.

He also betrayed himself in all three senses. First, he broke the commitment he made to himself every time he was inspired in Socrates' presence; he was false to a trust he had placed in himself.

This is not really different from the way Lorna was false to the trust she had placed in herself. It was to her 'best nature', so to speak, that she
committed herself to be kind and helpful to her little brother. She had warm, hopeful feelings as she told him on the phone that she would like to play ball with him as soon as she got home. But she ran roughshod over this commitment to herself, and over these feelings.

Second, Alcibiades revealed his real self to public view, for his self-centeredness, hot temper, and arrogance were no secret. Despite his wealth, hosts at dinner parties he attended had to watch their silverware; and despite his strength, was known to strike men weaker or older than himself. This is not the behavior of a confident man, but of a defensive one, and anyone with eyes to see could observe this fact. It's clear that in this sense, too, the ordinary people whose stories we have read were self-betrayals also. They exposed themselves to public view. Imagine watching Ardeth become increasingly irritated with Tiffany. When we are betraying ourselves and indulging in blaming emotions and rationalizations, we typically think our performance is convincing, but the people around us can usually tell how phoney we are.

But what about the third sense of betrayal as it applies to betrayal of oneself? Into what enemy's hands did Alcibiades deliver himself? The answer is, into the hands of everyone he mistreated by his self-serving and accusing behavior. He made enemies of the people who would have been delighted to revere him. Had he been as brilliant as he wanted to think he was, he would have created a network of allies rather than a network of enemies.

But even this is not the complete answer, for the Athenians and later the Spartans were not the worst of his enemies. He could and did escape them by fleeing to other places. His worst enemy was himself--worst partly because it was this enemy that he always carried with him and could not flee, and also because it was this enemy he was most anxious to flee.

He once described the anxiety that followed him everywhere by saying that the image of Socrates haunted him always. But I think this is not the most accurate way to describe his troubles. The image that haunted him was his image of himself that came from listening to the truths Socrates taught. The image was the image of what he could have and should have been. It was this that accused him. He himself was the enemy he tried always to escape. That is how it always is with self-betrayers, and the more they reveal of their stories the more obvious it becomes that this is so.
Alcibiades' betrayal of his country seems a monstrous thing and his self-betrayal a minor one. But I am persuaded that he would never have betrayed his country had he not first betrayed himself. Had he been straight with himself, he would have had no reason to strut and seek to demonstrate how brilliant or independent or powerful he was.

That's why I call self-betrayal the most awful of treacheries. It devastates the humanity, the sensitivity, and the self-respect that ought to be--and otherwise would be--ours.
EXERCISES/SESSION 1

1. Read Section 1, "Self-betrayal," from the draft material distributed in the first session. This section reviews much of the material discussed in that session.

2. Write two cases of self-betrayal. These should be from your own experience or observation.

   You should be able to discover how the various principles taught in Section 1 of the draft are involved in each of the cases. The one thing you may not be able to detect is precisely what the individual may have done to violate his own sense of right and wrong. There may not be one specific thing he did in the situation you are writing about; the lie he is living may carry over from earlier situations. We will talk about this matter in later sessions.

   I'd like to ask that you bring a copy of these cases (they don't need to be typed or written in any finished form) to our next session, and make a copy to keep for yourself.

3. Choose a day this week, the earlier in the week the better, and on that day or part of that day, pay special attention to every time you feel something is right or wrong for you to do. Make a note of anything you may learn from this experience.

4. Beginning now, record your thoughts about the experiences you have in some sort of journal, on paper, or on tape. These thoughts are for your personal record, and need not be shown to anyone else.

   * * *

   These assignments are carefully designed to maximize your progress in understanding and implementation. If you will do them faithfully, and ponder carefully and honestly about the matters we are discussing, you are almost certain to make important discoveries on your own that will be of great value to you.
Section Two
COLLUSION

Chapter 7
Our Real Feelings are Showing

From the story of Alcibiades we learned that with some people, living a lie may not be a small episode, like having a cold, but instead it is a large, engulfing condition, like cancer. The story that follows is about this kind of engulfing condition. One of the women in the story, Enid, illustrates well the ideas we have already studied, especially the intimate connection between blaming others and feeling victimized. Her story was told to me by her son-in-law, Jeremy, a loan officer in a savings institution who, along with his wife, had grown up in a very small town in Kentucky. In this story we will learn more about the emotional and social mess self-betrayers create for themselves.

From the time she was little, my wife, Jane, was doted on continually by her mother Enid. Jane's hair always had to be perfectly done, and sometimes even taken out and redone in a single day. Her clothes, which Enid made herself, were always perfect. Jane told me that as she grew up she felt self-conscious because she was overdressed for every occasion. Most everything about Jane troubled Enid. She lacked taste and practical sense. She had straight hair and a frumpy figure. Jane preferred ruffled clothes and long hair, but Enid told her, quite often I gather, that these only accentuated her physical problems. So Enid dictated Jane's wardrobe and hairdo. She said Jane wasn't good at choosing friends either; she chose snobbish friends instead of sticking with "those of her class." Though Enid had to work, which meant that Jane had to fix most of the meals for the two of them, she seemed to spend an awful lot of time trying to make sure Jane would succeed in life.

When Jane was 12 she was hired by another family, the Fosters, to care for their children. Unlike her mother, the Fosters simply accepted Jane for what she was. She felt that they loved her in a way that asked for nothing in return. With the Fosters, she had a new kind of experience of family life. Mrs. Foster helped her get on a sugar-free diet and exercise, so that in a few months she felt better and looked better. All this upset Enid, who refused to buy the food on Jane's diet, and for Sunday dinner fixed only the things Jane wasn't supposed to eat. Enid was especially angry at Mrs. Foster who, she said, had stolen Jane from her. Enid reminded Jane continually of how indebted she was to her mother and how respectful and grateful she ought to be.
I was not the kind of husband Enid had in mind for Jane at all. After the wedding we moved about 700 miles away where I had my first job. We were very happy—for a month or so, at least, but then Enid showed up at the bus station with the news that she had spent her vacation money to come to help Jane get her home off to the right kind of start. All the old tension came back. Enid said right away that the kitchen was poorly organized and spent the entire evening dismantling it and putting everything back together “correctly.” She took over the meal and made it plain that Jane still had a lot to learn about cooking. The next morning she got up at 4:30 a.m. and took down the curtains in the breakfast nook, cut them up, and sewed them back together in a way she thought was aesthetically correct. When Jane got up at six to make breakfast, and heard Enid proudly announce what she had done, she was stunned, because I had liked the curtains the way she had made them. They were one of the first projects she had done all on her own, and she was proud of them.

When Enid saw Jane’s reaction, she began to go through her old routine of how unappreciated she had always been. Jane said she wished Enid would ask if she wanted to make any changes. Enid got very upset and packed her things and left, going over again all the sacrifices she had made, and how unappreciated she had always been, and how she was now being not only abandoned but kicked out of her own daughter’s home. Jane offered to drive her to the bus station, but Enid would not hear of it.

Enid’s messages

The way the story of Enid is told enables us to understand something about her attitudes—about how she really felt toward Jane and Jeremy. But if we had been among the people who lived close to Enid, we wouldn’t have needed to hear or read the story. We could have told how she really felt just by being around her. Her attitude came across. From the time she was little, Jane sensed what her mother’s feelings were, and so did Jeremy, later on.

Our attitudes always come across to others, even when we think we are doing a good job of disguising them. We cannot hide what we are. By our faces, our movements, our words, and our gestures, we reveal ourselves.

What was Enid’s attitude? It was a self-righteous attitude, somewhat like Phillip’s. Enid felt that being a mother to Jane was like a death march across scorching deserts. In her mind, she had to suffer a steady onslaught of abusive demands upon her time and energy. She had to drag herself through the knee deep sands of duty, with never any relief in sight. She was convinced that life was hard because of the kind of daughter she had been cursed with—and also because of the kind of super-conscientious mother she happened to be.
So Enid looked upon herself as a victim. She would complain about the heavy burdens she had to bear. She would talk with self-pity about herself to herself. As we learned earlier, it was as if she were sending out messages pertaining to her misfortune—as if she were wearing a large-letter banner: "I am a victim." From the story her son-in-law told, we can recapture some of the things she said.

What Enid said about herself

"I am being rejected by my own daughter."

"Jane's friends are not worthy of any daughter of mine."

"I have sacrificed everything for her."

"After all I have done, I'm completely unappreciated."

"Now I have no one."

A sense of being an emotional victim and a blaming attitude invariably go together. (We learned this in Chapter 3.) This means that Enid's complaints were not just descriptions of her own unfortunate condition. These had another side to them. They were also accusations of Jane.

What she said about herself

"I am being rejected by my own daughter."

"Jane's friends are not worthy of any daughter of mine."

"I have sacrificed everything for you."

"After all I've done, I'm completely unappreciated."

"Now I have no one."

The message she sent to Jane

"You are callously rejecting your own mother."

"You are a person who can't attract decent friends."

"You are so deficient that you need all I have had to give, and more."

"You are a total ingrate, hard-hearted toward the one who has sacrificed her life for you."

"You sucked the life-blood out of me and then left me all alone."

**Victims are victimizers**

There can't be victims unless there are victimizers. By making herself a victim Enid made Jane into a monster. In her eyes, Jane was a tasteless, frumpy, stringly-haired, needy, hard-hearted, and ungrateful monster. Feeling
sorry for ourselves is actually an abuse of others. We are willing to have others be hurt, to ruin their reputations, to make them feel inferior, etc., just so we can establish that we are the ones who are getting the short end of the stick—just so it will be plain to all that we are justified.

Victims are victimizers

When we make ourselves out to be victims of others,
we are accusing them of being our victimizers.
We are making them appear the guilty ones.
In reality, we are victimizing them.

Our transparency to others

Jane felt she was being attacked. Her mother's attitude came through in every look and gesture. And that is how it always is. The message the self-made victim sends always comes across.

It's plain that Enid had in mind that anyone who knew her would admire her maternal heroics. Who ever did more for a child than she? But the truth is no one admired her. Everyone saw through her masquerade. A person who's trying to make it clear she's virtuous and self-sacrificing acts differently from a person who is virtuous and self-sacrificing. And anyone can see that difference—except of course a person with a vested interest in misreading the clues that the self-betrayer gives off. People, especially children, can tell how we are feeling about them. Our attempts at what psychologists call 'impression management' are pathetically unsuccessful. People can spot a phoney. They can tell when we are 'doing a number on ourselves'.

Here is another example, from a professor named Wally.

