

IDEOLOGICAL CHANGE IN PSYCHIATRIC HOSPITAL PERSONNEL FOLLOWING HUMAN RELATIONS TRAINING

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Since its inception in 1947, the laboratory approach to human relations training has generated considerable research on the dynamics of small group behavior (see 18). Designed to foster interpersonal competency by exploring the effect of here-and-now experiences created in the various social situations by the participants themselves, the problem of the effectiveness of such training has been of major interest to the applied behavioral scientist. In general, the results have been rather equivocal and quite disappointing (e.g., 5). What changes have been found seem to occur for some individuals, in particular T (training)-groups, under certain conditions (e.g., 6).

Failure to find the expected improvements has led investigators to search for factors either in the personality of the participants (11, 13, 17), or in the character of the laboratory (7, 8, 12, 14, 16), or in the appropriateness of the research instruments used (5, p. 340).

Two of the major goals of laboratory training are "increased awareness of and sensitivity to emotional reactions and expressions in oneself and in others" and "the development of personal values consonant with a democratic and scientific approach to problems of social and personal decision and action" (4). One study (15) of the effects of human relations training in five laboratories, reported indeed that the most consistent improvement occurred in "sensitivity to feelings," demonstrating the feasibility of such training. Such results are in accordance with the concept of man of Adler (1) who points to man's innate potentiality for social living which involves the feeling of belongingness, a concern for others, and a willingness to cooperate, all included in the concept of social interest. Under unfavorable conditions, however (e.g., emphasis on individualism, materialism, self-centeredness), this social interest may remain underdeveloped (3). It is predicted, therefore that human relations training laboratories would produce in their participants (a) a greater humanistic orientation towards one's fellow man, and (b) a greater acceptance of a democratic ideology, both as aspects of a further development of social interest.

METHOD

Population and Setting

Three short-term human relations training laboratories, spaced one month apart, were conducted for administrative personnel at the Big Spring State Hospital, Texas,¹ of which two were used for the present study. Each laboratory consisted of 18 delegates (heads and assistant heads) from the various service and professional departments. Both laboratories were divided into three T-groups of six members each. None of the T-groups contained more than two members from the same department.

Both laboratories lasted for three full days. During this time, the participants were involved in two daily 1 1/2 hour autonomous (leaderless) T-group meetings; as well as problem-solving exercises; spontaneous role play of solutions to interpersonal problems arising in the T-group sessions; and lectures on leadership styles, power-structure, decision-making, effective and ineffective groups, and conformity and deviation. The primary focus of the laboratory was on shared decision-making and the awareness of the effects of one's behavior on others.

After each T-group session, the participants would report in the general session the dilemmas and feelings that were generated in the T-group meeting. For example, if members reported that a particular individual had dominated the meeting, the feelings of these members (hostility) would be reported to the member in question.

The effects of democratic and autocratic processes were demonstrated in the power-spectrum exercises and in the problem-solving of realistic hospital situations. In the power-spectrum role-playing, one member of a pair was instructed (without the knowledge of the other member) to assume an autocratic role in determining the rank-order of a series of items relative to job effectiveness. Each member was then asked to rate the other on items concerning feelings of hostility, satisfaction, tension, effectiveness of solution, etc. A second role-play situation instructed the member to assume a democratic or shared-decision role, and a third situation involved a laissez-faire role. At the conclusion of the exercise, all the ratings were reported to the members in the general session. This was followed by a "theory" lecture dealing with the effects of different styles of leadership behavior.

Direct and immediate feedback of feelings served to make the participants more aware of the effectiveness of their interpersonal behavior. They were encouraged not only to express their feelings, positive or negative, but also to specify what particular behavior on the part of another person aroused these feelings without at the same time offering or implying any evaluation of the person. Threat in receiving negative feedback as to the effects of one's own behavior on others is probably reduced by the perception that all participants are similarly involved and by the feeling of acceptance that develops in the T-group. Also, following any negative feedback, spontaneous role playing is continued until the member experiences positive feedback.

Instruments

Three scales were used to assess changes in ideology: (a) the Traditional Family Ideology Scale (TFI), the Custodial Mental Illness Ideology Scale (CMI), and the F Scale. The TFI was developed by Levinson and Huffman (10) to measure an individual's position on the democratic-autocratic continuum of ideology concerning the family. An abbreviated 8-item form was utilized in the present study (10, p. 268), high scores representing high autocratic ideology.

