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ABSTRACT The papers presented in this volume are the team research reports of the Joint Hampton-Michigan Program conducted in 1979-1980 for junior faculty members of the Hampton Institute (Virginia) and graduate students and faculty members of the University of Michigan. The titles of the papers are: (1) Social and Economic Implications of Teacher Training in Jamaica; (2) Effect of Test Anxiety, Locus of Control, and Use of Information Retrieval Aids on Academic and Predicted Performance of College Students; (3) Fantasy Play in Black Children; (4) The Effectiveness of a Combination Treatment Approach on Moderately Anxious Students at a Predominantly Black College; (5) Status Report of the Research Project: The Nature and Implications of Compatibility in Supervisory-Student Teacher Dyads; (6) Academic Curriculum and Clinical Practicum--Problems and Proposed Solutions in the Department of Communication Disorders, Hampton Institute; (7) Measurement of Indicators of Needs, Use & Dissemination of Health Information among Older Black Americans: Conceptual and Methodological Problems; and (8) Black Literature in the Secondary Schools. Some of the papers represent preliminary or status reports on research underway. (FG)

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FINAL REPORT

VOLUME II OF II VOLUMES

JOINT HAMPTON-MICHIGAN PROGRAM

FOR TRAINING MINORITY AND WOMEN RESEARCHERS

National Institute of Education Project No. 8-1154

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August, 1980

School of Education  
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SOCIAL AND ECONOMIC IMPLICATIONS OF TEACHER TRAINING  
IN JAMAICA

by

Wilton Barham, Patrick Lewis, and Niara Sudarkasa

ANALYTICAL FRAMEWORK

This study of teacher training in Jamaica is conceived as a contribution to the discussion of the past and potential role of education in the socio-economic development of that country.

For the past two decades, economists and others interested in development have moved away from the view that education should be considered one of the social overhead costs of development in the Third World, to the view that education is an investment in one of the most important resources, namely human resources, available in any development process.<sup>1</sup> Another discernible trend in thinking on education and development is indicated by the conclusions reached at the Seminar on Long-Term Prospects for the Development of Education, held at the International Institute for Educational Planning in Paris in the Fall of 1978. At that conference, it was agreed that formal educational institutions cannot be expected to adequately meet the manpower training needs in the developing countries in the remaining decades of this century and in the one to come.

1. See, for example, Ilchman, Warren F. and Ravindra C. Bhargava, "Balanced Thought and Economic Growth" in The Political Economy and Development and Underdevelopment. Charles K. Wilber, Ed. Random House, N.Y. 1973.

## Teacher Training

Against this background of current thinking on education in development and the development of education, our study of the teacher training process in Jamaica is designed to address four general questions:

1) To what extent have teacher training institutions contributed to the realization of development goals by their output of personnel to train the human resources of the country? How do these teacher training institutions fit into the overall formal educational structure of Jamaica?

2) In what ways can teacher training institutions be made more adaptable to the need for training persons who can function in non-formal educational settings?

3) To what extent can an explication of the present teacher training process aid in identifying the type of alternative and supplementary non-formal educational arenas which should become a part of the broad institutional framework for moving Jamaica ahead, economically, socially, and politically in the next twenty-five years?

4) What appear to be the structural and/or conceptual changes that need to be made in the apparatus of teacher training, in the process of recruitment of students, and in the latter's achievement patterns and professional goals, if the teacher training colleges are to be maximally effective in contributing to a multi-pronged attack on Jamaica's development problems?

This study was designed to utilize the three methodological approaches in which the authors are skilled, namely, (1) statistical survey, (2) historical documentations, and (3) participant observation

## Teacher Training

and informant interviewing. To date we have completed the historical survey of teacher training in Jamaica and the collection of the questionnaire data on the contemporary situation. Data analysis is in the preliminary stages. In the report that follows, we present a summary of our findings to date and include an appendix containing a copy of the questionnaire used.

0.

THE HISTORICAL DEVELOPMENT OF TEACHER TRAINING  
IN JAMAICA

Developing countries, which are impatient in their drive for rapid development in their attempts to close the gap between the rich and poor nations of the world, are now vigorously examining the role of education in the developmental process. Various schools of thought, the young and the old, the skilled and the unskilled, are debating constantly their various thinkings and feelings as to what the goals of education should be in their respective societies.

That these goals will vary from nation to nation, depending on specific localized needs, is a clear and definite factor to contend with; and the degree of educational reform needed must be fashioned and shaped in context with its historical development. So it is with Jamaica, an island country which had been a colony of Great Britain until 1962, and which, as a result of the decline of its once prosperous sugar industry since the latter part of the nineteenth century, had sunk into abject poverty. Nonetheless the British government paid scant attention to the masses of its Jamaican population and her populations in other Caribbean territories, as these communities were no longer viable, and as such were considered a drain on the imperial exchequer. It took a series of riots between 1935 and 1938 in the Caribbean region, to force the British overlords to come to grips with the situation in the West Indies and to try and rectify its policy of benign neglect. The British government promptly began making investigations



and sent out royal commissions to do detailed studies and to make full reports on their findings along with recommendations for improvement.

Not surprisingly, education suffered severely because of the bad state of economic affairs in Jamaica, and at the time of the riots there were approximately 158,000 students between the ages of seven and fourteen registered in government supported schools and an estimated 40,000 who had not been registered in any school. Despite the large number of registered students, however, the illiteracy rate was extremely high, varying somewhere between forty to fifty percent of the entire population.<sup>1</sup> The degree of poverty was such that children quite often had to remain at home and help their parents in cultivation, with the preparation and sale of sweet-meats, or in some other task that would help to alleviate the general impoverished nature of the family.<sup>2</sup>

When the system of education in Jamaica or in any of the other British West Indian territories prior to World War II is viewed, however, questions have to be raised as to whether the governing bodies have made all-out attempts at creating literate societies. The answer is unmistakably in the negative.

In the eighteenth and nineteenth centuries, education of the masses was the prerogative of religious denominations. "As early as 1685, and throughout all of the eighteenth century, it was deemed illegal for anyone but ordained Anglican ministers to practice the art of teaching."<sup>3</sup> Members of the plantocracy often had their children tutored privately at home or sent to boarding schools in England.

These affluent planters would not tolerate the efforts of missionaries to instruct their chattel in the rudiments of reading and writing. On the other hand, the children of poorer settlers were taught by Anglican clergymen in private schools.<sup>4</sup>

The Anglican clergy did not see it as part of their function to educate people held in bondage. But with the mounting abolitionist sentiments in the second decade of the nineteenth century, which incidentally coincided with the period in which a diocese was established in Jamaica, the clergy began establishing churches throughout the island to which were attached elementary schools. Each school was under the direction of a rector or a priest, who found his efforts constantly and consistently opposed and obstructed by the plantocracy. The estate owners, managers and overseers were understandably fearful as to the effects of learning upon the slaves, and they had no intention of seeing the status quo disturbed.<sup>5</sup> But already the non-conformists had been educating the slaves throughout the British Caribbean, and the Anglicans obviously saw the need to serve the majority population directly. Otherwise their congregations would be small, compared to those of the interlopers after emancipation. The Anglican clergy in the eighteen-twenties had indeed to be cognizant of the fact that it would be only a matter of time before the voices of the Anti-Slavery Society and the economic realities of the day would convince British parliamentarians of the necessity for abolition. Some of the Anglican clergy may also have admired the nonconformists for their efforts both at Christianizing and educating blacks. Congre-

gations such as the Moravians, Baptists and Methodists would therefore be in extremely strong positions to challenge the established church if it did not demonstrate concern toward the masses during the period of imposed afflictions.

With respect to the subject of teachers, there was unquestionably a need for training institutions in order to supply a fraction of the quantity of educators needed in the post-emancipation era. The existing teachers were drawn from Europeans who were sent out by their philanthropic societies, from individuals of European extraction who worked on the island, from black adults who most probably had acquired a significant degree of academic learning--available since on the eve of emancipation there were approximately 70,000 free blacks as opposed to the 30,000 whites in the colony, and from youngsters who were sufficiently educated, and could be called upon to impart their learning to others. For the most part the salaries of these teachers were paid by missionary societies, though there was some government aid available.<sup>6</sup>

The first denomination to establish any sort of teacher-training curriculum was that of the Moravian Bretheren. In 1832, the year preceding the introduction of the emancipation bill, the Moravians had established a refuge center at Fairfield for the purpose of administering to "shipwrecked black African girls, a few white orphans and brown illegitimate children." Ronald Samuda recognized the asylum as being somewhat of an embryonic teacher training institution, for "as soon as the inmates were literate, they were recruited as teachers in the Moravian elementary schools."<sup>7</sup> Fairfield, however, became a true teacher-training institution in 1839 to serve the purpose of molding

male teachers continuing to function as Fairfield College until 1899, at which time government assistance was withdrawn.

Three other training colleges which existed in the nineteenth century unfortunately had to close their doors as the twenties dawned. Calabar College was a Baptist institution which opened in 1843 to train men as teachers and clergymen. In 1900 it terminated its teacher-training functions and continued as Calabar Theological College. The Catholic institution, St. Mary's Female Training College, operated for about eleven years and then closed in 1890. Finally there was the government Training College which commenced at Stony Hill, moved to Spanish Town in 1870, and closed in 1890.<sup>8</sup>

As mentioned earlier, these training colleges had been receiving government assistance. This in part resulted from the urgent manifestation of desire for literacy by the freedmen during the five years of apprenticeship which followed emancipation. The demand for learning in turn meant a demand for schools, and consequently a demand for teachers. Response to this demand came from four sources: the British government, missionary societies, the Mico charity, and--in a token manner--the local government.

In 1835 the British government, through the Negro Education Grant, made a sum of L 30,000 available to the British West Indies as a whole. After 1840, however, the British began reducing the allocation, and withdrew it in 1845. The amount of money each territory received was based on the number of its emancipated residents, and for this Jamaica received a sum of L 7,500 in 1835. The British government had some difficulty in deciding whether the Jamaican assembly or the missionaries

should administer the grant and ultimately decided upon the missionaries, as they were already involved in educational work. Of the total sum allocated to Jamaica L 5,000 was set aside for teacher-training.<sup>9</sup>

In 1837 the British sent out Charles J. Latrobe on a fact finding mission to see how the grant was being implemented in the various territories. Latrobe reported that there were 200 elementary schools in Jamaica and a total school enrollment of about 43,000, which included both children and grown-ups out of a total of 377,000. He was generally complimentary of the work done by the missionaries and attested to the fact that they were men of sound, upright character, who performed their undertakings with the utmost zeal.<sup>10</sup> He was nonetheless appalled at the low academic standards of the local teachers.

Latrobe observed that the various Christian denominations had been competing for the same localities in which to dispense basic learning skills. He also stipulated that there was no coalition of effort. The reason for this, he suggested, was the guideline laid down by the colonial authorities, namely that "the special object of the British government was the moral and religious improvement of the Negro population, and that provided that was obtained, the precise manner was of secondary importance."<sup>11</sup> Later in his report he stated that "in the present state of education in Jamaica every class of schools must be considered a blessing as long as they tend to impress moral and religious principles upon the minds of the colored population."<sup>12</sup>

Not surprising for a member of the British elite, Latrobe stressed the need for an advanced private school, sanctioned and financed through the local government. This he believed to be most appropriate

as emancipation had posed a number of baffling questions related to the planters' fortunes, consequently they should be assisted with their childrens' education. Almost as an afterthought, Latrobe then commented on the fact that the legislature had been hesitant in taking steps to provide for the general education of the masses, and at the time of his writing it had not done so.

It is quite clear that the former slaves were most desirous of an education. In the Sunday and evening schools run by the nonconformists there were individuals of varying age groups. The children, in particular, were undoubtedly keen to absorb all that was imparted to them, though of necessity their attendance in classes was irregular. Children stayed away for several reasons--on certain days they had to help their parents in the agricultural fields (called grounds in the West Indies), and during the rainy season many contracted sicknesses from mosquitoes and other germ carrying pests. Compulsory education at that time would have been most difficult to implement, even if the legislature had been more responsibly disposed toward the majority population.<sup>13</sup>

Almost as important as the Negro Education Grant, were the funds received under the Mico Charity. These funds were derived from the bequest of Lady Mico, who in 1670 willed a part of her estate for the purpose of purchasing the freedom of Christians held captive by Barbary pirates. But since the pirates were defeated and the prisoners released, the money was invested and held in trust for more than a century and a half. By 1834, when the capital was much increased, the compounded income of £ 115,000 was directed by the board of trustees

to enhance the education of blacks in the British West Indies. At that time the Secretary of the Church Missionary Society wrote the noted abolitionist Thomas Fowell Buxton stating that the Society had not made any plans for teacher training in the West Indies, as it was understood that the Mico Fund would be used to establish normal schools. As a result, the Secretary of the trust arrived in Jamaica in late 1835 to put the education program into gear. Accompanying him was a small group of teachers from England, and together they established five day schools and three normal schools. By 1841, the enrollment in the normal schools (one of which was in each of the three counties) numbered 116, and in the elementary school enrollment was 2,541.<sup>14</sup>

Also established was the Mico College. It opened in August, 1836, and during the first year enrolled twenty-one males and seven females. After that the annual enrollment was limited to twenty until 1886, when it was increased to fifty. In that year a three-year curriculum was adopted with an additional year for outstanding students; but in 1900 the curriculum was revamped to bring about a two-year course of study for all trainees. The college building structure in the meanwhile had been experiencing grave misfortunes. In 1907 the main building was damaged as a result of an earthquake, and in 1910 totally destroyed by a fire. As if these afflictions were not sufficient, the quality of the recruits declined for the duration of World War I, as many of the better read and more industrious West Indians considered it their duty to defend the "mother country." After the War (1920), however, the first native principal, John Hartley Duff, was appointed. In 1925 Captain A. J. Newman, as principal, improved and expanded upon

the curriculum and included provisions for higher studies for specially selected students.<sup>15</sup>

Mico, however, was not the only teacher training college formed during the nineteenth century that endured. In June of 1861 the Moravians opened the doors of Bethlehem Teacher College. In the first year the institution served only seven students, but by 1869 ten women had graduated and were teaching in Moravian schools. It was not until 1886, however, that the Jamaica Department of Education recognized it as a full-fledged teacher training institute. As a result of this recognition the local government began to provide assistance in the form of an annual grant for each student in residence, and the college had to make its trainees sit and pass government examinations in order to be considered accredited teachers. The college underwent building expansions in 1903 and 1931 and began admitting day students. By that time the enrollment was forty-eight. Until that time all the principals had been Moravian clergymen, but in 1943 an official administrative body was formed.<sup>16</sup>

Shortwood College, which was founded in 1885, due primarily to the interest and zeal of the Anglican Archbishop Enos Nuthall, was from its inception a government institution. Nevertheless fourteen years after its inception it experienced severe financial difficulties due to cut-backs in government allocations. So severe was the government retrenchment program at the turn of the century that it appeared that the college would have to be closed. Nuthall, however, resisted all government attempts at closure. Furthermore, he got the government to accept an agreement which transferred the college edifices and twenty-four acres of land to the directors of the institution. The



government likewise agreed to give the directors a sum of L 1,200 a year for them to do all the managing of the college and subsequently train thirty teachers at a time.<sup>17</sup>

The determination of the Shortwood Directors was such that they accomplished their tasks amidst the difficulties. In 1920 the government allocation had increased to L 2,100. But the enrollment, which had reached fifty-eight by 1920, dropped off to 44 by 1930. Further difficulties were in store for Shortwood, as its main buildings were destroyed by fires between 1937 and 1939.<sup>18</sup>

Another institution, St. Joseph's Training College, was opened by the Alleghany, New York, order of the Franciscan Sisters in 1897. Its aim was to specifically train Roman Catholic teachers for the local ministry. The college was therefore most careful in the screening of its applicants. Of the original eight trainees, six completed their training after three years and the remaining two after four years. The Jamaican government gave the college recognition in 1900, and provided it with grants-in-aid for six live-in students. By the 1920's the annual enrollment exceeded twenty, but this institution too was to suffer the consequences of fire. In 1937 two classrooms were burned down, and though it was some time before they were rebuilt, the enrollment went from twenty-eight in 1938 to thirty-five in 1940.<sup>19</sup>

"The presence of these four colleges, all with strong religious connections, was consistent with official policy; as the major purpose of education at this state--as clearly expressed by the Colonial Office, the Missionary Society and the Mico Trust--was to foster religion among the people while making them literate."<sup>20</sup>

These four institutions were, however, small, and their combined student population numbered only 187 in 1938. As a result of their size, operating costs were unnecessarily high, and the qualifications of the teaching staff raised a number of questions. Of the four schools only Bethlehem had a rural environment, and consequently it was Bethlehemites who were most usually found in schools outside of Kingston. It was the Bethlehemite too who was most highly praised in terms of his efficiency and devotion to his duties.<sup>21</sup>

The living conditions in the colleges left much to be desired. Students slept in open dormitories and had no facilities for individual study. Sanitary conditions were extremely limited, so that Mico had to establish a bathroom time-table. S. A. Hammond, who conducted an investigation on the entire educational system in 1941, stated that there was no college life as understood by institutions of a similar nature.

A significant offshoot of the government grant-in-aid program was to ensure that no deserving candidate was refused admission to any of these institutions because of his denominational preference. He had, however, to be a Christian. "At all the colleges..., there was resolute insistence on a satisfactory religious conviction, and an applicant without any connection with the church stood a poor chance of gaining acceptance." <sup>22</sup>

Following the 1938 riots the teachers began becoming more expressive of their needs and desires. Forefront in making demands for improvement was the Jamaica Union of Teachers. This organization was a natural offshoot of the continued partnership of church and state in Jamaican education. In reality it was the religious organizations that urged their teachers to form associations in the latter part of the nineteenth century. As was customary, it was the Moravians who took

the lead and held the first conference of Moravian teachers in 1850. In 1891 the teachers associations received encouragement from two American educators, who lectured on the island during the Jamaican Exhibition.<sup>23</sup>

The true founder of the J. U. T., however, was W. F. Bailey, who had been secretary of the North Manchester Teachers' Association. In 1894 he modeled the Jamaican Union of Teachers after the English National Union of Teachers and became its first secretary. The union was concerned with professionalism among teachers, better remunerations, social benefits, and improving the status and qualifications of teachers.<sup>24</sup>

By the time of the riots the J. U. T. was already a force to be reckoned with. It was successful in 1920 in bringing about the abolition of payment based on results and, consequently, helped to make the system of grading and remunerating teachers more just. It was, however, during the period between the mid-thirties and mid-fifties that it demonstrated vigor and militancy and secured for the teaching profession irrevocable gains. It successfully campaigned against Article 40 in the Code of Regulations, a clause which gave school boards the right to dismiss teachers for reasons which had no bearing on their academic responsibilities. It secured various types of leave and scholarships for teachers and saw to the increasing of grants for schools.<sup>25</sup>

By this time, however, significant developments were taking place within the sphere of teacher training. The Colonial Development and Welfare Fund, which was established after the Moyne Commission<sup>27</sup> reported, went a long way in assisting with the cost of teacher training.<sup>28</sup> True to form the Moravians were the first to take advantage of C. D. W.; and Bethlehem received a grant of L 3,300 which resulted in the erection of two new buildings that opened mid-1946.

With the increased finances, the colleges were able to increase their enrollments. Between 1944 and 1954 the total enrollment of Bethlehem, Mico, St. Joseph's, and Shortwood increased from 230 to 339; and the number of completed trainees, from 66 to 105. "But a total increase of 109 in the aggregate enrollment of the four colleges over a ten-year period represented very little development when assessed in terms of the extent to which trained teachers were needed in the schools." During this period there had been a significant increase in the elementary school enrollment, the annual attendance having increased from 114,743 to 148,037.<sup>29</sup>

The inadequacy of the teachers' colleges in producing enough trained teachers to meet the island's needs led to the introduction of the pupil-teacher system in 1877. A prospective pupil-teacher had to be within the ages of thirteen and seventeen, and had to have reached the fifth standard of elementary school six months before his appointment. He was required to assist the teacher while also advancing himself academically, and he had special classes arranged for him. From 1882 the pupil-teachers had to pass written examinations.<sup>30</sup>

The pupil-teacher system nonetheless did not lessen the demand for qualified teachers, a demand that remained a problem throughout the first half of the twentieth century. Teaching was avoided by the more able people, as the salaries were too low and individuals with a full secondary education looked elsewhere for gainful employment.<sup>31</sup> The teachers, on the other hand, whether with or without training, and irrespective of the good intentions of the training colleges, were somewhat inadequate to deal with students about to enter the job market.

As a result, a major problem was the training and establishment of the adolescent, and the school leaving age constituted a period of difficulty for the youngsters. Those who had parents owning land or business could look forward to steady employment, but the majority-- whose parents could not offer an opening for them--had an unpromising outlook before them. These young people developed a lack of objective or purpose and, in most cases, their ambition was vaguely directed toward employment in a government department or toward a clerical position in a business enterprise. Boys with more practical minds might have expressed a desire to become the drivers of motor vehicles or a mechanics of some sort. It was usually the girls who aimed at becoming school teachers and, failing that, sought employment as clerks in offices or stores. In general, the young people seldom had any idea of the best way of going about seeking employment.<sup>32</sup>

Agricultural work presented a most unattractive prospect to thoughtful young people, who had seen their parents 'slaving' for many hours in the hot sun and receiving in return a meager wage. Ambition then was directed almost entirely towards 'blackcoated' jobs, which offered a less arduous life and pleasanter working surroundings. This produced in the schools a direct thrust towards a clerical education with a sad neglect of anything in the direction of manual labor. For those with a clerical education, opportunities were limited. The offer of a post as a clerk in any establishment brought a large number of applicants, many of whom were ill-equipped for the position. The consequence of this was that the most depressed class was that of the shop assistant or clerk. He was usually employed

at a very low wage, and he had to struggle to keep up his appearance while unable to venture any form of protest, as there were many ready to seize his job.<sup>33</sup>

The popularity of the clerical education and the anxiety of parents to see that their offspring attained scholastic distinction influenced schools to the extent that any attempt to introduce manual training or home economics was liable to produce protests from the parents. There had been, however, a definite effort made to get away from that state of affairs, but the difficulty was that the teachers themselves had only a clerical education; and quite often the school gardens, which were to be used for agricultural training, were shamefully neglected and the vegetables were left to compete with weeds and rubbish.<sup>34</sup>

Obviously there was a need for courses in guidance and counseling in the curricula of the training colleges, but at that time this would certainly have been out of context with the existence the teacher trainees themselves faced in the colleges. In reality, the lives they lived while boarding at the colleges were most demeaning. They were disciplined in a manner reminiscent of the primary schools, and, even though some of them were still teenagers (some entered at the age of seventeen), this aspect of regulation was certainly undesirable. Yet this was in part a carry-over from the manner in which boards of directors dealt with their teaching personnel. Glen Day cites a number of examples to illustrate this point, one being that on one occasion the Principal of Shortwood College was taken to task for not receiving prior permission to have her mother spend a holiday with her on the college premises.

Indeed, it was not until 1947 that principals were even allowed to attend board meetings of that institution.<sup>35</sup>

There were, however, changes brought about in the fifties as a result of political advance. Ministries of government were established in 1953, and for the first time, elected Jamaican representatives were fully responsible for the various departments of government. The Ministry of Education recognized that there was a need for a general national policy covering all the stages of education in Jamaica. Nevertheless it was not until 1965, three years after full independence, that a specific act dealing with education was passed. The Education Act called for greater self-financing capability, a redefinition of goals, and the expansion of the system to accommodate larger numbers of students at all levels. In 1964 the Jamaican government received assistance from the United Nations Educational, Scientific and Cultural Organization (UNESCO), and together they conducted a survey of needs. In 1966 the survey team produced a document called The New Deal for Education. This document emphasized, among other things, the need to provide greater post-primary opportunities for the population.<sup>36</sup>

With Jamaicans now directly responsible for their educational affairs, they attempted to ease the shortage of trained teachers in 1956 by opening the Moneague Training College with 104 students enrolled. Simultaneously they introduced a radical departure from the traditional training. For twelve months the trainees pursued an intense program so that they could get on the 'market' quickly and thereby increase the number of qualified teachers. This experiment proved successful, and, in 1962 the period of training was increased to two years--in keeping with the projected development.<sup>37</sup>

Another institution opened in the fifties was Caledonia Junior College. In 1958, 150 trainees entered its doors--the majority of them being probationers in active service or reinstated after previously being removed from the register of teachers. For twenty weeks they pursued a preliminary teacher-training course designed mainly to develop their skills for imparting instruction to the lower grades in the primary schools.<sup>38</sup> Not to be outdone by the government, the church institutions made a new contribution in 1965 when the Anglicans opened Mandeville Teachers College with seventy-seven students.<sup>39</sup>

Throughout the decades of the sixties and seventies, education remained a top priority of the government. A fundamental concern was in providing social mobility for the lower classes by increasing the number of scholarships to secondary schools and insisting that the majority of grants be awarded to pupils from government primary schools rather than from private preparatory schools.<sup>40</sup>

As a result of a loan from the Canadian Development Agency (CIDA), forty primary schools were built to accommodate 16,800 students. Another loan was acquired through the World Bank in 1966, which provided for fifty schools to accommodate 37,530 students in grades seven through nine. An yet another loan was secured from the World Bank in 1970 to construct twelve schools accommodating 6,700 students in grades seven through eleven.<sup>41</sup>

In 1973 the government carried out another survey with assistance from the United States Agency for International Development (USAID), the World Bank, and CIDA. Their report The Jamaican Education Survey (1973), led to a joint program for rural education in 1976.<sup>42</sup> Significantly, they listed as one of their five projects the establishment of a teacher-



training institution that would emphasize rural development.<sup>43</sup>

In 1973 the government established a program for on-the-job training. It was called the In-Service Teacher Education Thrust (ISTET) and was designed to reduce the backlog of untrained teachers. ISTET teachers are fully qualified to teach in the primary schools upon completion of the program of study. Additionally, there are programs of teacher training in the School of Education at the University of the West Indies; the College of Arts, Science and Technology (CAST); the Jamaica School of Agriculture; the Cultural Training Center (CTC); and the Excelsior Community College.<sup>44</sup>

Education, then, is the key aspect of the government's development policy, and the experts are still trying to better define the nation's educational goals. The need for more trained teachers is fully realized, and the government is endeavoring to meet this need within the scope of its present economic handicaps. If education is to be considered as an instrument for development and play an intrinsic role in creating a new society which is uniquely Jamaican, then one has to look at the social, economic, political and psychological goals attached to the subject. As a result, the present Jamaican government envisages the creation of an egalitarian society based on the twin pillars of social justice and equal opportunity, sponsoring self-confidence and self-reliance. Education then should be used as an instrument to foster a community spirit and national pride.<sup>44</sup>

Jamaica, with its high unemployment rate, increasing population, large numbers of illiterate human beings, an increasing gap between rich and poor, continuing dependency on foreign capital as well as manufactured goods and trained personnel, needs an educational system

which will emphasize an approach to economic development which will utilize the labor-intensive approach. To realize this goal, the education system must play a major role in equipping individuals with knowledge, skills, attitudes, creativity and a cultural milieu which will assist in the rounded development of its citizens.<sup>45</sup>

The Prime Minister, Michael Manley, recognizes the tremendous challenge that lies ahead in transforming the manpower needs of a previous colonial economy into those required of a modern economy. "If we are, on the one hand, to provide for ourselves the skills to build such an economy, and, on the other, to train a population that can find employment and economic satisfaction we must begin with a radical restructuring of the training content of the system."<sup>46</sup> This education system s such has to provide levels of training which will allow for technological development: the ability to utilize indigenous resources for the common good, adapt to appropriate imported technologies. Indigenous scientific and technological enterprises should be in place and must be encouraged to innovate and adapt, while science and technical education should be domestic-problems oriented.

For many years the majority of Jamaicans have been denied equality of educational opportunity, and being in the poorer classes meant exposure to a poor quality of education if and when any education was possible. Today, teachers and administrators must be dedicated to the ideals of egalitarianism. Institutions for teacher training are consequently strategically important in educational reform. The availability of adequately trained and motivated teachers is a most important precondition for effective teaching in the primary schools. Teachers

will have to be trained for industrial and agricultural schools in increasing quantities. In the traditional areas there is need for much training in the natural sciences; and last, but not least, is the necessity to train teachers to help formulate a spirit of togetherness and national pride within the Jamaican community.

ACADEMIC QUALIFICATIONS OF  
TEACHERS' COLLEGE RECRUITS, 1968-1971

Year	One or More GCE O Levels	Four or More GCE O Levels	One or More GCE A Levels	JJC or other Qualification	Total Intake
1968	245	56	2	686	933
1969	242	52	3	785	1030
1970	262	50	3	806	1071
1971	373	99	4	722	1099

(Day. An Assessment of the Adequacy. . . . p. 359)

ENROLLMENT OF THE COLLEGES IN SEPTEMBER, 1970

COLLEGES	ENROLLMENT		
	MALE	FEMALE	TOTAL
Bethlehem		157	157
Church (Mandeville)	44	222	266
Mico	258	353	611
Moneague	30	293	323
St. Joseph's	9	240	249
Snortwood		450	450
Totals	341	1,715	2,056

(Day. An Assessment of the Adequacy. . . . p. 356)

FOOTNOTES

<sup>1</sup>Glen Algernon Day, An Assessment of the Adequacy of Teacher Education in Jamaica, in Relation to Educational Needs Since 1938 (Unpublished M. A. Thesis, University of the West Indies, 1973), p. 42.

<sup>2</sup>Great Britain, Major G. St. Orde Browne, O. B. E., (1939), Labor Conditions in the West Indies (Parliament, Papers by Command) Cmd. 6070). (Hereafter referred to as Cmd. 6070), pp. 35-38.

William Miller Macmillan, Warning from the West Indies (London: Faber and Faber, 1935), pp. 40-44.

<sup>3</sup>Ronald J. Samuda, The Development of Teacher Education in Jamaica: 1940-1960 (Unpublished PhD. Thesis, University of Ottawa, 1966), pp. 4-5.

<sup>4</sup>Alfred Caldecott, The Church in the West Indies (London: Frank Cass and Co., Ltd., 1898), pp. 60-63.

<sup>5</sup>Samuda, p. 7.

Caldecott, p. 62.

Nancy Foner, Status and Power in Rural Jamaica: A study of Educational and Political Change (New York: Teachers' College Press, 1973), pp. 38-45.

For a fuller development of the thinking and behavior of the plantocracy see: Samuel J. Hurwitz and Edith F. Hurwitz, "A Token of Freedom: Private Bill Legislation for Free Negroes in Eighteenth-Century Jamaica," William and Mary Quarterly, Vol. 24 (July, 1967), pp. 423-431.

<sup>6</sup>Great Britain, Parliamentary Reports No. 393--C. J. Latrobe, Esq. to the Right Honorable Lord Glenelg, on Negro Education, Jamaica, 19 October 1837. (Hereafter referred to as Latrobe Report), pp. 14-15.

<sup>7</sup>Samuda, p. 9.

<sup>8</sup>Day, p. 59.

Caldecott, p. 189.

<sup>9</sup>Millicent Whyte, A Short History of Education in Jamaica (London: Hodder and Stoughton, 1977), pp. 21-27.

<sup>10</sup>Latrobe Report, pp. 7-8.

<sup>11</sup>Latrobe Report, pp. 5-7.

<sup>12</sup>Latrobe Report, p. 14.

<sup>13</sup>Latrobe Report, pp. 11-13.

<sup>14</sup>Samuda. pp. 15-16.

Day, p. 58.

Caldecott. pp. 112 and 189.

<sup>15</sup>Day. pp. 59-60.

<sup>16</sup>Day, pp. 60-61.

<sup>17</sup>Day, p. 61.

<sup>18</sup>Day, pp. 61-63.

<sup>19</sup>Day, pp. 63-64.

<sup>20</sup>Day, pp. 64-65.

<sup>21</sup>Day, pp. 65-66.

<sup>22</sup>Day, p. 84.

<sup>23</sup>Whyte, pp. 108-109.

<sup>24</sup>Whyte, pp. 109-110.

<sup>25</sup>Whyte, pp. 110-111.

<sup>26</sup>The royal commission which carried out investigations in the British West Indies after the riots was known as the Moyne Commission after its chairman, Walter Guinness, Lord Moyne, and anthropologist. See: Great Britain, West Indies Royal Commission (1938-39), Report ((Parliament, Papers by Command) Cmd. 6607). (Hereafter referred as Cmd. 6607).

<sup>27</sup>Thomas Spensley Simey, Welfare and Planning in the West Indies (London: Oxford University Press, 1963), pp. 21-25.

<sup>28</sup>Day, pp. 169-170.

<sup>29</sup>Whyte, pp. 59-60.

<sup>30</sup>Macmillan, pp. 148-149.

<sup>31</sup>Cmd. 6070, pp. 39-40.

<sup>32</sup>Cmd. 6070, pp. 38-39.

<sup>33</sup>Cmd. 6070, pp. 39-40.

<sup>34</sup>Day, pp. 172-174.

<sup>35</sup>Jamaica. Ministry of Education. Five Year Education Plan (1978-1983)--Draft Two (Kingston: Ministry of Education, 1977) pp. 12-13.

<sup>36</sup>Day, pp. 226-231.  
Whyte, p. 66.

<sup>37</sup>Whyte. p. 66.

<sup>38</sup>Day, p. 316.  
Whyte, p. 67.

<sup>39</sup>Nancy Foner, "Competition, Conflict, and Education in Rural Jamaica," Human Organization, Vol. 31 (No. 4), pp. 396-397.

<sup>40</sup>Five Year Education Plan (1978-1983)--Draft Two, pp. 13-14.

<sup>41</sup>Referred to as GOJ/USAID Rural Education Program.

<sup>42</sup>Five Year Education Plan (1978-1983)--Draft Two, pp. 14-15.

<sup>43</sup>Five Year Education Plan (1978-1983)--Draft Two, p. 20.

<sup>44</sup>Five Year Education Plan (1978-1983)--Draft Two, p. 5.

<sup>45</sup>Michael Manley, The Politics of Change: A Jamaican Testament (London: Andre Deutsch, 1974), p. 145.

<sup>46</sup>Manley, p. 142.

### Current Status of Teaching Training in Jamaica

Teacher training is presently conducted in Jamaica through thirteen (13) Colleges and Programs. The seven (7) Colleges are: Bethlehem, Church (formerly Mandeville Teachers' College), Mico, St. Joseph's, Moneague, Sam Sharpe, and Shortwood Teachers' Colleges; and the six (6) Programs are undertaken in departments at The College of Arts, Science and Technology (CAST), Excelsior Community College, Jamaica School of Agriculture (JSA), The School of Education at The University of the West Indies (UWI), the In-Service Teacher Education Thrust (I.S.T.E.T.) and The Cultural Training Center.

The Jamaican Ministry of Education in its Five Year Plan has presented the social goals of education as follows:

1. Providing equality of education offerings for all members of the society.
2. Recognizing differences in individual abilities, aptitudes and interests and catering for individual needs to ensure the personal growth and cultural development of each individual.
3. Enabling each individual to strive for excellence at all levels of endeavor, thereby contributing positively to societal needs for economic productivity as well as aesthetic and cultural development.
4. Developing in members of the society a sense of community spirit, cooperation and concern for others, thereby encouraging a positive attitude toward group effort at the local, community and national levels.

Institutions for teacher training are strategically important in the development process and as a partner in the attempt to realize the social goals of education mentioned above. The following implication (one of many), which is of interest to these investigators, must be recognized if the social goals of education are to become realities:



- 1(a) The role of the teacher must be reviewed and, where necessary, restructured in order to ensure that teachers have the type of skills and attitudes to improve the quality of education in our schools and be more sensitive to the emotional, physical, and societal factors affecting the child's development and creativity.
- (b) Special attention must be given to teacher-pupil relationship so as to ensure a less authoritarian approach and a more imaginative, creative, sympathetic, and positive acceptance of the degree of autonomy for the pupil vis-a-vis the teacher. This is fundamental to the development and reinforcement of concepts of self-worth and self-reliance.<sup>2</sup>

At the time of this writing we are concentrating our efforts on the seven (7) Teacher Training Colleges. However, at this stage in our data collection, we can only discuss information pertaining to students in three (3) of the seven (7) Teachers' Colleges. In our attempt to examine the current status of teacher training in Jamaica, a questionnaire was designed and administered to 169 students currently attending three (3) of the seven (7) Teachers' Colleges. While the investigators are concerned with the response of students in all seven (7) Jamaican Teachers' Colleges, any results quoted/presented will reflect the response of students at the three (3) colleges. It is our intent to complete this study at a later date when a more complete investigation will be possible.

1. To what extent have teacher training institutions contributed to the realization of development goal by their output of personnel to train the human resources of the country? How do these teacher training institutions fit into the overall formal educational structure of Jamaica?

The Teacher Training Colleges have contributed significantly in the education of personnel to train the human resources of Jamaica. However, there is an inadequate supply of qualified teachers with the knowledge, skills and attitudes to produce desirable changes in the Jamaican

education system and influence national development.

Available statistics for eight (8) of the thirteen (13) Colleges and Programs in which teacher training is undertaken shows the following: that the seven (7) teachers' colleges accounted for 1200 of the 1237 passes in the June 1977 examinations. Table 1 provides more detail information on the examination results. Based on the enrollment trends, it is safe to believe that the 1200 graduates represented a majority of the graduates of all thirteen (13) Colleges and Programs during 1977.

As enrollment in the Teacher Training Colleges and Programs increased during the 1970's, the seven (7) teachers' colleges had the highest percentage of all the enrollees. For example, in 1976-77 the total enrollment in all seven (7) teachers colleges was 3,881, which was 64.5 percent of the enrollment in all teacher training programs. If enrollees in the I.S.T.E.T. program are excluded, then the seven (7) teachers' colleges would have accounted for 82.6 percent of the enrollment in 1976-77. This is more evidence that the seven (7) teachers' colleges are contributing significantly to the realization of development goals by their output and potential output of personnel to train the human resources of Jamaica. Table 2 shows the enrollment statistics for 1976-77.

The need for increasing numbers of teachers to keep up with Jamaica's growing population between 1978 and 1983 has been documented in the Five Year Education Plan (1978-83)---Draft Two published by the Jamaican Ministry of Education in December 1977. At the Primary and Secondary school levels, an average of 969 trained teachers will be needed every year between 1978 and 1982, and the seven (7) teachers' colleges

will be expected to play a major role in helping to meet these needs. During the Plan Period (1978-83) the government intends to establish an eighth teacher training college to supplement the existing institutions so that the human resources of Jamaica will receive adequate training to meet the economic challenges of the future. Appendix A documents the need for more qualified teachers.

The teacher training colleges represent Education at the Second Level according to the United Nations Educational, Social and Cultural Organization's (U.N.E.S.C.O.) International Standard Classification of Education (I.S.C.E.D.). In Jamaica, students who are qualified to enter these teachers' colleges do so from age 17 and above. However, the six Programs mentioned earlier are found in institutions which are classified at the Second and Third levels. Students enter these programs when they are 17 and 18 years of age or more. Figures 1 and 2 show the organization chart for the system of education in Jamaica and a flow diagram of the system.

Both males and females are enrolled in the teachers' colleges and the other teacher training institutions. Historically, females have been overwhelmingly represented, and this fact is no different in 1979. The unattractiveness of the teachers' salary and the conditions at the workplace are among the reasons given for the resultant low male enrollment. Our survey of the three teachers' colleges had more females responding than males. This is no accident, because, in 1976-77, the enrollment statistics for these three colleges were the following:

St. Josephs:	41 males, 500 females
Church:	113 males, 273 females
Berhleham:	0 males, 379 females

(see Table 2)

TABLE 1

## TEACHER TRAINING INSTITUTIONS: FINAL EXAMINATIONS JUNE 1977

By College, by Type of Training

		Total	Passed		Referred	Incomplete	Failed
			Second Year	Referrals			
BETHLEHEM TEACHERS' COLLEGE	Pre-Primary	25	20	-	5	-	-
	Primary	154	123	-	30	1	-
	Secondary	18	13	-	3	-	2
CHURCH TEACHERS' COLLEGE	Pre-Primary	3	3	-	-	-	-
	Primary	37	32	-	4	-	1
	Secondary	76	55	9	10	-	2
EXCELSIOR COMMUNITY COLLEGE	Secondary	52	37	7	8	-	-
MICO TEACHERS' COLLEGE	Primary	170	103	12	43	1	11
	Secondary	154	129	7	14	-	4
MICO EVENING COLLEGE	Primary	85	42	2	34	-	7
MONEAGUE TEACHERS' COLLEGE	Pre-Primary	26	23	-	3	-	-
	Primary	143	128	7	6	-	2
SAM SHARPE TEACHERS' COLLEGE	Primary	139	117	-	19	-	3
ST. JOSEPH'S TEACHERS' COLLEGE	Pre-Primary	68	60	-	8	-	-
	Primary	122	101	1	17	1	2
SHORTWOOD TEACHERS' COLLEGE	Pre-Primary	22	13	3	5	-	1
	Primary	111	81	9	20	-	1
	Secondary	121	96	4	18	2	1
		Total: 1526	Total Passes: 1237 Pre-Primary: 122 Primary: 758 Secondary: 357		Total Referred: 247	Total Incomplete: 5	Total Failed: 37

Source: Education Statistics, 1976-77: Annual Statistical Review of the Education Sector. Jamaica: Ministry of Education. p. 172.

Table 2

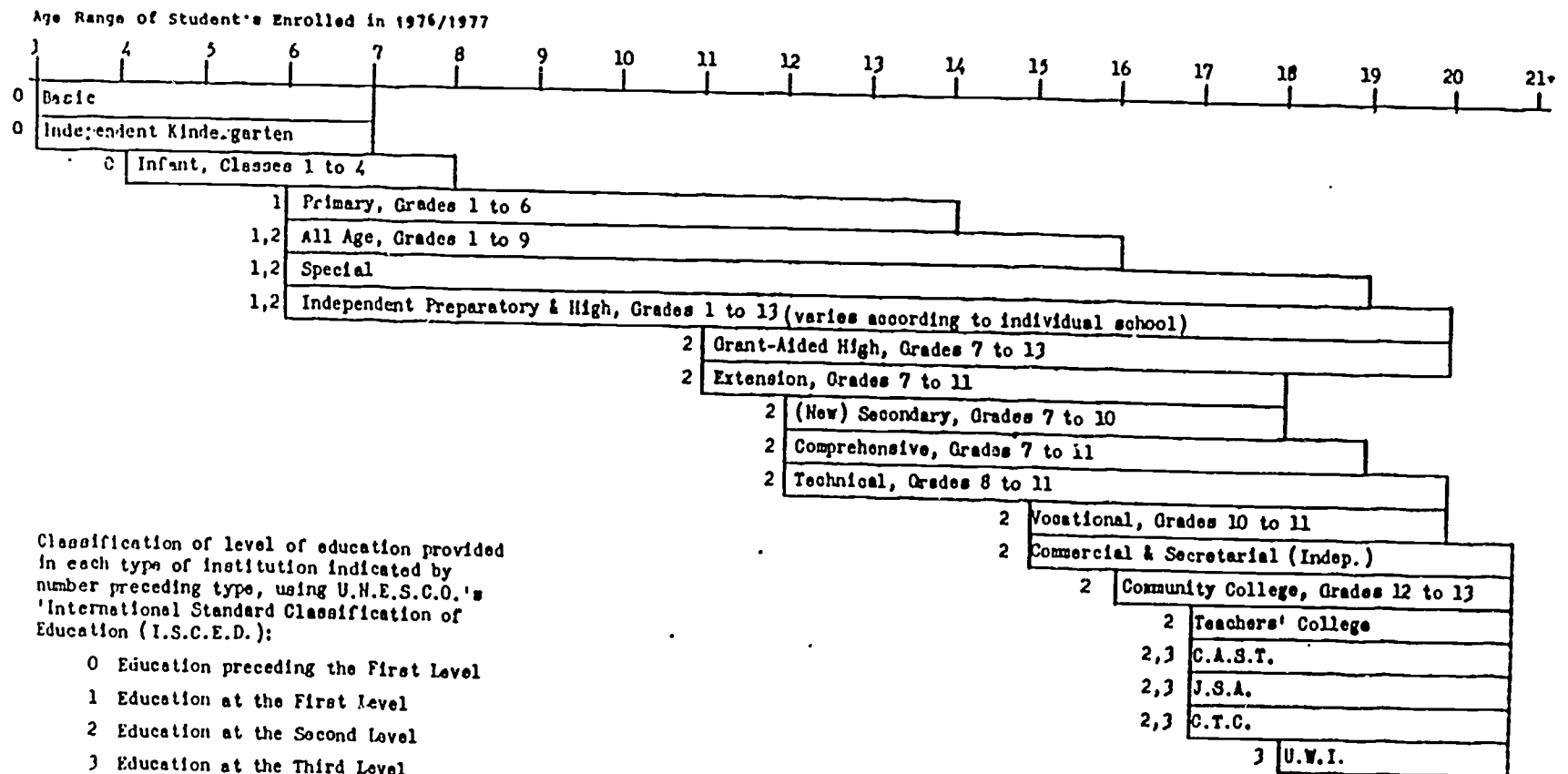
ENROLLMENT IN TEACHER TRAINING PROGRAMS  
BY YEAR, BY SEX, BY INSTITUTION  
1976/77 .

INSTITUTION	FIRST YEAR		SECOND YEAR		THIRD YEAR		SUB-TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	
Bethlehem Teachers' College	-	110	-	195	-	74	-	379	379
CAST Education Department	38	43	59	65	36	48	133	156	289
Church Teachers' College	43	100	31	69	39	104	113	273	386
Excelsior Education Department	9	51	6	33	8	40	23	124	147
JSA Education Department	32	17	30	1	12	-	74	18	92
Mico Teachers' College	147	191	113	216	137	176	397	583	980
Moneague Teachers' College	24	262	12	152	-	130	36	544	580
Sam Sharpe Teachers' College	39	119	24	117	11	53	74	289	363
St. Joseph's Teachers' College	15	215	22	169	4	116	41	500	541
Shortwood Teachers' College	-	227	-	230	-	195	-	652	652
West Indies Education Department	21	66	14	102	8	75	43	244	287
TOTAL	368	1401	311	1349	255	1012	934	3762	4696

	SECOND YEAR		THIRD YEAR		FOURTH YEAR		SUB-TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	
I.S.T.E.T.	40	411	53	449	47	291	140	1181	1321

Source: Education Statistics, 1976-77:  
Annual Review of The Education Sector, Jamaica:  
Ministry of Education. p. 147

**THE SYSTEM OF EDUCATION IN JAMAICA: ORGANIZATION CHART**  
(Full-Time Schools and Colleges)

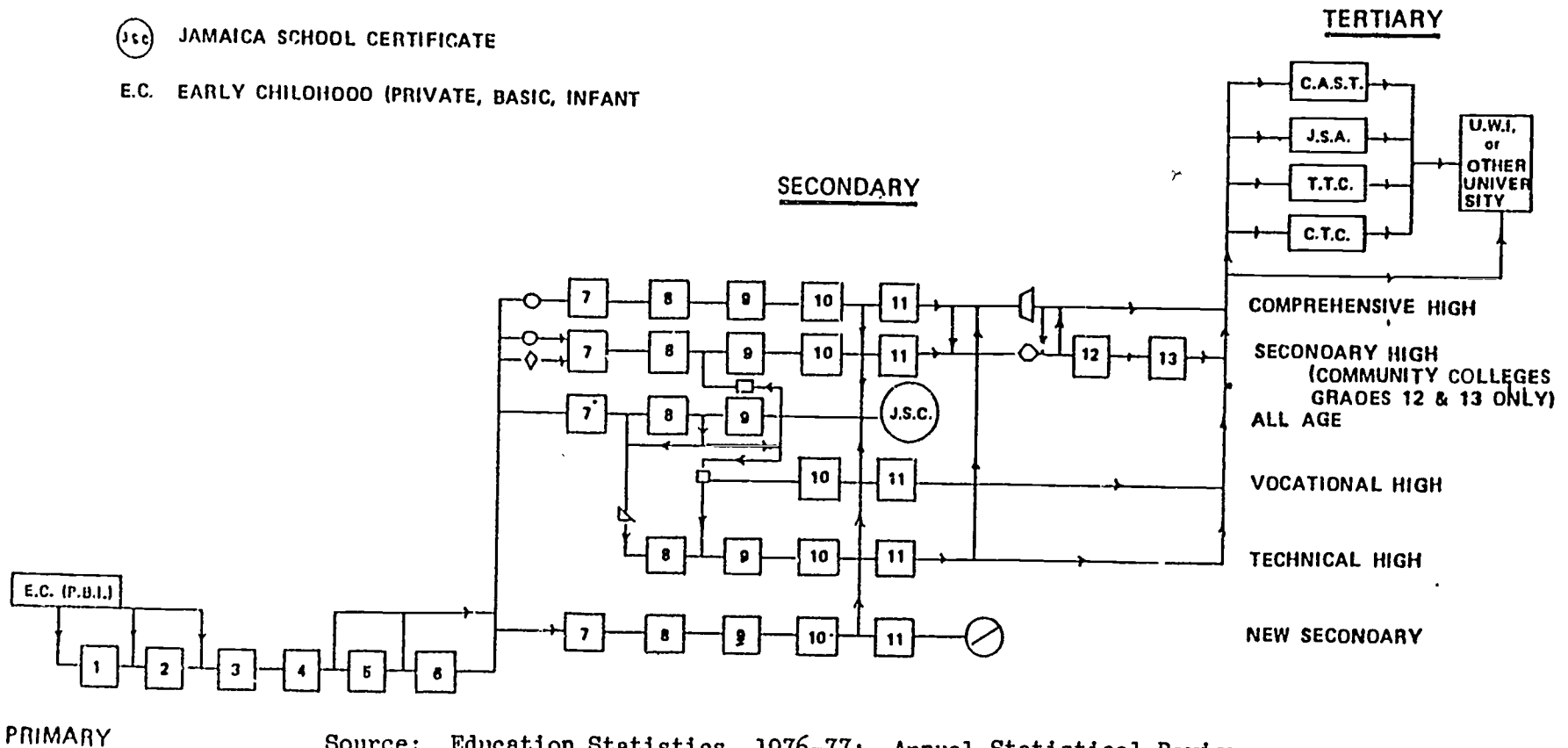


Source: Education Statistics, 1976-77: Annual Statistical Review of the Education Sector. Kingston, Jamaica: Ministry of Education, p. (i).

