



## Characteristics of participants in the Forum, psychotherapy clients, and control participants: A comparative study

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'New age' activities, personality variables, symptomatology, and subjective well-being (SWB) among the Forum (F) participants, psychotherapy (P) clients, individuals who are both Forum and psychotherapy (FP) clients, and control (C) participants, who were never involved in either F or P were compared. A group of 64 Israeli men and 76 women (mean age = 38.55 years) completed a demographic questionnaire; the Internal-external, Sensation-seeking, Happiness, Affects balance, Satisfaction with life, and Anxiety and depression scales of the SCL-90. The FP and F participants used occult counsellors significantly more than the C participants, although gender differences were also found. All in all, the FP and P clients were more depressive and anxious, and less happy, less satisfied with their life, and affectively balanced than the F and the C participants. The rationality, personal responsibility, and mental health of the F participants are discussed in light of the results with considerations of short-versus long-term interventions.

Large group awareness training programs (LGATs; e.g. *est*, Lifespring, and the Forum) were first offered to the American public in the early 1970s at the same time the encounter group movement was declining (Back, 1972). Since then, LGATs have attracted hundreds of thousands of participants. They have also generated a great deal of controversy both in the general public and in the psychological community (Conway & Siegleman, 1978; Finkelstein, Wenegrat, & Yalom, 1982; Fisher *et al.*, 1989; Haaken & Adams, 1983; Lieberman, 1987). In general, LGATs espouse the idea that people are capable of changing their lives, not so much by modifying their external circumstances, but by changing the way they interpret them (Berger, 1977; Erhard & Gioscia, 1978), which is in accord with the principles of cognitive therapy (e.g. Beck, Rush, Shaw, & Emery, 1985; Ellis, 1974;

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Meichenbaum, 1977). Often, LGATs focus on philosophical themes related to personal responsibility, integrity, and commitment. Their programmes usually involve groups of participants gathering in large rooms for two weekends or 5 successive days. Participation often involves didactic presentations, dialogues between members of the audience and a group leader, demonstrations, and structured exercises. Although LGATs are concerned with personal efficacy, similar to principles of behaviour modification (e.g. Bandura, 1969, 1977), they do not present themselves as forms of psychotherapy. Rather, they typically define themselves as growth experiences designed 'for the already healthy, the already accomplished' (Forum, 1986, p. 6). In most cases LGAT participants are encouraged to register for additional seminars offered by these organizations (Bry, 1976; Emery, 1977; Erhard & Gioscia, 1977; Winstow, 1986).

According to several studies (est, 1980; Lifespring, 1986; Ornstein, Swencionis, Delkman, & Morris, 1975, re-analyzed by Tipton, 1982), LGAT participants appear to be relatively homogeneous on a number of variables: their ages typically range between 20 and 45 years, most have at least some college education, and as a group have above-average income levels. The majority are White, and women slightly outnumber men. The proportion of single, divorced, or separated persons is also higher than in the general population (Tipton, 1982). Our review of the literature indicates that research in this field, which had flourished during the 1970s and 1980s, was neglected over the last decade, and that comparison between characteristics of LGAT participants and psychotherapy clients is absent.

Hypotheses about the motivations behind participation in LGATs suggest that persons who join LGATs are psychologically distressed and are seeking a problem-solving or therapeutic encounter to alleviate their difficulties. This possibility has been stated or implied by several observers of LGATs and other personal change groups (Conway & Siegelman, 1978; Fenwich, 1976; Haaken & Adams, 1983; Hierich, 1977; Rome, 1977), and supported by empirical data, indicating that prospective LGAT participants were significantly more distressed than peer and normative samples of community residents, and had a higher level of impact of recent negative life events compared with peer (but not normative) samples (Klar *et al.*, 1990). A derivation of this hypothesis is that high levels of negative affective states, life dissatisfaction, and psychological distress should be present in LGAT participants.

It was also suggested that LGAT participants may be seeking a context in which to cope with recent negative life events, such as divorce or job loss (Fenwich, 1976; Haaken & Adams, 1983), that persons may choose to participate in LGATs because they offer social contact (Back, 1972; Coleman, 1970; Fisher, Goff, Nadler, & Chinsky, 1988; Lieberman, Yalom, & Miles, 1973; Marx & Ellison, 1975; Schur, 1976), and that some individuals may choose to participate in LGATs because they are attracted to the philosophical, ethical, and psychological messages espoused by these groups, such as self-exploration and personal responsibility (Rabinowitz, 1978; Spiegel, 1983; Stone, 1981; Tipton, 1982). Indeed, it was found that prospective participants held pre-participation values more similar to those espoused by the LGAT than peer or

normative samples, but these three groups failed to be distinguished by their levels of social support (Klar *et al.*, 1990).

