MUTUAL AID COUNSELLING - EFFECTIVENESS IN AIDING DAILY COPING

by

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Abstract

Mutual aid counselling is a cooperative, reciprocal counselling method for lay people, created by Dr. R. Vance Peavy. Historically based on principles of both lay counselling and self-help groups, and theoretically based on existential counselling theory, this method trains and pairs individuals to counsel one another, reciprocally assuming the roles of counsellor and counsellee, or, in mutual aid counselling terms, of assistant and person.

Since little empirical research has been conducted on this method, the present study examined the effectiveness of mutual aid counselling in aiding the daily life coping skills of its participants.

Eighty-six university students, enrolled in a helping relationships course, were the subjects for the study, sixty-five of whom were receiving training in mutual aid counselling, and twenty-one who were not receiving the training. The twenty-one students not receiving the training became control subjects, and the sixty-five students who became experimental subjects, were further divided into three groups in a design resembling Campbell and Stanley's (1963) Solomon Four-Group Design.

A communication questionnaire was administered as a pretest to the control group and to one experimental group, and as a posttest to all four groups. In addition, thirteen students from the experimental pool of subjects volunteered to have four progressive tape-recorded interviews, where they were asked to discuss their feelings about and opinions on mutual aid counselling.

Analysis of variance and "t" tests failed to yield significant results. Outcomes of the subjective case study data were, however, of a more positive nature, indicating support for the question of effectiveness of mutual aid counselling in aiding daily coping.

Recommendations for future research and implications of the present study for both professional counsellors and society in general were discussed.

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Chapter I

Introduction

Adults encounter day to day problems, life transitions and periods of crisis in their lives, often resulting in needs which, for various reasons, may not be met by available helping agencies and professionals. Troubled adults then face a choice of either accepting help, frequently unsatisfactory and usually in the form of advice, from well-meaning friends and family, or of coping alone with their unmet needs. An ideal solution for the adult in need of assistance would be a resource combining the qualities of availability and negative cost of friends and family, with the counselling skills of a professional. Mutual aid counselling, a method of counselling where interested adults are trained to assist one another, makes this potentially ideal solution a reality.

A practical method of personal counselling, mutual aid counselling

> "incorporates the principle of help-seeker/ help-giver role exchange, which can be easily learned by willing and intelligent adults, and which is useful to individuals in coping with the problems of daily living" (Peavy, 1977a, p.1).

Minimizing a reliance on experts, and emphasizing the natural helping tendencies of ordinary citizens, mutual aid counselling utilizes reciprocal exchanges between two persons helping one another to cope with life problems. The goals

of mutual aid counselling are to: promote emotional mastery, offer and receive useful guidance about expectable problems and possible responses to them, and to provide self- and performance-validating feedback.

R. Vance Peavy, the originator of mutual aid counselling, believes there are at least three important evaluation questions to be asked about mutual aid counselling.

> "First, with moderate training does the relationship between partners show improved evidence of the mutual aid orientation? Second, do the partners show the mutual aid orientation in their behavior? Third, do individuals find mutual aid counselling to be of value in daily coping?" (1977a, p.27).

The first two evaluation questions have implications mainly for the relationship between mutual aid counselling partners, in that they both question characteristics of the counselling relationship and of each mutual aid counselling partner. On the other hand, question three has potentially broader implications for the counselling profession and for society in general. Obviously a counselling method that teaches non-professional people to effectively help one another with daily life problems is going to have some effect on professional counsellors who attempt to earn their livelihood by helping others. Society, especially today's nuclearized, mobile technical society, also is likely to be influenced somewhat by a counselling method that brings ordinary citizens together in a reciprocal helping relationship.

Although not questioning the importance of the first two questions to mutual aid counselling, I believe that the third question, due to its possible wider ranging implications, is more important. Support for the third question would lend validity to the first two questions, whereas answers to both question one and two would be relatively inconsequential if the third question is not answered positively.

Therefore, it is the purpose of this thesis to focus on the third question:

> ". . . do individuals find mutual aid counselling to be of value in daily coping?" (Peavy, 1977a, p.27).

Chapter II

Review of the Related Literature

Effectiveness of Lay Counsellors

The effectiveness of traditional counselling and psychotherapy has yet to be positively, unambiguously substantiated. Twenty-six years ago, Eysenck (1952) first exposed the failure of psychotherapy to facilitate the recovery of neurotic patients. His accumulated data revealed that approximately two thirds of the neurotic patients included in his study recovered or improved to a marked extent within two years of the onset of their illness, regardless of whether or not they received psychotherapy. More recently, Bergin (1971) reached a similar conclusion,

> "that psychotherapy, as practiced over the past 40 years, has had an average effect that is modestly positive. It is clear, however, that the averaged group data on which this conclusion is based obscure the existence of a multiplicity of processes occurring in therapy, some of which are now known to be either unproductive or actually harmful" (p.263).

Bergin arrived at his opinion after reviewing outcome studies, some of which he criticized for their ambiguity, carried out since the time of Eysenck's article.

Although counsellors have known for years that what they have been doing is not particularly effective, that "traditional approaches to counselling and psychotherapy simply don't deliver" (Ivey, 1973, p.111), we still find

a predominance of traditional treatment methods in counselling centers and institutions; counsellors are continuing to operate without any empirical evidence supporting the results of their efforts (Arbuckle, 1968).

Perhaps as a result of the continuing absence of data supporting professional counselling, but more likely because of the steadily increasing demand for counselling services and the corresponding shortage of professionally trained personnel to provide the needed assistance, counselling by paraprofessional and lay counsellors has, during the last fifteen years, become increasingly popular. The client-centered approach to counselling developed by Carl Rogers (1961) has been an influencing factor in the rising popularity of lay counsellors. Rogers' idea of a helping relationship is based on congruence, empathy and positive regard, which de-emphasizes the role of the counsellor as expert.

Since the mid sixties, there has been mounting evidence showing that paraprofessional and lay helpers are as effective or even more effective than professionals (Harvey, 1964; Magoon & Golann, 1966; Zunker & Brown, 1966; Carkhuff, 1969; Patterson & Twente, 1971; Dilley, 1972; Waters, 1972; Brown, 1974; Balzer, 1975).

> "Again, lay persons, with or without training and or supervision, have patients who demonstrate change as great or greater than the patients of professional practitioners. This finding is based on assessments by outside experts, the

> practitioner's supervisors and co-workers, the patients' ward attendants and significant others, as well as reports by the patient himself, and client-outcome criteria such as hospital discharge and recidivism rates, assessments of psychological functioning and total adjustment, social-interpersonal behavior, communication and cooperation, self-care and mobility, reaction time and verbal fluency, and indices of sexual-marital and educational-vocational functioning, as well as the more traditional testing indices (Carkhuff, 1968, p.90).

With the skills of counselling no longer being maintained as an artificially scarce resource, certain advantages that lay counsellors have over professional counsellors become apparent. Lay counsellors have an

> "(a)increased ability to enter the milieu of the distressed; (b)ability to establish peer-like relationships with the needy; (c)ability to take an active part in the client's total life situation; (d)ability to empathize more effectively with the client's style of life; (e)ability to teach the client from within his frame of reference more successful actions; (f)ability to provide the client with a more effective transition to more effective levels of functioning within our social system" (Carkhuff, 1968, p.91).

Furthermore,

> "they bring fresh points of view, flexible attitudes, and sometimes new methods into the field. They also solve their own problems in helping to solve the problems of others. They become constructive, better integrated citizens themselves, which is the most important thing of all, for in so doing they add to the community's pool of good will, rather than to its pool of discontent and suspicion" (Rioch, 1966, p.291).

Some supporters of lay counselling see it eventually replacing traditional counselling altogether (Tyler, 1972),

while others feel that

> "a community better educated in counseling principles and techniques will not use less professional counseling but more professional counseling and will use it more effectively" (Cantoni & Cantoni, 1965, p.179).

Robert Carkhuff (1968) sees the professional's future role as that of a consultant. Regardless of whether paraprofessional counselling comes to either supersede or complement traditional counselling, it is important to look at the reasons for its apparent effectiveness, and professional counselling's comparative ineffectiveness.

One possible reason is the doubtful relationship of professional training to counselling effectiveness (Carkhuff, 1968; Arbuckle, 1968). Programs, generally complex and heterogenous in nature, try to link research and practice. They are usually cognitively oriented toward developing diagnostic understanding and research skills, spending the majority of time on these skills rather than counselling skills. Conversely, the lay counselling training programs attempt to use the short amount of time available for the acquisition of interpersonal and action-oriented skills. Both Carkhuff (1969) and Rogers (1961) have demonstrated the effectiveness of empathy, warmth and positive regard expressed by untrained counsellors.

> "Nevertheless, the overwhelming preponderance of systematic evidence available today indicates that the primary conditions of effective treatment are conditions which minimally trained non-professional persons can provide. The conditions are not the monopoly of doc-

> toral training and there is strong reason to believe that they are often not achieved in doctoral training" (Carkhuff, 1966, p.364).

Selection procedures provide another possible reason for the apparently greater success of the paraprofessional counsellor (Carkhuff, 1969). The selection process for professionals emphasizes intellective factors such as grade point average and performance on the Graduate Record Examination. Although methods for selecting paraprofessionals vary widely, most programs attempt to select individuals who exhibit a capacity for empathy, warmth and sensitivity in interpersonal relations; high self-confidence and self-regard; and the ability to accept people with values different from their own.

Furthermore, naive enthusiasm and lack of professional stance may permit lay counsellors to respond more freely to their clients' daily mood swings (Poser, 1966). Clients also possibly cooperate more readily with people felt to be closer to themselves in the social hierarchy, such as lay counsellors, rather than professionals (Rioch, 1966).

Finally,

> "the lay person's motivation to help appears more simple and direct, unconfounded by needs to find position, status, prestige, money and perhaps some 'handles' on his own psychological difficulties within the helping role" (Carkhuff, 1968, p.89).

Thus, it seems that lay counselling is minimally as effective as traditional counselling, and, at times, more effective. It is a growing phenomenon and will likely

continue to expand in the human services field.

Growth of Self-help Groups

An outgrowth of the 1960's expansion of lay counselling is a tremendous increase in the number of self-help and mutual help groups (the two terms are used interchangedly).

> "The self-help movement has arrived. Crowded out in the sixties by larger social movements such as civil rights, antiwar, free speech, the counter-culture, and so on, self-help groups seem to be moving toward center stage in the seventies" (Riessman, 1976, p.63).

Thirty years ago, with the exception of Alcoholics Anonymous, self-help groups were virtually unknown. Today, it is estimated that there are over half a million different self-help groups in the United States (Katz & Bender, 1976).

Self-help groups are defined by Alfred Katz and Eugene Bender as

> "voluntary small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance, as well as emotional support; they are frequently "cause"-oriented, and promulgate an ideology or values through which members may attain an enhanced sense of personal identity" (1976, p.9).

The self-help group has several important charac-

teristics (Silverman, 1970). First, the caregiver has the same disability as the carereceiver. Second, a recipient of service can change roles to become a caregiver (hence the alternative title of mutual help groups). Finally, all policy and program is decided by a membership whose chief qualification is that they at one time qualified and were recipients of the services of the organization. Katz (1970) believes that

> "the fact of sharing a central problem . . . defines membership status in self-help groups, despite many individual differences. A peer in a self-help group thus has a commonality or mutuality of problems with others" (p.54).

Reasons for the rapid increase in the number of self-help groups become evident as the characteristics of the groups, and of the movement as a whole are examined.

The first contemporary self-help group, and by far the best publicized, most influential and perhaps most successful self-help group is Alcoholics Anonymous (Sagarin, 1969). Alcoholics are matched with former alcoholics on a "buddy system" for individual support, and they attend weekly meetings for group support (Trice, 1957). Despite a lack of statistical evidence supporting the success of Alcoholics Anonymous, as well as the presence of evidence that Alcoholics Anonymous does not help every alcoholic (Trice, 1957), it is generally felt that former alcoholics have more success than professional therapists in working

with alcoholics (Tyler, 1972).

Shortly after Alcoholics Anonymous showed signs of success, its methods were adopted by others. Gamblers Anonymous, Narcotics Anonymous, Fatties Anonymous, Over-eaters Anonymous and Schizophrenics Anonymous are a few of the imitators of Alcoholics Anonymous (Sagarin, 1969). Recovery, Incorporated, another imitation of Alcoholics Anonymous, is an association of former nervous and mental patients whose specific methods of self-help and after-care are aimed at the prevention of relapses and chronicity among the mentally ill (Wechsler, 1960). Originally a professionally supervised extension to psychotherapy, it is now a lay-run structured form of self-help, based on will-power. Weekly group meetings are followed by an informal social "mutual aid" period which allows members to discuss problems and obtain advice from others.

