INTERPERSONAL TRUST AND GROUP
PSYCHOTHERAPY: AN OUTCOME STUDY

by

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This study examined the effects of an intensive group psychotherapy program on selected patients' interpersonal trust as measured by the Interpersonal Trust Scale. A review of the literature indicated that interpersonal trust was a multifarious construct which needed to be further developed and understood.

This study used a quasi-experimental control group design. Data were obtained from twenty patients who had been referred to an intensive group psychotherapy program. Ten patients who completed this program were assigned to the experimental group and ten patients who did not enter the program were assigned to the control group. The Interpersonal Trust Scale was given to all the patients at the time of assessment and six to eight weeks later.

The data were analyzed using non-parametric statistics. The results indicated that the group psychotherapy program had no statistically significant effect on selected patients' interpersonal trust as measured by the Interpersonal Trust Scale.

A discussion of the findings and recommendations for further study were included.
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CHAPTER I

INTRODUCTION

For three decades, health professionals have regarded the construct of trust as an essential component of social interaction. In their attempts to reach an understanding of human relationships and group process, psychologists and sociologists have studied interpersonal trust in various settings. However, little attention has been given to the study of interpersonal trust in individual and group psychotherapy.

The layman's meaning of trust encompasses a variety of interpersonal and intrapersonal phenomena. Synonyms for trust common in everyday language are confidence, belief, reliability, dependence, and faith. These concepts have been used to describe trust in individuals, groups, organizations, deities, animals, and inanimate objects. For example, trust can refer to a belief in a friend's promise, faith in the ability of a mechanic to adjust the brakes of one's car, confidence in the judicial system or the credibility of a verbal or written statement. Trust can also imply self confidence or self-reliance. The numerous meanings given to the construct of trust have made it difficult to arrive at an agreed definition.

Giffin and Patton (1971) observed that "trust has traditionally been viewed as a somewhat mystical and untangible factor defying careful definition" (p. 376). Other researchers (Kee & Knox, 1970) have pointed out that the precise meaning of trust is not identical from one situation to another. Deutsch (1958) stressed the importance of a definition of trust which includes both everyday connotations of the language and also scientific
terms. This has been a challenging task because concepts such as confidence and dependence are difficult to operationalize.

Social exchange theory, attribution theory, and social learning theory have been used as theoretical frameworks for understanding and defining trust. Each theory has its advantages and limitations for the explanation of the complex construct of trust.

The literature on trust research leaves some aspects of trust unexplainable. Thorslund (1976) points out that the conceptualizations of trust are incomplete not only because trust is difficult to define but also because the definitions established are only suitable for particular studies in particular situations. This limits the generalizations that can be made from these studies. Nevertheless, research on the construct of interpersonal trust continues.

Interpersonal trust in the nurse-patient relationship is emphasized in the literature. However, there has been little empirical investigation of this construct.

Interpersonal trust is identified as a construct because it is an "attitude toward another person [that] may not always be reflected by one's observable actions" (Giffin & Patton, 1971, p. 376). Thus, the attitude of trust is the "introspective orientation which is a potential for action" (p. 376). This potential for action can be inferred from observed behavior but is not the behavior itself.

In this study, the construct of trust is viewed as an attitude or generalized expectancy that the "word, promise, verbal or written statement of an individual or group can be relied upon" (Rotter, 1967, p. 651). This definition of trust is derived from Rotter's social learning theory, which is used as a framework for this study.
"Many psychotherapists believe interpersonal trust is a major determinant in the success of psychotherapy. . . . It seems evident that an adequate measure of individual differences in interpersonal trust would be of great value to research" (Rotter, 1967, pp. 651-652). Rotter's Interpersonal Trust Scale, used in this study, attempts to measure these individual differences.

This research hopes to contribute to further understanding of the construct of interpersonal trust and, in particular, the extent to which it is influenced by group psychotherapy.

**Statement of the Problem**

What are the effects of an intensive group psychotherapy program on selected patients' interpersonal trust as measured by the Interpersonal Trust Scale?

**Definition of Terms**

**Interpersonal Trust.** "The expectancy that the word, promise, verbal, or written statement of another individual or group can be relied upon" (Rotter, 1967, p. 651).

**Group Psychotherapy Program.** An intensive six-week integrated group psychotherapy program called Day House located on the campus of The University of British Columbia.

**Purpose of the Study**

This study will examine the effects of the Day House program on selected patients' interpersonal trust as measured by Rotter's Interpersonal Trust Scale.

The patients will be in two groups, an experimental group (those who
complete the Day House program) and a control group (patients who do not enter the program).

The specific objectives of the study are:

1. To measure the interpersonal trust scores of the experimental group within three days of entering the program and within two weeks of completing it.

2. To measure the interpersonal trust scores of the control group on the day of their assessment by the staff of the program and six to eight weeks later.

3. To compare the interpersonal trust scores obtained from the two groups.

Relevance of the Study

It is hoped that the information gathered from this study will assist group therapists in furthering their understanding of the concept of trust and its significance in group psychotherapy.

It is also hoped that this study will encourage other health professionals to do further research on interpersonal trust particularly in the area of psychotherapy.

Limitations of the Study

The internal validity of this study is limited because the subjects were not randomly assigned to the two groups.

The sample used for this study was limited to people referred to a specific group psychotherapy program. The results are not generalizable to clients in other programs or to other populations.
Assumptions of the Study

1. Trust is a learned experience.
2. People expect that the word, promise, verbal or written statement of another individual or group will come to fruition.
3. People will truthfully express their opinions on the Interpersonal Trust Scale.
4. People are capable of changing their beliefs, values and ideas.
5. People value the construct of trust.
6. Trust is an important variable in interpersonal relationships.
7. Group psychotherapy can provide a corrective experience through which individuals can learn to change behaviors, beliefs and attitudes.
8. The patients in the experimental and control groups are assumed to be comparable.
CHAPTER II

LITERATURE REVIEW

Trust has been studied in various settings and from different points of view. Thus, a large body of research has accumulated. It is beyond the scope of this study to include all the research pertaining to trust. This literature review has focused on studies dealing with the trust of others. In doing so, Part I of the discussion will cover the early research on interpersonal trust followed by the studies in communication research and in therapeutic settings. The aim of the discussion is to illustrate the various research approaches undertaken in order to increase the understanding of this multifarious construct.

Part II of the literature review will include an examination of the construct of trust using social learning theory as a framework. Given that group psychotherapy is the dependent variable in this study, particular attention will be given to its significance in social learning theory.

Part I

Early Research on Interpersonal Trust

Morton Deutsch (1958) was one of the first people to research the construct of interpersonal trust. He and his colleagues studied trust in laboratory settings using modified prisoner's dilemma games. From these studies, Deutsch concluded that:

an individual may be said to have trust in the occurrence of an event if he expects its occurrence and his expectation leads to behavior which he perceives to have greater negative motivational consequences if the expectation is not confirmed than positive motivational consequences if it is confirmed. (p. 266)
This implies that an individual weighs the positive and negative consequences of his or her decision before trusting another person. The individual then makes a choice to trust or not to trust according to the expected outcome. Since the outcome is uncertain, an element of risk is involved.