Figure 2

**FLOW DIAGRAM**  
PRE-PRIMARY    PRIMARY  
SECONDARY AND TERTIARY LEVELS

- ◇ PRINCIPAL'S DISCRETION
- C.E.E. (COMMON ENTRANCE EXAMINATION)
- GRADE 9 ACHIEVEMENT
- ▽ COMMON ENTRANCE EXAMINATION FOR TECHNICAL
- "O" LEVEL
- ◁ R.S.A.
- ⊘ S.S.C. (SECONDARY SCHOOL CERTIFICATE)
- ⊙ J.C.C. (JAMAICA SCHOOL CERTIFICATE)
- E.C. EARLY CHILDHOOD (PRIVATE, BASIC, INFANT)



Source: Education Statistics, 1976-77: Annual Statistical Review of The Education Sector. Kingston, Jamaica: Ministry of Education, p. (ii)

In fact, in 1976-77 enrollment statistics showed 661 males and 3,220 females represented; the females represented a staggering 82.9 percent of the total (3,881) enrollment in all seven (7) teachers' colleges. Table 3 shows the male-female breakdown of the three colleges surveyed.

Table 3

NUMBER OF RESPONDENTS BY TEACHERS'  
COLLEGES AND GENDER (SEX)

Colleges	Male	Female	Totals
St. Joseph's	4	42	46
Church	14	51	65
Bethlehem	2	53	55
Totals	20	146	166*

\* 3 missing respondents

The predominantly female composition of the teacher training colleges is not representative of male-female composition of the schools at the Pre-First and First Levels of education; it also does not represent the male-female composition within the other schools at the Second Level.<sup>3</sup> Iris V. McDonald, in her Master's Thesis,<sup>4</sup> concluded from her findings that "females are generally more aware of the tasks demanded of the profession and display greater suitability for teaching than males who are probably deterred by certain aspects of the profession that appear attractive to the females." We will not



discuss her findings which led to this conclusion at this point but will do so in the final report. She went on to recommend that "government recruitment program should be so structured as to place special emphasis on attracting more males into teaching."

2. In what ways can teacher training institutions be made more adaptable to the need for training persons who can function in non-formal educational settings?

The training programs in the teachers' colleges should be constantly reviewed and modified (if necessary) so that student teachers will be provided with an orientation to the schools (in which they will be teaching) and to various non-formal educational settings as important and necessary agents for community development. The teacher training institutions must play a major role in equipping its students with the knowledge, skills and attitudes which will allow them to function in a non-formal educational setting. The social and psychological climate should reinforce the desire for student teachers to enter into non-formal educational settings in which they can make a contribution in educating Jamaicans. Essentially, curriculum changes must occur so that teachers can be trained to function in formal (schools) as well as non-formal settings.

To realize the social goals of education in Jamaica, the Five Year Education Plan (1978-83) states one of the implications for the education system<sup>5</sup> as follows: "educational programs, whether school-based or undertaken from a distance by the student, must be constantly reviewed and designed cooperatively by educators and representatives of the community. The needs of children and youth as well as the needs

of society must be met through joint efforts of experts and laymen in designing suitable educational programs to meet our social and economic objectives." It is this challenge the teachers' colleges/institutions must be prepared to meet since the population cannot all be trained in formal educational settings.

In further illustrating the challenges teacher training institutions face, the Five Year Education Plan states: "the area of continuing/community education is one of the new areas of educational development that the Ministry will undertake during the current plan period.

The term embodies two concepts namely Continuing and Community Education. The concept of Continuing Education is founded on the principle that education is a lifelong process and, as such, programmes should exist for all within the society to participate irrespective of age, educational level or other traditionally excluding factors. Because societies are organized in communities, this concept of continuing education can be best implemented through communities which are motivated to identify and establish the educational programmes which are both needed and wanted for the development of the individuals of the communities and for the total development of the communities themselves. Community education therefore is the means by which the concept of Continuing Education is implemented."<sup>6</sup>

Teachers will be needed to help communities to be motivated to identify and establish educational programs. Teacher training institutions in association with The Joint Board of Teacher Education (J.B.T.E.)<sup>7</sup> in Jamaica should develop a continuing/community education program in addition to the pre-primary, primary, secondary and special education programs now in existence.

3. To what extent can an explication of the present teacher training process aid in identifying the type of alternative and supplementary non-formal educational arenas which should become a part of the broad institutional framework for moving Jamaica ahead economically, socially and politically in the next twenty-five years?

There is a high expectation by the present Jamaican government and its agencies that schools will accelerate the nation building process. It should be realized that formal situations in which education is imparted is not enough; education will also have to be imparted through non-formal means. The present teacher training process cannot provide teachers to meet the challenge: provision of training for non-formal educational settings. Unfortunately, what was found in 1963 by Gordon C. Ruscoe during his doctoral dissertation research<sup>8</sup> is still true today: that, "the expectation that education has been a powerful force in economic, social and political development of Jamaica has not been realized in the present study to the extent suggested by the many claims to that effect." Dr. G. Ruscoe went on to say that: "the evidence would suggest that education has not played as important a role in the development of Jamaica as many claims to this effect would indicate. However, an examination of the non-educational factors which have been important in this development and the role of unemployment in failing to make use of those who are educated would suggest, not that education is unimportant to development, but that the role of education has not been functional to an appreciable degree because of the failure of educators to formulate plans for making education a more vital part of the Jamaican development."<sup>9</sup>

In 1980 education has not been functional to an appreciable degree and so unemployment remains very high, with both educated and uneducated individuals looking for jobs. If education is to play the role in economic development, that it can, the teacher training institutions--as one of many sources--will have to provide alternative and supplementary non-formal educational arenas.

An examination of the teacher training colleges' curricula readily suggests an area within the process where the type of alternative and supplementary non-formal educational activity ought to be identified. Non-formal educational arenas where non-formal education is presently undertaken are farmers' training centers, youth camps, trade training centers, and other specialized institutions; the extension service of the Ministry of Agriculture is responsible for farmers' training programs, and the Ministry of Youth operates 29 industrial training centers which offer courses lasting from six to twelve months in such trades as pipe fitting, electrical installation, machine fitting, automobile repair, carpentry and the like. Other specialized training programs include training for nurses and public health personnel, courses provided in the Dental Auxiliary Training School and Jamaica Hotel School.<sup>10</sup> The table below details these arenas.

Table 4

TRAINING PROGRAMS PROVIDED BY GOVERNMENT  
AGENCIES 11

Public Agencies	Programs
Ministry of Youth and Sports	Industrial Training 4-H Agricultural Vocational Training
Social Development Corporation (S.D.C.)	Youth Community Training and Automobile Training
Ministry of Agriculture	Farmers' Training Centers and Agricultural Extension Service
Ministry of Health JAMAL	Community Health Aides Literacy
Ministry of Tourism and Foreign Trade Ministry of Education	Hotel Training School Community College, Evening Institutes and Continuing Non-Formal Education

It is not clearly stated where the teachers/instructors for these non-formal education arenas will be trained. The suggestion is therefore made for the teachers' colleges to include courses to supplement existing curricula in areas mentioned above. The teacher should be more than a classroom instructor and therefore "emphasis should be laid on professionalism and the teacher as an instrument of change and a catalyst for community involvement and development."<sup>12</sup>

The Ministry of Education should approach The Joint Board of Teacher Education with the proposal to include courses which emphasize rural development in all teachers' colleges located in rural areas and courses which emphasize urban development in all teachers' colleges located in the urban areas. This would mean that more than one (that to be established in Portland) teacher training college will be able to train students to be catalysts for rural development.

In 1977-78 the number of secondary teachers in training was 1/689. The seven (7) teacher training colleges accounted for 68.9 percent (1164) of this total. The subject specialization among secondary teachers in training is shown in Table 5. The subject areas which are part of the non-formal educational settings are not traditionally taught in the seven (7) teachers' colleges. Such subjects--Industrial arts, Life skills, Construction, Mechanical, Electrical, Secretarial, Business and Agriculture--are taught to students attending the College of Arts, Science and Technology (C.A.S.T.), The Jamaica School of Agriculture (J.S.A.) and Excelsior Community College. These schools account for only 525 (31.1 percent) of all secondary teachers in training in 1977-78. Jamaica needs more trained teachers in these areas (subjects), and so there is a need to expand the subject offerings of the teacher training colleges to include subjects necessary for non-formal educational settings--areas which will help move Jamaica ahead economically, politically and socially in the next twenty-five years. These teachers' colleges should and would then play an important role in providing Jamaica with the architects, engineers of all types, cost accountants, statisticians, computer analysts, radiologists, research scientists, soil chemists, agronomists, farm managers, business administrators, etc., whom Prime Minister Manley<sup>13</sup> thinks should be trained in a more technically oriented educational system. Clearly, the teacher training colleges' program should attempt to foster much more than is presented in Table 6.

4. What appear to be the structural and/or conceptual changes that need to be made in the apparatus of teacher training, in the process of recruitment of students, and in the latter's achievement patterns

Secondary Teachers in Training 1977/78According to Subject Specialization

Subjects	Numbers according to Years			Total
	1st Year	2nd Year	3rd Year	
1. English	146	135	9	372
2. English Specialists	36	-	-	36
3. Language & Communication	15	-	-	15
4. Mathematics	107	71	51	229
5. History	20	20	24	64
6. Geography	23	32	30	85
7. Social Studies	78	77	58	213
8. Spanish	59	33	34	126
9. Religious Education	34	12	19	65
10. General Science	109	81	69	259
11. Science Specialists	27	24	20	71
12. Library Science	26	12	17	55
13. Art & Craft	47	36	36	119
14. Music	23	16	19	58
15. Physical Education	48	30	28	106
16. Industrial Arts	24	24	15	63
17. Life Skills	2	-	11	13
18. Home Economics	61	57	62	180
19. Home Economics (CAST & JSA)	34	30	16	80
20. Construction	11	9	11	31
21. Mechanical	15	12	15	42
22. Electrical	15	9	13	37
23. Secretarial	27	28	34	89
24. Business	32	-	28	60
25. Agriculture	36	30	12	78

Source: Five Year Education Plan (1978-83)... Draft Two.  
Jamaica: Ministry of Education. p. 196.

and professional goals, if the teacher training colleges are to be maximally effective in contributing to a multi-pronged attack on Jamaica's development problems?

In her Master's Thesis study<sup>14</sup> of final year student teachers, Iris V. McDonald concluded that: "the present selection criteria for entry to teacher training institutions are in part inadequate. Large numbers of students deemed unsuitable are being accepted for training and the colleges are unable to fully cope with this task." While we cannot fully assess the aforementioned conclusion at this time, we did observe a large variation in the pre-college preparation of the students that we surveyed. Tables 7, 8, 9 show the breakdown per schools attended before entering college, examinations taken and passed and number of subjects passed in specified examinations.

The Joint Board of Teacher Education Manual of Certification Requirements states: "To be admitted to the Part I level courses of study of a teacher preparation program the prospective student is expected to satisfy the following minimum requirements:

(a) Examination qualification:

- (i) based on the public examinations (accepted by the Government as the minimum qualification for entry to the Teachers' College)

(b) Competency Status:

- (i) Candidates are expected to achieve an acceptable level in reading with a satisfactory performance in English Usage and Mathematics.

(ii) Learning Potential:

Candidates are expected to reach a level on a test of mental ability which reasonably predicts their potential for learning in the several college courses."<sup>15</sup>

Despite these admission guidelines, the Ministry of Education, Ms. McDonald



Table 6

RECOMMENDATIONS FROM JOINT BOARD OF  
TEACHER EDUCATION

It is recommended that Teachers' Colleges ensure that their programmes attempt to foster: -

- (a) Communication Skills
- (i) Speaking and writing acceptable English
  - (ii) Reading with competence
  - (iii) Writing legibly and correctly in teaching
  - (iv) Library- using library and study skills effectively
  - (v) Socialisation- relating, interacting and communicating appropriately with people of different ages, values and interests.
- (b) Professional Competence:
- (i) ia. Pre-Primary & Primary: Basic concepts in the teaching of the School Curriculum for  
Pre-Primary to Grade 2 OR
  - ib. (Grade 3-6) with emphasis on  
Reading- developmental and remedial  
Language Arts  
Mathematics'  
Social Studies and Science  
Religious Education  
Singing
  - ic. Post-Primary (Grade 7-9)
    - (i) The 2 teaching areas
    - (ii) Developmental and Remedial- Reading
- (c) Professional Competence:
- (1) Skills
    - (i) Prescription Skills
      - (a) Selecting and sequencing content, and stating objectives
      - (b) Selecting appropriate teaching methods and techniques of transmitting these concepts to children.
      - (c) Developing teaching materials for specific situations
      - (d) Identifying resources (people, places, things and other sources of information) and knowing how to evaluate and select them.

Table 6 Continued(ii) Treatment Skills

1. Engineering treatment: creating the conditions and atmosphere for learning, and problem solving, etc. to take place, using motivational strategies.

## (iii) 2. Management Skills

- (a) classroom management and organization
- (b) grouping class for instruction
- (c) questioning and dealing with pupils' answers

## (iv) Evaluation Skills

Evaluating pupil performance, appropriateness of materials, and analysing teaching strategies.

## (II)

Integration of Theory with Practice

- i. How Psychological development of the children affects the choice of the courses and the teaching style.
- ii. How Sociological and philosophical foundations of education affect choice of material.

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Source: Joint Board of Teacher Education Manual of Certification Requirements.  
1978 Edition. pp. 21-22.

Table 7

NUMBER AND PERCENTAGE OF RESPONDENTS BY  
SCHOOLS ATTENDED BEFORE ENTERING COLLEGE

SCHOOLS	NUMBER	PERCENTAGE
All Age	99	100.0
New Secondary	41	95.3
High, Comprehensive, Technical	113	99.1
Other:		
(a) Commercial/Extension/ Vocational	6	50.0
(b) Hotel	1	8.3
(c) Community/Junior Coll.	4	33.3
(d) University	1	8.3

Table 8

NUMBER AND PERCENTAGE OF RESPONDENTS BY  
EXAMINATIONS TAKEN AND PASSED

EXAMINATIONS	NUMBER		PERCENTAGE	
	TAKEN	PASSED	TAKEN	PASSED
Third Jamaica Local Grade 9 Achievement Test	44	30	100.0	68.2
Common Entrance	86	58	100.0	67.4

Table 9

NUMBER AND PERCENTAGE OF RESPONDENTS BY  
NUMBER OF SUBJECTS PASSED IN SPECIFIED EXAMINATIONS

One or More G.C.E. "O" Levels	Four or More GCE "O" Levels		One or More GCE "A" Levels		JSC or other qualificatic	
F	F	%	F	%	F	%
128	65	38.5	5	3.0	146	86.4

and others within the profession agree that the currently used admission criteria are inadequate. Further analyses by these investigators may determine whether pre-college educational levels constitute a determinant of academic achievement in teacher training colleges.

Because of the large number of females in the teacher training colleges, as mentioned before, the investigators would like to see greater effort made by the teachers' colleges and the Ministry of Education in recruiting more males to the profession. Salaries will have to be made more attractive and maintained with the cost of living index. Government expenditure will necessarily have to be increased to provide higher salaries and achieve the goals of the plan period. Appendix B presents a comparative analysis of Ministry of Education Expenditure from 1973/74 to 1977/78.

At a later date we will be able to have a better idea of the effect of psychological, socio-economic, demographic and geographic variables on students' academic achievement in the seven teachers' colleges. Results of information collected in our survey are inconclusive. However, Appendices C and D present information on the students' level of motivation and degree of occurrence and their assessment of the tutors/instructors. It is our expectation that further study will provide additional information which may have an impact on the structural and/or conceptual aspects of teacher training.

Footnotes

- 1  
Five Year Education Plan (1978-83) - - Draft Two (Kingston, Jamaica: Ministry of Education, 1977) , pp. 6-7.
- 2  
 ,Ibid., pp. 7-9.
- 3  
Education Statistics, 1976-77: Annual Statistical Review of The Education Sector. Jamaica: Ministry of Education. pp. 34-146.
- 4  
 Iris V. McDonald. An investigation of the effects of certain cognitive, motivational and environmental variables upon the vocational suitability of a selected group of Jamaican student teachers. Unpublished M.A. Thesis. School of Education, University of the West Indies, 1978.
- 5  
Five Year Education Plan (1978-83).. Draft Two. Kingston, Jamaica: Ministry of Education, 1977. pp. 7-9.
- 6  
 Ibid., p. 98
- 7  
 The Joint Board of Teacher Education, established through Ordinance 14 of the Charter of the University of the West Indies, administers all aspects of teacher education in the Bahamas, Jamaica and Belize. These aspects include rules and regulations on operational phases of these institutions, curricula, certification of teachers, research activities, evaluation, etc.
- 8  
 Gordon C. Ruscoe. Dysfunctionality in Jamaican Education. Doctoral Dissertation. The University of Michigan School of Education, 1963. p. 117.
- 9  
 Ibid., pp. 120-121.
- 10  
Five Year Education Plan. (1978-83)... Draft One. Kingston, Jamaica: Ministry of Education. pp. 17-18.
- 11  
 Ibid; p. 18.
- 12  
 Ibid., p. 99.
- 13  
 Michael Manley. Politics of Change: A Jamaican Testament. London: Andre Deutsch Ltd., 1974. p. 142

14

Iris V. McDonald. An investigation of the effects of certain cognitive, motivational and environmental variables upon the vocational suitability of a selected group of Jamaican student teachers  
Unpublished M.A. Thesis School of Education, University of the West Indies, 1978.

15

Joint Board of Teacher Education Manual of Certification Requirements. 1978 Edition. pp. 3-4.

Appendices A,B,C,D.



Appendix AENROLLMENT BASIS FOR TEACHER REQUIREMENT

Year	Secondary	Primary	A/A School Grade 7-9	Total Primary and All-Age
1978/79	173,888	337,247	61,724	398,971
1979/80	187,696	341,247	54,770	396,017
1980/81	202,698	349,808	54,438	404,246
1981/82	246,272	357,778	41,519	399,297
1982/83	282,545	367,173	7,605	374,778

The demand forecast assumes the following:

Primary

- Teacher/pupil ratio- 1:35
- Continuation of face to face teaching with some innovations in methodology
- Exclusion of the principal from the calculation of teacher/pupil ratio

Secondary

- Teacher/pupil ratio of 1:25 in all schools grades 7 to 11
- Continuation of face to face teaching with innovation in team teaching
- Exclusion of guidance counselor, work experience teacher and principal from the ratio of teacher to students.

Appendix A Continued:

PRIMARY SCHOOL TEACHER DEMAND  
ENROLLMENT \* TEACHER/PUPIl TOTAL

Year	Enrollment	Ratio	Demand
1978/79	398,971	1:35	11,399
1979/80	396,017	1:35	11,315
1980/81	404,246	1:35	11,408
1981/82	399,297	1:35	11,408
1982/83	374,778	1:35	10,708

\*Includes both primary 6 -11+ and all-age net of places released.

At the secondary stage the ratio changes with the type of institution. The ratio for secondary and comprehensive schools is 1:25, technical high 1:17 and agricultural schools 1:15. The demand for teachers by 1982/83 is 11,631; the calculation by type of institutions is shown

SECONDARY SCHOOL TEACHER DEMAND

Year	New Secondary			Technical/High			Agricultural			Total Teachers Needed
	Enrl.	Ratio	Dem.	Enrl.	Ratio	Dem.	Enrl.	Ratio	Dem.	
1978/79	168,235	1:25	6 729	5,553	1:17	327	100	1:15	7	7,063
1979/80	182,174	"	7,287	5,322	"	313	200	"	13	7,613
1980/81	197,164	"	7,886	5,334	"	313	200	"	13	8,212
1981/82	232,940	"	9,318	11,432	"	672	1900	"	127	10,117
1982/83	266,800	"	10,672	11,545	"	679	4200	"	280	11,631

Appendix A ContinuedDEMAND FOR TEACHERS 1978/79 TO 1982/83

YEAR	PRIMARY	SECONDARY	TOTAL
1987/79	11,399	7,063	18,462
1979/80	11,315	7,613	18,928
1980/81	11,550	8,212	19,762
1981/82	11,408	10,117	21,525
1982/83	10,708	11,631	22,339

The supply estimate of qualified teachers is based on the following main sources:

- (a) The University of the West Indies
- (b) Teacher training colleges and other tertiary institutions
- (c) In-Service training programmes
- (d) Persons coming into teaching from other sectors of the economy.

The fourth source is treated as a residual and balances demand and supply. The supply of trained teachers in the short run is inelastic. The bulk of our teachers are provided by the teacher training colleges. The period of training is presently three years, two years in college and one internship. The lag between the commencement of training and graduation effectively limits any attempt to dramatically increase the stock of teachers. This is equally applicable to the in-service training programme.

Source: Five Year Education Plan (1978-83)...Draft Two. Kingston, Jamaica: Ministry of Education, December 1977, pp. 188-191.

Appendix B

COMPARATIVE ANALYSIS OF MINISTRY OF EDUCATION EXPENDITURE 1973/74 TO 1977/78  
By Programme, by Financial Year

	1973/74 (Actual)		1974/75 (Actual)		1975/76 (Actual)		1976/77 (Estimate)		1977/78 (Estimate)	
	\$	% Increase or Decrease	\$	% Increase or Decrease	\$	% Increase or Decrease	\$	% Increase or Decrease	\$	% Increase or Decrease
<b>RECURRENT EXPENDITURE</b>										
Central Administration & Support Services	1 194 503	-14.8	1 744 111	46.0	4 624 533	165.1	2 056 513	-55.3	4 036 700	95.34
Curriculum Development & Related Services	1 347 586	37.7	3 094 641	129.6	3 821 519	23.5	4 568 696	19.6	4 777 354	4.57
Teacher Education	4 132 043	58.5	7 149 621	73.0	9 750 383	36.4	10 643 125	9.2	2 638 319	-75.21
Infant & Primary Education	32 158 973	45.0	38 273 574	19.0	42 346 515	14.4	46 909 252	10.8	60 663 879	29.52
Secondary Education	22 435 653	52.3	32 308 949	44.1	40 344 518	24.9	48 458 908	20.1	61 039 930	25.96
Further Education	1 011 350	88.4	2 374 887	134.8	3 858 213	62.5	4 797 219	24.3	17 092 501	256.30
Higher Education	569 712	210.9	10 031 508	1 660.8	14 107 776	40.6	15 940 462	13.0	16 350 394	2.57
Examinations Expenses	474 590	49.1	-	-	672 459	-	694 885	3.3	811 839	16.83
School Feeding	600 470	103.5	1 247 736	107.8	1 436 251	15.1	687 000	-52.4	2 704 294	293.64
Building, Construction & Maintenance	1 565 486	-28.5	2 336 012	49.2	2 387 913	2.2	2 447 096	2.5	3 039 735	24.22
Library Services	845 491	8.1	985 941	16.6	1 099 709	11.5	1 020 241	-7.2	1 163 075	14.00
Development of Art & Culture	-	-	353 692	-	622 782	76.0	503 655	-19.1	..	..
<b>TOTAL RECURRENT EXPENDITURE</b>	<b>66 335 857</b>	<b>43.6</b>	<b>99 900 672</b>	<b>50.6</b>	<b>125 072 571</b>	<b>25.2</b>	<b>139 820 440</b>	<b>11.8</b>	<b>174 318 020</b>	<b>24.67</b>
<b>CAPITAL EXPENDITURE</b>										
Teacher Training	205 584	-	1 826 046	788.2	2 574 201	41.0	804 173	-68.8	733 612	-8.77
Primary Education	2 640 563	-21.9	4 736 295	79.4	8 588 122	81.3	6 000 000	-30.1	3 592 883	-40.12
Secondary Education	2 566 749	-2.0	5 876 433	128.9	18 104 289	208.0	12 911 075	-28.7	15 349 203	18.88
School Feeding	766 756	1.1	95 262	-87.6	68 000	-28.6	..	..	..	..
Further Education	298 976	276.7	878 890	194.0	808 246	-8.0	232 000	-71.3	20 246	-91.27
Librarians	145 240	147.2	..	..	98 000	-	..	-	381 000	-
Residential Accommodation for Teachers	157 853	74.4	383 668	140.0	175 500	-54.3	16 809	-90.4	49 000	191.51
Audio Visual Aids	91 373	..	303 779	232.5	801 537	163.9	1 450 607	81.0	176 296	-87.85
Technical Assistance	..	..	5 233	-	..	..	..	..	..	..
Rural Development Programme	..	..	..	..	144 750	..	1 324 490	815.0	1 631 550	23.18
Higher Education	..	..	50 010	-	66 667	33.3	89 946	34.9	167 460	86.18
N.D.A. Administrative Cost	..	..	..	..	580 188	..	800 000	37.9	600 000	-25.00
<b>TOTAL CAPITAL EXPENDITURE</b>	<b>6 875 094</b>	<b>-1.6</b>	<b>14 155 616</b>	<b>51.4</b>	<b>32 009 500</b>	<b>126.1</b>	<b>23 629 180</b>	<b>-26.2</b>	<b>22 701 250</b>	<b>-3.93</b>
<b>GRAND TOTAL</b>	<b>73 210 951</b>	<b>37.6</b>	<b>114 056 288</b>	<b>55.8</b>	<b>157 082 071</b>	<b>37.7</b>	<b>163 449 620</b>	<b>4.0</b>	<b>197 019 270</b>	<b>20.54</b>

\* Cashwood Book Store Included.

Source: Education Statistics, 1976-77: Annual Statistical Review  
of the Education Sector. Kingston, Jamaica: Ministry of Education, p. 183.

## Appendix C

NUMBER AND PERCENTAGE OF RESPONDENTS BY  
LEVEL OF MOTIVATION AND DEGREE OF OCCURRENCE

	Very Often		Fairly Often		Once in Awhile		Never	
	F	%	F	%	F	%	F	%
<u>Ques. 31:</u>								
(a) I find it difficult to concentrate on my work	8	5.0	26	16.4	119	74.8	6	3.8
(b) The courses I do are dull	7	4.3	16	9.9	80	49.7	58	36.1
(c) I put off doing my assignments to the last minute	10	6.3	29	18.2	83	52.2	37	23.3
(d) I work hard at those subjects I am <u>not</u> interested in	35	22.3	53	33.8	54	34.4	15	9.5
(e) It is very unusual for me to hand in my assignments late	24	16.6	8	5.5	69	47.6	44	30.3
(f) I give up easily if something seems too difficult for me	5	3.1	9	5.7	85	53.5	60	37.7
(g) Interests outside of college make me neglect my work	0	0.0	3	1.9	27	16.9	130	81.1
(h) My friends do not think that I take my work seriously	6	3.9	9	5.8	45	29.0	95	61.3

Appendix D

NUMBER AND PERCENTAGE OF RESPONDENTS  
BY TUTOR ASSESSMENT

Ques. 33:	All of My Tutors		Most of My Tutors		Some of My Tutors		None of My Tutors	
	F	%	F	%	F	%	F	%
(a) Are aware of the problems existing in schools today	49	30.8	58	36.5	50	31.4	2	1.3
(b) Suggest realistic methods of assisting trainee teachers in dealing with these problems	34	21.8	51	32.7	69	44.2	2	1.3
(c) Are really concerned about the welfare of students.	30	19.2	57	36.5	65	41.7	4	2.6
(d) Are willing to give students individual attention	39	24.7	51	32.3	64	40.5	4	2.5
(e) Motivate students to do their best work	38	24.4	43	27.6	71	45.5	4	2.6
(f) Show respect for questions and opinions of students	27	17.3	62	39.7	66	42.3	1	0.6
(g) Actually use the teaching methods they instruct students in	15	9.9	42	27.6	91	59.9	4	2.6

- (a) The training objectives of the project are the following:
1. To provide training for junior member of team (graduate student) in areas of research design and analysis.
  2. To provide the opportunity for meaningful training and research activities to be undertaken within a group environment.
  3. To undertake active research utilizing each individual's areas of academic training; that is, History, Anthropology and Statistics.
  4. To be able to use the support of colleagues to successfully conclude Dissertation Research.
- (b) Training was carried out through constant meetings of the group at which the design and implementation of the project were discussed. Each individual was responsible for specific tasks, and knowledge and information was shared with each other; this knowledge was shared over the phone, through correspondence or in meetings. Various seminars at which senior members spoke were other arenas where training took place. Informal and formal Joint-Hampton-UM Program meetings provided meaningful discussions which contributed to the learning process. Books, articles, etc. were other sources consulted.
- (c) The training was very valuable. It allowed for the opportunity to participate in critical intellectual discourse to determine the best answers to important problems. It also provided me with the opportunity to cooperate and recognize the needs and abilities of each group member and to demonstrate the willingness to respond to these needs. Finally, it provided me with added skills and ideas necessary to help me complete my dissertation at later date.

## APPENDIX

JOINT HAMPTON INSTITUTE-UNIVERSITY OF MICHIGAN PROGRAM

MAY/JUNE 1979

QUESTIONNAIRE FOR STUDENTS AT ALL JAMAICAN TEACHER TRAINING COLLEGES



JOINT HAMPTON INSTITUTE-UNIVERSITY OF MICHIGAN PROGRAM

MAY/JUNE 1979

QUESTIONNAIRE FOR STUDENTS AT ALL JAMAICAN TEACHER TRAINING COLLEGES

An investigation into the training of teachers in Jamaica is being carried out by The Joint Hampton Institute-University of Michigan Program which is administered by The School of Education, The University of Michigan. You are being asked to assist in this investigation by completing the following questionnaire. This is not an examination, and there are no right or wrong answers. We are seeking your honest answers to the following questions and we will be very appreciative if you answer all.

Your answers will be completely confidential. The questionnaire will be seen only by the research staff at The University of Michigan. No one from your institution will have access to this questionnaire.

Thank you for your cooperation.

Your name \_\_\_\_\_

Name of your college \_\_\_\_\_

In what parish and county is your college located? \_\_\_\_\_  
parish/county

What is your sex?                      Male                      Female  
                        

What was your age on last birthday? (Check one)

- under 20 years
- 21-24 years
- 25-28 years
- 29-32 years
- over 32 years

What is your marital status? (Check one)

- Single
- Married
- Divorced
- Separated
- Widowed

1. Which of the following educational institutions did your mother attend? (Check all that apply)

- Primary School  
 Secondary (High) School  
 Secretarial School  
 School of Nursing  
 Teacher Training College  
 University  
 Other: please specify \_\_\_\_\_

2. Which of the following educational institutions did your father attend? (Check all that apply)

- Primary School  
 Secondary (High) School  
 Agricultural Training College  
 Trades Training Center  
 Teacher Training College  
 University  
 Other: please specify \_\_\_\_\_

3. Is your father now working?            Yes            No  
       
 If Yes, what is his occupation? \_\_\_\_\_  
 If No, what was his occupation when you were growing up? \_\_\_\_\_

4. Is your mother now working?            Yes            No  
       
 If Yes, what is her occupation? \_\_\_\_\_

5. To the best of your knowledge, what is the total annual (yearly) income of your parents

- \$0 - \$1,999  
 \$2,000 - \$3,999  
 \$4,000 - \$5,999  
 \$6,000 - \$8,999  
 \$9,000 - \$10,999  
 \$11,000 - \$15,000  
 over \$15,000

6. Would you say that most of the parents in your village, town or city probably:
- have about the same yearly income as your parents?
  - have a smaller yearly income than your parents?
  - have a larger yearly income than your parents?
7. If you have any brothers and/or sister, please write the number of each in the appropriate space.
- I have no brother or sisters
  - Older brothers
  - Older sisters
  - Younger brothers
  - Younger sisters
8. Are any of your older brothers or sisters
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (a) presently attending a teachers' college? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) teacher college graduate?                | <input type="checkbox"/> | <input type="checkbox"/> |
9. Are any of your younger brothers or sisters presently attending teachers' college?
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
10. With whom do you live when you are not attending college?
- My parents
  - My father only
  - My mother only
  - My father and stepmother
  - My mother and stepfather
  - Alone
  - My wife or husband
  - Other relative(s); please specify relationship \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
11. If you have brothers and/or sisters, what order of birth are you? (e.g. 2nd child of 5 children)
- child of  children
12. Before attending college, in what parish and county did you live most of the time?
- \_\_\_\_\_ parish/county
- If not Jamaica, where? \_\_\_\_\_

13. In what parish and county is your mother's birth place located?

\_\_\_\_\_ parish/county

If not Jamaica, where? \_\_\_\_\_

14. In what parish and county is your father's birth place located?

\_\_\_\_\_ parish/county

If not Jamaica, where? \_\_\_\_\_

15. Did you come to college (Check all that apply)

- straight from school?
- after doing National Youth Service?
- after doing some teaching?
- after doing another job?
- other: please specify \_\_\_\_\_

16. What school or schools did you attend before coming to college (Check all that apply)

- All age
- New Secondary
- High, Comprehensive, Technical
- Other: please specify \_\_\_\_\_

17. Listed below are some possible reasons why you entered teacher training college. Please check whether the reason is very important, important, of some importance, of little importance or of no importance for each reason below.

	<u>Very</u> <u>Important</u>	<u>Important</u>	<u>Of Some</u> <u>Importance</u>	<u>Little</u> <u>Importance</u>	<u>No</u> <u>Importance</u>
(a) to get away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) my personal growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I had a friend (friends) at college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) to prepare for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) to qualify for the job I always wanted to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) my family wanted me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 17 continued

	<u>Very Important</u>	<u>Important</u>	<u>Of Some Importance</u>	<u>Little Importance</u>	<u>No Importance</u>
(g) I didn't qualify to go to University so this was the best alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) to get the education my parents did not get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) my teachers wanted me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Other (please specify) _____					

18. Please check which of these examinations you have taken and indicate those passed.

	<u>Taken</u>	<u>Passed</u>
(a) Third Jamaica Local	<input type="checkbox"/>	<input type="checkbox"/>
(b) Grade 9 Achievement Test	<input type="checkbox"/>	<input type="checkbox"/>
(c) Common Entrance	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you have the Jamaica School Certificate? Yes  No   
 If Yes, please indicate the number of courses you passed. \_\_\_\_\_

20. Do you have the Secondary School Certificate? Yes  No

21. Have you passed the Ordinary Level Examination? Yes  No   
 If Yes, please indicate the number of courses you passed. \_\_\_\_\_

22. Have you passed the Advanced Level Examination? Yes  No   
 If Yes, please indicate the number of courses you passed. \_\_\_\_\_

23. What type of courses are you pursuing? Pre-Primary  Primary  Secondary

24. How would you describe your parents' reaction to your decision to enter this college?  
 very happy  
 pleased  
 indifferent  
 disappointed  
 annoyed

25. Listed below are some possible ways you may feel while attending college. Please check whether you have these feelings all the time, most of the time, sometimes, hardly ever or never. (Check one alternative for each feeling.)

	<u>All the time</u>	<u>Most of the time</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>
At college how often do you feel					
(a) that you do not belong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) tense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) insecure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) inadequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. In the list below are some possible causes for feeling that you do not belong, tense, insecure, worried, lonely, inadequate and frustrated. To what extent has each of the items below been the main cause for your feelings. (Check one alternative for each cause)

	<u>A great deal</u>	<u>Somewhat</u>	<u>A little</u>	<u>Not at all</u>
(a) Pressure of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Batchmates' attitude to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Senior students' attitude to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Tutor'/teachers' attitude to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) <u>Any other cause</u> : please state _____				

27. Who do you talk to when you experience feelings of tension, insecurity, worryment, loneliness, inadequacy or frustration? (Check all that apply)

- One of your tutors/teachers  
 Guidance Counselor  
 Friend in college  
 Friend outside of college  
 Parent or guardian  
 Any other: please specify \_\_\_\_\_

28. At weekends and at the end of term you are usually

- happy to leave college
- do not care whether you leave college or not
- reluctant to leave college

29. (a) In your opinion, does any sort (kind) of prejudice exist in your college?

	A great deal	Some	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Is the prejudice (if any) directed against any particular group? Yes  No

If Yes, which group is this? \_\_\_\_\_

(c) Give two examples of ways in which this prejudice is shown:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

30. To what extent have the following features of college life lived up to your expectations? Please check whether each of the following features is much better than expected, better than expected, just as expected, disappointing or very disappointing

	Much better than expected	Better than expected	Just as expected	Dis- appointing	Very Dis- appointing
(a) The course of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Development of new friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) The social climate of the college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) The competence of my teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Below is a list of statements. Please check whether each occurs very often, fairly often, once in awhile or never.

	Very Often	Fairly Often	Once in Awhile	Never
(a) I find it difficult to concentrate on my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) The courses I do are rather dull.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I put off doing my assignments to the last minute.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I work hard at those subjects I am <u>not</u> interested in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 31 continued

	<u>Very Often</u>	<u>Fairly Often</u>	<u>Once in Awhile</u>	<u>Never</u>
(e) It is very unusual for me to hand in assignments late.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) I give up easily if something seems too difficult for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Interests outside of college often make me neglect my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) My friends do not think that I take my work seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) The curriculum of my college include inquiry as part of my learning experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) The curriculum of my college include research as part of my learning experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) The curriculum of my college include discovery as part of my learning experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. After each statement below check whether it is almost always true, often true, not often true or never true for you:

	<u>Almost Always True</u>	<u>Often True</u>	<u>Not Often True</u>	<u>Never True</u>
(a) I worry if I get poor marks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I cannot see much relevance in the courses we do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) It is very important for me to do well in college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) It does not matter to me if I just scrape through my examinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Indicate with a check below whether each statement is true for all of your tutors, most of your tutors, some of your tutors or none of your tutors.

	<u>All of My Tutors</u>	<u>Most of My Tutors</u>	<u>Some of My Tutors</u>	<u>None of My Tutors</u>
(a) Are aware of the problems existing in schools today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Suggest realistic methods of assisting trainee teachers in dealing with these problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Are really concerned about the welfare of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are willing to give students individual attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Question 33 continued

	All of My Tutors	Most of My Tutors	Some of My Tutors	None of My Tutors
(e) Motivate students to do their best work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Show respect for questions and opinions of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Actually use the teaching methods they instruct students in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Live in dream world which is totally different from reality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Give fair grades and marks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Are opposed to change in any form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Have a sense of humor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Are punctual and are well prepared for classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Would respect the contributions of students to the administration of the college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Respect each student regardless of his/her social origin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you know what Jamaica's philosophy of education and its educational aims are? Yes  No

If your answer is Yes, please list what you consider to be three important aims.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Do you support these aims? Yes  No

35. Students vary very much in their opinions towards aspects of curriculum development in teacher training colleges. Below are a set of scales describing different opinions. If you feel that one or the other end of the scale is something you support very much, you should place your X as follows:

Students in Teacher Training Colleges should participate in curriculum development and planning in Teachers' Colleges X : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

The Ministry of Education should be in charge of curriculum development and planning without students' participation.

or

Students in Teacher Training Colleges should participate in curriculum development and planning in Teachers' Colleges \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ X

The Ministry of Education should be in charge of curriculum development and planning without students' participation.

If you somewhat support one end, X as follows:

Students in Teacher Training Colleges should participate in curriculum development and planning in Teachers' Colleges \_\_\_\_\_ : X : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

The Ministry of Education should be in charge of curriculum development and planning without students' participation.

or

Students in Teacher Training Colleges should participate in curriculum development and planning in Teachers' Colleges \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : X : \_\_\_\_\_

The Ministry of Education should be in charge of curriculum development and planning without students' participation.

If you slightly support one end, X as follows:

Students in Teacher Training Colleges should participate in curriculum development and planning in Teachers' Colleges \_\_\_\_\_ : \_\_\_\_\_ : X : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

The Ministry of Education should be in charge of curriculum development and planning without students' participation.

or

Students in Teacher Training Colleges should participate in curriculum development and planning in Teachers' Colleges \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : X : \_\_\_\_\_ : \_\_\_\_\_

The Ministry of Education should be in charge of curriculum development and planning without students' participation.

If you are undecided as to which end of the scale to support, X the middle. (Please use this category only when you find it completely impossible to X either side of the scale.)

MY OPINIONS WITH RESPECT TO CURRICULUM DEVELOPMENT

Please be sure to check each scale with an X.

(a) Students in Teacher Training Colleges should participate in curriculum development and planning in Teachers' Collgese \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

The Ministry of Education should be in charge of curriculum development and planning without students' participation.

(b) There should be more college-based curriculum planning and development in Jamaica. \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

Curriculum planning and development in Jamaica should be done by the Curriculum Planning Unit of the Ministry of Education.

(c) Every teacher should recognize that it is part of his/her professional responsibility to be actively involved in curriculum decision-making in curriculum development. \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : 7 : \_\_\_\_\_ : \_\_\_\_\_

It should be the Ministry of Education's responsibility to be actively involved in curriculum decision-making and in curriculum development.

26. Now we look at some questions to determine how often you are involved in discussions with your mother and father or the kind of influence they have on you.

(a) How often have your mother and father discussed with you the value of a teachers' college education?

(1) mother: Very often \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Never

(2) father: Very often \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Never

(b) How often have your mother and father discussed with you the kind of jobs you should consider for the future?

(1) mother: Very often \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Never

(2) father: Very often \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Never

(c) How often have your mother and father discussed with you the obstacles you may encounter in trying to achieve your goals?

(1) mother: Very often \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Never

(2) father: Very often \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Never

(d) How influential have your mother and father been on your career (job) plans?

(1) mother: Very influential \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not influential at all

(2) father: Very influential \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not influential at all

(e) How influential have your mother and father been on your educational plans?

(1) mother: Very influential \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not influential at all

(2) father: Very influential \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not influential at all

37. Here are some things which people say may prevent them from achieving their educational goals. Please be sure to check each scale with an X where it best describes its importance to you.

(a) The cost of training or further education after leaving high school, primary school, or any other institution:

Very important \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not important

(b) Discrimination in college admission policies:

Very important \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not important

(c) Prejudice on the part of the teachers and/or administrators:

Very important \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not important

(d) My ability to do the work required:

Very important \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not important

(e) My fear of facing the unknown:

Very important \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ Not important

(f) Can you think of any other things that could prevent you from achieving your educational goals?



42. How long do you plan to teach after graduating from college?

- Not at all
- 1-3 years
- 4-6 years
- 7-9 years
- More than 10 years
- Life-long career

43. Do you plan to earn an educational degree after graduating from teachers' college? Yes  No

If Yes, please specify the field: \_\_\_\_\_  
\_\_\_\_\_ and what degree or degrees \_\_\_\_\_

44. How long after graduating do you expect to wait before enrolling in a college or university to earn an educational degree? \_\_\_\_\_

45. If you envision a career other than teaching, what will it be? \_\_\_\_\_

Below are some questions on how you feel about things in general, not just educational things. For each set of statements in this section, we would like to have you check the one that comes closest to the way you feel things actually are in life. Don't check the way you would like them to be, but the way you think things actually are. PLEASE ANSWER EVERY QUESTION.

I More strongly believe:

46a. Many of the unhappy things in people's lives are partly due to bad luck.

OR

b. People's misfortunes result from the mistakes they make.

47a. One of the major reasons why we have wars is because people don't take enough interest in politics.

OR

b. There will always be wars, no matter how hard people try to prevent them.

48a. In the long run, people get the respect they deserve in this world.

OR

b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

49a. Without the right breaks one cannot be an effective leader.

OR

Capable people who fail to become leaders have not taken advantage of their opportunities.

50a. No matter how hard you try, some people just don't like you.

OR

b. People who can't get others to like them don't understand how to get along with others.

51a. People who do well in life often work hard, but the breaks just don't come their way.

OR

b. Some people just don't use the breaks that come their way. If they don't do well, it's their own fault.

52a. I have often found that what is going to happen will happen.

OR

b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

53a. Becoming a success is a matter of hard work; luck has little or nothing to do with it.

OR

b. Getting a good job depends mainly on being in the right place at the right time.

54a. The average citizen can have an influence in government decisions.

OR

b. This world is run by the few people in power, and there is not much the little guy can do about it.

55a. When I make plans, I am almost certain that I can make them work.

OR

b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

56a. In my case, getting what I want has little or nothing to do with luck.

OR

b. Many times we might just as well decide what to do by flipping a coin.

57a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.

OR

b. Who gets to be boss depends on who has the skill and ability; luck has little or nothing to do with it.

58a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand nor control.

OR

b. By taking an active part in political and social affairs, the people can control world events.

59a. Leadership positions tend to go to capable people who deserve being chosen.

OR

b. It's hard to know why some people get leadership positions and others don't. Ability doesn't seem to be the important factor.

60a. Most people don't realize the extent to which their lives are controlled by accidental happenings.

OR

There really is no such thing as 'luck'.

61a. It is hard to know whether or not a person really likes you.

OR

b. How many friends you have depends upon how nice a person you are.

62a. In the long run, the bad things that happen to us are balanced by the good ones.

OR

b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

63a. With enough effort we can wipe out political corruption.

OR

b. It is difficult for people to have much control over the things politicians do in office.

64a. Many times I feel that I have little influence over the things that happen to me.

OR

b. It is impossible for me to believe that chance or luck play an important role in my life.

65a. People are lonely because they don't try to be friendly.

OR

b. There's not much use in trying too hard to please people; if they like you they like you.

66a. What happens to me is my own doing.

OR

b. Sometimes I feel that I don't have enough control over the direction my life is taking.

67a. Most of the time I can't understand why politicians behave the way they do.

OR

b. In the long run, the people are responsible for bad government on a national as well as on a local level.

68a. Knowing the right people is important in deciding whether a person will get ahead.

OR

b. People will get ahead in life if they have the goods and do a good job; knowing the right people has nothing to do with it.

Effect of Test Anxiety, Locus of Control,  
and Use of Information Retrieval Aids  
on Academic and Predicted Performance of College Students

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Linda Petty

and

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Effect of Test Anxiety, Locus of Control,  
and Use of Information Retrieval Aids  
on Academic and Predicted Performance of College Students

Introduction

Three areas of study were included in this investigation. Our primary purpose was to test an aspect of Tobias' (1977) information processing model of the effect of anxiety on learning from different instructional methods. Tobias suggested that information processing aids would improve exam performance since anxiety interferes with retrieval of learning. We hypothesized that students with high scores on a measure of test-anxiety would derive the greatest benefit from retrieval aids because they experience the greatest anxiety and presumably the most interference from anxiety.

Procedures

Parallel studies were conducted at Hampton Institute and The University of Michigan.

Subjects

The subjects were 160 students enrolled in the Psychology of Aging course at The University of Michigan and 43 students in the introductory psychology course at Hampton Institute.

Measures and Experimental Intervention

Early in the term the students completed the Test Attitude Inventory (Spielberger, Gonzalez, Taylor, Anton, Algaze, & Ross, 1977) and measures of personal and academic Locus of Control of Reinforcement selected from

Rotter's (1972) instrument. The course mid-term exam was split into two equivalent halves and administered in two consecutive class sessions separated by 48 hours. During the first mid-term exam students were allowed to use an information retrieval aid, a 5" x 8" card containing their notes. Prior to both mid-term exams students completed the Worry and Emotionality Questionnaire (Liebart & Morris, 1967) and predicted their exam scores. Following the first exam they responded to a questionnaire regarding the use and helpfulness of the notes and again completed the personal and academic Locus of Control measures. Exam scores were given to the research team by the course Teaching Assistants.

#### Statistical Analysis

For the analyses students were divided into quartiles (Low, Moderately Low, Moderately High, and High Test Anxiety Groups) for each of the two Worry Questionnaire measures. Students were divided into Internal and External groups on the Locus of Control measure. This was used in combination with the four Test Anxiety groups in the analyses of interactions.

#### Results

High test anxiety students did not differ significantly from other students in their relative performance on tests with and without retrieval aids. Thus our basic hypothesis was not supported. Surprisingly, students in the lowest quartile on the "Worry" test anxiety items performed better on the mid-term test with notes available than on the second mid-term test.

### The Two Hampton Studies\*

Forty-three students in Introductory Psychology at Hampton Institute were subjects in a study which replicated the Michigan design. This sample of undergraduates did show a significant difference by test anxiety level on the two exams. All groups did better on the No Notes exam, however. As indicated previously there are several possible explanations. The second exam (No Notes) may have been easier than the first, or experience with an instructor's exams may have influenced grades. The Notes exam was first in both the Michigan and Hampton samples; making up the note card may have helped on the No Notes exam as well as on the Notes exam.

To determine the cause of this phenomenon two additional groups were run at Hampton Institute. Two sections of Methods I (208) were subjects: 17 in Group I and 24 in Group II. The TAI was given early in the semester. Two equivalent exams were generated; the even questions were pulled out to be the Notes exam and odd questions were the No Notes exam for each class. Section I had the Notes exam first, while Section II had the No Notes exam first, thus allowing a comparison for order effects.

#### Test Anxiety Inventory

This sample of Hampton Institute students are higher on both the worry and the emotionality scales than are the Michigan sample and the inventory averages on the TAI.

---

\* Carried out and reported by Linda Petty.

	<u>Worry</u>	<u>Emotionality</u>
Manual	14.3	18.0
Michigan	13.5	17.9
Hampton Institute	23.0	22.9

This difference in worry level between the Michigan sample and the Hampton sample may account for the often divergent examination results. The results of the WEQ Test Anxiety Measure prior to the Notes exam at The University of Michigan are graphed in Figure 1 with the quartile groups indicated with the dashed vertical lines. Also in Figure 1 the scores of the Hampton sample are indicated and the quartiles marked with solid vertical lines.

Insert Figures 1 and 2

Figure 2 gives the same information for WEQ measure prior to the Notes exam.