Peer counselling is a fairly well documented form of self-help group. College or school students are trained in basic group and individual counselling skills, and then provide assistance to fellow students either in individual counselling sessions or in groups, with favourable results (Brown, 1965; Zunker & Brown, 1966; Leibowitz & Rhoads, 1974; Archer, Jr. & Turner, 1976; Blai, Jr., 1976; Leventhal, Berman, McCarthy, & Wasserman, 1976; Ruth, 1976; Spiegel, 1976).

Today there are many lesser publicized, self-help

groups. For instance, there is a self-help group for every major disease listed by the World Health Organization. Undergraduate students pair up with distressed and alienated peers on the college campus, participating in a "Companion Program" (Boylin, 1973; McCarthy, Wasserman, & Ferree, 1975). Guggenheim and O'Hara (1976) report veteran patients being introduced to newly disabled patients with the same disease to allow a sharing of feelings, experiences and strategies.

Peer counsellors combine learned counselling skills with personal experience gained from living with a disability in the Center for Independent Living, a service, training and educational agency for the disabled and blind (McEwen, 1976). Widows who have recovered from their bereavement have formed a self-help group in preventive intervention, reaching out to and supporting newly widowed women (Silverman, 1970).

Women In Transition, Inc., though now defunct due to lack of funding, was formed to help other women with specific needs like lawyer referrals, job information and housing, as well as to listen to women who needed someone to talk to and needed assistance in coping with emotional needs (Galper & Washburne, 1976). Vietnam combat veterans have launched a self-help movement of group sessions and other activities outside the auspices of Veterans Administration, which they had found unresponsive to their needs (Shatan, 1973). Take off pounds sensibly, or TOPS, is a self-help group that has a "buddy system" designed to help its overweight members who

experience anxiety or loss of control in their efforts to lose weight (Wagonfeld & Wolowitz, 1968). Little People of America, a self-help group for dwarfs, has the dual aim of helping members cope with personal difficulties and of ameliorating the hostile social atmosphere in which they live (Sagarin, 1969).

Evident from the variety of self-help groups, is the fact that mutual help organizations are not simple phenomena, but are parts of a complex, and at times even contradictory movement (Killilea, 1976). Some self-help groups were formed as alternative support systems, such as the Vietnam combat veterans self-help movement (Shatan, 1973). Others are complementary to and controlled by professional services. For example, a hospital visit by an ostamate from the Ostomy Association to a person about to undergo ileostomy or colostomy may be carried out only with the surgeon's permission (Lenneberg & Rowbotham, 1970). Mutual help groups are categorized both as growth-promoting and helpful support systems (Caplan, 1974), and as agencies of social control (Sagarin, 1969). The literature variously describes these organizations as societies of deviants (Sagarin, 1969); as peer self-help psychotherapy groups, formed with an emphasis on faith, willpower, self-control and day to day victories (Hurvitz, 1970; Dean, 1971); and as groups of people sharing a common problem or predicament who come together for mutual support and constructive action toward shared goals (Katz, 1970;

Vattano, 1972).

In spite of the complexity of the self-help movement, there appear to be some basic stimuli behind the movement. Much of the impetus comes from the social climate of modern society. O. Hobart Mowrer (1971) points out the disruptions of the traditional institutions of home, church, school and neighbourhood caused by urbanization, geographic and socio-economic mobility, and assorted technological changes. Many people no longer have the sense of personal identity, emotional intimacy and cosmic meaning which they once knew. Hansell (1976) feels that individuals may not have been fully aware of the importance of small group activities in their lives until high migration rates and feelings of loneliness made clear the sense of social nakedness that can result. Also, the role that the extended family and clan played in assisting with adaptational work may not have become obvious until the individual experienced the frailty of solitary efforts by the nuclear family. The security that used to be available from kin and clan is now sought in the company of those with whom one feels connected through a similarity of current experience. Katz and Bender (1976) further point out the depersonalization and dehumanization of institutions and social life, feelings of alienation and powerlessness, loss of choices, and decline of the sense of community and identity caused by industrialization, a money economy, and the growth of vast structures

of business, industry and government. Compounding these problems for many is the loss of belief in many established values and institutions.

Self-help groups satisfy a need to link oneself with others for positive reasons. The pressures, frustrations and alienation experienced by major segments of society are revealed to the total population through the media - news, music and arts - more rapidly than ever before (Vattano, 1972). As a result, people have a new interest in determining their own destinies. The search for the power to do so has evolved in response to rising expectations and the awareness that there exists in many areas of life barriers to the achievement of human potential, self-determination and well-being. Self-help groups are a sign of the "power to the people" movement (Vattano, 1972).

When society does not help suffering or needy people, they often seek comfort from others with the same complaint, even though there may be little else in common (Katz & Bender, 1976). Groups are thus formed with a focus on some common dissatisfaction, so that implicit in every self-help group is a criticism of lacks or failures of the larger society. Self-help groups

> "show by their very existence that they have found something lacking in the American society of the fifties, sixties, and seventies" (p.231).

Various limitations of professional practice in the field of human service is another force behind the self-

help movement. The tremendous population increase has compounded the chronic shortage of professionals in health and welfare (Vattano, 1972). Furthermore, there is growing evidence that the services delivered by professionals are often ineffective (Eysenck, 1952; Bergin, 1971). Frank Riessman (1976) thinks that amongst professionals there is an

> "unwillingness to deal with certain problems, a limited reach with regard to various populations, overly cognitive orientations, extreme formalism, monopolistic credentialism, etc." (p.264).

On the other hand, the self-help orientation is more active, peer oriented, informal, open and inexpensive.

Vattano (1972) points out the prevalence of a new sense of egalitarianism coinciding with the diminished importance of traditional status and authority. Holding an official position and possessing special credentials are no longer automatically acknowledged as signs of competence. Also, self-help groups have proved they can bring about personal and institutional change.

> "The individual can no longer rely on the magic of an analyst or the all-powerful curative abilities of the therapist. The choice becomes fully his to fall back on his own resources, receive assistance from his peers, and eventually help others like himself" (Bumbalo & Young, 1973, p.1589).

Concept of Mutual Aid

The philosophy behind the self-help group is based

both on the concept of mutual aid (Kropotkin, 1902) and the helper principle (Riessman, 1965).

Mutual aid is not a new idea.

> "We may safely say that mutual aid is as much a law of animal life as mutual struggle, but that, as a factor of evolution, it most probably has a far greater importance, inasmuch as it favours the development of such habits and characters as insure the maintenance and further development of the species, together with the greatest amount of welfare and enjoyment of life for the individual, with the least waste of energy" (Kropotkin, 1902, p.6).

Mutual aid is not only seen as a factor in animal evolution, but is now also seen as a factor in the evolution of man, an idea that is currently receiving significant attention in the new discipline of sociobiology (Wilson, 1975).

Peter Kropotkin (1902) outlines man's history, pointing out examples of mutual support which repeatedly accounted for the success of civilization. Back in the stone age, people lived in clans and tribes, where a wide series of social institutions developed in a primitive stage. The barbarian village community grew out of the tribe, and with it, a new and broader circle of social customs, habits and institutions, including the principle of common possession of and common defence of a given territory. When men and women were required to make a new start, they made it in the city, where there existed a double network of territorial units connected with guilds - groups practicing a common art or craft, or groups formed for mutual support and defence.

Although the growth of the State on the pattern of Imperial Rome put a violent end to all medieval institutions for mutual support, this new civilization, based upon the loose aggregations of individuals, with the state their only bond of union, did not last.

> "The mutual aid tendency finally broke down its iron rules; it reappeared and reasserted itself in an infinity of associations which now tend to embrace all aspects of life and to take possession of all that is required by man for life and for reproducing the waste occasioned by life" (Kropotkin, 1902, p.294).

The beginnings of mutual aid in modern Europe were marked by the advent of Friendly Societies in England at the end of the Seventeenth Century. Friendly Societies were "an attempt by working men to meet their social and convivial needs as well as to insure against the hazards of sickness and death" (Gosden, 1973, p.vii), during a time of adverse living and working conditions. The societies were mutual compacts to help one another in case an accident, crisis or illness prevented any member from working, as well as to financially support the widow in the case of a member's death. A reduction in their importance occurred only in the Twentieth Century, with the beginning of government old age pensions and national health insurance.

Early American colonists initially followed the pattern of mutual aid through the spontaneous neighbourliness of small

communities, as they banded together for reasons of production and protection against both nature and the Indians (Katz & Bender, 1976). This phase, however, was short-lived.

> "The fertility of the land and freedom from oppressive state controls led to the abandonment of communal effort in agriculture and crafts and its replacement by the marked individualism of production and ownership that has characterized American society ever since" (p.18).

Mutual aid principles were only evidenced by colonists assisting one another in farming chores. Some self-help groups emerged in response to common difficulties; dairymen mutual assistance associations and irrigation cooperatives were two such groups. The campaign for better living conditions also led to the formation of consumer cooperatives, which became strong in the 1870's, after suffering during the Civil War, only to fail again for economic reasons. Finally, in the early 1900's, trade unions were successful in setting up pension programs, housing developments, insurance plans and their own banks.

> "Historically, the essence of mutual aid has been the need for and creation of group coping mechanisms that ensure man's survival in the face of environmental threats and deprivations" (Katz & Bender, 1976, p.22).

The coming together for mutual aid may have been structured like the Friendly Societies and cooperatives, or it may have been casual and informal. Problems of the time period and the focus of the mutual aid may have differed

widely over the centuries, but the one constant element is peoples' need to give and take help from one another. Today, "these needs seem to have reached a crescendo" (Katz & Bender, 1976, p.23).

Since the end of World War II, and, as previously mentioned, especially during the 1970's, North America has been the scene of an explosion of the greatest number and variety of mutual help groups ever known in human history.

The Helper Principle

The helper principle is the other philosophical force behind the self-help movement. Riessman (1965) first proposed the helper therapy principle, which states that while it is an uncertainty that people receiving help are always benefitted, it seems more likely that the people giving help are profiting from their role. In self-help groups, people with problems who help other people with more severe problems, are therefore benefitting as much or even more than the person receiving the help.

Skovholt (1974) has attempted to explain the helper therapy principle. He looked at the principle in terms of developmental psychology and personality theory, theories of social exchange, modeling, and direct reinforcement, summarizing the benefits one receives from helping as follows:

> "1) The effective helper often feels an increased level of interpersonal competence as a result of making an impact

> on another's life; 2) The effective helper often feels a sense of equality in giving and taking between himself or herself and others; 3) The effective helper is often the recipient of valuable personalized learning acquired while working with a helpee; and 4) The effective helper often receives social approval from the people he or she helps" (p.62).

Baron and Byrne (1977), in their textbook on social psychology, discuss prosocial behaviour, a behaviour similar to the helper therapy principle. They feel that a person who is helped feels at a disadvantage (in terms of equity), and that he or she is uncomfortable unless there is an opportunity to reciprocate. Self-help groups provide the opportunity for a helpee to later become a helper, hence their popularity. Evidence that recipients of help will like the helper more and be more willing to request future aid when they have an opportunity to repay provides another factor in the popularity of the self-help movement (Castro, 1974; Clark, Gotay & Mills, 1974; Gross & Latané, 1974).

Significance of the Self-help Movement

Although the long-range effects of the self-help movement are not yet apparent, there is no doubt about its fundamental significance.

> "People are responding to contemporary social conditions with a new activism. Their actions are transforming society by changing many of its basic institutions and are posing a new challenge to the helping professions in health and

> welfare programs. The challenge is particularly evident in the emergence of self-help groups - groups that emphasize the power of their members to assist one another rather than depend on the help of professionals." (Vattano, 1972, p.7).

There is an inevitability about the self-help movement that suggests it is more than a passing fad in the human services (Dumont, 1974).

> "Larger populations will become responsive to self-help methods. In a world where despair, frustration, and isolation seem to be normative, we will become more and more aware of the limitations of our traditionally defined professionalism in alleviating emotional suffering" (p.634).

Cooperative Counselling Methods

Mental health professionals who are aware of the significance of the self-help movement, are probably concerned about how they can relate to it. Gerald Caplan (1974) predicts that the self-help field will become a major focus of research during the next ten years, but in the meantime, both Caplan and Carkhuff (1968) feel professionals will contribute by helping to organize new self-support systems and offering their consultation services.

Carl Rogers (1961) implied mutuality in counselling in his client-centered approach to therapy, which advocated a helping relationship based on congruence, empathy and positive regard, de-emphasizing the role of the counsellor. Boy and Pine (1976) furthered Rogers' implication by recommending

that the relationship between counsellor and client be equalized. Pre-counselling procedures to be utilized by the counsellor to enable the counselling relationship to become equalized are:

> "(1)providing clients with an orientation to counseling in which the equalized nature of the relationship becomes known, (2)encouraging clients to become voluntarily involved in the counseling relationship, (3)demystifying counseling so that it is no longer a deep, dark, mysterious, and unequalized relationship, (4)developing a positive image of the counselor so that the counselor is perceived by the environment as a facilitative person rather than an authority figure, moralist, or judge, and (5)tending toward a theory of counseling which enables the client to have an equalized relationship with the counselor" (p.25).