Deutsch (1958) also found that people were more ready to trust if they believed that they had some power over the outcome of the trusting situation, or if it was apparent that the person being trusted had nothing to gain in betraying the trust.

Variables which increase the degree of interpersonal trust include the ability to communicate an expectation of reciprocal trust (Loomis, 1959) and the communication of cooperative rather than competitive responses (Solomon, 1960). These variables provide feedback about the amount of risk involved in a decision to trust another individual.

Giffin and Patton (1971) suggest that a person will be more likely to take the risk of trusting another person if that is the only way to accomplish a certain goal. The greater the value placed on the goal, the greater the likelihood that the risk will be taken.

These studies led to further examination of the construct of interpersonal trust within the context of communication research.

Studies in Communication Research

Communication research has increased the understanding of interpersonal trust by examining variables which affect interpersonal relationships. Hovland and his associates (1953) found that "trust is based upon a listener's perception of a speaker's expertness, reliability, intentions, activeness, personal attractiveness and the majority opinion of the listener's associates" (p. 104). Giffin and Patton (1971) supported this
finding, concluding that the "general credibility of group opinion expressed" (p. 387) influenced the degree of trustworthiness of an individual.

Giffin (1967a) showed that expertness, reliability and dynamism were three major characteristics which determined whether a person would be trusted. Dynamism was defined as "behavior perceived as more active than passive and more open or frank than closed or reserved" (p. 104).

Gibb (1961) found that defensive behavior "engenders defensive listening and this in turn produces postural, facial and verbal cues which raise the defensive level of the original communicator" (p. 141). When entering a situation that involves trust, defensive behavior communicates the intention of non-trustworthiness and, therefore, encourages suspicion rather than trust. Gibb (1961) identified a number of intentions which increased the likelihood of a person being perceived as trustworthy. These were being: (1) non-judgmental; (2) problem oriented rather than social control oriented; (3) spontaneous rather than strategic; (4) empathic rather than neutral; (5) on an equal basis rather than on an unequal basis; and (6) provisional or tentative rather than certain (pp. 141-148).

Gibb's (1961) findings led Giffin and Patton (1971) to conclude that interpersonal trust is a "function of perceived acceptance by valued others" (p. 381). If this acceptance cannot be communicated verbally or non-verbally, the trusting relationship is likely to break down (Bennis et al., 1964).

Mellinger (1956) looked at interpersonal trust as a factor in communication. He found that a person who trusted another person was able to predict that person's attitudes more accurately. A questionnaire which asked subjects to judge others on the basis of their sincerity, motives and
dependability of communication was found to measure trust. This questionnaire was a precursor of Rotter's Interpersonal Trust Scale which will be discussed in Chapter IV.

Schlenker, Helm and Tedeschi (1973) studied the effects of personality and situational variables on behavioral trust. They found that when highly credible promises were made and kept, subjects trusted more than when low credibility promises were made. A series of prisoner's dilemma games and Rotter's Interpersonal Trust Scale were used in these studies.

In North American society, a positive self-concept is regarded as a sign of mental health. Giffin and Patton (1971) argue that self-concept is "based in part upon communication with other people" (p. 381). One study showed that children, whose parents suppressed their attempts to communicate, developed poor self-concepts (Heider, 1968). Children, whose parents encouraged their attempts to communicate, developed positive self-concepts. In a trust situation, the approval of the person who is to be trusted will increase the likelihood of trusting behavior.

Studies in communication research have influenced the understanding of interpersonal trust by examining the effects of communication upon attitudes and behaviors in human relationships. In summary, the research has pointed out that when trust exists between two people, prediction of each other's attitudes can occur. Trust was also increased when highly credible promises were made and kept between two individuals. Attitudes and behaviors which foster trust in relationships have been identified as acceptance, caring, equality, empathy, and flexibility.

The literature in communication research has also indicated that the self-concept of the individual is influenced by responses from valued people. Interpersonal trust affects communication in relationships among
individuals and, thus, indirectly affects one's self-concept. The con­struct of interpersonal trust is complex and difficult to operationalize because it varies with each individual interaction. The variables discussed in communication research provide a portion of a framework in which to understand this construct.

A branch of communication research is studies in therapeutic settings. These studies have contributed to further insight into interpersonal trust.

**Studies in Therapeutic Settings**

Trust is an important component of psychotherapy (Rogers, 1961; Yalom, 1970). An element of trust is implicit in the act of seeking help and is required for the disclosure of personal information (Jourard & Friedman, 1970). Therapists must be able to convey their trustworthiness to clients in order to build a climate of trust (Witherspoon, 1981). Carl Rogers (1961) observed that the trust which the patient has for the therapist is a major factor accounting for the changes experienced by the patient during therapy.

Before trust can develop, both participants must give something to the relationship (Swinth, 1967). Swinth (1967) asserted that trust between two people is established when one of them exposes himself or herself to the risk of personal loss. When this self exposure is repeatedly met with acceptance, each person then gains confidence that he or she will not be intentionally hurt by the other (Bennis, Schein, Berlew, & Steele, 1964).

Jourard and Friedman (1970) investigated the relationship between self-disclosure and experimenter-subject "distance." They found that when an experimenter is liked and trusted by the subject, distance between them was decreased. The subject's disclosure time increased as the distance between the subject and experimenter decreased (p. 282).
The effect of the counselling approach on trust behavior was studied by Ellison and Firestone (1974). Trust was equated with self-disclosure and measured by Jourard's Self-Disclosure Questionnaire. There was no difference between directive and non-directive counselling approaches in this study.

Witherspoon (1981) related therapist effectiveness to the trustworthiness of the therapist as perceived by the patients. He found that arrogant therapists are seen as nontrustworthy, leading to defensive communication by the patient which greatly reduces the effectiveness of the therapy.

Studies of therapeutic groups have revealed several interesting aspects affecting interpersonal trust. Gibb (1962) found that people had four basic goals in common during social interactions in human relations training groups (T-groups). These were acceptance, information, goal-achievement, and social control (p. 281). Acceptance is related to interpersonal and intrapersonal trust. Group cohesiveness increased as acceptance among group members increased.

Kessel (1971) studied interpersonal trust in T-groups using Rotter's Interpersonal Trust Scale. The results of this study showed no relationship between trust, self-disclosure, and group cohesiveness. Kessel concluded that the kind of trust measured by Rotter's scale was not the same as the intragroup trust that the study had attempted to measure.

