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The Revised Spontaneity Assessment Inventory (SAI-R): Relationship to goal orientation, motivation, perceived self-efficacy, and self-esteem

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Abstract

In a series of three studies we investigated the construct validity of the Revised Spontaneity Assessment Inventory (SAI-R [Kipper, D. A., & Shemer, H. (2006). The Revised Spontaneity Assessment Inventory (SAI-R): Spontaneity, well-being and stress. *Journal of Group Psychotherapy, Psychodrama & Sociometry*, 59, 127–136]). Specifically, we explored the congruence between the SAI-R and some of the theoretical characteristics of spontaneity. The participants were students from Roosevelt University, Chicago, who volunteered to take part in the investigations. The results of the first study show that spontaneity cannot be considered either a performance or a learning goal orientation. This was interpreted as adding credence to the view that spontaneity is an intrinsic motivational energy. As predicted, the results of the second study show that spontaneity correlates positively with a measure of intrinsic motivation but not with extrinsic motivation. The third study investigated the relationship among spontaneity, self-efficacy, and self-esteem, the latter being two psychological agencies that affects the adequacy aspect of spontaneity. As expected, the results show that spontaneity is positively correlated with both self-efficacy and self-esteem, but more with the former than with the latter. © 2008 Elsevier Inc. All rights reserved.

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Discussions of the nature of spontaneity and its effect on the human spirit have traditionally been the domain of philosophy rather than a topic that occupies the interest of psychotherapists. Among the philosophers, the most prominent person who made spontaneity the central focus of his teaching was Bergson (1889/1910). It was Moreno (1941, 1953), a psychiatrist by training, who introduced the concept of spontaneity to the field of psychotherapy, i.e., psychodrama, considering it a major personality characteristic.

The meaning of spontaneity in psychology differs from its colloquial meaning. Colloquially, spontaneity is understood to be a sudden, impulsive, and unpremeditated behavior or expression of emotions. It stands for acting in accordance to natural feelings and temperament, and emanates from a native internal proneness without restraint or premeditation. From a personality theory perspective such a concept poses a difficulty. On the one hand, it suggests that spontaneity stands for positive attributes such as freedom of expression, openness, proper expression of feelings and

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thoughts, and the absence of inhibition. On the other, it also suggests that spontaneity is an uncontrolled acting-out of emotions and behavior and includes a disregard to socio-cultural conventions. This dual meaning presents a challenge and calls for identifying the psychological process (or agency) that separates the positive aspects of spontaneity from its negative ones and focuses on the former.

The positive attributes of spontaneity have been associated with good mental health whereas the negative ones have been considered signs of psychopathology. In an attempt to better differentiate between these two aspects, Moreno (1964) introduced the requirement that positive spontaneity must stand for unpremeditated but *appropriate* response to a situation. Spontaneity, therefore, is to be thought of as a psychological energy, which propels the individual to act adequately, presumably without a second thought, inhibition, guilt, or self-doubt (Collins, Kumar, Treadwell, & Leach, 1997; Fox, 1987; Wyatt, 1988).

What then, is the psychological process that determines whether such energy is to lead to an adequate or an inadequate response? The theory of spontaneity has not provided an adequate explanation to this question. The lack of such an answer may be attributed to the absence of empirical research concerning spontaneity.

The first report of an attempt to devise a measure of spontaneity was in the early 1940s by Moreno (1964). His version involved asking several observers to determine the presence or absence of spontaneity as displayed by a single person enacting a series of unrehearsed situations. This “test,” however, lacked the basic psychometric requirements of a psychological measure. It did not provide an empirical validation of spontaneity, and was also deemed practically inexpedient. Only recently there has been an attempt to devise a paper-and-pencil, standardized measure of spontaneity (Kipper & Hundal, 2005). These authors asked 25 international experts in psychodrama, psychotherapists who incorporate the idea of spontaneity in their practice, what feelings and thoughts characterize the state of spontaneity. The responses resulted in the creation of a Spontaneity Assessment Inventory (SAI; Kipper & Hundal, 2005). The SAI showed encouraging reliability and construct validity (see also below). Following the initial studies, the SAI has been revised (SAI-R; Kipper & Shemer, 2006). The SAI-R appears to be positively correlated with well-being and negative correlated with stress.

The present research aims at further investigating the construct validity of the SAI-R and its congruence with the manner in which spontaneity is conceptualized in psychodrama (Moreno, 1964). In so doing, it also attempts to shed light on the question of what psychological process affects the *adequacy* of spontaneity. The following reports of three studies address the motivational characteristics of spontaneity. The first hypothesizes that spontaneity is associated with learning goal orientation but not with performance goal orientation. The second predicts that spontaneity is associated with intrinsic rather than extrinsic motivation, and the third investigates the hypothesis that spontaneity is closely associated with perceived self-efficacy and self-esteem.

The results expected from these three studies might also be of a particular interest to therapists who incorporate psychodrama, role playing and other forms of art therapy interventions in their clinical practice. Spontaneity has relevance to all of the creative art therapists because it represents an aspect underlying the creative response required by both therapists and clients. An empirical investigation of spontaneity not only clarifies its meaning, it also may offer ideas for improving those who lack spontaneity and creativity.

Study 1

Dweck and her co-researchers (Dweck & Leggett, 1988; Elliot & Dweck, 1988; Heyman & Dweck, 1992) have produced a persuasive body of evidence that lends credence to the central elements of Dweck's (1986) motivational theory. The theory proposes that goals pursued by individuals create the framework that leads to the interpretation of, or reaction to, events and outcomes. The theory differentiates between two goals that individuals may aim at in situations directed towards a particular achievement. These are *performance goals* and *learning goals* (Attenweiler & Moore, 2006; Elliot & Dweck, 1988). When a performance goal orientation is adopted, individuals strive to gain favorable judgment of their competence through task performance or avoid negative judgment of their performance. Alternatively, when a learning goal orientation is adopted, individuals strive to understand something new, or to increase their level of competence in a specific event (Dweck & Leggett, 1988; Heyman & Dweck, 1992).