However, neither Rogers nor Boy and Pine discuss a counselling relationship where the counselling relationship is not only equalized, but the counsellee and counsellor are actually equals.

Certain professionals in the counselling field have, however, developed completely equalized counselling methods (Jackins, 1965; Heron, 1974; Southgate, 1974; Peavy, 1977a). Each has been instrumental in creating and implementing a method of cooperative reciprocal two-person counselling based on the concept of mutual aid.

Re-evaluation counselling Cooperative counselling, in general, is counselling in which the counsellor and client roles are interchanged between two people. Re-evaluation counselling or co-counselling, as it is fre-

quently called, is the best known and earliest form of cooperative counselling. Founded by Harvey Jackins (1965), in Seattle, Washington, this revolutionary peer self-help psychotherapy method has been introduced in many North American cities, as well as in London, England (Scheff, 1972).

Re-evaluation counselling is a group process as well as a two-person activity. An experienced re-evaluation counsellor leads weekly group meetings where discussion, demonstration and try-out are the methods used to teach members the concepts, values and procedures of re-evaluation counselling. Pairs are formed from the group members for the purpose of meeting together for separate two hour co-counselling sessions between group meetings. During the two hours, one person assumes the helping role and listens to the other for the first half of the time, and then the roles are reversed. When the helpee role is assumed, people choose their own topic and proceed at their own speed and depth, the task of the helper being to listen with full attention. There is no authority relation to co-counselling: the situation is one of counselling between equals, in a manner that finely balances self-direction and mutual aid (Heron, 1973).

As participants feel they understand the material presented in the "training group", they advance to a secondary group, at the same time continuing their co-counselling (Scheff, 1972). The emphasis in the secondary group is on the members showing independence by setting their own

directions; an instructor is present to help when necessary. Finally, when members are satisfied that they can set their own directions, they are encouraged to continue co-counselling and join an independent group. In this third group, participants are completely responsible for the use they make of their own time. The combination of co-counselling and membership in an independent group results in a stable counselling relationship for the participants, and is expected to last indefinitely.

The working hypothesis behind re-evaluation therapy is that all humans possess a core being comprising qualities of lovingness, zest, intelligence, cooperativeness, curiousity and communicativeness (Somers, 1972). Our basic tendency as humans is to:

> "love ourselves and one another; act rationally; enjoy what we do; cooperate with one another; explore and discover more about each other, our planet and the cosmos, past, present and future; communicate well with each other" (p.3).

This core being, however, is often fully or partially obscured. As children move through their world, events occur which distress them, causing them to experience emotions such as fear, pain, anger, grief, disappointment and sadness. If the distressed child is not interfered with, he/she will discharge the distress in the form of crying, shaking, trembling, shivering and other external manifestations of distress. However, as socialization takes place, the child becomes conditioned to limit or extinguish the

discharge entirely. When the discharge process does not take place, the original distress will continue to be experienced in restimulation, with the person unable to think of a rational way to deal with it.

Discharge is therefore, a natural recovery process, available to all human beings in early childhood. Re-evaluation therapy considers each person as capable of regaining all of his or her discharge capacity. Participants, while they are assuming the helpee role, are encouraged to discharge pent up distressful events. Once discharge has occurred, persons are able to re-evaluate the event in a rational insightful way, possibly resulting in a behaviour change. As re-evaluation takes place with greater frequency due to frequent discharge on different distresses, they experience a greater sense of control over themselves and their environment. Rationality is heightened, and one's core being becomes more operative.

Thomas Scheff (1972) sees self-help groups, such as Jackins' re-evaluation counselling, as being the most promising group in the mental health field, as far as attaining the ideal approach to mental health problems. This ideal approach, in his mind, would be:

> "1)effective; 2)cheap; 3)quick; 4)free of harmful side effects; 5)applicable to a broad range of problems, and not limited to very specific problems; 6)applicable to a broad range of populations, in terms of social class, race

> and ethnicity, age, education, etc.; 7)have preventive, as well as therapeutic, potential; 8)finally, an ideal approach would have implications for social, cultural, and political change, as well as for individual change, so that it did not merely help individuals adjust to the status quo" (p.2).

An especially important characteristic of the innovation of re-evaluation counselling is the contract (Peavy, 1977a). It states that

> "half the time you are the client, you choose the direction to go, and I will give you my full attention; the other half, I am the client, I will choose the direction, and you will give me your full attention" (Peavy, 1977, p.5).

Reciprocal counselling A second method of cooperative counselling is reciprocal counselling, developed by John Heron (1974). Described as a two-way growth process for well-adjusted persons, at each session two people take turns being both client and counsellor, each assisting the other person's growth. The client is self-directive, but has a contract with the counsellor that the counsellor will intervene when the client requests it, or when the client seems, to the counsellor, to have lost his way or to be blocking. The counsellor's interventions are in the form of suggestions; he/she does not criticize, analyse, interpret or categorize.

Reciprocal counselling is both theoretically and methodologically open, the only two principles being self-direction and reciprocal attention and support. Less structured than

re-evaluation counselling, reciprocal counselling has as goals, the discharge of past emotional distress, goal-setting, action-planning, life review and stimulation of creative thinking.

Karen Horney counselling Originally called "dialectical peer counselling" (Southgate, 1974), and later re-named Karen Horney counselling (Southgate & Randall, 1976), this third type of cooperative counselling was developed by John Southgate. Although the actual co-counselling procedure is similar to re-evaluation counselling, theoretically, this method is quite different. It is based not only on ideas from Hegel and Marx, but also on ideas from Karen Horney's two books Self-analysis (1942) and Neurosis and Human Growth (1950). The major goal of the method is to aid untrained people to gain skills in psychoanalytic self-analysis, beginning with the basic methods of co-counselling and continuing through to the various advanced methods.

Mutual aid counselling Adults helping adults (AHA) or mutual aid counselling (Peavy, 1977a), is the most recently developed form of cooperative counselling. Originated in Victoria, British Columbia, by R. Vance Peavy mutual aid counselling is based on the concept of mutual aid.

Mutual aid is a process of giving and, in turn, receiving aid. Assuming that the terms "mutual aid" and "support system" both refer to the same inter-personal process, Peavy feels it is possible to specify the psychological ingredients

which indicate the importance of mutual aid for counselling. Caplan (1974) describes three elements present in long and short-term supports:

> "the significant others help the individual mobilize his psychological resources and master his emotional burdens; they share his tasks; and they provide him with extra supplies of money, materials, tools, skills, and cognitive guidance to improve his handling of his situation" (p.6).

Applying the support system characteristics to mutual aid counselling,

> "implies reciprocal exchanges which help the partners to cope with life problems by (a)promoting emotional mastery; (b) offering useful guidance about expectable problems and possible responses to them; and (c)by providing self- and performance-validating feedback" (Peavy, 1977a, p.8).

Mutual aid, besides providing specific psychological and even physical assistance, indicates a particular orientation. A person with a mutual aid orientation is receptive to and notices the many opportunities in everyday life for both giving assistance and receiving assistance from other persons. It is important that participants of mutual aid counselling have this orientation, that is, a tendency to seek out peers for assistance and to help peers when they are perceived to be in need of assistance.

Peavy (1977a) has identified six elements of the mutual aid orientation. The first element is the existential element; the focus of the mutual aid orientation is upon the actual concrete problems which individuals encounter daily.

Also, this orientation not only discourages the use of labelling and classification, but also uses ordinary, as opposed to technical language. For instance, the counselling process is referred to as helping; the person giving support is the assistant; the person receiving assistance is the person; work is what the two people do when they meet together for the purpose of giving and receiving aid; a meeting is the actual face to face contact with each other, for the purpose of giving and receiving aid; a life issue refers to those things which the person and assistant work on in their meetings; and an intervention is a specific technique for coming between the person and his/her difficulty (Peavy, 1977b).

Transformation is the second element of the mutual aid orientation. The orientation recognizes that life is a process of transformation, constantly undergoing change, and that people can help one another live through transformations constructively.

A third element is that of reciprocity. The roles of counsellor and counsellee are exchangeable in mutual aid counselling, the basic contract being, "I'll help you and then you help me".

Fourth, the helper principle is an important element of the mutual aid orientation. Discussed above as a major philosophical force behind the self-help movement, the helper principle was originated by Riessman (1965), who

noted that it was often the helper who benefitted most from the helping encounter. Mutual aid counselling attempts to take this insight into account and maximize the benefits of giving and receiving help, encouraging participants to involve themselves in both giving and receiving aid, thus working for the good of others as well as for oneself.

An expression of the democratic ideal is a fifth element. Instead of depending on professionals for help, mutual aid participants take the responsibility for meeting the needs of their fellow humans, as they strive for self-reliance. However, this does not mean that professionals do not have an important role in counselling, just that they do not have the only role to play.

Finally, a sixth element of mutual aid counselling is the principle of creativity.

> "Creative helping does not refer to a single method but to a learning / creating / helping / realizing / growing process - a synthesis of experiences through which a person may reintegrate himself with his world in such ways that he makes himself whole, renews himself through creative energy and creates a more meaningful personal existence" (Peavy, 1974, p.171).

An important function of mutual aid counselling is to affirm all such attempts at creativity.

The six elements combine to form what Peavy (1977a) terms the mutual aid orientation to counselling. These elements are seen as belief in the power, both potential and actual, of ordinary people to aid each other in mutually

benefitting ways during times of crisis, transition and trouble.

Developing skill in using the mutual aid method begins with learning a procedure for the meeting (Peavy, 1977b). Briefly, this meeting procedure consists of: i)"scatter-braining", or exchanging words about some trivia of daily experience; ii)deciding who will work and who will assist; iii)checking the depth at which the person wishes to begin working; iv)working together; v)mutually checking out, where the two people review how things went in the meeting; and vi)switching roles and repeating steps three, four and five.

Learning the mutual aid counselling method requires an ongoing increase in self-knowledge by each participant. To help develop this understanding, everyone is encouraged to keep a personal journal.

Finally, the effective use of the mutual aid counselling method requires learning to use each of six interventions: support, clarification, catharsis, instruction, prescription and confrontation (Peavy, 1977b). Role-playing is the primary method of learning and practicing the six interventions, and lectures are the supplementary learning method.

The purpose behind originating mutual aid counselling was to develop a method of counselling

> "(a)which incorporates the principle of help-seeker/help-giver role exchange, (b)which can be easily learned by willing and intelligent

> adults, and (c)which is useful to individuals in coping with the problems of daily living" (Peavy, 1977a, p.1).

The purpose of this thesis is to determine whether mutual aid counselling displays the third stated characteristic.

For the purposes of this thesis, daily coping has been defined as the ability to both deal successfully with some of one's own problems and to be able to receive effective assistance from another in dealing with other life problems. In other words, people who are handling some of their own problems, and talking to a facilitative person for assistance with other problems, are coping well.

There are two assumptions underlying this definition. First, it is assumed that everyone has problems, personal or otherwise, without which life would be more pleasant. Second, the assumption is made that talking to another person for help with one's problems indicates effective daily coping. Caplan (1974) supports the second assumption, by maintaining that having a support system (such as another individual available for assistance) is important in maintaining the physical and/or psychological well-being of an individual over time.

Furthermore, it is hypothesized that many people are not coping well with daily problems, mostly because they have no one to turn to for effective assistance when it is required. Theoretically, mutual aid counselling will assist

participants in their daily coping by providing a counselling partner willing to both assist and be assisted.

Stated as a null hypothesis, it is predicted that individuals receiving mutual aid counselling training will not differ on the measurement of daily coping from individuals not receiving training in mutual aid counselling.

Chapter III

Method

Subjects

Eighty-six University of Victoria students were the subjects for the study. This total figure included twenty-one control subjects, students who were not exposed to mutual aid counselling, and sixty-five experimental subjects, students who were instructed in the techniques of mutual aid counselling.

Random sampling of subjects into control and experimental groups, with subsequent matching of demographic variables was not possible. The question under investigation required that the experimental subjects be persons who would be learning mutual aid counselling. As one section of the eight month long university course, Education 417 (Helping Relationwhips), taught by R. Vance Peavy, founder of mutual aid counselling, was offering training in mutual aid counselling during the fall term (September to December), students enrolling in the course automatically became experimental subjects. Students enrolling in the other section of the same course, which was also taught by Peavy, but which was not going to be receiving mutual aid counselling training until the spring term (January to April), became control subjects.