The CMI Scale by Gilbert & Levinson (9) was designed to assess ideologies regarding the nature and causes of mental illness, and the hospital aims and policies in treating the mentally ill. The high end of the continuum represents

¹Appreciation is expressed to Dr. Preston Harrison, superintendent of the Big Spring State Hospital, for cooperation in all phases of the present study.

custodialism, i.e., the traditional view of the hospital as a place for the safekeeping and detention of its inmates. Custodialism is "saturated with pessimism, impersonalness, and watchful mistrust." The low end of the continuum represents "humanism," a concern for individuality and human needs of both patients and personnel. The scale consists of 20 statements, has a split-half reliability of .85 and a test-retest correlation of about the same magnitude. It correlates with the F Scale from .67 to .76, with the TFI from .50 to .77.

The F Scale (2) is a general measure of authoritarian-equalitarian ideology. The abbreviated Scale of eight items, as used by Gilbert and Levinson (9), was employed in the present study.

Test Administration

All the items of the above three scales were randomly assembled in one test form entitled Value Orientation Scale. The Scale was administered by the personnel officer of Big Spring State Hospital² who informed all the subjects that the test was being explored as a possible screening device for future employees. The Scale was given approximately one month prior to the first laboratory to all the subjects plus 20 non-participants to minimize any connection between the test and the laboratory. It was readministered about one week before the second laboratory. The experimental group consisted of the 18 participants in the first laboratory, and the control group consisted of the 18 subjects who were scheduled to participate in the second session. Thus the control group represented the "wait" group. Thereby the expectation of the human relations training period was equated for the experimental and control groups.

RESULTS AND DISCUSSION

The mean pre- and post-treatment scores for both the control and experimental groups on the three scales are shown in Table 1. Before training, the mean scores of the two groups were quite comparable; but after the training, they were quite different. A t-test of the difference in change (+ 1.66 and - 5.95) on the CMI shows that the experimental group changed significantly (.05 level) in the direction of greater humanism. On the F Scale the difference in change (+ 1.17 and - 1.84) showed that the experimental group had become significantly (.05 level) more democratic. On the TFI, however, the changes of + 2.35 for the control group and + 1.22 for

TABLE 1. COMPARISON OF CHANGES FROM PRE- TO POST-TRAINING BETWEEN THE CONTROL AND EXPERIMENTAL GROUPS, ON THE CUSTODIAL (CMI) SCALE, F-SCALE, AND TRADITIONAL FAMILY IDEOLOGY (TFI) SCALE

	Control (N = 18)			Experimental (N = 18)			t Difference in change
	pre	post	change	pre	post	change	
CMI	59.28	60.94	+1.66	60.67	54.72	-5.95	2.40*
F-Scale	31.00	32.17	+1.17	32.17	30.33	-1.84	2.08*
TFI	32.05	34.40	+2.35	33.22	34.44	+1.22	.52

*Significant at the .05 level.

²The assistance of the personnel officer of the Big Spring State Hospital, Mr. Charles McQuaid, in the administration of the Scale is gratefully acknowledged.

the experimental group were not significantly different from each other.

It was the purpose of the present experiment to show that an experience in a human relations training laboratory which focused on shared decision-making and concern for the feelings of others would result in greater acceptance of a democratic ideology and greater humanism. On two of the three measures used the results were as predicted.

The failure to find significant differences in the TFI might appear surprising in view of the high test intercorrelations, an average of about .70 between CMI and TFI, and F Scales (9). In the present study the correlations prior to the laboratory experience were .69 between CMI and F Scale, .48 between CMI and TFI, and .51 between F and TFI. That family ideology seemed more resistant to change might be due to the fact that our laboratory involved individuals only, not families of the members, and dealt with situations unique to a job setting. Perhaps a laboratory with family participants and concerned with intrafamily problems might produce a greater change in family ideology. Also, parental attitudes towards family interrelationships seem much more personal and probably much more influenced by factors stemming from one's own early family relationships than relationships on the job. A short-term laboratory experience may not be sufficient to modify these deeply-embedded orientations.

The present design does not permit, of course, the specification of the characteristics of the laboratory training responsible for the changes away from custodialism and authoritarianism. No doubt the shared decision-making exercises and feedback in the T-group experiences were effective, and the theory sessions contributed to insight which reinforced the importance of democratic leadership. Further experimentation, however, is necessary to isolate the influences of each component of the laboratory training on the changes in ideology.

SUMMARY

It was predicted that a human relations training laboratory with primary emphasis on shared decision-making and concern for the feelings of others, would result in greater acceptance of a democratic ideology and a more humanistic orientation towards others. Thirty-six administrative personnel from a state hospital participated, 18 in each of two short-term human relations training laboratories

spaced one month apart. The Traditional Family Ideology (TFI), Custodial Mental Illness (CMI), and F Scales were administered to all subjects by the personnel officer about one month prior to the first laboratory and then again about one week before the second laboratory. The experimental group, who had completed the first session, changed significantly more than the control group, who had only "waited" to participate in the second laboratory. The change was toward humanism (CMI) and general democratic ideology (F). No significant change occurred in family ideology (TFI).

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