All the students in the Hampton sample were worried--the Methods I (208) course is the first of two courses that are required of psychology majors in experimental psychology, and it has a reputation for being demanding. It is also the first required course the psychology majors take after Introductory Psychology (203). To further complicate interpretation these worry measures do not correlate with test performance. The students getting the lowest test scores are not those who are most worried about their test performance as one would predict from the literature and the Michigan sample.

### Locus of Control

Hampton Institute students are more external on the personal locus of control measure than is the Michigan sample. Rotter (1972) reports that minority individuals and women tend to be more external than do white males. This finding is in line with expectation that any group which has been discriminated against will rightly perceive that environmental factors often do control one's behavior. On the academic portion of the locus of control, Hampton students are much more internal, i.e., they believe that they have control and that they are not arbitrarily treated within the college community, than are the Michigan students. Perhaps the size and atmosphere of the campus contributes to this difference.

### Test Performance

Perhaps because of the high rate of worry under both the Notes and No Notes conditions there were no significant differences in test performance by test anxiety level. The highest and the lowest anxiety groups did equally well and better than did the moderate groups. This is in direct opposition to what was hypothesized. Further, having had the notes did not aid any one anxiety group significantly more than the others, although the highest anxiety group scored an average of 5 points higher on the Notes exam than on the No Notes, and the lowest group scored about one point higher on the Notes exam, whereas the moderate groups both scored higher on the No Notes test. The variability was large, so no significant differences were found.

### Use of Notes

Hampton Institute students reported a much greater use of notes than did the Michigan students, and the highest anxiety group reported a significantly greater utilization of their notes compared to the other three groups. This group (the highest test anxiety group) did not, however, report wanting notes on all tests. The moderately high anxiety group said that they would like to have notes on all exams, although they were the group that reported the least use of their notes.

Because of the alternation of the Notes-No Notes exams several questions were changed and a few added to the post exam questionnaire (e.g., "Developing the notes for this exam caused me to study differently than I usually do.") The low test anxiety and moderately low groups reported that making the notes had caused them to study differently. The high test anxiety and the moderately high groups did not report any effect of making the notes. A post exam questionnaire was also administered after the No Notes exams. The questions asked were aimed at the order effect question. There were no significant differences except for the wanting notes on all exams (as on the Notes exam).

### Test Performance and Locus of Control

Students higher on externality on the personal locus of control scale did significantly better on the Notes exam than on the No Notes exam, while the reverse was true for those who scored high on internality. There were significant differences in locus of control, personal or academic, between the Notes and No Notes exams.

### Estimates of Test Performance

The more worried the student was, the lower his/her estimate of his/her exam grade both before and after the Notes exam. On the No Notes exam the highest test anxiety group's estimate of exam grade was significantly lower than were the estimates of the other three groups. There were no other significant effects on estimates by test anxiety.

### Interviews

Ten students were selected randomly to be interviewed by the Hampton experimenter. These students were asked if they had studied differently for the Notes exam than they usually do. If the student did study differently, he/she was asked to describe and compare the way he/she generally studies with how he/she studied for the Notes exam. The same question was asked about the No Notes exam.

Those students in Section 2 who did not generate memory aid (notes) prior to the No Notes exam did not report any change in study methods for the No Notes exam, but those who made up note cards before the first exam reported that they had read the material over and then gone back through and tried to figure out what the most important concepts and information were in the chapters and in the class notes. Forty-two percent said that they ranked the contents. Those students in Section 1 who had the Notes exam first reported that they (84%) had approached the material differently than they usually do. They reported the same process as did notes generators in Section 2. Those students in Section 2 who waited until after the No Notes exam to generate their memory aid reported that they used the same method as described by the other groups before the Notes exam.

### Order Effects

Section 1 had the Notes exams first as did the first Hampton study and the Michigan sample, but Section 2 had the No Notes exam first so that an order effect could be found if that was what produced the higher scores on the second exam in Study I. Students in Section 2 were asked if they had generated their memory aid from their Notes test note cards before taking the No Notes test. Twelve had already done so. These twelve students' scores were significantly higher on the No Notes exam than were the scores of those students in Section 2 who had not generated the memory aid prior to the No Notes exam. Comparison of the exam scores on the Notes exam for Section 1 (where the Notes exam was the second exam) with the scores for Section 2 (where the Notes exam was first) shows significant difference on notes exam scores ( $F = 5.65$ ,  $P = .02$ ,  $df = 1,131$ ). There are not significant differences between scores on the No Notes exam across Sections. Along with the results of the interviews, these data indicate a strong effect of the generation of the notes. As the students reported, they asked themselves different questions about the material. They had to decide what concepts and information were most important.



## Secondary Analyses in the Michigan Study

### The Interaction of Anxiety and Availability of Notes in Effecting Test Performance (Using the Final Examination as a Control)

Since performance on our second mid-term test may have been contaminated by the availability of notes for the first mid-term, we also tested interaction effects on the first mid-term using scores on the final examination as a covariate. Again the results were not significant at the 5% level with the low test anxiety group relatively highest on the test where notes were available.

### Focus of Control, Test Anxiety and Availability of Notes

We had also hypothesized that test anxiety would interact with locus of control and availability of notes in affecting exam scores. No three-way interaction was found, but an interaction with locus of control was found. At Michigan students with internal locus of control performed better when notes were available. But the group who benefited most from the availability of notes were those low in anxiety with external locus of control. At Hampton external students did significantly better when notes were available.

### Anxiety and Locus of Control as Predictors of Test Performance

Students with high scores on measures of test anxiety performed more poorly than did those with lower scores on the test anxiety measure.

### Anxiety, Confidence and Availability of Notes

Highly anxious students were less likely than other students to report that they were more confident than usual on the test where notes were available. Moderately high anxious students, however, were more confident and were more likely to endorse use of notes on future tests.

Use of Notes

At Michigan students with low "Worry" scores reported less use of notes than the other three groups, and at Hamp. on the high anxious students reported the greatest use of notes.

Anxiety and Accuracy of Prediction of Test Scores

Students at different levels of test anxiety did not differ in their ability to predict their achievement on the mid-term tests.

Michigan Distributions of Worry and Emotionality Scores  
with Quartiles of Hampton Scores Indicated Below

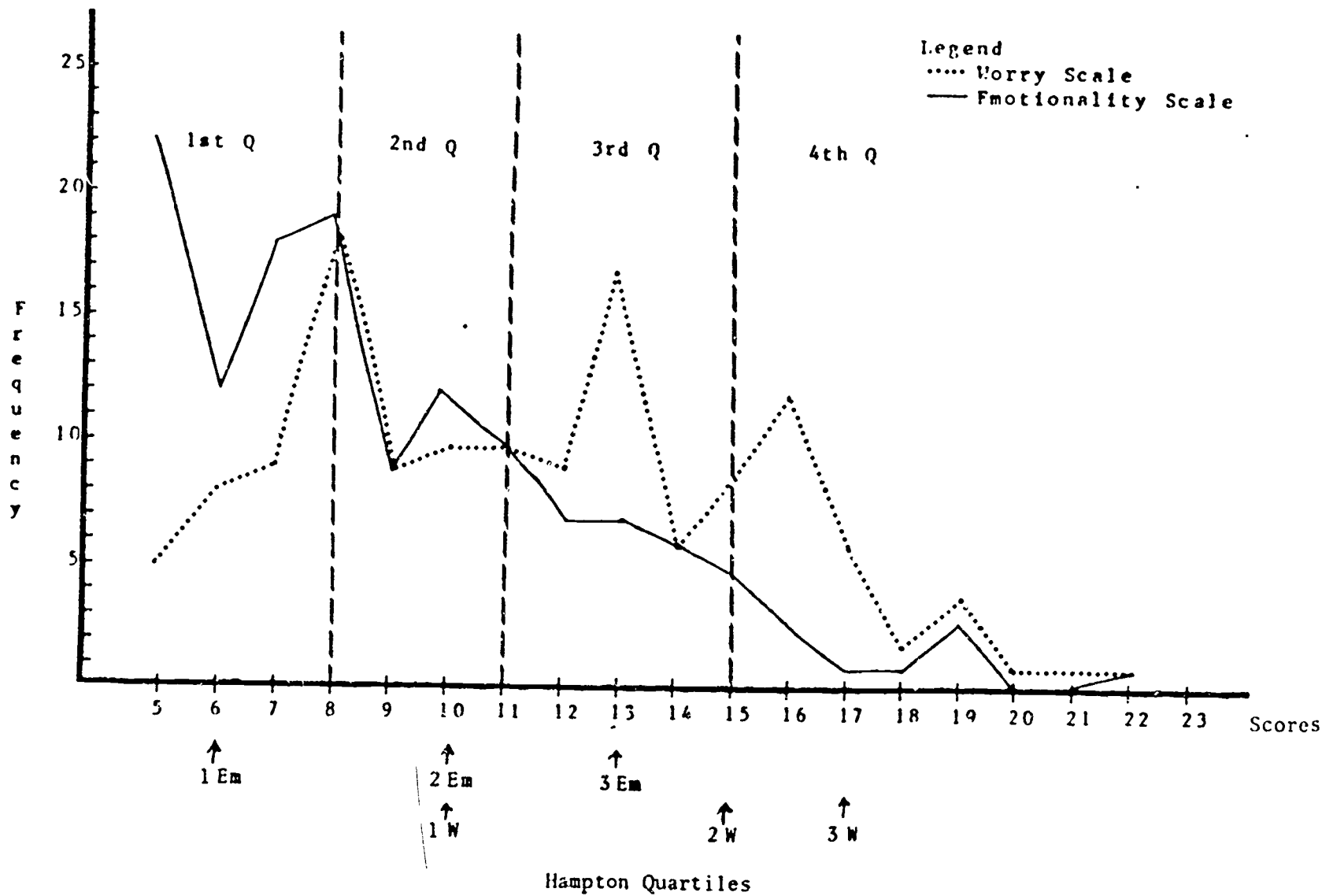


Figure 1. WEQ Test Anxiety Measure Scores at First Measurement (Prior to Mid-Term 1 Exam) and Quartile Groups for the Worry Measure.

Michigan Distributions of Worry and Emotionality Scores  
with Quartiles of Hampton Scores Indicated Below

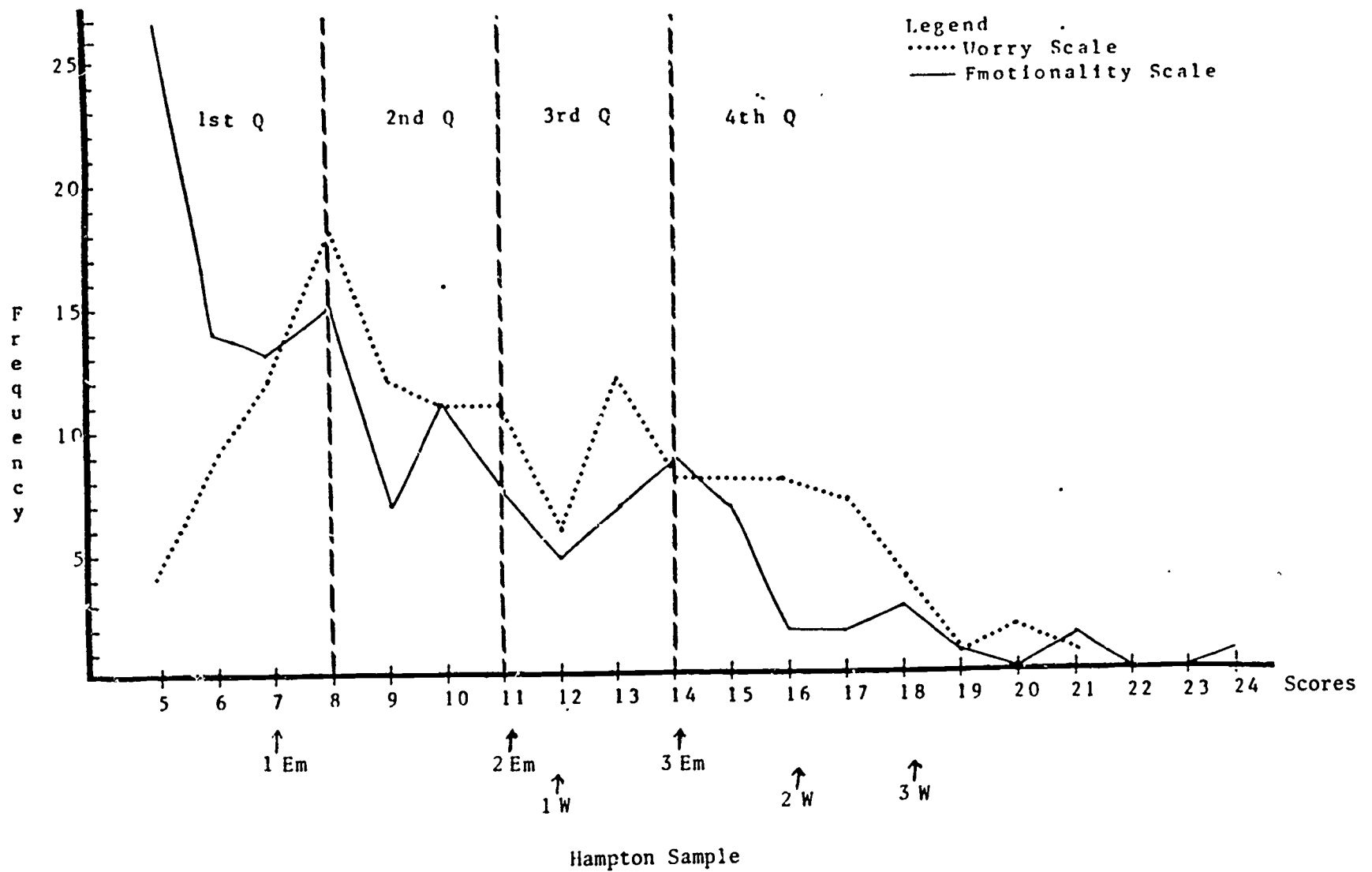


Figure 2. WEQ Test Anxiety Measure Scores at Second Measurement (Prior to Mid-Term 2 Exam) and Quartile Groups for the Worry Measure.

The Interaction of Test Anxiety and Locus of  
Control on Academic Performance\*

Abstract

Previous studies of the relationship of Test Anxiety, Locus of Control, and academic performance have yielded contradictory results. In seeking a remedy for the negative effects of Test Anxiety, it will be useful to know to what extent the high test anxious students assume responsibility for their performance (internal view) and to what extent they believe it to be due to luck, chance, or "the system" (external view). University students enrolled in an upper division psychology course completed the Test Attitude Inventory (Spielberger et al., 1977) and a Locus of Control measure consisting only of personal control (Gurin et al., 1978) and academic control (Rotter, 1972) items. Their performance on the three course examinations was affected by the interaction of Test Anxiety, Personal Locus of Control, with the High Test Anxiety groups having higher mean exam scores if they were also Internal, while the Low Test Anxiety groups had higher scores if they were External. Additional studies of the interaction effect of Test Anxiety and Locus of Control on academic performance are needed.

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\*Carried out and reported by Sally L. Lusk

Although a number of studies have related internal-external Locus of Control to academic performance at the elementary and high school level, few have focused on college students. The relationship of Test Anxiety, Locus of Control and performance has been explored in only a few studies, and the findings in those studies are contradictory. In seeking a remedy for the negative effects of Test Anxiety, it will be useful to know to what extent the High Test Anxious students assume responsibility for their performance (internal view) and to what extent they believe their performance to be due to luck, chance, or "the system" (external view).

High Test Anxiety is consistently and inversely related to academic performance. One of the early Test Anxiety studies (Doris and Sarason, 1955) asked students about their failure on an exam. The High Test Anxiety students blamed themselves: "I got confused." The Low Test Anxiety students attributed their failure to external factors: "It was a bad exam." Studies of elementary and high school students (Lipsett, 1958; Rosenberg, 1953) found that High Anxious children had a strong tendency to be self-disparaging. Wine (1971) and Meichenbaum (1972) found that High Test Anxiety college students indulge in negative, self-deprecating self-talk. The findings in these anxiety studies suggest a relationship between High Test Anxiety (and therefore lower academic achievement) and Internal Locus of Control, attributing results to self. However, Internal students generally have higher academic performance than do External students at the elementary and high school level. Although this has not been found to be true at the college level, one would not tend to predict the reverse: Externals with higher academic performance.

Only three studies are reported which used measures of Test Anxiety and Locus of Control with college students; each had inadequacies and their results were inconsistent. Two of these studies (Butterfield, 1964 and Watson, 1967) found a significant positive correlation between Test Anxiety and Externality. Unfortunately, neither study looked at exam performance. Butterfield, however, made comparisons based on only the final course grade and found that the higher the students scored on External Locus of Control, the higher was the lowest grade for which they were willing to settle and the higher was their actual course grade. However, Butterfield's sample was quite small (N=48). Watson correlated measures of Test Anxiety and Locus of Control and found significant relationships among all variables: with greater Externality at higher Test Anxiety levels ( $r=.25$ ,  $N=648$ ). Prociuk and Breen (1973) found no significant difference in grade point averages between Internals and Externals. None of the articles reported an analysis for interactions among Test Anxiety, Locus of Control, and achievement. There are problems common to all three studies which may account for some inconsistencies:

1. All three studies used the 20-item Rotter Locus of Control measure. None reported a factor analysis of the items. Gurin, Gurin, and Morrison (1978) report that only five items deal with the person's perception of self, while the remainder relate to the individual's beliefs regarding political control ideologies.

It would be expected that these five "Personal Control" items would be most useful. In addition to those items, the three items relating to the academic setting should also be relevant. The remaining 12 items of the Rotter scale which deal with

"Control Ideology" (Gurin et al., 1978) would not be expected to relate to Test Anxiety and academic performance.

2. The Alpert and Haber trait Test Anxiety scale, the AAT, was used in all three studies. Butterfield found such a high correlation between this Test Anxiety measure and the Locus of Control scale ( $r=.809$ ) that he raised the question as to whether they, in fact, measure the same dimension. McKeachie (1969) suggested that the Facilitative Anxiety scale of the AAT is probably a measure of general academic motivation rather than of Test Anxiety.

Other factors which may relate to the results of the three studies are:

1. The complex academic setting may encourage attitude changes, but not behavioral changes. Hjelle (1970) has suggested that individuals may arrive at an External "world view" as a defense against failure in a highly competitive environment. Students would continue to be highly motivated and therefore earn above average grades, but would defensively account for potential failure or lower grades by Externally-oriented attitudes. This is consistent with findings by Gurin et al. (1978) in relation to socioeconomic status, race, and sex and "Personal Control" Locus of Control. They found that "Personal Control" was highest for the groups that experienced the fewest obstacles to personal control, i.e., high income, white, and males. They reasoned, therefore, that having experienced lack of control, or a feeling of powerlessness against the system tends to increase Externality. It is likely that college students, especially the first and second year students who serve as subjects for most of the research studies, would have experienced a feeling of



powerlessness against the academic system.

2. Rotter (1975) suggested that there may be two types of Externals: (a) an active, striving type and (b) a passive, accepting type. These two types may really represent different labels for the phenomena discussed above in (1). Or, if two distinct types really do exist, they may be differentially represented in college populations.

This study will avoid the instrument problems identified in the previous research. The five personal control items plus three academic items will be used to measure Locus of Control. Test Anxiety will be measured by using the Trait Test Anxiety scale, the TAI (Spielberger, Gonzalez, Taylor, Anton, Algaze, Ross, 1977). Using measurement tools appropriate for college students in an academic setting, the investigator expects to find a relationship between Test Anxiety and Locus of Control and their effects on academic performance.

### Method

Early in the term students enrolled in an upper division psychology course at The University of Michigan, completed the five personal Locus of Control items (Gurin et al., 1978), the three Locus of Control academic items (Rotter, 1972), and the TAI (Spielberger, et al., 1977). The mid-term exam was split into two halves administered 48 hours apart. Following the first mid-term, the subjects again responded to the eight Locus of Control items. At the beginning of the term, 122 students (75 females and 37 males) completed the questionnaires and 102 of these students completed both the mid-term exams and the post-exam Locus of Control measures.

For the purpose of these analyses the students were divided into quartile groups: Low Test Anxiety, Moderately Low Test Anxiety, and High Test Anxiety on the basis of their TAI Worry Scale scores. Internal and external groups were determined by a median split on each of the two measures: Personal and Academic Locus of Control.

### Results

The means of the Academic and Personal Locus of Control measures differed significantly between the first and second measurement. The Personal Locus of Control mean score was higher (more External) following the Mid-Term 1 exam than it was early in the term. The mean score on the academic Internal-External measure decreased between the two measurements. That is, students were less External on this measure following the Mid-Term 1 exam than they were early in the term. See Table 1.

Table 1  
Mean Personal and Academic Locus of Control  
Scores at Time 1 and 2

Locus of Control	Time	Mean	Mean Diff.	S.D.	T	Sig
Personal	1	6.29	-.24	1.17	-1.995	.049
	2	6.53	n=97			
Academic	1	4.41	.24	.83	2.998	.003
	2	4.17	n=102			

Note: Personal Locus of Control scores have a possible range of 5 to 10.

Internal-External scores have a possible range of 3 to 6. Time 1 data were collected two weeks after the beginning of the term. Time 2 data were collected following the Mid-Term 1 exam.

At both times the personal and academic Locus of Control measurements significantly differ by Test Anxiety levels, with a positive linear relationship between externality and Test Anxiety. Correlations between the TAI-W and the measures of Locus of Control ranged from  $r=.292$  to  $.381$ ,  $p<.01$ . Tables 2 and 3 give representative analysis of variance results.

The relationship between Test Anxiety and Locus of Control reported in two of the previous studies is found here: a positive linear relationship between Test Anxiety and Externality. Based upon that relationship between Test Anxiety and Locus of Control, the expected relationship between Locus of Control and exam scores did not occur. The exam scores did not significantly differ by Locus of Control scores.

Table 2

Mean Personal Locus of Control Scores at  
Time 2 by Test Anxiety Groups

Test Anxiety Group	N	Mean	SD
Low	30	5.700	.9879
Moderately Low	28	6.679	1.442
Moderately High	26	6.654	1.263
High	20	7.300	1.380
Grand	104	6.510	1.372

Table 3

Summary Table of Analysis of Variance  
of Personal Locus of Control Scores  
at Time 2 by Test Anxiety Groups

Source of Variation	DF	Sum of Squares	Mean Squares	F	P
BETWEEN TA Groups	3	33.499	11.166	6.9575	.003
WITHIN	100	160.49	1.6049		
TOTAL	103	193.99			

Note: Time 2 is post-exam measure. Test Anxiety groups are quartile groups based upon the TAI-W.

Personal Locus of Control (post-exam measure) and Test Anxiety (measured by the TAI-Worry Scale) interact to significantly affect all exam scores (Mid-Term 1, 2, and Final exams). ( $P < .05$  to  $.0005$ ). Tables 4 and 5 and Figure 1 present the results of the analysis.

Table 4

Mean Mid-Term Exam 1 Scores by  
Test Anxiety and Personal Locus of Control

Locus of Control	Test Anxiety			
	Low	Mod. Low	Mod. High	High
Internal				
Mean	78.880	66.533	82.091	71.667
SD	13.324	21.636	9.375	15.253
N	25	15	11	6
External				
Mean	89.500	79.385	58.429	67.571
SD	6.658	13.944	18.346	18.500
N	4	13	14	14

Table 5

Summary Table of Analysis of Variance  
of Mid-Term Exam 1 Scores by Test Anxiety  
and Personal Locus of Control

Source of Variations	DF	Sum of Squares	Mean Square	F	P
Between LC groups	1	22.029	22.0286	--	
Between TA groups	3	2094.19	698.062	2.7174	.05
Interaction	3	4993.23	1664.41	6.4791	.0005
Error	94	24147.5	256.889		
Total	102				

Note: Personal Locus of Control is the Post-Exam measure split at the median.

### Discussion

Locus of Control means differed between the two times of measurement. The intervening three weeks, or the experience of the Mid-Term exam, altered the responses to these items. These factors would be expected to similarly affect the personal, but not the academic, Locus of Control. However, this was not the case. Following the exam, students were more external on the personal measures and less external on the academic measures than they had been earlier. It may be that early in the course students exhibit more external attitudes on academic measures due to their uncertainty about the professor and the conduct of the course. After they have experienced the course and the first exam, they may then feel that they have more control in the academic area. More difficult to interpret is the change in personal Locus of Control, as it would be expected to be a stable measure reflecting a sum of life experiences. If an external attitude is the result of a feeling of powerlessness against the system, it may be that this is not as strong a feeling at the beginning of the term and that the accumulation of experiences during the term increases feelings of little personal control. Additional studies exploring the stability of the Locus of Control measures will be useful.

The positive relationship between Externality Locus of Control and Test Anxiety which was found in two previous studies was also found in this sample and was consistently true for both the personal and academic Locus of Control. Because lower exam scores are typically associated with

High Test Anxiety, the Externals should have lower scores. None of the exam scores significantly differ by any Locus of Control measures.

However, all exam scores (Mid-Term 1 and 2, and Final) were affected by an interaction of the Personal Locus of Control and Test Anxiety. The moderately High Test Anxiety group had higher mean scores if they were also Internal, while the Low Test Anxiety groups had higher scores if they were External. This interaction is not easily explainable as the opposite effect might be expected. The mean TAI-W score for this sample did fall slightly below the mean for college students given in the manual (Spielberger et al., 1977). (Males--13.27 vs. 13.61 and Females--13.65 vs. 14.90). It could be argued then that this sample was not "anxious enough" to yield the expected relationship between Locus of Control and Test Anxiety.

The contradictory results of previous studies of Locus of Control and Test Anxiety may well have been due to an interaction between Locus of Control and Test Anxiety. No analyses for interactions were reported in these studies. Replications of the present study with diverse samples will contribute to understanding the relationships between Locus of Control and Test Anxiety. Courses which are known to engender High Test Anxiety and Low Test Anxiety should be selected in order to understand the effect of a wider range of Test Anxiety.

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## APPENDIX A

## TEST ATTITUDE INVENTORY

DIRECTIONS: Read each of the following statements carefully and then mark the appropriate answer on the separate answer sheet. Indicate how you generally feel regarding tests. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe how you generally feel with regard to tests and examinations.

	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
1. I feel confident and relaxed while taking tests .....	1	2	3	4
2. While taking final examinations I have an uneasy, upset feeling.....	1	2	3	4
3. Thinking about the grade I may get in a course interferes with my work on tests.....	1	2	3	4
4. I freeze up on final exams.....	1	2	3	4
5. During exams I find myself thinking about whether I'll ever get through college.....	1	2	3	4
6. The harder I work at taking a test, the more confused I get..	1	2	3	4
7. Thoughts of doing poorly interfere with my concentration on tests.....	1	2	3	4
8. I feel very jittery when taking an important test.....	1	2	3	4
9. Even when I'm well prepared for a test, I feel very anxious about it.....	1	2	3	4
10. I start feeling very uneasy just before getting a test paper back.....	1	2	3	4
11. During tests I feel very tense.....	1	2	3	4
12. I wish examinations did not bother me so much.....	1	2	3	4
13. During important tests I am so tense that my stomach gets upset.....	1	2	3	4
14. I seem to defeat myself while working on important tests...	1	2	3	4
15. I feel very panicky when I take an important test.....	1	2	3	4
16. If I were to take an important examination, I would worry a great deal before taking it.....	1	2	3	4
17. During tests I find myself thinking about the consequences of failing.....	1	2	3	4
18. I feel my heart beating very fast during important tests..	1	2	3	4
19. As soon as an exam is over I try to stop worrying about it, but I just can't.....	1	2	3	4
20. During a course examination I get so nervous that I forget facts I really know.....	1	2	3	4

## APPENDIX B

## COVER SHEET I Mid-Term Exam I

Name \_\_\_\_\_ I D Number \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_ Major \_\_\_\_\_

Circle Answers:

Sex: M F

Class Level: FR SOPH JR SE MASTERS SPEC DOCT

Read each of the following statements carefully. After each item, indicate how you feel right now in relation to the upcoming examination in this class. Use the following numerical scale:

1. The statement DOES NOT describe my feeling, condition, etc.
2. The feeling, condition, etc., is barely noticeable
3. The feeling, condition, etc., is moderately intense
4. The feeling, condition, etc., is strong
5. The feeling, condition, etc., is very strong

\_\_\_\_\_ I do not feel very confident about my performance on this test

\_\_\_\_\_ I am so nervous that I cannot remember facts which I really know

\_\_\_\_\_ I feel my heart beating fast

\_\_\_\_\_ I feel I may not be as well prepared for this test as I could be

\_\_\_\_\_ I am so tense that my stomach is upset

\_\_\_\_\_ I am worrying a great deal about this test

\_\_\_\_\_ I have an uneasy, upset feeling

\_\_\_\_\_ I find myself thinking of how much brighter the other students are than I am

\_\_\_\_\_ I am thinking of the consequences of failing this test

\_\_\_\_\_ I feel very panicky about taking this test

Your BEST GUESS of your score on this test is \_\_\_\_\_ per cent.

There are 2 pages to this test

Feel free to write comments about any of the questions

Before beginning, write your student number on the back of each sheet. Do not write your name on the test. We want to grade the tests without preconceptions based upon your previous work.

When you turn in your exam, please separate this sheet and place it in the envelope marked "Cover Sheets". This way your information will be confidential and not available to any course faculty.

## APPENDIX C

**DIRECTIONS:** Each item below consists of a pair of answers, numbered 1. or 2. Please select the one statement of each pair which you more strongly believe to be the case as far as you're concerned and record it on the answer sheet (1. or 2.). Sometimes you may believe both statements; in such cases, select the one you more strongly believe to be the case. Sometimes you may not believe either statement; in such cases select the one you disagree with the least.

**BE SURE YOU ARE ANSWERING WHAT YOU PERSONALLY BELIEVE RATHER THAN WHAT YOU WOULD LIKE TO BE TRUE. THIS IS A MEASURE OF PERSONAL BELIEF; THERE ARE NO RIGHT OR WRONG ANSWERS.**

21.
  1. I have often found that what is going to happen will happen.
  2. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
22.
  1. The idea that teachers are unfair to students is nonsense.
  2. Most students don't realize the extent to which their grades are influenced by accidental happenings.
23.
  1. When I make plans, I am almost certain that I can make them work.
  2. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
24.
  1. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
  2. Many times exam questions tend to be so unrelated to course work that studying is really useless.
25.
  1. In my case, getting what I want has little to do with luck.
  2. Many times we might just as well decide what to do by flipping a coin.
26.
  1. Sometimes I can't understand how teachers arrive at the grades they give.
  2. There is a direct connection between how hard I study and the grades I get.
27.
  1. Many times I feel that I have little influence over the things that happen to me.
  2. It is impossible for me to believe that chance or luck play an important role in my life.
28.
  1. What happens to me is my own doing.
  2. Sometimes I feel that I don't have enough control over the direction my life is taking.

## APPENDIX D

## POST-EXAM QUESTIONNAIRE

This information will be kept confidential.

NAME \_\_\_\_\_ I D NUMBER \_\_\_\_\_

1. Now that I've completed this exam, my best guess of my score is \_\_\_\_\_ %.

**DIRECTIONS:** Each item below consists of a pair of answers numbered 1. or 2. Please select the one statement of each pair which you more strongly believe to be the case as far as you're concerned and circle the number (1. or 2.) for that choice. Sometimes you may believe both statements; in such cases, select the one you more strongly believe to be the case. Sometimes you may not believe either statement; in such cases select the one you disagree with the least.

BE SURE YOU ARE ANSWERING WHAT YOU PERSONALLY BELIEVE RATHER THAN WHAT YOU WOULD LIKE TO BE TRUE. THIS IS A MEASURE OF PERSONAL BELIEF: THERE ARE NO RIGHT OR WRONG ANSWERS.

2.
  1. I have often found that what is going to happen will happen.
  2. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
3.
  1. The idea that teachers are unfair to students is nonsense.
  2. Most students don't realize the extent to which their grades are influenced by accidental happenings.
4.
  1. When I make plans, I am almost certain that I can make them work.
  2. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
5.
  1. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
  2. Many times exam questions tend to be so unrelated to course work that studying is really useless.
6.
  1. In my case, getting what I want has little to do with luck.
  2. Many times we might just as well decide what to do by flipping a coin.
7.
  1. Sometimes I can't understand how teachers arrive at the grades they give.
  2. There is a direct connection between how hard I study and the grades I get.
8.
  1. Many times I feel that I have little influence over the things that happen to me.
  2. It is impossible for me to believe that chance or luck play an important role in my life.

NAME \_\_\_\_\_ 2 ID NUMBER \_\_\_\_\_

9. 1. What happens to me is my own doing.  
 2. Sometimes I feel that I don't have enough control over the direction my life is taking.

10. I brought notes to the exam today:  
 YES → Please answer the following items about today's exam.  
 NO → Stop here and return questionnaire. Thank you.

DIRECTIONS: Circle the number which best represents your feelings about each item.

	Strongly Agree 1	2	3	4	Strongly Disagree 5
11. During this test I felt more confident than I usually do while taking exams.	1	2	3	4	5
12. Even with my notes, I felt just as nervous as I usually do when taking a test.	1	2	3	4	5
13. I referred to my notes before answering every question.	1	2	3	4	5
14. My notes helped me develop my answers to most of the questions on the exam.	1	2	3	4	5
15. I really didn't use my notes during the exam.	1	2	3	4	5
16. I would like to have notes allowed for future exams in this course.	1	2	3	4	5
17. I would like to have notes with me for all exams I take.	1	2	3	4	5
18. I used my notes very little during the exam.	1	2	3	4	5

THANK YOU

## Fantasy Play in Black Children

Research Team: Vonnie McLoyd, Bonita Toler, Betty Morrison

### SUMMARY OF PROJECT

This research focuses on the development of fantasy play in black children. Fantasy play involves the attributions to persons, objects, materials, or situations, properties which they do not actually possess. For example, a child who pretends that her doll is hungry or tired is attributing properties to the doll which the latter does not actually possess. Similarly, a child who pretends that a block is a cigarette or a lollipop is attributing properties to the block which the latter does not actually possess. The child, thereby, "transforms" the doll into a "real" person or the block into a "real" cigarette or lollipop. Fantasy play, then, can be thought of as a conglomerate of various types of transformations. The objective of this research is to describe the development of various types of transformations in 72 2 1/2 to 5 1/2 year-old low- and middle-income black children, as a function of age, sex, and income level. In addition, the relationship between age, sex, and income differences, and maternal attitudes and practices regarding fantasy play and other environmental factors were explored. The subjects were divided into groups of three children of the same sex, age, and income level, who were brought to a playroom, equipped with several attractive toys or unstructured materials, for 30 minutes of free-play on four different occasions. In Michigan they were covertly observed and videotaped through a one-way mirror, while in Virginia they could observe the camera person. The predominant types of transformations used by children during the free-play session are identified, based on their recorded speech and related behaviors. In addition, a randomly chosen subsample of mothers, equally divided according to their child's sex, age, and income level, were interviewed about their attitudes and practices regarding fantasy play and the child's home environment. Also the pupils, teachers, and their aides responded to a pupil behavior inventory which rated the children's conduct, motivation, dependency, socio-emotional state, personal behavior, and fantasy play. At present, the data from the videotapes are being transcribed, and the data from the interviews and behavior inventories have been coded and computerized.

### DETAILED DESCRIPTION OF PROJECT

The explicit purpose of the research described in this report is to examine the development of fantasy play in Black low- and middle-income 2 1/2 to 5 1/2 year-old children. The research is a continuation of McLoyd's ongoing research program in the area of children's play and socialization. Play is a broad, generic term which has been used to describe extremely disparate forms of behavior, ranging from infant exploration and manipulation to humor, dance, mime, the dozens, organized games, and competitive sports. Of the many divergent forms of play behavior, this study focuses on the development of fantasy play

in Black low- and middle-income children. Fantasy play involves the attribution to persons, objects, materials, or situations, properties which they do not actually possess (Markey, 1935). For example, the child who pretends that a block is a cigarette or lollipop is attributing properties to the block which the latter does not possess, and thereby "transforms" the block into a cigarette or lollipop. Fantasy play, then, is a transformational and representational activity whereby the "signifier"--the present object, material, person, or situation is transformed into the "signified"--the absent object, material, person, or situation (Piaget, 1962; Sutton-Smith, 1972b). In short, objects and materials are used, and persons and situations negotiated as though they possessed properties which they do not actually possess. Fantasy play, then, is constituted by various types or modes of transformations.

Previous research tentatively suggests that engagement in fantasy play enhances role-taking skills and empathy (Ginsburg and Opper, 1969; Rosen, 1974; Saltz and Johnson, 1974), concentration and impulse control (Saltz, Dixon and Johnson, 1977; Singer, 1973b), creativity and originality (Feitelson and Ross, 1973; Freyberg, 1973; Saltz et. al., 1977; Smilansky, 1968), and the expression of positive affect (Freyberg, 1973).

Our attempt to examine the development of fantasy play in Black, low- and middle-income children is based on three major issues and considerations, all of which are related to McLoyd's previous research (McLoyd, 1977, 1978a, 1978b). A cursory discussion of each of these issues and considerations is presented below.

Paucity of baseline data on fantasy play in Black children. A search of the literature reveals a paucity of both naturalistic and experimental manipulative research on the development of fantasy play in Black and poor children. Notwithstanding the absence of such research, the assumption that Black and poor children's play is deficient, when compared to white, middle-class children's, abounds in the play literature (Freyberg, 1973; Murphy, 1972; Rosen, 1974; Saltz and Johnson, 1974; Saltz et. al., 1977; Smilansky, 1968, p. 62; Smilansky, 1977; Sutton-Smith, 1972a; for a review, see McLoyd, 1977). Thus, what few studies of fantasy play in Black and poor children that exist are intervention studies designed to train them to engage in higher-quality and more frequent fantasy play (e.g., Freyberg, 1973; Rosen, 1974; Saltz and Johnson, 1974). Pre-intervention assessment is generally limited to ratings of play complexity and imaginativeness, or assignment of children's play to very broad categories of play such as functional, constructive, and socio-dramatic (role) play (e.g., Feitelson and Ross, 1973; Freyberg, 1973; Rosen, 1974).

The assumption of deficiency and the subsequent practice of intervention in the play of poor and Black American children emanated primarily from Smilansky's (1968) finding that low-income children residing in Israel (all of Middle-Eastern and North African descent) engaged in less and poorer-quality fantasy play than did middle-income children residing



in Israel (all of European descent), and her subsequent intervention program. Smilansky's research, as well as similar research with Black and poor American children ignore the fact that, "Facilities for 'imaginative play activity' may be displayed in various ways by children. Individual, subcultural, and cultural play styles all affect the way that a child will play and so...a child may not engage in imaginative socio-dramatic play activity in the way that American (European) middle-class children do, and yet he/she may display imaginative abilities in other ways. Another particularly difficult problem is the fact that there are many, sometimes conflicting, views of what constitutes imaginative play behavior (Schwartzman, 1976)." In addition, the fact that these studies often report increased fantasy play as a result of intervention does not ipso facto mean that Black or poor children's play is deficient. It is probably true that all children would show increases in the very behavior for which they were trained to enact during intervention. The effect of this intervention tradition has been not only the generation of very little information about the internal dynamics of play in Black and poor children but also what Herzog (1970) terms "a snowballing of folklore," in this case, that Black and poor children engage in deficient, and therefore changeworthy fantasy play. It is imperative that further research be conducted to examine the play of children from different cultural and socioeconomic backgrounds in a variety of settings and situations. In the absence of such data, valid statements cannot be made about the kinds of fantasy play in which children from different backgrounds engage and the frequency of their engagement.

Children's verbalizations during play provide perhaps the most unambiguous evidence of transformations. For example, as noted by Garvey (1974), children's engagement of fantasy versus reality is often marked by their use of the terms "really" and "pretend," respectively. Children's fantasy play is also marked by verbally expressed "as if" transformations of objects, materials, persons, and situations which may take the form "Pretend as if X is Y" or some variant (e.g., "Make like X is Y."). These verbalizations are particularly crucial during social as opposed to solitary fantasy since the social interchange between or among children can continue only if they mutually agree on the imaginary identity of objects, materials, persons, and situations.

McLoyd (1978a) has conducted the only existing research on the verbally expressed transformations made by Black, low-income children in a quasi-naturalistic setting. The dyadic social interaction of 36 Black low-income 3 1/2 and 5 year-old children was observed and videotaped during a 20-minute free-play session. Almost half (.46) of the girls' and one-third (.34) of the boys' utterances represented attributions to objects, materials, persons and situations properties which they did not actually possess. While this study did not measure the actual amount of time engaged in fantasy play, the proportion of fantasy (transformation) utterances to total utterances is strikingly similar to the proportion of fantasy play to total free-play reported by Matthews (1977) in her study of White middle-class children (43% and 48% for boys and girls, respectively). Moreover, the measure

of verbalized fantasy in McLoyd's study probably underestimates the amount of actual fantasy play of the subjects because many instances of fantasy play were not verbally referenced or expressed by children and, therefore, were not reflected in the data analysis. These research findings casts some doubt on the assumption of deficiency in Black and poor children's play, or at least strongly suggests the need for further examination of culture and income level differences in fantasy play. The present research is an attempt to replicate the previous findings about fantasy play in Black, low-income children and a preliminary step toward specifying the differential internal dynamics of fantasy play in Black low- and middle-income children in a quasi-naturalistic setting.

Fantasy play, socialization and other environmental factors. In addition to providing baseline information on the fantasy play of Black children from different income groups, this research is an attempt to examine the relationship between fantasy play and socialization practices, cultural, and income-related factors. Huizinga (1950) has written extensively about how culture itself bears the character of play. Of more relevance here is the issue of how culture and socialization practices are reflected in children's play. If the contents of children's play are their environmental experiences, and if these experiences are selected or determined by socio-cultural factors, then their play will reflect the culture's ethos or world view, as well as the skills information, values, and goals necessary to become an integral member of that society. As Stone (1971) succinctly notes, "Play, like other collective enterprises, is a collective representation: it represents the arrangements of the society and historical era in which it is carried on (p. 5)."

A few studies have examined the relationship between general characteristics of play and parental and environmental factors. Perhaps the most well-known study of this issue was conducted by Roberts and Sutton-Smith (1961). These researchers reported a strong relationship between the predominance of games emphasizing strategy, skill, and luck, and the childrearing goals and values of 56 different societies. Freyberg (1973) reported that low-income children with a high fantasy predisposition compared to children with a low fantasy predisposition had fewer siblings, more living space at home, and had parents who engaged in more playful and imaginative interactions with the child and held more tolerant attitudes toward imagination. These findings were based on only twelve low-income children and therefore should be regarded as only suggestive. Bishop and Chase (1971) reported that conceptually abstract mothers, compared to concrete mothers, provided home environments which enhanced playfulness and creativity in their children. Baldwin (1949) found that children raised in democratic homes were rated higher on active, socially-outgoing types of play. Collectively, these research findings suggest that various indices of play are closely related to certain environmental factors.

In previous research of modes of transformation, McLoyd (1978a) found no age difference but did find prominent sex differences. Girls made a significantly greater number of total transformations, verbally attributed new identities to existing objects, created more imaginary objects without the use of physical referents, and depicted imaginary roles significantly more often than did boys.

One of the most striking sex differences which emerged in the study was the type of imaginary roles played by the children. Two predominant types of roles were depicted by the children: anticipatory and fantastic roles (Stone, 1962, 1971). Anticipatory roles include roles that the child might realistically be expected to enact or encounter in later life, such as parental and occupational roles. In contrast, fantastic roles include roles that the child can seldom, if ever, be expected to enact or encounter in later life such as pirates, cowboys and Indians, and creatures from outer space. On the basis of questionnaire responses of adults about their childhood play activities, Stone concluded that fantastic roles are more characteristic of boys' than girls' play. Data from McLoyd's study support Stone's conclusion. Boys often enacted fantastic roles and characters from the media such as Batman, Wolfman, Frankenstein, and Spider Man. In contrast, girls typically enacted housekeeping, shopping, and excursion episodes, i.e., anticipatory roles. In fact, not one instance of fantastic role enactment was observed among the girls. These and other differences in children's play are probably related to identifiable socialization, cultural, and income-related factors such as parental and teacher attitudes and practices regarding fantasy play, types of toys available, availability of adult role models, amount of television viewing, kinds of activities parents engage in with the child, and availability and age of playmates. It appears critical that information be gathered on parental attitudes and practices regarding fantasy play. Possibly, Black parents may be uneasy or wary about their children engaging in a great deal of fantasy play or at least certain types of fantasy play. Studies by Baumrind (1972) and Kamii and Radin (1971) suggest that many of the childrearing goals and practices of Black mothers are dictated by their perceptions of what skills Black children must acquire to survive in a hostile environment. Possibly Black parents, especially low-income, may regard certain types of fantasy play as antithetical to the development of such skills. Perhaps one of the reasons girls engage in more anticipatory roles and less fantastic roles is that they experience greater and/or earlier demands for maturity and responsibility than boys. Previous research does not provide answers to these questions. In addition, previous studies on the relationship between parental attitudes and practices and children's play have not included Black subjects, and therefore, whether the reported relationships hold for Black children and their environments is unknown. Previous research also has not examined the relationship between specified modes of transformation, including anticipatory and fantastic roles--and environmental factors. This study, then, explores not only income-group and sex differences in modes of transformation, but examines their relationships with certain environmental factors in an attempt to identify the mediators of these differences.

Fantasy play, age, and cognitive development. Piaget (1962) describes play as "pure assimilation," whereby reality is bent to fit one's existing forms of thought or behavior. For example, upon seeing an airplane in the sky for the first time, a very young child acquainted with birds may label the airplane, "bird." Or an infant may perform an existing motoric behavior on all objects encountered, regardless of the suitability of the motoric pattern to the object, e.g., sucking the corner of a blanket. In other words, in assimilation, the individual bends reality to fit what he or she "knows." Play, then,

is characterized by a freedom to explore the possibilities inherent in things and events (Bruner, Jolly, & Sylva, 1976).

Pure assimilation is in contrast to accommodation whereby one's existing forms of thought or behavior are bent to fit reality. According to Piaget, these two aspects of behavior are always fused, but one may predominate over the other. What, then, determines whether assimilation, i.e., play, predominates? Why does play predominate in childhood and then decline? Piaget suggests that play and symbolism decline during later childhood (i.e., the child responds more easily to the environment as it is, rather than as he or she has known it) because the child acquires new and more "intelligent" modes of dealing with an unfamiliar environment.

Within this general framework of development, Piaget postulates a developmental sequence of play. During the first year or so, the child engages in primarily practice or repetitive play with the object environment. From about 1 1/2 to 7 years of age fantasy play develops. However, during the first portion of this fantasy period (about 1 1/2 to 3 1/2), play is characterized by a predominance of symbolism and transformations, which also appear sequentially. Initially, children ascribe their own actions to other objects, e.g., making a doll eat, cry, or go to sleep, and later ascribe actions imitated from models of other objects (animation). Later, the child ascribes functions of one object to another (substitution) and imitates the actions of other people (role attribution). Even later, children construct and depict entire and increasingly differentiated imaginary scenes (situational attribution).

From ages of about 3 1/2 to 7, fantasy play is characterized by a decrease in symbolism and an increase in orderliness, exact imitation of reality, and collective symbolism involving the enactment of differentiated and complementary roles. Between about 7 and 10 years, play becomes increasingly socialized and games with rules appear.

Despite Piaget's well-developed, explicit developmental sequence, no attempts have been made to verify, in a naturalistic setting, the development of specific transformations identified by Piaget. One would expect, for example, that 2 1/2 year-olds would show less role and situational attribution during play than 3 1/2 year-olds. In addition, on the basis of Piaget's sequence, one would expect that 2 1/2 and 3 1/2 year-olds would enact more fantastic roles and less anticipatory roles than 4 1/2 year-olds.

As noted earlier, no age differences in transformations were found in McLoyd's previous research with 3 1/2 and 5 year-olds. This was surprising, but perhaps was due to the proximity in age of the groups. Even more plausible is the possibility that the major developmental changes in fantasy transformations begin to occur prior to the first half of the third year, particularly those described by Piaget.

Thus, in this study, the development of transformations described by Piaget, as well as ones identified by other researchers will be examined in 2 1/2, 3 1/2, 4 1/2 and 5 1/2 year-olds.

Though not a central purpose of this study, the naturalistic observation of Black children's fantasy play may provide information about certain cognitive processes, precisely because play is characterized by the freedom to explore the possibilities inherent in things and events. For example, in McLoyd's previous research, when children gave a new identity or function to an object (substitution), e.g., pretended that a block was a cigarette or a basketball, their selection of one object to function as a substitute for another object was far from random. The children appeared to select substitutes which shared critical properties of the imagined or signified object while ignoring dissimilar properties. Concrete dimensions such as shape and form of objects appeared to be salient determinants of which block was chosen. For example, children often pretended to smoke cigarettes and stir imaginary coffee using long, thin blocks as substitutes for cigarettes and spoons. In contrast, when two boys pretended to play basketball, they chose one of the largest of the square blocks as a substitute for the basketball. These observations are consistent with Griffiths' (1935) and Stern's (1924) conclusion that symbolism--in this case, substitution--is based on the discovery and recognition of an analogy between two objects. A reasonable question for further research is, do children of different ages use different criteria for the selection of a particular object to substitute for another object? By-products of the naturalistic study of fantasy play may be information about the development of certain cognitive competencies and skills, as displayed in a naturalistic, rather than contrived setting, and the generation of hypotheses to be tested in more controlled experimental settings.

In summary, this study is an attempt to replicate, expand, and provide preliminary answers to questions raised by McLoyd in previous research. Specifically, it is an attempt to replicate sex differences previously reported and examine differences in fantasy play as a function of age, income-level, and other environmental factors, including maternal attitudes and practices regarding fantasy play.

The dyadic free play of 72 2 1/2 to 5 1/2 year-olds, equally divided by sex and income level, were observed during four 30-minute sessions--two sessions using structured playthings and two sessions using unstructured playthings. Verbatim transcripts of the speech of dyad partners were prepared and the predominant modes of transformation identified. A randomly chosen subsample of mothers, equally divided according to income level and the child's sex and age, were interviewed about their attitudes and practices regarding fantasy play and the child's home environment. The study, then, provides information on the overall frequency and type of transformations made during play by Black children as a function of age, sex, income-level. In addition, data from the maternal interviews provide information on the relationship between socialization and environmental factors and various indices of fantasy play.