Students enrolling in the course in September were not

aware of the planned difference between the two sections, and so presumably were signing up for one of the two sections only according to convenience of the time of the course for their personal timetables. Similarly, students were unaware of their status as subjects, let alone of their designation as either control or experimental subjects.

Thirteen students were drawn voluntarily from the experimental class as subjects for case studies, at the same time maintaining their status as experimental subjects in the pool of sixty-five subjects. The three men and ten women ranged in age from early twenties to early forties, and occupations included professional year student, teacher, psychiatric nurse, office receptionist, therapist, physiotherapist, and several held positions in the human resource field.

Design

The study, which was experimental in nature, had a design similar to Campbell and Stanley's (1963) Solomon Four-Group Design, with two distinctive differences: subjects were not randomly assigned to categories in this study, and the treatment of the fourth group in this study differs from the treatment outlined by the Solomon Four-Group Design (see Table 1).

The first of the four groups was the pretest-posttest experimental group, a group of eighteen from the experi-

Table 1

Summary of Study Design

GROUP NAME	N	PRETEST	DATE	POSTTEST	DATE
Group 1 Pretest-Posttest Experimental Group	18	Communication Questionnaire	13-9-77	Communication Questionnaire	6-12-77
Group 2 Pretest-Posttest Control Group	21	Communication Questionnaire	14-9-77	Communication Questionnaire	9-1-78
Group 3 Posttest Only Group	28	-	-	Communication Questionnaire	6-12-77
Group 4 Pretest-Posttest Strength Deployment Inventory Experimental Group	19	Strength Deployment Inventory	13-9-77	Communication Questionnaire	6-12-77

mental group who received a pretest, four months of experimental treatment (that is, training in mutual aid counselling), and a posttest. In this case, the pretest and posttest were two copies of the same test.

The second group, the pretest-posttest control group, a group of twenty-one subjects from the control group, received a pretest and a posttest four months apart, with no experimental treatment in between. Again, it was two copies of the same test that the subjects completed.

The third group was the posttest only experimental group. This group of twenty-eight subjects from the experimental group received the four months of experimental treatment (that is, mutual aid counselling training), followed by a posttest.

Solomon's Four-Group Design designates the fourth group as a control group, receiving only a posttest. However, in the present study, the fourth group consisted of nineteen students from the experimental group who received a pretest, experimental treatment (that is, mutual aid counselling training), and a posttest. In this fourth group though, unlike the first and second groups, the pretest and posttest were not two copies of the same test; they were instead two entirely different tests, the posttest being the same as the pretests and posttests received by the other three groups. Controlling for possible sensitization effects to the measuring instrument was the purpose behind the formation of

this fourth group.

In addition to the objective pretest and posttest measures, some subjective measures were also taken. Thirteen members of the experimental group were interviewed four times over the four month period of experimental treatment, the first interview taking place at the end of September and the fourth interview occurring during the first week of December, to compile material for case studies.

Instruments

Two objective measures and one subjective measure were used to gather information on the question of whether or not mutual aid counselling is useful to individuals in coping with day to day problems.

The primary objective measure, a questionnaire entitled simply "Communication Questionnaire", was developed by myself (see Appendix I), based partially on Peavy's checklist "Does Mutual Aid Counselling (AHA) Help Me?" (1977a). Four pages in length, the questionnaire underwent two complete revisions before reaching its present final form. Revisions were made each time as a result of comments received from various persons asked to both complete the questionnaire and give their opinions and/or suggestions for improvement.

The Communication Questionnaire is comprised of fourteen items or sets of statements, each set of statements having two parts to it. For each of the fourteen items, subjects

are asked to select an appropriate statement from a list of five possible statements in Part I, and to select a statement from a list of three possible statements in Part II, filling in the designated blank if number three is chosen.

Statements in Part I of the questionnaire describe in varying degrees - never, seldom, sometimes, often and always - one's feelings about or experiences with some daily life problems. For example, the first statement in item (a) is, "When something is bothering me, I never like to let go and get it off my chest"; the second to fifth statements substitute the words "seldom", "sometimes", "often" and "always" for "never".

Persons responding to this item are revealing how they feel about having something bothering them. Part II statements describe how one deals with the problem mentioned in each of the fourteen items. Using item (a) as an example once again, the choice of possible statements is:

"1. I do not get things off my chest by talking to someone, and I do not wish to.
2. I do not get things off my chest by talking to someone, but I wish I had someone to talk to.
3. I get things off my chest by talking to _____."

A response in Part II of the first item (a) will disclose how respondents deal with, or how they wish to deal with the problem of having something bothering them.

Each of the items are similar to the above example, with the exception of items (l) and (n), which both have

three parts to them. Due to the nature of each item, I felt more information was required from respondents than could be obtained from the two sets of multiple choice statements. For instance, in item (1), I felt it was necessary to know whether the respondent felt good about helping someone else, before determining to what degree they wanted an opportunity to help someone. Similarly, in item (n), I wanted first to know if the respondent liked improving things for someone else before finding out to what degree the respondent liked to be personally involved in improving things for someone else.

Besically, responses to the Part I statements for each of the fourteen items will reveal some of the needs of or problems of the respondents, needs and problems which could theoretically be helped by a mutual aid counselling partner.

In Part II, the responses disclose whether respondents have someone to assist them with their needs or problems, or would like to have someone to assist, or do not have and do not want anyone to assist. Part II is the actual measure of daily coping: it is assumed that respondents who do not have and/or do not want someone to talk to are coping less adequately than respondents who have someone to talk to about their concerns.

Reliability and validity of the Communication Questionnaire were each considered before any testing took place.

Both test-retest reliability and internal consistency reliability were determined. The questionnaire was distributed to students in a third year level university communication course on two separate occasions, two weeks apart. A reliability coefficient of .805 was computed between the two sets of responses, indicating the presence of test-retest reliability.

The Kuder-Richardson Formula 20 was used on the data from the first set of questionnaires completed by the above-mentioned communication class. As a result, the coefficient alpha, or internal consistency measure, was .818, again an acceptable level of reliability.

Predictive validity of the Communication Questionnaire, although ideally desirable, was not practical as there was no predictor included in the study.

In the case of content validity, according to Nunnally, it inevitably

> "rests mainly on appeals to reason regarding the adequacy with which important content has been sampled and on the adequacy with which the content has been cast in the form of test items" (1970, p.137).

As the fourteen items in the questionnaire were composed on the basis of Peavy's (1977a) checklist of fifteen items, which was created to determine how much mutual aid counselling does or does not help the respondent, I felt that the questionnaire did sample important content. I also felt, on the basis of the revisions of the questionnaire made in

response to feedback, that in the final form of the questionnaire, the content had been adequately cast into the form of test items.

Construct validity is generally a subtle and not easily measured characteristic of a measuring instrument. First, the domain of observables must be specified (Nunnally, 1970). The construct I was interested in measuring was how well people cope with their daily problems. In terms of the domain of observables, the single behaviour being measured by the Communication Questionnaire was whether or not respondents had or wanted someone to talk to about their problems, which is the above-mentioned definition of daily coping.

Second, it must be determined to what extent all, or some, of those observables correlate with one another or are affected alike by experimental treatment (Nunnally, 1970). This requirement was not applicable to the construct validity of the Communication Questionnaire as there was only one behaviour specified in the domain of observables.

Finally, one must determine whether or not one, some, or all measures of such variables act as though they measured the construct (Nunnally, 1970). As far as the Communication Questionnaire was concerned, the information required by the construct being measured was asked for directly. Thus, I felt that this particular measure did act as

though it measured the construct, and consequently concluded that the Communication Questionnaire did possess construct validity.

The second objective measure used was the Strength Deployment Inventory, developed by Porter (1973). This measure was given as a pretest to group four, a pretest-posttest experimental group, to control for possible sensitization to the Communication Questionnaire. It was retyped to resemble the Communication Questionnaire in appearance, to prevent the group of subjects being aware that they were not all completing the same questionnaire (see Appendix II).

The Strength Deployment Inventory was designed to help subjects assess the strengths they used in relating to others under two kinds of conditions: when everything is going well in one's relationships and when one is faced with conflict and opposition. Reasons for choosing this particular instrument include: availability; ease of typing to resemble the Communication Questionnaire; and relevance to students enrolled in a helping relationships course.

As the results of this inventory were not relevant to the thesis topic, the reliability, validity and scoring instructions will not be dealt with.

The single subjective measure was a collection of cassette tapes, made during a series of interviews I had with each of the thirteen volunteer subjects, for the purpose of compiling thirteen case studies on students involved in

mutual aid counselling. Interviews took place four times with each subject, the first one occurring at the beginning of October and the fourth one at the beginning of December. Approximately fifteen minutes in length, the interviews were spaced about two weeks apart; subjects thus had two meetings with their counselling partners between interviews.

Unstructured in nature, the format for each interview was the same, theoretically ensuring reliability. I always opened the meeting with the statement, "I'd like you to tell me your feelings about and your opinions on mutual aid counselling". At the second, third and fourth meetings, I asked if there were any changes in the subjects' feelings from the prior interviews. Subjects who requested a more specific framework on which to base their evaluations were asked to look at mutual aid counselling in relation to their relationship with their partner, their other personal relationships and their present or aspired career.

Confidentiality was assured each of the volunteer subjects to encourage openness and honesty on their part, and subsequently validity for the method of data collection.

The contents of the tapes were documented and evaluated: categorically according to expressed opinions, sequentially by examining the four interviews with each subject, and comparatively by comparing not only the contents of each of the subjects' tapes, but also comparing the tapes with results of the Communication Questionnaire.

Procedure

Separate procedures were followed for the collection of the objective and the subjective data. The objective pretests - the Communication Questionnaire and the Strength Deployment Inventory - were administered by R. Vance Peavy, the professor for each of the two classes. His explanation that the questionnaires were not his and were not evaluative of the course, but were instead information gathering devices of graduate students interested in various aspects of the course, presumably alleviated any tendency to please the professor with a positively answered questionnaire. No mention was made of mutual aid counselling, a term that the students were not yet familiar with.

As previously mentioned, the assignation of students into control and experimental groups was carried out on the basis of convenience to the students, rather than a random selection by the experimenter. Group two, the pretest-posttest control group, consisted of the entire section of Education 417, predesignated as the control group. All three of the other groups were formed from members of the Education 417 section predetermined as the experimental group. During the first week of classes in September (1977), when the pretesting took place, only thirty-seven of the students in the experimental group section were present. Those present were randomly given either one of the two pretests, that is, the Communication Questionnaire or the

Strength Deployment Inventory, with the particular pretest filled out determining whether the students became members of the first or the fourth previously described groups. The twenty-eight students who showed up for the class the following week automatically became members of the third (posttest only) group.

Pretesting for groups one and four (pretest-posttest experimental group and pretest-posttest Strength Deployment Inventory experimental group) took place on September 13, 1977, and pretesting for group two (pretest-posttest control group) took place on September 14, 1977. Posttesting for all three experimental groups was carried out on December 6, 1977. In the case of the control group, posttesting occurred on January 9, 1978. Absenteeism in the control group during the last week of classes prompted a postponement in the administration of the posttest to the first week of classes in the new term.

All students filling out pretests were asked to encode their questionnaires with a code that preserved their anonymity, yet allowed not only a later matching of individual pre- and posttests, but also a placing of each of the questionnaires into one of the four groups. To elaborate, first of all the control group, or group two, were all members of one class which facilitated straight forward sorting. During pretesting in the experimental class, only two-thirds of the class were present. Students who completed the Communication

Questionnaire automatically became members of group one, and the other half, the students who completed the Strength Deployment Inventory, became members of group four. These two groups were obviously distinguishable from one another. During posttesting, when the entire experimental class received the Communication Questionnaire as a posttest, it was a simple matter to separate the questionnaires with code numbers not yet recorded, as members of the third, or posttest only group.

The code consisted of: the first initial of one's father's first name; the first initial of one's mother's first name; and the day of birth (eg., JB30).

R. Vance Peavy also administered the posttests. He distributed Communication Questionnaires to all subjects with the instructions to once again encode the questionnaire. Again, no mention of mutual aid counselling was made during the administration of the questionnaires in order to control for possible contamination of results.

On the other hand, mutual aid counselling was mentioned during the collection of subjective data for the case studies. I was introduced to the experimental class, after they had received two weeks of introductory instruction in mutual aid counselling, as a graduate student working on a thesis about mutual aid counselling. I asked for students to volunteer to meet with me on a regular basis for the purpose of discussing their feelings about mutual aid counselling. In return, I offered them a feeling of selflessness at helping a fellow

student; a chance to closely examine their personal feelings about mutual aid counselling; and some insight into the process of writing a thesis.