One New Year's Eve we had a few couples over to the house for dinner and conversation. One of the couples was a locally well-known baritone singer, Calvin R., and his wife Irene. While we were sitting around the fire, Irene told us about a new technique Cal was using to teaching singing. Instead of doing any talking, he would sing a note and his student would try to sing it the way he did, as much as possible. Then Cal would correct the student by singing it again, and when he showed us how it was done, it seemed to me he would sort of emphasize what the student wasn't doing so well. Anyway, Irene said to me, "Wally, you do it with Cal." I felt flustered. "Naw," I said. "I'd be too embarrassed." "C'mon," she said. "Try it. It's easy." I felt awkward.
“I only sing in the shower.” So another person at the party tried it, and it wasn't hard at all, in fact, his singing improved within two or three minutes. The Irene encouraged me again to do it, but again I declined. All this time it seemed that the others were very uncomfortable, and I couldn't figure out why. The jovial atmosphere seem all of a sudden to be dampened, it was like there was a pall over the evening. After a bit some of the couples said they thought they should get home, and it wasn't even midnight. Why should it be a big deal if I sing or not? I thought. What business was it of theirs if I didn't choose to sing? But later, when I thought about it, I realized something that was quite shocking to me. I wasn't being very considerate toward them at all. I was telling them, in effect, that I couldn't trust them enough to sing in front of them, that they would judge me too harshly if I tried. That's why they felt uncomfortable. It was as if I were saying they weren't kind enough, and good enough friends to me. The whole affair was a little thing, in a way, except that it's fairly typical of me, and that's what worries me. I tell myself that it's not anyone else's business if I don't want to participate in things like that. I'm shy. But then when I put myself in their position or think about how I've felt when someone else has made me feel like I'm making it hard for them to do something, I realize that I'm wrong about this.

Compare Wally's behavior toward his house guests with that of the others who went ahead and sang when invited. Those present could tell instantly who trusted them enough to be relaxed and who didn't. Wally tried to tell himself it was his own affair that he wouldn't sing and not anyone else's business, but his distrustful feelings about how his friends might react came across to them.

Our feelings always come across.

Even if we try, ever so skilfully,
to hide our real feelings behind courteous airs
or behind a veneer of silence,
others can tell how we really feel.
The people we are blaming especially
can sense they are being blamed.
The message that comes across is,
"You are responsible for the problem, not me.
It's your fault."
Chapter 8
Our Complicity in What Offends Us

Jane perceived how her mother felt about her. She got the messages that were being sent. How did she react? Was she filled with gratitude because Enid had gone out of her way to mother her? Did she gladly put her heart into pleasing her mother? Not at all. Not even a little. She resented the messages she perceived.

So Enid’s efforts to get her daughter to be appreciative and responsive did not achieve this result. On the contrary, they backfired; they produced the opposite result. They provoked Jane to be resentful and resistant.

The same is true in Wally’s case. When his friends perceived how he felt about them, how did they react? Did they say to themselves, “Oh, Wally is telling us something. He’s telling us that there is something wrong with us. By all means, let’s listen to what he has to say. Let’s try to do better, so that poor Wally won’t feel uncomfortable.”

It’s laughable even to raise the question. Wally’s friends felt awkward around this man who didn’t want to be around them. They felt untrusted, accused. They were uncomfortable and they showed it. Things at their own homes started seeming more pressing or attractive than they did a few moments before. They gave their excuses and began to leave.

So Wally’s accusing message to them did not make them more understanding of his reluctance to participate or persuade them to be more warm and trusting, and less judgmental, toward him. Just the opposite is true. They felt accused and unfairly dealt with by him. They blamed him in return. His blaming attitude toward them provoked them to have a blaming attitude towards him.

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**Blame begets blame**

Because they feel blamed by us, the people toward whom we have an accusing attitude probably feel just as victimized as we do.

Seldom do they say in their hearts, “I’m glad to learn about my faults. It gives me an excellent chance to improve myself.”
Instead they feel attacked.
They put up their guard,
think how unfair the accusation is that we are making,
and try to defend themselves against it.

I said that Wally's attitude did not make his friends less judgmental
toward him. On the contrary, it did just the opposite. When his friends
started to feel uncomfortable around him, they were doing the very kind of
thing that in his heart he accused them of doing. They were being judgmental
and insensitive toward him. In response, he feared to trust them with his
unskilled musical efforts.

So, because of his accusing attitude toward them, they were being
judgmental of him. They were doing the very thing he was blaming them for!
He was creating, or helping to create, the very obstacle that kept him from
singing! He was provoking others to give him the excuse he needed for not
doing what he felt he ought to do.

Blame is self-fulfilling
When people react to our accusing attitudes
with accusing attitudes of their own,
they feel they are being provoked to do so,
and they do the very sort of thing we are blaming them for.

They do the very sort of thing
we feel is provoking us to blame them!

We see the same self-fulfilling pattern in the accusations of Enid. Her
"message" to Jane came across. Jane didn't respond by appreciating all her
mother did for her. She resented it. She was glad to marry early and get
away from home.

This very ingratitude, which Enid had provoked, was what made Enid feel
that Jane deserved the scoldings she got. Why, if Jane had only been grateful,
as a decent girl should be, Enid told herself, she (Enid) would never have had
anything to complain about! Yet it was really Enid who was provoking her
ingratitude!
So Enid too provoked in her daughter the very behavior that made her, Enid, act the way she did toward Jane. She got Jane to do what she, Enid, abominated, and this gave Enid all the justification she needed for her treatment of Jane. Not many mothers, she told herself, would have sacrificed their lives for a daughter who was that unappreciative.

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**Often we co-create the bad behavior of others**

We are deeply involved
in helping to produce the very behavior in others
that disturbs us.

If those we blame are in a position to sense our attitude,
almost invariably, what we blame in them,
we ourselves are helping to create!

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**Collusion**

Up to now, the stories of self-betrayal have been one-sided. They have made it seem that the self-betrayer is an aggressor and the person accused is a victim. It won't be surprising of some readers have felt sorry for Jane, Marsha, and the other ‘victims’.

But this is not a correct picture of what happens. We know that the self-betrayer’s accusing attitude tends to provoke a smitten attitude in the accused. We know that Enid’s frustration with Jane will tend to produce resentment in Jane. So Jane, the accused—who may seem to some to be pure victim—also is accusing; she also feels a victim. When this happens, Jane is a self-betrayer just as surely as Enid is.

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**Those we provoke mirror us**

When others are provoked by our blaming attitude
to blame us in return,
they betray themselves just as we are doing.
Their attitude toward us is just like ours to them.
They are sure that what’s going on is all our fault—just as sure as we are that it’s their fault.
They feel we are provoking them to feel accusingly toward us,
and we feel the same about them.
When this happens, we are in collusion with each other.

I have a large family, and we live in a suitably large home that has a number of bathrooms in it. Some years ago, the toilet in one of the downstairs bathrooms broke. This annoyed my 14-year-old son, David, because the other bathroom downstairs (where the children have their bedrooms) was occupied temporarily by a man who was doing landscaping work on our property, and consequently David and the others had to share a bathroom upstairs. For the first time in their lives, our children had to wait in line to use the facilities when they wanted them. So David began to badger me about getting it fixed. “Don’t you know how inconvenient it is for all of us to have to use one bath? You and Mom have got one all to yourselves, so it’s no skin off your nose.”

Now one thing you have to know is that I am nearly incompetent mechanically. You can ask my wife, who has suffered through the years because I can’t fix anything. From my long but superficial familiarity with bathrooms, I knew that behind the toilet was a ceramic box, and that in it, for what purpose I was not sure, there is a considerable amount of water and some metal contraption or another, but how it worked was about as big a mystery to me as nuclear power. So I didn’t get to the job right away. Maybe I hoped it would go away.

But as far as I was concerned, I had every good intention. The trouble was, I was so busy. I can recall to this day walking the hallway downstairs, outside of that bathroom, and feeling the weight of all I had to do. Why did all the household duties for an enormous family fall on me? I had a career to pursue, a career that I had once thought held a good deal of promise. Enrico Fermi’s wife said he won the Nobel Prize because she never even asked him to take out the garbage. That was what I was always having to do. Take out the garbage. Fulfill all the other duties my wife was not reluctant to remind me of—Church responsibilities, and civic work, and her needs, and in whatever snippets of time were left, the guidance of a brood of children. I was already swimming in the molasses of obligation, and now on top of it all, was expected to repair this toilet, which I couldn’t even fathom let alone fix. If David wanted the toilet fixed so bad, why didn’t he do it? Why were
my children growing up not wanting to take their responsibility? It was theirs just as much as it was mine, and I was the one who was overburdened.

Two days elapsed before I got to the toilet. My wife said it was three, but I ought to know. Actually, she had gone down earlier and diagnosed the problem. It made me wonder why she didn’t fix the thing, but I didn’t dare make that suggestion. Anyway, for those of you who don’t understand these things, let me tell you what she discovered. In the lid of that ceramic box I was telling you about is a plastic ball floating on the water. This ball was cracked and half full of water. My wife tied up the metal wire that is attached to this ball so the toilet would stop running. That was where I came in.

When I saw how simple the solution was going to be, I felt most encouraged, you might say even cocky, so I went right to the task. Uncharacteristically for me, I even remembered to take the cracked ball with me to the home center store, to get one the right size. (Ordinarily I forget such things and then can’t do the job and have to postpone.) But when I got the new ball home and put it on, the toilet still wouldn’t work. The wire I spoke of, which was attached to a post (I’m sorry to have to throw all this technical information at you) was stuck, and wouldn’t allow the ball to go all the way up, or at least that’s how I figured it. So I was forced to abandon the job, after what could only be counted a valiant effort, and made myself a promise to call a plumber in the morning.

That evening I was upstairs in the bath the kids were using, changing the baby. (I mention this so you will be impressed by the weight of the burden I carried at home.) Working in there, I was occupying strategic territory. All of a sudden, David, with no other options at his disposal, burst through the door angrily. His chin was trembling and he screamed at me, from only about four feet away, “When are you going to get that toilet down there fixed anyway?” His very words.

I felt pierced. I can recall very clearly a feeling that was like bleeding from the heart. David had been more or less a model child until then. And here—undoubtedly influenced by his peers—he was screaming at me. The specter of four or five years more of this until he left home passed before me, and I couldn’t stand it.

Unreasonable demands were constantly made of me. I had put forth a valiant effort just a few minutes earlier. And now this. It was inexcusable. I knew that if I busted him in the mouth after all that, God would have to forgive me.

Nevertheless, in spite of having been dealt more than any man ought to take, I responded in a totally mature, controlled manner, and answered, very slowly, as I picked up an ammonia laden diaper and put it in the diaper pail (I remember that part very specifically), “I don’t think I ought to answer a question put to me in that tone of voice.”

It seemed to me at the time that this was a perfectly just, upright response. But, you know what David said? Just as loud as before, he shot back “Oh, you’re not even going to talk to your own son, huh?”

I remember when I was a kid my mother used to quote a Bible saying, “A soft answer turneth away wrath.” It’s not true. Here I was the one who was carrying the burden. I was the one who had tried to
fix the toilet. And he was screaming at me like it was my fault! But you would have been very proud of me. I restrained myself. I kept my soft, mature manner, and explained to him what I had tried to do just a few minutes earlier. And when I finished he was still as rude as ever. "That's all I wanted to know!" he blared. And marched out, slamming the door as he went. No doubt to the neighbor's across the street, to use the bathroom.

This is a story of collusion. Each party was betraying himself. Each was justifying himself by blaming the other. Each was provoking the other to blame in return and to feel justified in doing what he was getting blamed for.

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**Enemies**

Each party to a collusion is constantly ready to take offense,
Each is set to use anything the other does against him.
They make one another into enemies.

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Chapter 9

‘But my wife is impossible
and I’ve taken all I can take’

Two dogmas of our culture

When I tell stories about collusion, two questions invariably are raised, and occasionally raised pointedly, by someone in the group. Question One is about ourselves: the question is,

“When someone is as rude as David was to his father, isn’t it more than anyone can be expected to take? How can anyone deal with a boy like that? Surely there’s a point at which anger is justified.”