As noted earlier, a number of studies which examine the fantasy play of both Black and White children of different income levels in a variety of settings, e.g., playground, home, school settings, will be required before a comprehensive picture emerges of fantasy play development in children from various backgrounds. In addition, perhaps new definitions of fantasy play or imaginativeness will have to be developed. This study constitutes a preliminary step in this research program. It is designed to be publishable in its own right but also to lay the groundwork for future studies.

### METHOD

SUBJECTS. The subjects were seventy-two 2 1/2 to 5 1/2 year-old Black children, equally divided by sex and income level. Subjects were recruited from Ann Arbor and Ypsilanti day care centers and/or nursery schools and two Hampton nursery schools.

SETTING. In Michigan, a mobile laboratory owned by the Department of Psychology, The University of Michigan, was transported to the grounds of the centers and/or nursery schools. This laboratory is a trailer with two rooms separated by a one-way mirror. Children's free play was covertly observed and videotaped using a Sony 3600 series videotape system. The opportunity to observe and videotape covertly in the trailer, in contrast to observing and videotaping in full view of the child as done in the Virginia study, is especially fortunate since it may encourage the display of more natural behaviors, while, at the same time, permitting some degree of laboratory control. The room in the trailer where the children were brought to play was equipped with several attractive toys including trucks, cars, dolls, dishes, blocks, puppets, telephones, etc., or several unstructured materials such as paper, crayons, play-doh, etc.

Attempts were made to replicate this setting at Hampton, but the lighting prohibited the use of a one-way mirror, so the camera person was in the childrens' view.

PROCEDURE. Each triad was observed for four 30-minute sessions, or a total of two hours. In two of the four sessions, unstructured playthings were available for the children. In the remaining two sessions, structured playthings were available.

#### Playthings in the Unstructured Sessions

1. pipecleaners
2. boxes (3)
3. lids from cans
4. cans
5. paper towel rolls
6. blocks
7. cups
8. sheets of construction paper
9. brown paper bags
10. egg cartons
11. large pieces of cloth

#### Playthings in Structured Sessions

1. broom
2. puppets (2)
3. stool with magnifying glass in center
4. tea sets
5. stove and sink
6. refrigerator
7. doctor's kit (needle, stethoscope, etc.)
8. telephone
9. ironing board
10. dolls (2)
11. trucks (3)

## Playthings in Structured Sessions (continued)

12. tool kit (screw driver, hammer, etc.)
13. blocks
14. plastic fruit
15. large pieces of cloth, purse

MATERNAL INTERVIEW. At the same time that children were recruited to participate in the study, a subsample of their mothers, equally divided by income level and the age and sex of their child, were recruited to participate in an interview about their attitude and practices regarding fantasy play and their child's home environment. Some mothers permitted their children to participate in the study but themselves refused to participate in the interview because of lack of time.

Five general categories of information were gathered during the interview including: (1) demographic and physical home environment information; (2) maternal attitudes about play; (3) maternal practices regarding play; (4) maternal practices and attitudes regarding toys and play things; (5) play behavior of the child in the home. (See Appendix A.)

PUPIL BEHAVIOR INVENTORY. The Pupil Behavior Inventory contains items on which teachers and teacher aides judged the children's classroom conduct, academic motivation, socio-emotional state, dependency, personal (see Appendix B), and fantasy play. Data were obtained for most of the observed children and for a sample of other children in the classroom (control group). These data will be used in several ways. Comparisons will be made between the experimental and control groups to determine if the experimental group is typical. Relationships will be explored between observed play, mothers' interviews and teachers' judgments.

DATA REDUCTION AND ANALYSES OF OBSERVED PLAY. Data reduction and analyses are now being performed. Verbatim transcripts of the speech are being prepared by research assistants. The research assistants were given the following instructions:

GENERAL INSTRUCTIONS. Each person will develop his or her own style to transcribe a tape. Therefore, it is expected that there will be a good deal of variability in terms of the actual procedure used. However, there are some guidelines which everyone should follow.

1. Review the session at least once, if not twice, before you attempt any transcription. This will give you a good overall sense of what transpires during the session.
2. You are to write out verbatim what a child says, putting the verbalizations in the column designated for that child. Though many of the children use contracted words (e.g., nutcin', spouse, I'gone) or sounds in a word which have come to be known as Black English Vernacular (dat, dis, Souf, baf) do not make any special effort to write the transcript to capture the BEV sounds. Rather, write out what the child says using Standard English SPELLING (e.g., nothing, suppose, I'm going to,

that, this, South, bath). However, you are NOT to change the words spoken by the child. So that, if a child says, "He ain't got nothing to eat," you should write it as such. You would NOT transpose it to the Standard English form of "He doesn't have anything to eat." Grunts, moans, and other nonlexical items should be spelled out as best you can, particularly when they are related to the ongoing action (e.g., crying, pretending to talk like a baby) or are meant to represent a sound property of an object (sss--liquid pouring sound, choo-choo--train, gulping sound when pretending to drink, br-broomm--car sound, etc.).

3. You are also to put in parentheses, next to the respective words, the actions a child engages in, including the playthings he or she has possession of or makes reference to. For example, if a child says "Give me that," and you do not specify to what object the child refers, interpretation becomes problematic. Remember, the goal is to prepare a transcript which is sufficiently complete that a naive person having never seen the tape can follow the actions of the session. The usefulness of the transcriptions is decreased substantially when continued reference to the actual videotape is necessary for adequate or accurate interpretation of the prepared transcript.
4. If what a child says is unintelligible, draw a line and put a question mark above it to indicate that you were unable to decipher the speech. Try to transcribe as many of the words as possible, but if you cannot understand what a child says after about 10-15 tries, go on to the next segment of the tape. A latter segment of the tape may help to clarify the previous unintelligible segment. Repeated attempts to decipher to words might include varying the sound level, listening to the tape without actually watching the video, etc. You may find strategies of your own which are helpful.
5. If you can understand what a child says, but you cannot determine who said it, make your best guess, put the verbalization in the column designated for that child, and precede that verbalization with a question mark.
6. Print your transcripts in pencil, leaving quite a bit of space between each line so that additions and deletions, or changes in general, can be made easily.
7. Number each child's turn (everything one child says before the next child speaks) so that the sequence of speakers in the conversation is clear. The turns are to be numbered consecutively.
8. Previous experience indicates that most 30-minute sessions require about 8 to 10 hours of work. You should try to work for 2, or even better 3 hours at a time. Previous experience indicates that working on anything for less than 2 hours at a time is not very productive or efficient. Being OPTIMISTIC, if a 30-minute session required 8 hours of work, you would spend roughly 16 minutes on each 1-minute of tape, 160 minutes (2 hours, 40 minutes) for each 10 minutes of tape. Initially, it will probably take you quite a bit longer than this, but you will gain speed the more experience you have.



The transcripts completed by one research assistant will be checked by another research assistant and any resulting discrepancies resolved. The transcripts will then be typed and coded into two preliminary quantitative categories: 1) number of utterances, 2) number of turns.

Utterance will be defined as any word or string or words communicating one thought or idea. Nonlexical items (e.g., ah, wo, ooo, etc.,) and sing-song or word play (e.g., do-de-do, etc.,) will be deleted. Only nonlexical items directly associated with a sound property of some real or imaginary object, e.g., sh (liquid pouring sound), eech or vroom (locomotive sound) or choo (train whistle) will be retained in the transcript.

Turn will be defined as all of one partner's utterances until the other partner speaks. In the typed manuscripts, each child's turn will be numbered consecutively. Each child's turn will then be divided into utterances and the utterances within each turn numbered consecutively. This procedure facilitates the computation of interrater reliabilities.

#### A. IDENTIFICATION AND CLASSIFICATION OF TRANSFORMATIONS.

Utterances which denote a condition of nonliteralness--i.e., attribution to an object, person, material, or situation properties other than those actually possessed--will be identified. A classification scheme which includes transformation identified previously by Fein (1975), Piaget (1962), Matthews (1977), and McLoyd (1978a), will be used to categorize children's transformation; however, the identification of transformations will not be limited to these transformations previously identified. A description of each transformation in the classification scheme is presented below, along with possible ways in which the definition of each transformation may be altered or expanded. Of course, the final classification scheme devised will depend, to some degree, on the prospective subjects' behavior.

The classification scheme includes two basic categories of transformation: object and ideational (Matthews, 1977).

1. Object modes of transformation. The common element of the object modes of transformation is the child's verbal attribution of a property to a particular referent which the referent does not actually possess. Typically, the child's verbal attribution is also accompanied by physical manipulation of the referent. The object modes of transformation include the following:

a) Animation. (Fein, 1975; Matthews, 1977; Piaget, 1962, Type I, A and B). Attribution of human or living characteristics to an inanimate object.

Example: While holding a doll, a 5 year-old says to her partner, "My baby is crying 'cause she don't want to take a nap." A 5 year-old boy, striking two blocks together repeatedly, says, "The girl is slapping the boy in the face 'cause she is mad at him."

The qualities being ascribed to the doll and the block are the ability to feel and express displeasure in situations created by the children. An attempt will be made to further differentiate this category into two subcategories:

attribution of human or living actions (e.g., crying, singing), and attribution of human or living states (e.g., hungry, angry, tired). It is likely that because of their greater experience in the social world, older children will probably attribute more human or living states than will younger children.

b) Reification. (McLoyd, 1978a) Attribution of the existence of an object of material which does not actually exist in the play room. Impetus for the creation of the imaginary object or material appears to be the presence and manipulation of a functionally related object in the play room. This existing object does not symbolize the ascribed object but appears to instigate its imaginary creation. Thus, this transformation appears to involve reactive, rather than active imagination.

Example. A 3 1/2 year-old pretends to pour coffee from a coffee pot into a cup and holds the cup to his partner, saying, "Here's some coffee I fixed for you." While carefully positioning plates, cups, and saucers on the floor, a 5 year-old says, "I'm fixing us up some food."

The impetus for the imaginary creation of coffee and food appears to be the actual presence of specific functionally related objects (i.e., dishes) in the play area.

c) Attribution of Object Property. (Matthews, 1977; Werner and Kaplan, 1963). Attribution of a function, property, or characteristic to an existing object or a nonexistent object or material, the creation of which appears closely tied to the presence and manipulation of objects or materials in the play room.

Example. Five-year-old boys make high-pitched siren noises and "screech" and "vroom" sounds while pushing firetrucks and cars around the room. A 3 1/2 year-old pretends to taste food from a plate, then pushes the plate away, saying, "This food is too hot to eat."

Nonexistent materials which appear to be created because of the presence and manipulation of functionally related objects or materials (i.e., dishes) and objects actually present in the play room (i.e., firetruck, car) are ascribed functions, properties, or characteristics which they do not actually possess.

d) Substitution. (Matthews, 1977; Piaget, 1962, Type IIA). Attribution of a new identity to an existing object.

Example. A 5 year-old boy rolls a large block in a straight path toward a pile of toys on the floor, saying, "I'm gonna knock all these things over with my bowling ball." A 5 year-old picks up a long, thin puzzle and piece and puts it in his mouth, saying, "This is my cigarette."

Existing objects or materials are ascribed to be something (i.e., bowling ball, cigarette) other than what they actually are.

2. Ideational modes of transformations. In contrast to the object modes of transformations, an ideational mode involves an abstraction, idea or theme which is relatively independent of any particular concrete object or material. Though objects were often used to support the ideational modes (e.g., plates used as steering wheels), the referents are abstractions, ideas, themes, or otherwise "mental images not present to the senses" (e.g., going to the store to buy toys) (Matthews, 1977). The ideational modes included the following:

a) Object Realism. (Matthews, 1977). Attribution of the existence of materials or objects which do not actually exist in the room. Unlike the reactive imagination characterizing reification, object realism involves the active creation of an imaginary object or material. Specifically, the imaginary object appears independent or at least only tangentially related to the existence of any functionally related object in the play room. Research prior to McLoyd (1978a) has not distinguished between these two types of transformations (reification and object realism).

Example: Holding a cup in her hand, a 5 year-old walks to an empty corner of the room and says, "I'll put this soda in the refrigerator." A 3 1/2 year-old holds up the front end of a truck and pretends to fix a tire, saying, "This is my flashlight to fix the tire."

There is no concrete object representing or serving as a substitute for a refrigerator or flashlight, and the relationships between the imaginary refrigerator and flashlight and existing objects in the room (i.e., cup and car) are only tangential. Thus, the imaginary creation of the refrigerator and flashlight is dependent primarily on the child's active, rather than reactive imagination. This transformation was often combined with "empty gestures" or gestures performed in empty space, without the use or support of concrete objects, to represent imaginary objects and actions (e.g., pretending to drink from a non-existent glass) (Markey, 1935; Werner and Kaplan, 1963).

b) Attribution of Nonexistent Object Property. (McLoyd, 1978a). Attribution of a function, property, or characteristic to a nonexistent or substituted object. Research prior to McLoyd's has not distinguished between the attribution of characteristics to existing objects and to nonexistent or substituted objects.

Example: A 5 year-old moves her hand back and forth across the doll's dress, pretending to iron the dress. She says, looking at the doll, "Don't touch that iron 'cause it's hot." After connecting two bristle blocks, a large square one and a long thin one, creating a shape similar to a lollipop, a 3 1/2 year-old puts the blocks to her mouth and pretends to lick them, saying, "This lollipop taste sour."

A nonexistent object for which there is no concrete referent (i.e., iron) or substituted object (i.e., lollipop) is attributed a property, function, or characteristic (i.e., hot, sour) which it does not actually possess.

c) Situational Attribution. (Matthews, 1977; Piaget, 1962, Stage 2). Verbal reference to or negotiation of situations as though they existed in the room, but which in actuality do not.

Example: A 3 1/2 and a 5 year-old sit on a table, holding and turning plates as though they are steering wheels and pretend to drive to the store. After about a minute, both girls put their plates aside and jump off the table. The 3 1/2 year-old confirms, "We're at the store now." Two 5 year-old boys roll firetrucks around the room, making siren noises. One of them says, "We going to put the fire out."

The children create and depict imaginary situations. This category will be further differentiated into two sub-categories: attribution of fantastic situations (situations the child will seldom, if ever, encounter, e.g., being eaten by a monster) and anticipatory situations (situations the child can realistically expect to encounter, e.g., going to the grocery store). Boys, in contrast to girls, are expected to create more fantastic than anticipatory situations. In addition, based on Piaget's (1962) developmental sequence, younger children compared with older children are expected to create more fantastic than anticipatory situations.

d) Role Attribution. (Matthews, 1977; Piaget, 1962, Stage 2) Verbal reference to, negotiation, or depiction of characters or roles other than those characterizing the child.

Example: A 5 year-old clarifies respective roles when she and a 3 1/2 year-old initiates a housekeeping episode, saying, "I'm the Mommy, ok Daughter?" Two 5 year-olds throw large square blocks against the wall, pretending to play basketball. One of them say, while running toward the wall, "Look, look, I'm Doctor J jamming."

This category (role attribution) will be further differentiated into two subcategories: attribution of fantastic roles and attribution of anticipatory roles. Predictions regarding age and sex differences in these transformations parallel those regarding fantastic and anticipatory situational attribution.

These eight modes of transformation will be ranked, apriori, in ascending order (as listed above) according to the relative amount of mental abstraction the transformation appears to require. It is assumed for example, that pretending that coffee is present in an existent cup (reification) involves less abstraction and less ability to traverse from reality to fantasy than using a block as a substitute for a spoon (substitution). In the case of animation, attribution of states will be ranked above attribution of behavior. In role and situational attribution, fantastic will be ranked above anticipatory.

Categories will be mutually exclusive so, in those instances where an utterance represents more than one transformation mode, the utterance will be assigned to the highest category. For example, a child may hold a cup in one hand, pick up a long, thin block in another, and pretend to use the block as a spoon to stir imaginary coffee, and say, "This is the spoon for my coffee." This utterance involves both substitution (block as spoon) and reification (nonexistent coffee in existent cup) but will be assigned to the substitution category, since substitution is of a higher rank than reification.

About one-third of the transcripts will be randomly chosen to establish reliability. Reliability will be expressed as percentage agreement between coders and will be calculated as the number of utterances segmented or coded the same by both coders divided by the total number of utterances segmented or coded by either of the coders.

The behavioral play measures for the three children in each triad for each transformation category will be summed and the triad treated as a unit. 2 (sex) x 2 (income) x 3 (age) analyses of variance will be performed to examine the main and interaction effects of sex, income and age.

The relationship between frequency and types of transformations and maternal attitudes and practice and other environmental factors will be assessed by correlational and multiple regression analyses. In these analyses, individual, rather than dyad scores, will be used.

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APPENDIX A

School Site \_\_\_\_\_

Interview No. \_\_\_\_\_

Interviewer \_\_\_\_\_

MATERNAL ATTITUDES AND PRACTICES REGARDING CHILDREN'S PLAY

Joint Hampton--Michigan Project

Copyright  
Betty Morrison  
Vonnie McLoyd  
Benita Toler  
6/79

## INTRODUCTION

In this study we are interested in learning about how children play. I am interested in knowing about \_\_\_\_\_ and how she/he plays. (INSERT CHILD'S NAME)

Of course, this interview is completely voluntary. If I should ask a question you do not want to answer, just let me know and we'll skip over it.

SECTION A: ATTITUDE

First, some questions about how you feel about different ways your child plays.

Sometimes children play games with rules, like Hide and Seek, Old Maid, Baseball and Hopscotch; at other times they play make-believe or pretend, like playing house, doctor, teacher, or Batman.

A1. How important is it to you that your child play games with rules: extremely important, very important, important, somewhat important or not at all important?

5. EXTREMELY IMPORTANT	4. VERY IMPORTANT	3. IMPORTANT	2. SOMEWHAT IMPORTANT	1. NOT AT ALL IMPORTANT
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A1a. What are some of the reasons you think games with rules are

(REPEAT R's RESPONSE)

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A2. How important is it to you that your child play make-believe or pretend: extremely important, very important, important, somewhat important or not at all important?

5. EXTREMELY IMPORTANT	4. VERY IMPORTANT	3. IMPORTANT	2. SOMEWHAT IMPORTANT	1. NOT AT ALL IMPORTANT
------------------------	-------------------	--------------	-----------------------	-------------------------

A2a. What are some of the reasons you think make-believe play is

(INSERT R's RESPONSE)

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(BE SURE TO SHUFFLE CARDS BEFORE GIVING TO R)

A3. (HAND R CARDS) Here are 12 cards. On each card are things that playing games with rules may help children develop or learn. Games with rules may be very helpful in developing or learning some of these things but may not be very helpful in learning or developing other things. What I would like for you to do is sort these cards into 3 piles in terms of which things you think games with rules are very helpful, somewhat helpful, or least helpful in developing or learning. The first pile is for those 4 things you think games with rules are very helpful in developing. The second pile is for those 4 things you think games with rules are somewhat helpful in developing or learning, and the third pile is for those things you think games with rules are least helpful in developing or learning.

Now we have 3 piles with 4 factors in each pile. Within each pile, please rank order the cards going from those things you think games with rules are very helpful in developing to those things you think games with rules are least helpful in developing.

(HAND R CARDS) Now, I would like for you to do the same thing for make-believe play. Sort these cards into 3 piles in terms of which things you think make-believe play is very helpful, somewhat helpful, or least helpful in developing or learning.

Now, within each pile, please rank order the cards going from those things you think make-believe play is very helpful in developing to those things you think make-believe play is least helpful in developing.

KEEP CARDS FOR EACH QUESTION IN ORDER & RECORD R'S RESPONSES AFTER INTERVIEW

RANK

Games W/ Rules Make-Believe

- a. developing imagination
- b. developing physical skills like skipping, running
- c. learning to get along with others
- d. helping my child to grow up--learning ways of behaving that prepare you for adult life
- e. learning to verbally express themselves to others
- f. learning to understand how others feel
- g. helping them to feel good about themselves
- h. helping them learn how to handle their feelings like anger or jealousy
- i. learning to be responsible and self-reliant
- j. having fun
- k. learning to compete with others
- l. learning to resolve conflict with others



A5. Some people think that certain kinds of make-believe play are bad for children. Do you agree with them?

1. Yes

2. No

A5a. What kinds of make-believe play? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A5b. Why do you feel they/it is bad? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A5c. Why do you feel they are not bad? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A6. Do you think that girls are ever too old to play make-believe with other children?

1. Yes

2. No

A6a. At what age are girls too old? \_\_\_\_\_  
\_\_\_\_\_

A6b. Why is that? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A6c. Why is that? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A7. Do you think that boys are ever too old to play make-believe with other children?

1. Yes

2. No

A7a. At what age are boys too old? \_\_\_\_\_  
\_\_\_\_\_

A7b. Why is that? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A7c. Why is that? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A8. Do you think that there are certain characters boys should not be allowed to act out in their make-believe play with other children?

1. Yes

2. No

A8a. What characters? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A8b. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A8c. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A9. Do you think that there are certain characteristics girls should not be allowed to act out in their make-believe play with other children?

1. Yes

2. No

A9a. What characters? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A9b. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A9c. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF CHILD IS BOY — ASK A10; IF CHILD IS GIRL — TURN TO PAGE 6, ASK A 11.)

A10. Would you be extremely upset, very upset, upset, somewhat upset, or not upset at all if your child was playing with a group of boys and girls and he chose to play the mother in a make-believe housekeeping scene?

5. Extremely Upset

4. Very Upset

3. Upset

2. Somewhat Upset

1. Not Upset At All

A10a. Why would you be \_\_\_\_\_?  
(REPEAT R's ANSWER)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All. Would you be extremely upset, very upset, upset, somewhat upset or not upset at all if your child was playing with a group of boys and girls and she chose to play the father in a make-believe housekeeping scene?

5. EXTREMELY UPSET	4. VERY UPSET	3. UPSET	2. SOMEWHAT UPSET	1. NOT UPSET AT ALL
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Alla. Why would you be \_\_\_\_\_?  
(REPEAT R's ANSWER)

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A12. Some people believe that children need to be taught how to engage in make-believe play with other children? Do you think children need to be taught this?

1. Yes

2. No

A12a. How would you teach them? \_\_\_\_\_

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A12c. Why? \_\_\_\_\_

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A13. Do you think a child can ever spend too much time in make-believe play?

1. Yes

2. No

→ GO TO A14

A13a. What would you say was too much time? \_\_\_\_\_

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A14. Would you be upset if your child had an imaginary friend ?

- 5. Extremely Upset \_\_\_
- 4. Very Upset \_\_\_
- 3. Upset \_\_\_
- 2. Somewhat  
Upset \_\_\_

A14a. Why would you be  
upset? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Not Upset At All \_\_\_  
  
(TURN TO PAGE 8, B)

SECTION B: MATERNAL PRACTICES

Now I'd like to ask you some questions about things you do with and about your child's play.

B1. Think of all the rooms you have in your house, will you name them for me (CHECK BOX ON LEFT, FOR EVERY ROOM, ASK B2; FOR EVERY "NO" TO B2, ASK B3)

[CHECK IF ROOM IS IN R'S HOUSE]

- a.  living room
- b.  dining room
- c.  child's own bedroom
- d.  parents bedroom
- e.  bathroom
- f.  kitchen
- g.  brothers room
- h.  sisters room
- other:
- i.  \_\_\_\_\_
- j.  \_\_\_\_\_
- k.  \_\_\_\_\_

B2. Is your child allowed to play in this room?

1. Yes

2. No

B3. Why?

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B4. Is there some place in the house that is designated as your child's play area?

1. Yes

2. No

B4a. Where is that? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B4c. Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B5. Do you ever read or tell stories to your child?

1. Yes



2. No

→ GO TO B6

B5a. About how many?

(MAKE SURE THEY GIVE AN EXAMPLE; FOR  
EXAMPLE, 6 PER WEEK)

B5b. How important is it that at least some of the characters are Black;  
extremely important, very important, important, somewhat important,  
not important at all?

- |                           |                      |              |                          |                            |
|---------------------------|----------------------|--------------|--------------------------|----------------------------|
| 5. EXTREMELY<br>IMPORTANT | 4. VERY<br>IMPORTANT | 3. IMPORTANT | 2. SOMEWHAT<br>IMPORTANT | 1. NOT AT ALL<br>IMPORTANT |
|---------------------------|----------------------|--------------|--------------------------|----------------------------|

B5c. Why is it \_\_\_\_\_?  
(REPEAT R's RESPONSE)

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B6. Do you ever play make-believe with your child?

1. Yes

2. No

→ TURN TO p. 11, C



B6a. About how long does the make-believe play last?  
\_\_\_\_\_

B6b. Who usually starts the play, you or your child?

1. Mother

2. Child

B6c. Who usually ends the play?

1. Mother

2. Child

B6d. Does this play involve imitating people such as doctor, nurse, mother, father?

1. Yes

2. No → TURN TO PAGE 11, C

5. Always —  
4. Usually —  
3. Sometimes —  
2. Rarely —

B6e. Who usually decides who plays which person, you or your child?

1. Mother

2. Child

SECTION C: CHILD'S BEHAVIOR

Here are some questions about your child's play. Before, we asked about your child's play with you. Now, we would like to ask about your child's play in general.

C1. What are your child's three most favorite play activities?

C1a. \_\_\_\_\_

C1b. \_\_\_\_\_

C1c. \_\_\_\_\_

C2. What are your child's three most favorite play things?

C2a. \_\_\_\_\_

C2b. \_\_\_\_\_

C2c. \_\_\_\_\_

C3. Some children prefer to play with store-bought toys, while other children like to play with toys made from things one finds around the house; like pots and pans, boxes, or string; does your child seem to spend more time playing with store-bought toys or toys made from household objects?

1. Store-bought toys

2. Household objects

C4. Lets think again about playing make-believe characters. Sometimes a child pretends to be a real life person like a doctor, nurse, mother or father, and other times they pretend that they are unreal people like a monster from outer space, supermen or bionic woman.

C4a. Does your child always, usually, sometimes, rarely, or never play someone from real life?

5. ALWAYS

4. USUALLY

3. SOMETIMES

2. RARELY

1. NEVER

C4b. Does your child always, usually, sometimes, rarely, or never pretend to be someone unreal?

5. ALWAYS

4. USUALLY

3. SOMETIMES

2. RARELY

1. NEVER

C5. Is your child more likely to play make-believe when with other children, with adults, or when alone?

1. Children

2. Adults

3. Alone

→ GO TO C6

C5a. Are the other children usually making believe too?

1. Yes      2. No

C5b. Are the other adults usually making believe too?

1. Yes      2. No

C6. Where around the house (apartment) is your child most likely to engage in make-believe play? \_\_\_\_\_

C7. In general, who does your child play make-believe with? Any one else? (CHECK BELOW THOSE MENTIONED BY R)

- a. older brothers
- b. older sisters
- c. younger brothers
- d. younger sisters
- e. younger male friends
- f. younger female friends
- g. same age male friends
- h. same age female friends
- i. older male friends
- j. older female friends
- k. male adults
- l. female adults
- m. father
- n. mother


Many children pretend they have make-believe, imaginary, or invisible friends.

C8. Does your child have any make-believe friends or playmates?

1. Yes

2. No

→ TURN TO p. 14, D



C8a. Why do you think your child has a make-believe friend?

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C8b. Do you pretend along with your child that the make-believe friend is real?

1. Yes

2. No

C8c. Why? 

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C8d. Is this make-believe friend a person or an animal?

1. Person

2. Animal

→ TURN TO p. 14, D



C8e. Is it a girl or a boy?

1. Girl

2. Boy

SECTION D: MATERNAL PRACTICES REGARDING TOYS AND PLAYTHINGS

Now I'm going to ask you some questions about your child's toys and playthings.

D1. Suppose \_\_\_\_\_ had absolutely no toys and you were about to buy toys for your child for the very first time. I'm going to read a list of 12 toys and I want you to tell me what 4 toys of these 12 toys you would buy for your child. (HAND R CARD )

Remember your child has no toys and this is the first time you are buying toys.

- |                 |                          |                     |                          |
|-----------------|--------------------------|---------------------|--------------------------|
| a. Doll         | <input type="checkbox"/> | g. Magnifying Glass | <input type="checkbox"/> |
| b. Tool Chest   | <input type="checkbox"/> | h. Nurse's Kit      | <input type="checkbox"/> |
| c. Magnet       | <input type="checkbox"/> | i. Train            | <input type="checkbox"/> |
| d. Doctor's Kit | <input type="checkbox"/> | j. Toy Stove        | <input type="checkbox"/> |
| e. Telephone    | <input type="checkbox"/> | k. Soldiers         | <input type="checkbox"/> |
| f. Tea Set      | <input type="checkbox"/> | l. Puzzle           | <input type="checkbox"/> |

(IF CHILD IS A BOY → GO TO D2, IF CHILD IS A GIRL → GO TO D3)

D2. Now suppose you were buying toys for a girl who was the same age as \_\_\_\_\_ (CHILD'S NAME)

I'll read the list again and you tell me which toys you would pick.

- |                 |                          |                     |                          |
|-----------------|--------------------------|---------------------|--------------------------|
| a. Doll         | <input type="checkbox"/> | g. Magnifying Glass | <input type="checkbox"/> |
| b. Tool Chest   | <input type="checkbox"/> | h. Nurse's Kit      | <input type="checkbox"/> |
| c. Magnet       | <input type="checkbox"/> | i. Train            | <input type="checkbox"/> |
| d. Doctor's Kit | <input type="checkbox"/> | j. Toy Stove        | <input type="checkbox"/> |
| e. Telephone    | <input type="checkbox"/> | k. Soldiers         | <input type="checkbox"/> |
| f. Tea Set      | <input type="checkbox"/> | l. Puzzle           | <input type="checkbox"/> |

D3. Now suppose you were buying toys for a boy who was the same age as \_\_\_\_\_ (CHILD'S NAME)

I'll read the list again and you tell me which toys you would pick.



- |                 |                          |                     |                          |
|-----------------|--------------------------|---------------------|--------------------------|
| a. Doll         | <input type="checkbox"/> | g. Magnifying Glass | <input type="checkbox"/> |
| b. Tool Chest   | <input type="checkbox"/> | h. Nurse's Kit      | <input type="checkbox"/> |
| c. Magnet       | <input type="checkbox"/> | i. Train            | <input type="checkbox"/> |
| d. Doctor's Kit | <input type="checkbox"/> | j. Toy Stove        | <input type="checkbox"/> |
| e. Telephone    | <input type="checkbox"/> | k. Soldiers         | <input type="checkbox"/> |
| f. Tea Set      | <input type="checkbox"/> | l. Puzzle           | <input type="checkbox"/> |

D4. (HAND R CARDS. BE SURE YOU HAVE SHUFFLED THEM!)

Here are 12 cards. On each card is one consideration you might take into account when selecting a toy for your child. Would you sort these cards into 3 piles in terms of their importance. The first pile is for the 4 considerations you regard as most important. The second pile is for the 4 considerations you regard as somewhat important, and the third pile is for the 4 considerations you regard as least important.

Now we have 3 piles with 4 considerations in each pile. Within each pile, please rank order the cards in terms of their importance --going from most to least important.

(KEEP CARDS IN ORDER AND RECORD R's RESPONSES BELOW AFTER INTERVIEW)

- |  | RANK                     |
|--|--------------------------|
| a. the price   | <input type="checkbox"/> |
| b. how long it will last   | <input type="checkbox"/> |
| c. how safe it is  | <input type="checkbox"/> |
| d. whether it's a toy for a girl or boy  | <input type="checkbox"/> |
| e. whether it helps them learn things like numbers, A B C's, or colors   | <input type="checkbox"/> |
| f. how much fun it is  | <input type="checkbox"/> |
| g. whether it increases or develops the child's imagination  | <input type="checkbox"/> |
| h. whether it helps develop physical skills like running, jumping and catching   | <input type="checkbox"/> |
| i. it was recommended by child care experts other than the teacher like a psychologist, parent-guide magazine, or other educator | <input type="checkbox"/> |
| j. it was recommended by my child's teacher  | <input type="checkbox"/> |
| k. it was recommended by an ad or T.V. commercial  | <input type="checkbox"/> |
| l. my child asked for it   | <input type="checkbox"/> |

D4m. Are there any other reasons that we have not given? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D5. Would you say that your child is always, usually, sometimes, rarely or never with you when you buy toys for your child?

5. ALWAYS	4. USUALLY	3. SOMETIMES	2. RARELY	1. NEVER
-----------	------------	--------------	-----------	----------

D6. In the last year have you bought or made costumes for your child to use in make-believe play?

1. Yes

2. No

D6a. What kind of costumes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
D6b. Who chooses them? \_\_\_\_\_  
\_\_\_\_\_

D6c. What about for Halloween or school activities?

1. Yes                      2. No → GO TO D7

D6d. What kind of costumes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
D6e. Who chooses them? \_\_\_\_\_  
\_\_\_\_\_

D7. Do you allow your child to use your clothing like dresses, shoes, or beads in make-believe play?

1. Yes

2. No

D7a. What types of clothing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
D7b. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D7c. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D8. Do you allow your child to use clothing of other household members in make-believe play?

1. Yes

2. No

D8a. Whose clothing? \_\_\_\_\_  
\_\_\_\_\_  
D8b. What types of clothing? \_\_\_\_\_  
\_\_\_\_\_  
D8c. Why? \_\_\_\_\_  
\_\_\_\_\_

D8d. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sometimes children play with store-bought toys, while other times they play with things found around the house.

D9a. Would you say that your child always, usually, sometimes, rarely, or never plays with store-bought toys?

5. ALWAYS	4. USUALLY	3. SOMETIMES	2. RARELY	1. NEVER
-----------	------------	--------------	-----------	----------

D9b. How about household things, would you say that your child always, usually, sometimes, rarely or never plays with household things?

5. ALWAYS	4. USUALLY	3. SOMETIMES	2. RARELY	1. NEVER
-----------	------------	--------------	-----------	----------

D9c. Which do you prefer that your child play with?

1. Store-bought

2. Household

D9d. Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION E: DEMOGRAPHIC & PHYSICAL HOME ENVIRONMENT INFORMATION

Mother's Occupation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Number of People Residing in Dwelling ( )			
SEX	RELATION TO CHILD	AGE*	"BLOOD" RELATIVE

\*If brother or sister of target child, indicate age.

E1. How many grades of school did you finish?

GRADES OF SCHOOL													COLLEGE				
00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

Ela. Did you get a high school graduation diploma or pass a high school equivalency test?

1. Yes  2. No

Elb. What college did you attend?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Elc. Do you have a college degree?

1. Yes  2. No

GO TO Ele.

Eld. What degree is that?

\_\_\_\_\_

\_\_\_\_\_

Ele. Have you had any other schooling?

1. Yes  2. No → TURN TO PAGE 48, E4.

↓

Elf. What kind?

\_\_\_\_\_

E4. In what range was your family income in 1978?

- |   |  |
|---|--|
| <input type="checkbox"/> A. \$000         | <input type="checkbox"/> J. \$8,000-8,999    |
| <input type="checkbox"/> B. \$001-999     | <input type="checkbox"/> K. \$9,000-9,999    |
| <input type="checkbox"/> C. \$1,000-1,999 | <input type="checkbox"/> L. \$10,000-11,999  |
| <input type="checkbox"/> D. \$2,000-2,999 | <input type="checkbox"/> M. \$12,000-14,999  |
| <input type="checkbox"/> E. \$3,000-3,999 | <input type="checkbox"/> N. \$15,000-19,999  |
| <input type="checkbox"/> F. \$4,000-4,999 | <input type="checkbox"/> O. \$20,000-24,999  |
| <input type="checkbox"/> G. \$5,000-5,999 | <input type="checkbox"/> P. \$25,000-29,999  |
| <input type="checkbox"/> H. \$6,000-6,999 | <input type="checkbox"/> Q. \$30,000 or more |
| <input type="checkbox"/> I. \$7,000-7,999 |  |

SECTION X: INTERVIEWER OBSERVATIONS

COMPLETE THE FOLLOWING QUESTIONS BY OBSERVATION:

X1. SEX OF R:

1. Male

2. Female

X2. RACIAL OR ETHNIC GROUP:

2. BLACK EXCEPT  
HISPANIC

3. HISPANIC

4. AMERICAN INDIAN  
OR ALASKAN NATIVE

5. ALASKAN OR  
PACIFIC IS-  
LANDER

1. CAUCASIAN EXCEPT  
HISPANIC

X3. R'S UNDERSTANDING OF THE QUESTION WAS . . .

1. Excellent

2. Good

3. Fair

4. Poor

X4. TYPE OF STRUCTURE IN WHICH FAMILY LIVES:

01. TRAILER

02. DETACHED SINGLE FAMILY HOUSE

03. 2-FAMILY HOUSE, 2 UNITS SIDE  
BY SIDE

04. 2-FAMILY HOUSE, 2 UNITS ONE  
ABOVE THE OTHER

05. DETACHED 3-4 FAMILY HOUSE

06. ROW HOUSE (3 OR MORE UNITS IN  
AN ATTACHED ROW)

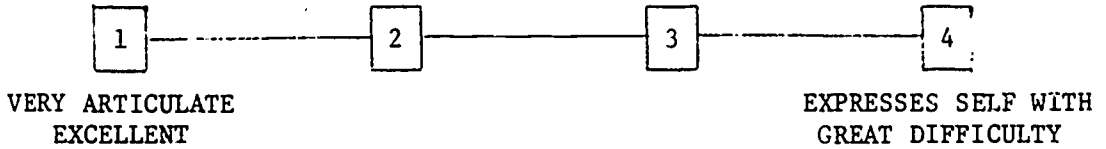
07. APARTMENT HOUSE (5 OR MORE UNITS,  
3 STORIES OR LESS)

08. APARTMENT HOUSE (5 OR MORE UNITS,  
4 STORIES OR MORE)

09. OTHER (SPECIFY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X5. PLEASE DESCRIBE THE RESPONDENT'S ABILITY TO EXPRESS (HIMSELF/HERSELF) USING THE SCALE BELOW



X6. WAS R SUSPICIOUS ABOUT THE STUDY BEFORE THE INTERVIEW?

- |                              |                             |                         |
|------------------------------|-----------------------------|-------------------------|
| 1. NO, NOT AT ALL SUSPICIOUS | 2. YES, SOMEWHAT SUSPICIOUS | 3. YES, VERY SUSPICIOUS |
|------------------------------|-----------------------------|-------------------------|

X6a. WAS R SUSPICIOUS ABOUT THE STUDY AFTER THE INTERVIEW?

- |                              |                             |                         |
|------------------------------|-----------------------------|-------------------------|
| 1. NO, NOT AT ALL SUSPICIOUS | 2. YES, SOMEWHAT SUSPICIOUS | 3. YES, VERY SUSPICIOUS |
|------------------------------|-----------------------------|-------------------------|

X7. OVERALL, HOW GREAT WAS R'S INTEREST IN THE INTERVIEW?

- |              |                  |            |                  |             |
|--------------|------------------|------------|------------------|-------------|
| 1. Very High | 2. ABOVE AVERAGE | 3. AVERAGE | 4. BELOW AVERAGE | 5. VERY LOW |
|--------------|------------------|------------|------------------|-------------|

X8. DID R EVER SEEM TO RUSH (HIS/HER ANSWERS, HURRYING TO GET THE INTERVIEW OVER?)

- |        |       |
|--------|-------|
| 1. YES | 2. NO |
|--------|-------|

X10. OTHER PERSONS PRESENT AT INTERVIEW: (CHECK MORE THAN ONE BOX IF APPROPRIATE)

- |         |                     |                   |           |                    |                 |
|---------|---------------------|-------------------|-----------|--------------------|-----------------|
| 1. None | 2. CHILDREN UNDER 6 | 3. OLDER CHILDREN | 4. SPOUSE | 5. OTHER RELATIVES | 6. OTHER ADULTS |
|---------|---------------------|-------------------|-----------|--------------------|-----------------|

X11. Please include people who were in the same room as you and the respondent for any length of time. However, do not include those who may have only passed through the room.

The Effectiveness of a Combination Treatment Approach on Moderately Anxious Students at a Predominantly Black College

Research Team: Roberta Morse, Patricia Gurin, James Papsdorf

The present study was designed to examine the effectiveness of a combination of progressive relaxation and rational emotive therapy techniques on moderately anxious students at a predominantly Black College in the southeast. The phenomenon of anxiety was chosen as the topic of investigation because of its salience to changing times in American society today as well as its relevance to the "Black Experience." This concept is presently widely being investigated, and all such efforts are deemed essential in order to ameliorate the current "tranquilizer mentality" of numerous Americans as well as to minimize the strains of being a Black American. The college campus has not escaped this usage of tranquilizers as a crutch, nor the wave of stress and anxiety which is sweeping our nation.

As is evident from the pace of life in our society, numerous stresses exist on and off campus. Specifically some of these stresses are: interpersonal relationships, employment, family life, academics, natural disaster, plane crashes, auto accidents, finances, unemployment and poverty, and losses (due to death, loss of possessions as a result of fire, theft or by natural disaster). The Black college student is plagued by these forces which also interact with the pressures of racial discrimination. A consequence of these stresses is often anxiety. One might then ask, what is meant by anxiety?

According to Modell et al. (1977, p. 20), "Stress, anxiety or tension can be defined or exhibited as a feeling of uneasiness, apprehension, fear, panicky sensations throughout the body, muscle tightness, or tremor, etc. Basically, this anxiety state is composed of the physical (body only), psychological (mind or emotions only), or psychosomatic (mind and body) symptoms we all experience at some time during our lives."

Anxiety does not occur in a vacuum. As maintained by Weissberg (1976), anxiety may be accompanied by one or more bodily sensations. These symptoms include restlessness, fidgeting, rapid walking, talking, or eating, tics, poor concentration, headaches, backaches, perspiration, fatigue, shortness of breath, butterflies, constriction in chest, diarrhea, pounding heart, insomnia, and muscular tension. He further states that anxiety may be "free floating (general feelings of tension and nervousness, inability to identify source, or conditions affecting it) or specific (a phobia - fear experienced in specific situations) (1976, p. 2)." He also maintains that anxiety may be viewed as a learned response which is acquired and maintained through conditioning. Avoidance is often employed as a means of reducing anxiety.

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Numerous attempts have been made using various forms of psychotherapy to ameliorate the "anxious state." Much research has been conducted on this interesting and intriguing topic. Most of the research involving an attempt to decrease subjects' levels of anxiety has concentrated on either the employment of relaxation training, systematic desensitization, cognitive restructuring, or some other rational emotive therapy technique. The two subtypes of anxiety which appear to have been most frequently studied have been state and trait anxiety.

"State anxiety (A-State) is defined by Spielberger (1966, 1972) as an emotional reaction that is characterized by subjective feelings of tension, apprehension, nervousness, and worry, and heightened activity of the autonomic nervous system. A-States, may vary in intensity and duration, and fluctuate over time as a function of: (a) the amount of stress that impinges upon an individual and (b) the persistence of the individual's interpretation of the stressful situation as personally dangerous or threatening (Spielberger et al., 1978)." In contrast, he states that "Trait anxiety (A-Trait) refers to relatively stable individual differences in anxiety proneness, that is, to differences in the disposition to perceive a wide range of stimulus situations as dangerous or threatening, and in the tendency to respond to such threats with A-State reactions (Spielberger, 1972a, p. 39)." Spielberger (1966) in Hodges & Felling (1970, p. 334) proposed that "trait anxiety involves fear of failure or loss of self-esteem." Similarly, Derlega & Janda (1978) define trait anxiety as a person's being tense usually and his/her anxiety as a way of responding to a variety of situations; whereas in state anxiety a person is usually calm and relaxed, but, at a particular moment the person is anxious (temporary state).

Numerous studies have investigated the Trait-State Theory of Anxiety. A few such studies will be reviewed here. Hodges & Felling (1970) investigated Spielberger's hypothesis. Their findings were that in situations involving physical danger or pain, females tended to be more apprehensive than did males, but both males and females indicated anxiety in situations involving speech, social or academic failure, and dating. "A-trait did not correlate with being anxious in situations involving physical danger, pain, or squeamishness, but demonstrated low moderate correlations with the other three factors (Hodges & Felling, 1970 p. 336)." The only factors which correlated significantly with the Trait Anxiety Scale were those involving threat to self-esteem. This study's findings were consistent with Spielberger's contention that A-trait is a measure of the predisposition to respond with heightened A-state to situations involving failure or loss of self-esteem. It, therefore, appears that subjects differing in A-trait will differentially perceive situations involving the possibility of loss of self-esteem.

Another study investigating the phenomena of state and trait anxiety was conducted by Allen (1970). He determined that college students registered higher scores on the state test anxiety scales when these were administered immediately prior to an examination

as compared with lower scores obtained under regular class conditions. The state test anxiety scales were less reliable across different conditions than were the trait test anxiety scales. It appeared from the data that a useful predictor of academic success is the State-Trait Anxiety Inventory. Correlations were found between this scale and academic variables, specifically, three quizzes covering discussion section material, four lecture examinations, and the experiment examination. The palmar sweat print correlated positively with academic success. The test anxiety scales were fakable which may be attributed to their being rationally, rather than empirically derived.

In a third study, Jonsson and Spielberger (1968) determined that state anxiety decreased after relaxation training sessions, but that trait anxiety remained unaffected.

Other studies which were perused by the present researcher seemed to focus primarily on either the usage of one therapeutic technique such as relaxation training, or on rational emotive therapy in an attempt to lower anxiety levels. These two therapeutic techniques or cognitive behavior modification appear to be the preferred treatment for anxiety.

The underlying theoretical basis for the present study and the other studies which will be reviewed herein lies in the theories of Joseph Wolpe (1958) and Albert Ellis (1962). According to Wolpe's theory, relaxation and anxiety are incompatible responses. It is impossible for a person to be relaxed and anxious simultaneously. This state of affairs is termed reciprocal inhibition. Visual imagery and progressive relaxation are combined in the systematic desensitization procedure. A hierarchy of anxiety-provoking situations is constructed; and then, while completely relaxed, the client progressively visualizes himself/herself in the situations, ranging from the least anxiety-provoking situation to the most anxiety-provoking situation. In contrast, according to Ellis' theory, a state of good mental health is viewed as being related to one's maintaining rational thoughts. He recommends instructing anxious persons in the techniques of thought-stopping and the ABCDE approach to rational thinking. In thought-stopping, one is instructed to replace an irrational thought with a more rational one by verbally or non-verbally saying "stop." In the ABCDE approach, the A represents the anxiety-provoking situation; B means beliefs or thoughts; C represents feelings; D means dispute; and E represents the rational alternative thoughts. The thoughts underlying the feelings are viewed as contributing the most toward the person's being anxious.

Based on the aforementioned theoretical rationales as the underlying philosophies, a few studies will now be discussed. It is realized that this is not an exhaustive literature review. An informative study was conducted by Janriot (1976) involving cognitive restructuring. He referred to this concept (cognitive restructuring) as "...any therapeutic technique that employs the change of 'self-thoughts' in order to alter emotional reactions and behaviors toward more favorable outcomes" (p. 72). In order to decrease negative

thoughts, one or a combination of several techniques were employed, namely: screaming internally ("thought-stopping"), countering (employing thoughts opposite to self-defeating ones), and internal self-punishment (focusing on averse consequences). Similarly, the frequency of positive thoughts was increased by using internal self-payoffs (positive consequences as reinforcers). Schmidt (1976) has employed cognitive restructuring with clients and lasting results have been determined.

Another pertinent study, combining cognitive restructuring and relaxation was conducted by Yorde (1977). The A-State and A-Trait Scales of Spielberger's State Trait Anxiety Inventory (STAI) and an adaptation of Kerle and Bialek's Subjective Stress Scale (SSS) were employed. For the A-State measure, the lecture only group and the lecture plus contingent biofeedback group (EMG - electromyography) reported significant post-training decreases in anxiety. The lecture plus noncontingent biofeedback group also indicated decreased anxiety.

Additional enlightening results were obtained by Goldfried (1977). He reviewed studies involving the use of relaxation and rational restructuring as skills for coping with stress. The subjects relaxed when confronted with anxiety-provoking situations in vivo or with self-control desensitization. Goldfried (1977) implied that evidence suggested that rational restructuring may be more appropriate in cases of pervasive anxiety and social anxiety and that both relaxation therapy and rational restructuring seem effective for focal target problems, e.g., speech anxiety and test anxiety.

It also appears that a relationship exists between anxiety, intelligence, and college grades. Spielberger and Katzenmeyer (1959) investigated this phenomenon. Significant correlations resulted between the Taylor Manifest Anxiety Scale and student's Grade Point Averages. "Even when intelligence was not taken into account, there was a small inverse relationship between MAS scores and grades in the present study." "College work appeared to be too difficult for low aptitude students whose poor grades were unrelated to their MAS scores. High aptitude students tended to obtain good grades regardless of their anxiety level (Spielberger and Katzenmeyer, 1959, p. 278)."

A few recent studies have investigated the phenomenon of test anxiety (feeling anxious about tests) specifically comparing variations of cognitive therapy, systematic desensitization, or a combination of the two techniques. Since test anxiety was an outcome measure employed in the present study, it is deemed necessary to review a sampling of studies in this area.

"Systematic desensitization has proven effective in reducing test anxiety (e.g., Dawley and Wenrick, 1973; Freeling and Jaemberg, 1970; Hall and Hinkle, 1972; Quinn, 1968)." "When compared to other treatment approaches, desensitization appears to be more effective than alternate treatments in reducing test anxiety, but improvement in grades is most often found in studies in which a combination of desensitization and some form of study counseling is employed

(Allen, 1971; Katahn, Strenger and Cherry, 1966; McManus, 1971; Mitchell and Ng, 1972)." Based on conflicting results, the role of relaxation in systematic desensitization needs clarification.