These two goal orientations produce different response patterns. Performance goal orientation creates a vulnerability to “helpless response” pattern (Button, Mathieu, & Zajac, 1996; Diener & Dweck, 1978); that is, an avoidance of challenges and a deterioration of performance in the face of obstacles. When performance-oriented individuals

encounter failure they attribute it to low ability, display *negative affect*, and are likely to withdraw from the activity altogether. Such an orientation prompts one to gauge the difficulty of the task, consider the chances of success, and think about how the performance is likely to compare to others. If the task requires the exertion of effort it may be abandoned. Conversely, learning goal orientation promotes a sense of mastery, which involves seeking challenging tasks and maintaining effective striving under difficult conditions. Faced with the likelihood of failure, the response is *positive* because it is viewed as a useful feedback. As a result a solution-oriented behavior is adopted prompting the individual to maintain, or increase, the performance (Elliot & Dweck, 1988). A learning goal orientation leads the individual to focus on the task at hand and to develop appropriate strategies.

The fact that performance goal orientation is partly characterized by avoiding negative evaluations of one's capabilities is a feature that seems irrelevant to spontaneity. Therefore, we expect this kind of goal orientation to be unrelated to spontaneity. On the other hand, learning goal orientation involves positive judgments of one's abilities and a quest for new learning. Such a feature seems consistent with the characterization of spontaneity as a positive and invigorating psychological energy (Kipper, 1967; Moreno, 1953). Therefore, we predict a statistically significant positive relationship between spontaneity and learning goal orientation.

Method

Participants

Participants were 86 undergraduate and graduate students (64 females and 22 males) at Roosevelt University. Their age ranged from 19 to 58 years old ($M=29.81$, $S.D.=9.13$). They were recruited at random, through convenient sampling, and their participation was voluntary and anonymously. They were assured that they could discontinue their participation at any time, without penalty. They did not receive any reward for their participation in the study.

Measures

The Revised Spontaneity Assessment Inventory (SAI-R; Kipper & Shemer, 2006) is a self-report inventory designed to measure the intensity of the presence of spontaneity. It poses the question: "How strongly do you have these feelings and thoughts during a typical day?" The question is followed by a list of 18 adjectives describing various feelings and thoughts such as "fulfilled," "free to invent," "alive," "energized," "uninhibited," "Do whatever, within limits," or "free to act, even outrageously." The participants are asked to respond by rating each item on a 5-point Likert type scale ranging from 1 = *very weak* to 5 = *very strong*.

The SAI-R is a slight modification of the original version of the Spontaneity Assessment Inventory (SAI) (Christoforou & Kipper, 2006; Kipper & Hundal, 2005). The original SAI contained 20 items with responses arranged on a 6-point Likert scale. Research with the original SAI showed positive correlations with a measure of well-being (Friedman, 1989; Kipper & Hundal, 2005) and with the "present" time orientation. The inventory correlated negatively with state and trait anxiety, obsessive-compulsive tendency, and with "past" time orientation (Christoforou & Kipper, 2006). The revised version correlated positively with a measure of well being and negatively with a measure of stress showing a Cronbach's alpha of .79 (Kipper & Shemer, 2006). The reported Cronbach's alpha for the SAI-R in the present study is .84.

The Performance and Learning Goal Orientations (Button et al., 1996) is a paper and pencil, self-report scale. It comprises of 16 statements where 8 measure *performance* goal orientation: PGO (e.g., "I try hard to improve my performance." or "The things I enjoy most are the things I do best."), and 8 statements measuring *learning* goal orientation: LGO (e.g., "I prefer to work on tasks that force me to learn new things." or "The opportunity to learn new things is important to me"). Responses to all the items are arranged on a 7-point Likert scale ranging from 1 = *Strongly disagree* to 7 = *Strongly agree*. High agreement on the items comprising the performance goal orientation (PGO) indicates a strong desire to obtain favorable judgment for one's competencies and avoiding a negative judgment. Low agreement suggests little concern for performing better than others or making errors. A strong agreement on the LGO items indicates a desire to perform challenging work. A low agreement suggests little concern for mastering tasks or gaining competencies. In the present study, the Cronbach's alpha coefficients for the performance and learning scales were .76 and .79, respectively.

Procedure

Participants were tested in small groups. They were read a verbal consent asserting that their participation is voluntary and anonymous, and received a copy of the consent form upon request. The only personal information asked was their gender and age. They were assured that they could terminate their participation any time without penalty. The inventories were administered together where the order of the scales in the packet was altered for half of the participants.

Results

The average SAI-R scores of all the participants was $M = 63.05$, $S.D. = 9.90$. There was no statistically significant gender difference regarding the SAI-R scores (*females*: $M = 63.75$, $S.D. = 10.09$; and *males*: $M = 61.23$, $S.D. = 9.24$, $t(84) = 1.03$, $p = .31$). As predicted there was no statistically significant correlation between the SAI-R scores and the scores obtained on the PGO scale ($r = .01$). Contrary to the expectation, the SAI-R scores did not correlate significantly with the LGO either, $r = .16$, $p = .14$. Consistent with previous findings the two goal orientation subscales appeared as independent factors and did not correlate significantly with each other, $r = .11$, $p = .10$.

Discussion

As predicted, spontaneity has been found to be unrelated to performance goal orientation. A predisposition toward performance goal orientation is characterized by behavior that avoids negative evaluations and negative conclusions about one's own skills, a tendency inconsistent with the unpremeditated characteristic of the spontaneous responses. Contrary to our expectation, however, spontaneity has been also found to be unrelated to learning goal orientation. Originally, we thought that such an orientation, which focuses on intellectual curiosity, would be consistent with the definition of spontaneity. However, the results failed to confirm that expectation. A possible explanation of the findings might be that goal orientation, whether of the performance or the learning variety, focuses on the targeted *outcome* and the *skills* necessary to attain it. Spontaneity, on the other hand, focuses on the process *preceding* any consideration of the goal itself. Possibly, the onset of spontaneity stems from intrinsic rather than extrinsic motivation.