This is how it seems to self-betrayers. It seems like we are all emotional powder-kegs. If we’re lucky, we won’t have to associate with people who do things that are liable to ignite our emotions. Because if they do, we can’t help it if we get upset, frustrated, angry, etc. The best thing we can do is to carefully steer clear of dangerous situations.

Question Two is very closely related to Question One. It is a question about the people who are mistreating and provoking us. The question is,

“Suppose the other person, your colluder, really is the kind of person you are accusing him of being. Suppose that with your son you had a kid on your hands who really was belligerent and hot-tempered. How can you handle someone like that day after day?”

This second question is behind the occasional raised eyebrow I notice when I tell a story like that of Phillip. Quite obviously wrestling with a comparable situation in their own lives, some ask,

“What if this isn’t the first time the house is filthy and everything is falling apart? What if it’s been going on for a number of years? What if Phillips’ wife really is irresponsible, slovenly, disorganized, inconsiderate, and frustrating? What if he was not just perceiving her that way?”

In our culture, it is an almost unexamined dogma that we are not responsible for our feelings. We are, believe me, emotional powder-kegs. It’s easy to see that this dogma gives self-betrayers a ready excuse for their accusing feelings.

The dogma behind Question Two is that people really are a particular way. They are incorrigible—‘hopeless cases,’ if you will. Therefore, their behavior can’t be our own fault. We can’t be accomplices to what they are doing. This dogma too is part of the lie we self-betrayers live. It helps us
This dogma too is part of the lie we self-betrayers live. It helps us convince ourselves that we have nothing to do with the mistreatment we think we receive.

The dogmas upon which these two questions are based are false. They overlook completely the fact that when we harbor accusing attitudes towards others, we are accomplices to the way they treat us.

We say things like,

"Look here, you're the messiest (most disrespectful, stupidest, laziest, etc.) person ever. Even your mother (friends, boss, etc.) says so. I've been patient long enough. I've taken just all I can take. I won't be responsible if you keep provoking me."

But we ourselves help to create the behavior we dislike.

"But what if the person behaved that way before we met them?" you may object. "Surely we're not co-creating that behavior." The answer is, such a person was in collusion with others before he met us. But now we are responding to his provocations and helping to keep his behavior going. We are joining in like a fresh troop of reinforcements arriving at the battlefront.

These ideas are shocking to many people. If we are self-betrayers, we want desperately to hang onto our excuses. That is why the 'powder-keg' story about our own emotions and the 'incorrigible nature' theory about others' problems are deeply engraved in our culture. We need them in order to justify ourselves.

So, if Phillip's house had been filthy for months or years, that wouldn't prove his was a slob. It would indicate instead that he had been in collusion with her all that time. The chances are very great he was an accessory to whatever crime he accused her of.

Think about it: Suppose you were married to a self-righteous prig who, you felt, put you down by the way he went about doing the household chores. Suppose the message you had received from him for years had been: "Your priorities have gotten beyond you. I'll show you what can be done by a person with some self-discipline. You resent it, but that's only because you're so disappointed in yourself. I feel sorry for you, but someone's got to keep things up. I'm going to ignore all your unappreciative comments. I'm not going to stoop to your level." If you received this message every day, how would you feel? Would you feel a part of a winning team? Would you be supercharged with energy in the face of your tasks? Or would you, like
Phillip’s wife, have little enthusiasm for the janitorial duties that face you every day? Some women who tell me that, had they been married to Phillip, they would have felt just as his wife felt. They would have been resentful and angry. Others, less confident, would have felt depressed, guilty about their failure, mysteriously depleted of most of their energy, depressed, overwhelmed by the task. When it gets past the point of making us mad, being treated degradingly is demoralizing. We don’t know why we lose our vitality, but we do.

So Phillip wasn’t saddled with an incorrigible wife, but instead with his own unwillingness to treat her differently. Nor was there a point at which he had “just taken too much,” because he had not taken anything. He himself was provoking what he thought he had to cope with.

An insurance executive from Chicago once said to me, “Your theory is well and good for dealing with most people, but not with the man who was my partner for many years. I could never work with him and like it. He was impossible.” The answer to this insurance man is:

**Suspending judgment.**

We can’t be sure another person won’t change until we change, because we don’t know how much of his behavior we ourselves are helping to produce.

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**My Christmas collusion**

This truth dawned on me one winter’s day some years ago, in the middle of my decidedly Phillipian career, when a problem that had been clouding our family life finally came to a head.

Susan, my wife, is just about perfect. In fact, that was her one fault—her perfection. As far as she was concerned, she was going to do every “supposed to” she had ever heard. She was so conscientious that she could not rest, enjoy life, and be easy, until every one of those “supposed to’s” got done. She had no sense of priorities. She didn’t believe in working as much as you can and then rest. She couldn’t see that you do the important things first, realizing that some things you might just have to let go. She had to do everything.

What bothered me at first was that she could have been so much more happy, so much less frustrated, if only she weren’t dragging this
heavy list of things to do around. She couldn't be happy because she couldn't finish the list of all the things people say you have to do in order to be happy.

Let me give you two examples. When we went on vacation, every meal for every day had to be planned and packed in advance. No winging it. That much food for a family with a batch of kids for 10 days or so—an enormous logistics problem. And of course the clothes for all of us had to be packed neatly for each day. All of them had to be located, washed, mended. We started weeks in advance. Then the house had to be cleaned. We couldn't come back to a messy house. But cleaning wasn't enough. It had to be renovated. We would plan to leave at 3:30 in the morning, carry the sleeping kids to the van in their pajamas, and be more than halfway to the cabin on the river by the time they woke up. But invariably we would work completely through the night renovating, cleaning every corner that could occur to the mind of woman to clean. 3:30 a.m. would come and go. Our actual departure time would be 3:30 all right, but twelve hours later, in the afternoon. We'd arrive deep into the night and so exhausted we'd use up most of our vacation recovering from getting ready for it.

What irritated me at the time, I remember, was how inconsiderate Susan was toward the rest of us. She'd say, "I'm the only one who cares about this vacation. I have to drag all the rest of you to do your part." What did she want of me? I took more time off work than I should have. I stayed up with her, hour for hour, doing everything she thought was important. I gave up opportunities to advance my career. And still she'd say she was the only one who cared. She never took much notice of the sacrifices I was making. Only hers. She said if she didn't keep the pressure on, we'd never have gotten done. She said if it were up to me there would never be any vacations. We wanted to enjoy our time together, not go through this infiltration course every year. But she never thought about that.

But vacations were, well, a vacation compared to the worst of what we went through. The worst was Christmas. You see, in her mind, you could not give a gift unless you made it yourself. From scratch. To buy a gift was cheap. It didn't show you really cared. Well, this policy was all right before our brothers and sisters got married and we all started having children. Pretty soon there were dozens of presents to make. We began starting in October, then September, then August. Susan even went to the sales on December 26 to begin to load up on the raw materials for the presents a year away. The black hole of Christmas was widening and swallowing up the entire year.

Nor could we buy Christmas cards like other people do. We had to make them. Dress the kids up in shepherds' costumes, with the littlest one as baby Jesus, with hay in the manger, and take a picture of that for the card. You're looking at the guy who scavenged around New Haven, Connecticut in October every year looking for straw or hay. Once we got the card printed, we couldn't just sign it and send it. We hadn't contacted all those people in a year, so we had to write a letter on each card. Many are the groggy nights when I've stayed up, my head bobbing sleepily over the desk, composing personal letters by my own hand to folks I could sometimes barely remember.
Then we started to exchange gifts with other families. Don't ask me what got into us. Usually the other families would give us something purchased—a book or some jam or a box of cookies. But we had to make raspberry yogurt, with raspberries we had grown ourselves in the summer and frozen, or granola loaded with chopped dried fruit, which we had also produced and dried ourselves. As if our friends could taste the work we'd put into it. And of course we couldn't just take the stuff to their houses. We had to sing carols on the doorstep—in parts. That meant rehearsals. Two of our boys are more or less monotone and hate to sing. On the doorsteps someone was always getting stepped on or got pushed out of their turn to ring the bell, so there would be a hassle up to the last second, and then we'd have smiles mouths and hard looks sideways to keep everyone in line. It took many cold nights for this irascible little band to finish spreading its cheer.

Don't get me wrong. There was nothing about any of this that wasn't first class. But as we'd sit in the kitchen helping the children decorate the bottles or boxes for the food to go in, or glare at each other on somebody's doorstep, I would think that here we were, night after night, doing all the peripherals, the showy stuff, the trappings of Christmas, without any of the spirit of Christmas, which was what Susan said this was all for. We'd be exhausted and grumbling. I'd think of what this was costing me professionally. She'd complain that she was the only one who cared about Christmas, and that I would be happy just buying a few expensive presents and letting it go at that. She'd say, "I feel like I'm dragging everyone through Christmas, that if it wasn't for me, no one would ever get a present ready or even think about making Christmas nice."

I loved my wife and admired her conscientiousness, but I was sure she would have been a happier person if only she could prioritize a bit, and be willing to let some of the "supposed to's" go. And we would have been able to enjoy each other and the season if we could have forgotten about this forced march through what some people said was a festive season. More than once I've lain in bed, too tired and irritated to sleep, and composed or recomposed a short story entitled, "The Woman Who Destroyed Christmas."

If any person could have been thought to be "just that way," it was my wife when it came to Christmas. She seemed the sort of rigid, ferociously determined person no one could change. Many times people have responded to my story by saying, "You should have found out that before you married her. It's too late now." Or: "Couldn't you negotiate with her just how much time you would spend on Christmas? Couldn't you make a deal to protect yourself?"

But she wasn't really "that way." She was no more fanatical about Christmas than I. We were colluders. We had polarized each other—pushed each other into hardened positions. She had to insist that Christmas, in all the endless detail she could imagine, had an importance that was, in fact,
grossly exaggerated and that I was the Grinch conspiring to ruin the
significant occasion. She did this in order to justify herself in asking me to
take so much time away from my other obligations.

And I, in my Yuletide miseries, I had to see her as a Christmas fanatic,
totally insensitive and irrational. I did this in order to justify myself in my
reluctance to help her. I told myself I knew what she was really like. But I
was wrong.

I didn't discover what and who she really was until the collusion was
broken, and I stopped provoking her by my attitude to do the things that were
provoking me to have that attitude! To show this, I need to tell you how the
collusion came to an end.

One Christmas a number of years ago, a younger woman, Karen, and
her husband rented a home in the neighborhood from a couple on
sabbatical leave from the university. Karen's husband was in the process
of getting his Ph.D., so they had little money. Susan and Karen decided
they would do something thoughtful for some of the women who lived in
the area who needed support or help—one an invalid, one an obese lady,
and one an officer in a national women's organization. They decided to
glue fine art prints to wood blocks with antiqued edges and varnish them,
so they would look old. A cluster of such prints, they thought, would
look handsome on a wall. They asked me to cut and antique the wood
blocks.

For some reason that Christmas I made the decision to put my
whole heart into each of the season's projects. I remember having grown
tired of regretting not being able to work while working on Christmas,
and then feeling so guilty about my footdragging efforts when I did go to
work that I couldn't concentrate properly. I don't know how I arrived at
this resolve, but I did. I prepared about a dozen of the blocks as
artfully as I could—I put my heart into the project—and Susan was
pleased. That pleased me.