Thirteen students volunteered to meet with me approximately once every two weeks for a total of four meetings throughout the term. Interviews were tape-recorded, and as previously stated, confidentiality was assured, in order to facilitate the subjects' openness and honesty. The atmosphere seemed relaxed and subjects did not appear concerned by the presence of the tape recorder; during the interviews the microphone was laid flat nearby, not held up to the subject's face.

I met with the subjects at times and locations convenient to both of us; meetings took place at my office, my home, subjects' offices, subjects' homes, vacant seminar rooms at the university, and, at times, over the phone, with the assistance of a telephone answering machine in my home.

The first interview took place October 11, 1977, and the final one occurred on December 12, 1977. Generally, each of the subjects had two weekly three hour classes between our meetings. Class was cancelled for three weeks in October, during the professional year students' teaching practicum, but most students continued to meet with their counselling partners during the three weeks.

The three hour class sessions were divided into three parts: a one hour lecture and role-playing session from

Peavy; a one and a half hour mutual aid counselling session; and a half hour debriefing session, carried out in small groups of fifteen to twenty, with a teaching assistant acting as group leader. Towards the end of the term, the class was arbitrarily split in half and the schedule was shuffled a little so that Peavy gave his lecture twice a night, each time to half of the class, to allow for more student participation.

The final interviews coincided with the end of term. In January, students were going to make a choice whether to continue on with mutual aid counselling, or begin a new experience such as becoming a member of a leaderless group.

I did not request any personal information from the subjects, taking note only of the sex of the subject and the present or intended occupation, the latter fact coming up incidentally during interviews. Also, I had no way of knowing which of the three experimental groups the volunteer subjects were members of, as I did not ask for their particular codes. The reason for not asking for codes was to prevent the subjects associating me with the questionnaires.

I promised to make available to the volunteer subjects the completed thesis for their examination. Also, once the other subjects have been debriefed as to the nature of the study and their role in it, a copy of the thesis will also be put at their disposal.

Chapter IV

Results

Statistical computations carried out on the data that was collected by means of the Communication Questionnaire, yielded non-significant results in all cases.

A "t" test carried out between the pretests of group one (pretest-posttest experimental group) and group two (pretest-posttest control group) showed no significant differences, indicating that the two groups were similar prior to the start of the experimental conditions. The results of the "t" test are summarized in Table 2.

An analysis of variance was run on the four groups' posttests. The resulting F value was non-significant, as summarized in Table 3.

A "t" test was carried out on the pretest and posttest data of group one, the pretest-posttest experimental group. The resulting "t" value was non-significant, as presented in Table 4.

Similarly, a "t" test was run on the pretest and post-test data of group two, the pretest-posttest control group. Once again, the resulting value of "t" was not significant. Table 5 summarizes this particular analysis.

The Strength Deployment Inventory was administered for procedural rather than evaluative reasons. As the results of the Strength Deployment Inventory, administered to group

Table 2

"t" Test Results of Group 1 and Group 2 Pretests

	Group 1	Group 2	"t" value
Mean	98.29	97.91	t(57) = 1.056
$\sum x^2$	1322.96	1720.75	N.S.
N	24	35	

Table 3

Analysis of Variance of the Posttest Scores
On the Communication Questionnaire

Source	df	SS	MS	F	P
Between	3	173.10	57.70	.993	N.S.
Within	82	4762.21	58.07		
Total	85	4935.31			

Table 4

"t" Test Results of Group 1 Pretest and Posttest

	Pretest	Posttest	"t" value
Mean	98.72	97.33	t(34) = -.068
S.D.	66.54	51.56	N.S.
N	18	18	

Table 5

"t" Test Results of Group 2 Pretest and Posttest

	Pretest	Posttest	"t" value
Mean	100.38	101.05	t(40) = -.069
S.D.	32.90	28.33	N.S.
N	21	21	

four (pretest-posttest Strength Deployment Inventory experimental group) were not relevant to the thesis topic, they will not be presented.

Subjective data, gathered in the form of thirteen case studies, yielded results of a more positive nature than the objective measures.

Rather than include the transcripts of all thirteen case studies, I selected four representative examples to document completely, which are presented in Appendix III, as well as some statements from each of the other nine subjects' interviews. Recognizing the potential dilemma of being selective, there are several reasons for this decision.

First, it would require approximately sixty pages to include the transcripts of the four interviews for each of the thirteen subjects, creating an unnecessarily tedious (and expensive) addition addition to the thesis, tedious both to the author and to the reader.

Second, twelve of the thirteen subjects were relatively uniform in their opinions about mutual aid counselling, in spite of the differences in their actual statements. All twelve seemed to fluctuate in their opinions at a similar time in the series of interviews. On the basis of this knowledge, I selected the case of the one subject who differed, as well as the case studies of three others to document. The three others were chosen as their opinions were the most widely divergent of the twelve; I felt they were

representative examples.

Finally, the tapes of the four interviews with each of the thirteen subjects are available upon request, provided the anonymity of the thirteen subjects is guaranteed.

Each of the thirteen subjects had somewhat fluctuating attitudes towards mutual aid counselling over the series of four interviews. Close examination revealed that most of the negative feelings seemed to be experienced either during or immediately following the three weeks that Professor Peavy was not present for lectures. Negative comments that were documented nearly all concerned feelings such as being on a plateau and feelings of going nowhere during this three week period.

Two of the subjects experienced minor problems with their partners: one was settled through confrontation, and the other problem only became obvious when the subject counselled very successfully with someone else one week, the experience described by subject two (see Appendix III). One other subject had major compatibility problems with his partner, so he finished the term with a teaching assistant as his partner, a very satisfactory arrangement in his view.

Twelve of the thirteen subjects felt that the communication skills they were learning could be applied beneficially to their current or future jobs; many had already noticed differences resulting from their improved listening skills. All subjects thought that mutual aid counselling

would be or was already proving to be useful in their other interpersonal relationships as well: improved listening skills, an awareness of the unhelpful aspects of advice giving and the ability to respond empathically were all mentioned as contributing factors.

Having the mutual aid counselling partner to talk to was seen as beneficial for many reasons.

> " . . . good because sometimes my husband is uptight, I am uptight - we can not talk - it is good to be able to talk to my mutual aid counselling partner."

> " . . . with friends who know other people, even though you basically trust the person, you have a feeling it might come up again. So, I feel inhibited, especially if it is something I do not want brought up anywhere. With the mutual aid relationship, there is a built in element of trust - like a patient-doctor relationship. Whatever I say, I know it's not going to go farther - I can say anything."

> " On the weekend I had something on my mind - a couple of times I went to talk to someone else, but things came up - there never was a comfortable time to talk. I found myself thinking, well on Tuesday I can talk this over with someone - almost like having an appointment to talk."

> " Mutual aid counselling forces you to communicate, which is important because mental illness is caused by people who do not or can not communicate. This is a side benefit of practicing communication . . . and perhaps getting at the roots of the problem."

Ten of the subjects commented enthusiastically about the actual concept behind mutual aid counselling. For example:

> " If everyone had this one person they could depend on, then they would not have to hold things in - would have less problems."

> " Sometimes when you want to talk to somebody - on a casual basis - a friend, I feel like I'm dumping on them. With this - when you are listening, you know that you are going to get a chance to talk about your problems - the other person probably feels the same way - that it is not going to be all one-sided."

> " I like the way it works - like the idea of the interaction between two people and the exchange of roles, so that one person does not feel superior to the other. I like the equality it fosters."

> " It's not 'I've got the answers', it's helping each other. It's a lot better, more full than traditional counselling, which I've been through; quicker, too."

> " No power is taken away from the person who is helped . . . responsibility to help themselves . . . no deep analysis of problems . . . left with the responsibility to carry out the decisions . . . don't shift the responsibility onto someone else. When helping peers, you are not put into the position of a power trip or of feeling responsible for the person you help."

One subject compared mutual aid counselling to the Russian school system, where older students teach younger students, and are thus able to see the other side of the learning process. Similarly, with mutual aid counselling, one is able to see both the counsellor's and counsellee's side of the process, which he felt made him more empathic.

One subject, who worked as a therapist, found it difficult to adjust to the philosophy of mutual aid counselling, that is, the reciprocal nature of the method.

> " Of course in my work we don't expect people to counsel us - we are the counsellors, they are the patients."

However, he did feel, at the first interview, that mutual aid counselling would be of benefit in his personal life, a feeling that was confirmed by statements made during the third and fourth interviews.

> " I do enjoy the get-togethers with my partner. That is kind of neat to have someone sit and listen and not be destructive - that's a really good feeling for me."

Of the thirteen subjects, eight stated intentions to carry on with mutual aid counselling after Christmas, one would not be continuing with mutual aid counselling, and the other four did not specify either way.

Chapter V

Discussion

Statistical computations carried out on the completed Communication Questionnaires revealed unanimous non-significant results.

In administering the Communication Questionnaire, there were no specific predictions made for the responses given to the Part I items, but there were predictions made in the case of the Part II items. First, I anticipated a majority of pretest responses to the first and second choices in Part II (see Appendix I), and subsequently I expected the three experimental groups to select the third choice in Part II during the posttesting, filling in the provided blank with "mutual aid counselling partner".

Instead, the third choice was selected by an overwhelming majority in the pretest and again in the posttest administrations of the Communication Questionnaire by members of all four groups, including the control group, invalidating the first prediction. The mean percentage of number three responses given by subjects on each of the pretests and posttests was computed. Results are shown in Table 6. Although I had predicted a majority of pretest responding to the first and second choices, it is obvious from the percentages of third choice responses on the pretests, that this did not occur. Mean percentages of pretest number one responses were 4.21% for the experimental group

Table 6

Mean Percentages of Part II - #3 Responses

Group	Mean %'s of #3 Responses
1. Pretest-Posttest Experimental Group	
Pretest	88.43%
Posttest	85.93%
2. Pretest-Posttest Control Group	
Pretest	91.28%
Posttest	94.43%
3. Posttest Only Experimental Group	
Posttest	87.21%
4. Pretest-Posttest S.D.I. Experimental Group	
Posttest	89.07%

(group one) and 4.00% for the control group (group two), and similarly, mean percentages of number two pretest responses were 6.43% for the experimental group (group one) and 4.50% for the control group (group two).

The secondary part of the second prediction, that subjects in the three experimental groups would fill in the provided blank in Part II's number three choice with "mutual aid counselling partner" also did not materialize. With sixty-five (experimental) subjects completing the fourteen item Communication Questionnaire, it was possible that "mutual aid counselling partner" could be entered on the provided blank a total of 910 times. It occurred 60 times.

As most of the subjects selecting the third choice in Part II filled in the blank with more than one response, there was a total of 1627 responses given by the eighty-six subjects to the fourteen items. Table 7 summarizes the frequencies and percentages of the responses mentioned more than sixty times, as well as the frequency and percentage of the response "mutual aid counselling partner".

The reasonable conclusion to be drawn from the obvious lack of statistical support for the hypothesis would seem to be that mutual aid counselling is not effective in aiding daily coping, that is, to accept the null hypothesis of no difference between the experimental and control groups. However, before accepting that conclusion, I would like to discuss some of the possible reasons behind the non-signifi-

Table 7

Summary of Frequencies and Percentages of Most Frequent Part II - #3 Responses

Response	Frequency					%
	Group 1 Posttest	Group 2 Posttest	Group 3 Posttest	Group 4 Posttest	Total	
boyfriend	11	46	36	29	122	7.50%
family	9	31	6	17	63	3.87%
friend	36	37	43	26	142	8.73%
friends	'9	106	134	69	358	22.00%
girlfriend		23	35	6	79	4.86%
husband	74	39	40	63	216	13.27%
mutual aid counselling partner	27	0	20	13	60	3.69%
wife	21	9	33	16	79	4.86%
other					508	31.22%
				TOTAL	1627	100.00%

cant results, and I would like to also consider the positive nature of the case study material.

It was fairly evident in Table 7 that the response "friends" was the most frequently given. During interviews with the thirteen case study subjects, the word "friend" was used several times when the subjects were referring to their counselling partners. This occurrence naturally raises the question, "How many of the 'friend' or 'friends' responses on the questionnaire actually referred to mutual aid counselling partners?" At this point, it is not possible to discern. Directions pertaining to the number three choice in Part II of the questionnaire should have been more explicit in order to prevent such non-specific responses as "friends".

A major factor contributing to the non-significant results is the strong likelihood that the Communication Questionnaire was inadequate for its task. In other words, it was not sensitive to the dependent variable of daily coping. The Communication Questionnaire should probably have been worded to ask the subjects directly to assess their own daily coping, rather than asking in an indirect manner.