The lack of a statistically significant correlation between two kinds of orientations, the performance and the learning ones, is not surprising. It is congruent with previous studies cited by [Button et al. \(1996\)](#) showing that the two goal orientations are independent of each other.

Study 2

According to [Deci and Ryan \(1985, 1991\)](#), behavior can be intrinsically motivated, extrinsically motivated, or amotivated. Intrinsic motivation refers to activity or behavior done voluntarily, for its own sake and the satisfaction that they provide. Extrinsic motivation refers to activities engaged in as a means to an end, e.g., to gain reward or avoid criticism, rather than for satisfaction of the activity itself ([Baker, 2004](#)). Amotivation refers to behaviors that are neither intrinsically nor extrinsically motivated and are non-intentional and non-regulated.

There are two important features of this classification of motivation. First, extrinsic motivation is not a unitary concept. Rather, there are different types of extrinsically oriented behaviors, namely, external regulations, introjection, and identification. These three types may vary in the degree that they are self-determined and may be arranged on a continuum between amotivation and intrinsic motivation ([Deci & Ryan, 1985](#)). External regulations refers to behaviors that are determined solely by external stimuli. Introjected regulation refers to behaviors that are partly internalized by past experiences of externally determined sources but, at the same time, are not expressed in a truly self-determined manner. Identification regulation refers to behaviors that are judged important by the individual and chosen for their own merit.

Second, extrinsic and intrinsic motivational processes are not necessarily antagonistic ([Deci & Ryan, 1991](#); [Lepper, Corpus, & Iyengar, 2005](#); [Vallerand et al., 1992](#)). Both motivations may occur concurrently in the same situation. Individuals may engage in activities because they enjoy doing them as well as for an external reward associated with such activities.

Traditionally, the effect of motivational orientation has been explored in the context of academic performance. A number of investigations show that intrinsic motivation contributes positively to the learning process and the quality of learning (Vrugt, Oort, & Zeeberg, 2002). Intrinsically motivated persons are more likely to engage in deeper-level study strategies (Ames & Archer, 1988), have better academic performance (Deci & Ryan, 1985), exhibit a lower dropout rate, and are more persistent (Vallerand, Fortier, & Guay, 1997). In contrast, extrinsically motivated behaviors are associated with impaired learning, poor performance, and academic outcomes (e.g., Benware & Deci, 1984; Grolnick & Ryan, 1987). Some research shows that the relationship between extrinsic motivation and academic performance is more complex (Vallerand et al., 1992). Similar to spontaneity, intrinsic motivation is associated with well-being (Ryan & Deci, 2000). It also has been found to be related to positive self-worth (Deci & Ryan, 1985).

Motivational psychologists are interested in answers to the question why humans think and act as they do. Some psychologists seek the answer by turning to evolutionary biology, and other look to social determinants and culture. Some search for the answer in genetics and others look for the rules of learning as well as the role of higher-order thought processes (Moreno, 1964; Weiner, 2000). The Morenean approach proposed an interaction between the effect of heredity and learning. In the light of earlier findings, which demonstrated positive relationship between spontaneity and well-being and the negative relationship with stress (e.g., Kipper & Shemer, 2006), spontaneity seems to relate closer to intrinsic than to extrinsic motivation. Therefore, we predict a statistically significant correlation between spontaneity and intrinsic motivation, and no correlation (or a negative one) between spontaneity and extrinsic motivation.

Method

Participants

Ninety-seven undergraduate and graduate students at Roosevelt University (78 females and 19 males) participated in the study. Their age ranged from 18 to 61 ($M = 26.03$, $S.D. = 8.10$). There were no statistically significant gender differences regarding age (*females*: $M = 26.22$, $S.D. = 8.38$, *males*: $M = 25.26$, $S.D. = 7.12$, $t(94) = .47$, $p = .63$). One participant did not divulge her age. The participants volunteered to take part in the study and were selected at random, through convenient sampling. Their participation was anonymous and they were assured that they could discontinue their participation at any time, without penalty.

Measures

The *Revised Spontaneity Assessment Inventory* (SAI-R; Kipper & Shemer, 2006) is a self-report inventory designed to assess the intensity of one's feelings and thoughts that characterize the state of mind described as spontaneity. It is the same SAI-R scale used in the first study. A fuller description of the SAI-R is presented in study 1. The Cronbach's alpha for the SAI-R in the present investigation was .92.

The *Work Preference Inventory* (WPI) is a self-report, paper-and-pencil inventory designed to measure the intrinsic and extrinsic motivational orientations of adults (Amabile, Hill, Hennessey, & Tighe, 1994). It contains 30 questions, each followed by four possible answers ranging from 1 = *Never or almost never true of me* to 4 = *Always or almost always true of me*. Examples of the questions are: "I prefer to figure things out for myself" for intrinsic motivation, and "I am strongly motivated by the grades I can earn" for extrinsic motivation. The WPI contained two subscales. One measures *intrinsic motivation* with reported alpha reliability coefficient of .79, and another subscale that measures *extrinsic motivation* with reported alpha coefficient of .78 (Amabile et al., 1994). Each of these two scales contains two subscales as follows: Intrinsic motivation includes subscales labeled as "challenge" and "enjoyment." Extrinsic motivation includes subscales labeled "outward" and "compensation." The WPI has two versions, one for adults and one for college students. Since the participants in this investigation were students, we have used the student form. The Chronbach's alpha coefficients for the intrinsic and extrinsic subscales are .74 for the former and .68 for the latter.

Procedure

Participants were administered the inventories in groups. They gave their consent verbally and, upon request, received a written copy of the verbal consent. They took all the inventories anonymously providing information only regarding age and gender. The inventories were given in a packet where their order in the packet was changed for

half of the participants. They were assured that they could terminate their participation any time without penalty. The participants did not receive any reward for participating in the study.