The motivation to participate in LGATs (e.g. psychological stress, seeking a problem-solving encounter, negative life events, and life dissatisfaction) seems very similar, if not identical, to the reasons which would cause one to turn to psychotherapy. The philosophical, ethical, and psychological messages espoused by these groups also parallel with those of most psychotherapy approaches. Indeed, the similarities between LGATs and psychotherapy have been pointed out, suggesting that both are ways for liberating the self (Beit-Hallahmi, 1992). However, seeking psychotherapy may be admission of deficiency in areas central to the ego, meaning 'inadequacy on such central personal qualities as mental hygiene and general adjustment' (Nadler, 1986, p. 119). As such, it could be seen as a major threat to self-esteem because it conflicts with the cherished values of self-reliance and independence. LGATs, on the other hand, present themselves as having global significance. They put much effort into maintaining a group identity. Customers are treated as members, not just as clients, of a movement with more than just psychotherapeutic benefits (Beit-Hallahmi, 1992). As such, they may not be so threatening on one's self-esteem. Moreover, since they are not facilitated by mental health professionals and are limited in time, they may decrease, to a large extent, the stigma, which for many individuals may still be involved in turning to conventional long-term psychotherapy, conducted by clinicians. What may, then, distinguish psychotherapy clients from LGAT consumers?

The present study compares Forum (F; one type of LGAT) participants, psychotherapy (P) clients, and control (C) participants, who were never involved in either F or P with respect to new age activities, personality variables, symptomatology, and subjective well-being. It is predicted that:

- (1) Forum participants will be more involved in new age activities than psychotherapy clients;
- (2) Forum participants will have more external locus of control than psychotherapy clients and control participants;
- (3) Forum participants will be also more sensation-seeking (Zuckerman, 1984), compared to psychotherapy clients and control participants;
- (4) psychotherapy clients will be more anxious and depressed than Forum participants;
- (5) the highest level of subjective well-being (SWB) will be found among the control participants, followed by the Forum participants, and the psychotherapy clients.

## Method

### *Participants*

A group of 64 Israeli men and 76 women (mean age = 38.55 years, ranging from 24 to 62 years) participated in the study. Of this sample, 44 (14 men and 30 women) were P clients, 32 (17 men and 15 women) F participants, 23 (13 men and 10 women) Forum

and psychotherapy (FP) clients, and 41 (20 men and 21 women) C participants who have never participated either in F or in P. A two-way ANOVA of participants' age by gender,  $F(1, 128) = 0.42$ , and group affiliation,  $F(3, 128) = 0.80$ , revealed no significant age differences either between men and women, or between the four groups. All participants completed secondary school education, 57.3% had an academic degree, without any significant education differences between the four research groups. Approximately half (49.68%) of the participants defined their income as average, 38.36% as above average, 10.06% as below average, and 1.96% as much above the average income level in the Israeli population, without significant income differences between the four research groups. Finally, 79.5% of the participants defined themselves as secular, 18.7% as traditional, and only 1.8% as orthodox, without any significant religiosity differences between the groups. With the exception of marital status, the four research groups seem comparable with respect to all demographic variables investigated. However, although the marital status differences between the groups seem to decrease their comparability, they can also be considered as a finding in itself, inherent to the distress, which may cause searching psychological help (see Discussion).

### Measures

#### *A Demographic Questionnaire*

The first page of the research form included items on participants' age, gender, country of birth, year of immigration to Israel, education (elementary, secondary, academic), occupation, marital status, income (much above average, above average, average, below average, much below average), religiosity (secular, traditional, orthodox, ultra-orthodox), participation in psychotherapy or in the Forum (yes, no), and duration of psychotherapy. Additional items referred to new age activities. Responses were ranked on 4-point Likert-type scales, with scores of 1 (*never*), 2 (*occasionally*), 3 (*once a week*), and 4 (*everyday*), for reading horoscopes in newspapers, and of 1 (*never*), 2 (*only once*), 3 (*several times*), and 4 (*regularly*), for using astrological consultation, Jewish mysticism, alternative medicine, and 'other' (numerologists, and palm, cards, and coffee reading). Pearson correlation coefficients between the different new age activities indicate that, with the exception of Jewish mysticism, all correlations are positive and statistically significant at the level of  $p < .01$ . Alternative medicine is included in the Israeli system of medical insurance. However, since it is positively correlated with most of the occult activities, and has never been empirically and systematically tested for benefits, side-effects, and counter-indications (a procedure which has to be conducted for all conventional medications to be approved), it was included in the category of new age activities.