Indeed so successful was this little enterprise that she and Karen
decided to make more clusters of prints for others they knew. They
drew up a list that required about 80 blocks in all—with edges scalloped
with a jigsaw and then individually burnt. But I didn't mind doing it at
all, because it was for Susan, and I wanted to put my heart into
everything she wanted for Christmas. I don't mean I tried to put my
heart into it; I wanted to.

Of course she and Karen used up the supply of prints they had
bought. I had collected many at the fine museums of the world. My
selections have been careful ones, of the works I especially prize.
Ordinarily the thought of varnishing them would have been close to
sacrilege. But this Christmas it was for Susan, and because I wanted to
help her, the prints didn't matter as much. Karen had superb taste and
picked out all the best ones, and I admit I had some tinges of loss. But
that was all right. I was happy, and so was Susan.

Karen came over with two scraggily pieces of door casing asking to
use my radial arm saw to make two swords for her twin boys. I told her
I would do it, and got some fine hardwood and fashioned some good-looking play swords. Not for Karen's sake, but for Susan's, because I knew it would please her to help Karen.

Then came the time for cooking up the granola and the raspberry yogurt and the dried fruit balls. Uncharacteristically, I took the lead, getting everyone organized and cooperating in the project. We had a mountain or two of granola on the counter cooling and another in the oven. It wasn't very late in the evening so our unused production capacity was still enormous. Suddenly Susan stunned me by saying, "Why don't we put all this away and just sit around and enjoy being together?" And that's what we did.

That's how it was the entire Christmas season. We worked at our projects, but not fanatically. We relaxed and enjoyed the season. Susan encouraged me to spend the time I needed at work. We didn't get all the Christmas projects done, but it didn't seem to matter to her. She was supremely happy throughout the holidays.

It took me a while to figure out what had happened. Here was an inveterate, a maniacal, Christmas fetishist, or so I thought. How could a person change completely overnight? The answer is, she wasn't really a Christmas maniac at all. She had only been responding to me. I had succeeded so well in making her feel guilty for intruding upon my career that she had to insist that Christmas was supremely valuable, and that I was ruining it, in order to justify herself for doing so. I had polarized her against me.

Now things were completely different, but not because she had changed as a person. She hadn't changed, because she never was "that way" in the first place. Her absurd behavior was not her, but something she was doing. No, it was something we were doing--together. It was that collaborative act that changed. We stopped doing it.

In fact, I think she was more herself—her real self—after we stopped than before. The Christmas fanatic she had seemed to be was a lie we were living together, not the truth.

So, she did not love Christmas and her militant dreams for the family more than she loved the flesh and blood people she lived with. What she really wanted was a husband who loved the flesh and blood wife he lived with. Robbed of that, and made by me to feel it was her fault, she blamed me in return, by making it seem that I was ruining what was all-important in life, and that she was the only one doing anything to save it. When finally she got the flesh-and-blood lover and friend she had hoped she had married, all of her negativism vanished like darkness before the shining sun. She didn't care about Christmas for its own sake any more than I did.
Chapter 10
'Moral' fears

Self-betrayals usually aren't malicious

Neither party in a collusion is malicious, though each feels the other is. Susan felt she was only doing her best to keep Christmas going in spite of a husband who had to be dragged every step of the way. She never laid a plot in her mind of how she was going to aggravate me. For my part, I felt I was doing my best to maintain both my career and a little sanity in the face what I perceived was an annual hysteria. I wasn't trying to make her feel overburdened. Both of us were sure we were only doing all we could to cope with a difficult situation.

The collusion between my son and me in the toilet story illustrates the same point. (You probably guessed that I was not only the ghost of Christmases past, I was also the father in this story. There's a common pattern in the two episodes--of overburdened me bucking up manfully under too much responsibility, etc.) I wasn't malicious. In my mind, I was struggling with questions like this. "What's a father to do with a boy who screams at him?" I thought he was lucky, as I said, that I didn't punch his lights out. I was coping--doing the best I could be expected to do. At no time was I thinking of how to get his goat. And from his point of view the burning question was, "How do you deal with a father who comes at your with a holier-than-thou attitude? An attitude like that is maddening. Someone's got to tell him, even if he is a parent, how humiliating it is for him to act that way." These were the kind of thoughts my son undoubtedly had; he wasn't trying to be a bad boy.

The earnestness of self-betrayals

Each party in a collusion is sure he's doing his best to cope with the malicious behavior of the other. Neither is really malicious.
A's view

I'm only defending myself against B

B is attacking me

B's view

A is attacking me

I'm only defending myself against A

It started right at the beginning. My husband forgot to bring his toothbrush on our honeymoon. I thought it was kind of cute to share a toothbrush on our first night together. We bought a new one for him the next day, but after a week of marital bliss, I noticed he was only using it in the morning. I started putting his toothbrush in conspicuous places at night, covering it with toothpaste, but he always ignored it and would still crawl into bed without using it. So I made a cute little sign and hung it right on the mirror where he couldn't miss it. It was of a gargantuan, toothy monster with bad breath reeking out, but that didn't work either. I made clever, cheerful comments like, "Let's be sure to brush our teeth tonight." Soon I started to feel he was deliberately sabotaging our relationship. Nobody would go to bed without brushing his teeth unless, of course, he was trying to avoid his wife. He was definitely avoiding me. I was sure, and I certainly didn't want to kiss somebody who wouldn't observe simple hygienic practices, even if only for my sake.

He in turn took the ridiculous position that if I couldn't take him as he was in his natural state—if I demanded that he have a medicinal mouth before I would kiss him—then he wasn't about to kiss me either.

An undeclared war was underway. I decided that if he loved me, he would brush his teeth, and he decided that if I loved him, I wouldn't demand that he brush his teeth. It got so bad that at night, before turning to him in bed, I would get up to see if his toothbrush had been used.

Why did I have these feelings toward my husband? It seemed that he, the man I had promised to love forever was wounding me intentionally, and I was bleeding inside over his unwillingness to respond to my very reasonable request. I had only asked of him what was good for him and what he ought to do anyway, nothing more, and I had never asked in anything but a cheerful way. I was filled with self-pity and resentment, clearly suffering from the arrows of life's injustice.

This was just the beginning. After the honeymoon, after the toothbrush was forgotten, our bad feelings continued. To my husband, I was too demanding, too petty—he didn't like to come home because he "just
knew* I’d be there with something to complain about. To me, he didn’t care enough about me to pay attention to any of my needs. It seemed like I had to raise my voice just to get his attention. For a lot of years we lived together without loving each other very much.

Recently I realized the truth. My feelings of resentment did not start because my husband refused to use his toothbrush at night. I had these resentful feelings in order to cover up my own unwillingness to give myself wholeheartedly to our marriage. Looking back, I think I was blaming him for troubles I was creating. I was trying to make myself look good and him look bad. But before I realized this I was convinced that I wasn’t doing anything wrong. Instead I was only trying to stick up for my rights, to request reasonable behavior, to help my husband help himself.

When our ‘best efforts’ make things worse

There is a second lesson we need to draw from the Christmas story. It is that very often, each person in a collusion is convinced that if he stops doing what he’s doing, things will get even worse.

In that story, I was absolutely sure that if I let up on the brakes for a moment, if I let my wife carry Christmas to the extremes in which she was heading she (and I) would go absolutely berserk. How ironic it is, then, that the tactic I thought was necessary to keep her from destroying everything, was the very tactic that was driving her to it! From my point of view, I had to keep my course to restrain her, when it was keeping the course that provoked her further.

I had a moral fear of what might happen if I stopped. The very same sort of thing was true of her. Her moral fear was that, given my reluctance, if she relaxed the forward pressure even a little, there would be no Christmas at all, whereas that pressure was precisely what made me reluctant.

I was teaching a group of psychotherapists and counselors. One said he knew exactly what I was talking about, when it came to this subject of moral fears.

My wife, it turned out after our marriage, was so demanding that it seemed she had every moment of my life programmed in advance for me with things she insisted that I do. I had the constant feeling that if I gave in to these demands, there would be nothing left of me. I would lose my identity, my individuality. I would be swallowed up in her will and forfeit my own. In the image that stayed before my mind, I was standing on the edge of an abyss; if I gave in to all those demands, if I stopped resisting them, I would fall into that abyss and never stop falling, because it didn’t have any bottom.

But so forceful was she that I came to realize that if I didn’t do as she demanded, our marriage could not last. So, with nothing to lose, I
gave in. I began to do as she wanted me to, completely. And you know what? The abyss turned out to only one foot deep. I jumped into it and hit bottom immediately. The demands from her stopped completely. They simply disappeared.

I’ve encountered many stories like this. One was about a lonely man who would catch his neighbor working in his yard and come through the fence to talk—for hours. It was possessive talk; he would not let his neighbor, whose name was Jonathon, go, or even devote attention to other things. It got so that Jonathon would let things fall apart in the yard, because he felt he didn’t have enough time to let his neighbor waste it. Finally, as a result of thinking about the situation carefully, he realized how he was colluding in it. His efforts to escape were conveying the message that his neighbor was an annoyance, that he would avoid that neighbor if he could, and that the neighbor would have to cling desperately or else he wouldn’t have anyone to talk to. Jonathon realized, in short, how he was co-creating much of the very behavior he was trying to flee. So one day he took the initiative and went over to see the neighbor. The response he got was totally different from any before. There was nothing clinging about his neighbor’s attitude. The exchange was easy and mature. There was no problem with his departure. And since that time, Jonathon has reported to me, none of the previous problems has returned. He and the neighbor talk on occasion, but the neighbor doesn’t overstay his welcome.

Moral Fears

In collusion, we are certain that what we’re doing is necessary to keep the undesirable behavior of the other from becoming even worse, when in fact it’s precisely what we’re doing that’s provoking that behavior.
Chapter 11

Obsession with Trouble

The self-betrayer, then, is not malicious. He is not laying a plot in his mind to provoke the person he is blaming. From his point of view, he is simply doing the best he can under difficult circumstances, and believes that if he stopped, things would surely grow even worse.

But there's more to the story. The self-betrayer is not malicious, it's true. But he's not a naive victim, either. He isn't oblivious to the trouble he's provoking. In fact, he has an intense interest in that trouble. It's advantageous to him. It helps him justify himself, and self-justification is his predominant concern.

I can use myself in my toilet fiasco as an illustration of this. When in my self-controlled, superior, and accusing tone I said to my son, "I don't think I should answer a question put to me in that tone of voice," how did that come across to him? How did that provoke him to respond? Did he say, "Oh, I see what you mean, Dad. I'm sorry I was yelling. Thank you for pointing out this momentary lapse of respect for you." Did he say that? Not at all. I might as well have called him a belligerent, contemptible slob; the message would have been roughly the same. The way he did in fact respond was by yelling at me--accusing me of refusing to keep open the lines of communication between us.

This response of his was of enormous usefulness to me. My heart bled. The boy in front of me was wounding me to the center. In my mind, this was further proof of how rottenly he was behaving toward me, and how great a victim I was. It was proof I wasn't imagining the things I had against him. My bleeding heart was my evidence that I was in the right! It was Exhibit A. His rudeness was Exhibit B. Just like Mickey's was for Lorna--the two cases are very much alike.

Imagine the following conversation between my wife and me. As far as I can remember, it didn't really take place, but I suppose it could have.