Results

The average SAI-R scores of all the participants was $M = 63.48$, $S.D. = 10.92$. There was no statistically significant gender difference regarding the SAI-R scores (*females*: $M = 62.72$, $S.D. = 11.96$, *males*: $M = 66.63$, $S.D. = 10.41$, $t(95) = 1.04$, $p = .16$). A comparison of the SAI-R results for the present and the first study shows almost identical outcome with $M = 63.22$ ($S.D. = 9.90$); and $M = 63.05$ ($S.D. = 9.90$), respectively. In both studies there were no significant gender differences, results also congruent with those reported by Kipper and Shemer (2006).

The average score of the participants on the two motivation orientations are: *intrinsic*: $M = 44.61$ ($S.D. = 5.68$) and *extrinsic*: $M = 40.68$ ($S.D. = 5.91$). There were no statistically significant gender differences with regard to either the intrinsic or the extrinsic subscales (*intrinsic*: *females*: $M = 44.53$, $S.D. = 5.58$, *males*: $M = 44.95$, $S.D. = 6.20$, $t(95) = .29$, $p = .77$, *extrinsic*: *females*: $M = 40.53$, $S.D. = 5.48$, *males*: $M = 41.32$, $S.D. = 7.57$, $t(95) = .52$, $p = .50$). As predicted, there was a significant positive correlation between the SAI-R scores and intrinsic motivation ($r = .23$, $p = .02$), and no correlation between the SAI-R scores and extrinsic motivation ($r = -.06$, $p = .57$). Also, as expected there was no statistically significant negative correlation between intrinsic and extrinsic motivation ($r = .19$, $p > .05$).

Discussion

The results confirmed the predictions regarding the relationship between SAI-R and motivation. They also are in harmony with the findings of the first study. Together, both studies support the proposition that spontaneity represents an internal drive. Like intrinsic motivation, spontaneity is invoked voluntarily, and produces activities for the pleasure that they provide. Unlike extrinsic motivation, spontaneity is not invoked in order to attain an external gain, such as accolade, praise, or a material reward. At first glance, the notion that spontaneity is unaffected by externality seems to be incongruent with claim that it plays a significant role in the establishment of interpersonal relations (Moreno, 1964); that it is triggered in response to the presence of external person. The resolution of this apparent incongruency lies in distinguishing between spontaneity and the cues that set it on. The cues may be either internal or external, but spontaneity is an internal motivating drive.

The lack of a statistically significant correlation between the intrinsic and extrinsic scales is consistent with the observation that the two types of motivations are not mutually exclusive, and can operate together at the same time. In addition, it is noted that the size of the correlation between spontaneity and intrinsic motivation, though statistically significant, is quite low. The low correlation indicates that the characteristics that define intrinsic motivation explain a relatively small part of the total variance that accounts for spontaneity. There must be additional psychological factors that define spontaneity. Two of such factors are explored in the next study.

Study 3

Perceived self-efficacy refers to belief in one's own capabilities to produce a given attainment (Bandura, 1997). This belief is considered the most central of all human agencies. Unless people believe that they can produce desired effects by their actions, they have little incentive to act or persevere in the face of difficulties (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999). Perceived self-efficacy, therefore, is a set of mind characterized by exerting control over personal action; it concerns the belief of being able to control challenging situational demands by taking adaptive actions.

Bandura (1997) states that self-efficacy affects all facets of people's behavior, feeling, thinking, and acting. In terms of feeling, a low sense of self-efficacy is associated with depression, anxiety, and helplessness. Persons displaying low self-efficacy manifest low self-esteem, and harbor pessimistic thoughts about themselves and their achievements (Scharzer, Mueller, & Greenglass, 1999). In the area of thinking, a strong sense of self-efficacy facilitates cognitive processes in a variety of situations including the quality of decision-making and academic achievements (Scharzer et al., 1999). In terms of acting, various levels of self-efficacy can impede or enhance motivation. People with high self-efficacy are attracted to challenging tasks and invest more effort and persist longer than those who display low self-efficacy (Bandura, 1997). Self-efficacy has been found to be associated with well-being and health (e.g., McFarlane,

Bellissimo, & Norman, 1995; Schwarzer, Schmitz, & Tang, 2000; Schwarzer & Scholtz, 2000). People with high self-efficacy tend to engage in more healthy behavior, have lower intensity of pain (Luszczynska, Scholtz, & Schwarzer, 2005) and evince optimism (Schwarzer et al., 2000).

Customarily, perceived self-efficacy has been understood to be a *domain-specific* concept implying that people's competency beliefs may vary depending on the situation and the specific task at hand (Bandura et al., 1999). However, some researchers also provide findings that support the existence of a *generalized* sense of self-efficacy. Such self-efficacy attributions refer to global confidence, a broad and stable sense of competency in one's coping ability across a wide range of demanding and novel situations (Schwarzer & Jerusalem, 1995; Scharzer et al., 1999). It is that aspect of perceived self-efficacy that has been used in the present investigation.

Self-esteem refers to evaluations people make about their self-worth, a view shaped by appraising the way they are perceived by significant others (Wilburn & Smith, 2005). It is a feeling of affection for oneself, similar to the feeling of affection one may have for others. Self-esteem concerns the *affective* aspect of self-evaluation (e.g., Cheng & Furnham, 2004; Lightsey, Burke, Ervin, Henderson, & Yee, 2006) whereas self-efficacy refers more the *cognitive* domain. The meaning of self-esteem has been a subject of some debate among researchers. There seems to be a consensus concerning the meaning of high self-esteem, i.e., that it connotes a general fondness for oneself. However, the meaning of low self-esteem has been a subject of some disagreement. For instance, Brown and Dutton (1995) consider low self-esteem as *mildly positive* or ambivalent feeling toward oneself. Others (e.g., Baumeister, Tice, & Hutton, 1989) defined it as *excessively negative* feelings toward oneself.

Like self-efficacy, self-esteem has been found to be positively related to mental health and well-being (e.g., Cheng & Furnham, 2003; Cheng & Furnham, 2004; Sedkides, Rudich, Gregg, Kumashiro, & Rusbult, 2004; Wilburn & Smith, 2005). Individuals characterized with high self-esteem report to be happy (Cheng & Furnham, 2004), experience less negative affect (Lightsey et al., 2006), and are less depressed (Butler, Hokanson, & Flynn, 1994).