Piper (1972) conducted a study which evaluated the effects of sensitivity training on group composition according to interpersonal trust (measured by Rotter's scale). Subjects who participated in a high-trust sensitivity group increased their ability to role play positive interpersonal behaviors. No increased ability to role play positive interpersonal behavior was found in low trust groups.
One study showed that a combination of non-verbal activities and group discussion were as effective in building interpersonal trust in small groups as group discussion (Clarke, 1971). Further studies on the variables affecting interpersonal trust need to be conducted in order to increase the understanding of this complex construct.

The relationship between interpersonal trust and leadership style was investigated by Roegiers (1972). He found that group leaders could build or destroy the climate of trust in their groups according to the perception of their personality characteristics by group members. These characteristics were expertness, reliability, and dynamism, as identified previously by Giffin and Patton (1971).

The style of the therapist in group counselling can facilitate the therapeutic interaction of either high or low trusting people (Chatwin, 1971). When a group is leader-centered, the interaction of low-trust persons is facilitated. High-trust people interact more freely when leadership is group-centered.

Studies in therapeutic settings have increased the understanding of the construct of trust by examining the relationship between self-disclosure and interpersonal trust, trust behavior, counselling approaches, leadership style, and climate of trust in small groups. These studies were also concerned with therapist characteristics and perceived trustworthiness of the therapist which directly related to the effectiveness of therapy.

The review of the relevant research on interpersonal trust has provided some understanding of trust behavior as well as attitudes about communication of trust in human interactions.

The next part will examine interpersonal trust as a social attitude or generalized expectancy viewed within the framework of social learning theory.
Part II
Conceptual Framework: Social Learning Theory

In this study, the construct of trust is derived from social learning theory. Social learning theory is a model for the understanding of human behavior. The theory is well systematized and consists of basic assumptions and constructs which lead to the understanding and prediction of human actions. Reinforcement theory, cognitive or field theory, and learning theory are combined in order to explain complex human behavior.

The social learning theory of personality uses an expectancy construct and an empirical law of effect (Rotter, Chance & Phares, 1972, p. 95). This law defines reinforcement as "any action, condition or event which affects the individual's movement towards a goal" (p. 95). Emphasis is placed both on internal and situational characteristics in the prediction of behavior. The individual's past experiences play an important role in the understanding of present behavior. New experiences may lead to changes in personality or behavior. These changes may or may not occur within the context of psychotherapy.

Assumptions of Social Learning Theory

Social learning theory has three basic assumptions. The first is that the unit of investigation for the study of personality is the interaction of the individual with his or her meaningful environment (Rotter, 1975, p. 94). The prediction of behavior is based on the immediate situation as well as on past experience.

The second assumption is that while personality is generally stable it can be modified through experience (p. 95). This assumption also emphasizes the interaction of the individual with his or her environment.

The third assumption is that behavior is goal directed (p. 96).
These assumptions lead to the development of the four major constructs of social learning theory.

**Constructs in Social Learning Theory**

The four major constructs related to the prediction of behavior are (1) behavior potential (need potential); (2) expectancy (freedom of movement); (3) reinforcement value (need value); and (4) situation (Rotter, 1975, p. 113). These constructs are flexible and are used on "whatever level of generality that is necessary for a particular purpose" (p. 113). They are linked closely together.

According to social learning theory, behavior is broadly defined as "actual motor acts, cognitions, verbal and nonverbal behavior; emotional reactions, etc." (p. 96).

Behavior potential is "the potential for any given behavior to occur in a particular situation or situations as calculated in relation to any single reinforcement or set of reinforcements" (p. 96). An example in the group psychotherapy setting would be the systematic reinforcement of self-disclosing behavior. An individual in the group might engage in any number of behaviors which demonstrate self-disclosure. Each behavior has a certain potential for that individual and is more or less likely to occur than other behaviors depending on the individual's differences, past experiences, and needs, at that particular moment in time. Although the behaviors vary from one group member to another, the direction is the same: self-disclosure leads to increased trust in others.

Expectancy is defined as "the probability held by the individual that a particular reinforcement will occur as a function of a specific behavior on his or her part in a specific situation or situations" (p. 96). A person's expectancy is based on previous experience.
For example, in a group psychotherapy situation, two group members may both wish to please the therapist. One member's past experience may have included an inability to please authority figures. Therefore, this person does not expect to succeed in pleasing the therapist in spite of his or her best efforts. This is referred to as low freedom of movement. The other member's past experience may have been the reverse. The person's expectancy to please the therapist will be high. This person has high freedom of movement. Although the goals of the two group members are identical, their expectations differ and their behavior will also be likely to differ.

Expectancies, although they vary with each person, may be specific or general. An example of a specific expectancy would be the cessation of stuttering following intensive group psychotherapy. A generalized expectancy is one which is held by the individual in a variety of situations (p. 97). Interpersonal trust is such a generalized expectancy. If a member of a psychotherapy group has the generalized expectancy that the other members of the group cannot be trusted, his or her behavior towards them will be affected. Relationships outside the group may also be impaired. The construct of expectancy incorporates past and present experiences in a variety of situations.

The third construct in social learning theory is reinforcement value. This is defined as "the degree of preference for any reinforcement to occur if the possibilities of their occurring were all equal" (p. 97). According to Rotter (1975), reinforcements usually do not occur independently of each other. In fact, one reinforcement may elicit behavior which leads to further reinforcements. For example, a person who receives positive feedback from other members of a therapy group whenever he or she behaves assertively may become more assertive at work or in other personal relationships. This
may lead to a higher standard of living, increased work satisfaction or other effects which reinforce the behavior.

The fourth construct is the psychological situation. This construct incorporates the assumptions that individuals learn through experience and that they perceive situations in their own characteristic ways. It is assumed that behavior is learned and not genetically acquired or due to internal states such as the id, ego, and superego referred to in Freudian theory. In a psychotherapy group, a particular interaction will have different meanings for each person present.

These four basic constructs contribute to the understanding and prediction of behavior in relation to specific reinforcements. Each has been empirically tested in controlled laboratory experiments (Rotter et al., 1972).

In summary, social learning theory is a well systematized theory of personality. The basic assumptions and constructs are linked together and can be tested. Emotions and feelings, although not directly addressed, are conceptualized as "behaviors having a potential or occurrence in various situations" (Rotter et al., 1972, p. 112). The question remains whether the theory can actually predict behavior as well as such constructs as the emotions of anxiety and fear, internal states referred to by other theorists.

In this study, interpersonal trust is viewed as a generalized expectancy or social attitude. The next section will further explore how these attitudes are formed and how they can change.

**Generalized Expectancies for Interpersonal Trust**

Social learning theory allows for the prediction of specific behaviors. Rotter et al. (1972) states that "the process of generalization accounts for
the consistency and stability of behavior across situations" (p. 445). Generalized expectancies are related to individuals' past experiences and the reinforcements (negative or positive) connected with these experiences. In psychology, generalized expectancies have traditionally been known as social attitudes. Thus, generalized expectancies are social attitudes functionally related to beliefs about a class of animate or inanimate objects (Rotter et al., 1972).