"David says you won't even talk to him when he has a problem?"
"Did you hear that boy yelling at me? You say I've been overreacting to his bad attitude lately, and making mountains out of mole hills. But you heard him. You heard him yelling. How do you think that made me feel? I've done my best to help that boy, and now this."
Now what if he hadn't yelled at me? What if, during that whole period of time, he had been kind and understanding toward me? Then he wouldn't have been helping me justify my bad conduct. He wouldn't have been giving me the excuse I needed. Without Exhibits A and B, I would have had no case. When we provoke others to treat us badly, it gives us a kind of proof that we're right and they're wrong.

In a way, I treasured his bad behavior and the pain it made me feel. These aided and abetted my cause. They got me off the hook for what I was doing wrong. They were my proof, proof that anyone present could have seen and heard, proof that he was too much to take, and that I had done about all a father can when all of a sudden his boy turns on him.

Others' validation of the lies we live

The more others engage in the accusing behavior we provoke by our attitude toward them, the more they give us the excuse we need for having that attitude. Our suffering and their wrongdoing give us proof that they are wrong and we are right.

A professional counselor gave this example, hitting his forehead with the palm of his hand as he realized the proof-seeking collusion he had been involved in just the night before.

My 16 year-old son asked to use my car. I didn't want to loan it to him. I wasn't sure that he'd treat it right. I paid for that car, he didn't. "You going to use it? Is that why?" He was trying to make me feel like a skin flint. So I said, "all right"--reluctantly.
"You'll be back by 10:30, you understand?"
"Yeah, sure, Dad."
So I watched the 10 o'clock news. About 10:19, or whenever, the weather came on, then a commercial. The the sports, at about 10:24. I was looking at the clock and regretting having loaned him the car.
10:28. 10:29. I was shaking my head knowingly. Irresponsible kid, I thought. That's the last time he's going to take that car. I began going over in my mind all the irresponsible things he had been doing lately.
I looked at the clock again. Still 10:29. Suddenly, I heard a squeal of tires in the driveway.
And I felt a keen pang of disappointment.

Here is a poignant example of the way self-betrayers provoke, clutch at, and utilize the bad behavior of others, even to the point of becoming such big
victims that they abuse their own interests. Very often, their obsession with self-justification overrides everything else in their lives.

My wife Michelle and I returned from a shopping trip with our two daughters, ages five and three, to find our trailer had been burglarized in a peculiar manner. Only the children's toys were missing. These we found in flower gardens and behind bushes throughout the neighborhood. After several days one of the neighborhood children, Elise, age five, confessed her crime. At once, Effie, her mother, began making it clear to everyone that Michelle and I were undesirable people. We in our turn would lie in bed and wonder about this sinister woman who not only did not have the courage to come to us directly to settle her grievances, but who actually set about trying to ruin our reputation. When people reported what she said, we could only shake our heads and speculate that she must be sick.

A month later, news spread that Effie was going to have a birthday party for Elise. Everyone on the block had been invited except our two little girls. I was at home the morning of the party while Michelle was at the laundromat. I could see Effie from my window handing out huge helium-filled balloons to the children who were gathering for the party. Our little girls watched with a natural interest from their sandbox outside of their trailer, and then, just as naturally, began to gravitate toward the balloons. My teeth set on edge; I had the distinct sense that Effie would take out her anger on them. And she did. She gave every child that came a balloon except our girls, even though she had four left. I hit the window sill with a garden tool I had in hand. Then Effie appeared with a large drum of ice cream and proceeded to dish up ice cream cones for every child except ours. How could any sane human being abuse children just to get revenge on another adult?

I heard Dennis tell this story in a seminar I was presenting to illustrate the concept of self-betrayal. The ensuing dialogue went like this:

"Why were you so offended at Effie if you were as innocent as you say you were?"
"Obviously, she was misusing my little girls."
"You said she tried to ruin your reputation," another person added.
"Weren't you doing the same to her?"
"Honestly," said a third, "didn't you have just a little sweet taste of revenge when you said she must be sick?"
"Look," said Dennis, "it's Effie who's got something to straighten out with me."
"You could have gone to her, you know."
"But I wasn't the one who was willing to use innocent children just to get even with somebody."

Silence. It became obvious to everyone that Dennis has just passed judgment upon himself. Finally someone said, "Oh, weren't you? Didn't you watch your own children go over to that party knowing full well what might happen?"
"Why didn't you take them somewhere else that morning?"
"You used them to set Effie up, didn't you?"
Not for several days, Dennis told me, did the pain and sorrow he felt that evening start to subside.
EXERCISES/SESSION 2

1. Read Section 2, the draft material distributed in Session 2. This section will review and build upon the ideas that were taught in that session.

2. Write two cases of collusion from your own experience or observation. Try to understand how your cases exemplify the principles (set off by horizontal lines) in the written material. I encourage you to make a copy of your cases for me and keep the original for yourself, and, unless the material is very sensitive, turn the copy in to me in our next session. (It will be kept confidential.)

3. Choose a day this week on which you will pay special attention when you have less than completely caring feelings toward someone. Try to discover how your attitude might be provoking him or her to do the very things that bother, upset, or offend you. As a help in doing this exercise you might try to write a description of yourself from this person’s point of view.

4. Continue with your journal. Be sure to write in it the important insights you are getting.
Every way out of his problems a self-betrayer can conceive of is a dead end.

When we are experiencing an accusing emotion, nothing seems more preposterous than the idea that we are responsible for it and could, if we would, give it up.

We are certain that the only chance of getting rid of it, is for whoever is provoking it to stop whatever he’s doing.

We can’t get rid of it by trying to straighten out the person at whom our emotion is directed; that strategy will only make him provoke us all the more.

It will only make matters worse to try to suppress or control the emotion, for concentrating on it only makes it seem more legitimate and immoveable.

Does this mean there’s no way out of self-deception? Does it mean we can’t change fundamentally and find a way to break the vicious cycle called collusion?

No, it doesn’t. It is possible to put behind us the laziness, selfishness, low opinion of ourselves, hatred, greed, insecurity, irritability, depression, jealousy, self-pity, cynicism, or boredom that too often besets us, provokes others to respond to us in troubling ways, fouls our relationships with them, corrodes our resolutions to do better, and so troubles our peace that we aren’t able to enjoy the opportunities and relationships we do have. It’s possible to change all that.

But we can’t do it by going about it in the usual ways, trying to control or suppress our negative emotion. This tactic only makes this emotion seem more powerful. We can’t do it by trying to ‘cope with’ what we are sure is the bad behavior of the other person, to straighten him out or to act assertively toward him. This tactic assumes the emotion is legitimate (in that it is all the other’s fault). In other words, we can’t change fundamentally if we hang onto our negative emotions—which is precisely what we almost always do when we are trying to think of a way out of our emotional and interpersonal problems. But we can change, and we can put an end to
collusion—and this will be the theme of the second half of this book—if we can discover how to give up the negative emotions altogether.

This is the experience that was for Josh, to whom it happened, the first step in making this discovery.

I was given a wallet for Fathers' Day. It was, well, not the sort of gift I wanted. It was the present my wife picked out for me. I understand now the lengths she went to to find just this wallet, but when I opened the box and looked into it, all I saw was a not-what-I-would-have-wanted-wallet. Nevertheless, I was too considerate to hurt my wife's feelings, or at least this is how I regarded myself. So I said, "Oh, thank you. I like this wallet very much." She was looking right at me and she said, right away, "You don't like it."

"Oh, yes I do. Why look at the nice white stitching on the edge. And all the plastic windows where I can put my credit cards."

"You don't like it. I can tell."

The situation was embarrassing me. My cheeks were getting red. I shoved the wallet back in the box in the manner of one whose gratitude has been rejected.

My wife went into the kitchen. I began to think about what had happened. It came to me that in a certain very subtle way, I had been putting on airs. I was concerned about what my associates would think when I pulled such a wallet out of my pocket. I realized I had refused to see the wallet for what it was—an expression of her care for me and a manifestation of considerable effort on her part.

Whereas I had been embarrassed and irritated before, I felt sorry. What sorrowed me was not exactly the particular words I had said. Given what I was feeling about the whole affair, it was about the best thing I could say. I was sorry because of those feelings. I was actually thinking that my wife was forcing something upon me that would make me ashamed in front of my friends. It seemed incredible to me that I could have resented an act of genuine kindness.

Through part of this experience, Josh saw things self-justifyingly. He was quite certain his wife had laid a trap for him, so that he either had to tell the truth and say how embarrassing it would be to use the wallet among his friends or tell a white lie, which is what he tried to do, and say how nice it was.

Then came the moment of honesty. Not the counterfeit honesty that insists, "Look, it's nothing against you, but I find this wallet pretty tacky; I can't help it, that's just how I feel." Talking this way would have reported his feelings accurately, but the feelings themselves would have been dishonest. He would have remained in the trap. She might have struggled to accept his candor and adjust herself to having the wallet returned; after all, he couldn't help it if he simply didn't like the thing, could he? Yet however valiant she might have been in accepting this misfortune, the situation would have
remained unsatisfactory. Deep inside, both of them would have felt uncomfortable—he would have tried not to pay attention to his guilt, and she would have tried to talk herself out of her resentment.

No, in the moment of truth he no longer had his accusing feelings at all. He didn’t have to wrestle with whether to express them or suppress them, for they were no longer in his heart. He saw and felt differently about the whole situation. His negative emotions had disappeared.

Letting Go

If we hang on to our accusing emotions and the falsified world that accompanies them, we will not escape self-deception, no matter how we try to change. Nevertheless, we can give up these emotions altogether, and with them our false picture of the world.

When Josh stopped trying to do what his offended feelings told him he should do (blame her, get her to think more about what he would like, hide his real feelings, etc.), and let go of his offended feelings altogether, he was suddenly not self-deceiving any more. He saw his situation accurately.

Let us review the implications of Josh’s story, for they are significant. Before his change of heart, Josh saw his wife as a problem that he had to cope with as best he could. When he tried to cope with it, he only dug himself deeper into his delusion about what was really going on. After his change of heart, he no longer saw her that way. Instead of coping with his problem successfully, he simply didn’t see that there was a problem to be coped with. She was still the same as before, and so was the wallet; only he had changed. So the real problem wasn’t in them, but in him, and it disappeared when he gave up his accusing feelings.

“Give up” one’s feelings. What does this mean? Our accusing feelings are actions we engage in, to blame others and justify ourselves. Precisely because they are our actions—precisely because we are doing them—we can stop doing them. We can just ‘get off it,’ cut it out, stop putting our energy into sustaining the accusing emotion. And when we do, it’s gone.
At one moment we are doing something we are certain we are not doing, which is accusing others in our heart to make ourselves seem innocent. We believe we are innocent; we don't believe we are trying to make ourselves seem innocent. At the next moment we stop trying, and the emotion is gone. We're not worried any more about how innocent we appear and how guilty others are.

So coming out of self-deception and thus changing one's troubled and negative feelings isn't doing anything. It’s the people who are locking themselves into self-deception by their efforts who think they have to do something in order to put an end to their troubles. Instead, ending these emotions and the self-deception that accompanies them is more like undoing. We simply stop producing accusing emotions.

Anyone capable of producing such emotions is capable of stopping.

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**Undoing**

Since our disturbed emotions are our own doing,

it is within our power to stop 'doing' them,

and by this means to end them.