Anton (1975) determined that "...relaxation training and desensitization produced a marked decline in A-state scores (state anxiety), whereas no changes in A-state were found in the Group Counseling condition." "Contrary to expectation however, desensitization did not lead to improvement in grades, and academic achievement was unrelated to reductions in test anxiety (Spielberger et al., 1976, p. 335)." In another study by Bedell (1975), relaxation training and systematic desensitization reduced state anxiety and test anxiety, but did not change general trait anxiety. Relaxation training alone was as effective as systematic desensitization in reducing test anxiety, but these treatments did not lead to better performance on measures of cognitive-intellectual functioning. It therefore appears, according to Spielberger et al. (1976, p. 340) that 'Behavioral approaches to the treatment of test anxiety attempt to modify or eliminate the emotional reactions (A-states) that are induced in test anxious persons in evaluative situations. Thus, behavioral treatment approaches have consistently failed to bring about improvement in academic achievement and performance on cognitive-intellectual tasks.' They (1976, p. 341) concluded that "In the treatment of test anxiety, approaches that combine both behavioral methods to reduce state anxiety, along with study skills training, are effective in improving grades. In addition to these treatment components, a treatment program that provides for the elimination of the worry reactions of test anxious persons should prove highly effective."

Other studies have compared cognitive therapy with systematic desensitization or a combination approach (cognitive-behavior modification) in reducing test anxiety. Holroyd (1976) employed cognitive therapy, group systematic desensitization, combined cognitive therapy and desensitization, and pseudotherapy/meditation. "...the cognitive therapy group not only showed substantial improvement on virtually all measures of test anxiety, but this improvement exceeded that shown by the systematic desensitization and combined treatment groups on a number of important measures." "Only cognitive therapy produced significantly better results than the pseudotherapy control procedure. No consistent differences between the systematic desensitization or combined treatments and pseudotherapy were observed (Holroyd, 1976, p. 998)." "Subjects in each of the treatment groups and in the pseudotherapy control group reported lower levels of test anxiety both on the Achievement Anxiety Test and in the analogue testing situation and obtained higher grades than waiting-list control subjects (Holroyd, 1976, p. 999)."

Also Meienbaum (1972) conducted a classic study in this area. His study involved two advanced clinical psychology graduate students who conducted the two treatment groups for eight weekly 60-minute sessions. The desensitization group used the procedures of Paul and Shannon (1966). "A 16-item temporal-spatial anxiety hierarchy was used which contained items related to test anxiety situations.

The Ss were encouraged to practice relaxation at home and once mastered, to use relaxation procedures in any potentially stressful situation (Meichenbaum, 1972, p. 374)." The cognitive modification therapy group consisted of two treatment approaches, first--an 'insight' approach "...which emphasized that test anxiety is the result of thoughts and verbalizations which are emitted both prior to and during the test situation. ...the first aspect of treatment was designed to train Ss in a general awareness of both the internal and external eliciting clues in the test situation which lead to task-irrelevant thoughts and inferior test performance. The second aspect of the cognitive modification treatment was designed to train Ss explicitly to emit task-relevant self-statements and to perform behaviors such as relaxation to facilitate test performance (Meichenbaum, 1972, p. 374)." Slow, deep breathing was emphasized during the relaxation-training and desensitization. During the desensitization procedure, Ss were asked to visualize themselves performing the behaviors (e.g., taking an exam), and if they became anxious, to use slow deep breaths and self-instructions to relax and to be task relevant to cope with their anxiety. The waiting-list controls remained untreated, but received the same pre-post measures as the treatment groups. The results of this study showed that the cognitive modification groups was superior to the desensitization group and waiting-list control group on all performance measures (except Raven's Matrices) and self-report measures. Following treatment, Ss in the cognitive modification group did not significantly differ from the low test anxious Ss. The desensitization group "...appeared significantly more improved than did the waiting-list control Ss (Meichenbaum, 1972, p. 377)."

Additional results were obtained by Kaplan et al. (1979, p. 375). They found that the "...cognitive component of Meichenbaum's (1972) cognitive-behavior modification treatment for test anxiety is more effective than the desensitization component or the combination of cognitive and desensitization. The results are also consistent with several very recent studies (McCordick, et al., 1979; McCordick, et al., 1978) which show that the effectiveness of Meichenbaum's treatment can be enhanced by building upon the cognitive component (Kaplan, et al., 1979, p. 375)."

Although from this brief literature review it appears that the cognitive therapy approach has been shown to be extremely effective, one must remain cautious. According to Holroyd (1976, p. 999), "Unfortunately, marked differences among the treatment procedures used in existing studies make their results difficult to compare. Until the effects of ...procedural variations on outcome are clarified by further research, no definitive conclusions concerning the relative efficacy of a combined cognitive-desensitization treatment approach can be drawn." "...it appears likely that the results obtained with combined treatments will be influenced by procedural variables such as the order in which treatment techniques are administered and the length of treatment, as well as by the specific treatment techniques that are combined."

In contrast, as is the case with all research, a few negative results have been obtained. In a study by Mathews and Shaw (1977), relaxation training was employed as a baseline which was followed by thought-stopping and cognitive desensitization. It was determined that a reduction in anxiety associated cognitions were accompanied by improvement on the mood scale. Yet, neither thought-stopping nor desensitization reduced the time that patients spent engaging in anxious thoughts.

Also, a study by Schmulowitz (1976) investigated employing systematic desensitization and rational emotive therapy in treating speech anxiety in a classroom of predominantly black students (5th grade classes). It was found that the guided discussion (control group) was just as effective as the group using systematic desensitization and rational emotive therapy. The notion of a causative relationship between speech pathology and anxiety level in children was not supported.

As may be seen from this brief review of the literature in the area of anxiety management, results from studies attempting to ameliorate high anxiety states (Trait Anxiety and State Anxiety) have been conflicting and confusing. On the one hand, some positive results employing relaxation training and rational emotive therapy have been determined (Schmidt, 1976; Yorde, 1977; Goldfried, 1977), whereas some negative results have also been obtained (Mathews and Shaw, 1977; Schmulowitz, 1976). Several researchers have recently studied test anxiety (McCordick, et al., 1979; Kaplan, et al., 1979; Holroyd, 1976; Meichenbaum, 1972; Anton, 1975; Bedell, 1975).

Also, since the use of Black subjects was rarely mentioned in the literature, Black subjects were employed in the present study. A group counseling model was also employed. This model has several advantages, namely, it is less time-consuming; affords peer support for group members; and allows a greater number of students to receive counseling.

## Experimental Design and Procedures

### Instruments

Spielberger's State Trait Anxiety Inventory was employed in the present study. This questionnaire has two self-report scales which measure state anxiety (A-State) and trait anxiety (A-Trait). The A-State scale consists of 20 statements requesting subjects to indicate their feelings, at a particular time, whereas the A-Trait scale consists of 20 statements asking subjects to describe how they generally feel. The test-retest correlations for the A-Trait scale ranged from .73 to .86 and the alpha reliability coefficients ranged from .83 to .92 for A-State. Validity correlations between the STAI, IPAT, and TXAS are moderately high for college students and patients. A mean of 50 and standard deviation of 10 were obtained in two separate samples (incoming freshmen and undergraduate students) of Florida State University students. The higher the score, the greater the level of anxiety. Much research has been conducted employing this instrument with college students.

The Spielberger Test Anxiety Inventory (TAI) measured test anxiety. It consists of 20 items and has two scales, specifically, Worry (W) and Emotionality (E). The development of these scales has its basis in the conceptualization of test anxiety by Liebert and Morris (1967). "Worry was described as primarily cognitive concern about the consequences of failure and emotionality was defined as consisting of autonomic reactions evoked by evaluative stress (Spielberger et al., 1977, p. 9)." The W scale consists of 8 items (#3, 4, 5, 6, 7, 14, 17, and 20) and the E scale consists of 8 items (#2, 8, 9, 10, 11, 15, 16, and 18). The total TAI mean for college males is 38.48, SD = 12.43; females' mean is 42.79, SD = 13.70; freshman males' mean = 35.12, SD = 8.91; freshman females' mean = 38.74, SD = 10.85. On the Worry Scale, the college males' mean = 13.61, SD = 4.98; college females' mean = 14.90, SD = 5.51; freshman males' mean = 12.75, SD = 3.57; freshman females' mean = 13.64, SD = 4.27. On the Emotionality Scale the college males' mean = 16.85, SD = 5.64; college females' mean = 18.94, SD = 6.31; freshman males' mean = 15.27, SD = 4.24; freshman females' mean = 16.93, SD = 4.93. Alpha coefficients for the TAI Total scores were .94 or higher for males and females. Sub-scale alphas were .86 or higher with a median alpha of .90. TAI and Sarason TAS are equivalent measures of test anxiety as suggested by .82 and .83 correlations. Worry scores correlated more negatively with grade-point averages than did any other test anxiety measure for both males and females, whereas TAI Emotionality scores did not correlate with grades for either sex. The manual (Spielberger, 1978, p. 25) recommends that "In the treatment of test anxiety, the TAI E scale would seem to be most useful for evaluating the effects of systematic desensitization on the reduction of emotionality in test situations, whereas the TAI W scale appears to be most appropriate for assessing the impact of cognitive behavior medication on the interfering worry responses of test anxious students."

The Shorkey-Whiteman Rational Behavior Inventory was employed to measure rationality in the subjects. It is composed of 11 factors. According to Shorkey and Whiteman (1977, p. 529) these factors are: "Factor 1 related to cognitive escalation of the seriousness of frustrating situations. Rational responses to frustration indicated an objective assessment of the seriousness of the situation and of its consequences to the individual." "Factor 2 portrayed feelings of guilt and attribution of guilt to others for deviations from traditional values and mores. The rational response would reflect acceptance of unconventional behaviors, ideas, or values without guilt." "Factor 3 reflected the demand for perfection in all areas of behavior. The rational response would view competence as a preference rather than a necessity." "Factor 4 dealt with the frame of reference from which an individual makes value judgments about his attributes, ideas, and behavior. A rational response indicated that self as the reference for these judgments." "Factor 5 revealed the demand that all people care for and help one another. Rationality was indicated by the assumption that caring for and helping others is a preferable but not required guide for behavior." "Factor 6

measured blame and punishment of self and others for mistakes, sins or wrongdoings. A rational response was indicated as low need to blame or to punish self or others for undesirable behavior." "Factor 7 revealed the person's ability to counteract avoidance tendencies, by accepting difficulties and working on unpleasant tasks." "Factor 8 reflected an acceptance of independence in decision-making and acceptance of the consequence of actions or decisions." "Factor 9 portrayed the tendency to upset oneself by negative evaluations of personal attributes and life circumstances." "Factor 10 indicated the tendency to upset oneself about possible future misfortunes, irrespective of the probability of their occurrence." "Factor 11 measured beliefs related to control over emotions. Rationality was indicated by the assumption that an individual can exercise control of his emotions in most situations." For undergraduates, the normative mean total rationality score was 26.35 with a range of 0-38 and a standard deviation of 4.4. Each factor had a coefficient of reproducibility of .90 or greater, whereas the total test's estimated Spearman Brown split-half reliability was .73. Pearson correlation coefficients of .82 and .71 have also been obtained. This test also shows good validity at the .025 level and .005 levels for studies in which RET workshops were studied.

### Subjects

The subjects for this study were 79 undergraduate students enrolled in a predominantly black college in the southeast. 38 moderately anxious students comprised the experimental or treatment group (3 students dropped out) and 38 moderately anxious students made up the control group. These students were selected from an initial pool of 300 students who were enrolled in the freshman level health education and physical education classes. The criterion for inclusion in the present study was a score of 40 or above on the Trait subscale of the Spielberger State-Trait Anxiety Inventory. 79 students met this criterion and these anxiety scores were ranked and assigned on an alternating basis to the four treatment groups or single control group.

### Procedures

Approximately 300 undergraduates enrolled in the freshmen level health education and physical education classes were administered the Spielberger State-Trait Anxiety Inventory, Spielberger Test Anxiety Inventory and the Shorkey Whiteman Rational Behavior Inventory, one week prior to mid-term examinations.

An orientation session was held during which the principal investigator introduced the Ss to the rationale of the study. Each S completed a sources of anxiety form devised by E. Each S was asked to rank order the degree of anxiety which each kind of stress caused them, (i.e., vocational, interpersonal, academic, family, financial, and sexual). Two treatment groups (homogeneous) included students who in the orientation session had indicated the



same type of anxiety. One group was composed of students who ranked academic anxiety (tests, responding in class, fear of a particular subject, lack of a goal in college, lack of concentration while studying, fear of failure, lack of confidence in academic ability) highest among five possible sources of anxiety; one was composed of students who ranked interpersonal (same-sexed peers, male-female relationships, professors, college administrators) anxiety highest. The two other treatment groups (heterogeneous) were comprised of students who brought a variety of the types of anxiety assessed.

The students in the control group received no treatment at all; the four treatment groups attended four one-and one-half weekly sessions. These sessions consisted of: (1) each student using the ABCDE Rational Emotive Therapy approach on their anxiety-provoking situations diaries which they kept on a daily basis; (2) the therapist employing the technique of progressive relaxation which each participant practiced twice daily at home; (3) the therapist instructing the group members in thought-stopping and visual-imagery techniques; (4) the therapist giving each participant a copy of a paperback book entitled, A Rational Counseling Primer (1974) by Howard Young and discussing it during the group session. In the homogeneous groups, the treatment content focused entirely on the specific type of anxiety. This was compared with a diffusely-focused treatment approach for the heterogeneous groups. The primary therapist and a colleague led one homogeneous group and one heterogeneous group, making a total of two groups each.

The effectiveness of the treatment was assessed using the same measures as administered during the pre-treatment phase. The post treatment measures were given one week prior to final examinations. Each treatment subject was paid \$10, whereas each control subject received \$2 at the end of the study.

## Results

Several one-way Analyses of Variance were performed.

Differences between the treatment groups and the control group as well as between the homogeneous and heterogeneous groups were examined.

Table 1 presents the treatment effects on anxiety. There were no group differences on any of the anxiety pre-measures. As may be seen from Table 1, anxiety was affected by treatment. Results being reported are based on post-hoc Scheffe comparisons.

State anxiety was affected by treatment, contrasted to the control situation. Control subjects were significantly more anxious in a state sense. The treatment procedures were effective in reducing state anxiety, which is a transitory feeling of tension and anxiety at the moment. ( $F = 3.96, p < .05$ )

By contrast, trait anxiety was affected by the treatment provided in the homogeneous not in the heterogeneous groups. ( $F = 4.93$ ,  $p < .03$ ) Similarly, treatment in the homogeneous groups affected students' anxiety as reflected on the emotionality subscale of the Test Anxiety Inventory. ( $F = 3.08$ ,  $p < .08$ )

There were no general treatment effects on the Test Anxiety Inventory per se.

Table 2 presents the treatment effects on the Rational Behavior Inventory (RBI). Since there were significant group differences on the pre-measure, total RBI score, an Analysis of Covariance was performed.

On the total RBI score, the treatment group was more rational than was the control group. ( $F = 3.07$ ,  $p < .08$ ) The treatment provided in the homogeneous groups did affect rational beliefs, as measured by the Total RBI. Students in the homogeneous groups ended treatment with significantly higher scores. ( $F = 4.31$ ,  $p < .04$ ) This was also true on Factor 1 of the RBI ("...related to cognitive escalation of the seriousness of frustrating situations"). Factor 1 further suggests an "objective assessment of the seriousness of the situation and of its consequences to the individual." ( $F = 3.11$ ,  $p < .08$ ) On RBI Factor 10, the homogeneous group also scored significantly more rationally than did the heterogeneous group. ( $F = 4.61$ ,  $p < .04$ ). This result indicated that the students in the homogeneous groups ended treatment "less upset about possible future misfortunes, irrespective of the probability of their occurrence." The same result was obtained for the comparison of the treatment and control groups. The treatment group was more rational than was the control group. ( $F = 3.75$ ,  $p < .06$ ) In addition, on Factor 6 of the RBI, ("...measured blame and punishment of self and others for mistakes, sins, or wrongdoings.") the treatment group was significantly higher than the control group. The treatment group had a "lower need to blame or to punish themselves or others for undesirable behavior." ( $F = 5.42$ ,  $p < .02$ ).

Grade-point averages for Fall Semester and Spring Semester were compared for all groups. No significant differences resulted between any of the groups.

### Discussion

The major finding of the present study was that anxiety was positively affected by two of the treatments administered. The two contrasting treatment conditions producing the significant differences occurred between the groups receiving treatment and the control group, and between the homogeneous treatment groups (academic and interpersonal anxiety) and the heterogeneous groups (various types of anxiety). Control subjects' state anxiety was significantly greater than that of the treatment groups. It therefore appears that the combination of progressive relaxation and rational emotive therapy

techniques was effective in reducing the treatment subjects' transitory feeling of anxiety at a particular point in time. However, the trait anxiety of the treatment groups on a whole compared to the control group was not significantly different. Bedell (1975) also failed to reduce trait anxiety using relaxation training and systematic desensitization. These results are similar to those obtained by Johnson and Spielberger (1968), who determined that state anxiety decreased after relaxation training sessions, but that trait anxiety remained unaffected.

Furthermore, the specifically focused treatment which was employed in the homogeneous groups was effective in reducing the trait anxiety; however, the more diffusely focused treatment given in the heterogeneous groups failed to significantly decrease the subjects' trait anxiety. It is thus indicated that a reduction in trait anxiety is related to the focus of the treatment. A diffusely focused treatment which was employed in the heterogeneous groups appeared to be less effective in reducing trait anxiety than did the specifically focused treatment used in the homogeneous groups. Therefore, it is suggested that, in order to lower a pervasive or global feeling of anxiety, a more specifically focused treatment is needed.

Similarly, the specifically focused treatment used in the homogeneous groups more significantly reduced these subjects' emotional reactions to test-taking than did the diffusely focused treatment given students in the heterogeneous groups. This finding may reflect a difference in the effectiveness of the progressive relaxation component and cognitive component of the combination treatment approach used. Since according to Spielberger et al. (1978, p. 25), "...the TAI E scale would seem to be most useful for evaluating the effects of systematic desensitization on the reduction of emotionality in test situations, whereas the TAI W scale appears to be most appropriate for assessing the impact of cognitive behavior modification on the interfering worry responses of test anxious students." It might have been expected that the W scale would have shown the most significant difference because of the combination approach utilized. However, it may be that the relaxation component of the combination treatment approach was the more effective treatment and that it contributed to the significant reduction in the emotionality level of the homogeneous group.

Additionally, there were no general treatment effects on the Test Anxiety Inventory per se. This result may be possibly attributed to the lack of study skills training for the academic treatment group as well as the sparse number of treatment sessions. In future research investigating test anxiety, study skills training should be a part of the treatment package, and the number of treatment sessions should be extended to a minimum of 12 sessions.

Also, significant differences were found on the Rational Behavior Inventory (RBI). On the Total RBI pre-test scores, the homogeneous group was more rational than was the heterogeneous group and the treatment groups were more rational than was the control group. When an Analysis of Covariance was performed significant

differences were evident on the Total RBI scores--the homogeneous group being superior to the heterogeneous group, and treatment groups superior to the control group.

Significant differences between RBI post-test scores for the groups were also obtained. When contrasting homogeneous and heterogeneous groups on Factor 1, it was revealed that the homogeneous group manifested a more objective assessment of the seriousness of the situation and of its consequences to the individual. This result is consistent with a validation study of the RBI during which Ellis conducted a two-day workshop on RET with 87 mental health professionals and found a significant difference between pre- and post-test scores. Ellis' one-day (mental health professionals) workshop also showed post-test gains in this direction (Shorkey and Whiteman, 1977). A specifically focused treatment seemed to be most effective in improving scores on this factor in the present study.

On RBI Factor 10, the homogeneous group also scored significantly more rationally than did the heterogeneous group. The homogeneous group's specifically focused treatment contributed to these subjects' tending to become less upset about possible future misfortunes, irrespective of the probability of their occurrence. The treatment group was also significantly more rational than was the control group on this subscale. The validation study (2-day workshop) conducted by Ellis, mentioned previously, also showed significant gains from pre- to post-test measures on this factor (Shorkey and Whiteman, 1977). Also, as indicated by Factor 6, the treatment groups tended to blame and punish themselves and others for mistakes, sins, or wrongdoings less than did the control group. This factor also produced significant pre- and post-test score gains in the Ellis validation study (2-day workshop). In another validation study by Ellis, involving an all-day RET workshop attended by 40 mental health professionals, pre-post-test gains were in the same direction (Shorkey and Whiteman, 1977). Factors which were not significant in the present study were: #2 - acceptance of unconventional behaviors, ideas, or values, #3 - views competence as a preference rather than a necessity, #4 - self reference for making value judgments about his attributes, ideas and behavior, #5 - assumption that caring for and helping others is a preferable but not required guide for behavior, #7 - revealed person's ability to counteract avoidance tendencies by accepting difficulties and working on unpleasant tasks, #8 - reflected acceptance of independence in decision-making and acceptance of consequence of actions or decisions, #9 - tendency to upset oneself by negative evaluations of personal attributes and life circumstances, and #11 - assumption that individuals can exercise control of their emotions in most situations.

Finally, no significant differences were found between Fall Semester and Spring Semester Grade-Point Averages. It is believed that the academic anxiety group possibly needed study skills training in order to improve their grades. In future studies involving test anxiety, this training should also be included. Additionally, the length of the treatment should be a minimum of 12 students.

## Conclusions

Results showed that when a combination of relaxation and rational emotive therapy was used with the treatment subjects, their level of state anxiety was lowered significantly more than was that of the control subjects. Students who received treatment which focused on a specific type of anxiety also benefited from this combination approach. After treatment, both groups exhibited lower trait anxiety and less emotionality, as well as more rational beliefs, when compared with control subjects and with subjects who had received treatment in heterogeneous groups. The results of this study suggest that the effectiveness of relaxation-rational emotive techniques for anxiety-reduction may depend on the focus provided by the treatment. These techniques are more effective when students share the same kind of anxiety; the therapist can thus focus the treatment procedures on the specific anxiety, and the students can learn from each others' experiences, from their homework, and from the treatment sessions.

Future research on test anxiety should include study-skills training in the treatment package, and the number of treatment sessions should be increased to span a minimum of six weeks, two hours per week (one hour per week of therapy and one hour per week of study-skills training).

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TABLE 1  
TREATMENT EFFECTS ON ANXIETY

Post Scores on:		Focused Homogeneous Treatment Group			Mixed Treatment Group		Average Treatment Group	Control Subjects	
		Acad.	Interp.	Both	1	2	Both		
State Anxiety	$\bar{X}$	30.33	34.10	32.32	34.80	34.33	34.58	33.45	37.61
(Range 00-20)	SD	10.14	9.42	9.68	7.67	9.21	8.19	8.92	9.33
Treatment V. Control F = 3.96 p < .05. No other effects									
Trait anxiety	$\bar{X}$	34.73	37.50	36.21	42.40	42.78	42.58	39.39	42.53
(Range 69-22)	SD	8.21	8.11	8.05	8.41	10.55	9.21	9.12	9.02
Homogeneous V. Heterogeneous F=4.93 p < .03									
Test Anxiety	$\bar{X}$	32.22	32.90	32.58	41.40	35.67	38.68	35.63	39.39
(Range 66-21)	SD	8.35	9.16	8.55	9.56	8.59	9.33	9.35	13.77
Emotionality	$\bar{X}$	12.22	13.80	13.05	17.30	14.56	16.00	14.53	16.45
(Range 3-30)	SD	3.59	3.46	3.52	4.76	2.96	4.15	4.08	6.08
Homogeneous V. Heterogeneous F= 3.08 p < .08									

TABLE 2  
TREATMENT EFFECTS ON RBI

Post Scores Covarying Pre Scores on:	Read.	Interp.	Both	Mixed Treatment			Average Treatment Group	Control Subjects
				$\frac{1}{2}$	$\frac{2}{2}$	<u>Both</u>		
Total Adj. $\bar{X}$ RBI Standard Error	25.23	23.94		22.26	21.39			21.31
	1.23	1.19		1.17	1.23			.60
				Homogeneous V. Heterogeneous F=4.31 p < .04				
				Treatment V. Control F=3.07 p < .03				
<hr/>								
Post Scores on: RBI I								
$\bar{X}$	3.11	2.20	2.63	2.10	1.73	1.95	2.29	2.21
SD	1.05	1.23	1.21	1.19	1.48	1.31	1.29	1.26
				Homogeneous V. Heterogeneous F=3.11 p < .03				
<hr/>								
RBI A								
$\bar{X}$	2.89	2.60	2.74	2.30	1.56	1.95	2.34	1.82
SD	.33	.34	.65	1.25	1.51	1.39	1.15	1.25
				Homogeneous V. Heterogeneous F=4.61 p < .04				
				Treatment V. Control F=3.75 p < .06				
<hr/>								
RBI VI								
$\bar{X}$	3.44	3.00	3.21	2.80	3.55	3.16	3.13	3.68
	.73	1.73	1.08	1.55	.83	1.30	1.13	.53
				Treatment V. Control F=5.42 p < .02				

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ED213714

Status Report of the Research Project: The Nature and Implications of Compatibility in Supervisory-Student Teacher Dyads.

Team Members: William Morse, Ross Boone, Yvonne Smith, Amy Swan.

I. Data Bank

- A. A total of 131 dyads is presently available. (For breakdowns of the population by sex, age, subject area, grade level, and university, see Appendix 1.)
- B. Feedback has been given to all original participants who requested a report. (See Appendix 2.)

II. Utilization of the Data

- A. In September of 1979, Ross Boone was sent a package of information including the set of data cards, the coding information, the feedback sheet, and the data description.

NOTE: Ross has changed positions but is still interested.

He would like to visit the campus later in the spring when we have the final tables available if the prospect has resources.

- B. Yvonne Smith has a rough draft of her thesis which is now in the process of revision for circulation to her committee.
- C. Amy Swan has done the major analysis for the central feature of the study (the compatibility index), upon which the total analysis depends. This portion of the study should be finished by the end of this term. (For a conceptualization of the compatibility dimension, see Appendix 3.)
- D. Since several of the instruments used were not adequately normed, etc., before use, extensive analysis and data reduction were necessary. This was to assure that the analyses proposed in the original prospectus (January, 1979) were based upon reasonable scores. This was a lengthy effort and has now been completed.

We are ready to make the critical analyses<sup>6</sup> for the study.

### III. Plans

- A. A 1/4 time research assistant has been provided by the School of Education to help complete the analyses.
- B. A thorough literature search of the central concept of compatibility has been submitted to the project for funding. A modest amount has been requested for this purpose.
- C. The computer commands for the final runs are in order and, provided the project has computer resources, these will be completed well before the end of the term. The comparisons to be made are illustrated in the diagram of prospectus (Appendix 3.)
- D. The data bank will then be available for sub-studies through student research projects, further analyses, etc. There is one study tentatively under way at present.

### IV. Publication Plans

- A. Ross Boone intends to complete a study on his primary interest, a comparison of the schools involved.
- B. An article will be prepared on the compatibility index.
- C. An article with joint authorship will be prepared on the total analysis.
- D. Yvonne Smith will be encouraged to prepare an article from her thesis.

The overall relationship between student teachers and cooperating teachers has been divided into two important and relatively independent parts: (1) the professional relationship, (2) the personal relationship.

1. Professional Relationship - Your professional relationship, as measured by these instruments, involves how you relate to your student or supervisor as a colleague in sharing ideas and cooperating in the classroom. Your style of teaching and classroom management can also affect the quality of your professional relationship. When working closely together, even minor differences in style can exert a great influence on how you relate professionally.
2. Personal Relationship - Sometimes very strong and lasting friendships evolve from the student teaching experience, regardless of agreement or disagreement in the classroom setting. This aspect of the experience is reflected in the personal relationship dimension of the study, which includes ratings of your ease of communication, openness, and general feelings of relaxation or tension with your colleague.

What people say and what they really think may be very different. Because of this, the personal and professional relationship dimensions have been further divided into (a) direct and (b) indirect measures.

- 1a. & 2a. Direct Evaluations - The direct measure of both the personal and professional relationships is designed to indicate how you feel publicly about your experience. This could also be termed your ego level or overt attitude.
- 1b. & 2b. Indirect Evaluations - The indirect measure is supposed to be an indication of your deeper feelings about your relationship, behind your defenses. You may remember checking adjective continua (hot-cold, pleasant-unpleasant) to describe your relationship. This could be called a projective or covert measure of your attitudes.
3. Class Difficulty - Some groups of children are more difficult to work with than others in terms of management and/or prerequisite skills, and a particularly difficult class could have a stressful effect on the relationship that develops between the student teacher and cooperating teacher. Sometimes the ratings of the same class are quite divergent, and this difference could also affect the working relationship.
4. Class Procedures - Teachers have differences in teaching practice. These differences are reflections of their various teaching philosophies. These different philosophies cannot be labeled as either desirable or undesirable because effective teachers can have widely divergent views. However, as mentioned above, these differences may have a profound effect on professional relationships.

Your responses about classroom management and priorities have been used to indicate how "traditional" or "nontraditional" your teaching philosophy is. You were also asked to rate your partner's priorities.

5. Student's Competence - The development of teaching competencies is an important goal of the student teaching experience. These competencies include the ability to individualize, evaluate performance, manage a class, communicate, plan lessons, and organize activities as well as the development of self-confidence and a personal style of teaching.

Both students and supervisors were asked to rate the students' improvement and final level of competence.

6. Self-Concept - The self-concept of both the student teacher and the cooperating teacher may also be important in the formation of the personal and professional relationships. For example, a cooperating teacher who has little confidence in his or her own abilities may be threatened or "turned off" by a self-assured student teacher.

To assess this dimension, the Broverman Self-Concept Scale was administered to the student teachers. Scores were obtained for the student's feelings of (a) self-confidence and (b) warmth.

- a. Self-Confidence - The self-confidence deals with a general feeling of competence. It is not specific to teaching.
  - b. Warmth - The warmth scale indicates the individual's awareness and concern about friendships as well as the person's feelings about his or her social nature. Some questions in the warmth scale involved self ratings from "gentle to rough," "quiet to loud," "expressive of feelings to difficulty in expressing feelings," and "talkative to not talkative."
7. Teaching Anxiety - Some students have a great deal of apprehension about undertaking the role of a teacher even though they are not necessarily incompetent or generally anxious. This mood of apprehension may prove to be an important factor in the development of the relationship between the student and supervisor.

The Teaching Anxiety Scale was administered to the students to assess this dimension. They rated the frequency of anxiety in three areas related to teaching: being evaluated, maintaining discipline, and teaching effectively.

8. Satisfaction - Students and their supervisors were asked to rate their overall satisfaction with the student teaching experience. They were also asked to rate their level of learning and the degree to which the supervisor was a model for the student. These ratings were used instead of final grades to measure satisfaction because grading standards vary widely among supervisors.



Some interesting comparisons can be made among these mean ratings. These are just a few suggestions; you may think of others.

1. Do students feel more positive about their professional relationships than about their personal relationships with their cooperating teachers? Compare 1a. and 1b. for ST's with 2a. and 2b. for CT's.
2. Do students rate their supervisors differently in teaching philosophy than supervisors rate themselves? Compare 4a. for CT's with 4b. for ST's.
3. Which member of the dyad feels more satisfied with the experience? Compare 8 for ST's with 8 for CT's.
4. Do cooperating teachers find their students more competent than the students themselves think they are at the end of the experience? Compare 5b. for ST's with 5b. for CT's.

Appendix 1

Frequency of Categorical Variables

IEWAY V 1 5,239 DELETIONS=MISSING VALUES

IEWAY TABULATIONS

2. SEXCTST	MM	MF	FF	UU	UM	MU	UF	FO
N= 131	20	30	51	10	12	2	12	3
MARK%	15.2	22.9	39.0	7.6	9.2	1.5	9.2	2.3
CUM%	15.2	37.9	76.9	84.5	93.7	95.2	100.0	

3. CTAGE	MISS	10...	20...	30...	40...
N= 102	22	1	47	9	23
MARK%	21.6	1.0	46.1	8.8	22.5
CUM%	21.6	22.6	68.7	77.5	100.0

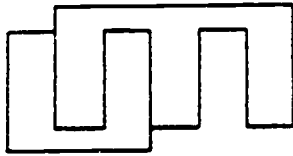
4. STAGE	MISS	10...	20...	30...	40...
N= 128	5	119	11	2	1
MARK%	3.9	92.2	8.6	1.6	0.7
CUM%	3.9	96.1	99.7	100.0	

5. SUBJECT	LETA	SPECD	PHED	ADSD	STL	FOUR	OP	HS	MI	LI	FOHI
N= 151	10	5	32	20	15	1	1	1	8	9	2
MARK%	6.6	3.3	21.2	13.3	9.9	0.7	0.7	0.7	5.3	6.0	1.3
CUM%	6.6	9.9	31.1	44.4	54.3	55.0	55.7	56.4	61.7	67.7	96.9

6. GRADE	LETA	MI	BOTH
N= 131	38	35	28
MARK%	28.9	26.6	21.4
CUM%	28.9	55.5	76.9

39. SCHOOL	UN	HAB	ADULT	OTH
N= 131	1	1	11	11
MARK%	0.8	0.8	8.4	8.4
CUM%	0.8	1.6	9.2	17.6

MMANTI



THE UNIVERSITY OF MICHIGAN  
Room 3210  
School of Education  
Corner East and South University Avenues  
Ann Arbor, Michigan 48109

June 21, 1979

Dear Participant,

This is the summary of the student teaching survey that you participated in earlier this year. We appreciate your cooperation in this project and hope that you find this summary informative. If you have any further questions regarding the study, please contact us at the University of Michigan.

### Interpreting the Chart

1. All of the scales (except the Teaching Anxiety Scale) involved ratings from 1 to 7, and a score of 4 was always a neutral rating.
2. The labels (Professional Relationship, etc.) on the chart are numbered to correspond to their descriptions and interpretations found on the following pages.
3. All of the scales (except Self-concept and Teaching Anxiety) were completed by both the student teachers (ST) and the cooperating teachers (CT). To indicate the averages for those groups separately, each category on the chart is labeled with ST and CT.
4. The ends of the continua are labeled to indicate the meaning of the extreme scores. For example, Class Difficulty ranges from "easy" to "difficult."
5. The X's on the chart indicate the average rating on that dimension for a particular group (ST or CT) and the attached lines (\_\_\_\_X\_\_\_\_) indicate the range of ratings.
6. Due to our efforts to insure your anonymity, all names were removed from the questionnaires. So, unless you requested feedback for your code number, only group data can be reported to you.

STUDENT TEACHING STUDY SUMMARY

		1	2	3	4	5	6	7
1. Professional Relationship	CT	/-----X-----/	2.51					negative
	ST	/-----X-----/	2.65					
a. Direct Evaluation								
b. Indirect Evaluation	CT	/-----X-----/	2.21					disagree
	ST	/-----X-----/	2.30					
<hr/>								
2. Personal Relationship	CT	/-----X-----/	1.94					negative
	ST	/-----X-----/	2.42					
a. Direct Evaluation								
b. Indirect Evaluation	CT	/-----X-----/	2.25					negative
	ST	/-----X-----/	2.45					
<hr/>								
3. Class Difficulty	CT	/-----X-----/			4.11			difficult
	ST	/-----X-----/						
<hr/>								
4. Class Procedures	CT	/-----X-----/			3.91			nontraditional
	ST	/-----X-----/			4.16			
a. Self rating								
b. Perception of partner	CT's	/-----X-----/			3.97			nontraditional
	ST's	/-----X-----/			3.78			
<hr/>								
5. Student's Competence	CT	/-----X-----/		3.46				much
	ST	/-----X-----/		3.66				
a. Before								
b. After	CT	/-----X-----/				5.35		much
	ST	/-----X-----/				5.65		
<hr/>								
6. Self-Concept	ST only	/-----X-----/				4.99		much
a. Self-confidence								
b. Warmth	ST only	/-----X-----/		2.82				much
<hr/>								
7. Teaching Anxiety	ST only	/-----X-----/		2.05				much
<hr/>								
8. Satisfaction	CT	/-----X-----/				5.18		much
	ST	/-----X-----/				5.66		



Appendix 3

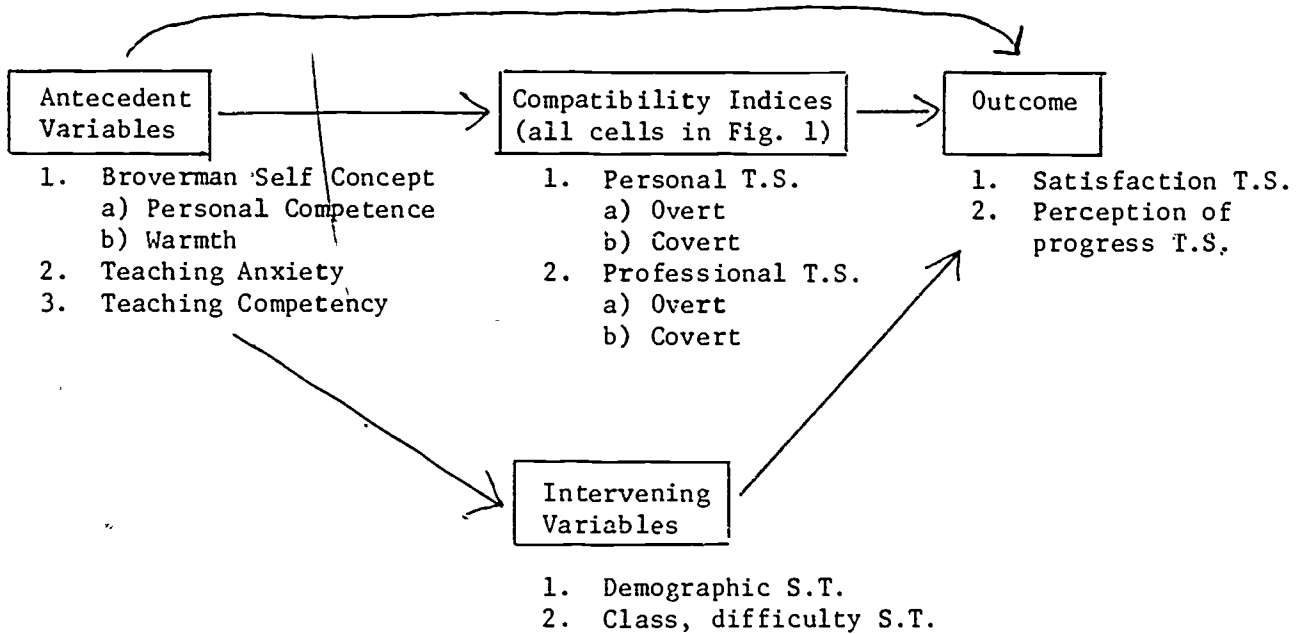
Figure 1 - Conceptualization of the Compatibility Phenomenon

		PERSONAL RELATIONSHIP	PROFESSIONAL RELATIONSHIP	
			general	specific
OVERT	ST*	Direct questions about personal relationship	Question on degree of professional agreement	Perception of style differences
	CT*	Direct questions about personal relationship	Question on degree of professional agreement	Perception of style differences
OVERT 1	ST	Semantic differential on the personal relationship	Semantic differential on the professional relationship	
	CT	Semantic differential on the personal relationship	Semantic differential on the professional relationship	
OVERT 2		Mean difference between the student's and supervisor's ratings of the personal relationship on the overt questions	Difference between the two overt ratings of professional agreement	Difference between the two self ratings of teaching style
			general	specific

ST=student teacher  
 CT=cooperating teacher

Figure 2 - The Total Study

Of the many theoretical possibilities, the present research deals with only a select group of variables in any of the segments. Overall, the specifics being included in the current study, selected from the many possibilities, can be seen in Fig. 3.



T - Data from Supervising Teacher  
 S - Data from Student Teacher

Figure 3 - Current Study: Dimensions and Relationships

While Figure 3 does not represent all of the variables possible, or even a reasonable selection, the dimensions selected for the current study were selected for their assumed importance in the matrix. Central of course are the compatibility phenomena. Included are three potentially strong antecedent variables which stand to directly influence the individual's: (1) reaction to various conditions of compatibility, (2) how much influence the level of class difficulty would have, (3) eventual outcomes. These are personal competency and warmth, anxiety specific to student teaching, and teaching competency.

INTERRELATIONSHIPS—SEX DIFFERENCES AMONG PERCEPTIONS OF  
PHYSICAL EDUCATION STUDENT TEACHERS' PERSONAL AND PROFESSIONAL  
CHARACTERISTICS, COOPERATING TEACHER DYAD RELATIONSHIPS AND  
OUTCOME: SATISFACTION, LEARNING, AND MODELING

Submitted by Yevonne Rita Smith, Team #3

## INTRODUCTION

Many teacher education and professional preparation programs are currently undergoing self-evaluation, and more emphasis is being placed on the quality of the teacher-training experience. A shift from traditionally content-oriented programs to ones stressing more affective dimensions and personal development of the student teacher has resulted in an emphasis on a more helping relationship among those concerned about the quality of the student-teaching experience. The student teacher's perception of his/her own personal and professional competence as well as the nature of the relationship with the cooperating teacher may be critical in understanding the quality of the student teaching experience and selected outcomes. Equally important is whether these perceptions are influenced more by the sex of the student teacher and cooperating teacher, or by the unique culture of the particular teacher training institution.

In order to better understand what the student teacher is perceiving during this time, as well as to stimulate self reflection on the part of the student teacher, it is necessary to enter into a perceptual approach to the study of the student teaching experience.

. . . perceptual psychology emphasizes the personal qualities of human experience. It seeks the causes of behavior in meaning . . . a point of view about human behavior that demands the manipulation and control of the individual's environment in order to help him has serious limitations for treatment. (Combs 1965, p. 66)

Combs has suggested that the perceptual approach calls for sensitivity and understanding in those of us who work with student teachers, thus facilitating helping relations with them. Accordingly, teacher trainers must also continually acquire the ability to feel and perceive as student teachers do. This study is an effort to gain more knowledge, understanding, and empathy with physical



education student teachers. It has been this researcher's experience, while working with student teachers at The University of Michigan, that there may be a number of factors which seem either to interfere with or to enhance the satisfaction derived from the field experience.

During the pilot study--a participant observation--observations were made of trainees engaged in the teaching process as well as of those engaged in interaction with students, cooperating teachers, other student teachers and the university supervisor-seminar coordinator. In this participant observer study, recordings were also made which were relevant to the experience of student teaching for both men and women and also to the relationship of certain characteristics to various aspects of student teaching. It was interesting to note that some cooperating teachers had requested to work with student teachers of the opposite sex. Traditionally in physical education student teachers have been placed with same sex cooperating teachers, since classes were also segregated--particularly at the secondary levels. Coeducational physical education, which is now the legislated practice since the adoption of Title IX of the Educational Amendments, certainly offers opportunities and challenges for expanding the range of student teachers' assignments.

## REVIEW OF RELATED LITERATURE

Student teaching is a very important part of one's preparation for effective teaching. It is the culmination in most cases of one's life as a college or university undergraduate student, and it, therefore, marks a change or transitional period in the life of the individual.

This is the time during which the student teacher must successfully put it all together; failure to do so will not only have financial and social ramifications, but will also most probably terminate teaching as a profession for that individual. (Heitzmann 1977)

Certain qualities such as one's personality characteristics, teaching anxiety, teaching competencies, interpersonal relationships with the cooperating teacher or one's sex may all affect the outcomes from this experience. This literature review endeavors to take a look at some of the related research in these areas as professional preparation programs enter a phase of shifting priorities from productivity (or numbers of student teachers certified) to increasing the quality of the teacher training experience.

In order to gain a theoretical perspective on the relationship of selected presage, process and product variables focused upon in this study, the research literature reviewed will be categorized as follows:

- I. The Physical Education Student Teacher
- II. Factors Related to Predicting Student Teacher Outcomes
- III. Cooperating Teacher-Student Teacher Relationships
- IV. Sex Role Psychology and Socialization
- V. The Influence of Sex on Relationships
  - A. Teacher-Student Relationships
  - B. Dyadic Counseling Relationships

Review of Related Literature

Categories of research which address the concerns of the present study are:

- I. The Influence of Sex of Teacher and Student on Teacher-Student Relationships
- II. Cooperating Teacher-Student Teacher Relations and Compatibility-Matching
- III. Sex Role Psychology and Socialization Influence on Social Interaction
- IV. Characteristics of Physical Education Student Teachers and Students

### Cooperating Teacher and Student Teacher Relations

Since the success of the student teaching experience weighs heavily on the compatibility of the relationship that is established with the cooperating teacher, recent researchers have attempted to investigate this phenomenon. Research in this area shows that the student teachers' attitudes and teaching change in the direction of his supervising teacher. It may be shown that the pressure of evaluation as well as the modeling process (Bandura 1963, 1969) may account for this. Boschee et. al. (1978) investigated the influence of the cooperating teachers' educational philosophy upon the student teacher and found little relationship. They state that the educational philosophy of the cooperating teacher does not significantly influence the educational philosophy of a student teacher and concluded:

"It would appear that college departments/schools of education might assign teachers without spending great amounts of time and effort matching cooperating teachers with student teachers on the basis of their educational philosophies. It may be more beneficial to focus attention on other factors--years of successful teaching experience, self concept, openness or flexibility to new ideas, affective awareness, democratic attitude, etc.--which might facilitate a successful student teaching experience."

Leslie (1971) has concluded much the same thing and states that "the characteristics of the cooperating teacher and their impact through matching are not potent enough to cause sizeable changes in either attitudes or behavior."

A number of researchers have looked at personality types and compatibility (Chattas 1965; Haberman 1978) and seem to suggest that persons of similar styles and orientations should be assigned to the same dyad. There is certainly a need for further research in this area. "Studies of the relative effectiveness of teachers have indicated that certain

variables such as attitudes, sex, academic rank, personality, role expectations, experience of supervising teacher and interpersonal relationships can be controlled to enhance a successful student teaching experience (Haberman, 1972)."

For a significantly long period of time now, physical education student teachers and cooperating teachers have been purposely matched based on sex. With the research from the general field of education and current changes due to coeducational physical education, these practices may be questioned and certainly need to be investigated in order to offer more evidence for or against continually matching student teacher and cooperating teacher for success based on sex. However, before one can work with the concept of matching student teachers and cooperating teachers based on some characteristics, one must know not only what those characteristics are, but also what perceptions are held by participants in the relationship.

### The Influence of Sex on Teacher-Student Relationships

While the influence of sex of teacher does not appear in great abundance in the research concerning cooperating teachers and student teachers, it does appear in research concerning the regular classroom teacher and students. Insights garnered from these studies may be helpful in gaining more understanding of this research problem, since the cooperating teacher may technically be perceived by the student teacher as the "teacher" while she/he is perceived to be the "student." Brophy and Good (1974) have reviewed much of the research in this area, and they find that the sex of the teacher and student may influence the relationships and interactions within the classroom. It was found that the quantity and quality of interactions were significantly related to sex, e.g., male students received both more criticism and more praise. However, it was found that male and female teachers interacted with the sexes in quite the same manner. Dweck (1975) has suggested, in her research on learned helplessness, that similar interactions with the sexes result in different behaviors. Males who seem to be criticized more, emerge as more self-confident, less helpless. Females internalize the criticism, blame themselves, and feel less competent.

### Sex Role Psychology and Socialization and Influence on Social Interaction

Cognitive developmental theorists suggest that the primary motivator in the socialization process is competence, not rewards.

Summarizing the psychology of sex roles, Kohlberg (1966) sees gender as the basic organizer and believes that the child positively values those things associated with his own sex. Parsons (1976) states that behaviors are categorized as appropriate for one sex or the other. Children "use gender as an organizer for much of the information in their social world. These categories form the basis for stereotypes." Thus, based on gender identity, many behaviors become more sex-appropriate either for males or for females. The society has differential standards, behaviors and rewards that it allocates to males and females (Bandura 1969, Mischel 1966). Accordingly, persons develop a system of values for attitudes and behaviors in which they come to value those associated with their own sex. However, Broverman et. al. (1972, 1968) and Rosenkrantz et. al. (1970) found that valued male stereotyped personality characteristics fell into a competence cluster when factor analyzed. The male characteristics of competence and independence are also more valued by both college men and college women than are the female stereotype characteristics. It was evidenced that female valued personality characteristics fell into a warmth and expressive cluster. "College students portrayed the ideal woman as less competent than the ideal man..."

### Physical Education Student Teacher Characteristics

The research in this area suggests that there may be differences between male and female orientations toward winning in sports (Woodman and Kidd, 1976). Other literature (Roberts, 1975) suggests that there are differences between male and female physical education majors in their achievement motivation and risk taking, i.e., males take greater risks. It has been suggested that females are more socially oriented and dwell more in interpersonal aspects, while males are more task-oriented (Fitzgibbons and Goldberger, 1971; Meeker and O'Neill, 1977). However, in a study by Widdop and Widdop (1975), comparing the personality traits of female teacher education students, it was found that female physical educators were assertive, enthusiastic and independent. In other words, they approximated Broverman's (1970) stereotype of competence. This would suggest that there may not be significant differences in the personality characteristics of male and female physical education student teachers and might suggest little influence of sex of student teacher on the perceptions of competence. More research needs to be done in this area.



## THE PROBLEM

The purpose of this research study is to investigate the inter-relationships between perceptions of selected antecedents and outcomes of student teaching. Physical education student teachers' perceptions of personal competence and warmth-expressiveness, professional competence and teaching anxiety, cooperating teacher dyad relationships, and outcome--satisfaction, learning, and modeling--are investigated. Sex Differences intervening on these factors are explored. Specifically, the study addresses the following questions:

1. How do physical education student teachers perceive their
  - a. Personal competence
  - b. Warmth-expressiveness
  - c. Instructional competence
  - d. Teaching anxiety
  - e. Cooperating teacher dyad relationships
  - f. Outcome: satisfaction, learning, modeling?
2. What is the nature of the relationship of personal competence and warmth, to professional competence and teaching anxiety?
3. What is the nature of the relationship of personal competence and warmth to outcome: satisfaction, learning, modeling?
4. What is the relationship of both personal and professional factors to the student teacher/cooperating teacher dyad relationships?
5. What is the relationship of student teacher/cooperating teacher dyad relations to outcome: satisfaction, learning, modeling?
6. Are there sex differences in the perceptions based upon:
  - a. Sex of the student teacher
  - b. Sex match with the cooperating teacher?