At this point, the validity of the Communication Questionnaire should also be questioned. Although the questionnaire was thought to possess both content and construct validity, in light of the non-significant results, it is a strong

likelihood that construct validity was not present. One recommendation for the establishment of construct validity is an increase in the domain of observables, with a subsequent acceptable correlation amongst them. For example, the domain of observables might be expanded to include such things as video-recorded interviews with all respondents, daily diaries kept by respondents or videotapes of mutual aid counselling sessions between partners. Whether or not these suggested measures acted as though they measured the construct would also have to be determined. Anyone attempting to replicate this study should carefully re-examine the construct validity of the Communication Questionnaire, taking into account the above recommendations.

Furthermore, predictive validity should be considered in any attempted replication. A measure of the respondents' behaviour following the completion of the course, whether by interview, self-report, questionnaire or otherwise, would be a valuable predictor.

An explanation for the lack of difference between the control group and the experimental groups in their performances on the Communication Questionnaire might be the similarity of the training they were receiving. While the experimental subjects were receiving training in mutual aid counselling, the control subjects were receiving instruction in basic communication skills. For the purpose of practicing and evaluating their skills, the control sub-

jects met in pairs, and tape-recorded their conversations. Although they were not introduced to the philosophy or techniques of mutual aid counselling, their taped sessions with a partner were somewhat similar to the mutual aid counselling sessions.

This undesirable contaminating factor prompts me to recommend, in a future replication of this study, a series of interviews with the control subjects, similar to those with the experimental subjects, in addition to the use of the objective measuring instrument. There is a possibility that actual differences between the members of the two groups - experimental and control - would have become evident during the interviews. Also, including interviews as a measurement tool for the control group would tighten up the experimental design. In the present study, instead of the experimental treatment being the only difference between the experimental and control groups, there was an additional difference between the groups: interviews were carried out on members of the experimental group, but not the control group.

A further improvement to the experimental design might be in expanding to a repeated measures design. For instance, the control subjects would receive mutual aid counselling training during the second term (January to April), completing a pre- and posttest, as well as several of them participating in a series of interviews. Experimental subjects, would now,

in effect, become control subjects, receiving the communication skills training that the control subjects had in the first term, also completing pre- and posttests as well as participating in interviews. Procedural problems, such as preventing the former experimental subjects from practicing mutual aid counselling on their own would have to be dealt with, but if they were to be resolved, the design might be a more effective one than the one used in the present study.

The possible ineffectiveness of the experimental treatment must be considered. Even though the statistically non-significant results seem to support this possibility, I feel that the changes in feelings and opinions expressed in the case studies, whether they were positive or negative, do not lend support to this idea.

Concluding the analysis of the results obtained by objective measures, a final contributing factor to the absence of significant results was the dearth of similar research available upon which to form guidelines for my thesis.

At present, there has not yet been any published research on mutual aid counselling, and only theoretical articles are available on the other forms of cooperative counselling.

Opinions and feelings about mutual aid counselling expressed in the case studies are likely more valid than the results obtained by the Communication Questionnaire.

Reasons for this statement include the above-described problems with the instrument, as well as the restrictive nature of questionnaires in general.

The open-ended interview allowed subjects to respond in their own individual manner, rather than according to a framework delineated by the items in the questionnaire. Subjects were simply asked to describe their feelings and opinions on mutual aid counselling while the interviewer (myself) assumed a non-directive non-evaluative role. More information was volunteered during the case study interviews than was allowed by the restrictive questionnaire.

> "The purpose of the case study is to insert the counselor briefly into the 'life space' of the client; such experiences should result in an increased understanding and awareness of the factors motivating client behavior" (Meyer & Meyer, 1975, p.3).

The intent of the case studies was to view mutual aid counselling through the eyes of the thirteen subjects learning about and participating in mutual aid counselling, and I believe that intent was realized, as documented in the results section.

Validity of the case study material is defensible. The possibility that only those students who were very enthusiastic about mutual aid counselling volunteered as case study subjects was ruled out for two reasons. First, at the time volunteers were asked for, the students did not know enough about mutual aid to have formed much of an opi-

nion either way. Second, at the first interviews, three of the subjects were slightly skeptical, though still open-minded, about the whole process of mutual aid counselling, and one subject maintained an air of negativism almost throughout the interviews (subject two - see Appendix III).

It was conceivable that subjects' comments were consciously or unconsciously aimed at pleasing me, the experimenter, having astutely guessed that positive opinions were more desirable to me than negative ones. However, this possibility was also dismissed. Throughout the interviews, subjects frequently asked for reassurances of confidentiality of what they were saying. Furthermore, negative feelings were expressed apparently as directly and easily as positive feelings, during the series of interviews.

Finally, as the interviews were non-directive, with the exception of the opening question, I did not feel I was at any time influencing the nature of the subjects' expressed comments. I responded to both negative and positive remarks with a non-commital "uh-huh", paraphrasing only when something was unclear to me.

Mutual aid, regardless of somewhat ambiguous evaluation results of mutual aid counselling, remains a very important concept. The significance of mutual aid as a factor in social evolution was first established back in 1902 by Peter Kropotkin, and has been perpetuated by the growth of self-help groups. More recently, mutual aid has been focused upon

in the new discipline of sociobiology (Wilson, 1975).

Mutual aid counselling appeals to one's common sense in its apparent practicality and appropriateness for ordinary citizens. The mutual aid orientation, being existential in nature, focuses on the actual concrete problems that people encounter every day. Ordinary language, "the medium by means of which people come to understand and communicate the facts of personal existence" (Peavy, 1977a, p.10), is used in mutual aid counselling.

The principle of transformation is a second element of mutual aid counselling. A fact obvious to most is that human life is constantly undergoing change; the mutual aid orientation recognizes that

> "(a)life is composed of crises, transitions, changes, in short, is a process of transformation, and (b)that people can help each other live through such transformations in a constructive fashion" (Peavy, 1977a, p.10).

In mutual aid counselling, partners aid each other to "live through" difficult times, they do not feel obliged to solve one another's problems. The idea of a sick role is rejected; instead the partners hold each other responsible for their own behaviour.

There has recently been evidence that a helper in a helping relationship may be deriving considerable benefit. It is possible that the actual benefits being received by the helper, are those very ones which we would like to see

the helpee receive. Mutual aid counselling takes this insight into account and maximizes the benefits of giving and receiving help.

The democratic ideal, a fifth element in the mutual aid orientation, asserts that power should be distributed widely in society, rather than remain the responsibility of professionals.

> "All human beings have the potential for creating and it is creativity that really makes life worth living" (Peavy, 1977a, p.14).

The creative element in mutual aid counselling includes exploring, making, trying out and communicating new ideas, new behaviours, new experiences and new accomplishments (Peavy, 1974). An important function of mutual aid counselling is to affirm all attempts at creativity.

All of the elements of mutual aid counselling can be seen as an

> "infusion of belief in the power (both potential and actual) of ordinary people to aid each other in mutually benefiting ways during times of crisis, transition and trouble" (Peavy, 1977a, p.15).

Implications of the concept of mutual aid counselling, and this thesis in particular, for both future research and practicing professional counsellors are significant.

Taking into account the aforementioned recommendations and cautions, I feel that the subjective data in my study was definitely promising enough to encourage further

research into the effectiveness of mutual aid counselling in aiding daily coping. The interview is a potentially invaluable means of assessing subjects' experiences with mutual aid counselling. Improvement of the Communication Questionnaire or else development of an entirely new objective instrument to statistically substantiate the results obtained through the case studies, would be a worthwhile research objective.

In mutual aid counselling, the role of the "expert" is mostly that of teacher, that is, the expert's role is one of teaching the method of counselling to the people. Professional counsellors should see the powerful potential of mutual aid counselling for expanding their counselling services.

Vattano (1972) agrees in principle to the teaching or guiding role of the expert in self-help groups.

> "There are certain functions that the professional is uniquely equipped to perform in self-help groups. One is to act as a catalyst or facilitator, particularly in the early stages. He is also in the best position to do research on problems the group is dealing with and the effectiveness of the methods employed. Finally, he can conceptualize the group's experiences and provide the theory-building and feedback necessary for further development" (p.14).

Vattano goes on to recommend that professionals be trained to function as facilitators, researchers and theory builders, as well as providers of direct service.

Through mutual aid counselling, counsellors can not only teach people to help one another by acting as trainers and consultants to mutual aid counselling groups, thus making counselling services potentially available to anyone, but they can also preserve their own valuable and limited time for dealing with clients with acute problems.

Counsellors who become active in spreading the mutual aid philosophy and techniques will likely even discover the value of it for themselves as well as for non-professional people they teach. Over and over in the case study interviews, subjects expressed how good it was to have someone willing to and capable of listening to their life issues. Someone used to giving and used to always being a listener, such as a professional counsellor, would likely be very appreciative of an opportunity to be listened to.

Mutual aid counselling's greatest appeal is probably the fact that it is mainly a refinement of a naturally occurring phenomenon, that is, the phenomenon of friends helping one another. By participating in mutual aid counselling, one learns communication skills and counselling interventions, making natural helpers more effective and at the same time, promoting personal growth.

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Appendix I

COMMUNICATION QUESTIONNAIRE

There are fourteen (14) sets of statements and each set of statements has two parts to it: Part I and Part II. Please answer both Part I and Part II for each set of statements by placing a tick (✓) on the line beside your choice in each part. In Part II -- if your choice is number three for any of the statements, please indicate who the person is in each case on the blank provided (eg: girlfriend, husband, counsellor, etc.). N.B. Statements 1) and n) have three parts - please answer all three parts.

SAMPLE STATEMENT

i) I (choose one)

___ 1. I never like to receive feedback on how I appear to others.
___ 2. I seldom like to receive feedback on how I appear to others.
✓ 3. I sometimes like to receive feedback on how I appear to others.
___ 4. I often like to receive feedback on how I appear to others.
___ 5. I always like to receive feedback on how I appear to others.

II (choose one)

___ 1. I do not talk with anyone to receive feedback and I do not wish to.
___ 2. I do not talk with anyone to receive feedback, but I wish I had someone to talk to.
___ 3. I talk with my husband to receive feedback.

QUESTIONNAIRE

a) I (choose one)

___ 1. When something is bothering me, I never like to let go and get it off my chest.
___ 2. When something is bothering me, I seldom like to let go and get it off my chest.
___ 3. When something is bothering me, I sometimes like to let go and get if off my chest.
___ 4. When something is bothering me, I often like to let go and get it off my chest.
___ 5. When something is bothering me, I always like to let go and get it off my chest.

II (choose one)

___ 1. I do not get things off my chest by talking to someone, and I do not wish to.
___ 2. I do not get things off my chest by talking to someone, but I wish I had someone to talk to.
___ 3. I get things off my chest by talking to _____.

b) I (choose one)

___ 1. I never feel hopeless or that things do not seem to work out for me.
___ 2. I seldom feel hopeless or that things do not seem to work out for me.
___ 3. I sometimes feel hopeless or that things do not seem to work out for me.
___ 4. I often feel hopeless or that things do not seem to work out for me.
___ 5. I always feel hopeless or that things do not seem to work out for me.

II (choose one)

___ 1. I do not talk with anyone about feeling hopeless, and I do not wish to.
___ 2. I do not talk with anyone about feeling hopeless, but I wish I had someone to talk to.
___ 3. I talk with _____ about feeling hopeless.

c) I (choose one)

___ 1. I never like to have help in really talking about the things that trouble me.
___ 2. I seldom like to have help in really talking about the things that trouble me.
___ 3. I sometimes like to have help in really talking about the things that trouble me.
___ 4. I often like to have help in really talking about the things that trouble me.
___ 5. I always like to have help in really talking about the things that trouble me.

II (choose one)

___ 1. I do not talk to anyone about the things that trouble me, and I do not wish to.
___ 2. I do not talk to anyone about the things that trouble me, but I wish I had someone to talk to.
___ 3. I talk to _____ about the things that trouble me.

d) I (choose one)

___ 1. I never want relief from unpleasant feelings when they occur.
___ 2. I seldom want relief from unpleasant feelings when they occur.
___ 3. I sometimes want relief from unpleasant feelings when they occur.
___ 4. I often want relief from unpleasant feelings when they occur.
___ 5. I always want relief from unpleasant feelings when they occur.

II (choose one)

___ 1. I do not talk with anyone to relieve my unpleasant feelings, and I do not wish to.
___ 2. I do not talk with anyone to relieve my unpleasant feelings, but I wish I had someone to talk to.
___ 3. I talk with _____ to relieve my unpleasant feelings.

e) I (choose one)

___ 1. I never want to receive more encouragement about how I am doing.
___ 2. I seldom want to receive more encouragement about how I am doing.
___ 3. I sometimes want to receive more encouragement about how I am doing.
___ 4. I often want to receive more encouragement about how I am doing.
___ 5. I always want to receive more encouragement about how I am doing.