Spontaneity, self-efficacy and self-esteem are all aspects of motivation and each has been found to be positively associated with well-being (Cheng & Furnham, 2004; Kipper & Shemer, 2006). Self-efficacy emphasized cognitive components, self-esteem emphasizes the affective aspect, and spontaneity addresses the readiness to act (Kipper, 1986). We predict that all three will be positively correlated with each other.

Method

Participants

Eighty-eight undergraduate and graduate students at Roosevelt University (68 women and 20 men) participated in the study. Their age ranged from 18 to 60 ($M = 29.25$ years, $S.D. = 10.75$). The participants volunteered to take part in the study and were selected at random through convenience sampling. They volunteered to partake in the research, and took the inventories anonymously.

Measures

The *Revised Spontaneity Assessment Inventory* (SAI-R; Kipper & Shemer, 2006) is a self-report inventory designed to assess the intensity of one's feelings and thoughts that characterized the state of mind described as spontaneity. It is the same SAI-R scale used in the two previous studies. A fuller description of the SAI-R is presented in study 1. In the present study, the Cronbach's alpha for the SAI-R was .90.

The *Perceived General Self-Efficacy Scale* (GSES; Schwarzer & Jerusalem, 1995) is a self-report paper and pencil inventory designed to measure general perceived self-efficacy. It consists of 10 statements with responses arranged on a 4-point Likert type scale ranging from 1 = *not at all true* to 4 = *exactly true*. Examples of statements presented are "I am certain that I can accomplish my goals" and "I can handle whatever comes my way". The reported internal reliability for the GSES ranges from Cronbach alpha of .75–.91 (Scholz, Gutiérrez-Doña, Sud, & Schwarzer, 2002). Construct validity studies of the scale found it to be positively correlated with several factors such as optimism, perception of challenge in stressful situations, pro-active coping, self-regulation, and the duration of being jobless (Schwarzer & Jerusalem, 1995; Schwarzer et al., 2000). The GSES was administered to participants in many different countries and was found to represent a universal trait across countries and languages (Schwarzer & Scholtz, 2000). The Cronbach's alpha coefficient for the GSES in the present study was .84.

The *Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965) is a self-report paper and pencil scale designed to measure global self-esteem. It contains 10 statements, 5 positively worded and 5 negatively worded. Respondents are asked to rate their answers on a 5-point Likert type scale ranging from 1 = *strongly agree* to 5 = *strongly disagree*. Examples of positive items are “On the whole I am satisfied with myself” and “I take a positive attitude toward myself.” Examples of the negative items are “At times, I think I am no good at all” and “I certainly feel useless at times.” The reported internal reliability for the scale ranged from .74 to .80 (Shahani, Dipboye, & Phillips, 1990). Research suggests that the scale measures one universal dimension of self-esteem (e.g., Hagborg, 1993). However, there has been also evidence that the scale is comprised of two dimensions, i.e., self-derogation measured by the negatively worded items, and self-enhancement measured by the positively worded items (Shahani et al., 1990). Goldsmith and Matherly (2001) found that the RSES was positively correlated with 12 items of the Adjective Check List: ACL (Crandall, 1973) and the duration of being unemployed (Goldsmith & Veum, 1997). The Cronbach’s alpha for the RSES in the present study was .86.

Procedure

Participants were administered the inventories in groups. They were read and received a written copy of a verbal consent. They volunteer to take part in the investigation and were told that they could withdraw from it at any time without penalty. They took all the inventories anonymously providing information only regarding age and gender. They did not receive any reward for their participation in the investigation. The inventories were given in a packet where the order of the inventories within the packet was changed for half of the participants.

Results

The average score of the participants on the revised spontaneity inventory (SAI-R) was $M = 63.06$ (S.D. = 10.22), an average almost identical to the averages reported for the participants in the first study: $M = 63.05$ (S.D. = 9.90) and the second study: $M = 63.22$ (S.D. = 9.90). Similar to the previous two studies there were no gender differences regarding the SAI-R (*females*: $M = 62.24$, S.D. = 10.71, *males*: $M = 65.85$, S.D. = 8.05, $t(86) = 1.39$, $p > .05$).

There were no statistically significant gender differences on either the GSES (*females*: $M = 34.35$, S.D. = 2.30, *males*: $M = 32.94$, S.D. = 3.93, $t(86) = 1.46$, $p > .05$), or the RSES (*females*: $M = 32.94$, S.D. = 3.93, *males*: $M = 34.35$, S.D. = 2.30, $t(86) = 1.46$, $p > .05$).

As predicted the SAI-R correlated positively and significantly with the GSES ($r = .47$, $p < .01$) as well as with the RSES ($r = .35$, $p < .01$.) Since the results also showed a statistically significant correlation between the GSES and the RSES ($r = .42$, $p < .01$), partial correlation computations were conducted. Holding the RSES results constant, the correlation between the SAI-R and the GSES was $r = .38$, $p < .01$. Holding the GSES results constant the correlation between the SAI-R and the RSES was $r = .19$, $p < .05$). The partial correlation coefficient between the GSES and the RSES (while holding the SAI-R constant) was $r = .31$ ($p < .01$).

We have noted that the distribution of the SAI-R scores is slightly skewed toward the positive direction. For this reason we calculated the Spearman rank order correlation but the outcomes have not been appreciably different, i.e., $r = .47$ ($p < .01$) for the relationship between the SAI-R and the GSES, and $r = .41$, $p < .01$ for the relationship between the SAI-R and the RSES.

Discussion

As predicted, there is a positive relationship between spontaneity and each of the measures of self-efficacy and self-esteem. Of these two, self-efficacy has emerged as the stronger predictor of spontaneity. This feature has become even more pronounced once we discounted the effect of the positive relationship between self-efficacy and self-esteem. Under these conditions, it appears that there is a solid, positive relationship between spontaneity and self-efficacy whereas the relationship between spontaneity and self-esteem, though positive, is rather weak, barely passing the .05 level of statistical significance.