Generalized expectancies are learned in childhood and continue to develop with experience in varying situations. A child experiences a variety of stimuli which he or she learns to recognize and place in categories. For example, a child learns that a certain stimulus indicates affection and another indicates rejection. The child learns concepts which can eventually be described by words. Rotter et al. (1972) claims that "when a series of objects or events has been similarly labelled, new experiences with one of these will generalize to others so that gradually a collection of generalized expectancies is built up" (p. 337). Social attitudes can also be learned indirectly by observing the experiences of others. The individual's attitudes and beliefs may change or remain stable depending on the perception of the situation and the reinforcements attached to the situation.

It has already been stated that interpersonal trust is viewed as a generalized expectancy. Each individual develops this expectancy through interaction with others (e.g. parents, teachers, priests) and through exposure to mass media such as television and newspapers. When an individual believes that the word, promise, verbal or written statement of another individual or group can be relied on, it is assumed that he or she has received positive reinforcement for these beliefs in past situations.
The individual is then said to have trust in others. The converse is assumed to be true. These generalized expectancies are measured by Rotter's Interpersonal Trust Scale.

In summary, generalized expectancies determine behaviors because "as a result of repeated experience in the same or similar situations, the individual builds up reinforcement which extends across situations" (Hamsher, Geller, & Rotter, 1968, p. 211). Thus, if enough new experiences are provided with powerful reinforcements attached to them, the individual can change his or her attitudes. It was assumed in this study that psychotherapy is one area in which an individual can change these generalized expectancies. The next section will briefly discuss how this change may occur.

**Social Learning Theory and Psychotherapy**

According to Rotter (1975), social learning theory provides a framework for psychotherapy in which old behaviors can be understood and new behaviors acquired so that specific therapeutic goals can be achieved. The therapist and the patient must both participate in this process. Appropriate reinforcement provides incentive for learning new behaviors.

The therapist's objective is to increase the patient's freedom of movement. Adopting the role of teacher, the therapist may actively suggest alternative behaviors as well as helping the patient to understand why past behaviors were unsuccessful. The therapist also helps the patient to set achievable goals, thus ensuring that positive reinforcements are obtained. If the patient's generalized expectancies are changed, changes in behavior may occur which affect many areas of his or her everyday life.

Rotter (1975) emphasizes that no single therapeutic technique is applicable to all patients. In Chapter III, it will be demonstrated that the Day House program incorporates various therapies in order to teach
patients new behaviors which may lead to greater life satisfaction and goal achievement.

Summary

Part I of this chapter has reviewed the relevant research on interpersonal trust in order to increase the understanding of this complex construct.

The early studies by Deutsch (1958) revealed that risk taking and perception of the outcome of a situation were important variables of interpersonal trust. Loomis (1959) and Solomon (1960) added that the communication of an expectation of trust and cooperative responses were also essential variables in a trust situation. These studies led to further investigation of interpersonal trust in the areas of communication research and therapeutic settings.

Studies in communication research attempted to provide answers as to what makes people trust one another. Studies by Gibb (1961) revealed that being non-judgmental, problem oriented, spontaneous, empathic, provisional, and on an equal basis with another person increased trust in a relationship. Giffin and Patton (1971) were able to conclude that expertness, reliability, and dynamism were three characteristics which determined whether a person could be trusted.

Other researchers found that prediction of others' attitudes increased or decreased trust in relationships (Mellinger, 1956). Trust was also increased when highly credible promises were made and kept between two individuals (Schlenker et al., 1973).

One branch of communication research was studies in therapeutic settings. These studies attempted to further increase the understanding of
the variables affecting interpersonal trust. Factors such as self-disclosure (Jourard & Friedman, 1970), group cohesiveness (Kessel, 1971), verbal and non-verbal activities (Clarke, 1971) were all studied in group settings. The results provided conflicting points of view as to the variables that effect interpersonal trust. Further research in these areas was highly recommended.

However, there was consensus as to what facilitates trust in therapeutic settings. Roegiers (1972) found that expertness, reliability, and dynamism (previously identified by Giffin and Patton, 1971) of the group leader can build or destroy the climate of trust in small groups. Chatwin (1971) showed that group centered leadership facilitated interaction of high trust people in group settings. Arrogant therapists were viewed as non-trustworthy by their patients (Witherspoon, 1981) which negatively affected the climate of trust in therapeutic relationships.

There are many questions left unanswered as to why and how people trust. The studies reviewed illustrated some of the research approaches to this complex area.

Part II of the literature review discussed the construct of trust using social learning theory as a framework. This theory was based on the individual's learned behavior, an expectancy construct, and reinforcement theories (Rotter et al., 1972). In this study, the construct of trust was defined according to this theory as an "expectancy held by an individual or group that the word, promise, verbal or written statement of another individual or group can be relied on" (Rotter, 1967, p. 444).

Particular attention was given to the application of social learning theory in group psychotherapy. The aim of this study was to increase the understanding of interpersonal trust in this setting.
The next chapter will describe the intensive six-week group psychotherapy program called Day House.
CHAPTER III

THE DAY HOUSE PROGRAM

Treatment at the Day House consists of an intensive six-week group psychotherapy program developed and directed by Dr. F. Knobloch. The program is structured in order to incorporate the philosophy of integrated psychotherapy developed by Ferdinand and Jirina Knobloch and documented in their book Integrated Psychotherapy (1979).

Integrated psychotherapy encompasses a variety of techniques including psychodrama, psychomime, diaries, autobiographies, Gestalt, fantasy games, abreaction, and introspection. These techniques are employed in groups which range in size from six or eight people to the entire community of eighteen to twenty-two patients. It is assumed that the behavior seen in these groups will resemble that displayed by the patients in the everyday world.

The two major concepts used in integrated psychotherapy are group schemas and rewards and costs. These concepts will be described later in the chapter.

During their six weeks at the Day House, patients attend Monday to Friday from 9:00 a.m. to 5:00 p.m. All patients are expected to participate in the groups, sports, work, music therapy, and other activities which make up the program.

Psychotherapy in the Day House is viewed as a learning process. Neuroses and similar disorders are assumed to be learned behaviors which can be changed through the process of re-learning in psychotherapy (Knobloch
With the assumption that people learn in diverse ways, integrated psychotherapy employs a variety of techniques which facilitate the learning of new behaviors more conducive to goal achievement and self-understanding.

Referrals

Patients are referred to the Day House program by community agencies, family practitioners, psychiatrists, psychologists, or other sources. Patients may have experienced marital problems, sexual difficulties, eating disorders, inability to manage stress, depression, or general dissatisfaction with their lifestyle. Patients who are thought to be psychotic are not accepted into the Day House program.