## RESEARCH DESIGN

This descriptive study of physical education students' perceptions is correlational in approach. It uses both quantitative and qualitative methods. Questionnaires were analyzed statistically while the interview data have been reported in a verbal descriptive style and are being used as supportive data for the questionnaires.

Figure 2

RESEARCH DESIGN

ANALYSIS DIMENSIONS	METHODS	PSYCHOLOGICAL & PERCEPTUAL DIMENSIONS	INSTRUMENTS	ANALYSIS:	
				QUANTITATIVE	QUALITATIVE
Personal Factors	Questionnaire Psychological Inventory/ Interview	Competence Warmth-Expressiveness	Broverman (1968, 1972) Sex Role Self Concept	Descriptions Correlations Hypothesis testing	Verbal Descriptions Ethnographic & Case Study
I. Professional Factors	Questionnaire Rating Scale Interview	Instructional Competence (Before & After S.T.) Teaching Anxiety	S.T. Instructional Competency Form Parson's Teaching Anxiety Scale	"	"
II. S.T./C.T. Relationships	Questionnaire Rating Scale Interview	Personal Relationship Professional Relationship (Overt and Covert)	Semantic Differential	"	"
V. Outcomes	Questionnaire Rating Scale Interview	Overall Satisfaction Level of Learning Modeling the C.T.	Outcome: Satisfaction Rating Scale	"	"
V. Sex Differences	Questionnaire Rating Scale Interview	Male-Female Diff. Sex Match C.T./S.T. Black and White Schools	Broverman Sex Role Self Concept C.T./S.T. Relationship Scale Outcome: Satisfaction	"	"

Comprehensive Study Sample

The Physical education student teachers involved in this research study were a part of a larger sample of student teachers from a variety of subject areas who participated in a comprehensive study of student teacher/cooperating teacher compatibility developed by team III of the Hampton-Michigan Research Project. The physical education student teachers represented almost forty percent of all student teachers who completed the questionnaires. The total sample in the comprehensive study breaks down as follows:

Table 1. Comprehensive Study S.T./C.T. Compatibility (Dyads)

N = 131	C.T. = 102	29 missing data
	S.T. = 126	5 missing data

By Sex - Matched Pairs C.T./S.T.

MM	MF	FF	FM	OM	MO	OF	FO	
20	10	54	16	14	2	12	3	Number
15.3	7.6	41.2	12.2	10.7	1.5	9.2	2.3	Percentage

By Subject Areas

E1	SpE	PE	SoS	Sci	Eng	Bus	Math	EI, MI, POHI
16	4	52	20	13	2	1	4	19
12.2	3.1	39.7	15.3	9.9	1.5	6.1	3.1	14.5 %

By Schools - Student Teachers Only

U of M	Hampt Inst	NSU	U of Wisc-Osh	
65 50%	31 24%	11 8%	24 18%	(All S.T.)
21 41%	11 21.5%	11 21.5%	8 16%	(P.E. S.T.)
				N = 51

Physical Education and All Other Student Teachers

Questionnaire data that are available on physical education student teachers are now available on those in other subject areas. This is helpful in establishing group norms and also for comparative purposes. Table 2 shows the distribution of physical education and all other education student teachers by sex.

Table 2. Sex Distribution of Physical Education and All Other Student Teachers

Sex	Physical Education		All Other Ed.		Total	
Female	26	51%	50	66.7%	76	60%
Male	25	49%	25	33.3%	50	40%
Total =	51	100%	75	100%	126	100%

Schedule of Data Collection

- I. February - March 1979
  - A. Contact schools for permission to conduct study.
  - B. Make contact with designated college representative who will coordinate the study and data collection on the different campuses.
  
- II. April 1979
  - A. Distribute questionnaire packets containing
    - 1. Consent forms
    - 2. Student Teaching Instructional Competencies
    - 3. Sex Role Self Concept Scale
    - 4. Teaching Anxiety Scale
    - 5. Outcome Satisfaction Rating Form
    - 6. S.T./C.T. Relationship Scale
    - 7. Semantic Differential
  - B. Make follow-up calls.
  
- III. April 1979 - May 1979
  - A. Interview University of Michigan physical education student teachers.
  - B. Contact student teachers for missing data.
  
- IV. May 1979 - June 1979
  - A. Interview Hampton Institute and Norfolk State University student teachers.
  - B. Contact student teachers for missing data.

### Summary of Results

The results from the analyses of the questionnaires and scales completed by the student teachers in physical education are presented here.

Significant relationships were found between:

1. Personal Competence and Professional Factors
  - a. Personal competence and Instructional comp.      $r = .63$      .001
  - b. Personal competence and Teaching anxiety      $r = -.56$      .001
  - c. Instructional competence (f) and Tea. anx.      $r = -.68$      .01
  - d. No signif. rel. found betw. warmth and Inst. com.
  
2. Personal Factors and Outcomes
  - a. Personal com. and Satisfaction      $r = .44$      .05
  - b. Personal com. and Satis. & Learning     .05
  - c. No signif. rel. betw. per. com. & modeling
  - d. No signif. rel. betw. warmth and Outcomes
  
3. Personal Factors and ST/CT Dyad Relationship
  - a. Personal com. and Covert profess. rel.      $r = .43$      .01
  - b. No signif. rel. betw. overt rel. and per. com. or warmth-expressiveness
  
4. Professional Factors and Outcomes
  - a. Instructional com. & Modeling CT (Females only)      $r = -.44$      .05
  - b. Teaching Anxiety and Overall Satisfaction      $r = -.42$      .01
  - c. Teaching Anxiety & Satisfaction/Learning      $r = -.34$      .05
  - d. No other signif. rel. betw. Instructional com. and Outcomes
  
5. Professional Factors and ST/CT Dyad Relationships
  - a. Teaching anxiety and Overt CT Relationship      $r = .43$      .01
    - Ease and Tension      $r = .43$      .01
    - Open and Restricted      $r = .46$      .01
    - Careful Speaking      $r = .39$      .05
  - b. Instructional Competence and Covert CT Rel.      $r = .33$      .05
    - Personal Total
  - (1) Males perceived final Instr. Com. was signif. related to both Personal and Professional CT Relationship.
  - (2) Females perceived final Instr. Com. was not signif. related to the CT Dyad Relationship
  - c. Teaching Anxiety was Neg. related to Covert Dyad Relationship
    - Personal CT Rel.      $r = -.45$      .01
    - Profess. CT Rel.      $r = -.38$      .05
  - d. Professional Disagree & Personal Tension Restriction in the Overt Relationship was positively related for Females Only.      $r = .60$      .01

6. <u>ST/CT Dyad Relations and Outcome: Satisfaction, Learning, Modeling</u>		
a. Overt Relationship & Outcome: Satisfaction		
Tension	r=-.51	.01
Restriction	r=-.51	.01
Careful Speaking	r=-.63	.001
Professional Disagree	r=-.50	.01
b. Overt Relationship & Outcome: Learning		
Careful speaking	r=-.33	.05
Professional Disagree	r=-.32	.05
c. Overt Relationship & Outcome: Modeling		
Tension	r=-.33	.05
Restriction	r=-.33	.05
Careful Speaking	r=-.44	.01
d. Covert Relationship & Outcome: Satisfaction		
Personal Rel.	r= .65	.001
Professional Rel.	r= .65	.001
e. Covert Relationship & Outcome: Learning		
Personal Rel.	r= .34	.05
Professional Rel.	r= .30	.05
f. Covert Relationship & Outcome: Modeling		
Personal Rel.	r= .39	.01
Professional Rel.	r= .46	.01

Higher correlations were found for females between the ST/CT dyad relationship and outcomes. The dyad relationship is significantly more related to outcome: satisfaction and modeling for females than for males.



## Sex Differences Between Male and Female Physical Education Student Teachers

Inventory	Female mean	Male mean	t Statistic	p
Broverman Personal Competence Cluster	4.99	5.29	-1.86	.06
Items:				
Competitive	5.35	6.20	-2.71	.009
Feelings hurt	4.46	5.50	2.70	.009
Never cries	4.31	5.88	4.39	.0001
Agressive	5.54	6.20	2.48	.01
Think men are superior	3.81	4.79	3.72	.001
Warmth Cluster	2.72	3.04	2.15	.03
Items:				
V. Gentle	2.54	3.56	2.62	.01
Aware of Others Feelings	1.50	2.04	2.27	.02
Instructional Competence				
Before	3.70	3.66	.087	n.s.
After	5.68	5.72	-.198	n.s.
Teaching Anxiety	2.062	1.95	.881	n.s.
Outcome:				
Satisfaction	5.40	6.00	1.62	.11 n.s.
Learning	6.16	5.96	.705	n.s.
Modeling	4.92	5.36	.853	n.s.

## Results Continued

One Way Analysis of Variance of Sex Differences Based on the Sex Match  
in the S.T./C.T. Dyad and Outcome: Satisfaction

Source of Variation	S.S.	df	M.S.	F	p
CT Sex Match	22.57	5	4.51	3.11	.01
Sex ST	63.93	44	1.45		
Total	86.50	49			

One Way Analysis of Variance of Sex Differences Based on the Sex Match in  
the S.T./C.T. Dyad and Outcome: Satisfaction & Learning

Source of Variation	S.S.	df	M.S.	F	p
CT Sex Match	13.43	5	2.69	3.34	.01
Sex ST	35.36	44	.804		
Total	48.78	49			

Summary of Interview Data

Interview data relate to the meanings behind the ratings given on the questionnaires. Relationships between personal, professional factors and outcomes do not appear to be as strong as relationships between the cooperating teacher student teacher dyad and outcome satisfactions. Learning a lot and being overall satisfied are related in meaning as perceived by the physical education student teachers.

Student teachers highly valued the practical real life teaching situation and, therefore, many are "Very, very satisfied" with the field experience. This applies to both males and females; however, males appeared to be more satisfied. Nearly 80% of the females interviewed and 90% of the males interviewed felt satisfied and also felt that they had learned a lot. When student teachers were satisfied with this experience, they generally gave credit to the cooperating teacher.

#3 "I'm fantastically satisfied...My CT forced me to search myself out. It gave me a great deal of confidence."

#10 "I thought it was a great experience mainly because of my CT."

#22 "Combining both (elementary and secondary), I'm very satisfied! I have learned a great deal. The experience is helpful for all who plan to teach."

Yet student teaching is not a totally rewarding experience for all student teachers, even though increased personal-professional competence and positive cooperating dyad relationships do exist. Discipline problems with students, negative relationships with some cooperating teachers and feelings of exploitation were reported.

Negative S.T./C.T. dyad relationships pointed to a lack of communication within the dyad and inadequate attention to interpersonal processes as indicated by these comments.

Female

#2 "My C.T. got tired of me knowing and telling him. I got tired of him not knowing. Soon I just quieted down and everything got back to normal."

Female

#6 "I was negative about being there. I kept talking about my first (S.T.) experience. Once when the C.T. believed a kid in the class instead of me, this made me hurt."

Male

#16 "There wasn't a real open line of communication at first."

Male

#18 "Secondary is different! It wasn't very satisfying! I was either assisting or doing what the C.T. did not want to do. C.T. and I are not the same kind of people. The C.T. and I did not communicate... He was prejudiced."

Female

#9 "My relationship is vague-tense. I don't know if the C.T. is pleased with what I am doing."

### Implications for Teacher Training

Teacher training programs may benefit from research that takes a look at some interrelated personal and professional factors, e.g., C.T./S.T. dyad relationships and outcomes of the student teaching experience as opposed to viewing isolated components of the program. Some teacher training programs now focus predominantly on either behavior observation, group dynamics, or competency based approaches. Findings from the present study suggest and address the concept of a more holistic approach for teacher education programs. Implications from this research suggest increased attention to training in interpersonal skills for both the student teacher and cooperating teacher, more emphasis on the dyad relationship, personal awareness training, as well as awareness in overcoming sex role stereotypes. The personal competence of the student teacher appears to have been increased from the experience of student teaching. Consequently, a dual relationship between personal competence and the outcomes of student teaching may be evident. Personal competence of the student teacher is significantly related to outcome: satisfaction. However, as noted in the interviews, the process of student teaching is also contributing to the personal competence of physical education student teachers. As one male stated, "It made me more mature." Similarly, a female commented, "It gave me a great deal of confidence. I have become much more aware, self assured, capable, and can handle almost anything now."

Hampton-Michigan Project Personal Assessment

One of my goals as a research training fellow of this project was to increase my own research confidence and research competence, as well as to interact with project participants who are actively involved in the process of doing quality research. Through the project I feel that I have reached those goals. My major goal, however, is completion of the dissertation. To this end I continue to write, rewrite, and to work with my data and related literature. I have aspirations of completing the dissertation by the end of the 1980 school year. At the present time, I also have plans of submitting my study for presentation in the spring at the AERA Conference on Social Context to be held in Virginia.

I am grateful for this opportunity to have gained such valuable research involvement, and I thank all of you who made it possible.

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Academic Curriculum and Clinical Practicum --

Problems and Proposed Solutions in the

Department of Communication Disorders

Hampton Institute

(Final Report)

June 2, 1980

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Academic Curriculum and Clinical Practicum—  
Problems and Proposed Solutions in the  
Department of Communication Disorders  
Hampton Institute

INTRODUCTION

The study was prompted by an increasing awareness of the problems arising from a program where practical training in a clinical environment was an essential component of the program—Speech and Audiology in the Department of Speech Correction at Hampton Institute, Hampton, Virginia. The study was conducted by a team<sup>1</sup> of three professionals in the fields of (1) speech and audiology, (2) competency based education, and (3) educational research and evaluation.

Hampton Institute<sup>2</sup> is a privately endowed, non-sectarian, co-educational college. Its current students come from 35 states and 10 foreign countries. The campus is one of the most picturesque in the South. Its 201 acres of waterfront property accommodate 150 buildings. Founded in 1868, the Institute looks back to more than a century of outstanding contributions in higher education. It now has the buildings, the equipment, the faculty, and the administrative leadership to meet the ever-changing challenges of its second century. Challenge as a form of motivation is always present in a student's life at Hampton. A student's mind is stimulated and seasoned by contact with scholars, and skills are sharpened by learning to use the most modern tools available anywhere. At present, Hampton Institute offers one graduate degree, the Master of Arts. This may be earned in administration and supervision, communication disorders, elementary education, French, guidance, nursing, and secondary education including mathematics, natural science, and social science.

The approach used by the team was first to understand the problems as perceived by the college supervisors, the supervising clinicians, and the student clinicians, by placing the problems in perspective—each in relation with the others as well as with personal characteristics and attitudes; and second, to draw inferences that may lead to the solutions of those problems.

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<sup>1</sup>This team was one of the triads and dyads organized under the project "Joint Hampton and Michigan Program for Training Minority and Women Researchers" directed by Professors Betty Mae Morrison and Wilburt McKeachie of The University of Michigan. The project was funded by The National Institute of Education through its Experimental Program for Opportunities in Advanced Study and Research in Education.

<sup>2</sup>Hampton Institute, 1978 Peterson's Guides, Princeton, New Jersey 08540.

## BACKGROUND OF THE STUDY

For a number of years, related literature has been replete with the discussion of problems and the emulation of the practicum part of the curriculum. Conferences on the subject of graduate education in the field and continual efforts to up-grade both academic and clinical standards document the concern.

"These continuing attempts to reevaluate education and to provide better educated and more competent clinical personnel seem to have their greatest effect on those persons in colleges and universities who shoulder responsibility for planning curricula... The questioning of current curricula and experimentation with them are most necessary if the profession is to remain vital and growing." (3:38-40)

In 1970, during the organizational meeting of the Council of College and University Supervisors of Practicum in the Schools, the general consensus was: (1) the school practicum is a vital part of programs that train students to become speech pathologists, (2) there are problems in school practicum which have received little attention in most training programs; and (3) there has been little or no attempt to solve these problems. In an effort to get needed information about the status of school practicum programs, the Council conducted a survey. Questionnaires were sent to 257 universities that offered training programs in speech pathology and audiology with 144 returning questionnaires. Of the 144 responding universities, 33% had plans for making changes in their programs related to preparing clinicians for the schools. A number of these with no specific plans expressed strong desire for change (e.g. "if we only could!"). Among the projected changes were more time for supervision of school practicum, adding courses on management of public school programs, more diagnostic practicum, more observation by students in the schools prior to school practicum, experience in the schools in the junior year, deletion of some education courses, and changes in grading.

Interestingly, the structure and methods of school practicum in speech pathology and audiology have closely followed the original model of student teaching as conducted in general education. Recently new models in student teaching and innovative programs have proliferated. However, according to this study, the early model is still being used in speech pathology and audiology with minor variations. (1:60-65)

In 1974 Kaplan (2:329) reported that since 1959, the A.S.H.A. Reports—the official publication of the American Speech and Hearing Association—has published approximately 50 articles related to the problems of clinical training. Despite this concern for practicum problems, she indicates, there is a paucity of formal research in this area.

In the early 1950's the Department of Speech Correction was instituted making Hampton Institute the first predominantly Black institution offering a degree in the area of Speech Pathology. Through the years the enrollment grew and the demands for the department gradually changed. At the same time changes were taking place in the profession itself. Accountability for services from practicing clinicians became a force to deal with. Public school clinicians had to write educational plans for their clients, and parents could question their effectiveness if the expected progress for a client did not materialize.

During the late fifties and the sixties students from the department were easily and regularly placed in facilities in the community for clinical practicum. During the seventies the number of professional speech-language clinicians began to decrease, making placements in public schools difficult, erratic, and uncertain. The supervising clinicians questioned the preparation of the students, while the students expressed concern about the expectations of the college supervisors. Various efforts were made to improve conditions. A workshop on supervision was

held, changes in practicum procedures were made as well as adjustments in curriculum. A Clinician's Handbook was prepared, annual meetings with the supervising clinicians were held, but still the flurry of complaints continued. In an effort to investigate the problem in depth, and to obtain data that might be linked to solutions this research project was undertaken.

#### THE PROBLEM

Before the study began, it was an accepted fact that problems did exist in the practicum part of the speech pathology and audiology program, and most probably also in the academic curriculum as it related to clinical practice. The basic problem, however, is the failure in past attempts to identify these problems so that solutions with a good chance of success may be tried.

In order to provide an initial direction for this research, the team discussed in depth possible explanations to hypothetical problems. An outcome of this dialogue is a list of questions which guided the team in designing the research and analysis of data.

- 1) What are the problems as perceived by the students?  
By their college supervisors? By the supervising clinicians?
- 2) Are the perceptions of the practicum and its problems by three groups similar or different?
- 3) How do similarities and/or differences in perceptions relate to perceived problems?
- 4) Are there attitudes and characteristics that related significantly to the problems? and prospective solutions?
- 5) Would the process of collecting information facilitate cooperation in resolving concerns?
- 6) What are the three most serious problems stated by the respondents?
- 7) What are the most-likely effective solutions as inferred from data?

EXPLANATION OF TERMS

The following terms are used constantly throughout this report:

Speech Therapy Practicum  
or Practicum:

The speech therapy practicum takes place in public and private elementary and/or secondary schools, hospital settings with rehabilitation wards, training centers for the mentally retarded, and State schools for the hearing impaired. For brevity the word practicum will mean speech therapy practicum.

Student Clinician  
or Student:

The student clinician is a senior or graduate level student in the Department of Communication Disorders who is placed in a facility that offers speech-language remediation for children or adults and plans and executes therapy with those persons needing it—while under direct supervision of a professional Speech-Language clinician (supervising clinician). For brevity the word student will mean student clinician.

Supervising Clinician  
or Clinician:

The supervising clinician is a professional clinician who renders direct supervision of a student clinician who is assigned to his/her facility. Clinicians are certified and licensed by either the State Board of Education or the American Speech and Therapy Association in Speech-Language Pathology. For brevity the word clinician will mean supervising clinician.

College Supervisor  
or Supervisor:

The college supervisor is a staff member in the Department of Communication Disorders who acts as the liaison person for the student clinician and the supervising clinician. She or he observes the student clinician in the facility and attempts to motivate change that is needed as indicated by the supervising clinician, student clinician or in his/her own opinion. For brevity the word supervisor will mean college supervisor.

METHOD

The Subjects

As a problem-solving study focusing on very few subjects, no sampling was conducted. The subjects were 11 supervising (practicing) clinicians who presently or within the past three years had supervised students from the department in a public school, clinic or rehabilitation center. Of the 22 senior students in the department all data collecting instruments were complete for 13 of them. The college supervisors were five full-time members of the staff consisting of the chairman, one audiologist and three speech pathologists/instructors/supervisors. The total number of subjects was 29.

The clinicians were mostly white, with only one male. The college supervisors and the students were black. There was only one male student.

Data Collection

A list of data collection instruments is found in Table I. The purpose of administering the instruments, to whom they were administered and the dates administered are also in Table I.

A set of 12 questions was prepared for each group -- the supervising clinicians, college supervisors and students. Though the questions were not identical, they were equivalent and dealt with the same general subject areas, specifically, most serious problem, suggested solution, expectations, skills, effort and

ctiveness.

TABLE I

## DATA COLLECTION INSTRUMENTS

INSTRUMENT(S)	PURPOSE(S)	ADMINISTRATION WHO/WHEN/WHERE
A. Interview Questionnaire (Primary instrument)	<ol style="list-style-type: none"> <li>1. To identify problems as perceived by students, clinicians, and college supervisors.</li> <li>2. To compare perceptions of students, clinicians, and college supervisors, on problems, solutions, expectations and skills.</li> </ol>	Interviews of students, clinicians, and college supervisors--conducted by Bowen, Jarvis and Pena on March 12-14, 1979 at Hampton Institute and in practicum settings.
B. Internality-Externality Measure (an opinion scale)	<ol style="list-style-type: none"> <li>1. To obtain student characteristics, that might relate to problems and their solutions.</li> </ol>	Administered to students only the week before March 13, 1979 at Hampton Institute.
C. Attitude toward Clinicians and Practicum (an attitude inventory)	<ol style="list-style-type: none"> <li>1. To learn about students' attitudes toward the clinician and practicum situation.</li> <li>2. To detect possible changes in attitudes of students toward the practicum and clinicians before and after the interviews.</li> </ol>	Administered to students only; during the first week of March (pre test), the last week of April (post test) at the Hampton Institute.
D. Rigidity and Concern for Status (attitude scales)	<ol style="list-style-type: none"> <li>1. To discover any characteristics of students, clinicians, and college supervisors on the same scale. Two parts used: Rigidity; Concern for Status</li> </ol>	Administered to student clinicians and college supervisors, the week before March 13, 1979 at Hampton Institute.



The questionnaire was used in the interview of each subject. Each participant was interviewed individually by one of the team members in an effort to determine problem areas identified by the three constituencies and to match and compare perceptions of the three groups. The Opinion Scale, administered to students only prior to the interview, was to identify their internal-external characteristics. The Attitude Inventory also administered to students was used to determine their attitudes toward the clinicians and the practicum situation and to identify changes in attitudes of students toward the practicum and clinicians. The Attitude Scale, completed by all participants, was to identify certain individual characteristics.

#### The Site Description

The Speech Therapy Practicum took place in public and/or private elementary and secondary schools, hospital setting with rehabilitation wards, training centers for the mentally retarded, and state schools for the hearing impaired. Students in these practicum settings might be involved in individual and/or small group therapy. Various types of problems were encountered in these settings, e.g., speech and/or language difficulties with subjects ranging from preschool children to adult.

#### Nature of the Study

The research conducted was not one of hypothesis testing, experimental type of study. It is an investigatory study, focusing on problems to be solved, and solutions offered by respondents implied from the analysis of data. It was expected that the outcome of the study would be useful to the subjects in the study, when planning and maintaining a viable, successful practicum program.

#### Data Analysis

The major source of data was the responses to the questionnaire. Perceptions of the three groups of respondents were compared. When all three groups had consensus, the response was highlighted as the most probable response to the questions; and when differences were observed, possible interpretations that have implications for problems and solutions were explored.

Response categories were weighed as proportions of the total number of responses.

The other instruments on attitudes and characteristics were administered in order to learn more about the subjects, so that the direct response to the questionnaire might be viewed in better perspective. It was also intended to associate individual responses with attitudes and characteristics. Time did not permit us to analyze the data in this fashion. However, these data -- on characteristics and attitudes are also presented under RESULTS, and they are analyzed in a different manner. Analysis that was left out was mentioned in that section.

RESULTSResponses to the Questionnaire

The questions may be grouped into three categories, namely: (1) Problems and Solutions, (2) Expectations, (3) Skills. This section will discuss the results under each category.

Problems and Solutions

Table II shows the distribution of responses on problems over eight categories,

TABLE II Responses On Problems By Response Category and By Respondent Category

Question 1. What do you think is the most serious problem(s) you have with respect to your role as a clinician/college supervisor/student?

Response Category	Responses <sup>1</sup> by		
	Clinician N=11	College Supervisor N=5	Student N=13
1. In-depth preparation	7 (14)	0	18 (19)
2. Lack of opportunity for application	13 (25)	3 (20)	21 (22)
3. Interpersonal rel. -- racial, social, prof. <sup>1</sup>	2	6 (40)	15
4. Difference in expectations	6	2	7
5. Lack of knowledge about prof. <sup>1</sup> requirements, responsibilities, opportunities	1	0	6
6. Course overload	1	1	8
7. Lack of self-confidence	4	1	3
8. Lack of necessary skills	17 (33)	2	17 (18)
Subtotal all categories above <sup>2</sup>	51 (100%)	15 (100%)	95 (100%)
9. Other <sup>3</sup> , e.g. client management	21	17	12
Total number of responses	72	32	107

by the three groups of respondents -- clinicians, supervisors and students. Two problem categories stand out as the most serious problem:

<sup>1</sup> Entries under responses are: the number of responses -- not necessarily equal to the number of respondents. The open ended questions permitted multiple responses; the number in parentheses is the response weight based on percent of total responses under specific categories; weights are shown only for the highest three.

<sup>2</sup> Subtotal of categories with two or more total responses; i.e. excluding "other" category; this is the total on which the percent weight by category was based.

<sup>3</sup> "Other" - Response mentioned only once was placed under this category.

- (1) Lack of opportunity for application, and
- (2) Lack of necessary skills.

Lack of opportunity for application is a clear consensus from all three groups — achieving the greatest weight from clinicians' and students' responses, and ranking second among the college supervisor's responses. Lack of necessary skills ranks closely with lack of application, in total weight, but consensus is not as strong.

It is interesting to note that the college supervisors' responses weighed most on interpersonal relationships. In assessing the problems it is important to note the fact that clinicians' and supervisors' responses did not place this category in the top three, while college supervisors did.

Solutions are narrowed down to two categories — more opportunity for application, rated highest from clinicians' and students' responses, and change in practicum and supervisory practices, rated highest from clinicians' and supervisors' responses.

See Table III.

Table III Responses On Solutions By Response Category and By Respondent Category

Question 2. Do you have any suggestions as to how these problems can be solved?

Response Category	Responses by		
	Clinician N=11	College Supervisor N=5	Student N=13
1. Increased in-depth preparation	5 (14)	0	14 (25)
2. More opportunity for application	14 (40)	4	16 (28)
3. Change in practicum & supervisory practices	8 (23)	7 (30)	7
4. Earlier knowledge about requirements	1	0	7
5. Additional staff	1	5 (22)	0
6. Better initial orientation	4	0	3
7. Reduce course load; change curriculum	2	7 (30)	10 (18)
Subtotal all categories above	35 (100%)	23 (100%)	57 (100%)
8. Other	3	6	4
Total number of responses	38	29	61

Solutions to problems may be more effectively sought, by being aware, not only of different perceptions of problems and solutions, but also of varying expectations of self and of a significant other.

Expectations of Self. There were three levels of expectations of self -- by the clinicians and the supervisors. (1) professional growth, (2) serving as model to students or directing them, and (3) teaching/serving students. See Table IV.

Table IV Responses on Expectations or Benefits to Self By Response Category and By Respondent Category

Question 3 (Clinician): With regards to the practicum program with Hampton Institute, what do you expect to get out of it for yourself?

Question 3 (College supervisor): What benefit do you get from your work as college supervisor (in working with students and supervising clinicians)?

Response Category	Clinician N=11	College Supervisor N=5
1. Professional growth/development	3	3
2. Serve/teach students; like people, loves field	11	7
3. Serve as model to students, guide, direct, support	4	6
Subtotal	18	16
4. Other, e.g. serve client	3	2

On this question, supervisors and clinicians expect similar things for themselves: serve and teach students. Both expressed a sense of altruism, giving professional growth the lightest weight.

Expectations of the Clinicians. What are the students' and supervisors' expectation of the clinician? What do the clinicians think of the students' expectation of them? Only two response categories evolved: (1) student-centered or indirect teaching behavior and (2) clinician-centered or direct teaching behavior.

See Table V.

Table V Responses on Expectation of the Clinician  
By Response and By Respondent Category

Question 4b (Clinician): What do you think is the students' expectation of you?

Question 5a (College supervisor): What are your expectations of the supervising clinicians to whom the student clinicians are sent?

Question 4a (Student): What are your expectations of the clinicians?

Response Category	Responses by		
	Clinician (Q4b.) N=11	College Supervisor (Q5a.) N=5	Student (Q4a.) N=13
1. <u>Student Centered:</u> (Indirect approach) e.g. live up to what students expect; be easy with them; let students decide; understand students	4 (31)	3 (20)	13 (28)
2. <u>Clinician Centered:</u> (Direct approach) e.g. direct students; be model; help in plans, goals; develop students' skills	9 (69)	12 (80)	33 (71)
Subtotal	13 (100%)	15 (100%)	46 (100)
3. Other; e.g. interact with other professionals; be professional	5	0	1
Total number of responses	18	15	47

All three groups (69% to 80%) expect the clinicians to direct students (direct approach), be models, help in planning and formulating goals, and develop student skills. The clinicians perceived correctly that this set of behaviors is expected of them by the students. A smaller proportion of responses (20% to 31%) were student centered -- on indirect behavior such as "live up to what students expect", "be easy with them", "let students decide", "understand students."

#### Expectations of College Supervisors.

It is interesting to note in Table VI that responses to the question on expectations of the supervisor may be classified into categories of interaction -- from a high level (all three groups involved) to a low level (separate independent activities) of interaction. This is one question where consensus was missing.

Table VI Responses On Expectations of the College Supervisor  
By Response Category and By Respondent Category

Question 5a (Clinician): What are your expectations of the college supervisor who sends students to you?

Question 5b (College supervisor): What do you think the supervising clinician expects of you?

Question 5a (Students): What are your expectations of the college supervisor?

Response Category	Responses by		
	Clinician N=11	College Supervisor N=15	Student N=12
1. Expect interaction among all three	4 (16)	0	0
2. Interaction between clinician and supervisor; e.g. more contact with supervisor; give feedback to clinician	10 (40)	0	0
3. Supervisor/clinician have separate, independent notes; e.g. college supervisor is the "magic lady"	6 (24)	5 (83)	3 (9)
4. Supervisor works on student; acts as liaison between student and clinician; helps students	5 (20)	1 (17)	30 (91)
Subtotal	25 (100%)	6 (100%)	33 (100%)
5. Other; no problem with supervisor; provide more practical experience	0	3	6
Total number of responses	25	9	39

However, these differences of opinions make sense.

(1) The students (91% of responses) expect a high degree of supervision or direction from their college supervisors -- revealing a high degree of dependence, with a low level of interaction. Here are sample responses:

- If I'm on the wrong track, she can set me straight.
- If you are having problems, the college supervisor should be able to give assistance.
- Let you know when what you are doing is right or wrong.
- Be there if you had a problem with the clinicians.
- Be there to observe what you are doing.
- College supervisor is go-between; mediator.

(2) The College Supervisor (83% of responses) thinks the clinician views her/him as one with an independent and separate role from the supervising clinician, reflecting no perception of need for any interaction (very low level of interaction); we note, however, that three of the five supervisors did not respond to the question. Sample responses are:

- There is no need to get together as two or three to discuss practicum.
- Expect more direction from Hampton.

(3) The Clinicians point to the need of interaction between them and the college supervisors, and to some extent, interaction among all three (40 + 16 = 56% of responses), while recognizing (24%) the independence and separateness expressed by the college supervisor.

#### Skills.

What skills must students have before entering the practicum? In which skills are students most efficient? most deficient? What are these skills students are expected to have acquired before leaving the practicum? These questions were answered by the clinicians, supervisors and students.

Entry Skills. Clinicians and students agree that testing skills and therapy skills are entry skills. See Table VII. Testing skills include knowledge of tests, test administration, scoring, selection, names of tests. These are two of the skills directly associated with practicum. Other specific skills mentioned with less weight were speech and language skills and diagnostic skills.

There were also general skills mentioned. In this area, interpersonal skills and management ranked highest from students' and clinicians' responses; but interpersonal skills ranked first for students followed by management, with the reverse being the case for clinicians.

Management skills include writing lesson plans, planning programs, data keeping, and knowing goals and objectives.

Skills Assessment. All three groups were asked about skills in which students were most efficient, and skills in which they were most deficient. See

es VIII and IX.



Table VII Responses on Entry Skills by Response Category  
and Respondent Category

Question 6 (Clinician): Are there certain skills students must have before coming to you? If so, what are these skills?

Question 6 (Student): Are there certain skills you feel you should have before entering the practicum?

Response Category	Responses by	
	Clinician	Student
<b>A. <u>Skills directly associated with practicum</u></b>		
1. <u>Testing skills</u> -- including knowledge of tests, test admin., scoring, selection, names of tests	13 (31)	21 (46)
2. <u>Therapy Skills</u>	10 (24)	11 (24)
3. <u>Speech &amp; Language Skills</u> Articulation, language, stuttering and voice experience, sound discrimination, recog. of speech & language problems, auditory listening skills	10 (24)	7 (15)
4. <u>Diagnostic Skills</u>	5 (12)	1 (2)
5. <u>Other Skills in (A)</u> -- Knowledge of literature in the field, recognizing problem, interpret information	4 (9)	6 (13)
<u>Subtotal A</u>	42 (100%)	46 (100%)
<b>B. <u>General Skills</u></b>		
6. <u>Interpersonal relationship</u> with teachers, clients, racial concerns	4 (21)	9 (32)
7. <u>Professionalism</u> in conduct, dress	1 (5)	3 (11)
8. <u>Management</u> -- write lesson plans, conferences, plan programs, data keeping, develop approaches to fluency; know goals, objectives	9 (48)	8 (29)
9. <u>Other General Skills</u> -- writing, conceptualization, research, library, other communication	5 (26)	8 (28)
<u>Subtotal B</u>	19 (100%)	28 (100%)

Table VIII Responses On Skills Assessment -- Most Efficient in --  
By Response Category and By Respondent Category

Question 7 (Clinician): What skills do you find the practicum students and supervisors to be efficient in?

Question 7 (Student): What skills do you feel you are most efficient in?

Response Category	Responses by		
	Clinician* N=11	College Supervisor N=5	Student** N=13
<b>A. <u>Skills directly associated with practicum</u></b>			
1. <u>Testing Skills</u> -- including knowledge of tests, test admin., scoring, selection, names of tests.	0	0	5
2. <u>Therapy Skills</u>	3	1	5
3. <u>Speech &amp; Language Skills</u> Articulation, language, stuttering and voice experience, sound discrimination, recog. of speech & language problems, auditory listening skills	1	2	4
4. <u>Diagnostic Skills</u>	0	0	1
5. <u>Other Skills in (A)</u> -- Knowledge of literature in the field, recognizing problem, interpret information	1	1	2
<u>Subtotal A</u>	5	4	17
<b>B. <u>General Skills</u></b>			
6. <u>Interpersonal relationship</u> with teachers, clients, racial concerns	0	1	2
7. <u>Professionalism</u> in conduct, dress	1	0	2
8. <u>Management</u> -- write lesson plans, conferences, plan programs, data keeping, develop approaches to fluency; know goals, objectives	1	3	1
9. <u>Other General Skills</u> -- writing, conceptualization, research, library, other communication	1	1	4
<u>Subtotal B</u>	3	5	9

\*Five clinicians and one college supervisor did not answer this question.

\*\*Two students answered "should be" efficient in...; three gave skills acquired in first semester; two did not answer the question.

Table IX Responses On Skills Assessment -- Most Deficient in --  
By Response Category and By Respondent Category

Question 8 (Clinician & Supervisor): What skills do you find the practicum student most deficient in?

Question 8 (Student): Are there any skills you feel you are deficient in?

Response Category	Responses by		
	Clinician N=11	College Supervisor N=5	Student* N=13
<b>A. <u>Skills directly associated with practicum</u></b>			
1. <u>Testing Skills</u> -- including knowledge of tests, test admin., scoring, selection, names of tests	0	0	9 (28)
2. <u>Therapy Skills</u>	2 (17)	11 (69)	1 ( 3)
3. <u>Speech &amp; Language Skills</u> Articulation, language, stuttering and voice experience, sound discrimination, recog. of speech & language problems, auditory listening skills	6 (50)	0	11 (35)
4. <u>Diagnostic Skills</u>	0		1 ( 3)
5. Other Skills in (A) -- Knowledge of literature in the field, recognizing problem, interpret information, application of theory	4 (33)	5 (31)	10 (31)
<u>Subtotal A</u>	12 (100%)	16 (100%)	32 (100%)
<b>B. <u>General Skills</u></b>			
6. <u>Interpersonal relationship with teachers, clients, racial concerns</u>	1	0	1
7. <u>Professionalism in conduct, dress</u>	0	0	
8. <u>Management</u> -- write lesson plans, conferences, plan programs, data keeping, develop approaches to fluency; know goals, objectives	0	1	1
9. <u>Other General Skills</u> -- writing, conceptualization, research, library, other communication	3	0	1
<u>Subtotal B</u>	4	1	3

\*Two students answered "can't tell." One answered "none" -- no deficiency s/he is constantly improving.

Compared to questions on entry skills, response to the questions on assessment were too few to evaluate either the weights derived or the differences in perception. Thus, on the whole, therapy skills followed by speech and language skills were two areas students were most efficient in.

The same two categories -- speech and language skills (first) and therapy skills (second) were skills students were most deficient in.

Table IX shows there were skills that cannot be placed in specific categories, but together, under "other skills" were mentioned with high rates of response (31 to 33%) by all three groups. These are knowledge of literature, recognizing problems, interpreting information and application of therapy.

Attention then should be focused on speech and language skills such as articulation, stuttering, "voice experience", sound, discrimination, recognition of speech and language problems and auditory listening skills.

Exit Skills. Table X is a distribution of responses on exit skills. The weight of responses for the specific skills (section A of Table X) were on therapy skills and testing skills. Under general skills, management has the highest weight.

On the whole, the categories and examples in Tables VII through X should serve as a checklist for skills assessment before entry to, during, and before exit from, practicum. There seems to be a need for establishing criteria along these categories for the three different times that these skills should be assessed.

#### Evaluation of Practicum Performance.

When asked how they would evaluate student practicum performance, students and clinicians were in close agreement; clinicians averaged 7.5 from a ten point scale ("very unsatisfactory" to "highly satisfactory"), and students averaged 7.7. On the other hand, supervisors averaged only 6.7. See Table XI.

Question 9 (Clinician & Supervisor): What are those skills which you expect students to have acquired before they leave the practicum?

Question 9 (Student): What skills do you expect to have acquired before you leave the practicum?

Response Category	Clinician N=11	Responses By College Supervisor N=5	Student N=13*
<b>A. Skills directly associated with practicum*</b>			
1. <u>Testing skills</u> -- including knowledge of tests, test admin., scoring, selection, names of tests	2	2	3
2. <u>Therapy Skills</u> ; exit: sharpen these skills	7	2	0
3. <u>Speech &amp; Language Skills</u> -- Articulation, language, stuttering and voice experience, sound discrimination, recog. of speech & language problems, auditory listening skills	3	1	1
4. <u>Diagnostic Skills</u> ; exit: sharpen these skills	4	1	0
5. <u>Other Skills in (A)</u> -- Knowledge of literature in the field, recognizing problem, interpret info.; exit: sharpen above skills; therapy with clients; evaluation and objectifying behavior	4	3	3
<u>Subtotal A</u>			
<b>B. General skills*</b>			
6. <u>Interpersonal relationship</u> with teachers, clients, racial concerns; exit: interact with student and parents	3	1	3
7. <u>Professionalism</u> in conduct, dress; exit: self-evaluation for growth	2	1	5
8. <u>Management</u> -- write lesson plans, conduct conferences; plan programs, data keeping, develop approaches to fluency; know goals, objectives; exit: sharpen these skills; carry out objectives	8	4	6
9. <u>Other General Skills</u> -- writing, conceptualization, research, library, other communication, adaptability, flexibility; exit: sharpen these skills	9	1	3
<u>Subtotal B</u>			

\*While categories are similar to those on entry skills, the specific examples following the word "exit" were mentioned in response to exit skills.

\*\*N = response =

Table XI Perception of Performance of Students on a Scale of 1-10 - Where "1" is "very unsatisfactory" and "10" is "highly satisfactory"

Question 10b: Generally, how do you evaluate ...

- (students) your average performance?
- (clinicians) the average performance of students sent to you?
- (supervisors) the students you have supervised?

	Clinician	College Supervisor	Student
	7.5	6	9 8
	5.5	6.5	8 8
	7.5	7.5	4.5 8.5
	7.0	5.5	6.5
	9.0	8.	7.5
	7.5		7.5
	5.5		8.5
	6.		8.
	6.5		7.5
	8.5		8.5
Mean:	7.5	6.7	7.7
s.d.:	1.19	1.04	1.15

Arbitrarily using 7.5 as a minimum passing grade, clinicians and students gave the practicum a passing grade, while college supervisors didn't. These ratings are consistent with the extent of needs and problems expressed by the respondents. There is minimum satisfactory performance, and there is room for improvement. The needs to be met for an improved practicum are clearly spelled out in this section. Attitudes and characteristics of all three groups are important considerations when planning practicum change.

#### Respondents' Characteristics.

In our attempt to maximize information that will lead to problem solving and effective changes that have to be made, instruments measuring certain characteristics were administered. These instruments were described in items B and D of

Table I.

Table XII shows individual students' scores on Rigidity, Concern for Status and Internality-Externality. The mean score, standard deviation, and range under each instrument are also given.

Table XII Students' Scores on "Rigidity", "Concern for Status" and Internality-Externality

Student	Rigidity* (0-41) (Non rigid-to Rigid)	Concern for Status (10-60) (Hi-Lo Concern)	Internality-Externality (0-29) (Internal-External)
S-1	13 NR	29 HiC	4 I
S-2	21	41 LoC	16
S-3	19	35	14
S-4	24 R	32	18 E
S-5	20	33	16
S-6	-	-	13 I
S-7	23 R	40 LoC	16
S-8	20	39 LoC	19 E
S-9	26 R	49 LoC	22 E
S-11	24 R	22 HiC	13 I
S-14	20	36	18 E
S-15	21	24 HiC	16
S-16	23 R	18 HiC	15
S-18	10 NR	42 LoC	18 E
S-19	13 NR	36	16
S-20	16 NR	27 HiC	15
S-21	24 R	47 LoC	20 E
S-22	27 R	30	15
Meanscore	20.2	34.1	15.8
s.d.	4.8	8.6	3.8

\*Source: Perservative Behavior, Manifest Anxiety and Ridigity, Journal in Abnormal and Social Psychology, 1953 - Vol. 48, p. 129-134.

After each score, the "characteristics" of the student -- Rigid (R) or Non-Rigid (NR), Low Concern (LoC) or High Concern (HiC) for status, Internal or External are indicated. Those scores without labels are those that fall approximately in the middle third of the distribution.

How are these labels obtained? A very rough approximation of the two boundaries that separate a distribution into thirds was computed using the mean score and the standard deviation. If the standard deviation is multiplied by .45, then added and subtracted from the mean, the two boundaries are obtained. Scores falling above

the upper boundary were considered to be in the upper third of a similar (normally distributed) population.

Thus, referring to Table XII, the following computations were made using the students' scores:

(1) Rigidity:

$$\text{Meanscore} = 20.2; \text{ s.d.} = 4.8.$$

$$4.8 \times 0.45 = 2.16$$

$$\text{Upper boundary} = 20.2 + 2.16 = 22.4$$

Scores above 22 = Rigid

$$\text{Lower boundary} = 20.2 - 2.16 = 18.04$$

Scores below 18 = Non Rigid.

Thus, scores are marked accordingly.

(2) Concern for Status:

$$\text{Meanscore} = 34.1; \text{ s.d.} = 8.6$$

$$8.6 \times 0.45 = 3.9$$

$$\text{Upper boundary} = 34.1 + 3.9 = 38.0$$

Scores above 38 = Lo Concern

$$\text{Lower boundary} = 34.1 - 3.9 = 30.2$$

Scores below 30 = Hi Concern.

(3) Internality-Externality:

$$\text{Meanscore} = 15.8; \text{ s.d.} = 3.8$$

$$3.8 \times 0.45 = 1.71$$

$$\text{Upper boundary} = 15.8 + 1.7 = 17.5$$

Scores above 17 = External

$$\text{Lower boundary} = 15.8 - 1.7 = 14.1$$

Scores below 14 = Internal.

Similar computations were made for college supervisors and clinicians on Rigidity and Concern for Status, as shown in Table XIII.

For supervisors and clinicians, who happened to have the same mean, 18.8 and standard deviation, 5.5, on the Rigidity Scale, the boundaries are:

Scores above 21 = Rigid.

Scores below 16 = Non rigid.

On the Concern for Status, supervisors with scores below 34 were Hi C's and those with scores above 38 were Lo C's. Clinicians with scores below 36 were Hi C's and those with scores above 41 were Lo C's.



Table XIII College Supervisors and Supervising Clinician's Scores on "Rigidity" and "Concern for Status"

Subject	Rigidity (0-41) (Non rigid-to Rigid)	Concern for Status (10-60) (Hi-Lo Concern)
<u>College Supervisors</u>		
CS-1	11 NR	35
CS-2	21	42 LoC
CS-3	17	36
CS-4	26 R	32 HiC
Meanscore	18.8	36.3
s.d.	5.5	4.2
<u>Supervising Clinicians</u>		
SC-1	24 R	38
SC-2	30 R	43 LoC
SC-3	23 R	29 HiC
SC-4	9 NR	49 LoC
SC-5	20	36
SC-6	15 NR	36
SC-7	20	36
SC-8	16	35 HiC
SC-9	15 NR	35 HiC
SC-10	17	49 LoC
SC-11	18	41
Meanscore	18.8	38.8
s.d.	5.6	5.9

The results showed all means to be close to the midpoint of the range. Thus, a single descriptive number such as the mean will not have much use in terms of information. Time does not allow to complete the analysis originally planned. If time permitted, individual characteristics would be associated with perceptions — of problems and solutions, and of expectations, in order to see, for example, whether a "rigid" individual tends to suggest solutions different from a non-rigid individual. Comparisons between students and clinicians would lead to hypotheses that would match the two individuals for an effective practicum experience.

Questions such as "do internal students tend to perceive themselves more successful in the practicum than do external students?" may be answered by analyzing attitude scores and/or attitudinal statements of the internal students, external students, and moderate IE students.

Student Attitudes Toward the Clinician and Practicum

The attitude inventory was administered to students as a pre test after one month of practicum (first week of March 1979) and after seven more weeks of practicum as a post test (last week of April 1979). The practicum took place between February 1, and May 1, 1979. Thus, the pre test was given under minimal exposure to practicum, and the post test under maximum exposure to practicum.

An intercorrelation of the 52 item scores in the attitude inventory, first for the pre test and second for the post test resulted in the following:

- (1) 10 item pairs were significantly correlated in the pre- and in the post test.
- (2) One pair of items correlated positively in the pre-test and negatively in the post test.
- (3) Many pairs of items were significantly correlated in the pre but not in the post and vice versa. See TABLE XIV.

In the next few paragraphs relationships implied by the correlations will be stated in abbreviated form. The numbers of the items will be preserved so the reader can easily refer to Appendix I-C for details. The symbol  $\longleftrightarrow$  is used to mean "implies". "C" will stand for clinician and "S" for Student; without stating it here, the relationship, using the other end of the scale is implied. Thus in items 1, 3, "C's sympathy  $\longleftrightarrow$  C rarely talks out of turn", also means "C's lack of sympathy  $\longleftrightarrow$  talking out of turn."

Item Pairs Significantly Correlated in Pre and Post Tests

<u>Item Pair</u>	<u>Relationship</u>
1, 3	C's sympathy $\longleftrightarrow$ C rarely talks out of turn.
2, 24	C sticks to facts $\longleftrightarrow$ S does extra work.
4, 15	C's idea best $\longleftrightarrow$ C's ideas influence S.
5, 25	S doesn't like C $\longleftrightarrow$ C rarely feels satisfied.
7, 16	C feels insecure $\longleftrightarrow$ S rarely involved in therapy.
5, 45	S doesn't like C $\longleftrightarrow$ C doesn't like practicum.
8, 13	C doesn't like practicum $\longleftrightarrow$ S rarely feels satisfied.

(cont'd)

\*Significant at the .05 level.