One possible interpretation of the different strength of the relationship between spontaneity and the two other measures may be related to the fact that self-efficacy and self-esteem concern judgments derived from different sources. Self-efficacy attributions are made on the basis of one’s cognitive, affective, and behavioral judgments and on feedback

provided by others as well as from vicarious learning (Bandura, 1997). The influence of the cognitive component in such judgments is far greater than that involved in self-esteem attributions, which are primarily based on affective self-evaluations (e.g., Cheng & Furnham, 2004; Lightsey et al., 2006). Therefore, the findings of this research allude to the possibility that cognitive components play a greater role in understanding the meaning of spontaneity than previously thought.

General discussion

The results of the studies have both theoretical and practical implications. From a theoretical perspective, the findings lead to a modified conceptualization of the original theory of spontaneity as expounded by Moreno (1953, 1964). The results also lend empirical support to the construct validity of the SAI-R. From the practical perspective the outcomes has some implications concerning the training of spontaneity.

Moreno (1941) advanced a theory that promotes the value of spontaneity. Not only did he regard spontaneity an important personality characteristic, he considered it the *principal* driving force affecting human behavior. He began to formulate his theoretical ideas while a student at the Vienna Medical School in the early 1900s. All along he declared his opposition to the philosophical premises underlying psychoanalysis and to its practice, a stand that he took in the early days of his professional career and continued to hold when he immigrated to the USA. Considering the time and the place of the formation of his idea about spontaneity, Vienna in the early 1900s, and the dominance of the psychoanalytic thought in Europe at that time, the theory of spontaneity may be viewed as his own version of a “drive theory,” probably a manifestation of his repudiation of Freud’s drive theory (e.g., Freud, 1914/1957). Whereas Freudian drive theory emphasizes libidinal and aggressive wishes as the primary motives for behavior, the Morenean approach regards spontaneity as a drive that leads to creativity, innovations, and positively affecting mental health.

One of Moreno’s main theoretical claims concerning spontaneity is that it is genetically endowed, similar to intelligence. Of course, there is nothing in the present results that confirms or refutes the role of genetics in spontaneity. But the results point to the fact that spontaneity is an inner human process. The first study shows that spontaneity is not an externally dependent energy, and it is not motivation driven by either performance or learning goal orientations. Rather, as shown in the second and third studies, spontaneity is associated with intrinsic motivation, self-efficacy, and self-esteem attributions, findings congruent with the characterization of spontaneity as an internal psychological process.

Whether or not one subscribes to the Morenean view regarding the centrality of spontaneity, there may be little dispute that it is a personality trait worthwhile exploring. The advent of a revised measure of spontaneity (SAI-R; Kipper & Shemer, 2006) offers new opportunities to empirically explore the veridicality of the theoretical propositions concerning spontaneity. In this regard, the results lend further credence to the SAI-R as a measure of spontaneity. Consistent with the theoretical characterization of spontaneity, the SAI-R correlates positively with intrinsic motivation, perceived global self-efficacy, and self-esteem.

Previously, we have alluded to the problem of the dual meaning of spontaneity as reflected in its colloquial use. In order to be considered a viable personality attribute, the term has been redefined with an emphasis on the adequacy of the behavior that follows spontaneity. This notwithstanding, the meaning of spontaneity still has been left with an unanswered question of what psychological process or factors determine whether spontaneity is to become adequate or inadequate. The results of the third study suggest an answer to this question.

Most likely, because spontaneity occupies such a prominent position in the theory underlying psychodrama, it has been generally assumed that the control of its adequacy and inadequacy constitutes one of its important elements. At first glance, ascribing a significant degree of control to spontaneity is irreconcilable with the view that it is an unpremeditated drive. One needs to explain how spontaneity could be a free-flowing energy and a controlling drive at the same time. We suggest that the problem lies in the fact that hitherto spontaneity has been regarded a psychological process *independent* of, and *superior* to, both intelligence and memory, i.e., past experience (Moreno, 1964). Contrary to the prevailing view, we argue that the process, or factors, that determines the adequacy of the response lies *outside rather than inside* spontaneity but at the same time, it is *inseparable* from it. Specifically, we suggest that there are three interrelated factors that govern one’s response to a situation or people: (a) intellectual ability expressed through rational thinking and core beliefs; (b) past experience driven by memory; and (c) spontaneity. Accordingly, *the first two factors act as the mechanism that controls spontaneity*. They set the parameters that determine whether the expression

of spontaneity is or is not adequate. They serve as a screen, or a tunnel that guides spontaneity to be expressed in a manner consistent with one's core beliefs and memories of relevant past experience. Thus, both intellectual ability and memory guide spontaneity toward appropriate or inappropriate response. Although spontaneity involves a fair degree of risk taking, it is not independent of the influence of past experience and cognitive evaluation. The results of the three studies fit very well in this model. The positive relationship between the SAI-R and self-efficacy attributions is consistent with the role of cognitive processes in the form of intellectual abilities and core beliefs. The positive relationship between SAI-R self-esteem is consistent with the role of memories of past experiences because these constitute the foundation of one's view of his/her self-worth. The results of the first two studies support the notion that spontaneity is an inner psychological drive.

The practical implication concerns the incorporation of spontaneity in therapy. Moreno (1964) claims that of all human brain functioning, spontaneity is the least developed one. Therefore, it is the function of psychotherapy to eliminate this deficit by teaching people to become more spontaneous. A spontaneity deficit could occur for several reasons, most notably a lack of practicing opportunities, an absence of a suitable model, and/or inhibitions caused by past, painful events. Each of these circumstances may call for a different therapeutic intervention. For example, a deficit caused by poor teaching or inadequate modeling may require an extensive practice of *warm-up* techniques. The warm-up process is considered the precursor of spontaneity, and warm-up techniques serve as interventions that invoke spontaneity. In this instance, the most effective interventions include art and music therapies as well as improvisation and action methods (e.g., Wiener & Oxford, 2003).