Patients referred to the Day House range from ages twenty to sixty. All patients are assessed by Day House staff to ensure that they are appropriate for the program and potentially motivated to become active participants. Patients must be willing to make certain commitments. These include abstention from alcohol and drugs and the avoidance of suicidal behavior for the duration of the program. The therapeutic community (the entire patient group) plays an active part in the acceptance of new members: commitments are made verbally to the community before the patient enters the program. Patients must also agree to attend three sessions in an aftercare or follow-up group.

Day House Rules

1. Speak openly and frankly about everything in meetings of the whole community.

2. Take care not to do anything which would make it difficult either for yourself or others to speak openly.

3. Use every opportunity to be with the whole community. Do not isolate yourself.
4. Do not form subgroups. Do not form any sexual attachments. Meeting group members outside is almost always harmful to therapy. Use free time for meeting other people.

5. Help others to become members of the community as quickly as possible.

6. Listen to the opinions and recommendations of others, but take responsibility for your own decisions.

7. You may not leave the program unless you first discuss it with the group. You are part of the program and your separation affects everybody.

8. While in the program, all medical care and drugs are given by the staff. Any other appointments and drug use should be discussed with the staff.

9. Keep your contract, which includes: full participation in the program, inviting relatives and attending at least three aftercare meetings.

10. You do not have to believe in the therapy - just stick to the rules and see. (Day House, 1980)

All patients must abide by these rules. Those who do not may be asked to leave the program.

The Groups

1. Families

When a patient is accepted into the Day House, he or she is assigned to a "family". A "family" may include six to ten people. There are no more than three such "families" at any one time. A therapist is assigned to each "family". Each week one or two new members join the "family" as one or two others complete the program and join the aftercare group.

2. Open Group

The entire therapeutic community has a four-hour meeting once a week. Those attending include the "families", new members who have been accepted but have not actually begun the program, members who are starting that day, and members who are in aftercare. Nurses, medical professionals, students, and other guests may also attend this group.
The committee (see below) presents positive awards (rewards) and negative reminders (costs) to the group members. Patients in aftercare talk about their personal experiences in the program and make recommendations to new members of the community.

3. The Committee

Every week, each "family" elects one representative to the committee. These people are "responsible for the smooth running of the program and [are] deeply involved in all parts of the community life and in the whole therapeutic process" (Knobloch & Knobloch, 1979, p. 184). The duties of the committee are to organize all domestic routines, promote punctuality, and ensure that work tasks are completed. The major responsibility of the committee is to foster "norms (basic and others) by generating the group's approval and disapproval and by regularly evaluating the patients' therapeutic progress" (Knobloch & Knobloch, 1979, p. 184). This is accomplished by means of a system of costs and rewards.

Every week, the committee evaluates each patient's progress in the group. Those who have been working on their problems and participating fully in the program are given "positive awards" (rewards) during the open group meeting. These awards vary from hand made posters to other symbols which may be meaningful to the person receiving the award. "Negative reminders" (costs) are given to patients who are not participating fully or who have broken the rules. An explanation of each award or reminder is given with the presentation. Patients are encouraged to share their feelings with the whole community as they receive these awards and reminders.

The committee meets with the therapeutic community each day and records the "negative points" (costs) acquired by patients. Behaviors such as arriving late, not completing autobiographies or diaries, and breaking
rules are assigned points. If a patient accumulates a certain number of points, he or she may be put on probation and assigned extra tasks to compensate for them. The committee rules state that:

only easily identifiable acts of breaking the contract which the patient made with the community and on the basis of which was admitted are included. They all are destructive to the treatment of the individual and a threat to the morale and successful work of the group. Of course, having no negative points does not itself guarantee successful treatment. (Knobloch & Knobloch, 1979, p. 191)

As can be seen, the committee is the driving force behind the therapeutic community. Through a powerful system of costs and rewards, the patient is helped to abandon destructive behaviors in favor of new behaviors which lead to the achievement of group and personal goals.

4. Group Schemas

The group schema is a "model for rehearsing, training and problem solving" (Knobloch & Knobloch, 1979, p. 57). Each patient constructs a cognitive map of the significant people in his or her life (either past or present). The patient then assigns other patients to play the roles of these significant people. Through role playing, the patient is able to re-enact conflicts, anger, sadness, and other emotions associated with a particular past or present relationship. The parent figures are significant in the group schemas. "Improvement in the relationship to the parent schema is usually a byproduct of successful psychotherapy" (Knobloch & Knobloch, 1979, p. 58). The enactment of the group schemas is done in a meeting of the entire therapeutic community.

5. Autobiographies and Diaries

Patients write their autobiographies and present them to the community during the first week of the program. Therapists help the patient to identify significant events which can be reenacted through role playing,
psychomime, or psychodrama. Patients record their thoughts and feelings in diary form each day. These diaries are read by staff and can be seen by other patients. Secrecy is not encouraged at the Day House.

6. **Family and Friends Group**

One evening a week is set aside for family members or significant others to come as guests of each patient in the Day House. Patients and their guests meet as a group with others in the same "family" and discuss various problems of significance to each patient. The therapist assigned to each "family" leads these groups.

7. **Work Group**

The "families" join together for a work group each day. Patients do all the maintenance and cleaning in the Day House and the surrounding grounds. Once a week there is a car wash to raise money for outings or other functions. "Families" eat lunch together and are responsible for the preparation of this meal and the clean up which follows. Group members volunteer to supervise the work groups and one of the therapists is specifically assigned to this activity.

8. **Music Therapy**

Once a week the patients meet for an hour of music therapy. This group includes such activities as music appreciation, dancing, singing, and body movements.

9. **Sports**

Swimming, basketball, floor hockey, and other athletic activities are organized two to three times a week.

10. **Plays**

Every Friday afternoon each "family" performs a short play before the entire therapeutic community. A patient from each family volunteers to be
the director and the other members assist in writing the script and acting the various roles.

**Summary**

The Day House is an intensive six-week group psychotherapy program which uses the framework of integrated psychotherapy in order to help patients who are suffering from neuroses and similar disorders. The steps that a patient follows during the course of treatment are:

1. Admission into the Day House (acceptance by patients and staff, verbal and written commitments).
2. Attendance at the Open Group.
3. Joining a "family".
4. Writing and presenting autobiography.
5. Inviting significant people to Friends and Family Night.
6. Participation in sports, work groups, music therapy, and other activities.
7. Keeping a daily diary of thoughts and feelings.
8. Attendance at the aftercare group.

Social learning through reinforcements (rewards and costs) is carried out by the Committee of Patients elected by the therapeutic community. The expectations of the Day House program are clearly stated and patients are expected to make verbal commitments to the therapeutic community before they enter the program. Patients are expected to be honest and truthful about their feelings and to respect personal information about another member of the group. Interpersonal trust is highly regarded in this program.
The role of the therapist is that of teacher. This role is similar to that emphasized by Rotter's social learning theory. Knobloch's theory of integrated psychotherapy is also in agreement with Rotter's belief that various techniques should be used in psychotherapy in order to help the patient learn new behaviors which lead to goal achievement.