Table XIV Pre and Post Test Item Correlations  
on the Attitude Inventory -- Attitude  
Toward Clinicians and Practicum

Correlated with Items		
Item No.	Pre Test*	Post Test*
1	③, 11, 12, 14 <sup>-</sup> , 23, 46, 51 <sup>-</sup>	2, ③, 9, 22 <sup>-</sup> , 35, 42
2	4 <sup>-</sup> , ②④, 42	9, ②④, 22 <sup>-</sup> , 31 <sup>-</sup> , 40 <sup>-</sup>
3	11, 23, 43	5 <sup>-</sup> , 7 <sup>-</sup> , 9, 42 <sup>-</sup>
4	7 <sup>-</sup> , ①⑤, 24, 48	①⑤, 30, 39
5	8, ②⑤, 32, ④⑤	7, 16, 18, ②⑤, 27 <sup>-</sup> , 33 <sup>-</sup> , ④⑤, 46, 29 <sup>-</sup>
6	33	26 <sup>-</sup> , 38 <sup>-</sup> , 46 <sup>-</sup> , 49 <sup>-</sup>
7	①⑥, 26, ②⑨, 34 <sup>-</sup> , 39 <sup>-</sup>	8, 10, ①⑥, 27, ②⑨, 36, 37, 46, 50
8	①③, 16, 18, 19 <sup>-</sup> , 25, 26, 36, 45	①③, 17, 21 <sup>-</sup> , 34 <sup>-</sup> , 37, 38, 49
9	18 <sup>-</sup> , 21, 34, 47	11, 24, 37 <sup>-</sup> , 50
10	11 <sup>-</sup> , 14, 20 <sup>-</sup> , 40 <sup>-</sup>	51, 52 <sup>-</sup>
11	①②, 14 <sup>-</sup> , 23, 28 <sup>-</sup> , 51 <sup>-</sup>	①②
12	14 <sup>-</sup> , 23, 41, 46 <sup>-</sup>	-
13	16 <sup>-</sup> , 25 <sup>-</sup> , ②⑥, 34, 36 <sup>-</sup>	20, 21, ②⑥
14	35, 41 <sup>-</sup>	-
15	None	30, 32, 39
16	26, ②⑨	19 <sup>-</sup> , 21 <sup>-</sup> , 25, ②⑨, 31
17	42, 50	21 <sup>-</sup> , 27 <sup>-</sup>
18	21 <sup>-</sup> , ②⑤, 36, 45 <sup>-</sup>	19 <sup>-</sup> , 23 <sup>-</sup> , ②⑤, 27 <sup>-</sup> , 28, 29 <sup>-</sup> , 31

(cont.)

Table XIV cont'd Correlated with Items

Item No.	Pre Test	Post Test
19	21, 27, 28 <sup>-</sup> , 36 <sup>-</sup> , 38 <sup>-</sup> , 39, 45, 48, 49 <sup>-</sup>	None
21	27, 41, 48	None
22	50	None
23	43, 51 <sup>-</sup>	None
24	52	None
25	27 <sup>-</sup> , 28, 36, 45 <sup>-</sup>	None
26	29 <sup>-</sup> , 38, 49 <sup>-</sup> , 52 <sup>-</sup>	None
27	45, 48	None
28	45 <sup>-</sup>	None
29	39	None
32	45 <sup>-</sup>	None
33	44 <sup>-</sup>	None
35	40 <sup>-</sup> , 41 <sup>-</sup>	None
36	45 <sup>-</sup> , 49	None
37	38, 40 <sup>-</sup> , 49, 50 <sup>-</sup>	None
38	49, 52 <sup>-</sup>	None
39	40	None
40	41	None
42	47	None
43	44 <sup>-</sup> , 51 <sup>-</sup>	None
45	48	None
49	52 <sup>-</sup>	None

\*A minus sign after an item number indicates a negative correlation with the item number in the left column.

Encircled items are those that correlate with the item on the left column, in both post and pre tests.

<u>Item Pair</u>	<u>Relationship</u>
11, 12	Other C's like C $\longleftrightarrow$ C creates materials therapy sessions.
16, 29	S rarely involved in therapy $\longleftrightarrow$ S daydreams.
18, 25	S rarely initiates new topic $\longleftrightarrow$ C rarely feels satisfied.

One will notice that in almost all pairs, at least one member of the pair is an affective statement -- thus, "sympathy", "doesn't like", "influencing", "feels satisfied", "feels insecure", are phrases recurring in the above group of items. This observation may have important implications on planning change to improve the practicum program. For instance, the idea that the affective aspect of learning persists throughout the practicum should be considered when planning change.

A pair of items remained correlated in both pre and post, but the direction changed. Thus, in the pre test items 7, 29 indicated:

C feels insecure  $\longleftrightarrow$  S usually daydreams during therapy;

but in the post test, the same items indicated:

C feels insecure  $\longleftrightarrow$  S usually concentrates in the therapy setting.

A possible explanation of the apparent inconsistency above is that in the pre test period, with yet very little exposure to practicum the student was not secure her/himself; s/he was in a sort of limbo, with nothing much to contribute, and more dependent on the clinician. Therefore, an insecure clinician invites daydreaming on the part of the student; likewise, a secure clinician influences the student to concentrate. In the post test period, however, the student tended to become more secure, so that the student may respond to a clinician's insecurity by concentrating on the therapy, i.e. by relying more on oneself.

#### Item Pairs Significantly Correlated only in the Pre Test or the Post Test

A few items whose content appeared to be relevant to the practicum were selected. Then the items correlating with each selected item were identified first for the pre test then the post test. These associations are enumerated in abbreviated form below:

Item 1 C in sympathy with S:

Correlated in Pre test with item  
 11, Other clinicians like C  
 12, C creates her activity material  
 14, C, committed to speech and language therapy  
 23, C tries new ideas  
 51, C not comfortable accepting praise

Correlated in Post test with item

2, C sticks to facts  
 9, S willing to change things  
 22, C praises S  
 35, S sympathizes with others  
 42, C rarely criticizes S.

Looking closely at the characteristics of the two groups of items above, one will note that the first group of items describes an unselfish clinician who does things for the students — whose primary attention is the student — creates for them, is committed to teaching, tries new ideas for them, doesn't encourage praise for self and other clinicians like her/him. At the beginning of the practicum, these qualities were associated with sympathy.

On the other hand, most of the items in the second group were characteristics independent of the act of "giving" to the students, such as sticking to facts, willing to change things, not criticizing students, praising students. It is also worthy to note that the item "S sympathizes with others" showed that sympathy (on part of the student) begets sympathy from the clinician. That is, student, now has to possess a certain positive characteristic to deserve a positive attitude. This relationship is in contrast with the item in the first group — "other clinicians like C."

For the rest of the selected items similar lists will be presented without the hypothetical explanation for item one.

This report was to be used as a guideline for solutions and changes. The Hampton staff will study the remaining items and brainstorm on their hypothetical explanations.

Item 5. S doesn't like C:

Correlated in Pre test with item

- 8, C doesn't like the practicum situation
- 32, C feels superior to student

Correlated in Post test with item

- 7, C feels insecure
- 16, S rarely involved in therapy
- 18, S rarely initiates new topic
- 27, C doesn't like most students
- 29, S usually daydreams
- 33, C rarely gives S directions
- 46, C rarely plans therapy session

Item 9. S willing to change things:

Correlated in Pre test with item

- 18, C initiates new topic
- 21, S likes C
- 47, C occasionally tells S how expected to behave

Correlated in Post test with item

- 11, Other clinicians like C
- 50, C tolerates S who thinks s/he had best idea

Item 17. C seldom uses ideas of S:

Correlated in Pre test with item

- 42, C criticizes S
- 50, C tolerates S who thinks s/he has best ideas

Correlated in Post test with item

- 21, S doesn't like C
- 27, C doesn't like S

Item 18. S rarely initiates new topic:

Correlated in Pre test with item

- 21, S doesn't like C
- 36, S feels insecure
- 45, C doesn't like practicum

Correlated in Post test with item

- 19, S often interferes with C
- 23, C rarely tries new ideas
- 27, C doesn't like S

Item 29. S usually concentrates in therapy session:

Correlated in Pre test (only) with item

- 39, C enthusiastic when doing therapy

## IMPLICATIONS FOR COMPETENCY-BASED EDUCATION

Problems associated with the Speech Pathology Program indicated that competency-based education (CBE) might be utilized as an approach to the solution of the major problems, for instance, by converting the Speech Pathology Program at Hampton to CBE. In order to clarify why the CBE approach might be a suitable one to proceed with, it becomes necessary to first define the term and discuss some of its basic concepts.

Competency-based education has been defined as a systematically designed educational approach which typically emphasizes the following characteristics: (1) prespecified public competencies or program goals; (2) prespecified public performance objectives; (3) actual competency demonstration; (4) detailed assessment of entering and exiting behavior; (5) learning activities in a variety of modes offering options to students.

The objectives of CBE are usually achieved by identifying and demonstrating skills, knowledges and attitudes in three domains:

Affective domain--Objectives which describe change in interest, attitudes, values, and the development of appreciations and adequate adjustment.

Cognitive domain--Objectives which deal with the recall or recognition of knowledge and the development of intellectual abilities and skills.



Psychomotor domain--Competency objectives which include general but observable skills. Demonstration at prespecified level; the ability to fulfill a job or responsibility.

The instructional system is the major component of the CBE program design. A typical instructional system may include the following components: competencies, performance objectives, needs assessment, delivery systems, and evaluation. Based on the major problems identified by students, supervising clinicians and college supervisors involved in the Speech Pathology Program at Hampton, it becomes evident that the instructional system of the Speech Pathology Program has not adhered to the basic concepts of CBE. For example, students and supervising clinicians agree that there is not ample opportunity for practical experiences prior to their practicum situation. However, students are adequately prepared in theory. Here again, it becomes necessary to note that through CBE, skills, knowledges and attitudes are identified for all three domains. Perhaps, if a task analysis had been conducted, competencies dealing with actual performance of theory learned in class would have been identified.

Another such example was evident in students' responses concerning not being completely informed about the Speech Pathology Program. If a truly CBE approach were to be followed, all goals, performance objectives and expectations would be predetermined and public. In other words, students would be notified upon entering the program of just what is expected of them.

The two preceding examples are but a few of the ways in which CBE can be utilized to improve the instructional system of any type program. Special attention should be given to this approach by those persons responsible for improving the Speech Pathology Program at Hampton Institute.

APPENDIX I INSTRUMENTS

- A. Interview Questionnaires
- B. Internality-Externality Measures  
(Opinion Scale)
- C. Attitude Toward Clinicians and Practicum  
(Attitude Inventory)
- D. Rigidity and Concern for Status  
(Attitude Scale)

A. INTERVIEW QUESTIONNAIRES

INTERVIEW QUESTIONS FOR HAMPTON STUDENTS  
March 12-13, 1979

1. What do you think is the most serious problem(s) you have with respect to your role as a practicum student?

e.g. professionalism, attendance, etc.

e.g. any other concerns/problems

e.g. which are most pressing, 1, 2, 3?

e.g. what about testing? (if not mentioned)

2. Do you have any suggestions for how these problems can be solved?

3. With regards to your practicum, what do you expect to get out of it for yourself?

Probe: e.g. contribution to your education

e.g. benefits for you

e.g. what is your goal?

e.g. preparation for future work

(Still on the subject of your expectations.....)

4a. What are your expectations for the clinicians?

Probe: e.g. helping with problem areas

b. What, do you think, is the clinicians' expectation of you?

(Now that you have talked about your personal expectations....)

5a. What are your expectations for the college supervisor?

Probe: e.g. helping you with problem areas

e.g. communication between you and clinician

b. What do you think is your supervisor's expectations of you?

6. Are there certain skills you feel you should have before entering the practicum?

e.g. administration of tests

e.g. application of theory

e.g. affective skills, professionalism, etc.

7. What skills do you feel you are most efficient in?

8. Are there any skills you feel you are different in?

e.g. List/and why

(go back to what you said about skills)

9. What skills do you expect to have acquired before you leave the practicum?

10a. What, do you think, are the criteria/standards for each of the skills you would consider acceptable for satisfactory completion of the practicum?

b. Generally, how do you evaluate on a scale of 1-10, your average performance, e.g. 1--very satisfactory, 10--highly satisfactory

11a. How much time do you devote to the practicum?

e.g. average hours per week

e.g. working on problem areas

e.g. discussing problem areas with supervisor/  
clinician

b. What percentage of your total time is devoted to study efforts related to the practicum?

12. How effective is your coursework/current training in preparing you to reach your professional goals?

INTERVIEW QUESTIONS FOR CLINICIANS HAMPTON AREA:  
March 12-13, 1979

1. What do you think is the most serious problem(s) you have with respect to your role as a clinician?

Probe: e.g. professionalism, attendance, etc.

e.g. any other problems?

e.g. which are most pressing, 1, 2, 3?

e.g. what about testing (if it is not mentioned)?

2. Do you have any suggestions as to how these problems can be solved?

3. With respect to the practicum program with Hampton Institute, what do you expect to get out of it for yourself?

Probe: e.g. is it self satisfaction?

e.g. helping others

e.g. contribution to education

e.g. are there any benefits for you?

(Now that you have talked about your personal expectations....)

- 4a. What are your expectations of the students sent to you?

Probe: e.g. skills

e.g. expectations of achievement

e.g. personality

- b. What, do you think, is the students' expectation of you?

(Still on the subject of your expectations....)

- 5a. What are your expectations of the college supervisor who sends the students to you?

- b. What, do you think, is the college supervisor's expectation of you?

(I understand that the students have their academic preparation at Hampton before coming to you...)

6. Are there certain skills they must have before coming to you? If so, what are these skills?

Probe: e.g. administration of tests

If no, probe, e.g. by skills I mean application of theory, practice no tests.

7. What skills do you find the practicum students are most efficient in?
8. What skills do you find the practicum students are most deficient in? (Tie in with Question #2, if necessary)
9. What are those skills which you expect students to have acquired before they leave the practicum?
- 10a. What are the criteria/standards for each of the skills that you would consider acceptable for satisfactory completion of the practicum?
  - b. Generally, how do you evaluate on a scale of 1-10, the average performance of the students sent to you? e.g. 1--very unsatisfactory, 10--highly satisfactory.
- 11a. How much time do you devote to the practicum?

Probe: e.g. average hours per week  
e.g. helping students with problems in the practicum
- b. What percent of your total time is devoted to the practicum?
12. Do you see anything in the way the practicum is presently structured that seems to inhibit or facilitate its success?



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INTERVIEW QUESTIONS FOR COLLEGE SUPERVISORS  
DEPARTMENT OF COMMUNICATION DISORDERS HAMPTON INSTITUTE  
March 12-13, 1979

1. What do you think is the most serious problem(s) that you have in your role as college supervisor?

Probe: e.g. not seeing eye-to-eye with supervising clinicians.

e.g. getting students to follow rules that have been set down regarding practicum.

e.g. fitting all of your duties into a crowded schedule.

2. Do you have any suggestions for how these problems can be solved?

3. What gratification or benefits do you get from your work as college supervisor? (in working with students and supervising clinicians).

Probe: e.g. the opportunity to guide and/or motivate students to heightened skill in the therapy situation.

e.g. opportunity to meet and interact with varied personalities and professionals.

e.g. opportunity to observe and react to varied case types.

- 4a. In general how do your expectations for the students that you supervise compare with those of the supervising clinician? Are they higher, lower or about the same?

Probe: e.g. skills

e.g. expectations of achievement

e.g. personality

- b. What do you think the students expect of you?

- 5a. What are your expectations for the supervising clinicians to whom the student clinicians are sent?

- b. What do you think the supervising clinician expects of you?

6. Are there certain skills that you think a person should have when she or he is a college supervisor?

7a. What skills do you find the practicum students are most efficient in?

What skills do you find the supervising clinician most efficient in relating to the practicum student?

b. How do you account for this?

8. What skills do you find the practicum students are most deficient in?

What skills do you find the supervising clinician most deficient in relating to the students?

What suggestions would have for alleviating the deficiencies in both?

9. What skills would you like the students to have acquired at the end of the practicum period?

10a. Do your standards for a first semester student differ from those of a second semester student? If so how?

b. Generally, how do you evaluate on a scale of 1-10 the average performance of the students you have supervised. e.g. 1 is very unsatisfactory and 10 is highly satisfactory.

11a. What percentage of your time is spent in teaching classes? In supervising students?

b. Would you like for this to be changed at all? If so in what way?

12. Would you propose any changes in the current program that would better prepare the students for practicum?

B. Internality-Externality Measures  
(Opinion Scale)

Instructions: Encircle a or b depending on which one most clearly represents your view. Please answer each item.

1. a. Children get into trouble because their parents punish them too much.  
b. The trouble with most children nowadays is that their parents are too easy with them.
2. a. Many of the unhappy things in people's lives are partly due to bad luck.  
b. People's misfortunes result from the mistakes they made.
3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.  
b. There will always be wars, no matter how hard people try to prevent them.
4. a. In the long run people get the respect they deserve in this world.  
b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
5. a. The idea that teachers are unfair to students is nonsense.  
b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
6. a. Without the right breaks one cannot be an effective leader.  
b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7. a. No matter how hard you try some people just don't like you.  
b. People who can't get others to like them don't understand how to get along with others.
8. a. Heredity plays the major role in determining one's personality.  
b. It is one's experiences in life which determine what one is like.
9. a. I have often found that what is going to happen will happen.  
b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.  
b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.  
b. Getting a good job depends mainly on being in the right place at the right time.
12. a. The average citizen can have an influence in government decisions.  
b. This world is run by the few people in power, and there is not much the little guy can do about it.
13. a. When I make plans, I am almost certain that I can make them work.  
b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.  
b. There is some good in everybody.
15. a. In my case getting what I want has little or nothing to do with luck.  
b. Many time we might just as well decide what to do by flipping a coin.
16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.  
b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.
17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.  
b. By taking an active part in political and social affairs the people can control world events.
18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.  
b. There really is no such thing as "luck".
19. a. One should always be willing to admit mistakes.  
b. It is usually best to cover up one's mistakes.
20. a. It is hard to know whether or not a person really likes you.  
b. How many friends you have depends on how nice a person you are.
21. a. In the long run the bad things that happen to us are balanced by the good ones.  
b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
22. a. With enough effort we can wipe out political corruption.  
b. It is difficult for people to have much control over the things politicians do in office.
23. a. Sometimes I can't understand how teachers arrive at the grades they give  
b. There is a direct connection between how hard I study and the grades I get.
24. a. A good leader expects people to decide for themselves what they should do  
b. A good leader makes it clear to everybody what their jobs are.
25. a. Many times I feel that I have little influence over the things that happen to me.  
b. It is impossible for me to believe that chance or luck plays an important role in my life.
26. a. People are lonely because they don't try to be friendly.  
b. There's not much use in trying too hard to please people, if they like you, they like you.
27. a. There is too much emphasis on athletics in high school.  
b. Team sports are an excellent way to build character.
28. a. What happens to me is my own doing.  
b. Sometimes I feel that I don't have enough control over the direction in my life.

- 29. a. Most of the time I can't understand why politicians behave the way they do.
- b. In the long run the people are responsible for bad government on a national as well as on a local level.

C. Attitude Toward Clinicians and  
Practicum  
(Attitude Inventory)

Attitude Toward Clinicians and Practicum  
(Attitude Inventory)

On the following pages you will find a series of scales. Each scale is composed of a pair of statements separated by a broken line (:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_:). Please place an X on the line at the place that indicates which statement more nearly describes the ideal practicum situation.

Example:

IN THE IDEAL PRACTICUM SITUATION

A. The supervising  
clinician usually  
tells me exactly  
what to do.

:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_:\_\_\_: X :

The supervising  
clinician rarely tells  
me exactly what to do.

This supervising clinician rarely tells me exactly what to do.

IN THE IDEAL PRACTICUM SITUATION

B. The supervising  
clinician usually  
tells me exactly  
what to do.

:\_\_\_:\_\_\_: X :\_\_\_:\_\_\_:\_\_\_:\_\_\_:

The supervising  
clinician rarely tells  
me exactly what to do.

This supervising clinician is a little more likely than not to tell me exactly what to do.



1. The supervising clinician usually sympathizes with the student clinician. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician rarely sympathizes with the student clinician.

2. The supervising clinician always sticks to the facts. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician often states her own opinion to me.

3. The supervising clinician rarely talks out of turn to me. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician occasionally talks out of turn.

4. The supervising clinician usually thinks her idea is best. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician occasionally thinks her idea is best.

5. I do not like the supervising clinician. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

I like the supervising clinician.

6. The supervising clinician shows approval when the student clinician presents her ideas. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician is really glad when the student clinician presents her ideas.

7. The supervising clinician feels insecure. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician feels secure.

8. The supervising clinician does not like the practicum situation. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician likes the practicum situation.

9. The student clinician is usually willing to change things. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The student clinician is rarely willing to change things.

10. The supervising clinician is upset when she cannot answer a student clinician's question. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician is not upset when she cannot answer a student clinician's question.

11. Other clinicians like the supervising clinician. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

Other clinicians do not like the supervising clinician.

12. The supervising clinician creates her own activities and materials for the therapy sessions. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician usually sticks to commercially prepared programs.

13. The student clinician usually feels satisfied. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The student clinician rarely feels satisfied

14. The supervising clinician is not particularly committed to speech and language therapy. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician is really committed to speech and language therapy.

15. The supervising clinician always presents ideas which influence the student clinician. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician usually presents ideas which influence the student clinician.

16. The student clinician is rarely involved in the therapy activities. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The student clinician usually seems involved in the therapy activities.

17. The supervising clinician seldom uses the ideas of the student clinician. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician usually uses the ideas of the student clinician.

18. The student clinician rarely initiates a new topic. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The student clinician often initiates a new topic.

19. The student clinician often helps the supervising clinician. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The student clinician often interferes with the supervising clinician.

20. The supervising clinician neither approves nor disapproves of a student clinician who thinks she has the best idea. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician tolerates the student clinician who thinks she has the best idea.

21. The student clinician likes the supervising clinician. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The student clinician does not like the supervising clinician.

22. The supervising clinician occasionally praises the student clinician. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician often praises the student clinician.

23. The supervising clinician often tries new ideas. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician rarely tries new ideas.

24. The supervising clinician shows approval when the student clinician does extra work. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician is really glad when the student clinician does extra work.

25. The supervising clinician rarely feels satisfied. : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician usually feels satisfied.

- 26. The student clinician does not like therapy. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The student clinician likes therapy.
- 27. The supervising clinician likes most student clinicians. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician does not like most student clinicians.
- 28. The supervising clinician is rarely willing to change things. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician is usually willing to change things.
- 29. The student clinician usually concentrates in the therapy setting. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The student clinician usually daydreams or doodles in the therapy setting.
- 30. The supervising clinician seldom laughs with the student clinician. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician often laughs with the student clinician.
- 31. The supervising clinician usually lectures to the student clinician. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician occasionally lectures to the student clinician.
- 32. The supervising clinician feels like the student clinician's superior in the therapy setting. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician feels like the student clinician's co-worker in the therapy setting.
- 33. The supervising clinician often gives the student clinician directions. :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :\_\_ :

The supervising clinician rarely gives the student clinician directions.

## IN THE PRACTICUM SITUATION

34. It is usually quiet :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
It is usually noisy.
35. The student clinician occasionally sympathizes with others. :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
The student clinician usually sympathizes with others.
36. The student clinician feels insecure. :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
The student clinician feels secure.
37. The supervising clinician approves of the student clinician sympathizing with other student clinicians. :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
The supervising clinician neither approves nor disapproves of student clinicians sympathizing with other student clinicians.
38. The student clinician does not like the practicum situation. :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
The student clinician likes the practicum situation.
39. The supervising clinician is usually enthusiastic when doing therapy. :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
The supervising clinician is rarely enthusiastic when doing therapy.
40. The supervising clinician is concerned with putting theory into practice. :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
The supervising clinician is concerned mainly with theory.
41. The supervising clinician calls on clients by name. :\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:\_\_:  
The supervising clinician calls on the clients who raise their hands.

42. The supervising clinician often criticizes the student clinician.  
 : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician rarely criticizes the student clinician.

43. The supervising clinician often relates her own experiences to the student clinician.  
 : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician rarely relates her own experiences to the student clinician.

44. The supervising clinician always offers compromises when several sides are taken on a subject.  
 : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician usually offers compromises when several sides are taken on a subject.

45. The supervising clinician likes the practicum situation.  
 : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician does not like the practicum situation,

46. The supervising clinician rarely plans her therapy sessions.  
 : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician usually plan her therapy sessions.

47. The supervising clinician occasionally tells the student clinician how she is expected to behave.  
 : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician often tells the student clinician how she is expected to behave.

48. The supervising clinician always listens to the student clinician.  
 : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician often listens to the student clinician.

## IN THE PRACTICUM SITUATION

49. The student clinician does not like the practicum situation.

: \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The student clinician likes the practicum situation.

50. The supervising clinician tolerates a student clinician who thinks she has the best idea.

: \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician disapproves of a student clinician who thinks she has the best idea.

51. The supervising clinician is rarely comfortable accepting praise from her supervisor.

: \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician is usually comfortable accepting praise from her supervisor.

52. The supervising clinician is usually comfortable accepting criticism from her supervisor.

: \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ :

The supervising clinician is rarely comfortable accepting criticism from her supervisor.

D. Rigidity and Concern for Status  
(Attitude Scales)



SECTION ONE Rigidity Scale

Instructions: For each item encircle either True or False depending on the response which most closely represents your feelings or thinking. Please answer each item.

- |     |   |      |       |
|-----|---|------|-------|
| 1.  | I am often the last one to give up trying to do a thing.  | True | False |
| 2.  | There is usually only one best way to solve most problems.  | True | False |
| 3.  | I prefer work that requires a great deal of attention to detail.  | True | False |
| 4.  | I often become so wrapped up in something I am doing that I find it difficult to turn my attention to other matters.        | True | False |
| 5.  | I prefer doing one thing at a time to keep several projects going.  | True | False |
| 6.  | I dislike to change my plans in the midst of an undertaking.  | True | False |
| 7.  | I never miss going to church.   | True | False |
| 8.  | I would like a position which requires frequent changes from one kind of task to another.                                   | True | False |
| 9.  | I usually maintain my own opinions even though many other people may have a different point of view.                        | True | False |
| 10. | I find it easy to stick to a certain schedule, once I have started on it.   | True | False |
| 11. | I believe women ought to have as much sexual freedom as men.  | True | False |
| 12. | I do not enjoy having to adapt myself to new and unusual situations.  | True | False |
| 13. | I prefer to stop and think before I act even on trifling matters.   | True | False |
| 14. | I would not like the kind of work which involves a large number of different activities.                                    | True | False |
| 15. | I try to follow a program of life based on duty.  | True | False |
| 16. | I have kept a careful diary over a period of years.   | True | False |
| 17. | My interests tend to change quickly.  | True | False |
| 18. | I usually find that my own way of attacking a problem is best, even though it doesn't always seem to work in the beginning. | True | False |
| 19. | I dislike having to learn new ways of doing things.   | True | False |
| 20. | I like a great deal of variety in my work.  | True | False |
| 21. | I am a methodical person in whatever I do.  | True | False |
| 22. | I am usually able to keep at a job longer than most people.   | True | False |
| 23. | I think it is usually wise to do things in a conventional way.  | True | False |
| 24. | I always finish tasks I start, even if they are not very important.   | True | False |
| 25. | People who go about their work methodically are almost always most successful.  | True | False |

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26.	When I have undertaken a task, I find it difficult to set it aside, even for a short time.	True	Fa
27.	I often find myself thinking of the same tune or phrases for days at a time.	True	Fa
28.	I have a work and study schedule which I follow carefully.	True	Fa
29.	I usually check more than once to be sure that I have locked a door, put out the light, or something of the sort.	True	Fa
30.	I have never done anything dangerous for the thrill of it.	True	Fa
31.	It is always a good thing to be frank.	True	Fa
32.	I have a habit of collecting various kinds of objects.	True	Fa
33.	I have taken a good many courses on the spur of the moment.	True	Fa
34.	I believe that promptness is a very important personality characteristic.	True	Fa
35.	My interests change very quickly.	True	Fa
36.	It is the slow, steady worker who usually accomplishes the most in the end.	True	Fa
37.	I am always careful about my manner of dress.	True	Fa
38.	I usually dislike to set aside a task that I have undertaken until it is finished.	True	Fa
39.	I am inclined to go from one activity to another without continuing with any one for too long a time.	True	Fa
40.	I prefer to do things according to a routine which I plan myself.	True	Fa
41.	I always put on and take off my clothes in the same order.	True	Fa
42.	I must admit that it makes me angry when other people interfere with my daily activity.	True	Fa
43.	I find that a well-ordered mode of life with regular hours is congenial to my temperament.	True	Fa
44.	It bothers me when something unexpected interrupts my daily routine.	True	Fa
45.	I don't like to undertake any projects unless I have a pretty good idea as to how it will turn out.	True	Fa
46.	I find it hard to set aside a task that I have undertaken, even for a short time.	True	Fa
47.	I don't like things to be uncertain and unpredictable.	True	Fa
48.	I always follow the rule: business before pleasure.	True	Fa
49.	I get disgusted with myself when I can't understand some problem in my field, or when I can't seem to make any progress on a research problem.	True	Fa

SECTION TWO - Concern for Status Scale

Instructions: Encircle the response which most closely represents your view. Please answer every item.

50. The extent of a man's ambition to better himself is a pretty good indication of his character.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
51. In order to merit the respect of others, a person should show the desire to better himself.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
52. One of the things you should consider in choosing your friends is whether they can help you make your way in the world.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
53. Ambition is the most important factor in determining success in life.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
54. One should always try to live in a highly respectable residential area, even though it entails sacrifices.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
55. Before joining any civic or political association, it is usually important to find out whether it has the backing of people who have achieved a respected social position.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
56. Possession of proper social etiquette is usually the mark of a desirable person.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
- 
57. The raising of one's social position is one of the more important goals in life.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|
58. It is worth considerable effort to assure one's self of a good name with the right kind of people.
- |                |       |                |                   |          |                   |
|----------------|-------|----------------|-------------------|----------|-------------------|
| Strongly Agree | Agree | Slightly Agree | Strongly Disagree | Disagree | Slightly Disagree |
|----------------|-------|----------------|-------------------|----------|-------------------|

APPENDIX II EVALUATION OF THE PROJECT  
(Addendum)

Appendix II Evaluation of the Project  
(Addendum)

Our team was most effective in the early stage of the project, covering the following activities:

- Problem definition
- Research design
- Questionnaire development
- Searching for other data collection instruments
- Data collection, specifically conducting interviews

Participation as team members fell apart during the analysis stage.

The first stage where teamwork was most effective was a planning stage. We had a brainstorming session where everybody was actively participating. The result of each session was summarized and distributed. Our calendar was satisfactorily followed, up to the interviewing schedule.

Planning involved consideration of content furnished by the "expert" member of the team. We all worked on the content -- the perception of curriculum and practicum and of the problems related to these two. Consideration of the problems and the conceptualization of prospective solutions enabled us to decide on the most feasible approach to the use of research in problem solving. As a team, we "had tied neatly together" what was to be done in the analysis and how the results of analysis would answer questions related to problem solving.

Our inability to schedule even a few meetings in the summer of 1979, when all team members were on campus, resulted in only one member doing computer runs on the data collected. Thus, the plan to have a team effort to constantly put in perspective the problems we were trying to solve and the procedure outlined earlier, while doing the analysis, did not occur; and due to the vagueness of computer output to members who didn't participate in the summer research work, only one computer analysis could be used. This deviation from plan, however, is a learning experience in itself. We allowed flexibility in design, being aware that

in the process of conducting research new ideas will arise and/or that the original plan wouldn't fit unexpected outcomes from data collected.

The problem of data sharing and lack of communication among team members hurt the project in the sense that there was no balance of activities in the analysis stage. We think, however, that considering all constraints -- geographical separate-ness, time, the lack of balance in interest on the research topic, the unequal motivations to accomplish, and other logistic factors foreseen and unforeseen -- the team project should be considered a success. We all learn from experience. Since all members participated at varying levels and to different extents, all of us benefited -- also at varying extents. Any member who apparently lacked full involvement, still would have grasped the nature of the process followed. One preliminary report was accomplished by a junior faculty.

To accomplish this report major hand calculations were necessary to re-analyze the raw data. While it was difficult to get as much input as possible from both junior faculty in the second stage analysis, efforts were still pursued toward a final report that reflected all three members' ideas. The Hampton team member (the content expert) offered deep insight into the interpretation of results. Geographical distance was overcome by extensive long distance conference between her and the senior researcher. She was involved in this final report to as great an extent as possible.

The benefit to the Michigan junior faculty member extends beyond this final report. Her major involvement in the beginning and in the conduct of interviews would be sufficient to make use of this research for her competency based education (CBE) topic. This was verbalized by her a number of times; it was just not recorded, and time does not allow us to describe prospectively her plans on the CBE "connection." It is the view of this senior researcher that she benefited to the extent she needed it, in this project.

The Hampton team member evaluates the project as follows:

For me the project was a success but I don't feel it was for the other members of the team. The fallacy was in a lack of commitment on the part of all team members. This possibly could have been improved if each junior member had a separate project to be developed with the senior researcher. In other words, their could be two duals, with the senior researcher being the second participant in both (you still only have three people).

The team would act as a triad during planning and collecting of data for each of the two projects. With the second junior member, playing the role of a sounding board for a critic, this could be useful in helping the dual clarify their thinking in the best way to carry out the project. It was difficult having three people from three different disciplines to find an area in which they were equally interested and consequently this weakened the commitment. It was lack of commitment that weakened our efforts as a team, but I emphasize, I think, it was due to different interests. As an individual, I feel I gained a great deal but as a team there was room for improvement, per Doris Jarvis.

ED213716

Measurement of Indicators of Needs, Use & Dissemination of Health Information Among Older Black Americans: Conceptual and Methodological Problems.

Gaynell Walker-Burt, Ph.D.,  
Carolyn Hagey, Ph.D., and  
Gerald Gurin, Ph.D.

Purpose/Introduction

The purpose of this project was to obtain baseline data on the needs for health information and on psychosocial factors influencing the use and dissemination of health information. Specifically, this project identified indicators which health educators can use in planning, implementing and evaluating health information activities. This project investigated the following indicators: (1) health status, (2) health behavior and beliefs, (3) use of health informational services, (4) psychosocial issues influencing black elderly behavior: attitudes toward death and dying, coping behaviors and life satisfaction.

As the elderly population becomes increasingly larger it is only conceivable that they will comprise a greater portion of those individuals seeking health services. In order to provide the kind of educational information essential for assisting the black elderly to achieve optimum levels of functioning, more emphasis needs to be placed on the collection and dissemination of relevant information. Information regarding health status, coping behavior and life satisfaction is essential to educators who are concerned with improving the quality of life among all older Americans.



### Theoretical Model

There is a variety of theoretical models for explaining the linkage of educational information to behavior. The health belief model developed by Hochbaum, et. al. is one very useful model. The health belief model postulates that outcome behaviors are determined by how individuals link information or knowledge to behavior. Hochbaum, et. al. indicate that "a 'stimulus,' either 'internal' (e.g., perception of bodily states), 'external' (e.g., interpersonal interaction, mass media communication, personal knowledge of some effort by the condition) must trigger the appropriate health behavior." (p. 384-349).

### Procedure/Method

Since the main objective of this project was to obtain baseline data for a larger study and to pretest the research instrument, no attempt was made to achieve a probability sample. Data were collected on 120 black elderly (ages 65 years and older). Sixty of the elderly resided in Hampton and Newport News, Virginia, both small cities with populations less than 120,000. The remaining sixty older black Americans were residents of Ann Arbor and Ypsilanti, Michigan, two cosmopolitan university cities. Subjects within each sample attended senior citizens' centers located in their respective cities on a regular basis for purposes of obtaining nutritional meals and participating in planned recreational and educational activities.

The interview schedule took approximately one hour and 15 minutes to be completed. The interview was divided into two 40-minute sessions. Immediately following the first 40-minute session, the respondent's name

was recorded on a 3 x 5 card and attached to the questionnaire. An appointment was scheduled for the second session. Upon completion of the second session, the 3 x 5 card was destroyed in the presence of the respondent to assure anonymity.

Each participant signed a consent form prior to any collection of data (Appendix A). Since some of the older Blacks may have had poor eyesight or difficulty reading, the consent form was read to each respondent willing to participate in the study. The respondents were also advised that they could terminate the interview at any time.

#### Instrument

The research instrument was designed to measure the major variable identified in the study (Appendix A). The items for the questionnaire were developed, using concepts from the research literature and from the researcher's knowledge of physical and emotional health issues among older Black persons and older persons in general. Several items were adapted from the National Survey of Black Americans being conducted by the Institute of Social Research (Sections on Health Status and Background Information). The section on health beliefs was adapted from the health belief survey conducted by the Health Service Research Center.

The questionnaire was designed to measure some variables by employing two or more interviewing techniques. For example, open-ended as well as closed-ended items were designed to measure health beliefs. In addition, items to measure the same variable were constructed with a four-point response scale and with contrasting statements. This

was done to assess the most effective way to measure the variable and to determine whether the operationalization of the variable is valid for the older Black person.

This report highlights the preliminary analysis of two major areas in this study: Dissemination of health information and psychosocial issues. All other data are in the process of being analyzed.

#### The Dissemination of Health Information

The efficacy of forms of medical technology and medical health insurance (e.g., Medicare, Medicaid) have had minimal impact on the health status of the 1.5 million black elderly in the United States. Older Black Americans (especially those aged 65 to 74 years) continue to have the highest incidence of multiple health problems among the elderly in this country. Factors contributing to the overall poor health quality exhibited by the black elderly include lack of money to pay deductibles on medicare health insurance plans, poor transportation to medical facilities and the unavailability of suitable health care facilities and physicians in the black community (Dancy, 1977).

Another variable that may be contributing to the poor health status of the older black American is the limited availability of health care information. Thus, this research explored issues relative to various human and non-human resources utilized by black elderly to obtain health information. Specifically, the objectives of this study were twofold:

1. To determine the current available resources of health information as identified by a group of black elderly.
2. To identify untapped human and non-human resources which could be utilized to increase the dissemination and efficacy of health information to black elderly.

## Results/Conclusions

This particular segment of the study reports on the black elderly subjects being queried relative to where they received health information. Interviewers orally presented a 10 item "yes-no" inventory to the elderly subjects. The inventory was designed to identify utilization patterns regarding both human and non-human resources.

Table One depicts the percentage distribution of yes-no responses given by the 120 black elderly on the 10-item inventory.

Table One. Percentage Distribution of Yes-No Responses Given by 120 Black Elderly on the 10-item Inventory.

<u>SOURCE</u>	<u>Per Cent "yes"</u>	<u>Per Cent "no"</u>
Family	40 %	60 %
Church	30	70
Friends	53	46
Newspapers	46	53
Magazines	33	66
Radio	43	56
Television	63	36
Social Service Agency	36	63
Senior Citizen Center <sup>a</sup>	86	13
Books	43	56

Preliminary analysis revealed a general trend for older black Americans to obtain health information from three primary resources: senior citizen centers (86%), television (63%), and friends (53%). The

significant amount of health information obtained from senior citizen centers reflects the type of educational programming typically found at these facilities. Since the sample was primarily drawn from centers catering to the needs of the elderly, the high percentage of "yes" responses for this particular item (86%) may be somewhat misleading with respect to primary health information resources used by the general population of Black elderly. In spite of this fact, however, results indicated that older black Americans receive a great deal of health information from senior citizen centers.

It is not surprising that television received a high percentage of "yes" responses. An extensive review of literature cited in Oyer and Oyer (1976) documented the fact that television-watching is a primary leisure-time activity among the elderly. Furthermore, the major type of television content viewed by the elderly consisted of news and information rather than entertainment. Other forms of mass media (i.e., newspapers, magazines, books and radio) depend on a single sensory modality - visual or auditory - to disseminate information. The progressively diminishing visual and auditory perceptions of the elderly make it difficult for them to process incoming stimuli via a single sensory modality. And, as indicated by the lower percentages of "yes" responses, these forms of mass media provide limited information to Black senior citizens on health care issues.

#### Discussion/Implications

The major untapped resource in the black community which could have a significant impact on dissemination of health care information to the black elderly is the church. However, as indicated by the figures in Table One, the church occupies the lowest position with

respect to providing facts on health issues (30% yes-response).

Dancy (1977) purports that the church is a channel through which a large segment of the black elderly can be reached. The black church acts as a source of communication with the outside world. Furthermore, Dancy states that communication of public service information is an accepted and widely used procedure in the black church.

In agreement with Dancy, Traeger (1976) noted that church groups are the most open to participation by older men and women, particularly among blacks.

To further support utilization of the church as a communication network for the distribution of health information, McCluskey (1971) and Aldridge (1976) have found that informal settings result in a greater amount of participation by the elderly in educational activities.

In a major study discussed by Aldridge, only seven per cent of the aging respondents mentioned school as the place of their most recent instruction. Higher proportions mentioned such facilities as community, business and religious organizations.

A second potentially able resource that could assist in distributing information on health issues is the peer group. Kimmel (1974) concluded that a significant resource for service to the aged is counseling the aged themselves. Turner and Sheppard (1977) cautioned however, that the dissemination systems used in the black community must be operationalized in such a way that an accurate flow of information be received by the aged in predominantly Black communities. Thus, it is imperative that elderly peer group members be adequately trained in both content and teaching strategies.

## Psychological Issues

Research focusing on the health issues and needs of the elderly has increased as our society has become more concerned about the plight of the older American. In spite of the increasing number of studies that are being published on the elderly, there is still a paucity of literature which addresses issues about death and dying among the black elderly. An attitudinal state with implications for physical and mental health for the elderly is the concern of death and dying.

In the United States, black elderly have been described as being victimized by racism and neglect within a society which devalues black people as well as the elderly. This "double jeopardy" could account for black elderly having a more positive perspective of death--viewing death/dying as being a more pleasant or peaceful state than the experiences of their present life. Findings from a preliminary study support this speculation.

Much of the health-related research concerning death and dying has focused on older persons in health facilities such as hospitals, nursing homes, and other extended care facilities. However, the black elderly make up about eight percent of the population over 65 and yet they use only about one percent of the beds in health facilities (Fields, 1977). Therefore, data from this type of research are applicable to only a small population of black elderly. The population of black elderly, living in the community as well as in institutions, will be the focus of this study. Specifically, the objectives of this section of the study will be to: (1) investigate attitudes on death

and dying among institutionalized as well as noninstitutionalized elderly blacks, (2) examine the effects of several psychosocial correlates on attitudes toward death and dying, such as health status, coping behavior, and life satisfaction.

The literature revealed relatively few studies dealing specifically with the black elderly and their attitudes toward death and dying. There is a need for information about elderly attitudes toward death/dying as well as how these attitudes correlate with their health status, coping behaviors, and satisfaction with life. Assessment of health issues then becomes a major focus among health professionals and educators who are concerned with improving the quality of life among the black elderly. Any researcher wishing to study attitudes is faced with many complex issues regarding the operationalization of the concepts and methods to measure attitudes. Measuring attitudes toward death and dying seems to be an even more complex task than most. Munnich (1961) point out that getting an accurate and valid measurement of attitudes toward death depends on whether or not death has some personal meaning. This project tested two approaches to achieving validity in the measurement of attitudinal issues regarding death and dying. A modified forced-choice and an open-ended method of measurement were employed.

A search of the literature revealed there are several methods used to measure issues around death and dying, but generally survey, case studies, and projective test techniques are used. Whatever method is used, operationalization of the issues related to death and dying is a problem. Researchers have operationalized death and dying concepts by investigating "fear of death" (Bengston, Cuellor, and Ragan, 1977); "death concerns" (Rhudick and Dikner, 1961); and "death



awareness" (Corey, 1961).

Appropriate correlates of death and dying contribute still another problem which researchers must consider. Munnich (1961) indicates that important correlates should include differentiation between age groups and other demographic characteristics (especially education) and the inclusion of measures of personality. Generally, health status is a significant correlate of attitudes toward death and dying. Research studies have shown that thought concerning death are more common among those in poor health--as opposed to those in good health (Rhudick and Dikner, 1961; Hawley, 1965). The issue of health status among black elderly has received minimal attention. One comparative study in southern California of 1,269 Black, Mexican-American and Anglo respondents revealed that by their own definitions 27% of the Blacks (65 and over) considered their health poor or very poor, while 23% of the Mexican-Americans, but only 4% of the Anglos reported being in poor health (Birren, T. E., 1978, P. 340). Other correlates of attitudes toward death and dying include grieving (Hawley, 1974) and preparations for eventual death (Riley, 1963).

There have been very few studies focusing on the attitudes of black elderly toward death and dying. One study surveyed 1,269 individuals' attitudes toward death among varying social categories defined by race, age, social class, and sex (Bengston, et. al, 1977). The results indicated that blacks 40-49 years of age expressed greater fear of death than did blacks 70-74 years of age; blacks aged 70-74 thought about death frequently; and blacks aged 70-74 perceived a longer life expectancy than did other racial groups.

This project focused on the assessment of both the physical and psychological status of the black elderly as major correlates to death and dying issues. Major physical problems among the black elderly include chronic noninfections, conditions such as hypertension, stroke, diabetes, and cancer. Major psychological problems include feelings of depression, low self-esteem and loneliness. Literature in the field of gerontology has revealed that health problems as experienced by the older person may not be just one set of symptoms, but can be a manifestation of several problems (Eisdarfer, 1975; Gurland, 1973). Several methods for assessing these problems have been identified in the literature. These assessment tools include the Health Status Index (Bush, et. al., 1972), OARS, (Pfeiffer, 1975); and the Sickness Impact Profile (Gilson, 1972).

Diagnoses of health status have followed two major directions. Health status among the elderly is considered to be poor when the elderly person is not able to function with reasonable independence, despite ailments or impairments (Hoffman & Thomas, 1970) or when conditions interrupt the normal activities of the elderly, causing incapacitation partially or totally (Niebanck, 1965). This study will use a self-report method of health status assessment.

The elderly black is often faced with many health problems (physical and psychological). A brief search of the literature revealed that no study to date has investigated how the elderly black copes with health problems. The fact that Blacks have often survived insurmountable obstacles in their environment indicates that they are able to cope adequately to some degree. Theories related to

coping behaviors have postulated that if insufficient or inadequate coping methods are employed, deterioration in psychological functioning is likely (Kata, et.al., 1970; Lazarus, 1966; Wolf & Goodell, 1968).

These authors indicate that when the person is faced with "an agent of harm, he may avoid it, become inactive or use self-deceptive activities."

What specific coping strategies do Blacks 65 years and older use to handle health problems? This present study will attempt to identify effective ways to answer this question. Sidel and his associates (1969) employed a coping assessment scale which may be useful in measuring coping behaviors among the elderly. He identified 10 strategies such as:

1. finding out more about the situation
2. talking with others about the problem
3. not worrying about it, etc.

Menninger, et. al. (1973) identified coping behaviors, such as food and food substitutes, alcoholic beverages, laughing, crying, cursing, boasting, sleeping, talking it out, etc., as common ways people deal with problems. The present study will include some of these coping strategies to identify how all Blacks cope with health problems.

Preliminary analysis of the data revealed a general trend of black elderly to have positive attitudes toward death and dying. However, more negative statements (42%) were made in response to the open-ended questions.

Table Two depicts the percentage distribution of responses by 120 black elderly on the death and dying inventory.

Table Two. Percentage Distribution of Responses on the Death and Dying Inventory.

<u>Positive Responses</u>	<u>Negative Responses</u>
Beautiful experience-----65%	Frightening experience-----35%
Feel at peace-----86%	Feel afraid-----14%
Seldom worry-----83%	Often worry-----17%
Promises new and better life-----52%	Means the end of everything--48%
Easy to accept-----83%	Hard to accept-----17%

Sixty percent of the respondents made religious-oriented statements in response to the open-ended questions. The respondents in general seldom worried about death and thought death was easy to accept and felt at peace when they thought about their own deaths. These data may seem to reflect the "public attitudes" observed by Swenson (1961) in his study. However, when we examined coping behaviors of the respondents, 85% of them employed coping behaviors such as "faced problems squarely" and did something about the problems (85%); talked to friends or relatives (62%), and used prayer (90%). In addition, respondents are relatively satisfied with their lives (76%). These preliminary findings suggest that direct questioning is a valid way to measure these issues. Examination of data about preparation for eventual death revealed that only 48% of the respondents had a written will, while 60% of them had some sort of burial insurance.

APPENDIX A

Nutrition Site \_\_\_\_\_

City \_\_\_\_\_

Your interview No. \_\_\_\_\_

Joint Hampton - Michigan Project

A Study of Older Black Americans

(Baseline Interview)

## INTRODUCTION

In this study we are interested in getting the opinions of Black people aged 65 years and older. I am interested in knowing about the kind of health problems you have, what you do about these problems and many other things related to your health.

Of course, this interview is completely voluntary. If we should come to any questions you don't want to answer, just let me know and we'll skip over it.

## SECTION A: HEALTH

First, some questions about your health.

- A1. In general, how would you rate your health -- would you say your health is excellent, good, not too good, or very bad?

1. EXCELLENT

2. GOOD

3. NOT TOO  
GOOD

4. VERY  
BAD

- A2. How do you think your health is, compared to other people your age -- would you say your health is better than average, average or worse than average?

1. BETTER

2. AVERAGE

3. WORSE



A3. I am going to read a list of illnesses that older people tend to get. Please tell me if a doctor, nurse, or someone else has told you that you have this illness. (FOR EACH YES CHECKED, ASK QUESTION A4)

A4. How much have you had to cut down on any of your activities because of this illness. Would you say a great deal, only a little or not at all?

	A GREAT DEAL (1)	ONLY A LITTLE (2)	NOT AT ALL (3)
a. arthritis or rheumatism <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
b. stomach ulcer <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
c. kidney problem <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
d. cancer ( _____ ) Where in your body?			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
e. high blood pressure <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			

A4. How much have you had to cut down on any of your activities because of this illness? Would you say a great deal, only a little or not at all?

	A GREAT DEAL (1)	ONLY A LITTLE (2)	NOT AT ALL (3)
f. diabetes or "sugar"			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
g. heart condition			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
h. loss of hearing			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
i. stroke			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
j. serious emotional problem or "nerves"			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
k. problems with your eyes and seeing			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
l. Do you have any health problems that I haven't mentioned?			
<input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES →			
GO TO A5 ON P. 4			
m. What are they? (LIST FIRST TWO MENTIONS)			
1. _____ →			
2. _____ →			

A5. INTERVIEWER CHECKPOINT

<input type="checkbox"/> 1. R said "YES" more than once in A3
<input type="checkbox"/> 2. R said "YES" only once in A3
↓
You said you had [ILLNESS MENTIONED IN A3] I want to ask you about it → TURN TO P. 5, A7
<input type="checkbox"/> 3. R said "NO" to all illnesses in A3 → TURN TO P. 6, A8

A6. You said you had [ILLNESSES MENTIONED IN A3] Which one of these illnesses causes you the most worry and concern?