II (choose one)

___ 1. I do not talk with anyone to receive more encouragement, and I do not wish to.
___ 2. I do not talk with anyone to receive more encouragement, but I wish I had someone to talk to.
___ 3. I talk with _____ to receive more encouragement.

f) I (choose one)

___ 1. I never lack confidence in myself.
___ 2. I seldom lack confidence in myself.
___ 3. I sometimes lack confidence in myself.
___ 4. I often lack confidence in myself.
___ 5. I always lack confidence in myself.

II (choose one)

___ 1. I do not talk with anyone about lacking confidence and I do not wish to.
___ 2. I do not talk with anyone about lacking confidence, but I wish I had someone to talk to.
___ 3. I talk with _____ about lacking confidence.

g) I (choose one)

___ 1. I never like help in coming up with new ideas of coping with people and problems.
___ 2. I seldom like help in coming up with new ideas of coping with people and problems.
___ 3. I sometimes like help in coming up with new ideas of coping with people and problems.
___ 4. I often like help in coming up with new ideas of coping with people and problems.
___ 5. I always like help in coming up with new ideas of coping with people and problems.

II (choose one)

___ 1. I do not talk with anyone for help in coming up with new ideas, and I do not wish to.
___ 2. I do not talk with anyone for help in coming up with new ideas, but I wish I had someone to talk to.
___ 3. I talk with _____ for help in coming up with new ideas.

h) I (choose one)

___ 1. I never like to learn more (useful things) about myself.
___ 2. I seldom like to learn more (useful things) about myself.
___ 3. I sometimes like to learn more (useful things) about myself.
___ 4. I often like to learn more (useful things) about myself.
___ 5. I always like to learn more (useful things) about myself.

II (choose one)

___ 1. I do not talk with anyone to learn more about myself, and I do not wish to.
___ 2. I do not talk with anyone to learn more about myself, but I wish I had someone to talk to.
___ 3. I talk with _____ to learn more about myself.

i) I (choose one)

___ 1. I never like help in planning what I want to do in the immediate and distant future.
___ 2. I seldom like help in planning what I want to do in the immediate and distant future.
___ 3. I sometimes like help in planning what I want to do in the immediate and distant future.
___ 4. I often like help in planning what I want to do in the immediate and distant future.
___ 5. I always like help in planning what I want to do in the immediate and distant future.

II (choose one)

___ 1. I do not talk with anyone for help in planning, and I do not wish to.
___ 2. I do not talk with anyone for help in planning, but I wish I had someone to talk to.
___ 3. I talk with _____ for help in planning.

j) I (choose one)

___ 1. I never want advice on how to deal with my life and other people.
___ 2. I seldom want advice on how to deal with my life and other people.
___ 3. I sometimes want advice on how to deal with my life and other people.
___ 4. I often want advice on how to deal with my life and other people.
___ 5. I always want advice on how to deal with my life and other people.

II (choose one)

___ 1. I do not talk with anyone for advice and I do not wish to.
___ 2. I do not talk with anyone for advice, but I wish I had someone to talk to.
___ 3. I talk with _____ for advice.

k) I (choose one)

___ 1. I never want someone to listen to me without interfering.
___ 2. I seldom want someone to listen to me without interfering.
___ 3. I sometimes want someone to listen to me without interfering.
___ 4. I often want someone to listen to me without interfering.
___ 5. I always want someone to listen to me without interfering.

II (choose one)

___ 1. I do not have someone who will listen to me without interfering, and I do not wish to.
___ 2. I do not have someone who will listen to me without interfering, but I wish I had someone.
___ 3. _____ listens to me without interfering.

l) PART ONE I (choose one)

___ 1. I never feel good about helping someone else.

___ 2. I seldom feel good about helping someone else.

___ 3. I sometimes feel good about helping someone else.

___ 4. I often feel good about helping someone else.

___ 5. I always feel good about helping someone else.

PART TWO I (choose one)

___ 1. I never want an opportunity to help someone.
___ 2. I seldom want an opportunity to help someone.
___ 3. I sometimes want an opportunity to help someone.
___ 4. I often want an opportunity to help someone.
___ 5. I always want an opportunity to help someone.

II (choose one)

___ 1. I do not have an opportunity to help someone and I do not wish to.
___ 2. I do not have an opportunity to help someone, but I wish I did.
___ 3. I have an opportunity to help _____.

m) I (choose one)

___ 1. I never want the feeling of a sense of accomplishment in my interpersonal relationships.
___ 2. I seldom want the feeling of a sense of accomplishment in my interpersonal relationships.
___ 3. I sometimes want the feeling of a sense of accomplishment in my interpersonal relationships.
___ 4. I often want the feeling of a sense of accomplishment in my interpersonal relationships.
___ 5. I always want the feeling of a sense of accomplishment in my interpersonal relationships.

II (choose one)

___ 1. I do not have an opportunity in my interpersonal relationships to feel a sense of accomplishment, and I do not wish to.
___ 2. I do not have an opportunity in my interpersonal relationships to feel a sense of accomplishment, but I wish I did.
___ 3. I get a sense of accomplishment in my interpersonal relationships with _____.

n) PART ONE I (choose one)

___ 1. I never like improving things for someone else.

___ 2. I seldom like improving things for someone else.

___ 3. I sometimes like improving things for someone else.

___ 4. I often like improving things for someone else.

___ 5. I always like improving things for someone else.

PART TWO I (choose one)

___ 1. I never like to be personally involved in improving things for someone else.
___ 2. I seldom like to be personally involved in improving things for someone else.
___ 3. I sometimes like to be personally involved in improving things for someone else.
___ 4. I often like to be personally involved in improving things for someone else.
___ 5. I always like to be personally involved in improving things for someone else.

II (choose one)

___ 1. I do not have an opportunity in my life to be personally involved in improving things for someone else, and I do not wish to be.
___ 2. I do not have an opportunity in my life to be personally involved in improving things for someone else, but I wish I did.
___ 3. I am personally involved in improving things for _____.

Appendix II

STRENGTH DEPLOYMENT INVENTORY

This inventory is designed to help you assess the strengths you use in relating to others under two kinds of conditions: when everything is going well in your relationships and when you are faced with conflict and opposition.

Most individuals relate to others in one way at one time and in another way at another time--depending on the circumstances. The Inventory takes this into account in the following manner. Each item in the Inventory starts with an incomplete sentence followed by three different endings. You are to distribute 10 points among the three endings to show how frequently it is like you to relate to others in each of the three ways. Always use all 10 points. Never use more than 10 points nor fewer than 10 points. You may use zeros, if they are appropriate, as in the example below.

SAMPLE QUESTION

i) I usually gain the most for myself by being . . .

3 friendly and outgoing as much as possible.

7 alert to any and all opportunities.

0 very careful as to what I commit myself.

INVENTORY

1. I enjoy things most when I am . . .

___ helping others do what they want to do.
___ getting others to do what I want to do.
___ doing what I want to do without having to count on others.

2. Most of the time I am apt to be . .

___ a feeling person who is quick to respond to other people's needs.
___ an energetic person who is quick to see opportunities and advantages.
___ a practical person who is careful not to rush into things before he is ready.

3. When I meet people for the first time I am most apt to be . . .

___ concerned with whether or not they find me a likeable person.
___ actively curious about them to learn if there is something in it for me.
___ politely cautious until I've learned what they might want from me.

4. Most of the time I find myself being . . .

___ the nice one on whom others can generally count to lend a helping hand.
___ the strong one who supplies the direction for others.
___ the thinking one who studies things carefully before acting.

5. I feel most satisfied when . . .

___ the major decisions have been made by others and how I can help is clear.
___ others count on me to make the major decisions and tell them what to do.
___ I've had time to study a major decision and determine my own best course of action.

6. People who know me best see me as a person who can be counted on . . .

___ to be trusting of them and loyal to them.
___ to be full of ambition and initiative.
___ to be unswerving in my convictions and principles.

7. It is most like me to . . .

___ do the best I can and trust in others to recognize my contribution.
___ take the lead in developing opportunities and influencing decisions.
___ be patient, practical and sure of what I am doing.

8. I would describe myself as a person who most of the time is . .

___ friendly, open and who sees some good in almost everyone.
___ energetic, self-confident and one who sees opportunities others miss.
___ cautious and fair and who stands by what he believes to be right.

9. I find those relationships most gratifying in which I can be . . .

___ of support to a strong leader in whom I have faith.
___ the one who provides the leadership others want to follow.
___ neither a leader nor a follower but free to pursue my own independent way.

10. When I am at my best, I most enjoy . . .

___ seeing others benefit from what I have been able to do for them.
___ having others turn to me to lead and guide them and give them purpose.
___ being my own boss and doing things for myself and by myself.

11. When I run into opposition to what I am doing, I am most apt to . . .

___ give up what I am doing and put my wants to one side in order to be helpful.
___ become forceful and press for my right to be doing it.
___ become doubly cautious and check my position very carefully.

12. If I decide I want to overcome someone's opposition, I will try to . . .

___ change what I am doing and try to make it more acceptable to him.
___ find the holes in his argument and press the strong points in mine.
___ appeal to his sense of respect for logic and fair-play.

13. In getting along with difficult people, I usually . . .

___ find it easier to just go along with their wishes for the moment.
___ find them as challenges to be overcome.
___ respect their rights and insist that they respect my rights and interests.

14. When someone strongly disagrees with me, I tend to . . .

___ give in and do it his way unless it is very important to me.
___ challenge him immediately and argue as hard as possible.
___ detach myself from the situation until I've made certain of my position.

15. When someone openly opposes me, I usually . . .

___ give in for the sake of harmony and rely on his sense of justice to do right by me.
___ face up to the fact that it is a battle and set out to win.
___ try to withdraw from the relationship and turn to my own interests.

16. If I'm not getting what I want from a relationship, I am most apt to . . .

___ keep hoping and trusting that things will work themselves out in due time.
___ become more forceful and persuasive and push harder to get what I want.
___ abandon the relationship and look elsewhere for what it is I want.

17. When I feel others are taking advantage of my good will, I usually . . .

___ turn to people with more experience and ask for their advice.
___ assert my rights and fight for what I feel I am entitled to.
___ state my rights clearly and insist that in all fairness between us they be respected.

18. When another person insists on having his own way, I tend to . . .

___ put my wishes aside for the time being and go along with him.
___ put up counter arguments and try to get him to change.
___ respect his right to follow his interests as long as there is no interference with mine.

19. When someone openly criticizes me, I am most apt to . . .

___ want to pacify him and cool his anger with me.
___ become indignant and challenge vigorously his right to criticize.
___ become doubly cautious and analyze each charge in specific detail.

20. When someone has plainly abused my trust or confidence, I tend to . . .

___ feel he has done more harm to himself than he has to me.
___ get angry with him and take steps to even the score.
___ analyze what went wrong and how to avoid any repetition in the future.

Appendix III

TRANSCRIPTS OF FOUR REPRESENTATIVE CASE STUDIES

Subjects whose case studies are featured are identified by number only, and to further preserve anonymity, the subjects and their mutual aid counselling partners will all be referred to in the male gender.

Subject One

Subject number one began the first interview by expressing the concern he had felt about meeting a compatible partner to work with, "but I found we could work together after talking, which was a relief."

At this first session, he brought a minor problem, which he "knew" could not be solved by another person, and found, to his pleasant surprise, that just talking about it helped, and he felt better after the session.

> "I did not realize that just talking would help something I could not solve, but it did - so I'm quite optimistic about getting something out of this (mutual aid counselling)."

Although he did not have many "heavy" problems, he did not expect anyone to help him with those he had, because in the past he had had to rely on his own resources. However, he was looking forward to discussing things with another adult.

> "I have teenage children, and I miss talking to adults - I always seem to be giving of myself - it's a real change to have someone willing to listen to me - that is a new situation for me."

As a school teacher, he hoped the counselling skills he was learning would be facilitative to him in his dealings

with parents of students.

Two significant things had happened to subject one by the second interview. For one thing, he felt that for "the first time what we've been doing became meaningful." His partner brought up a recently solved problem to share with him, which caused him to wonder what he would have done if the problem had not been resolved already. Upon the teaching assistant's suggestion, he was able to put himself in his partner's situation to see how he could have been helpful. The problem his partner had had was a real problem, not one contrived for the convenience of having an issue to discuss, a situation that made the subject feel more realistic about mutual aid counselling.

Secondly, after sharing a minor annoyance with his partner, he was triggered to act on it, and attempt to resolve it.

> "I would not have done anything about it probably if I had not talked about it - my partner gave me helpful information such as where to write, etc.."

In our third interview, he revealed a recent enlightening experience. He had come to his last meeting with a complex problem weighing on his shoulders, intending to discuss it with his partner in case the partner could see something he could not.