A spontaneity deficit caused by painful past experiences, e.g., repression or severe anxiety, requires intensive therapeutic interventions aimed at increasing clients' trust and confidence in the safety of expressing spontaneous behavior. In other words it uses interventions that eliminate inhibitions and practice new behavior to hitherto frightening situations. Repeated role playing of such old and new situations may relieve stress and dispel anxiety thus convincing the clients of the benefit of spontaneity. The greater the repertoire of positive experiences associated with spontaneity, the greater the likelihood of using spontaneity frequently. Recent research has shown the therapeutic value of combining role playing and cognitive interventions (e.g., Razza & Tomasulo, 2002; Treadwell, Kumar, & Wright, 2002). Such a combined therapeutic approach is in line with our proposition that strengthening one's (a) intellectual ability and cognitive process coupled with (b) alleviating the traumatic effects of past experiences would have a direct positive impact on the expression of adequate spontaneity.

Regarding the SAI-R, we would like to point that the range and the distribution of the SAI-R scores among the three samples of our participants is remarkably similar. In addition, the results do not show gender differences on the SAI-R. As we are not aware of any theory predicting gender differences in spontaneity, the fact that none was found speaks well for the construct validity of the measure. Finally, the participants in all three studies were primarily undergraduate and graduate students. To strengthen the validity of the SAI-R, future research should employ samples of participants that better represent the general population.

References

- Amabile, T. M., Hill, K. G., Hennessey, B. A., & Tighe, F. M. (1994). The Work Preference Inventory: Assessing intrinsic and extrinsic motivational orientation. *Journal of Personality and Social Psychology*, *66*, 950–967.
- Ames, C., & Archer, J. (1988). Achievement goals in the classroom: Students' learning strategies and motivational process. *Journal of Educational Psychology*, *80*, 260–267.
- Attenweiler, W. J., & Moore, D. (2006). Goal orientation: Two, three or more factors? *Educational and Psychological Measurement*, *66*, 342–351.
- Baker, S. R. (2004). Intrinsic, extrinsic and amotivational orientations: Their role in University adjustment, stress, well-being and subsequent academic performance. *Current Psychology: Developmental, Learning, Personality and Social*, *23*, 189–202.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bandura, A., Pastorelli, C., Barbaranelli, C., & Caprara, G. V. (1999). Self-efficacy pathways to childhood depression. *Journal of Personality and Social Psychology*, *76*, 258–269.
- Baumeister, R. F., Tice, D. M., & Hutton, D. G. (1989). Self-presentational motivations and personality differences in self-esteem. *Journal of Personality*, *57*, 547–579.
- Benware, C., & Deci, E. L. (1984). The quality of learning with an active vs. passive motivational set. *American Educational Research Journal*, *21*, 755–765.
- Bergson, H. (1910). Time and free will: An essay on the immediate data of consciousness. In F. L. Pogson (Ed.), *The organization of conscious states: Free will* (pp. 140–221). London: George Allan & Unwin (Original work published in 1889).
- Brown, J. D., & Dutton, K. A. (1995). The thrill of victory, the complexity of defeat: Self-esteem and people's emotional reaction to success and failure. *Journal of Personality and Social Psychology*, *68*, 712–722.