#### *Locus of Control (LC) Scale*

The LC scale is a valid and reliable Hebrew version of Rotter's (1966) I-E locus of control scale, which is the final version used in most locus of control studies. The measure includes 29 items (six of which are camouflage items) not included in the calculation of

the final score. Each item includes a pair of statements, one expressing external locus of control, whereas the other expresses internal locus of control. Participants are being asked to choose one statement of each pair, applying the forced-choice technique to avoid social desirability. In some items the first statement expresses an internal locus of control, whereas in others the reverse is true, to avoid a response set bias. An external control statement is scored as 1, whereas an internal one is scored as 0, hence the higher the score, the more external the locus of control is, and responses range from 0 to 1.  $\alpha$  coefficient of this measure in the present study is .74.

#### *Sensation-Seeking Scale (SSS)*

Zuckerman (1984) considers the search for arousal a personality characteristic, and his SSS is intended to measure this tendency. A theoretical explanation of the motivation of sensation seekers was suggested by Solomon (1980), whose theory is known as the opponent process theory and is based on the assumption that an opponent process is about to be activated following a pleasant stimulus in the brain. The opposite is also true, that is, cessation of an unpleasant stimulus activates a process, which produces a pleasant sensation. The short version of the SSS used in the present study includes 10 forced-choice pairs. Cronbach's  $\alpha$  of the scale in our sample was .69.

#### *Symptom checklist 90 (SCL-90)*

The SCL-90 is a 90-item self-report inventory, developed by Derogatis (1977), and designed to reflect the psychological symptom patterns of community, medical, and psychiatric respondents. Responses indicate the degree to which they have experienced each of the symptoms during the last 2 weeks on a 5-point Likert-type scale. It was translated to Hebrew by Solomon, Benbenishty, and Mikulincer (1988). Due to the overall length of the questionnaire used in the present study, only the 13-item Depression (D) and the 10-item Anxiety (A) subscales were selected. Cronbach's  $\alpha$ s for the D and the A subscales in the present study were .92 and .94, respectively.

#### *The Happiness Scale (HS)*

The Happiness Scale is used in large surveys as a crude measure of avowed happiness (Campbell, Converse, & Rodgers, 1976; Gurin, Veroff, & Feld, 1960). It consists of three scores: 1 (*not too happy*), 2 (*pretty happy*), and 3 (*very happy*). Though appearing simplistic, this scale has served as a practical measure of gross SWB variations (Andrews & Robinson, 1991). Since this is a 1-item measure, Cronbach's  $\alpha$  was not calculated.

#### *The Satisfaction With Life Scale (SWLS)*

This instrument was constructed to measure life satisfaction as the cognitive aspect of SWB (Diener, Emmons, Larsen, & Griffin, 1985). It contains five items referring to general judgments of one's life (e.g. 'the conditions of my life are excellent'), and rated by respondents on a 7-step scale ranging from 1 (*strongly disagree*) to 7 (*strongly*

*agree*). The score was the items' mean rating.  $\alpha$  coefficient in the present sample was .92. This instrument has proved to have highly favourable psychometric properties (Diener *et al.*, 1985; Pavot & Diener, 1993).

#### *The Affect Balance Scale (ABS)*

The ABS was proposed by Bradburn (1969) as a measure of positive and negative affect. Each kind of affect was tapped by five items referring to recent occurrence of feelings such as 'pleased' and 'proud' (positive affect, or PA) or 'depressed' and 'bored' (negative affect, or NA). In response to criticism of the original format, the current adaptation referred to feelings in the 'past week' and used a 4-step scale with scores of 1 (*never*), 2 (*once*), 3 (*several times*), and 4 (*often*). Scores were the respective mean rating of PA and NA items, and following Bradburn, the respondent's affect balance (AB) was obtained by subtracting the NA score from the PA score. The ABS has been most widespread for measuring the affective components of SWB (Andrews & Robinson, 1991; Sauer & Warland, 1982), including in Israel (Shmotkin, 1990). Cronbach's  $\alpha$  for this measure was .92 in the present sample.