The next chapter will describe the methodology used in this study.
CHAPTER IV

METHODOLOGY

This study was conducted to examine the effects of the Day House program on selected patients' interpersonal trust as measured by Rotter's Interpersonal Trust Scale. The independent variable in the study was an intensive six-week group psychotherapy program (Day House). The dependent variable was interpersonal trust.

The study took place over a four-month period between October 1982 and February 1983. Twenty patients volunteered to participate in the study. Ten completed the six-week group psychotherapy program (experimental group) and ten did not attend the program (control group).

This chapter describes the research design, sample selection, procedure for data collection, and the instrument used to collect the data.

Research Design

A quasi-experimental non equivalent control group design (Campbell & Stanley, 1963, p. 47) was used. The design examined any change in the dependent variable (interpersonal trust) after the independent variable (Day House program) was introduced. This type of design controls such extraneous variables as history, maturation, testing, and instrumentation (Campbell & Stanley, 1963, p. 47).

Internal validity is limited in this design because the subjects have been selected instead of randomly assigned to the two groups. Another restriction is that the results of this study are not generalizable to patients outside the Day House program.
Sample Selection

A convenience sample (n = 20) was obtained from the population of patients referred to the Day House program. It was assumed that all twenty patients had been referred because they had a need to receive group psychotherapy.

Patients are assessed by staff on the day they arrive for orientation to the program. There are opportunities to talk with other patients as well as with staff. Acceptance is based on mutual agreement between staff and prospective patients. People who choose to attend the program must also be accepted by the entire therapeutic community (this takes place two days after the orientation).

People who choose not to attend the program are able to discuss their decision with the staff, but they do not meet with the entire therapeutic community. Reasons for refusing to attend vary from the belief that the program might not be useful to the inability to make a full-time commitment for six weeks.

Ten patients who were accepted into the program were assigned to the experimental group. Ten others who chose not to attend volunteered to participate in this study, making up the control group.

Procedure for Data Collection

The researcher was introduced to patients by one of the Day House therapists. The researcher then explained the study to each patient and provided them with an information and consent form (see Appendix B) in order to ensure that their rights were protected.

Ten patients (male and female) who had been assigned to the experimental group completed the Interpersonal Trust Scale within three days of
starting at Day House and again within two weeks after graduation from the six-week program. The ten patients (male and female) assigned to the control group completed the Interpersonal Trust Scale on the day of their assessment and again six to eight weeks later.

Instrument: the Interpersonal Trust Scale

Rotter's Interpersonal Trust Scale (see Appendix A) is an additive scale consisting of forty items. A Likert-type format is used for each item. Twenty-five items are trust items and fifteen are filler items used to disguise the purpose of the scale. Possible scores range from a minimum of twenty-five to a maximum of one hundred and twenty-five. Internal consistences are reasonably high, based on split-half reliability corrected by the Spearman-Brown formula (Rotter, 1967, p. 655). The test-retest reliability (time between tests three months) has a correlation of 0.68 (p>0.01).

This scale has relatively good construct and discriminant validity. It has been validated in laboratory settings, self-reports, peer ratings, and questionnaires (Wright & Maggied, 1976, p. 446).

The dimensionality of Rotter's Interpersonal Trust Scale has been explored by several researchers (Chun & Campbell, 1974; Walker & Robinson, 1979b; Wright & Tedeschi, 1975). Walker and Robinson suggested that "the dimensionalized interpersonal trust construct is better suited for examining the role of trust in outcomes and process for group counselling" (1979b, p. 424). Wright and Tedeschi (1975), using samples of university students, found three stable factors in the Interpersonal Trust Scale. These were Political Trust, Parental Trust, and Trust of Strangers. The items for each factor are as follows:
Political Trust

4. This country has a dark future unless we can attract better people into politics.

16. Most people would be horrified if they knew how much news the public hears and sees is distorted.

21. Even though we have reports in newspapers, radio and television, it is hard to get objective accounts of public events.

29. Many major national sport contests are fixed in one way or another.

Parental Trust

6. Parents usually can be relied upon to keep their promises.

23. Most experts can be relied upon to tell the truth about the limits of their knowledge.

24. Most parents can be relied upon to carry out their threats of punishment.

31. Most idealists are sincere and usually practice what they preach.

32. Most salesmen are honest in describing their products.

39. Most people answer public opinion polls honestly.

Trust of Strangers

3. In dealing with strangers one is better off to be cautious until they provide evidence that they are trustworthy.

8. Using the honour system of not having a teacher present during exams would probably result in increased cheating.

14. It is safe to believe that in spite of what people say most people are primarily interested in their own welfare.

26. In these competitive times one has to be alert or someone is likely to take advantage of you.

The Parental Trust factor is "especially important since it has six items whose content deals explicitly with believing others. Thus it is the factor which most closely represents Rotter's definition of interpersonal trust" (Wright & Tedeschi, 1980, p. 114). These three factors were
separately analyzed using the Wilcoxon signed-rank test in order to examine any changes in the pretest and posttest scores of each group.

Summary

A quasi-experimental non equivalent control group design was employed in this study. A convenience sample \((n = 20)\) of patients referred to the Day House program was used. Ten patients who entered the program were assigned to the experimental group and ten patients who did not were assigned to the control group. Rotter's Interpersonal Trust Scale was completed by each patient during the period of assessment at Day House (pretest) and again six to eight weeks later (posttest).

The Mann-Whitney U test was used to compare the two groups on the pretest and posttest scores. Using the Wilcoxon signed-rank test, the twenty-five items on the Interpersonal Trust Scale were analyzed for the differences in pairs of scores within each group. The results are discussed in the next chapter.
CHAPTER V

DATA ANALYSIS AND DISCUSSION OF FINDINGS

What were the effects of the Day House Program on selected patients' interpersonal trust as measured by Rotter's Interpersonal Trust Scale? This research question is answered in the discussion of the findings.

Data Analysis

As discussed in Chapter IV, data were obtained through completion of Rotter's Interpersonal Trust Scale at six to eight week intervals (pretest and posttest) by both the experimental and control groups. Items were scored on a five-point scale from strongly agree to strongly disagree. Twelve of the twenty-five items indicated trust if there was agreement. These were scored from 5 = strongly agree to 1 = strongly disagree. The remaining thirteen items indicated mistrust if there was agreement and so the scoring was reversed. In this scale, high scores indicate high trust and low scores indicate low trust (Rotter, 1967).

The ten patients in the experimental group (five males and five females) obtained total scores ranging from 55 to 78 on the pretest and from 49 to 84 on the posttest. Table 1 shows the total scores of the experimental group. Table 2 shows the mean and standard deviation for the pretest and posttest scores of this group.