\_\_\_\_\_

A6a. What are some of your concerns about it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A7. Now I am going to read some ways you might try to handle your concerns about this illness. Please tell me if you do any of these things. (FOR EACH "YES" CHECKED, ASK QUESTION A8)

A8. How often do you do this -- do you do it very often, fairly often, not too often, or hardly ever?

VERY OFTEN (1)	FAIRLY OFTEN (2)	NOT TOO OFTEN (3)	HARDLY EVER (4)
-------------------	---------------------	----------------------	--------------------

a. Do you relax, not let this illness bother you, just take things as they come?

2. NO       1. YES →

b. Do you try to put this illness out of your mind?

2. NO       1. YES →

c. Do you pray or get someone to pray for you to help you with this illness?

2. NO       1. YES →

d. Do you drink liquor when this illness bothers you?

2. NO       1. YES →

e. Do you think to yourself, no matter what I do, I'll be unable to change things?

2. NO       1. YES →

f. Do you do things to keep busy, like watching TV, knitting, etc?

2. NO       1. YES →

g. Do you try to face your illness squarely and do something about it?

2. NO       1. YES →

VERY OFTEN (1)	FAIRLY OFTEN (2)	NOT TOO OFTEN (3)	HARDLY EVER (4)

A8. How often do you do this -- do you do it very often, fairly often, not too often, or hardly ever?

VERY FAIRLY NOT TOO HARDLY  
OFTEN OFTEN OFTEN EVER  
(1) (2) (3) (4)

h. Do you think that at your age, what difference does it make?

2. NO

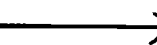
1. YES



i. Do you talk with friends or relatives about your illness?

2. NO

1. YES



j. Do you cry easily when your illness bothers you?

2. NO

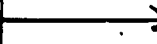
1. YES



k. Do you eat too much or too little when your illness bothers or worries you?  
(UNDERLINE WHETHER R SAYS TOO MUCH OR TOO LITTLE)

2. NO

1. YES



	VERY OFTEN (1)	FAIRLY OFTEN (2)	NOT TOO OFTEN (3)	HARDLY EVER (4)
h. Do you think that at your age, what difference does it make?				
i. Do you talk with friends or relatives about your illness?				
j. Do you cry easily when your illness bothers you?				
k. Do you eat too much or too little when your illness bothers or worries you? ( <u>UNDERLINE WHETHER R SAYS TOO MUCH OR TOO LITTLE</u> )				

SECTION B: HEALTH BELIEFS

Next, I am going to name a few specific illness conditions. I want you to tell me how you think people get these illnesses -- that is, what causes them?

- B1. How about arthritis or rheumatism? What are some of the reasons people get arthritis? (WRITE FIRST THREE MENTIONS)

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- B2. How about cancer? What are some of the reasons people get cancer? (WRITE FIRST THREE MENTIONS)

---

---

---

- B3. How about high blood pressure? What are some of the reasons people get high blood pressure? (WRITE FIRST THREE MENTIONS)

---

---

---

- B4. How about nervous or emotional illness? What are some of the reasons people become emotionally ill? (WRITE FIRST THREE MENTIONS)

---

---

---

B5. Other people have suggested different reasons why we become ill from different sicknesses. Now, I want you to tell me if you agree or disagree with some of these reasons.

	YES (1)	NO (5)
a. First, how about arthritis or rheumatism? Do you think people get arthritis because they inherit it -- that is, do you think arthritis is passed down from parents?		
b. Do you think people get arthritis or rheumatism by things people do to themselves? (IF YES) What kinds of things?  _____		
c. Do you think people get arthritis or rheumatism by catching it from other people?		
d. Do you think people get arthritis or rheumatism because it's God's will?		
e. Do you think people get arthritis or rheumatism as a punishment for their sins?		
f. Do you think there's <u>no</u> reason why some people get arthritis or rheumatism and others don't get it -- that it just happens by accident?		
g. Do you think people get arthritis or rheumatism because of evil spirits, the devil, or voodoo stars?		

E6. How about cancer?

- a. Do you think people get cancer because they inherit it -- that is, do you think cancer is passed down from parents?
- b. Do you think people get cancer by things people do to themselves?  
(IF YES) What kinds of things?  

---

---
- c. Do you think people get cancer by catching it from other people?
- d. Do you think people get cancer because it's God's will?
- e. Do you think people get cancer as a punishment for their sins?
- f. Do you think there's no reason why some people get cancer and others don't get it -- that it just happens by accident?
- g. Do you think people get cancer because of evil spirits, the devil, or voodoo stars?

YES (1)	NO (5)



B7. How about high blood pressure?

	YES (1)	NO (5)
a. Do you think people get high blood pressure because they inherit it -- that is, do you think high blood pressure is passed down from parents?		
b. Do you think people get high blood pressure by things people do to themselves? (IF YES) What kinds of things?  _____  _____		
c. Do you think people get high blood pressure by catching it from other people?		
d. Do you think people get high blood pressure because it's God's will?		
e. Do you think people get high blood pressure as a punishment for their sins?		
f. Do you think there's <u>no</u> reason why some people get high blood pressure and others don't get it -- that it just happens by accident?		
g. Do you think people get high blood pressure because of evil spirits, the devil, or voodoo stars?		

B8. How about nervous or emotional sickness?

YES  
(1)      NO  
(5)

a. Do you think people get nervous or emotional sickness because they inherit it -- that is, do you think nervous or emotional sickness is passed down from parents?

b. Do you think people get nervous or emotional sickness by things people do to themselves?  
(IF YES) What kinds of things?

---

---

c. Do you think people get nervous or emotional sickness by catching it from other people?

d. Do you think people get nervous or emotional sickness because it's God's will?

e. Do you think people get nervous or emotional sickness as a punishment for their sins?

f. Do you think there's no reason why some people get nervous or emotional sickness and others don't get it -- that it just happens by accident?

g. Do you think people get nervous or emotional sickness because of evil spirits, the devil, or voodoo stars?

YES (1)	NO (5)

39. Now I am going to ask you about different kinds of sicknesses. After each, I want you to tell me if there is anything an older person can do to keep from getting the sickness (FOR EACH "YES" CHECKED, ASK QUESTION B10)

B10. What can he/she do?

a. First, how about arthritis or rheumatism. Is there anything an older person can do to keep from getting arthritis or rheumatism?

8. DK  5. NO  1. YES →

b. How about stomach ulcers -- is there anything an older person can do to keep from getting stomach ulcers?

8. DK  5. NO  1. YES →

c. How about kidney problems?

8. DK  5. NO  1. YES →

d. How about cancer?

8. DK  5. NO  1. YES →

e. How about high blood pressure?

8. DK  5. NO  1. YES →

f. How about diabetes or "sugar"?

8. DK  5. NO  1. YES →

Blank area for handwritten responses to question B10, consisting of several horizontal lines.

B10. What can he/she do?

g. How about heart condition--is there anything an older person can do to keep from getting heart condition?

8. DK  5. NO  1. YES →

h. How about loss of hearing?

8. DK  5. NO  1. YES →

i. How about a stroke?

8. DK  5. NO  1. YES →

j. How about a serious emotional problem or "nerves"?

8. DK  5. NO  1. YES →

k. How about problems with eyes and seeing?

8. DK  5. NO  1. YES →

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B11. Next, I would like to know if there are any conditions or sicknesses you don't already have that you think you are likely to get within the next five years.

5. NO

1. YES



TURN TO P. 15, B12



B11a. What conditions or sicknesses do you think you will get?

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B11b. Why do you think you will get these conditions?

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B12. How much do you agree or disagree with the following statements? Do you strongly agree, agree, disagree or strongly disagree?

	STRONGLY AGREE (1)	AGREE (2)	DISAGREE (3)	STRONGLY DISAGREE (4)
a. As long as you feel all right, there is no reason to go to a doctor -- Do you strongly agree, agree, disagree, or strongly disagree?				
b. If you wait long enough you can get over most sickness without seeing a doctor.				
c. Doctors give older people very little help, because there isn't much they can do anyhow.				
d. When it comes to your health, you trust your own remedies and medicines more than a doctor's.				
e. Doctors usually know what's best for their patients.				
f. Older people should go to doctors only as a last resort, after all their own efforts have failed.				
g. At your age, no matter how careful you are, you can expect a great deal of illness.				
h. Older people have to expect a lot of aches and pains.				
i. At your age, good health is mostly a matter of luck rather than what a person does about his/her health.				
j. You can't do a lot to keep illnesses from happening.				

B13. Do you ever go to a doctor for a checkup even when you're feeling all right, or do you only go to a doctor when you're feeling sick?

1. GO WHEN ALL RIGHT

2. ONLY GO WHEN SICK

3. NEVER GO TO DOCTOR

B14. Do you think you can do a lot to keep illness from happening to you, or do you think there is very little you can do?

1. CAN DO A LOT

2. CAN DO VERY LITTLE

B15. Do you think doctors know what to do for older people, or do you think doctors don't really know what to do?

1. DOCTORS KNOW

2. DOCTORS DON'T KNOW

B16. Would you say that good health is mostly a matter of luck, or would you say good health depends on what you do about your health?

1. LUCK

2. WHAT YOU DO

B17. We are interested in how people learn about health and sickness. I'm going to read you a list of people and places. Tell me which ones you get health information from.

	NO (2)	YES (1)	
a. Do you get health information from your family?			
b. Do you get health information from your church?			
c. Your friends?			
d. Newspapers?			Which ones? _____ _____
e. Magazines?			Which ones? _____ _____
f. Radio?			What program or station? _____ _____
g. TV?			What program or station? _____ _____
h. Book?			
j. Social Service Agency?			
k. Senior Citizen Centers?			
m. Where else do you get health information?			_____ _____ _____



B18. Here is a list of physical activities people do to keep themselves healthy. Please tell me if you do any of the following. (FOR EACH "YES" CHECKED, ASK QUESTION B19.)

B19. How often do you do this--  
very often, fairly often,  
 or not too often?

	NO (2)	YES (1)		VERY OFTEN (1)	FAIRLY OFTEN (2)	NOT TOO OFTEN (3)
B18a. Walking or hiking?			→			
B18b. Gardening?			→			
B18c. Housework?			→			
B18d. Exercise routine?			→			
B18e. Bowling?			→			
B18f. Jogging?			→			
B18g. Bicycling?			→			
B18h. Gym or Health Club?			→			

B20. Do you do any other physical activity to keep yourself healthy?

1. YES

2. NO → TURN TO P. 19 , B21

B20a. What is that? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B21. Think back to the time when you were 25 or 30 years old. Did you do a lot of physical activities, some or very little?

1. A LOT

2. SOME

3. VERY LITTLE

B21a. What were some of these activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B22. How about today, are there things you do now to keep active that you did not do when you were younger?

1. YES

2. NO → TURN TO P. 20 , B23

B22a. What are these things? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B23. Now here is a list of things people do for fun and recreation. Please tell me if you do some of these things? (FOR EACH "YES" CHECKED, ASK B24.)

B24. Do you usually do this by yourself or with someone else?

	NO (2)	YES (1)		BY SELF (1)	WITH SOMEONE ELSE (2)
B23a. Watch TV?			→		
B23b. Visit friends?			→		
B23c. Sew, knit, or crochet?			→		
B23d. Eat out?			→		
B23e. Walk?			→		
B23f. Visit relatives?			→		
B23g. Keep a pet?			→		
B23h. Sing in a choir?			→		
B23j. Go to church?			→		
B23k. Read?			→		
B23m. Go to the movies?			→		
B23n. Play cards, checkers, dominoes?			→		

B23p. Are there any other things you do for fun and recreation?

1. YES

2. NO

TURN TO P.21 , B25

B23r. What is that? \_\_\_\_\_  
\_\_\_\_\_

--	--

B25. Are there recreational activities you would like to do but cannot?

1. YES



2. NO

→ TURN TO P. 22 , SECTION C

B25a. What are they?

---

---

---

B25b. Why can't you do them?

---

---

---

SECTION C: DEATH AND DYING

Now I'd like to ask you some different kinds of question--questions about death and dying..

C1. First, what are some of your thoughts about death and dying?

---

---

---

---

C2. Now I am going to read two statements about death. I want you to tell me which of the two you believe.

C2a. Do you think that death is the end of everything or do you think death promises a new and better life?

1. THE END OF EVERYTHING

2. PROMISES NEW AND BETTER LIFE

C2b. Do you think about death often or do you seldom think about death?

1. OFTEN

2. SELDOM

C2c. Do you think that death will be a beautiful experience or do you think that death will be a frightening experience?

1. BEAUTIFUL EXPERIENCE

2. FRIGHTENING EXPERIENCE

C2d. Do you feel that death is hard to accept or is it easy to accept?

1. HARD TO ACCEPT

2. EASY TO ACCEPT

C2e. Do you worry about dying often or do you seldom worry about it?

1. OFTEN

2. SELDOM

C2f. When you think of your own death, do you feel at peace or afraid?

1. PEACE

2. AFRAID

C2g. Do you feel you are ready for your own death or do you feel you are not quite ready?

1. READY

2. NOT QUITE READY

C3. In the past few years, have any of your close friends or relatives died?

1. YES

2. NO

→ TURN TO P.24 , C4



C3a. Who was it that died? \_\_\_\_\_  
\_\_\_\_\_

C3b. What were some of your feelings when (he/she) died?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C3c. What did you do to help you get over the death? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C4. Next, I would like to know about plans or preparations you have made for your own death.

C4a. Have you made out a will?

1. YES

2. NO

C4b. Do you have a burial policy?

1. YES

2. NO

C4c. Do you have life insurance?

1. YES

2. NO

C5. Do you ever talk about death with anyone?

1. YES

2. NO

→ TURN TO P. 25 , SECTION D



C5a. Who do you talk to? \_\_\_\_\_  
\_\_\_\_\_

C5b. What are some of the things you talk about when you talk about death?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION D: PERSONAL MORALE AND COPING

Now we would like to know how you feel about a number of other things.

D1. Do things keep getting worse as you get older?

1. YES

2. NO

D2. Do you have as much pep as you had last year?

1. YES

2. NO

D3. How much do you feel lonely--do you feel lonely not much or a lot?

1. NOT MUCH

2. A LOT

D4. Do little things bother you more this year?

1. YES

2. NO

D5. Do you see enough of your friends and relatives?

1. YES

2. NO

D6. Do you feel that as you get older you are less useful?

1. YES

2. NO

D7. Do you sometimes worry so much that you can't sleep?

1. YES

2. NO

D8. As you get older, are things the same, better, or worse than you thought they would be?

1. BETTER

2. SAME

3. WORSE



D9. Do you sometimes feel that life isn't worth living?

1. YES

2. NO

D10. Are you as happy now as you were when you were younger?

1. YES

2. NO

D11. Do you have a lot to be sad about?

1. YES

2. NO

D12. Are you afraid of a lot of things?

1. YES

2. NO

D13. Do you get mad more than you used to?

1. YES

2. NO

D14. Is life hard for you much of the time?

1. YES

2. NO

D15. How satisfied are you with your life today--are you satisfied or not satisfied?

1. SATISFIED

2. NOT SATISFIED

D16. Do you take things hard?

1. YES

2. NO

D17. Do you get upset easily?

1. YES

2. NO

D18. Now I want to ask you how you get along in doing everyday chores. (FOR EACH "NO" CHECKED, ASK D19.)

D19. Could you describe the problem?

	YES (1)	NO (2)	
D18a. Can you use the telephone?			a. _____ _____
D18b. Can you go shopping for groceries or clothes?			b. _____ _____
D18c. Can you prepare your own meals?			c. _____ _____
D18d. Can you do your housework?			d. _____ _____
D18e. Can you handle your own money?			e. _____ _____
D18f. Can you feed yourself without help?			f. _____ _____
D18g. Can you dress and undress yourself?			g. _____ _____
D18h. Can you take care of your own appearance, for example combing your hair, taking a bath or shower? (IF R IS MALE) and shaving?			h. _____ _____

D18j. Do you have trouble getting to the bathroom on time?

2. NO       1. YES      → j. \_\_\_\_\_  
 \_\_\_\_\_

SECTION E: MEDICAL CARE

E1. Do you ever take any medicine?

1. YES



2. NO

→ TURN TO P. 29 , E3

E2. Can you take your own medicine by yourself, or do you need someone to help you?

1. TAKE BY SELF  
TURN TO P. 29 , E3

2. NEED HELP



E2a. Who helps you? \_\_\_\_\_  
\_\_\_\_\_

E2b. What kind of help does he/she give you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E3. Have you ever done any of the following things when drugs were prescribed by your doctor for your sickness? (FOR EACH YES CHECKED ASK E4)

E4. How often have you done this-- have you done it very often, fairly often, not too often, or hardly ever?

	NO (2)	YES (1)	VERY OFTEN (1)	FAIRLY OFTEN (2)	NOT TOO OFTEN (3)	HARDLY EVER (4)
E3a. Have you ever not even gone to fill the prescription?						
E3b. Have you ever forgotten to take your medicine?						
E3c. Have you ever decided to use your own medicine instead of the doctor's?						
E3d. Have you ever shared your prescribed medicine with a friend or spouse?						
E3e. Have you ever taken someone else's medicine?						
E3f. Have you ever stopped taking your medicine once you began to feel better even though you were supposed to keep on taking it?						
E3g. Have you ever used old medicine when you became sick at a later time, without asking the doctor if the medicine was still good?						

E5. Do you ever use home made remedies, like herbs, potions or root medicines?

1. YES

2. NO

GO TO E6

E5a. What do you use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E5b. Why do you use it (them)—for what kinds of things? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E5c. Have you ever gone to see a doctor for the same kinds of things?

1. YES

2. NO

GO TO E6

E5d. Has a doctor given you medicine for those things?

1. YES

2. NO

E6. Did you ever take a medicine that made you sick?

1. YES

2. NO

TURN TO P. 31, E7

E6a. What medicine made you sick? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E6b. How did you get sick--how did you feel? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E7. Has taking a medicine ever made you feel bad in other ways, like dizziness or drowsiness or any other side effects?

1. YES

2. NO

→ TURN TO P. 32 , E8

E7a. What were these side effects? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU DO ABOUT THE SIDE EFFECTS:

E7b. Did you stop taking the medicine?

1. YES

2. NO

E7c. Did you keep taking the medicine but less of it?

1. YES

2. NO

E7d. Did you call your doctor and tell him about it?

1. YES

2. NO

E7e. Did you keep taking the medicine as prescribed?

1. YES

2. NO

E7f. What else did you do?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E8. We have talked about some illnesses and health problems. Now I'd like to find out about the pills and medicines you take. Do you take any of the following: (FOR EACH "YES" EXCEPT WHERE BOXES ARE CROSSED OUT ASK "for what condition?" and "was this prescribed by a doctor"?)

	NO (2)	YES (1)	E9. FOR WHAT CONDITION	E10. WAS THIS PRESCRIBED BY A DOCTOR
E8a. Pain relievers such as aspirin?				
E8b. Laxatives?				
E8c. Tranquillizers or sedatives?				
E8d. Pills or remedies to help you sleep?				
E8e. Ointments or salves?				
E8f. Cough medicines or remedies for a cold?				
E8g. Pills or remedies for your stomach or digestion?				
E8h. Anything for the heart or blood pressure?				
E8i. Anything to clear up infection?				
E8j. Vitamins or tonics?				
E8k. Anything else that a doctor suggested you take? (ENTER NAME OF MEDICINE)				X
E8l. Anything else not prescribed by a doctor? (ENTER NAME OF MEDICINE)				X

Now I want to ask you about things you do to keep from getting sick.

E9. When was the last time you went to a doctor?

- |                          |                          |                    |                          |                         |
|--------------------------|--------------------------|--------------------|--------------------------|-------------------------|
| 1. LESS THAN<br>6 MONTHS | 2. 6 MONTHS<br>TO 1 YEAR | 3. 1 TO 2<br>YEARS | 4. 2 YEARS<br>TO 5 YEARS | 5. MORE THAN<br>5 YEARS |
|--------------------------|--------------------------|--------------------|--------------------------|-------------------------|

E10. Do you ever go to a doctor just to get a checkup on your health even though you don't feel sick?

- |        |       |
|--------|-------|
| 1. YES | 2. NO |
|--------|-------|

E11. I'd like to ask you about your visits to doctors who deal with special problems of the body. Have you ever gone to...

	YES (1)	NO (2)
a. a dentist, just to get a checkup		
b. an eye doctor, just to get a checkup		
c. a doctor for woman's problems, just to get a checkup		
d. a hearing doctor, just to get a checkup		



E12. Some people take medicines or things like vitamins even when they are not sick. They take things like that in order to keep from being sick. Do you take any drugs to keep you from being sick?

1. YES

2. NO

→ GO TO E13

E12a. What medicines or things do you take?

---

---

---

E12b. What sicknesses are they supposed to keep you from getting?

---

---

---

E13. When you go to your doctor's office, do you go by yourself, or does someone else take you?

1. SELF

2. SOMEONE ELSE

8. NEVER GO TO A DOCTOR

TURN TO P. 35, E14

E13a. How do you get there--do you walk, drive your own car, use public transportation, or what?

---

---

---

---

---

E13b. Who usually takes you?

---

---

E14. In the past two or three years, have you ever gone to any of these places to get help when you were sick?

	YES (1)	NO (2)
a. Have you ever gone to an outpatient medical clinic or public health clinic?		
b. (Have you ever gone to) a hospital emergency room?		
c. a mental health clinic?		
d. a public health nurse?		
e. a private doctor?		
f. your pastor/priest/minister--I mean for help when you were sick?		
g. root doctor?		
h. a chiropractor?		
j. a faith healer?		
k. an astrologer?		

E15. Let's think of the last time you went somewhere for help when you were sick. Where did you go for help?

---

---

E15a. What happened after you went to that place? Were you seen by someone immediately and helped or were you put on a waiting list or what?

---

---

---

E15b. Who tried to help you there? How did they try to help you?

---

---

---

E15c. How satisfied were you with the help you got there? Were you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY  
SATISFIED

2. SOMEWHAT  
SATISFIED

3. SOMEWHAT  
DISSATISFIED

4. VERY  
DISSATISFIED

E15d. Would you go back again if you needed help?

1. YES

2. NO

E15e. What did you like the most about the service you received?

---

---

---

E15f. What did you dislike about the service you received?

---

---

---

E15g. Was the doctor or person who helped you there black?

1. YES  
GO TO E16

2. NO



E15h. Would you have wanted to see someone black?

1. YES

2. NO

E15j. Why is that? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E16. Do you have a regular doctor? By this I mean one you will always try to see if you are sick?

1. YES



2. NO

→ TURN TO P. 38, E17

E16a. Does your doctor ever come to the house when you are sick, or do you always go to the doctor's office?

1. DOCTOR COMES TO HOUSE

2. R ALWAYS GOES TO OFFICE

E17. Are you covered by any kind of health or medical insurance such as Medicare, Medicaid, Blue Cross or Blue Shield?

1. YES

2. NO

→ TURN TO P. 39, E18



E17a. What kind? (CHECK ALL THAT R MENTIONS)

- MEDICARE
- MEDICAID
- BLUE CROSS ONLY
- BLUE CROSS/BLUE SHIELD
- OTHER (DESCRIBE): \_\_\_\_\_

\_\_\_\_\_

DON'T KNOW

E17b. Do you have anything wrong with you that your insurance won't pay for or only will pay for partly?

1. YES

2. NO → TURN TO P. 39, E18

E17c. What won't it pay for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E18. How hard do you find it to pay your bills for your sicknesses. Do you find it not too hard, pretty hard, very hard, or so hard that you cannot pay?

- 1. NOT TOO HARD
- 2. PRETTY HARD
- 3. VERY HARD
- 4. CAN'T PAY

E19. I have a list of people who help with different type of health problems. Have you ever gone to any of these people?

Have you ever gone to a speech therapist or speech pathologist?

1. YES



2. NO



E19a. For what reasons did you go?

---

---

---

E19b. What did (he/she) do to try to help you?

---

---

---

E19c. How much did (he/she) help you --a great deal, some, a little, or not at all?

- 1. GREAT DEAL
- 2. SOME
- 3. A LITTLE
- 4. NOT AT ALL

E19d. Do you know why a person would go to a speech therapist or speech pathologist?

- 1. YES
- 2. NO

GO TO E19f

E19e. Why would they go? \_\_\_\_\_

---

---

E19f. Do you know anyone who ever went to a speech therapist or speech pathologist?

- 1. YES
- 2. NO

E20. Have you ever gone to an audiologist or hearing doctor?

1. YES



E20a. For what reasons did you go?

---

---

---

E20b. What did (he/she) do to try to help you?

---

---

---

E20c. How much did (he/she) help you? —a great deal, some, a little, or not at all?

1. GREAT DEAL

2. SOME

3. A LITTLE

4. NOT AT ALL

2. NO



E20d. Do you know why a person would go to an audiologist or hearing doctor?

1. YES      2. NO

GO TO E20f

E20e. Why would they go? \_\_\_\_\_

---

---

---

E20f. Do you know anyone who ever went to an audiologist or hearing doctor.

1. YES      2. NO

E21. Have you ever gone to a physical therapist?

1. YES



E21a. For what reasons did you go?

---

---

---

E21b. What did (he/she) do to try to help you?

---

---

---

E21c. How much did (he/she) help you --a great deal, some, a little, or not at all?

1. GREAT DEAL

2. SOME

3. A LITTLE

4. NOT AT ALL

2. NO



E21d. Do you know why a person would go to a physical therapist?

1. YES

2. NO  
GO TO E21f

E21e. Why would they go? \_\_\_\_\_

---

---

E21f. Do you know anyone who ever went to a physical therapist?

1. YES

2. NO



E22. Has a doctor ever prescribed any physical exercises for you to do at home?

1. YES

2. NO → TURN TO P. 43, SECTION F



E22a. Do you always do these exercises when you are supposed to do them?

1. YES                      2. NO

E22b. When doing the exercises do you do the entire routine exactly as you are suppose to?

1. YES                      2. NO

SECTION F: PERSONAL PROBLEMS

Now, a final set of questions about different kinds of problems--not just the health problems we've been talking about...

F1. Problems often come up in life. Sometimes they are personal problems. When problems like this have come up, has there ever been a time when you felt you were about at the point of a nervous breakdown?

1. YES  
GO TO F5

5. NO



F2. Has there ever been a time when you had a personal problem where you felt so nervous you couldn't do much of anything?

1. YES  
GO TO F5

5. NO



F3. Has there ever been a time when you felt down and depressed, so low that you felt like you just couldn't get going?

1. YES  
GO TO F5

5. NO



F4. Have you ever had a personal problem you couldn't handle by yourself?

1. YES

5. NO

TURN TO P.46, G1

F5. Thinking about the last time you felt this way, what was this problem about? (IF R OBJECTS TO QUESTION AS TOO PERSONAL: You don't have to go into any great detail, I'd just like some general idea of what the problem was about). (IF R GIVES ONLY A ONE WORD OR BRIEF ANSWER: How much more can you tell me about that)?

Four horizontal lines for writing an answer to question F5.

F6. About how long ago did that happen? (MOST RECENT TIME WANTED).

\_\_\_\_\_

97. HAPPENING NOW/  
ONGOING PROBLEM

F7. What did you do to try to deal with the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F8. I am going to read you some ways you might have felt or acted during the time you were having trouble with that problem.

VERY  
OFTEN (1)

FAIRLY  
OFTEN (2)

NOT TOO  
OFTEN (3)

HARDLY  
EVER (4)

NEVER  
(5)

F8a. During that time, how often did you feel lonely? Would you say very often, fairly often, not too often, hardly ever or never?

F8b. (During that time, how often) did you feel that you just couldn't get going? (REPEAT IF NECESSARY: Would you say very often, fairly often, not too often, hardly ever or never)?

F8c. Were you depressed?

F8d. Were you jumpy or jittery?

F8e. Did you cry easily or have crying spells?

F8f. Did you feel like not eating or have a poor appetite?

F8g. Did you have restless sleep or trouble getting to sleep?

F8h. Did you lose your temper?

F8i. Did you drink alcohol or get high in other ways?

F8j. Did you fight and argue with other people?

F8k. Did you not want to see or talk with anyone?

F8l. Did it cause problems in your family life?

F8m. Did you actually feel physically sick?

F8n. Did you feel or act any other way I haven't mentioned before?

1. YES | 5. NO

TURN TO P.46, G1

F8o. What is that?

\_\_\_\_\_

\_\_\_\_\_

SECTION G: PERSONAL DATA

Now, we'd like to ask you a few questions about yourself?

G1. How often do you usually attend religious services at a church or other place of worship?

\_\_\_\_\_

G2. Are you an official member of a church or other place of worship?

1. YES

5. NO

→ TURN TO P. 47, G3

G2a. Beside regular service, how often do you take part in other activities at your place of worship? Would you say nearly everyday, at least once a week, a few times a month, a few times a year or never?

NEARLY EVERYDAY-  
1. 4 OR MORE TIMES A WEEK

AT LEAST ONCE A WEEK -  
2. 1 TO 3 TIMES

A FEW TIMES  
3. A MONTH- 1 TO 3 TIMES

A FEW TIMES  
4. A YEAR

5. NEVER

TURN TO P. 47 G3

G2b. How many church clubs or organizations do you belong to or participate in?

\_\_\_\_\_

80. NONE

→ TURN TO P. 47, G3

G2c. Do you hold any positions or offices in your church or place of worship?

1. YES

5. NO

G3. How many grades of school did you finish?

GRADES OF SCHOOL												COLLEGE				
00	01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17+

G3a. Did you get a high school graduation diploma or pass a high school equivalency test?

1. YES       5. NO

G3b. What college did you attend?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G3c. Do you have a college degree?

1. YES       5. NO

GO TO G3e.

G3d. What degree is that?

\_\_\_\_\_

G3e. Have you had any other schooling?

1. YES       5. NO → TURN TO P. 48, C4

G3f. What kind?

\_\_\_\_\_

G4. What was your own personal income in 1978?

- |   |   |
|---|---|
| <input type="checkbox"/> A. \$000           | <input type="checkbox"/> J. \$8,000 - 8,999   |
| <input type="checkbox"/> B. \$001 - 999     | <input type="checkbox"/> K. \$9,000 - 9,999   |
| <input type="checkbox"/> C. \$1,000 - 1,999 | <input type="checkbox"/> L. \$10,000 - 11,999 |
| <input type="checkbox"/> D. \$2,000 - 2,999 | <input type="checkbox"/> M. \$12,000 - 14,999 |
| <input type="checkbox"/> E. \$3,000 - 3,999 | <input type="checkbox"/> N. \$15,000 - 19,999 |
| <input type="checkbox"/> F. \$4,000 - 4,999 | <input type="checkbox"/> O. \$20,000 - 24,999 |
| <input type="checkbox"/> G. \$5,000 - 5,999 | <input type="checkbox"/> P. \$25,000 - 29,999 |
| <input type="checkbox"/> H. \$6,000 - 6,999 | <input type="checkbox"/> Q. \$30,000 OR MORE  |
| <input type="checkbox"/> I. \$7,000 - 7,999 |   |

G5. How many people in your household including yourself, give money to support your household? We don't need their names, just the number.

J	2	3	4	5	6	7	8	9 OR MORE
---	---	---	---	---	---	---	---	-----------

GO TO G7

G6. If only one person brought in money, would you say that your household would make it almost as well as now, barely get by, or what?

1. ALMOST AS WELL	2. BARELY GET BY	7. OTHER (SPECIFY): _____ _____ _____
-------------------	------------------	--

G7. What is your date of birth?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

G8. Where were you born?

\_\_\_\_\_/\_\_\_\_\_  
CITY (OR TOWN) STATE

G9. Where did you mostly live while you were growing up (IF R MENTIONS MORE THAN ONE PLACE, PROBE FOR PLACE LIVED MOST BETWEEN AGE 6 -16).

G9a. Was that in a rural or country area, a small town or small city, a suburb of a city or in a large city?

1. RURAL OR COUNTRY AREA	2. SMALL TOWN	3. SMALL CITY	4. SUBURB OF A CITY	5. LARGE CITY	7. OTHER (SPECIFY): _____ _____
--------------------------	---------------	---------------	---------------------	---------------	---------------------------------------

G10. What did you do during your adult life -- did you work for pay, were you mostly a housewife, or what?

(IF R WORKED FOR PAY)

G10a. What kind of work did you do?

\_\_\_\_\_  
\_\_\_\_\_

G10b. Could you tell me a little more about that -- describe what you did in your work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G11. Are you doing any work for pay now?

1. YES

2. NO → TURN TO P. 50, G12

G11a. What kind of work do you do? \_\_\_\_\_  
\_\_\_\_\_

G11b. About how many hours a week do you work for pay?

\_\_\_\_\_ HOURS PER WEEK

G11c. About how much do you make doing that?

\$ \_\_\_\_\_ PER \_\_\_\_\_ 346



G12. Are you married, divorced, separated, widowed, or have you never been married?

- |            |             |              |            |                  |
|------------|-------------|--------------|------------|------------------|
| 1. MARRIED | 2. DIVORCED | 3. SEPARATED | 4. WIDOWED | 5. NEVER MARRIED |
|------------|-------------|--------------|------------|------------------|

G13. Where are you living at the present time -- in your own home, a retirement home, with your children, or what?

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G14. Do you live alone or with other people?

- |                      |          |
|----------------------|----------|
| 1. WITH OTHER PEOPLE | 2. ALONE |
|----------------------|----------|



G14a. Who do you live with?

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EXACT TIME NOW: \_\_\_\_\_

ED213717

Black Literature in the  
Secondary Schools

Shirley C. Sherman,  
Cho-Yee To

## Introduction

In 1949, the population in the United States was about 148,000,000 or about 50 persons per square mile. By 1960 the figure had grown to 178,000,000 or about 60 per square mile. In the late sixties we passed 200,000,000 or about 70 per square mile. Demographers expect a quarter-billion by 1980 or about 86 per square mile. By 1990 the United States may have 300,000,000 inhabitants, more than double the 1949 figure, or about 100 persons per square mile. (Hook, p. 3)

How are these statistics significant to English teachers? As our population grows and society becomes pluralistic with this growth, then there is a need for teachers to reappraise their objectives in English and other subjects. The growth denoted by these statistics indicates change. Instruction today has to focus on this change and prepare students to become agents of change. John W. Gardner once said:

*If we indoctrinate the young person in an elaborate set of fixed beliefs, we are ensuring his early obsolescence. The alternative is to develop skills, attitudes and habits of mind and the kinds of knowledge and understanding that will be instruments of continuous change and growth on the part of the young person. Then we will have fashioned a system that provides for its own continuous renewal. (Postman, p. 43)*

Historically, courses in Black literature, or Afro-American literature, were established after the insurgence of Black student activism and the demands that followed. One study indicates that while not all Black Studies Programs were "ushered in by confrontations, the confrontation tactics influenced the development of Black Studies Programs all across the nation." (Becknell) Since the urgent demands of these student activists of the 1960s have been in a state of attrition for the

past fifteen years, the question is whether continued attention has been given to Black literature by secondary English teachers. Also, since many Black Studies Programs have disappeared from college curricula, the graduating prospective English teacher will not be aware of Black literature that can be taught on the secondary level. The teaching of Black literature should pose a positive challenge to the traditional and innovative educational system, for the Black presence in American society and the rudiments of the Black culture can no longer be ignored.

As an educator, and especially an English teacher, I have had the opportunity to explore many avenues of literature in my classes; I have also had the opportunity to observe other teachers in their classes as they have aroused enthusiasm through literature or killed any interest in it. Throughout many years of teaching, I have "tripped the light fantastic" through many lands, met many people, and dreamed the dreams of many races--all in the world of literature. Too many students are short-changed in this respect because the literature to which they are exposed is very limited. My point of departure in this study will be centered around the limited exposure of students to Black literature. Although I would like to study their exposure to all ethnic literature, it will be expedient for me now to limit this study to the coverage of Black literature since I have done considerable reading and research in this area.

There should not be a need to build an argument for the integration of Black literature into the existing secondary school curricula in order to dispel a myth about our educational system representing every ethnic group; however, documentation showing the limitation of Black literature, when much of it is of excellent literary merit and is available, should be pertinent in redefining our values in education, especially when we know

that "racial discrimination in public education is unconstitutional."  
(Brown v. Board of Education, 1954, p. 294)

### Statement of the Problem

Does the secondary school curriculum in selected schools in the State of Virginia include Black literature by Black writers in courses other than Afro-American ones? How much and what types of literary selections have been included from 1953 to 1978?

The objective of this study will be to show what Black literature has been taught in five selected schools in Virginia since 1953 to the present. The second part of this study will be a descriptive observation of today's classroom settings where Black literature is being taught.

In this study Black literature will be defined as all literature, including fiction, drama, poetry, and non-fiction, written by Black American writers.

In looking at the Black literature that appears in the curriculum, can one make assumptions about the types of literary selections used and the recurrence or disappearance of these selections? Were there some publishing companies that included more Black literature in their textbooks than others? How were these books selected for the schools? When one considers that the school day has been relatively stable in its allotment of a certain number of minutes per class; then if new things are added to the curriculum, they must be replacing other things. What literature does Black literature replace when it is added to the curriculum?

### Procedures

This study will explore the use of Black literature in the curriculum of five selected schools in the State of Virginia for the years 1953, 1958,

1963, 1968, 1973, and 1978 to determine what literature written by Black American writers was used and whether there were any patterns in the representation of Black writers. Four of the schools selected will be chosen on the basis of the demographic make-up of the school in 1953.

The researcher will be limited in the selection of schools because schools that have been in existence since 1953 that have kept their academic status without being changed to a junior high or middle school are limited. Also, the following criteria for selecting the schools will limit the researcher:

1. Has the enrollment been consistent with population trends in the community?
2. Is the racial balance in accordance with the Health, Education, and Welfare standards?
3. Was the school predominantly Black or White? (An attempt will be made to use two of each category.)

The fifth school will be selected according to whether it is recognized by the State of Virginia as the most progressive school in the State (using the State's qualifying criteria).

This study will start with 1953 to ascertain whether the advent of the 1954 desegregation decision that purported to effect a transition to a racially nondiscriminatory school system had any impact on the curricula of these schools in regard to the Black literature offerings. The following excerpt from the decision echoes change:

*...may this Court, in the exercise of its equity powers, permit an effective gradual adjustment to be brought about from existing systems to a system not based on color distinctions.*  
(United States Reports, 1954, Vol. 349, p. 298)

No statistical analyses will be necessary, but tables will be given to show what literary selections by Black writers were included in the curriculum (in textbooks, units, lesson plans, and other available materials) during each year selected for the study and what schools included

these selections. Some interpretation will be given to these tables; for example, one might discover that certain Black writers replaced writers of other ethnic groups. Other pertinent information may be revealed by a charting of the literary selections found in the curriculum. What Black writers were consistently represented? What types of Black literary selections were included?

### Significance of the Study

Since educating all American youth obviously means educating a wide variety of youth, the English teacher and all other teachers must be aware of changes that are occurring in the curricular offerings. A content analysis of all State-adopted textbooks used at the selected schools from 1953-1978 will reveal to teachers the changes in the types of literature offered to a multicultural student body. Most children from 1953 to 1978 have shared the same environmental characteristics, are a mobile generation, know more than earlier teenagers, have grown up glued to television (at least from 1960 on), and have grown up in highly permissive homes. These same children are our future reformers for world peace and champions against injustice. They have seen that unharnessed scientific inventions can be harmful. These same children as they grow remain idealistic. They have seen through individual differences that all of mankind has something to offer the world. Even as Browning put it, they agree:

*All service ranks the same with God:  
...there is no last nor first.*

They appreciate varying abilities in individuals. With all of these characteristics, are they being treated fairly by their teachers? Are they being exposed to a number of writers in their culture? Has the curriculum from 1953-1978 included the drama, fiction, poetry, and the non-fiction of Black American writers?

Some teachers will say that prior to the middle sixties, literary models were only to be used for expository writing; therefore, one would surmise that only the old masters like Bacon, Swift, George Eliot, etc. were used as models. After 1966, however, when the Dartmouth Conference called American attention to the emphasis in many British schools on the writing of plays, short stories, poems, and other evocative sorts of writing many teachers began to look toward changing their curricula to include creative writing. With this inclusion came a need to look at a variety of writers.

As late as 1976, one state's board of education declared its stance concerning minority and ethnic literature. In regard to the celebrated censorship case of Kanawha County, West Virginia, the West Virginia Board of Education, recognizing the "pluralistic nature of American society" ordered state and local textbooks and materials for classroom use which accurately portray minority and ethnic groups' contributions to American growth and culture and which depict and illustrate the intercultural character of our pluralistic society. (Loercher, p. 6)

During the decades of the 1960s many Americans were awakened to the increased awareness among Black Americans about the relationship of their existence and the institutional arrangements that affected their lives. Since the late sixties, however, many Black writers have gradually been dropped from public school curricula, but many educators are still interested in keeping Black literature in the secondary schools and have shown their concern in studies and books. Leonard Bazalak's study entitled "A Content Analysis of Tenth-Grade Students' Responses to Black Literature, Including the Effect of Reading this Literature on Attitudes Towards Race" reveals reactions about Black literature. An educator, Barbara Dodds, has



recently updated her book, Negro Literature for High School Students, and changed the title to Black Literature for High School Students. She has co-authored it with Karima Amin, a Black teacher, because she recognizes that her reaction to Black literature is very likely not the same as a Black person's reaction, and is probably not the reaction that the author intended. Darwin Turner, too, has written much about using Black literature in the secondary schools.

### Review of the Literature

Jean Marie Martin (1975) makes us aware of the problem that can surface when a limited treatment is given to ethnic literature in any program:

*American literature as taught in our colleges and universities is reflective of only a small portion of the vastly diverse cultures that comprise the whole American culture. This practice of excluding ethnic American literary contributions from the mainstream American literature has produced and perpetuated a cultural and educational racism that is psychologically destructive and academically backwards...*

*American literature must be redefined in terms of all its people and not simply from a white Anglo-Saxon protestant tradition and viewpoint. As it stands now, white Anglo-Saxon protestant literature is synonymous with American literature.*

One has to acknowledge the cultural pluralism in our society to be able to redefine American literature and also to preserve the necessity to introduce Black literature as a broadening and enriching feature in our secondary school curricula. One of six recommendations in a 1970-71 study done by Donald Kiah was that the State of Maryland ascertain how well the contribution of Blacks is being integrated into the regular curriculum of local school systems. This concern is significant for any state, especially since Black Studies Programs have slowly diminished.

Jeyifous (1975) refers to a generally renewed interest in Black American life and culture. Many people, however, are still living with the illusion of the stereotype in the grinning, shuffling "darker" caricatured by the minstrels and perpetuated by the writers of the plantation school; therefore, the introduction of Black literature into the high school curricula might erase the embarrassment induced by this hated stereotype and also enlighten readers as they learn more of the Black man's culture.

Studies have pointed out the effectiveness of learning strategies on attitude change, taste, and cognitive learning, especially as these strategies were oriented toward Blacks. Charles Dallis' study (1975) on the effects of a Black-oriented teaching strategy on attitude change, aesthetic taste, and cognitive learning in art appreciation is representative of this approach. These attitude changes will be far reaching and extend to other racial groups; and in relation to the study of Black literature, the following analogy can be made. This is to be a rainfall for everyone to germinate ideas about the Black experience and not an umbrella under which only Blacks stand.

Stanley Porteus (inventor of the Porteus Maze Tests) said that all the things he absorbed remained a part of him. Such may be the impressions absorbed from literature; therefore, literature should not be limited in scope. Likewise, Walt Whitman, in a flash of insight, wrote:

*There was a child went forth every day  
And the first object he looked upon that object he became,  
And that object became part of him for the day,  
or a certain part of the day,  
Or for many years, or stretching cycles of years.*

Robert Small's study (1970) on junior novels with major Negro characters further points out the importance of including Black literature in

course contents. He observed in the early 1970s that "the modern secondary school English class more and more typically contains a group of students of several races, most commonly of the Negro and Caucasian races" and that teachers were seeking novels with plots, themes, and characters which have a high degree of interest and appeal to students. (Small, 1970, xii) He further stated:

*The Negro race of some of these students is an important factor for the English teacher to consider, especially since the educational problems of the Negro student, particularly those problems connected with language, have been so well documented and so thoroughly publicized. (Small, 1970, xii)*

In her book, Negro Literature for High School Students, Barbara Dodds states:

*It is frequently asserted that one reason many Negro children have difficulty learning to read is that they cannot identify with and are not interested in white children in their textbooks. By the time they reach high school, Negro students have become accustomed to reading about white people but they have not become interested. My students seemed to be much more interested in reading about Negroes than whites, though it is difficult to measure reading interest accurately. (Dodds, 1968, pp. 5-6)*

Miss Dodds further points out that "for many years English teachers and textbooks in American schools have lost many of their bright Negro students because they have not introduced them to their own literature: they have not aroused their interest in education." (Dodds, 1968, p. 6)

From a different perspective, with emphasis on the white child, Nancy Larrick writes:

*The impact of all-white books upon 39,600,000 white children is probably even worse (than on Negro students). Although his light skin makes him one of the world's minorities, the white child learns from his book that he is kingfish. There seems little chance of developing humility so urgently needed for world cooperation, as long as our children are brought up on gentle doses of racism through these books. (Nancy Larrick, 1965, p. 63)*

Another study, Carlsen's, points out that students did not significantly change their attitudes, but were influenced by what they read about the Negro. (Carlsen, 1948)

Teachers cannot ignore the significance of exposing their students to literature by Black writers. Ted Hipple exposes this view by saying experientially that the English teacher "can teach literature just as he has been teaching it, but he can choose materials that provoke in their readers--his students--a pressing concern about the contemporary Negro." (Hipple, 1966, p. 190) Nancy Arnez, too, states that "reading literature written by Negroes is in an important sense one of the best bridges of communication between the Negro and the non-Negro." (Nancy Arnez, 1969, p. 57) Ruth A. Korey's argument for the use of books about Blacks reemphasizes the need for Black literature in the secondary schools. She states:

*White children, facing a new era in race relations, will be helped toward the understanding and appreciation of Negro classmates as human beings, like themselves, with a history and a potential for contributing to the welfare of the nation. (Ruth A. Korey, 1966, p. 42)*

Barbara Dodds in her objectives for teaching Black literature highlights the essential purposes of integrating it into the secondary school curricula:

1. To introduce students to Negro contributions.
2. To help students of all races to a better understanding of themselves and of each other.
3. To show that the concerns of American Negroes exhibit the universality of human experience as a special American viewpoint.
4. To explore the uniqueness of the Negro experience as related to Negro literary Creations. (Dodds, Detroit Negro Literature Supplement: Grade 9, pp. 129-130)

Although this study will be surveying the incorporation of Black literature into already existing literature programs, it does not preclude the feasibility and effectiveness of some separate Black literature courses. Robert Bone speaks about this when he says, "Anything less (less than separate Black literature courses or units) should be regarded as a form of tokenism. It is better than nothing to teach an occasional poem or novel by a Black author in a standard course in American literature. But it deprives the Black student of a systematic knowledge of his particular tradition." (Robert Bone, 1969, p. 512) The kind of curriculum including a separate Black literature course, according to Bone, would "reflect the cultural pluralism which, according to Ellison, ought to be our national ideal." (Bone, 1969, p. 513) Studies have not been done, however, to indicate which students take separate Black literature courses. This researcher has observed that mostly Black students take these courses; therefore, if Black literature were integrated into all relevant courses, students of other racial groups would be exposed to it. Of course, one can be ubiquitous in forming a continuum of approaches on what to include in courses of study and even suggest an ontological approach to literature and say that it is healthy, for we would get a sophisticated form of a universal human interest in the ultimate nature of things, something reflected in poetry, song, ritual, and judgments of truth and worth at all levels.

About Black studies, Bayard Rustin states, "The real tragedy of the dispute over Black studies is that whatever truly creative opportunities such a program could offer have been either ignored or destroyed." (Bayard Rustin, 1979, p. 30) He feels that to isolate the history of the Black man from the main themes of American history is to relegate it to

second-class status. To look at Black literature, then, and incorporate it into the main themes of American literature is the kind of expanded scholastic inquiry that Rustin had in mind when he spoke of the contributions of Negroes to the American experience.

Lee Green, an assistant professor of English at the University of North Carolina at Chapel Hill, believes that the Black literary experience can be integrated with the traditional fare of American literary history into a single "national literature."

Barbara Dodds suggests that in a unit on "transcendentalism," where a study of the philosophy has influenced the modern world, especially Martin Luther King, one might use Thoreau's "Civil Disobedience" and King's "Letter from a Birmingham Jail." In the lesson, the teacher should try to show how Thoreau derived the idea of civil disobedience from transcendentalist principles and how Martin Luther King developed a plan of action from Thoreau's ideas. (Dodds, 1968, p. 120) The teacher can also point out the difference between the ideas of Thoreau and King.

To select appropriate Black literature and to guard against giving a distorted view of the Black experience, one must use a variety of themes in Black literature. Darwin Turner aptly commented on this as a problem at the National Council of Teachers of English (NCTE) Conference in Atlanta, Georgia, in 1970 in a talk called "Discussion of Issues: Literature as an Expression of Group Behavior and Values." Some of the questions posed by him in his discussion were the following:

1. Does literature reflect group values?
2. What is the group which is reflected?
3. Is the belief that literature reflects group values a fallacy of literary historians?

4. Can literature be considered an accurate reflection of an entire society?
5. Is the reflection only of values of that part of society which buys books?
6. What are the dangers in assuming that the values of one part of society are the values of that entire society?
7. What is the role or responsibility of literary critics in determining how literature reflects society?
8. What is the role or responsibility of book publishers in determining how literature reflects society?
9. What is the role or responsibility of readers in determining how literature reflects society?

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