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Chapter 13
Emotional Honesty

There are other ways to describe what happens when a person lets go of an accusing emotion. For example, he admits the truth about what he has been doing. As we just saw, he does this not merely by telling himself what seems to him the truth about his negative feeling—these are accusing; they are lies he is living. Instead he must be truthful in his feelings.

In a sense, this comes about when he really is truthful about his feelings, but this truthfulness is not and cannot be just an accurate report of his negative feelings. For the very moment he is completely truthful, he doesn't have the feelings any more. There are in his heart no more negative feelings to report. So it's impossible to be in a condition of complete honesty in reporting negative feelings. For when one is completely honest, one is emotionally honest as well: one no longer has the dishonest feelings.

Another way to say this is, it's impossible to be truthful in one's feelings and to continue to live a lie at the same time. To be truthful in this way is to give up one's falsifying, accusing emotion.

To illustrate this, let's look at a situation that's a little harder for some people to accept than Josh's is. For in this story it seems that Celia, who told it, really was a victim and wasn't just trying to be one. But before jumping to a hasty conclusion on this point, remember the story of Dennis, who let his little girls go to a birthday party where he knew they would be rejected, just so he would have his proof that the mother putting it on was a jerk. It's easy to be duped when we hear just one side of a story, and miss the collusion. Keep in mind also, as you read about Celia, that she kept digging her way into trouble deeper and deeper until she recognized, honestly, that her supposed victimhood was not real.

My husband and I are both writers. We have a baby. Shawn insists without sympathy that I keep the house clean, prepare the meals, stay well-dressed and appealing, and, most of all, keep the baby absolutely quiet during his writing hours. I write during the baby's afternoon nap if I can, but usually late at night and early in the morning.

If there is any noise from the baby, Shawn is not patient. He bitingy asks whether I understand the importance of what he is writing or its crucial place in his career or what it means for our future. Until recently tears would well up in my eyes in response to this harshness. Sometimes I would protest that he had no right to speak.
rudely to me. A quarrel would ensue. But more often I would suffer this sharpness silently and bitterly. I could not understand why I had to suffer when I had done nothing wrong.

One morning I was doing an assignment for Terry Warner's seminar—writing a case. I left the bedroom door ajar and the baby toddled out. She was scattering some of Shawn's pages when he saw her. He began to yell at me. Immediately I felt attacked; I began to burn with resentment and to search my mind for some way I could respond in kind. But all of a sudden I thought, "It's a lie. What I am doing right now is a lie." I was doing the very thing that I was imputing to him! My rage just melted. I was filled with compassion toward Shawn for the first time in a long time. In fact, all I could think of in that moment was how I could help my husband.

In one lucid, pivotal moment, Celia, the woman who told this story, yielded herself to the truth. She stopped resisting it. She stopped playing the victim. She let go of the lie she had been living. And because her accusing emotion toward Shawn was the way she resisted the truth, played the victim, and lived her lie, the emotion ended. It was as if what had filled her up for so long had simply drained out of her.

Complete honesty puts an end to the lie one has been living, including the victimized attitude in which that lie consists, for it is impossible to be completely honest and to retain dishonest feelings at the same time.

In our home the pattern was three days of fighting, three days of silence. Hot war, then cold war. After we learned about collusion we'd start to fight or give each other the silent treatment and then we'd catch each other's eye and then we couldn't take ourselves seriously. One of us would have too hard a time keeping a straight face. You know how when you were a kid you'd try to punish somebody by being mad at them and they wouldn't be mad back but instead would try to get you to crack a smile and pretty soon you couldn't keep it up and your mouth would start to smile when you didn't want it to? It was like that when we fought. One of us would start to giggle, you know, with embarrassment. It was too obvious even to mention how stupid it was to keep all the angry stuff going. It was hard work. It was so phoney it made me sick. Whatever we were trying to get mad about was no big deal. All the big deals that used to upset us kind of disappeared out of our lives. I wish I had minimum wage for all the hours we worked making something out of nothing. What a waste of energy. We

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know that now. Someone starts to giggle when it gets too heavy around here.

The truth one admits to oneself at such times is not an obscure, half-forgotten thing. It is always the truth about what one is doing right now. That's why it's never necessary to search around in our memories for "what really happened." What took place completely in the past is never a cause of emotional problems. The problem is always the present emotion with which we keep that past alive in our minds. Giving up that emotion changes our attitude toward what took place in the past just as surely as Celia's giving up her resentment toward Shawn changed her attitude toward him. Always, the thing we need to be truthful about in order to put an end to our self-deceptions is what we are doing right now. (Or I should say, what we were doing just a moment before, because the instant we're truthful about it, we have stopped doing it.)

The following story was told by a woman who struck me as a most intimidating sort of person—tall, lean, and displaying a look of the eye that reminded me of a bald eagle. Her name was Frieda.

Years ago I used to play doubles with three of my friends. One of them was a mousey little gal who never said much of anything when I was around. I knew I overwhelmed her and she was scared of me. One day, just five years ago now, my partner was serving and I was at the net, leaning forward and ready to pounce on any weak return. The mousey lady was the one she was serving to. She hit an absolutely vicious return and it struck me right in the throat. I thought at first I wasn't going to be able to breathe. I clutched my throat and staggered as I gasped for breath. With the first few gulps of air I swore at her. "————— you!" with the foulest words I knew. I staggered off the court with the other two women following me, trying to help me recover as best they could. The mousey one didn't move in her tracks. After ten minutes or so I got my breath back and walked straight back to help and looked down on her and told her I was sorry for swearing at her. And you know what? She didn't even accept my apology! She just stood there. As far as I was concerned, she had now offended me twice, and I stomped off the court followed by the other two.

It wasn't until just now, sitting in this seminar, that it hit me that I never did apologize! That's what she didn't accept my apology! I wasn't sorry. I was only trying to get back at her by being the first one to graciously reach out the forgiving hand, to prove I was more dignified and mature than she was. Five whole years, and I thought I'd forgotten it, but there it was, just sitting there on the tip of my mental tongue. It was the first thing that came to mind when I started to think about these negative emotions that come with self-betrayal.
Chapter 14
Love and the truth about others

Another dimension of what happens when we change—when we abandon our accusing attitudes—concerns how we see others and what we feel for them. Keep in mind when reading about this subject that the following achievements are all aspects of the same thing; if one of them happens, so do the others.

1. Abandoning an accusing attitude or emotion.
2. Being emotionally honest about what we were doing in producing the emotion.
3. Seeing others truthfully.

One of them does not come first and then another. Nor do they come separately. They are one and the same thing, a change of heart, though described from different angles.

When two people are in collusion, each one thinks he is being hurt by the other. Shawn thought Celia was inconsiderately letting the baby jeopardize his opportunity to write. This upset him so much, he thought, that he couldn’t focus his mind on his work and often would have to quit for the day. For her part, Celia felt pierced to the heart by Shawn’s angry accusations and, in pain and rage, would weep copiously. Each was sure that he or she was the victim, responding only as provoked, and that the other was doing all the provoking. Theirs was a classic collusion.
Who was right? We know from the section on collusion that neither of them was. Each was living a lie. For each was producing a victimized attitude in order to accuse the other and victimize himself.

There came a moment—and it was a remarkable moment, for it occurred at a particularly heated point—when Celia let go of the accusation she had been hanging onto. She stopped living the lie that it was Shawn’s abusiveness that was ‘making’ her fall apart in resentful tears. When she did, her side of the equation changed.

She no longer felt she was being hurt by what Shawn was doing, even though he was still doing it. She no longer was sure that she was only responding as she was being provoked to respond. She wasn’t doing anything any more about which she needed to feel justified. The inner dialogue stopped that had included such lines as, "Why do you treat me like this?" "I wish I could keep him from walking all over me." "How much more of this can I take, anyway?" The hurt was gone, because it had been something she was producing.

Before, when she looked at Shawn, what did she see? She saw a person hurting her. Now what did she see? She did not see him hurting her. That lie had ended. She was free to see what was really happening with Shawn. She saw a person who was hurting not her but himself. She saw a man was
was making himself miserable so that he could feel justified in behaving insensitively toward his wife.

The truth
When an individual abandons his false emotion, he sees it for what it was, an offense against others. He sees that he has been hurt not by them, but by himself. And he sees that they are not hurting him, but themselves.

This, at last, is the truth.

Because Celia now could see that Shawn was only hurting himself and not her, she no longer felt attacked; there was nothing to defend herself against anymore.

What does a person like Celia feel in such a situation, once all the accusing feelings are gone? What kind of emotion did she have when she saw her husband hurting himself, yet did not herself feel any hurt? She gave the
answer in recounting her story: She felt compassion. She saw another human being in trouble; she took no offense; her heart went out to him.

For much of what I have presented in this book there are strong philosophical arguments, but I have no argument with which to support this point. I came to believe it in the course of my work with people, as a result of hearing hundreds of people report on an exercise I have them do. In introducing this exercise, I say, "Imagine you are living in a world that is different from the present world in just one respect. You are taking no offense. Everything and everyone else is exactly the same as now; you alone are different. Now think of someone who has inconvenienced, irritated, or injured you in some manner, or who is doing so now. Take a pen or pencil and, on paper, describe that individual. Don't 'white wash' him; don't just tell all his good qualities and ignore the bad ones. Describe him as he is. If he seems to be a self-betrayer, filled with negative emotions, describe that. Tell the truth."

I don't encourage those who do this exercise to express what they wrote publicly, for I scrupulously try to avoid invading their privacy. But I do invite them to share any insights they may have gained from the experience. These are some representative insights:

- I discovered that what the other person is doing, really isn't being done to me. He's just lashing out to try to make himself feel OK, and I just happen to be there.
- The irritability of her qualities is something to which I have been contributing.
- I was flooded with compassion. I felt feelings I didn't know I was capable of. His self-betrayal didn't offend me anymore, but I felt sorrow for him. I longed for him to change.
- It hurt me to think of all the things I have done to hurt him.
- By being offended I have added fuel to her offensive ways of acting. I have promoted her destruction of herself.
- Doing this exercise releases you from reacting. It sets you free.
- I realized I didn't really know him. He's just been someone who's irritated me for a long time, but I didn't know him.
- When we no longer need the other person to validate the lie we are living, he becomes real to us—a real person like ourselves with real feelings.
- The same features that can be described irritably can be described compassionately.

The woman who shared this last insight went on to tell about the person she had come to see compassionately. It was her husband. She said,
For twenty years I have seen this individual as cocky and demeaning in his manner. In my eyes he acted so superior I felt put down in his presence. Other people felt the same way, and that is no doubt why he had personality conflicts in his work. But as I did this exercise I suddenly saw all the same qualities that had offended me in a different light. I saw him as a little boy who was afraid of life and everyone around him. He hadn’t changed, but I had. Where I had been heavy inside with self-pity, I now felt only love. And where he had seemed cocky, he now appeared only insecure and afraid.

The truth and love
When an individual perceives himself and others truthfully,
he is seeing them not accusingly,
but caringly and compassionately.
The truth and love always go together.
Chapter 15
Change of heart

Change of heart
Now the individual has different motives than before.
He no longer feels threatened and defensive.
Some of the things he struggled for before
might not even seem important to him now.
His false values have been left behind.
And he isn't overcome with anxiety about protecting
the things he does feel are worthwhile.
His insecurity and desperation are gone.
When compassion enters, fear departs.