- Butler, A. C., Hokanson, J. E., & Flynn, H. A. (1994). A comparison of self-esteem liability and low trait self-esteem as vulnerability factors for depression. *Journal of Personality and Social Psychology*, *66*, 166–177.
- Button, S. B., Mathieu, J., & Zajac, D. M. (1996). Goal orientation in organizational research: A conceptual and empirical foundation. *Organizational Behavior and Human Decision Process*, *67*, 26–48.
- Cheng, H., & Furnham, A. (2003). Attributional style and self-esteem as predictors of psychological well being. *Counseling Psychology Quarterly*, *16*, 121–130.
- Cheng, H., & Furnham, A. (2004). Perceived parental rearing style self-esteem, and self-criticism as predictors of happiness. *Journal of Happiness Studies*, *5*, 1–21.
- Christoforou, A., & Kipper, D. A. (2006). The spontaneity assessment inventory (SAI), anxiety, obsessive compulsive tendencies and temporal orientation. *Journal of Group Psychotherapy, Psychodrama & Sociometry*, *58*, 119–129.
- Collins, L. A., Kumar, V. K., Treadwell, T. W., & Leach, E. (1997). The Personal Attitude Scale: A scale to measure spontaneity. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, *49*, 147–156.
- Crandall, R. (1973). The measurement of self-esteem and related concepts. In J. P. Robinson & P. R. Shaver (Eds.), *Measures of social psychological attitudes* (Rev. ed., pp. 45–167). Ann Arbor, MI: University of Michigan.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behaviour*. New York: Plenum Press.
- Deci, E. L., & Ryan, R. M. (1991). A motivational approach to self: Integration in personality. In R. Dienstbier (Ed.), *Nebraska symposium on motivation: Vol. 38. Perspective on Motivation* (pp. 237–288). Lincoln, NE: University of Nebraska Press.
- Diener, C. I., & Dweck, C. S. (1978). An analysis of learned helplessness: Continuous changes in performance, strategy, and achievement conditions following failure. *Journal of Personality and Social Psychology*, *36*, 451–462.
- Dweck, C. S. (1986). Motivational processes affecting personalirt. *American Psychologist*, *41*, 1040–1048.
- Dweck, C. S., & Leggett, E. L. (1988). A social-cognitive approach to motivation and personality. *Psychological Review*, *95*, 256–273.
- Elliot, E. S., & Dweck, C. S. (1988). Goals: An approach to motivation and achievement. *Journal of Personality and Social Psychology*, *54*, 5–12.
- Fox, J. (Ed.). (1987). *The essential Moreno: Writing on psychodrama, group method, and spontaneity*. New York: Springer.
- Freud, S. (1957). On narcissism. In *Standard edition* (Vol. 14, pp. 67–102). London: Hogarth. (Originally published in 1914).
- Friedman, P. H. (1989). *Creating well-being: The healing path to love, peace, self-esteem and happiness*. Saratoga, CA: R&E Publ.
- Goldsmith, A. H., & Veum, J. R. (1997). Unemployment, joblessness, psychological well-being, and self-esteem: Theory and evidence. *Journal of Socio-Economics*, *26*, 133–158.
- Goldsmith, R. E., & Matherly, T. (2001). Adaptation–innovation and self-esteem. *Journal of Social Psychology*, *127*, 351–352.
- Grolnick, W. S., & Ryan, M. R. (1987). Autonomy in children's learning: An experimental and individual difference investigation. *Journal of Personality and Social Psychology*, *52*, 890–898.
- Hagborg, W. J. (1993). The Rosenberg Self-Esteem Scale and Harter's Self-Perception of Adolescents: A concurrent validity study. *Psychology in the Schools*, *30*, 132–136.
- Hampton, N. Z. (2004). Subjective well-being among people with spinal cord injuries. *Rehabilitation Counseling Bulletin*, *48*, 31–37.
- Heyman, G. D., & Dweck, C. S. (1992). Achievement goals and intrinsic motivation: Their relation and their roles in adaptive motivation. *Motivation and Emotions*, *16*, 231–247.
- Kipper, D. A. (1967). Spontaneity and the warming-up process in a new light. *Group Psychotherapy*, *20*, 62–73.
- Kipper, D. A. (1986). *Psychotherapy through clinical role playing*. New York: Brunner/Mazel.
- Kipper, D. A., & Hundal, J. (2005). The spontaneity assessment inventory (SAI) and the relationship between spontaneity and non-spontaneity. *Journal of Group Psychotherapy, Psychodrama & Sociometry*, *58*, 119–129.
- Kipper, D. A., & Shemer, H. (2006). The Revised Spontaneity Assessment Inventory (SAI-R): Spontaneity, well-being and stress. *Journal of Group Psychotherapy, Psychodrama & Sociometry*, *59*, 127–136.
- Lepper, M. R., Corpus, J. H., & Iyengar, S. S. (2005). Intrinsic and extrinsic motivations in the classroom: Age differences and academic correlates. *Journal of Educational Psychology*, *97*, 184–196.
- Lightsey, O. R., Burke, M., Ervin, A., Henderson, D., & Yee, c. (2006). Generalized self-efficacy, self-esteem and negative affect. *Canadian Journal of Behavioral Science*, *38*, 72–80.
- Luszczynska, A., Scholtz, U., & Schwarzer, R. (2005). The General Self-efficacy Scale: Multicultural validation studies. *Journal of Psychology*, *139*, 439–457.
- McFarlane, A. H., Bellissimo, A., & Norman, G. R. (1995). The role of family and peers in social self-efficacy: Links to depression in adolescence. *American Journal of Orthopsychiatry*, *65*, 402–410.
- Moreno, J. L. (1941). The philosophy of the moment and the spontaneity theater. *Sociometry*, *4*, 205–226.
- Moreno, J. L. (1953). *Who shall survive? Foundation of sociometry, group psychotherapy and sociodrama*. Beacon, NY: Beacon House.
- Moreno, J. L. (1964). *Psychodrama Vol. I*. Beacon, NY: Beacon House.
- Razza, N. J., & Tomasulo, D. J. (2002). *Healing trauma: The power of group treatment for people with intellectual disabilities*. Washington, DC: American Psychological Association.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development and well-being. *American Psychologists*, *55*, 68–78.
- Scholz, U., Gutiérrez-Doña, B., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment*, *18*, 242–251.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35–37). Windsor, UK: NFER-NELSON.

- Scharzer, R., Mueller, J., & Greenglass, E. (1999). Assessment of perceived general self-efficacy on the internet: Gata collection in cyberspace. *Anxiety, Stress and Coping*, *12*, 145–161.
- Schwarzer, R., & Scholtz, U. (2000). Cross-cultural assessment of copying resources: The general Perceived Self-efficacy scale. In *Paper presented at the Asian Congress of health Psychology, Health psychology and Culture*.
- Schwarzer, R., Schmitz, G., & Tang, C. (2000). Teacher burnout in Hong Kong and Germany: A cross-cultural validation of the Maslach Burnout Inventory. *Anxiety Stress & Coping*, *13*, 309–326.
- Sedkides, C., Rudich, E. A., Gregg, A. P., Kumashiro, M., & Rusbult, C. (2004). Are normal narcissists psychologically healthy?: Self-esteem matters. *Journal of Personality and Social Psychology*, *87*, 400–416.
- Shahani, C., Dipboye, R. L., & Phillips, A. P. (1990). Global self-esteem as a correlate of work-related attitudes: A question of dimensionality. *Journal of Personality Assessment*, *54*, 276–288.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: W.W. Norton.
- Treadwell, T. W., Kumar, V. K., & Wright, J. H. (2002). Enriching psychodrama through the use of cognitive behavioral therapy techniques. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, *55*, 55–65.
- Vallerand, R. J., Pelletier, L. G., Blais, M. R., Breiere, N. M., Senécal, C., & Vallières, F. F. (1992). The academic motivation scale: A measure of intrinsic, extrinsic and a motivation in education. *Educational and Psychological, Measurements*, *23*, 1003–1017.
- Vallerand, R. J., Fortier, M. S., & Guay, F. (1997). Self-determination and persistence in real life setting: Toward a motivational model of high school dropouts. *Journal of Personality and Social Psychology*, *72*, 1161–1176.
- Vrugt, A., Oort, F. J., & Zeeberg, C. (2002). Goal orientation, perceived self- efficacy and study results among beginners and advanced students. *British Journal of Educational Psychology*, *72*, 385–397.
- Weiner, B. (2000). Motivation: An overview. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (pp. 314–317). Washington, DC: American Psychological Association.
- Wiener, D. J., & Oxford, L. K. (2003). In D. J. Wiener & L. K. Oxford (Eds.), *Action therapy with families and groups: Using creative art improvisation in clinical practice*. Washington, DC: American psychological Association.
- Wilburn, V. R., & Smith, D. E. (2005). Stress, self-esteem, and suicidal ideation in late adolescents. *Adolescence*, *49*, 33–45.
- Wyatt, T. A. (1988). Spontaneity and naturalness. *Journal of Humanistic Psychology*, *28*, 97–107.