To examine the construct validity of both the symptomatology and the SWB measures, Pearson correlation coefficients between the scales were computed. The significant positive correlations between the H, SWLS, and ABS scales, as well as between the A and the D scales, support the convergent validity of the SWB and the symptomatology measures, respectively. The fact that both the A and the D scales negatively and significantly correlate with the H, SWLS, and ABS scales, supports the discriminant validity of both the symptomatology and the SWB measures, used in the present study.

#### **Procedure**

All participants were recruited by a research assistant, who had completed a few Forum courses, hence having access to its managers. The research forms were distributed during five weekend workshops. Response rate among the F participants reached 100%. The psychotherapy clients were recruited by turning to three male and two female experienced clinical psychologists, who run large and active private clinics. All five therapists cooperated willingly by handing the questionnaires to their clients. The response rate among the P clients reached 82%, with similar numbers of returned questionnaires by clients of all five therapists. Analyses of variance and chi-squared tests revealed no significant differences between the F and the P participants with respect to all demographic variables investigated. Of the F participants, 23 reported having been, or still being, in therapy, and were therefore defined as a separate group in the data analysis. Each F and P subject was given five research forms in five separate stamped envelopes addressed to the author. These participants were asked to hand the questionnaires to same-gender friends, who have never participated in either F or P, and constituted the control group. This procedure was intended to reach optimal similarity between the F and P groups, and the C group. The response rates among the C participants (recruited via the F and the P participants), reached 74% and 69%, respectively. An attempt was made to

keep similar male–female proportions within each group to enable gender comparisons, which resulted in the gender distribution as presented in the Participants section. The study was introduced to the participants as an attitude survey, conducted as a project by the research seminar student who collected the data. The participants were asked to avoid writing their names on the research forms. The forms of the F and the P participants were handed to the workshop facilitators and to the therapists (in sealed envelopes), respectively, and the C participants mailed their questionnaires directly to the researcher to ensure complete anonymity.

## Results

### *Differences in New Age beliefs and behaviours*

Two-way ANOVAs, with group affiliation (P, F, FP, C) and gender as independent variables, and age, education, income, and religiosity as dependent variables, indicated no significant age, income, and religiosity differences between the four groups and the two genders. The education difference between the four groups,  $F(3, 132) = 2.37$ , was, however, significant at  $p < .10$ . Since gender differences were found with respect to most of the new age beliefs and behaviours, ANCOVAs, with group affiliation (P, F, FP, C) and gender as independent variables, the new age activities as the dependent variables, and education level as a covariate, were conducted. The mean new age belief and behaviour scores by gender in the four groups indicate that women read horoscopes in the newspapers significantly more than men did,  $F(1, 130) = 5.48$ ,  $p < .05$ , with no significant differences between the four groups,  $F(3, 13) = 0.17$ ,  $p = ns$ , no interaction effect,  $F(3, 130) = 0.47$ ,  $p = ns$ , and no effect of education as a covariate,  $F(1, 130) = 0.17$ ,  $p = ns$ . Women also consulted astrologers significantly more than men did,  $F(1, 129) = 4.34$ ,  $p < .05$ , and significant differences between the four groups,  $F(3, 129) = 6.04$ ,  $p < .001$ , were found as well, with Scheffe tests indicating that the FP clients consulted astrologers significantly more than both the F and the C participants did, effects of both interaction,  $F(3, 129) = 0.23$ , and education,  $F(1, 129) = 0.17$ , being non-significant. The effects of group affiliation,  $F(3, 128) = 0.49$ , gender,  $F(1, 128) = 0.21$ , interaction,  $F(3, 128) = 1.37$ , and education,  $F(1, 128) = 2.61$ , on Jewish mysticism beliefs were all non-significant. Women used alternative medicine significantly more than men did,  $F(1, 130) = 4.18$ ,  $p < .05$ , and significant differences between the four groups,  $F(3, 130) = 4.14$ ,  $p < .05$ , were also found, with Scheffe tests indicating that the P clients used it significantly more than the C participants, effects of both interaction,  $F(3, 130) = 0.71$ , and education,  $F(1, 130) = 0.71$ , being non-significant. Finally, women consulted other occult counsellors (i.e. numerologists and coffee, palm, and cards readers) significantly more than men did,  $F(1, 131) = 5.68$ ,  $p < .05$ , the effect of the Group  $\times$  Gender interaction was significant,  $F(3, 131) = 4.31$ ,  $p < .05$ , with Scheffe tests indicating that the female P clients consulted them significantly more than did the male C participants, the differences between the four groups,  $F(3, 131) = 1.63$  being non-significant, whereas the effect of education,

$F(1, 131) = 4.97, p < .05$ , was significant with respect to this variable, the correlation between the two being negative,  $r = -.13, p < .10$ .