Norm was one of the most 'macho' males I've ever worked with—an ex-boxer who had made it big by starting a company in an industry which was growing during his early career. He wasn't at all the type who examined or even questioned his emotional reactions. His style was always to bull ahead.

In the first session of the seminar he attended, I told the story of Marty, the fellow who stayed in bed after feeling he ought to get up and take care of the baby in the middle of the night. Norm blurted out, "That story doesn't apply to me." As the others present were discussing the story, Norm interrupted again with "I'd just poke my wife and say, 'Hey, your kid's awake.'" By the second session he seemed worried.

"This stuff's logical. I can see it in a lot of people I know. Like my alcoholic brother-in-law. But I can't see it in myself. I can't see that I'm into any self-betrayals, though I know I must be." It's neither usual nor expected for seminar participants to disclose themselves so unabashedly, but Norm was not a usual kind of person.

During the third session I told the story of a business leader whose primary aim was to help his subordinates grow as people and in their capacity to take responsibility and initiative. To the degree he helped them do this, the profits came naturally. Unlike Norm, he didn't run roughshod over people. Before I had finished, Norm erupted in his customary manner: "You just hit my button. You just got to me." A few minutes later, while someone else was talking, he suddenly started talking again, as if he were carrying on a dialogue with himself and we were getting bits of it. "You know when you talked about that guy who didn't get up to take care of his kid? And I said his story didn't apply to me? It applied to me. I always knew, all the time my kids were growing up, that I should get up and help. I always knew." From that moment until lunch break, it appeared that Norm wasn't tuned in to the seminar at all. He sat staring into space.
"Let's go to lunch. I want to talk," Norm said. So my assistant, Duane, and I sat across the table and heard a man tell the truth about himself in the very moments he was opening himself up to it. These are always remarkable occasions; Duane and I both felt we were in the presence of an unshielded human soul, standing, almost, on holy ground. Norm recounted the poverty of his childhood and his resolve to make money. Money had been such an overriding passion, he said, that he had abused people for it, kept himself from having fulfilling relationships with the people he worked with day after day, and missed participating much in his children's childhood. He had told himself the work was for them—but that, he realized, was just an an excuse for not giving of himself. Like others who make a breakthrough like this, Norm was accepting the truth of what he had been, and taking responsibility for it; and in that very process what he had been was disappearing.

That evening over a late dinner Norm reflected on his day. I wrote what he said as soon as I got back to my room:

"All afternoon I've had the funniest feeling, a feeling I'm not used to. I feel I want to help people."

"At lunch, when I was talking, my body started relaxing. I was relaxing so much I had to hold myself up with my arms to keep from sliding off the chair."

"For 25 years I have had a painful knot at the top of my back. here, right where my head goes into my shoulders. Twenty-five years. that's how long I've been running this business. Today, while we were eating, it went away. It feels really warm there, but not tense."

Several weeks later Norm's chief financial officer confided that Norm had been the poorest executive in understanding and working with people he had ever met, but had suddenly become one of the best. Norm told us that he had never felt comfortable speaking in public, and now, in conducting management meetings, the words seemed to flow out of him, "as if I were being given the things to say." In his youth he had a photographic memory that he lost in adulthood. But since that day when he simply admitted to himself, emotionally, the truth about his life, this ability had returned. For many years he hadn't slept well because of preoccupation and worry. But now he wasn't sleeping "because I have so many great thoughts to think." "I've got the secret of life," he'd say to people. "I've run into those people who try to make you feel better about all the crap in your life by telling you it's natural, it's the way everyone feels. That's all propaganda as far as I'm concerned. It shortchanges you. The point is not to tell yourself you're OK when you're not. The point is to dump the garbage out. I know a person can. I wouldn't do what I believe is wrong again for anything."

But these were not the things that impressed me most. Instead of taking weekends to play golf with his cronies, he was working in the yard with the two children who were still at home or getting all his children and taking them on trips and enjoying them completely. And whereas Norm had complained that the people who worked for him were not very competent—"I just don't have anybody who can take over the really important responsibilities except myself," he had said—now he described the amazement with which he discovered how many first-class people he had. They were responding to the changes in him and showing that they weren't really the kind of people their former behavior (which
he had provoked) suggested they were. "What am I going to do with
them all? There are just so many top positions in a company this size."

This, which may be an even more dramatic example, illustrates that even
the most intense kind of psychological suffering, devoutly believed to have
been caused by circumstance, can be something the individual is doing, and
something he can stop doing, and thus bring to an end.

My sister Barbara, after she had been married for several years,
came to me and said she was going to divorce her husband. She probably
would have gone to our father instead, but he had died. She had
discovered that her husband had committed adultery several times, well,
quite a bit actually, over the years. Her heart was broken. She was
ashamed and hurt. She seemed to feel she couldn’t do anything else but
leave him.

I could hardly believe it. I hadn’t even guessed this kind of thing
might be going on. I thought I should speak to Frank—he’s her
husband. When we got together, I sensed something was wrong. So I
began to pry. Why had Frank done it? Why had he been a common
philanderer? Barbara had expected so much more. And what about her?
Haven’t she been loving to him? Finally I discovered as we talked that in
all their married life they had never had intercourse! Barbara had
allowed him to lie on top of her and so on, but they had never had
intercourse. Well, I immediately thought of the tragedy that had
happened to her when she was raped when she was 12 years old. It was
a pretty savage kind of thing. But I thought, and so did the rest of the
family, after a couple of years that she got back to normal pretty much
and grew up without a lot of scars. But now I realized she must have
spent her whole married life terrified and sort of walled in. Frank said
Barbara’s excuse for what happened was that they were doing what was
important in making love and the other part didn’t matter. I was
astonished. I asked Frank if he would ask Barbara to come and see me.

I knew I had to do something, but I didn’t know what. I felt so
sorry for her. I couldn’t stand it. She had been going through all kinds
of trouble inside her and the rest of us in the family had more or less
tried to forget about the whole thing. But then also there was something
wrong with what she was doing, it was wrong for her and it was wrong
for Frank too. I felt that if I didn’t watch out I’d help her paint her
situation in the blackest colors, and she never would see her way out of
it. If I really loved her I couldn’t stand by while she ruined her life
because of her fears. Off and on for more than an hour, until Barbara
came, I sobbed almost uncontrollably.

I asked her how she felt about what Frank did. "Oh, I think it’s
terrible," she said. And she started crying a little bit. "He’s shamed me
so much. I can’t do anything now but leave him, but in the way he feels
he’s already left me." I said I understood she and Frank had never had
intercourse. "Oh, no, that’s not true." So I explained to her in a
detailed way what intercourse is, so I could be sure what she was saying,
and then said again that I understood they had never done it. She said,
"Oh, but that part isn’t important." Then I said, "I want to tell you
something." And I was speaking pretty forcefully, because I really felt it.
"What you did is worse than what he did. And what he did is
reprehensible. You've been mean and stingy and shrivelled and small and unwilling to love just because of something that happened to you years ago when you were a girl. If you don't go home with your husband tonight and love him as you're supposed to love him, I'm going to testify against you in the divorce proceedings.

You can imagine how stunned she was. And how angry. She could hardly speak she was so upset when she left. But I'll tell you, she came back the next morning before I even left for work. She hugged me and the tears were flooding down her face and she said that what I had told her changed her life forever. "I found peace and joy, Bobby, because last night I loved Frank with all the physical and emotional completeness that a person can, all of it, and I'm not afraid any more. I don't hate the person who did that to me years ago any more."
We've seen that one description of the end of self-deception is the abandonment of negative emotion. Another is unreserved admission of the truth, about both oneself and those with whom one is colluding. A third is the emergence in one's heart of genuine love for those whom one previously condemned. And a fourth is a marked change of values, and a disappearance of fears. All of these things happen together when self-deception ends. They are all aspects of the same event or process.

In the next few chapters I want to talk about several other aspects of the change of heart I have been discussing. One of these aspects points to some positive steps that can be taken to escape self-deception; in that respect it is extremely practical.

This entire book has been devoted to the question, What are the consequences of self-betrayal—of compromising oneself morally? Among the consequences are accusing emotions and the self-deception that always accompanies them. Clearly, if we can let go of these emotions and with them our self-deceptions, we will no longer be betraying ourselves. When we stop the one we stop the other also.

In addition, this works the other way round. When we stop betraying ourselves we shall have no occasion for living any lies or producing any self-destructive emotions. This is the practical recommendation I was referring to. A person can't directly stop feeling something he feels, but he can stop doing the things he feels are wrong, the things that compromise his integrity.

Normally, I don't recommend that people work on the problem in this way, but invariably someone is insightful enough to realize, right away, that this the key. He sets about trying hard to do whatever he feels is right, when he feels it, without any stalling or quibbling. And the result is almost always the same. Things start going unaccountably well in his life; opportunities come, he's able to apply himself effectively to his work, people respond to him favorably.

There's nothing mysterious in this. What's happening is that he no longer has any investment in failing or playing the victim, so he doesn't. He no longer is pouring his energy into arranging himself in people's minds,
including his own; he can put that energy into the task at hand. He's not nursing accusing feelings towards others, but instead caring ones, and they sense this and respond accordingly. Of course the people who discover this secret don't completely understand what's going on, but they are certain something is. Like Norm, they can't imagine why they ever were content to live any other way.

Roberta was sixteen when she came with her eighteen-month-old boy, Andrew, to the clinic. She was shy, nervous, and very angry; her mother, at home with Roberta's three-month-old girl, made her come because she was abusing Andrew. She had become sexually active at fourteen, dropped out of school, and continued her switchblade, fight-with-anybody lifestyle. She said she was surprised at her angry outbursts—they seemed to come upon her unbidden and unwanted. Andrew, she said, would throw tantrums if he didn't get his way and would do just the opposite of what she told him to do. He'd hold his breath until he went blue to get what he wanted. She admitted striking him on the head when she lost control of herself. Her boyfriend wanted to marry her, but she felt she couldn't control her anger enough. She was sick of herself, worried about what she might do, and despairing about the future.

Instead of using a standard psychotherapeutic approach, I taught Roberta very simply that sometimes we get angry at others when we don't do things we feel we should, to prove they are to blame and not us. I gave her some everyday examples. She laughed and blushed; what I was teaching her matched her experiences. Her 'homework' assignment was to stop whenever she got angry and think about what she was supposed to do that she was refusing to do. After she found what it was, she was to do it right away. She said she would. I told her that if she did it, her feelings would change. She wouldn't have any more need to prove she wasn't to blame.

Two weeks later, when she returned, I asked her how things were going. "When I went home," she said, "I was determined not to get angry, but the next day I got angry at everything. I was tying Andrew's shoes, and as I would tie one and go to the next, he would untie it. When I would go to tie it again, he would untie the other one. When I got them both tied, he untied them with both hands at once. I was so mad I caught myself about to hit him. Then I remembered the homework and tried to think of what was right that I should do. I couldn't think of anything. As I sat there concentrating, I called Andrew over to me and I put him on my lap and just sat there rocking with my arms around him and my eyes closed, trying to think of what was right. After a long time I knew the right thing was just to love him and I started to cry and couldn't stop. I sat there hugging him. My mother came over to me and said, 'You were getting angry, weren't you?' I said, 'Yes.' She said, 'But you didn't, did you?' 'No, Mother. I didn't get angry.' And since I've stopped getting angry, everyone has started liking me."