The ten patients in the control group (six females and four males) obtained total scores ranging from 63 to 82 on the pretest and from 61
Table 1
Pretest and Posttest Scores for the Experimental Group

<table>
<thead>
<tr>
<th>Ss</th>
<th>Pretest Scores</th>
<th>Posttest Scores</th>
<th>Differences (y-x)</th>
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<td>61</td>
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</tr>
<tr>
<td>10</td>
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<td>+16</td>
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Table 2
Mean and Standard Deviation for Experimental Group

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<td>10</td>
<td>Posttest</td>
<td>69.5</td>
<td>10.74</td>
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to 89 on the posttest. The total scores of this group are shown in Table 3. Table 4 shows the mean and standard deviation for the pretest and posttest scores of the control group.

The data were analyzed by means of non-parametric statistics using the p<.05 level of significance. The Mann-Whitney U Test was used to compare the experimental and control group on the pretest and posttest scores. On the pretest, the groups differed significantly (p<.05) indicating that the patients in the control group were more trusting than those in the experimental group. No significant difference was found when the posttest scores were compared.

The Wilcoxon signed-rank test was used to examine the changes in the scores from pretest to posttest in each group. The experimental group had a T value of 13.5 (p<.087) and the control group had a T value of 17.5 (p<.18). The change in the experimental group approached but did not reach statistical significance. The conclusion was that the Day House program had no significant effect on the patients' interpersonal trust as measured by Rotter's scale.

The Wilcoxon signed-rank test was used to analyze the differences in pretest and posttest scores of each group on the factors of Parental Trust, Political Trust and Trust of Strangers. Tables 5 and 6 show the scores, T values, and level of significance for the experimental group. Tables 7 and 8 show these findings for the control group.

The factor of Political Trust increased significantly (p<.0391) in the control group. The direction of change was similar for the factors of Parental Trust and Trust of Strangers, but did not reach statistical significance. In the experimental group there were no significant changes.
Table 3
Pretest and Posttest Scores for the Control Group

<table>
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<th>Ss</th>
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Table 4
Mean and Standard Deviation for Control Group

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Table 5
Pretest and Posttest Scores of the Experimental Group on the Factors of Political Trust, Parental Trust and Trust of Strangers

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<th>POLITICAL TRUST</th>
<th>PARENTAL TRUST</th>
<th>TRUST OF STRANGERS</th>
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<td>Posttest</td>
<td>Pretest</td>
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Table 6
The Results of the Wilcoxon signed-rank test on the Factors of Parental Trust, Political Trust and Trust of Strangers for the Experimental Group

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<thead>
<tr>
<th>FACTOR</th>
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<td>.2344 to .2891</td>
</tr>
<tr>
<td>Trust of Strangers</td>
<td>6</td>
<td>5</td>
<td>.1563</td>
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Table 7
Pretest and Posttest Scores of the Control Group on the Factors of Political Trust, Parental Trust and Trust of Strangers

<table>
<thead>
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<th>Ss</th>
<th>POLITICAL TRUST</th>
<th>PARENTAL TRUST</th>
<th>TRUST OF STRANGERS</th>
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<td>Pretest</td>
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Table 8
The Results of the Wilcoxon signed-rank test on the Factors of Parental Trust, Political Trust and Trust of Strangers for the Control Group

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>N of ranked pairs</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
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<td>11</td>
<td>.1016</td>
</tr>
<tr>
<td>Political Trust</td>
<td>8</td>
<td>5</td>
<td>.0391</td>
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<tr>
<td>Trust of Strangers</td>
<td>7</td>
<td>6</td>
<td>.1094</td>
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</table>
Discussion of the Findings

There was no statistically significant degree of change in the patients' interpersonal trust scores after completion of the Day House Program. This finding may be a function of a small sample size. Also, Surwillo (1980) noted that tests for ordinal data such as the Wilcoxon signed-ranks test are less powerful because "the magnitude of the distance between scores is discarded in the process of ranking them" (p. 51).

One speculative explanation for the lack of significant change in the posttest scores of either group is that interpersonal trust, as measured by Rotter's scale, might be a stable personality characteristic which does not change over a short period.

Another explanation for the lack of change in the experimental group relates to the time when the second questionnaire was administered. As stated previously, this occurred within two weeks of completing the Day House program when patients were attending the aftercare group and were in the process of termination. The termination process may have caused feelings of anxiety and loss, adversely affecting the individual's interpersonal trust score. Proshansky and Seidenberg (1965) point out that "even in situations where an attitude has been aroused, there may be situational factors that lead to the arousal of stronger, competing attitudes or needs" (p. 101). Completion of the questionnaire several weeks after termination at Day House would have avoided this particular source of error.

The finding that the patients in the control group were more trusting on the pretest than those in the experimental group indicate that the two groups differed. This finding may be a result of the experimental design in which the patients were not randomly assigned to the two groups.
The significant increase in the score for the factor of Political Trust in the control group may be due to a statistical aberration caused by small sample size. This sample size was further reduced when several of the scores were found to be equal.

Summary

The results of this study led to the conclusion that interpersonal trust as measured by Rotter's Interpersonal Trust Scale was not affected by the Day House program. Possible explanations for this conclusion may be that interpersonal trust is a stable personality characteristic which may not change over a period of eight weeks. Other factors discussed were small sample size, decreased power of non-parametric statistics, and lack of randomization.
CHAPTER VI
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS
FOR FURTHER STUDY

Summary

The construct of interpersonal trust has been regarded as an essential component of all social interaction. During the past twenty years, the research on trust has shed some light on this complex construct. Much has been left unanswered as to why and how people trust.

This study has focused on the effects of a group psychotherapy program (Day House) upon interpersonal trust. Within a framework of social learning theory, trust was defined as an "expectancy held by an individual or group that the word, promise, verbal or written statement of another individual or group can be relied on" (Rotter, 1967, p. 444). This expectancy was measured by Rotter's Interpersonal Trust Scale.

The Day House program was described in Chapter III. This program was chosen because of its emphasis on social learning theory through which a system of costs and rewards, used as reinforcements, would direct the patient towards change. Also, the expectancy that the individual's word, promise, verbal and written statement could be relied upon, was emphasized throughout this program.

This study used a quasi-experimental non-equivalent control group design (Campbell & Stanley, 1963). More specifically, this study examined any change in the dependent variable (Interpersonal Trust) after the independent variable (Day House program) was introduced.
Twenty patients who were referred to the Day House program were assigned to two groups. The experimental group consisted of ten patients who attended and completed the Day House program. Ten patients who did not attend this program were assigned to the control group. Rotter's Interpersonal Trust Scale was completed by the patients in both groups at six to eight week intervals. The pretest and posttest scores were analyzed using non-parametric statistics.

Three factors within the Interpersonal Trust Scale were identified in the literature. These were Parental Trust, Political Trust and Trust of Strangers. The Wilcoxon signed-rank test was used to analyze the scores of these factors in both groups.