### **Personality, symptomatology, and subjective well being differences**

Two-way ANOVAs of the LC, SS, A, D, H, SWLS, and ABS scores by group affiliation (P, F, FP, C) and gender indicated no significant gender differences. One-way ANOVAs of age, religiosity, income, and education levels by group affiliation revealed only significant education differences between the four groups,  $F(3, 136) = 4.01, p < .05$ . Hence, seven ANCOVAs of the LC, SS, A, D, H, SWLS, and ABS scores by group affiliation, with education level as a covariate, were conducted. ANCOVA of the dependent variables of the four groups indicates significant differences between the groups with respect to all dependent variables, without any significant effect of education as a covariant. As for the two personality variables measured, the results of the Scheffe tests indicate that C participants had a significantly more external LC than did the FP participants, and that the FP clients sought after sensations significantly more than the P clients. The P clients were significantly more distressed than were the C participants as far as anxiety and depression were concerned. Finally, with respect to the three measures of subjective well being, the C participants were significantly happier than were both the P and the FP clients, and significantly more satisfied with life and affectivity balanced than were the P clients.

### **Discussion**

Contrary to the prediction made in the first hypothesis, the frequency of new age activities did not significantly differ between the four groups, or differed significantly in the opposite direction (e.g. consulting astrologers). The FP participants had significantly more internal LC than did the C participants, but the F participants did not differ significantly from the P clients with respect to both LC and SS, as predicted. The FP participants sought sensations significantly more than did the P (but not the F) participants. With respect to both symptomatology and SWB, on the other hand, the fourth and fifth hypotheses were mostly supported by the data. The P clients were significantly more depressed and anxious, and less happy, satisfied with life, and affectively balanced than were the C participants.

The Forum's promise about reaching breakthroughs in all aspects of life within a few days (Gidoni-Goldsetin, 1988; Klar *et al.*, 1990) appears as irrational as predictions usually made by occult counsellors. However, while new age practice refers to external forces, the Forum (as well as conventional psychotherapy) appeals to internal forces, holding the individual responsible for his or her behaviour. It was predicted that F participants are more involved in new age activities than P clients because of the time and investment required from P clients. The results, on the other hand, imply that differences may be expected between P and F clients, who are encouraged to seek solutions to their problems within themselves, and new age customers, who attribute their problems to external forces.

Similar to the principles of psychotherapy (e.g. Beck *et al.*, 1985; Ellis, 1974; Meichenbaum, 1977), F participants are encouraged to notice the difference between



facts and interpretation (Berger, 1977; Erhard & Gioscia, 1978), whereas new age philosophy seems to mix the two. The 'preaching', didactic, and dominant style of the LGAT groups' guides also seems opposed to psychotherapeutic principles. They do, however, tell their audience they have no answers (Gidoni-Goldstein, 1988). Although no significant differences were found between the P and the F participants, it should be noticed that the most internal LC was found among the FP individuals, who may internalize the message of personal responsibility from both their LGAT and psychotherapy experiences.

Finally, the high SS level of the FP participants may be explained by their need to try at least the two modes of personal change investigated in the present study, and is also supported by their intensive use of astrologers' consultation.

### **Limitations and implications**

- (1) This study is cross-sectional, and as such cannot look at causality.
- (2) A sample of convenience was used, and therefore it may not be considered as representative.
- (3) The above interpretation that both F and P clients are motivated to attribute their problems to themselves and to seek solutions within themselves, compared with new age customers who attribute both the problems and the solutions to external forces, should be investigated more systematically.
- (4) The above distinction between the belief in internal and external forces of F and P versus new age customers should be investigated via more sophisticated measures than Rotter's (1966) I-E scale, and conceptualized by more comprehensive theories than locus of control. Weiner's (1985) attributional theory, for example, adds the stability and generality dimensions to the locus dimension, which was measured in the present study.
- (5) Sense of control seems to be central to the kind of help the individual seeks. Control may be conceptualized and measured in light of other theories such as the learned helplessness (Abramson, Seligman, & Teasdale, 1978) and the hopelessness (Abramson, Metalsky, & Alloy, 1989) theories and their related measures.
- (6) Central to the concept of helplessness in the context of salvation means, discussed in the present study, is the distinction between personal helplessness, which is perceived as a situation in which the specific individual lacks the skills needed for success, and universal helplessness, which is perceived as a situation in which no one can succeed (Weiner, 1985).

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