Roberta later told me that when her friends come to get her to play basketball she tells them she wants to stay with her kids, and told me it wasn't any sacrifice to do it. What she had written in her diary about
her cruelty to animals and her fist-fighting even with teachers now "grosses her out." Her boyfriend called long distance and as they talked he stopped and asked, "Roberta, is that you?" "Yes, it's me." And a little later, "Are you sure this is you?" "Sure, of course it's me." Andrew has turned out to be a very loving, happy, and obedient child.

Integrity

One way to rid ourselves of negative emotions is to stop doing the things that are producing them. Though we may not be able to identify the specific self-betrayals that brought on our troubles, we can stop betraying ourselves as of this moment, without quibbling or stalling or rationalizing.

Simply put, the point is this. There is an unbreakable connection between compromise of integrity, defensive emotions, and deep anxiety. And there is a connection between integrity, love, authenticity, and serenity. This book is an extended attempt to draw these connections, together with their practical implications for living well.
Chapter 17
Forgiveness

When she accepted with her whole heart the truth of what her brother had told her, Barbara was liberated from the hatred she felt toward the man who had raped her. Prior to this, she had discolored every thought she had of her husband and of their relationship with this hatred. Not being able to bring herself to love him completely was her way of continuing to say to the world, "See how badly abused I was, that long time ago! See how I haven't been able to recover even now!" She was obsessed about this aspect of her life, so much so that she couldn't—or wouldn't—surrender herself to what she and Frank were together, wouldn't let herself be loving, wouldn't let herself feel how he needed her to do so. Yielding herself to the truth about herself and to her husband meant letting go, in that very moment, of the proof against the rapist she had been clinging to. It meant abandoning her hatred. By that very stroke she ceased to be a victim.

Another term for what happened is 'forgiveness.' Her case illustrates as well as any can the liberating power of the act of forgiving—of letting go of the victim's status and all the offended feelings that go with it.

A concerned woman brought to me a problem about forgiveness that had bothered her for some time. "If you forgive somebody you are saying to them, 'There's something you need to be blamed for, but I'm a big enough person to overlook it.' So you are insisting that they have done something wrong by you, or else you wouldn't have anything to overlook. So you can't forgive and forget, can you? If you forgive you aren't forgetting, you're remembering, and this doesn't seem to be a very charitable thing. I've always been suspicious about forgiveness."

Barabara's story gives us the answer to this concern. As long as we think the wrong that's been done is someone else's fault, then forgiving them will be a matter of keeping their offense against us well in mind. But we have learned in this book that the hurt that's being done to us, emotionally and psychologically, is something we ourselves are doing—we are the ones who are making victims of ourselves. We have also learned that when we do this, we are really doing all we can to victimize others—to make them look and feel bad. So the wrongdoing we need to be most concerned about--the wrong
that's afflicting us with victimized and sometimes guilty feelings—is not their wrongdoing but our own. To forgive others, then, is not a matter of pardoning them so much as a matter of ceasing to feel that there's anything to pardon. It's a matter of ceasing to do wrong against them by accusing them in our hearts.

It is something else also, if it is genuine. It is a desire to be forgiven. From the perspective I am presenting in this book, forgiving and needing to be forgiven are the same thing. For not forgiving is a wrongdoing in one's own eyes—an accompaniment of self-betrayal, and forgiving is ceasing to do that wrong, and wanting to be reconciled with those who have suffered from it.

Margaret asked to attend one of my seminars. She had been in counselling or therapy continuously for fourteen years, chronically depressed and almost non-functional. She blamed her inability to get on in life on her mother—though she claimed she would go for long periods without allowing herself to think of her mother (which is obviously an accusing thing to do, since it's a way of saying, "You're too despicable to think about, you upset me too much.") At any one time, she said, she had at most one friend, toward whom she would behave so possessively that after a few months the friend could not tolerate her anymore and would then leave her alone. Her lips trembled when she talked and were pinched in when she didn't; and almost always her eyes were downcast. I found it hard to pity her because she was obviously spending a lot of pity on herself already. In private I learned that her mother had molested and abused her frequently when she was a child and, as she thought, ruined her life.

The seminar extended over the Christmas and New Year's holidays. When we reconvened on January 10, Margaret was the only participant not present. We started anyway, and about twenty minutes into the session a woman whom I did not recognize entered the room and took a seat at one of the tables where the participants were sitting. As I usually do in situations like this, because I don't like to have interruptions when everyone seems to be concentrating well, I let the discussion continue; another woman was recounting an experience she had had. After a few minutes I realized with a shock who this mystery woman was and whispered to my assistant, "It's Margaret." Simultaneously, I noticed, others were doing the same. Margaret's face was relaxed, and there was a natural dignity in her bearing which was completely absent before. And when she spoke, as she did presently, her lips did not tremble. The self-pity was gone. To me, her countenance seemed to be illuminated.

She asked to speak, and told us she had taken the train over the holiday to see her mother, whom she had freely forgiven. She told her mother that she wanted more than anything else for her to have some peace before she died. So, she said, she was asking her mother's forgiveness for the hatred she had borne toward her through so many
years. She said in the days since she returned she has often had tender feelings toward her mother, and has called and written to her.

I have heard from Margaret periodically in the ensuing years. her 'cure' was far from instant, but that visit to her mother was a turning point. After about a year in which things gradually improved in her relationships with roommates, her fear of being betrayed by them finally disappeared. She has been able to hold job successfully. Each time I hear from her she seems to be doing a little better.

The stories of Barbara and Margaret remind us that our troubled emotions aren't like scars that were inflicted upon us at some earlier time by others or circumstances. If they were, there would be no way to get rid of them completely. Instead, they are something we are doing now, they are attempts to present ourselves to the world and to ourselves as if we have been victims at that earlier time and were still carrying the scars from it. It's because these emotions are something that we're doing right now, that we can get rid of them. And getting rid of them is tantamount to forgiveness, for it is letting go of the accusations of others we are making.

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Forgiveness

Letting go of an accusing emotion is
the same as forgiveness.

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Chapter 18
Practical Suggestions

I've been discussing the subject of ‘letting go’ of accusing, self-excusing emotions. I pointed out that doing so doesn’t take great effort or expertise. It isn’t a matter of doing something to ‘control oneself’ or ‘break the habit.’ It’s a matter of undoing—of simply giving up the lie one is living.

But though it may be simple, it’s not easy. It’s not easy because, when we are accusing others, we can’t see how to stop. We are self-deceived. We really believe that what we feel is others’ fault, not ours, and that before we can forget about the trouble and let go of the feeling, they will have to change. So we create a kind of trap for ourselves, a trap we can’t see the way out of.

In this section I have touched upon some suggested ways out of this trap, and would like here to summarize them. Though they look like things we can do or steps we can take to get out of it, they are actually ways to undo, to stop producing accusing and self-victimizing feelings.

The suggestions are divided into two kinds, contemplative approaches and active approaches. As I’ll indicate at the end, each contemplative approach seems to lend naturally to one of the active approaches.

Contemplative approach 1: Emotional honesty.
This means being completely truthful in our feelings, which means giving up our accusing feelings.

We might ask ourselves: What are we doing to provoke the other person’s behavior? (If he were to describe us, what would he say?)

It is helpful to try to write an honest answer to this question.

Contemplative approach 2: Empathy.
A person in collusion can consider how the other person, his colluder, is hurting himself.

It can help to ask: What is the other person doing to make himself a victim in his efforts to justify himself in the life he is living?

One help in answering this question is to imagine, when we think about this person, that we are taking no offense—that we ourselves are feeling no hurt from what he is doing.
Another help is to think about the 'collusion baggage' he may be carrying—the problems he is packing around from his childhood experience and from his present relationships.

**Contemplative approach 3: Values Reassessment.**

We can ask whether what we are losing, if we give up our accusing feelings, is really as valuable as we now think.

What about the hurt we've felt the other person is causing us? Are the things he's threatened really that valuable? (Such as opportunities, money, position, time, success, reputation, rights, and self-respect.) And are they really as threatened as we think they are?

Or have we exaggerated their value or the degree to which they are threatened in order to build our case against him?

It can be helpful to write an honest answer to the foregoing questions and also to the following questions: Is it worth making ourselves miserable by means of such exaggeration, just in order to have proof that we're right and he's wrong? What does it really cost us to get this proof?

**Active approach 1: Reconciliation.**

What positive action can we take that may prompt the other person to want to be reconciled with us? What will assure him that we are being completely honest in our feelings toward him?

**Active approach 2: Love.**

We can do the loving thing we haven't been doing.

In relation to a person with whom we have been colluding, we can try to think of what we ought to do that is caring. We can imagine the situation from his viewpoint. What would help him feel encouragement, confidence, and hope?

**Active approach 3: Integrity.**

We can simply do the right thing, no matter what.

It can help to set aside a period of time in which we try to do what we feel is right, no matter what.

At first, we may experience confusion about what we really feel is right and wrong. But if we persist, our feelings on these matters will become clearer and clearer.
CONTEMPLATIVE APPROACHES

I. Emotional honesty
   Being completely truthful in my feelings—which means giving up my accusing feelings.

II. Empathy
   Considering how the other person is hurting himself.

III. Values reassessment
   Asking whether I am losing anything of real worth.

ACTIVE APPROACHES

leads to

Reconciliation
Seeking forgiveness, because that's what forgiving requires.

Love
Doing the loving thing I haven't been doing.

Integrity
Doing the right thing, no matter what.
EXERCISES/SESSION 3

1. Take time out where you can be undisturbed. Have with you something to write with. Then: imagine you are living in a world just like this present world, except for one (and only one) difference. The difference is that your attitude in this imagined world is not what it is in the real world. In the imagined world others are acting in the same way they do in this world, only you are not offended by them in any way. You do not feel hurt, no matter what they are doing. You see them hurting themselves rather than you. You do not see them accusingly, but with love.

Now choose a person who may have irritated or injured or offended you in the past (or is doing so presently). Write a description of that person from your new, imagined point of view.

When you are done, write down also any insights you may have received from doing this exercise.

On this or another occasion, try this exercise with a second individual in mind.

Each time you do this exercise, write down the insights you get from doing it, make a copy for me, and hand it in.

2. Choose an individual with whom you have had a counterproductive relationship. Identify what you have been feeling toward him that might have helped provoke his attitude and his behavior toward you. Decide what is right for you to do, in order to take your responsibility for the problems between you. Then carry out your plan.

3. Teach someone what you have learned during the past two months about self-betrayal, collusion, and liberation. Make a plan for doing this teaching and then teach as clearly as you can, engaging your student in giving examples from his or her own experience is very helpful.

4. Continue with your journal.
AGENTIVE THEORY AS THERAPY: AN OUTCOME STUDY

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Abstract

The present study evaluated the efficacy of a four-week seminar which emphasized the principles of Agentive Theory. This theory, which is compatible with theories of a phenomenological/existential perspective, was first developed by C. T. Warner, an American philosopher. Agentive Theorists/Therapists emphasize that our negative emotions, i.e., depression, anger, etc., are assertions or judgments we make and not merely feelings we are responsible for controlling or expressing. Forty-eight outpatients who sought help with personal/emotional problems from a department of behavioral medicine were assigned to either a treatment or waiting-list control Group. Following a four-week treatment phase, the treatment group was shown to have made significantly greater improvement than the waiting-list control group with respect to general mental health, somatization, depression, anxiety, hostility, phobic anxiety, psychoticism, anger, and guilt.

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