Conclusions

The results of this study were:

1. The Day House program had no statistically significant effect upon interpersonal trust as measured by the Interpersonal Trust Scale.

2. The two groups differed significantly on the pretest scores. The patients in the control group were more trusting than the patients in the experimental group. This difference may have been a result of experimental design in which the patients were not randomly assigned to the two groups.

3. The factor of Political Trust was found to change significantly in the control group. The factors of Parental Trust and Trust of Strangers were not found to be statistically significant in either group. This may have been caused by statistical aberration resulting from small sample size.

The internal validity of this study was limited because the patients were not randomly assigned to the two groups. Also, generalizability was limited to the patients in the Day House program.
Small sample size and the use of non-parametric statistics also affected the accuracy in which the variability in pretest and posttest scores could be measured.

Rotter's Interpersonal Trust Scale measured trust attitudes. These attitudes may be relatively stable personality characteristics that do not change over a short period of time. A trust scale which focused on trust behavior specifically within the group setting would have been more useful in measuring outcomes of group psychotherapy. To this day, no such scale exists. The researcher recommends that a study be done in order to develop a scale which measures interpersonal trust behavior.

Other recommendations for further study are listed below.

Recommendations for Further Study

1. This research be replicated using larger samples of patients from this and other group psychotherapy programs.

2. A time study be done with a large sample of patients who have been attending the Day House program. More specifically, the researcher could have the patients complete the Interpersonal Trust Scale before, after and several months following completion of this program.

3. A study be done to compare the patients' interpersonal trust with evaluation of their progress during the phases of group psychotherapy.

4. A study be conducted in order to compare the effects of group psychotherapy and individual therapy on patients' interpersonal trust.
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APPENDIX A

INTERPERSONAL TRUST SCALE
INTERPERSONAL TRUST SCALE

This is a questionnaire to determine the attitudes and beliefs of different people on a variety of statements. Please answer the statements by giving as true a picture of your own beliefs as possible. Be sure to read each item carefully and show your beliefs by checking the appropriate column.

If you strongly agree with an item, put a check mark (✓) in the first column. Put a check mark (✓) in the second column if you mildly agree with the item. That is, put a check mark (✓) in the second column if you think the item is generally more true than untrue according to your beliefs. Put a check mark (✓) in the third column if you feel the item is about as equally true as untrue. Put a check mark (✓) in the fourth column if you mildly disagree with the item. That is, put a check mark (✓) in column four if you feel the item is more untrue than true. If you strongly disagree with an item, put a check mark (✓) in column five.

1. Most people would rather live in a climate that is mild all year around than one in which winters are cold.

2. Hypocrisy is on the increase in society.

3. In dealing with strangers one is better off to be cautious until they provide evidence that they are trustworthy.

4. This country has a dark future unless we can attract better people into politics.

5. Fear of social disgrace or punishment rather than conscience prevents most people from breaking the law.

6. Parents usually can be relied upon to keep their promises.

7. The advice of elders is often poor because the older person doesn't recognize how times have changed.

8. Using the Honour System of not having a teacher present during exams would probably result in increased cheating.
9. The United Nations will never be an effective force in keeping world peace.

10. Parents and teachers are likely to say what they believe themselves and not just what they think is good for the child to hear.

11. Most people can be counted on to do what they say they will do.

12. As evidenced by recent books and movies, morality seems on the downgrade in this country.

13. The Judiciary is a place where we can all get unbiased treatment.

14. It is safe to believe that in spite of what people say most people are primarily interested in their own welfare.

15. The future seems very promising.

16. Most people would be horrified if they knew how much news the public hears and sees is distorted.

17. Seeking advice from several people is more likely to confuse than it is to help one.

18. Most elected public officials are really sincere in their campaign promises.

19. There is no simple way of deciding who is telling the truth.

20. This country has progressed to the point where we can reduce the amount of competitiveness encouraged by schools and parents.

21. Even though we have reports in newspapers, radio and television, it is hard to get objective accounts of public events.
22. It is more important that people achieve happiness than that they achieve greatness.

23. Most experts can be relied upon to tell the truth about the limits of their knowledge.

24. Most parents can be relied upon to carry out their threats of punishment.

25. One should not attack the political beliefs of other people.

26. In these competitive times one has to be alert or someone is likely to take advantage of you.

27. Children need to be given more guidance by teachers and parents than they now typically get.

28. Most rumors usually have a strong element of truth.

29. Many major national sport contests are fixed in one way or another.

30. A good leader molds the opinions of the group he is leading rather than merely following the wishes of the majority.

31. Most idealists are sincere and usually practice what they preach.

32. Most salesmen are honest in describing their products.

33. Education in this country is not really preparing young men and women to deal with the problems of the future.

34. Most students in school would not cheat even if they were sure of getting away with it.
35. The hordes of students now going to college are going to find it more difficult to find good jobs when they graduate than did the college graduates of the past.

36. Most repairmen will not overcharge even if they think you are ignorant of their specialty.

37. A large share of accident claims filed against insurance companies are phony.

38. One should not attack the religious beliefs of other people.

39. Most people answer public opinion polls honestly.

40. If we really knew what was going on in international politics, the public would have more reason to be frightened than they now seem to be.
APPENDIX B

INFORMATION AND CONSENT FORM
INFORMATION AND CONSENT FORM

University of British Columbia
School of Nursing
Vancouver, British Columbia

Dear

My name is Paula Tognazzini. I am a graduate student in nursing at the University of British Columbia. I am interested in conducting a research study which identifies general opinions of people who are referred to the Day House program.

Your participation in this study would involve completing two questionnaires. Each questionnaire requires approximately fifteen minutes to complete. The first questionnaire will be given to you at the Day House either on the day of your assessment interview or just before you begin the Day House program. The second questionnaire will be given to you six weeks following the first questionnaire. For this second questionnaire, I will make arrangements with you as to whether you would prefer to be contacted by mail or by telephone. You do not have to attend the Day House program in order to participate in this study.

You would not be identified by name in this study. This consent form will be placed in my file and the data in the questionnaire will be coded, that is, will not include your name. This is done in order to ensure your confidentiality. All original material will be destroyed upon completion of this study. Findings of this study may be published but your identity will not be revealed.

Your participation in this study is voluntary and will in no way effect your treatment at the Day House. There will be no payment offered for participation in this study. You are free to withdraw from this study at any time without jeopardizing your therapy at the Day House or afterwards.

If you have any further questions about this study, please contact me through the Day House, by phone, in person or in writing. The findings of this research study will be available to you upon request.

If you wish to participate in this study, please sign your name at the bottom of this form.

Sincerely yours,

Graduate Student
Masters of Nursing Program
University of British Columbia

I understand the nature of my participation in this study and give my consent to participate.

__________________________________________  __________________________
Signature                                      Date

__________________________________________
Address

__________________________________________
Phone no.