> "We sat down and started talking . . . he saw a choice I had that was not obvious to me. It turned out alright. Just having him to talk to - he turned out to be quite skilled actually - I was able to sleep that night without worrying . . . I thought talking about

> it would help me to relax, I was not expecting a solution, but I got both."

He brought up a worry he had that talking to another adult would turn out to be a dependency relationship, but

> "it is not a dependency - it is a sharing instead. I had the wrong perspective."

The interview concluded with his mention that his parent-teacher interviews "went like a breeze".

During the fourth interview, he described an experience he had had after Dr. Peavy had discussed the emotion of anger in his lecture. Subject one had expressed anger to his colleagues, an out of character behaviour for him, and had subsequently become very depressed. Upon returning to work after the weekend, he discovered his colleagues were treating him with more respect, and one colleague in particular even went out of his way to demonstrate his caring.

> "I felt better about taking part in the course, about having this happen to me instead of it just being a textbook situation I read about. I actually lived through it."

At the next meeting with his partner,

> "I got it all out - I got into deep feelings, even though I hadn't meant to . . . I trusted my partner and he trusted me."

Subject Two

The second subject may be described as alternately skeptical and mildly enthusiastic. He first described mutual aid counselling as fun, and said that he was be-

coming aware of himself as he communicated, which was "helpful, I guess". Discussing communication skills during the lectures was making him conscious of the skills he had observed and used himself, but had not been actually aware of before. Talking to his mutual aid counselling partner, he felt there would always be certain things he would not tell him, things that he would not tell anyone. At their first meeting, which "wasn't bad", he talked about a

> "trivial little thing that you'd tell anybody, that you may as well tell this guy because you are supposed to be talking to him for half an hour";

he felt his partner brought up a similar trivial issue.

> "Maybe as it goes on, and we become closer friends, there might be something deeper I want to talk about",

but this did not seem to be true at this point. He conceded that it was nice to know that if he ever had to talk about something, there was always his partner on Tuesday nights (night of the course) to talk to.

A feeling of discouragement was evident at the second interview. Although they were continuing to follow the format, he and his partner were still not getting really deeply into any issues. Last week, they had each had an issue to discuss, but "we probably could have gone on living if we hadn't talked to anybody about it". The debriefing groups also seemed to be going nowhere as there was little input from the members.

Later, he said he had felt good last week after talking to his partner,

> "not that I got it off my chest, but when I was telling him about it, I didn't care if he was interested or not, but I found that when I was telling him about it, I had it straightened around in my head. It was just ideas I was thinking about all week, and I guess just saying it, I got it more straightened around in my head myself and so I thought it was worthwhile that way."

He admitted that his relationship with his partner was getting to the point where he would talk to his partner if he had something he needed to talk about. During their mutual aid counselling sessions, they did not always paraphrase, but he said paraphrasing was handy if

> "you're not sure what the meaning of it is - you don't think he's quite sure of what he wants to say - then it can be quite handy."

Once the class learned the interventions, he felt his counselling sessions with his partner would be more interesting and they would have a few more things to work with.

During the third session, he continued to feel disappointed. He did not think mutual aid counselling was valuable for someone like himself, training to be a teacher, in spite of thinking it would be at the beginning of the interviews. Not only was he getting tired of meeting in small groups, but he also felt that one and a half hours was too long for a counselling session. The only thing he felt he was going to come away with was knowing the six steps to listening to someone. Finally, he said the mutual aid coun-

selling class would be perfect if there were only twenty or twenty-five people instead of close to eighty.

A change of attitude was obvious at the fourth and final interview. Recently, his partner had been away for a session, so he had counselled with someone whose partner was also not present, with the result that "we had a really good session". His new partner was enthusiastic, an attitude which inspired him to respond similarly.

> "It was fun. We worked for an hour and a half, and we had to stop to go back to our groups; we would have gone overtime."

With his regular partner, he had found it easy to get off the topic and have a "rap session" rather than working at it. He felt both he and his partner required motivation from the other, something that never happened. However, the new partner had been able to provide the necessary motivation, resulting in a good counselling session.

Summarizing, he found that although he did not enjoy the course for a while, mostly due to unmet expectations on his part, he did feel better about mutual aid counselling once the goals of the course became clear to him. Both his future career as a teacher and his personal life would benefit from what he had learned:

> "I know there were a few things in there that I picked up that I will be able to use in school - and there's other things I'll be able to use in everyday life, so it's worthwhile."

He thought he probably would have got even more out of mutual

aid counselling had he had a partner like the one he had for one session; consequently, he felt he would not choose the mutual aid counselling option in the second term.

Subject Three

The third subject, who was employed in the human resource field, thought that mutual aid counselling was going to be useful to him in several ways. It seemed like really basic communication to him so far, and was already having an effect on other parts of his life, in relationships other than the one with his partner. Clarifying this, he said he was stopping and listening to other people instead of being automatically triggered into trying to help them.

> "I find myself asking if I can make a suggestion rather than making suggestions to people - when they seem to be needing advice or some kind of support - I'll ask them if they want advice or support. I feel it is a direct effect of mutual aid counselling."

Becoming more aware of his natural impulse to want to help, he was able to stop himself and decide whether he was being truly helpful or whether he was just playing a role of trying to be helpful.

This past week's counselling session was helpful for subject three; he felt he cleared something up in his mind. Deciding what to work on was difficult for him. Although he had some "heavy" things he would like to work on, he did not want to work on them with his partner right now; "I'd like to slowly build up a relationship with that person." There-

fore, he felt he would probably choose less pressing problems at this point, rather than something urgent, and slowly work on building a relationship of trust.

He reported a recent very good counselling session with his partner at the second interview. Both of them, he thought, had clarified issues in their lives.

> "Personally it was not as much as I eventually expect to get out of our mutual aid counselling, but it certainly feels as though it's progressing."

On the whole, however, he had mixed feelings about mutual aid counselling, because he was also doing some in-depth counselling, which was making his mutual aid counselling feel "surfacy".

> " . . . yet it seems to help in bringing up issues at a very safe level that I am later able to work out."

At the last session, he had brought up feelings about personal relationships and things that were happening in his life, which had helped to clarify some of his feelings and attitudes. Later he was able to deal with the other people involved.

> "I felt much better about it. I could not just talk about it to my partner and let it drop, something had to be done, action had to be taken, which I did later. I got a chance to look at my feelings from a comfortable distance and without forcing it with the people involved. . . . getting unbiased feedback and then later being able to deal with it with the people involved, which was more of an emotional situation, but I had clarified myself, so I found it a lot easier to do. I really needed to deal with the person involved."

A mutual decision was made to call each other and make the necessary arrangements to get together should anything urgent arise between regular Tuesday night meetings.

By our third interview, he had gone through a couple of changes. His other therapy had recently become very dynamic, causing mutual aid counselling to feel superficial in comparison. However, the night before he had had a meeting, and mutual aid had changed again, for the better. He credited this change to his having reread parts of Adults Helping Adults (Peavy, 1977b), and consequently having a better feeling of the direction the counselling was eventually going to go in. Also, his relationship with his partner was getting really good, and he felt he and his partner were getting more and more open with each other, and becoming more able to listen.

For a short time he had considered giving up the course due to a shortage of free time and a feeling of discouragement, but now he felt he would "stick with it anyway because it seems to be going someplace". One particular breakthrough was mentioned. He had been working on a particular relationship with a person, and had talked it over with several people who did not seem to be giving much back. Talking to his partner, he asked for advice, for the first time ever to his recollection. As a result, he found he got some really good advice, that made "all the difference in the world".

> "I thought it was really super, because I think he felt that I really wanted it and he was willing to give it to me; whereas, other people sometimes feel they are giving too much or not enough advice, and kind of play around with it. He respected the fact that I asked for it and gave it to me - quite clearly and quite easily. It was beautiful."

Concluding, he mentioned that he would like to have covered interventions earlier, in order to have them at hand as resources.

At our final interview, he said he was feeling closer to his partner, that they were communicating really well, and that his partner had shown parts of himself that are

> "really nice - really opening up and being sincere and really sensitive. I think that is a part of him that he very rarely exposes to people."

He thought his partner was trusting him more, and he felt that in spite of the "long haul", a trusting working relationship was building.

A week earlier, his partner had been absent, and he had partnered with a new person for one session, a situation which turned out to be a real learning experience. The new partner seemed to have an issue that needed discussing, but instead the session lapsed into a general conversation. Subject three realized later, with the help of the debriefing group, that he had responded emotionally rather than with his counselling skills in mind.

Towards the end of the interview, he said he was feeling the strongest he had felt for many years, "in my own personal life and what's happening in my life" which he attributed both to his therapy and to mutual aid counselling. As the trust continued to build up between he and his partner, he felt that mutual aid counselling between the two of them would reach a greater depth. He hoped to keep in contact with his partner over the Christmas holidays.

Subject Four

The fourth subject, though not working at present, had plans to become a professional counsellor. Our first interview began with him saying he was

> "happy about the concept that healthy people can help healthy people. . . . That's how I interpret mutual aid counselling. So although I'm interested in going further in a counselling career, even if that doesn't happen, I've got something I can keep forever."

Mutual aid counselling was working for him

> "just in little ways I find myself using it and sort of trying to improve listening to people or responding, not giving advice - and for me, these are all things I've learned just so far in mutual aid counselling."

He was finding he wanted to tell other people about the concept, a concept he found very exciting. Furthermore, he said he knew that there had to be some idea like mutual aid counselling, where people are helping one another deal with problems or little crises. People do it on a limited scale through friendships, but he thought this was an

effective way of learning to use techniques for helping.

> "There is so much more to be learned, and it could be done so much better and that's the part I find really exciting. It makes a natural process wider and much more effective than it is - I think we do a little with friends - you care about people - if they're upset you try to talk to them, but I think a lot of people get into advice giving and I realize now, that doesn't help."

He was feeling very happy about mutual aid counselling, but was anxious to learn about some interventions, an impatience that was evident at the second interview. He felt he and his partner had reached a plateau; they were ready to try some interventions, but were reluctant to try them before discussing the interventions techniques in class.

During his weekly mutual aid counselling sessions,

> "one person tends to be doing most of the talking - changes each time back and forth - but there never seems to be much time left for the other person - maybe we have to try and time that person, but it's sort of hard to cut someone off when they are in full stream. So, we aren't doing that . . . We're both satisfied with what's happening. We felt it would be contrived otherwise - it feels good for us."

Both he and his partner, he mentioned, often reread parts of Dr. Peavy's textbook, especially when they wanted to be sure of something. He commented that he liked the way the book was set up, and found it personal, rather than distant and academic.

At the third interview, he was feeling a lot more positive about learning something, and that the course was going

ahead again. Dr. Peavy was back after the three week absence, and had introduced role playing, an exercise that subject four was finding, to his surprise, very comfortable, as well as a useful tool for learning interventions.

He found it interesting that Dr. Peavy seemed to need to be present, "just to set a spark, even though he did not actually have to do a whole lot". Although he stated he wished he could have learned the interventions earlier, he thought, in retrospect, that maybe this was the right time; everyone was ready for them now.

Still excited about the whole concept, he wanted to

> "go out and try doing some of these things and really offer my services, and try to see if it will work for me."

As a result, he was investigating possible volunteer positions, an action he felt he would not have taken without the impetus caused by mutual aid counselling.

> "I feel confident that although I don't have all the skills, that I can learn them and I really want to work at them and see where that goes."

His relationship with his partner was lately even better than before. Now that they were doing role-playing and learning interventions in class, he found their relationship taking different directions,

> " . . . now I'm finding that we're sort of going in a different way and I'm finding out some different things about my partner and about myself too - just because we're role-playing - and that's interesting - trying different things with each other,

trying different things on."

Role-playing was causing him to pay more attention to both feelings and content expressed by his partner, for reasons not presently apparent to him, which increased its value as a learning and practicing tool for him.

Our series of interviews concluded with a meeting where he summarized briefly, and projected into next term. He contradicted an earlier statement by saying he would have liked to have learned the interventions earlier in the term. The last two weeks, with Dr. Peavy taking half the class at a time, he had found very helpful, as Dr. Peavy was able to answer more questions and give more feedback. Also useful was seeing a demonstration of each intervention by Dr. Peavy and a teaching assistant; it helped him to understand the interventions much more clearly. Though keen to learn more about the interventions, he was at the same time finding it awkward to introduce them naturally into his relationship with his partner. Next term, when he planned to continue with mutual aid counselling, he was looking for some more direction and guidance on using the interventions.

VITA

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B. C. Government Scholarship 1971/72, 1972/73, 1973/74, 1974/75, and 1975/76

Esquimalt Senior Secondary Scholarship 1971/72

Royal Canadian Legion Bursary 1972/73

Woods Trust Scholarship 1974/75

President's Scholarship 1975/76

University of Victoria Fellowship 1976/77, 1977/78

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